

Oregon State Hospital Psychology Internship Program



2021-2022
Intern Handbook



Table of Contents

Introduction 6

Oregon State Hospital Overview..... 7

 History 7

 Training Location..... 8

 Programmatic Structure 8

 Clients Served 10

Oregon State Hospital Psychology Internship Program..... 11

 Aims 11

 Program Setting 11

 Training Philosophy Overview..... 11

 Profession-Wide Competencies & Learning Elements..... 12

 Internship Training Committee Members 16

 Program Structure 18

 Major Rotations..... 18

Competency Restoration Program 18

Forensic Admissions Program 20

Forensic Evaluation Service 22

Guilty Except for Insanity (GEI) Program..... 23

 Minor Clinical Rotations..... 25

Behavioral Psychology Services..... 25

Cognitive Behavioral Therapy for Psychosis (CBTp) Program 27

Dialectical Behavior Therapy (DBT) Program..... 28

| | |
|---|----|
| <i>Geropsychology Program</i> | 30 |
| <i>Neuropsychology Assessment Program</i> | 31 |
| <i>Psychotherapy Program</i> | 33 |
| <i>Risk Assessment Program</i> | 34 |
| <i>Sexual Offending Treatment Program</i> | 36 |
| OSH-PIP Training Requirements | 37 |
| Accommodations..... | 37 |
| Access to Psychological Testing | 37 |
| Case Presentation..... | 38 |
| Co-Supervision of Practicum Students..... | 39 |
| Didactic Training | 39 |
| Direct Client Contact Hours | 40 |
| Diversity..... | 40 |
| Individual & Group Therapy..... | 40 |
| Individual Supervision..... | 40 |
| Group Supervision | 40 |
| Monthly Intern Group..... | 40 |
| OSH-PIP Research Committee..... | 41 |
| Other Training Opportunities..... | 41 |
| OSH-PIP Intern Evaluation | 42 |
| OSH-PIP Program Evaluation | 44 |
| Quick Reference for All OSH-PIP Training Requirements | 45 |

| | |
|--|----|
| General Requirements..... | 45 |
| Clinical Requirements..... | 45 |
| Supervision Requirements..... | 45 |
| Training Requirements..... | 45 |
| OSH-PIP General Information..... | 46 |
| Stipend, Hours, & Benefits..... | 46 |
| Time, Attendance, & Time2Track..... | 46 |
| Co-Signed Notes & Medical Record Requirements..... | 47 |
| Dissertation & Education Leave..... | 47 |
| Computer Use & Remote Work..... | 47 |
| Outside Employment..... | 48 |
| Facebook & Social Media..... | 48 |
| OSH-PIP Protocols..... | 49 |
| OSH-PIP Administration, Financing, & Resources..... | 50 |
| OSH-PIP Development of Policies..... | 54 |
| OSH-PIP Statement of Non-Discrimination & Diversity..... | 57 |
| OSH-PIP Application and Selection Process..... | 65 |
| OSH-PIP Intern Orientation..... | 72 |
| OSH-PIP Intern Evaluation Procedures..... | 75 |
| OSH-PIP Problematic Intern Performance and Due Process Procedures..... | 82 |
| OSH-PIP Intern Grievance Procedures..... | 90 |

OSH-PIP Program Evaluation Procedures 94

OSH-PIP Telesupervision Protocol 97

Introduction

The Oregon State Hospital Psychology Internship Program submitted their first self-study in December 2015 and their first site visit occurred on August 16 and 17, 2016. On November 15, 2016, OSH-PIP was awarded accreditation by the American Psychological Association, Commission on Accreditation with an initial date of accreditation of August 17, 2016, which is applicable to all internship classes beginning with the 2015-2016 cohort. Our next site visit was initially scheduled to take place in 2021; however, due to COVID-related delays, we expect our next site visit to be in Fall 2022 or Spring 2023.

Further questions related to the program's accreditation status should be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org*

OSH-PIP achieved Association of Psychology Postdoctoral and Internship Centers (APPIC) membership status on October 22, 2015. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.



Oregon State Hospital Overview

History

The Oregon State Hospital Psychology Internship Program (OSH-PIP) is sponsored by OSH and WICHE. OSH, located in Salem, is a psychiatric facility operating by serving the Oregon Health Authority. The total hospital budget for the 2019 - 2021 biennium is \$556,542,331. The budget is allocated from the Oregon General State Funds with additional funding from other sources as well as Federal monies. The hospital holds certifications by the Centers for Medicare and Medicaid Services (CMS), is accredited by The Joint Commission (TJC), and is a member of the Western Psychiatric State Hospital Association (WPSHA). The hospital's core values are "Compassion – Trauma-informed – Integrity, Respect – Stewardship – Solution-Orientation – Simplicity." The hospital's mission is "to provide therapeutic, evidenced-based, client-centered treatment focusing on recovery and community reintegration, all in a safe environment." The hospital's vision reads "We are a psychiatric hospital that inspires hope, promotes safety, and supports recovery for all."

More specifically, OSH is operated, controlled, managed, and supervised by the Oregon Health Authority. OSH is overseen by the Superintendent and Deputy Superintendent; clinical direction is provided by the Chief Medical Officer, Chief Psychiatrist, Chief Psychologist, and a Clinical Executive Team. OSH opened at its present Salem location in 1883 and has played a key role in the development of Oregon's public mental health services. The Oregon Legislature approved construction of the current state-of-the-art facility, which opened in early 2011. OSH's Portland campus closed and its new campus in Junction City opened, both in March 2015.

OSH has a rich and controversial history within the mental health system. For instance, OSH is well known as the filming location for the 1975 Academy Award-winning film, based on Ken Kesey's novel, *One Flew Over the Cuckoo's Nest*. The Superintendent, psychiatrists, and several clients were cast in the film. Both clients and staff also assisted with the making of the film in some capacity (e.g., electrical work, props). Also, in 1975, esteemed photographer Mary Ellen Mark did a story for a magazine about the movie, where she met the women of Ward 81. In February 1976, she and Karen Folger Jacobs, a writer and social scientist, were granted permission to live on the ward for 36 days, where Mary Ellen Mark took many pictures. Her work can be seen in the book, *Ward 81*, first published in 1979, and reprinted in 2008 with additional information.

OSH houses a memorial which displays the original copper canisters from unclaimed cremains of approximately 3,500 people who died while living or working at OSH and its past sister facilities between 1883 and the 1970s. The memorial was built to honor those individuals whose remains have been unclaimed for decades. The project, a collaboration with the Oregon Arts Commission, was funded by the Percent For Art Program. Also, these canisters were photographed by esteemed photographer David Maisel and were published in 2008 in his book, *Library of Dust*. Since that time, an award-winning 2011 documentary short of the same name, by Ondi Timoner and Robert James, further explore the histories

of these canisters and their reclamations as well as the mental health system in Oregon. Also, with the 2011 rebuilding of the hospital, a museum was added (Museum of Mental Health) to acknowledge the hospital's history and the many discontinued (and often archaic) psychiatric practices and to pay tribute to the overall progress made in psychiatric care and treatment.

For additional information about the history of OSH, two books have been published by local Oregonians about the institution, *Inside Oregon State Hospital: A History of Tragedy and Triumphs (Landmarks)*, authored by Diane Goeres-Gardner and John Terry, published in 2013, and *Oregon Asylum (Images of America)*, also authored by Diane L. Goeres-Gardner and published in 2013.

Training Location

The OSH-PIP training program is located on the Salem campus of Oregon State Hospital. Salem is the capital of Oregon, located in the beautiful Willamette Valley Region of the Pacific Northwest between the Pacific and Cascade Mountains. With a population of 173,000 and located 47 miles from Portland, Salem is an ideal location for young professionals. Salem enjoys a "Mediterranean Climate," getting most of its precipitation in the late fall through winter, while dry season is June – September. Winters are mild, with only occasional snowfalls and average temperatures in the low 50's, while summer temperatures average in the 80's.

Salem is host to several local and cultural events. From May through October Salem features a weekly market, which emphasizes local products including arts, meats, produce, and baked goods. Additionally, summer includes a Wednesday farmers' market downtown in Courthouse Square, a Holiday Gift Market in December, and a 60-year-old indoor Saturday Public Market which is open year-round. Culturally, Salem is host to the annual World Beat Festival sponsored by the Salem Multicultural Institute. The two-day event is held in June at Riverfront Park and features international crafts, music, dance, and food from around the world. Salem is also home to the Salem Stampede (in the International Basketball League) and the Salem-Keizer Volcanoes (a minor league baseball team).

Salem also holds a number of attractions including historical sites and museums, wineries and vineyards, a wide variety of restaurants, a number of state parks, and easy access to outdoor recreational activities. A comprehensive list of Salem's attractions can be found at the Travel Salem homepage.

Portland is the largest city in Oregon and is located north of Salem in the Willamette Valley. Portland is known for its abundant outdoor activities, creative culture, and coffee and beer enthusiasm. Portland is home to the most total breweries and independent microbreweries of any city in the world and more than 600 food carts and trucks, which contributes to the unofficial slogan of "Keep Portland Weird." Portland is often voted the Greenest City in America and has been listed among the 10 best places to retire in the US.

Programmatic Structure

Operationally, OSH is a 554-bed hospital comprised of three general levels of acuity. These include, from highest to lowest, 1) Harbors, 2) Trails, and 3) Bridges. Traditionally, Harbors is generally considered to

be the admission and stabilization unit for the hospital. Trails is generally considered to be a step-down program for incompetent to proceed clients following initial assessment and stabilization. Bridges is the transition program for Guilty Except for Insanity clients who are nearing the point where they no longer need a hospital level of care. OSH also includes a separate, free-standing neuro-geriatric program (Springs). This program primarily serves clients diagnosed with conditions that require a higher level of care due to neurocognitive disorders (e.g., dementia, traumatic brain injury) or mental illness combined with other severe conditions/medical issues.

OSH serves clients across three general levels of acuity/security and across four commitment types: Incompetent to Proceed (ITP), Guilty Except for Insanity (GEI), Voluntary by Guardian (VBG), and those who are civilly committed. Given the increased number of .370 orders, this commitment type far exceeds the others, and patients with this legal status are located on various units/programs throughout the hospital. Individuals who have been admitted to the hospital as ITP have been referred by the courts under Oregon Revised Statutes 161.370 to undergo evaluation and receive treatment in order to attain the mental fitness to proceed. Individuals who have been admitted to the hospital after being adjudicated Guilty Except for Insanity and have been committed by the Courts and placed under the jurisdiction of the Psychiatric Security Review Board (PSRB) for treatment and eventual reintegration into a less restrictive environment. Individuals who have been civilly committed have been deemed an imminent danger to themselves or others and are hospitalized until their dangerousness is reduced. Individuals can also be civilly committed to the hospital under Senate Bill 421/ORS Chapter 426, which refers to individuals with mental disorders who have committed certain violent or sexual acts and are considered extremely dangerous (not necessarily imminently so) and in need of commitment. These individuals are also under the jurisdiction of the PSRB.

OSH's long-term treatment and rehabilitation programs emphasize the application of evidence-based practices to promote safety and recovery. OSH provides a centralized system of care based on the "treatment mall" concept. Monday through Friday, clients participate in a total of 20 hours of active, evidenced-based treatment at their corresponding treatment mall with additional opportunities to attend school and work. There is a treatment mall located at each level of acuity. This model allows clients equal access to specialized services by gathering clients with a common treatment need together from throughout the hospital. It also offers more opportunities for healthy socialization, and an approximation of the separation between living and working/learning found in the community. Each client works closely with an interdisciplinary treatment team to develop an individualized treatment plan that incorporates strengths, needs, and preferences.

Psychologists are an integral part of the hospital's interdisciplinary treatment teams. The psychology department is currently comprised of 35 doctoral-level psychologists and 13 masters-level (or experiential equivalent) clinicians. In addition, psychologists serve in various specialized Psychology Department programs (i.e., Behavioral Psychology Services, Sex Offender Treatment Program, Neuropsychological Services, and Dialectical Behavior Therapy) and in the Legal Affairs Department (i.e., Forensic Evaluation Service, Risk Review).

Clients Served

OSH provides services to individuals with a broad array of disorders, emphasizing services for those with serious mental illnesses using empirically supported treatment modalities. OSH also serves as a statewide treatment facility for those individuals with varied legal statuses. As of July 2020, those individuals found incompetent to proceed to trial made up 47.64% of our total population, those individuals found Guilty Except for Insanity made up 42.3%, those civilly committed 6.4%, and those admitted Voluntary by Guardian 3.3%. Therefore, individuals served are admitted on both a voluntary and involuntary basis, at times being committed by the courts for evaluation and/or treatment.

OSH treats a population that is both clinically and demographically diverse. Clinically, individuals served have a wide range of diagnoses, covering virtually all the major categories of the DSM-V. The most common *principle* diagnoses include schizophrenia-spectrum or other psychotic disorders including Delusional Disorder (65.5%), bipolar spectrum disorders (9.1%), personality disorders (4.4%), substance abuse disorders (6.2%), depressive disorders (2.6%), Traumatic Brain Injury/Neurological Disorders (2.6%), and Neurodevelopmental Disorders including developmental and intellectual disabilities and autism spectrum disorders (2.1%). Additional principle diagnoses include, but are not limited to anxiety disorders, adjustment disorder, pedophilic disorder, attention-deficit/hyperactivity disorder, obsessive compulsive disorder, and malingering.

Due to our location and statewide catchment area, we serve many individuals from small communities in rural parts of the state as well as those from urban centers. As of July 2020, our current principle individual population includes the following: 76.1% White; 8.2% Black, 4.7% Hispanic/Latino, and 1.2% Native American. Most individuals are male (81%). Also, most individuals are in the 18 to 34 range (40.9%) and 35 to 49 range (34.3%), followed by the 50 to 64 (20.6%) and 65 to 79 (3.8%) age ranges.



Oregon State Hospital Psychology Internship Program

Aims

The aims of the Oregon State Hospital Psychology Internship Program (OSH-PIP) is

- To provide comprehensive and individualized clinical training
- In evidence-based assessment and treatment
- That emphasizes the unique strengths and needs of people in recovery from serious mental illness and
- That prepares professional psychologists to work as general practitioners as well as effectively with forensically-involved clients and other stakeholders.

Program Setting

OSH-PIP's sponsoring institution is OSH. OSH is a facility that serves forensically involved clients across three general levels of acuity. For all commitment types, OSH utilizes a strength-based Recovery Model in offering short- and long-term treatment and rehabilitation programs grounded in evidence-based practices for those with serious mental illness. OSH-PIP is a 1-year (12-month), approximately 2,000-hour internship program. At a minimum, interns must accrue the number of hours required for licensure in the state of Oregon (1500) or any other state in which they intend to become licensed following internship if that number is greater.

Training Philosophy Overview

Internship training at OSH has an overarching goal of producing generalist adult psychology practitioners who have demonstrated the capacity to function autonomously and responsibly and who are well-prepared to acquire and maintain licensure. More specifically, OSH-PIP's training is based on the Practitioner-Scholar model. OSH-PIP prepares psychology interns to be clinical psychologists who are effective consumers of research and who utilize scholarly inquiry to inform their practice. In addition, through this training as well as through guided exposure, supervised practice, and didactic presentations, interns will increase knowledge and proficiency in the application of psychological principles to psycholegal issues, in the generalization of core clinical skills to persons with severe and persistent mental illness, and in the practice of psychology in an interdisciplinary, forensically-involved setting.

The integration of psychological science and practice is central to our training model. We conceptualize science and practice as complementary and interdependent such that psychological science informs practice and scientific inquiry is guided by professional practice. We view psychological practice as an applied science. In pragmatic terms, our integration of science and practice takes multiple forms. Building upon their doctoral-program learning, interns receive experientially based training in

empirically-validated treatment programs and evidence-based approaches as well as in formal methods of scientific inquiry. We emphasize using objective assessment data from multiple sources to inform individual treatment planning, evaluate client outcomes, and modify and improve interventions at the individual and programmatic level.

We view the internship year within the overall context of doctoral psychological training and emphasize professional growth and development. Building upon interns' prior learning, we facilitate their transition from the role of student to that of professional psychologist. An initial, collaborative assessment between supervisor and intern regarding intern strengths, weaknesses, existing knowledge/skill base, specific training needs, and areas of professional interest leads to the development of a rotation contract, which assists in tailoring the specific content of training experiences within each rotation and throughout the year. Assessment of intern competencies and progress is ongoing throughout the year. All training experiences are planned and coordinated such that as interns demonstrate increased competency. They are given increased autonomy in professional service delivery and assigned increasingly complex learning tasks. Thus, our training approach is sequential, cumulative, and graded in complexity.

Profession-Wide Competencies & Learning Elements

OSH-PIP provides comprehensive training in evidence-based assessment and treatment over the course of a full-time training year. For all profession-wide competencies and related learning elements (listed below), interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. It is expected that by the conclusion of the internship year, interns will have accomplished the following profession-wide competencies and learning elements:

Professional-Wide Competency 1: Interns will achieve competence appropriate to their professional developmental level in the area of Research.

Learning Elements related to this competence include the achievement of competence in the following:

- To competently discuss relevant research with colleagues
- To critically evaluate and utilize relevant research in evidence-based practice
- To effectively design and/or implement program evaluations

Profession-Wide Competency 2: Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and Legal Standards.

Learning Elements related to this competence include the achievement of competence in the following:

- To demonstrate knowledge of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct

- To demonstrate knowledge of and act in accordance with relevant laws, regulations, rules, and policies governing health services psychology at the organizational, local, state, regional, and federal levels
- To demonstrate knowledge of and act in accordance with the APA Specialty Guidelines for Forensic Psychology

Profession-Wide Competency 3: Interns will achieve competence appropriate to their professional developmental level in the area of Individual and Cultural Diversity.

Learning Elements related to this competence include the achievement of competence in the following:

- To be able to develop an adequate level of rapport with most clients and, when applicable, their families
- To demonstrate sensitivity to diversity including those whose group membership, demographic characteristics, and/or worldviews create conflict with their own
- To develop an awareness of one's own cultural history, attitudes, and biases, and how that may affect their interactions with individuals different from themselves
- To demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to professional practice
- To demonstrate the ability to apply a theoretical framework for working effectively with areas of individual and cultural diversity not previously encountered

Profession-Wide Competency 4: Interns will achieve competence appropriate to their professional developmental level in the area of Professional Values and Attitudes.

Learning Elements related to this competence include the achievement of competence in the following:

- To behave in ways that reflect the values and attitudes of professional practice in psychology (e.g. concern for the welfare of others)
- To engage in activities that promote professional self-awareness and reflection
- To demonstrate openness and responsiveness to feedback and supervision
- To actively seek out and participate in learning opportunities
- To demonstrate professional conduct and interpersonal behavior
- To demonstrate an ability to examine and evaluate the quality and effectiveness of one's own clinical work
- To utilize appropriate self-care

Profession-Wide Competency 5: Interns will achieve competence appropriate to their professional developmental level in the area of Communication and Interpersonal Skills.

Learning Elements related to this competence include the achievement of competence in the following:

- To develop and maintain effective relationships with colleagues and various stakeholders

- To provide clear, effective written communication in a variety of contexts
- To demonstrate a thorough grasp of professional language and concepts
- To display respectful and professional interpersonal skills
- To demonstrate the ability to manage difficult communications well

Profession-Wide Competency 6: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-Based Practice in Assessment.

Learning Elements related to this competency include the achievement of competence in the following:

- To collect relevant data using multiple sources and appropriate methods based upon the referral question
- To develop and demonstrate accurate diagnostic skills including considerations of diversity
- To select and administer appropriate psychological tests that draw from the best available empirical literature and sound psychometrics
- To demonstrate the ability to accurately and efficiently score and interpret psychological test measures
- To form objective clinical opinions and recommendations
- To demonstrate the ability to utilize assessment writing skills to efficiently produce accurate, high quality, and useful reports
- To provide feedback and communicate findings to relevant stakeholders in a clear, accurate, and conceptually appropriate manner

Profession-Wide Competency 7: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-Based Practice in Intervention.

Learning Elements related to this competence include the achievement of competence in the following:

- To establish and maintain effective relationships with clients
- To develop evidence-based intervention plans specific to the service delivery goals
- To implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
- To demonstrate the ability to apply the relevant research literature to clinical decision-making
- To modify and adapt evidence-based approaches effectively when necessary
- To evaluate intervention effectiveness, and adapt intervention goals and methods when necessary

Profession-Wide Competency 8: Interns will achieve competence appropriate to their professional developmental level in the area of Supervision.

Learning Elements related to this competence include the achievement of competence in the following:

- To demonstrate knowledge of effective supervision
- To demonstrate application of best practices in providing clinical supervision to psychology trainees

Profession-Wide Competency 9: Interns will achieve competence appropriate to their professional developmental level in the area of Consultation and Interprofessional/Interdisciplinary Skills.

Learning Elements related to this competence include the achievement of competence in the following:

- To demonstrate knowledge and respect for the roles and perspectives of other professions
- To effectively provide consultation to other professionals regarding psychological issues
- To function effectively in multidisciplinary and interdisciplinary contexts



Internship Training Committee Members

| | |
|-------------------------------|---|
| Dr. Julia Howe | Chief of Psychology |
| Dr. Ercia Leeper | Training Director Forensic Evaluation Service Rotation Supervisor Research Committee Member |
| Dr. Sarah Robertson | Associate Training Director Practicum Group Supervisor Competency Restoration Rotation Supervisor |
| Dr. Nicole Ball | Forensic Admissions Rotation Supervisor |
| Dr. Amie Hvizdak | Sexual Offending Treatment Program Tiered Supervisor Provider |
| Dr. Sabine Hyatt | Geropsychology Rotation Supervisor |
| Dr. Lindsay Ingram* | Forensic Evaluation Service Rotation Supervisor Research Committee Member |
| Dr. Breann Martin | Risk Assessment Minor Rotation Supervisor at Junction City |
| Dr. Jessica Murakami-Brundage | Competency Restoration Rotation Supervisor CBT for Psychosis Minor Rotation Supervisor Research Committee Chair |
| Dr. Sara Phillips | Geropsychology Rotation Supervisor Research Committee Member |
| Dr. Kimberly Rideout | Forensic Evaluation Service Rotation Supervisor |
| Dr. Uma Sankaram | Risk Assessment Minor Rotation Supervisor Research Committee Member |
| Dr. Jen Snyder | Behavioral Psychology Services Minor Rotation Supervisor Intern Group Supervision Co-Supervisor |
| Dr. Danielle Shallcross | Guilty Except for Insanity Program Rotation Supervisor Competency Restoration Program Rotation Supervisor |

Dialectical Behavioral Therapy Program Minor Rotation Supervisor

Dr. Molly Shepard

Sexual Offending Treatment Program Rotation Supervisor
*Dr. Amie Hvizdak providing tiered supervision

Dr. Kris Thomas

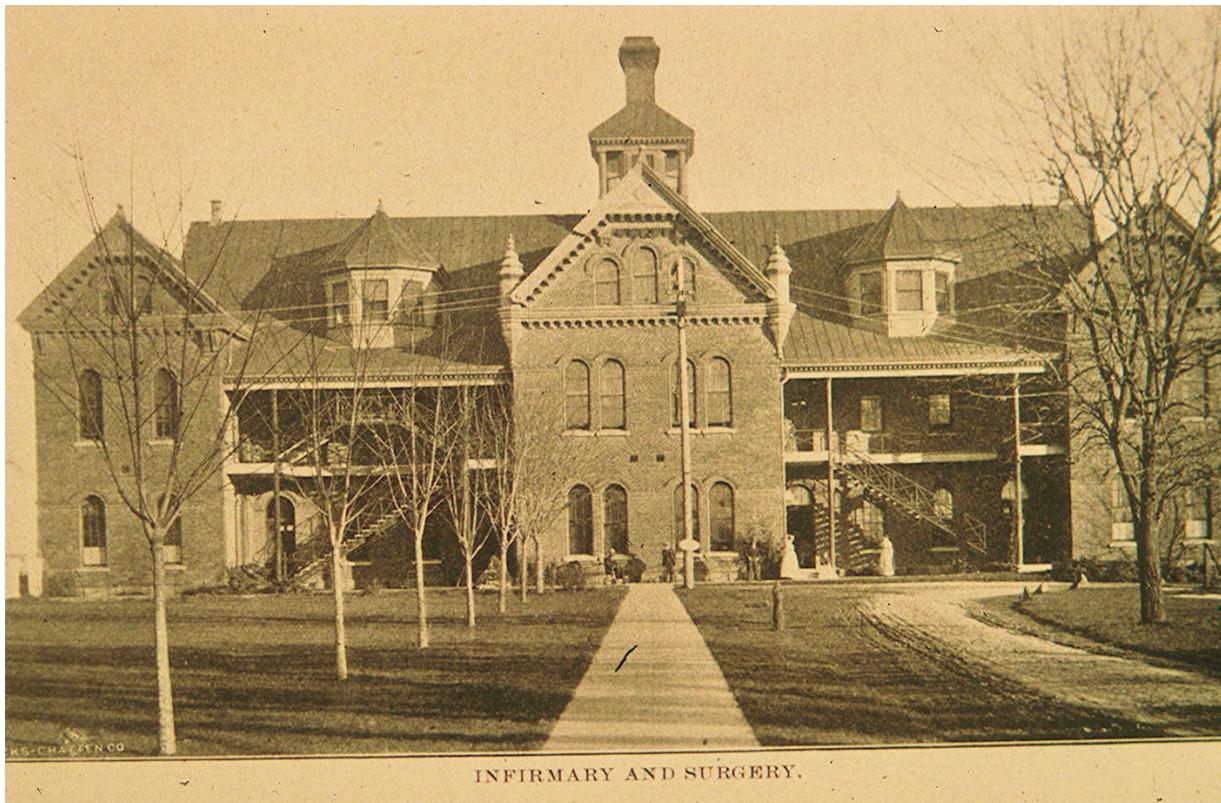
Neuropsychological Assessment Minor Rotation Supervisor
Psychotherapy Minor Rotation Supervisor
Intern Group Supervision Co-Supervisor
Research Committee Member

Adjunct Facility

Mandy Davies, PsyD

Intern Group Supervisor

**ABPP, Board Certified in Forensic Psychology*



Program Structure

OSH-PIP offers a one-year, full-time (at least 1500-hour) internship with three positions beginning and ending in mid-August of each year. The training program is primarily located on the Salem campus of OSH. The start date for the internship is August 15. OSH-PIP's training is based in the Practitioner-Scholar model. OSH-PIP trains clinical psychologists who are effective consumers of research and who utilize scholarly inquiry to inform their practice. OSH-PIP provides a range of clinical and didactic experiences that represent the necessary depth and breadth required for the future professional practice of psychology. Depending on their matched program, Interns select among specific rotations which afford training opportunity across levels of acuity as well as across commitment types.

Specifically, interns rotate through two major six-month and two minor six-month rotations throughout the training year, spending approximately three and half days per week in the major rotation and approximately one day per week in the minor rotation, with the remaining time spent in didactic training. Across rotations, interns will complete an average of 10-20 hours per week of face-to-face direct service delivery. In addition, interns participate in a weekly two-hour didactic seminar; a weekly one-hour group supervision (for three out of four weeks per month); a monthly Intern Group (for general intern support and professional development; one week each month); a three month rotation co-leading group supervision of practicum students; and an ongoing research or program evaluation project which involves attendance at an intermittent research committee meeting. Interns also each carry out two case presentations to internship training committee faculty and fellow cohort members and carry out a group didactic presentation on a diversity topic of their choice to the psychology department. The latter presentation occurs in the Spring of internship.

Generally, interns select rotations based on their interests, needs, and career goals. Each rotation has specific requirements and expectations, which are discussed more thoroughly below. During OSH-PIP orientation, interns meet with the Training Director(s), identify their preferred rotations, and create their first rotation schedule. Every effort is made to accommodate intern preferences about rotation selection and sequence, though preference cannot be guaranteed (except for the Forensic Evaluation Program discussed below).

Major Rotations

Competency Restoration Program

*Available as a major or minor

The competency restoration program serves clients (male and female) who have been committed to the hospital by a circuit court judge pursuant to Oregon Revised Statute 161.370 as incompetent to proceed to court (also referred to as unable to aid and assist). Services provided are focused on identifying clients' barriers to competency and aiding in their restoration to competency. Once deemed competent to proceed (by a certified forensic evaluator from OSH's Forensic Evaluation Service), clients typically return to their committing county jail in order to proceed with their legal case. Many of these clients

present with acute symptoms of mental illness and/or cognitive impairments that interfere with their factual and rational understanding of the legal proceedings against them. Challenging personality disorders, substance use disorders, and response style issues (e.g. overreporting, underreporting) are also common.

Interns who choose a rotation within the competency restoration program are provided with a strong focus on clinical interviewing and psychological assessment (e.g. testing for psychopathology, personality, cognition, response style). Additionally, interns attend daily nursing report meetings as well as regular Interdisciplinary Treatment Team meetings, develop and implement behavioral management plans, and carry out group and individual interventions with a focus on addressing barriers to competency. Opportunities include screening patients to assess their evaluation readiness and documenting and communicating related information to the Forensic Evaluation Service. Opportunities may also include attending court hearings and observing competency evaluations.

The following are the listed goals and plans for training as indicated in the Competency Restoration Program Rotation Contract. Also, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Learn about the competency restoration process and associated client populations.
2. Gain supervised experiences with a range of clinical interventions, including clinical interview, psychological assessment, and individual and group interventions.
3. Gain supervised experiences specifically conducting clinical interviews and mental status examinations, with particular focus on identifying active signs or symptoms of a qualifying mental disorder.
4. Complete psychological testing as assigned and in conjunction with supervisor input (e.g., identifying appropriate psychological measures based on the referral question).
5. Provide individual intervention to assigned clients (e.g., individual skills building with particular focus in restoration to trial competency).
6. Provide group intervention based on client problems and preferences (e.g., group-based skill building with particular focus in restoration to trial competency).
7. Become an active member of interdisciplinary treatment team meetings and other unit/program based meetings.

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OAR).

2. Become familiar with the Competency Restoration Toolkit, and other restoration resources.
3. Participate in assigned training(s).
4. Provide individual skills intervention to 2 or more clients weekly as assigned, co-lead at least 2 competency restoration groups weekly as assigned, and other specified interventions as assigned (e.g., clinical admission, unit transfer interviews).
5. Participate in daily morning meetings as well as interdisciplinary treatment team meetings as assigned. Provide any necessary feedback to the team during meetings.
6. Meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with unit programming, in-vivo supervision may occur.

Forensic Admissions Program

*Available as a Major or Minor

The Forensic Admissions Program units serve all clients upon admission to OSH (e.g. civil commitment, incompetent to proceed, guilty except insanity, etc.) on co-ed units. Due to COVID-19 and the need to quarantine, the clients are currently admitted in “cohorts” with each cohort being admitted over about one week and then staying on the unit for a minimum of an additional two weeks before they are transferred to other units in the hospital. Services are focused on conducting brief suicide assessments upon admission, engagement in treatment, identifying barriers to competency or discharge (for clients not in the hospital for incompetent to proceed), and starting specified referrals as needed (e.g. neuropsychological testing, early referral for a competency evaluation interview). Many of these clients present with acute symptoms of mental illness and/or cognitive impairments and have varying experiences with psychiatric hospitalization and the legal system.

Interns who choose a rotation on an Admission unit are provided with a strong focus on clinical interviewing, triage, and providing initial treatment/assessment for clients. Treatment can be delivered on an individual and group basis. Additionally, interns attend daily nursing report meetings, Interdisciplinary Treatment Team meetings, leadership meetings, and have frequent communication with members of the treatment team and staff to quickly identify psychological needs of the clients and provide recommendations on future treatment needs. As this is a relatively new program at OSH, there are also opportunities for program development and evaluation.

The following are the listed goals and plans for training as indicated in the Forensic Admissions Program Rotation Contract. Also, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Learn about the Admission process and associated patient populations

2. Gain supervised experience with a range of clinical interventions, including clinical interview, triage, brief assessments, and individual and group interventions
3. Gain supervised experiences specifically conducting clinical interviews and mental status examinations, with particular focus on identifying active signs or symptoms of mental disease or defect.
4. Provide individual intervention to assigned patients (e.g. individual skills building and increasing treatment engagement).
5. Provide group intervention based on client problems and preferences and the needs of the admission cohort (e.g. introduction to the hospital and competency restoration and group based skill building).
6. Become an active member of interdisciplinary treatment team meetings and other unit/program based meetings

Plan for Training

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OARs).
2. Become familiar with competency restoration, guilty except insanity and civil commitment process for discharging from the hospital.
3. Participate in assigned training(s).
4. Provide individual skills intervention/engagement to 2 or more patients per cohort as assigned and co-lead at least one group to be held at least twice per cohort admission, and other specified interventions as assigned (e.g. clinical admission interview, assessment for early competency evaluation referral or assessment for neuropsychological assessment)
5. Complete 2 admission Columbia Suicide Severity Rating Scale interviews and resulting assessment per cohort
6. Participate in daily morning meetings as well as interdisciplinary treatment team meetings as assigned. Provide any necessary feedback to the team during meetings.
7. Meet with rotation supervisor at least one hour per week. Depending on level of familiarity with unit programing, in vivo supervision may occur.

Forensic Evaluation Service

*Available as a major or minor

The Forensic Evaluation Service (FES) completes outpatient and inpatient court-ordered evaluations for counties across Oregon pursuant to Chapter 161 of the Oregon Revised Statute. Orders primarily involve initial competency to stand trial (CST) evaluations pursuant to ORS 161.365 for clients residing in county custody for one-day evaluations at the hospital or evaluations pursuant to ORS 161.370 for clients residing at the hospital and already determined incompetent to proceed by the court. Additional orders involve criminal responsibility and diminished capacity evaluations.

Interns who choose a rotation within FES will have the opportunity to participate in the evaluation process including and not necessarily limited to record review (hospital records, police reports, collateral records), contacting collateral sources, interviewing, administering and interpreting psychological tests, and report writing as well as the possibility of witnessing and/or offering testimony. As the rotation progresses, the interns' responsibility for aspects of the evaluation process will increase based on experience and skill. At the outset of the rotation, interns will receive their supervisor's interview and report templates. Throughout the rotation, the interns are highly encouraged to adapt these templates as they develop their own evaluation style. By the end of the rotation, the supervisor may submit some (or all) of the intern's completed work to the Court with a co-signed report. In this rotation, the intern will work with a primary supervisor, but will also observe and work with the other evaluators in the department. Specifically, interns are asked to observe other evaluators in the department on a weekly basis to gain exposure to various evaluation and report writing styles. On average, a typical intern completing a major rotation will author and submit to the Court between 12 and 22 competency reports. Interns will also complete at least one criminal responsibility (Guilty Except for Insanity and/or Diminished Capacity) evaluation.

Additional rotation experiences include a weekly department meeting, a weekly didactic covering foundational forensic concepts and case law (following the ABPP recommended readings e.g., response style, report writing, testimony, forensic assessment and forensic relevant instruments), two oral case presentations (covering one competency evaluation and one criminal responsibility evaluation), psychological testing to gather supplemental information for other evaluators' opinions and reports, and an end of rotation mock trial using a report the intern authored (in a hospital courtroom setting with other evaluators role playing courtroom personnel).

The following are the listed goals and plans for training as indicated in the Forensic Evaluation Service Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Learn to conduct court-ordered forensic evaluations answering legal questions posed by the Court

2. Gain experience completing structured and unstructured psychological assessment within a forensic context including administering related psychological testing (e.g., measures of psychopathology, intellect, malingering)
3. Obtain an understanding of the interaction between the courts and the mental health profession and how psychological data is used in the legal process
4. Develop an advanced understanding of the DSM diagnostic criteria and how that overlaps with the legal term of qualifying mental disorder

Plan for Training:

1. Become familiar with completing court-ordered evaluations by reviewing the relevant literature and related case law
2. Become familiar with the relevant Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OARs)
3. Prepare for (record review) and participate in forensic interviews and related assessment interviews
4. Participate in assigned trainings including report writing to include draft reports, sections of submitted reports, and/or full reports for submission to the Court
5. Participate in the weekly FES meeting for case assignments and case consultation
6. Participate in the weekly FES continuing education meeting
7. Participate in weekly FES intern didactics
8. Participate in weekly supervision

Guilty Except for Insanity (GEI) Program

*Available as a major or minor

Clients within this program have been adjudicated GEI and committed to the hospital due to the ongoing risk they pose to themselves or others. In addition to those who have recently been found GEI, this population includes those who have had their conditional release revoked (e.g., due to their level of dangerousness in the community, increase in difficult to manage symptoms). Most individuals are admitted to one of the two acute stabilization units (Anchor 1 and Lighthouse 1), where the focus is on initial assessment, treatment care plan development, psychiatric and behavioral stabilization, and treatment engagement in preparation to move forward within the hospital setting. Individuals who demonstrate stable behavior, who refrain from verbal and physical aggression, and who engage in treatment may transfer to one of several step-down units (including Bridge 3) focused on preparing individuals to request and use privileges and eventually move forward to community placement. Some

individuals who have shown psychiatric and behavioral stability in the community or in a jail setting may be admitted directly to one of these lower-acuity units. The goal of these units is to help clients achieve their highest level of health, safety, and independence as they prepare for discharge or conditional release to a community setting. Often at this point in treatment, mental illness is stable and the focus is on personality and substance use problems and relapse prevention planning.

Interns who choose a rotation within the GEI program participate in a variety of direct care services, including assessment regarding various diagnostic and treatment questions, co-leading group treatment focused on the development of skills to help regulate emotional and cognitive functioning, and individual treatment to help strengthen coping skills and help clients deal with their circumstances. In addition, interns attend daily nursing report meetings as well as regular Interdisciplinary Treatment Team meetings. Opportunities are sometimes available for didactic and practical experience in specific areas such as violence risk assessment and functional assessments of behavior. Opportunities may be available to attend court hearings and other meetings regarding client privileges as well as readiness for conditional release planning.

The following are the listed goals and plans for training as indicated in the GEI Program Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Learn about the GEI commitment process, the role of the Psychiatric Security Review Board (PSRB) and associated client populations.
2. Gain supervised experiences with individual interventions (e.g., individual skills building with particular focus in symptom reduction, illness recovery and management).
3. Gain supervised experiences with group intervention (e.g., group-based skill building with particular focus in symptom reduction, illness recovery and management).
4. Gain supervised experiences specifically conducting clinical interviews and mental status examinations, with particular focus on identifying active signs or symptoms of a qualifying mental disorder and any associated risk.
5. Complete psychological testing as assigned and in conjunction with supervisor input (e.g., identifying appropriate psychological measures based on the referral question).
6. Become familiar with the relevant violence risk-related body of research and with associated measures and tools.
7. Become an active member of interdisciplinary treatment team meetings and other unit and program-based meetings.

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and the relevant Oregon Administrative Rules (OAR).
2. Become familiar with the unit-based programming and other treatment resources as assigned.
3. Participate in assigned training(s).
4. Provide individual skills intervention to 2 or more clients weekly as assigned, co-lead at least 2 recovery groups weekly as assigned, and other specified interventions as assigned (e.g., clinical admission and/or unit transfer interviews).
5. Participate in daily morning meetings as well as interdisciplinary treatment team meetings as assigned. Provide any necessary feedback to the team during meetings.
6. Meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with unit programming, in-vivo supervision may occur.

Minor Clinical Rotations

*In addition to the above rotations available as a major or minor, the following rotations are available as minors only.

Behavioral Psychology Services

Behavioral Psychology Services (BPS) is a centralized service within the Psychology Department that offers consultation, recommendations, and interventions with patients at the hospital who are exhibiting challenging behavior. These can include aggression and violence, self-injury and suicidal behavior, lack of engagement in treatment, and other challenging behaviors. Consultation requests come from all units of the hospital, including GEI, admissions, civil commitment, geriatric, and incompetent to stand trial. BPS staff review and sign off on a variety of behavioral interventions within the hospital, including Patient Engagement Plans and individualized incentive plans. BPS also oversees unit-based reinforcement programs such as the Community Building Project.

The intern will participate in assessment of patient behavior, including interviewing patients and staff, observation, and record review, as well as development and implementation of behavioral interventions. The intern will also participate in presenting the intervention to the patient and seeking further input, as well as assessment of the outcome of the intervention. There are also opportunities for participating in staff training, both on individual intervention plans as well as broader topics such as reinforcement theory. The intern will also assist with gathering data and assessing the effectiveness of any unit-based reinforcement plans. Opportunities exist to provide consultation and feedback to treatment teams. There is a weekly BPS team meeting that the intern should attend, as well as weekly supervision with the rotation supervisor.

The following are the listed goals and plans for training as indicated in the BPS Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Become knowledgeable regarding the theory and application of behavior analysis to address various challenging behaviors in a psychiatric inpatient setting.
2. Assist with gathering data for functional analyses of behavior and other relevant assessments, including interviewing staff and patients as well as observation
3. Participate in development of both individualized and unit-based behavioral interventions, including Patient Engagement Plans and incentive plans
4. Assist with implementation of behavioral interventions
5. Participate in staff training on both specific behavioral interventions as well as general theories and principles of behavioral analysis and intervention
6. Participate in monitoring the outcome of individual and unit-based behavioral interventions, including gathering and analyzing data
7. Participate in consultations with treatment teams and other hospital staff

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OARs);
2. Complete assigned readings and trainings on behavioral principles and their application in an inpatient psychiatric setting;
3. Complete behavioral assessments and/or interventions as assigned (shadowing→observed→independent). Assigned work may include interviewing patients and/or staff, performing observations, record review, gathering and analyzing data, and producing written work, including Patient Engagement Plans, incentive plans, and/or Functional Behavior Analysis.
4. Participate in assigned training(s) as assigned;
5. Participate in training of hospital staff as assigned;
6. Participate in weekly BPS meetings to review current referrals and work in progress
7. Meet with the rotation supervisor at least one hour per week.

Cognitive Behavioral Therapy for Psychosis (CBTp) Program

The focus of this rotation is on providing individual treatment (CBT for psychosis specifically) for patients on one of our incompetent to proceed units. Time spent on this rotation will also include related documentation and participation in relevant multi-disciplinary treatment team meetings. Interns will learn how to apply and adapt the CBT model in order to provide effective, person-centered treatment to residents at the hospital struggling with psychosis. Interns will learn how to create dynamic case conceptualizations and utilize these conceptualizations to guide treatment (i.e. individual therapy). Interns will be expected to provide individual CBTp to at least two residents in the hospital and co-facilitate a CBTp group (e.g. “coping with voices”, “coping with paranoia”) in the hospital’s “aid and assist” treatment mall. Interns will also learn how to tailor their treatment to specific programs (e.g. addressing barriers to competency in the “aid and assist” program, risk mitigation in the GEI program, etc.). Interns will be expected to share their case conceptualizations and progress of therapy with their residents’ treatment teams and participate in their residents’ interdisciplinary treatment team meetings, when possible. A background in CBT is helpful but not required. Supervision will involve recorded sessions.

The following are the listed goals and plans for training as indicated in the CBTp Program Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Learn how to conceptualize psychotic symptoms (e.g. delusions, hallucinations) and negative symptoms from the CBT lens.
2. Learn how to create dynamic, culturally-informed case conceptualizations for individual residents struggling with psychotic symptoms.
3. Gain supervised experiences (e.g. individual and group therapy) providing CBTp to residents at OSH.
4. Become familiar with a variety of assessment measures for individuals with psychosis and implement selected measures with residents to monitor treatment progress/outcome.
5. Contribute to interdisciplinary treatment team discussions, including treatment planning, as a resident’s individual therapist.
6. Learn about the ethical dilemmas and ways to think through such dilemmas when providing individual treatment to residents in this setting.

Plan for Training:

1. Complete assigned readings in CBTp.
2. Provide individual skills intervention to 2 or more residents weekly as assigned and co-lead a CBTp group (e.g. “Coping w/ voices”, “Coping w/ paranoia, Metacognitive Therapy, CBTp).

3. Select relevant measures (e.g. Beliefs about Voices Questionnaire, Peters' et al. Delusions inventory, etc.) to measure progress of treatment.
4. Participate in interdisciplinary treatment team meetings for patients seen in individual therapy. Provide case conceptualization and progress of therapy to residents' treatment teams.
5. Meet with the rotation supervisor at least one hour per week. Be prepared to discuss issues related to skill development, ethical and cultural considerations, and personal reactions to residents and the process of therapy.
6. Provide taped recordings of individual therapy sessions in the middle and at the end of the rotation in order to receive written, detailed feedback about these sessions.

Dialectical Behavior Therapy (DBT) Program

The focus in the DBT program is on assessment and provision of treatment for individuals diagnosed with Borderline Personality Disorder. People with other diagnoses may also participate in the program if they experience difficulty with emotion regulation, interpersonal effectiveness, non-suicidal self-injurious behavior, or suicidal ideation and attempts. Members of the Interdisciplinary Treatment Team have typically been intensively trained by clinicians from Behavioral Tech (founded by Dr. Linehan) or by Portland DBT (directed by Dr. Dimeff). Direct-service aide-level staff receive four hours of formal didactic training monthly, and interns can lead some parts of this training. In addition, interns participate in co-leading skills groups, individual therapy, and treatment team meetings focused on individual clinical and programmatic issues.

Clinical experiences will occur across OSH and will primarily involve co-leading groups at OSH, participating in consultation team at OSH, didactic training, and supervision including live supervision. Supervision will involve providing education (e.g., assigned readings), training (e.g., role playing teaching a skill in preparation to provide group treatment under supervision, direct client contact), and typical supervision components (including standard and live supervision through co-leading a clinic group including preparation for the group and check-ins following the group (as is already a mechanism of OSH's DBT program); providing feedback about intern progress). Individual skills training may also be a component of the minor rotation as the opportunity, time, supervisor availability, interns' skills and abilities, and the acuity of the patient allows. *DBT is a non-unit-based rotation.

The following are the listed goals and plans for training as indicated in the DBT Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Learn Dialectical Behavior Therapy and its application in forensic, inpatient treatment.

2. Provide individual DBT to assigned clients.
3. Lead DBT skills groups.
4. Provide coaching to individual therapy clients, if applicable.
5. Participate and collaborate with the treatment team.
6. Become an active member of a DBT consultation and implementation team.

Plan for Training:

1. Required readings will include *Cognitive-Behavioral Treatment of Borderline Personality Disorder* (Linehan, 1993) and *Skills Training Manual for Treating Borderline Personality Disorder Second Edition* (Linehan, 2014).
2. Participate in assigned training(s).
3. Provide individual DBT to 1 or more clients weekly and co-lead at least 1 group of DBT skills training and other specified interventions as assigned. Participate in team meetings as assigned. Provide routine feedback to the team and interact during any meetings.
4. Participate in a weekly consultation and implementation team meeting.
5. Meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with DBT, in-vivo supervision may occur.

Geropsychology Program

*Available as a minor only

The Geropsychology program provides care and treatment to older adults with severe and persistent mental illness, traumatic brain injuries, and disease processes known to affect the central nervous system. Clients in this program demonstrate a wide range of neurocognitive disorders along with chronic medical problems that require substantial nursing care needs and medical monitoring. Due to the complexity of this client population, there is a heavy emphasis on understanding the relationship between physical and mental health. Interns who choose a rotation within this program have the opportunity for individual and group therapy, neuropsychological assessment, and interdisciplinary consultation. Interns also participate in the development of treatment plans that address very specific biopsychosocial needs through an integrative, interdisciplinary approach with a goal of helping patients return to a less restrictive environment.

The following are the listed goals and plans for training as indicated in the Geropsychology Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Learn about the unit based programming including aspects of health, gero-, and neuropsychology, and associated client populations including all commitment types, most predominantly those clients who are civilly committed and committed as Voluntary by Guardian.
2. Gain supervised experiences with a range of clinical interventions, including clinical interview, psychological assessment, and individual and group interventions.
3. Gain supervised experiences specifically conducting clinical interviews and mental status examinations with a particular focus on identifying active signs or symptoms of mental illness and cognitive impairment, the impact of any medical and psychology sequelae, and any associated general risk including in the context of discharge planning.
4. Complete psychological testing as assigned and in conjunction with supervisor input (e.g., identifying appropriate psychological measures based on the referral question with a prominent emphasis on cognitive functioning).
5. Provide individual intervention to assigned clients (e.g., individual skills building with particular focus in symptom reduction, illness recovery and management, medical and psychology sequelae).
6. Provide group intervention based on client problems and preferences (e.g., group-based skill building with particular focus in symptom reduction, illness recovery and management, medical and psychology sequelae).

7. Become an active member of interdisciplinary treatment team meetings and other unit and program based meetings.

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OAR).
2. Become familiar with the unit-based programming and other treatment resources as assigned.
3. Participate in assigned training(s).
4. Provide individual skills intervention to 1 or more clients weekly as assigned, and co-lead at least 1 recovery group weekly as assigned, and other specified interventions as assigned (e.g., clinical admission and/or unit transfer interviews).
5. Participate in daily morning meetings as well as interdisciplinary treatment team meetings as assigned. Provide any necessary feedback to the team during meetings.
6. Meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with unit programming, in-vivo supervision may occur.

Neuropsychology Assessment Program

The Neuropsychology Assessment program offers neuropsychological consultative services to units and Interdisciplinary Treatment Teams across the hospital, including those serving clients of various commitment types. Interns who select a Neuropsychological Assessment rotation gain experience in the practice of clinical neuropsychology in a forensic inpatient psychiatric setting. In addition to developing the intern's understanding of the practice standards in clinical neuropsychology, this rotation focuses on increasing the intern's familiarity with brain-behavior relationships and the methods and measurements utilized to assess brain functioning, from the initial neurobehavioral exam to more advanced assessment instruments. Additional attention is given to the role of the neuropsychological consultant within the hospital setting, appreciation for the complex utilization of the literature to advance knowledge and analysis of assessment and behavioral data, the development of skills in the communication of results and recommendations through the report and providing feedback to staff and clients. This rotation can be adapted for interns with only beginning experience in neuropsychological assessment who are interested in obtaining preliminary training to augment a more generalist orientation or tailored to more advanced students who may be pursuing future training and practice in neuropsychology.

*Neuropsychological Assessment is a non-unit-based rotation.

The following are the listed goals and plans for training as indicated in the Neuropsychology Assessment Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Become knowledgeable regarding the practice and associated competencies of neuropsychology assessment as a sub-discipline of psychology.
2. Become familiar with the unique factors associated with neuropsychological consultation and evaluation within an inpatient psychiatric setting and the assessment of forensic clients.
3. Understand and appreciate the neuropsychological functions associated with psychological and neurocognitive disorders.
4. Understand the relationship of specific measures with neurocognitive functioning and gain supervised experience practicing and administering measures, as well as interpreting resulting data.
5. Become adept at engaging neuropsychological literature as a part of evaluating test and behavioral data.
6. Develop proficiency in integrating assessment data, writing reports, and providing appropriate treatment recommendations.
7. Understand the role of the neuropsychologist as a consultant, including clarifying brain-behavior relationships and identifying methods of assessment to meet treatment goals.
8. Participate in select trainings (as assigned by supervisor).

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and relevant Oregon Administrative Rules (OARs).
2. Complete assigned readings on relevant topics related to forensic neuropsychology, neuropsychological assessment, and general assessment within an inpatient psychiatric setting.
3. Complete neuropsychological assessments (NPs) as assigned (shadowing→observed→independent). NPs will include consultation with team/referring providers, clinical interview and administration of relevant assessment measures/tools according to the referral question (i.e., mental status, administration of relevant measures, obtaining of appropriate historical/contextual data, summarization of information in report form) and provision of feedback.
4. Participate in assigned training(s) as assigned.
5. Participate in training of hospital staff as assigned.
6. Meet with the rotation supervisor at least one hour per week.

Psychotherapy Program

Rotation overview: The psychotherapy minor rotation will provide the predoctoral intern with the opportunity to specifically focus on the practice of providing individual psychotherapy treatment to individuals with severe mental illness (SPMI) in an inpatient setting. In this rotation, interns function as a consultative treatment provider to treatment teams who specifically have requested individualized treatment through 1-to-1 focused psychotherapy to aid the patient in meeting treatment goals. Interns will carry a caseload of 5-6 clients, write individual psychotherapy notes, provide updates to the treatment team during interdisciplinary team meetings (IDTs), and construct brief case conceptualizations and treatment plans. Students will be supported in developing and implementing their preferred theoretical modality provided there is theoretical and empirical support for use with this population; however, additional clinical and theoretical training will be provided in conceptualizing psychotherapy cases from a multimodal perspective, with particular attention to contemporary psychodynamic, neurodevelopmental, systems, and trauma-informed lenses. Supervision will focus on robust conceptualization, and formulation and implementation of an evidenced-based individual treatment plan, while considering and responding to cultural and ethical factors affecting individual treatment in an inpatient setting. Furthermore, supervision will be process oriented as well as pragmatic in order to explore psychotherapy and parallel dynamics occurring in the course of treatment, and will at times incorporate live and video observation, as well as use of transcription of therapy narratives.

*Psychotherapy Program is a non-unit-based rotation.

The following are the listed goals and plans for training as indicated in the Psychotherapy Program Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Gain experience in the practice of providing individual psychotherapy with persons suffering from serious mental illness in an inpatient psychiatric setting;
2. Provide individual psychotherapy for a caseload of 5-6 individual clients;
3. Rigorously explore theoretical foundations from the literature and apply theoretical considerations within a biopsychosocial/cultural-spiritual lens to inform case conceptualization;
4. Examine best-practices in psychotherapy treatment to develop treatment interventions informed by the research literature;
5. Explore cultural and ethical factors in the provision of psychotherapy services and adapt interventions according to legal and ethical responsibilities and best practices regarding culture-specific guidelines;
6. Consider and explore the “self-of-the-therapist” as a foundational mediator of treatment implementation and therapeutic success, including transference and countertransference experiences and their role in conceptualization and intervention;

7. Utilization of the supervisory relationship to explore psychotherapy dynamics in parallel;
8. Assess the dynamics of the consultative relationship with the treatment team, including patient confidentiality and necessary disclosure, influence in broader treatment related decision-making and interventions, forensic/risk implications, and parallel process dynamics to enhance collaborative treatment interventions;

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OARs);
2. Integration of student theoretical interests with additional theoretical and best-practice literature;
3. Preliminary shadowing of the establishment of the therapeutic relationship with follow-up utilization of video/audio and/or transcribed verbatims for supervision;
4. Participate in training of hospital staff as assigned;
5. Meet with the rotation supervisor at least one hour per week.

Risk Assessment Program

Following GEI adjudication, patients are placed under the jurisdiction of the Psychiatric Security Review Board whose primary mission is protection of the public. As such, assessment of risk (e.g., for violence, sexual offending, stalking, etc.), formulation of risk factors, and development of risk management strategies are important tasks for psychologists. Assessment of risk is provided throughout various programs, but several psychologists with advanced interest and training in risk assessment conduct comprehensive violence and other risk assessments when clinically indicated or when these assessments are required prior to an individual being conditionally released. Interns who select a rotation in Risk Assessment learn more about risk, risk assessment, and associated issues such as psychopathy. As alluded to above, possible risk assessments include violence risk assessments, sexual offending risk assessments, stalking, and fire setting, and are dependent on referral availability. More specifically about sexual offending risk assessments, in many cases, these patients have a current GEI adjudication for a sexual offense, but patients may also be referred to the Sex Offender Treatment Program (SOTP) for historical sexual offenses or sexually problematic behavior in the absence of a formal sexual offense. A vital component of SOTP is risk assessment, as these assessments determine not only a patient's projected likelihood of sexual re-offense, but also individualized case formulation and recommendations for treatment and risk management. Interns can focus on one specific type or gain exposure to all types, based on availability of referrals. Interns who choose this rotation will gain experience in the practice of risk assessment in a forensic inpatient psychiatric setting, with a focus on record review, clinical interview, appropriate assessment tools, case formulation, and individualized risk management strategies. This experience will also include familiarity with seminal research in the field, interdisciplinary consultation, observation of relevant hearings, and invitations to attend community

trainings and workshops. *The Risk Assessment Program is a non-unit-based rotation and is currently offered at both our Salem & Junction City campuses. Junction City is about an hour away from the main Salem campus; an intern who selects this rotation would need to be willing to commute to the Junction City campus.

The following are the listed goals and plans for training as indicated in the Risk Assessment Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Gain a foundational understanding of the literature on sexual and/or violence risk, as well as associated assessment tools.
2. Learn about the role of risk assessment at OSH, including among different patient populations (i.e. Guilty Except for Insanity and civil commitment) and various stakeholders, such as the Psychiatric Security Review Board (PSRB) and the Oregon State Hospital Risk Review Panel.
3. Gain supervised experiences regarding sexual and/or violence risk assessments, with a focus on record review, clinical interview, appropriate assessment tools, case formulation, and individualized risk management strategies.
4. Participate in select trainings and workshops (as recommended by supervisor), both on and off-site, relevant to sexual and/or violence risk and treatment.

Plan for Training:

1. Complete readings as assigned and provided by supervisor, including seminal research articles.
2. Become familiar with relevant assessment measures/tools provided by supervisor (i.e. STATIC-99R; STABLE-2007; Risk for Sexual Violence Protocol; HCR-20,V3; PCL-R). When available, it is highly recommended the intern attend a two-and-a-half-day certified training on the STATIC-99R, STABLE-2007, and ACUTE; interns are able to attend at no cost.
3. Become familiar with the relevant Oregon Revised Statutes (ORS), relevant Oregon Administrative Rules (OARs), and the Association for the Treatment of Sexual Abusers (ATSA) Practical Guidelines and Code of Ethics.
4. Attend relevant SOTP case management meetings, Risk Review, and PSRB hearings.
5. Participate in Psychosexual Evaluations and/or Violence Risk Assessments with supervisor, including record review, collateral consultations, clinical interview, and utilization of relevant assessment measures/tools.

6. Participate in recommended training(s) (for interns' edification), including sexual evaluation/treatment-focused conferences, meetings, and didactics in the community.
7. Meet with the rotation supervisor at least one hour per week.

Sexual Offending Treatment Program

The Sexual Offending Treatment Program (SOTP) offers evaluation and treatment services to patients across the hospital, while also providing consultation to various treatment teams. Interns in the SOTP rotation will work primarily with GEI patients who have sexual offense histories and/or ongoing issues with sexually inappropriate behaviors that are difficult to manage. Interns interested in this rotation will gain an understanding of evidence-based treatment modalities informed by the Association for the Treatment of Sexual Abusers (ATSA) practice and ethical guidelines, as well as the Risk-Needs-Responsivity (RNR) principles in a forensic, inpatient setting. Interns will have opportunities to provide sexual offense-specific treatment primarily in individual therapy due to COVID-19 restrictions. Should group therapy become available, this will involve co-facilitating or leading "core" sexual offense-specific groups (i.e., the intensive program), as well as Dynamic Risk Factor (DRF) groups based on patient needs (e.g., healthy relationships, sex education, safety planning). Finally, interns will carry a small caseload and will gain experience in a consultation role, collaborating with patient(s) IDTs to inform them of concerns, progress, and ongoing treatment planning. This rotation will be best suited for those with a solid foundation in group and individual interventions and interest in sexual offense-specific treatment. Please note that this minor rotation is heavily focused on sexual offense-specific treatment. Opportunities to observe Psychosexual Evaluations may be available; however, this is not guaranteed. For those who are primarily interested in assessment and evaluation, please refer to the minor sexual/violence risk assessment rotations.

The following are the listed goals and plans for training as indicated in the Sexual Offending Treatment Program Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Will gain an understanding of evidence-based treatment for individuals with sexual offense histories and/or ongoing sexually inappropriate behaviors, including the Association for the Treatment of Sexual Abusers (ATSA) practice and ethical guidelines.
2. Will learn about the Risk Needs Responsivity (RNR) principles and their application to sexual offense-specific treatment in a forensic, inpatient setting.
3. Provision of sexual offense-specific treatment in an individual therapy format
4. Provision of sexual offense-specific treatment groups (pending availability RE: COVID-19 restrictions). This will include co-facilitating or leading current sexual offense-specific groups and developing a new Dynamic Risk Factor (DRF) group based on patient needs.

5. Will collaborate with patient(s)' IDTs to inform them of patient concerns, progress, and ongoing treatment planning.

Plan for Training:

1. Complete required readings as identified.
2. Participate in assigned trainings.
3. Provision of services:
 - a. Provide sexual offense-specific individual therapy to a minimum of one patient weekly. There may be additional opportunities for individual therapy depending on program needs.
 - b. Co-facilitate/lead a minimum of two hours of sex offense specific group treatment weekly (pending availability). The intern will also be required to develop a Dynamic Risk Factor/skills-based group that is consistent with program needs.
 - c. Participate in IDT/monthly unit meetings as assigned.
 - d. Engagement in weekly SOTP team meetings when possible.
 - e. Complete SOTP Feedback and Treatment Progress Reports for Risk Review and PSRB, when applicable and as assigned.
4. Intern will meet with rotation supervisor at least one hour per week. Supervision will include direct observation of clinical skills in the group and/or individual context.

OSH-PIP Training Requirements

Accommodations

OSH-PIP welcomes interns from diverse backgrounds. The training program believes a diverse training environment contributes to the overall quality of the program. OSH-PIP provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other factor that is irrelevant to success as a psychology intern. If an intern requires accommodations, please do not hesitate to contact the Co-Training Directors and/or the Administrative Assistant with the Psychology Department (currently Keri Keen – keri.keen@dhsosha.state.or.us).

Access to Psychological Testing

Interns have full access to the Psychology Department's robust psychological testing measures. During OSH-PIP orientation, interns will be provided with a list of available testing measures. There are testing

cabinets located in several office suites. Interns' rotation supervisors will inform interns about how to gain access to the cabinet and the proper check-out/check-in procedures.

Interns also have a unique username and password to gain access to Pearson's Q-global and PAR's iConnect, web-based applications for test administration, scoring, and reporting. Rotation supervisors will also assist the interns through this process. For additional assistance, contact Dr. Kris Thomas.

Case Presentation

Interns are expected to complete two 90-minute case presentations during their training year. Interns present either two therapy cases or two assessment cases. The presentation should be 60 minutes leaving up to 30 minutes for discussion of consultation questions. Feedback is given to interns by members of the Internship Training Committee (ITC) using the Intern Case Presentation Rating Form. Interns receive training in case formulation and case presentation during OSH-PIP orientation.

The following information reflects the format for the case presentations.

1. Identification

- a. Identifying information includes basic demographic information (age, sex, marital status, occupation, legal status).
- b. Presenting problem or chief complaint. Why is the person here? What is the reason for assessment or treatment? Legal Status?

2. Personal/Family/Psychosocial History

- a. Family history
- b. Childhood and adolescent problems
- c. Past employment, education, relationships
- d. Substance abuse history
- e. Pertinent medical history

3. History of Presenting Problem

- a. Events leading to current admission
- b. When the illness first manifested itself
- c. Pattern and course of symptoms over time
- d. Previous treatments
- e. Co-morbidities (Other Diagnoses, Substance Abuse)

4. Course of Current Treatment/Hospital Course (3-6 months)

5. Mental Status on Interview (e.g., appearance, behavior, thought processes, speech, attitude)

6. Assessment (if presenting an assessment case)

- a. Testing and data
- b. Integration of other data with testing results

5. Treatment (if presenting a treatment case)

- a. Need/rationale for treatment
- c. Goals (yours, the treatment team's, and the client's)

- d. Treatment modality or approach and why that approach was selected
 - e. Client response to therapy
 - f. Client progress and frustrations (yours & the client's)
6. Diagnoses and Formulation
 7. Recommendations
 8. Consultation Questions for Discussion (or questions you would like answered)

Be brief! Sections 1-4 should take approximately 30 minutes with an additional 30 minutes devoted to a discussion of assessment and/or treatment issues as well as a description of the consultation questions. The remaining time will be devoted to case discussion with the faculty.

Consider relevance - Not all information you know about the individual is relevant. Consider what to include and what to skip. You will have additional time to elaborate during discussion. Attempt to present information that frames the question or supports themes relevant to your presentation.

Prepare - Know what you plan to say and what questions you wish to raise. Avoid rambling and being tangential. Lengthy and detailed handouts or slides are discouraged, as much of the information provided should already be familiar to you and easily described to the faculty.

Try to avoid defending yourself - Be open to feedback and alternative perspectives. Remember that the goal of the case presentation is to seek consultation for client care and learn from others regarding a complex case.

*Remember that ethical, legal, and client diversity issues should be addressed throughout the relevant sections of your presentation. Consider aspects of Hays's ADDRESSING Model throughout your presentation.

Co-Supervision of Practicum Students

Interns are also involved in the group supervision of several practicum students working toward their doctoral degrees (PhD/PsyD) in clinical psychology. These students are in the third or fourth year of doctoral training. Each intern completes about a four-month rotation co-facilitating practicum group supervision with an OSH licensed psychologist. Interns also receive supervision of supervision and training in the Integrative Developmental Model (IDM) of supervision.

Didactic Training

Interns participate in weekly didactic trainings and receive the didactic calendar during OSH-PIP orientation. Didactics are designed to build upon prior academic preparation and clinical training, and to complement interns' experiential clinical training based on the aims, profession-wide competencies, and learning elements of the training program. Didactics prepare interns to face a wide variety of professional issues and circumstances that they are likely to encounter throughout their careers.

Direct Client Contact Hours

Interns are expected to spend a minimum of 25% (per APPIC and the Oregon licensing board) of their time in direct client contact (e.g., delivering clinical interventions, conducting assessments). This equates to approximately 10 hours per week (of 52 weeks). To meet this requirements, interns should aim to complete 15 hours of direct client contact per week.

Diversity

Interns complete a 2-hour group didactic presentation on a diversity topic of their choosing to the Psychology Department in the Spring. Interns can also choose to participate in an OSH Diversity Committee subcommittee. These subcommittees include Veterans for Progress, LGBTQIA2S+, Peer Advisory Council, and Native Advisory Council. Your TD supervisor will assist you in contacting these committees.

Individual & Group Therapy

Throughout the internship year, interns are expected to carry a caseload of individual clients as well as co-facilitate group therapies. Individual clients and groups will be assigned by the rotation supervisors at the outset of the rotation, and the number of clients and groups will be determined by the needs of the rotation and the training needs of the intern.

Individual Supervision

Interns receive a minimum of four hours a week of supervision, which includes three hours per week of individual, face-to-face supervision. Interns receive individual supervision 1.5 hours per week with their major rotation supervisor, 1 hour with their minor rotation supervisor, and .5 hour per week with their assigned Training Director. The time with the assigned Training Director will focus on administrative issues, internship requirements, quality of intern training, and review of direct client contact hours.

Interns may receive additional supervision depending on their needs and level of competence. Interns rated at level 1 (Dependent Competence) on assessment and/or intervention domains must be closely supervised as determined by the supervisor or designee during client contact until re-evaluated and rated at level 2 (Beginning Competence) by a supervisor. This is to ensure that interns receive the level of supervision needed from the outset.

Group Supervision

Throughout the course of the training year, interns will meet one hour weekly (for three weeks per month) for group supervision with two OSH Psychology Department members. Group supervision will involve weekly review of various clinical cases (i.e., therapy and assessment).

Monthly Intern Group

Intern Group occurs one week per month and occurs on the off week of the above-mentioned group supervision. This time should act as an intern support group as well as a forum for interns to reflect

upon and receive feedback from others about overall professional development. This forum is also an opportunity to offer supervisory feedback to others. Interns are encouraged to bring up issues related to working effectively with supervisors and other staff with the assurance that these issues will be held in confidence (barring any ethical violations). Rather than “rescuing” the intern, the approach will be to view this as an opportunity for professional growth, and the group will assist the intern to develop strategies for handling such occurrences, which are not an unusual part of professional work in any organization. Examples of other issues that may prove productive are career paths, short- and long-term career goals, time management, managing interpersonal style in meetings, professional roles, treatment team dynamics, organizational systems dynamics, managing stress, avoiding burnout, managing workload, and working effectively with paraprofessionals. Please note that lengthy, unresolved conflicts may be reported to the Training Director(s) and/or the Chief of Psychology by the group supervisor in order to facilitate a successful resolution.

OSH-PIP Research Committee

The purpose of the OSH-PIP program evaluation/research project is to provide interns with the experience of conducting program evaluation/research in a state hospital setting. Psychologists in state hospitals provide many services, including conducting program evaluation and research to improve the services that are offered in these settings and contribute to knowledge that benefits society. Regardless if you choose to pursue a research career, being able to conduct program evaluation and research is an important part of being a well-rounded psychologist.

The purpose of the OSH-PIP Research Committee is to help facilitate interns’ program evaluation/research projects at OSH. Interns will be matched to research committee members with similar research interests towards the start of the year. The responsibilities of research mentors include, but are not limited to the following: assisting interns with narrowing down program evaluation/research project ideas appropriate for this setting and timeline, meeting with interns on a monthly basis (and more as needed), assisting with the design of the project, approving project ideas and methods, and assisting interns with problem-solving related to their projects. All OSH-PIP Research Committee members are asked to participate in committee meetings, which are scheduled on a quarterly basis.

Other Training Opportunities

Interns can attend weekly Psychiatry Grand Rounds, weekly psychiatry Journal Club meetings, and other trainings provided by OSH through the Education Development Department. Additionally, interns receive 40 hours of educational leave during their internship year to attend local and national conferences (e.g., American Psychological Association, American Psychology – Law Society, etc.).

OSH-PIP Intern Evaluation

The following summarizes the OSH-PIP Intern Evaluation Procedures. Please see the attached OSH-PIP Protocol 4.506 for more specific details.

During OSH-PIP orientation, interns evaluate themselves using the Intern Evaluation Form, which evaluates interns on constructs consistent with APA's required profession-competencies and OSH-PIP's learning elements.

The OSH-PIP Intern Evaluation Form describes these competencies in greater detail and covers all nine required competency domains using a four-point rating scale:

- Level 1 – Dependent Competence
- Level 2 – Beginning Competence
- Level 3 – Intermediate Competence
- Level 4 – Advanced Competence

Interns review and discuss their completed self-assessment form with the Training Director(s). Also, during this time, interns discuss related experience and/or hypothetical and sample cases.

At the outset of the first major and minor rotation, rotation supervisors review the interns' completed self-assessment. The rotation's specific tasks, requirements, and expectations are also reviewed by the rotation supervisor. At this time, the supervisor and intern complete a rotation contract. The rotation contract includes the goals set by the supervisor as well as the rotation-specific individual training goals identified by the intern. The rotation contract may be modified as the year progresses to meet each intern's needs and interests.

Interns are formally evaluated throughout the year. The primary instruments used to guide formal evaluations of intern performance are the OSH-PIP Intern Evaluation Form, the Intern Case Presentation Evaluation Form, and the Intern Research/Dissertation/Didactic Evaluation Form, all of which are explained to interns during orientation.

The Intern Evaluation Form is completed four times annually, at the mid- and endpoints of each major and minor rotation, by each intern's major and minor rotation supervisors. Upon completion, the Training Director(s) receives the signed form, reviews, and co-signs. Interns receive a copy of all completed evaluations. OSH-PIP is moving to digital record keeping. *All forms are to be signed electronically (via adobe pdf)*. Interns will receive instruction for making an electronic signature during OSH-PIP orientation.

Interns rated at level 1 (Dependent Competence) on assessment and/or intervention domains must be closely supervised as determined by the supervisor or designee during client contact until re-evaluated and rated at level 2 (Beginning Competence) by a supervisor. This is to ensure that interns receive the level of supervision needed from the outset. If at any time, the ITC specifies that an intern is not making

satisfactory progress, then a remediation plan is required (please refer to OSH-PIP 4.507 Due Process Protocol for the specific details).

To successfully complete the internship, interns must satisfactorily attend and complete all required service and training activities and have completed a sufficient number of hours to qualify for a one-year, full-time internship experience. In addition, interns must receive supervisory ratings of at least Level 3 (Intermediate Competence), the minimum level of achievement, or higher (except for the individual supervision competency) by the end of the internship year to successfully complete the internship.

Of note, informal evaluation and feedback are ongoing throughout the training year. Supervisors are expected to provide interns with timely, frequent, and ongoing feedback regarding their performance. It is our philosophy that providing such feedback in a collaborative manner serves to enhance the learning experience, reduce anxiety about evaluation, and avoid “surprises” at the time of more formal evaluations. In addition, intern progress is discussed by major and minor rotation supervisors during monthly ITC meetings.



OSH-PIP Program Evaluation

OSH-PIP engages in data collection for quality improvement purposes on an ongoing basis, and the Training Director(s) review these data for purposes of performance improvement. Please see OSH-PIP 4.509 Program Evaluation Protocol for specific details.

Interns complete a Supervisor Evaluation Form at the mid- and endpoints of each major and minor rotation to provide feedback about their supervisors and experiences. Interns are also encouraged to provide any feedback directly to their supervisors.

Interns complete the Didactic Evaluation Form weekly following each didactic seminar presentation. Feedback will also be shared with the didactic presenter.

Interns complete the Program Evaluation Form, which provides comprehensive feedback regarding the internship program, at the mid- and endpoint of the training year. Interns forward their completed forms to their assigned Training Director. Feedback from these forms will also be shared with the Chief of Psychology and the ITC.

The Training Director(s) will send an Alumni Survey to each intern (for two years post-internship completion), which surveys information related to professional roles and accomplishments as well as impressions of the training they received within the program, to graduates of OSH-PIP.



Quick Reference for All OSH-PIP Training Requirements

General Requirements

- Complete Time 2 Track weekly and email to the assigned Training Director.
- Complete a weekly didactic evaluation form and email to the assigned Training Director.
- Complete evaluations of each supervisor at the mid- and endpoints of each major and minor rotation (including your supervision for co-supervision of practicum students) and turn into the assigned Training Director (signed electronically).
- Intern evaluations are completed by your major and minor rotation supervisors at the mid- and endpoints of each rotation. Once reviewed and signed by intern and supervisor, evaluations should be submitted to the assigned Training Director.
- At the mid- and endpoints of the internship, complete the Program Evaluation Form regarding your internship experience. Submit to the assigned Training Director.

Clinical Requirements

- Complete a 12-month internship with a minimum of 1500 hours (or the number of hours required for licensure in the state you intend to become licensed in, if greater than 1500) and a minimum of 25% direct client contact hours
- Complete 2 major, six-month rotations
- Complete 2 minor, six-month rotations
- Complete 3-month practicum group supervision rotation
- Maintain a caseload of individual clients
- Co-lead assigned group therapy & psychoeducational groups
- Complete psychology assessments as assigned by supervisor
- Complete two 90-minute case presentations (both therapy or both assessments)

Supervision Requirements

- Attend 1.5 hours per week of individual supervision with major rotation supervisor
- Attend 1 hour per week of individual supervision with minor rotation supervisor
- Attend .5-1 hour per week of individual supervision with the assigned Training Director
- Attend 1 hour per week (for three weeks of the month) of group supervision
- Attend 1 hour per month of Intern Group
- Participate in co-supervision of Practicum Group Supervision rotation

Training Requirements

- Attend 2-hour weekly didactic seminars
- Participate in intermittent OSH-PIP Research Committee meetings & completed related program evaluation or research project
- Complete a group 2-hour diversity presentation to the Psychology Department (in the Spring)

OSH-PIP General Information

Stipend, Hours, & Benefits

Each intern receives a stipend of \$34,020 annually, paid monthly on the 1st of each month beginning 9/1. Electronic deposit of paychecks is available. *The last paycheck of the internship year is paper-issued, delivered either in-person or by mail. Interns should prepare accordingly.

Interns are expected to work 40 hours per week. Standard work hours are Monday through Friday, 8:00am to 5:00pm, with a one-hour lunch break as well as two 15-minute breaks. Interns cannot work during holidays, evenings, or weekends, as supervisors are not present to ensure their safety and oversee their clinical and training responsibilities (without prior approval, discussed below). Interns must use the badging API system when arriving to work in the morning and when leaving work in the evening. Interns do not need to badge for the lunch period or the allotted 15-minute breaks. *Given Covid-19 precautions, interns are encouraged to complete direct client contact on select day, completing ancillary tasks from home via Citrix, OSH's secure, remote, digital workspace, and virtual desktop (two days per week). Interns should continue to enter their time into the API system while working from home.*

Each intern is eligible for all benefits afforded to full-time hospital employees including medical benefits with dental and vision, life insurance, vacation and sick leave, and 11 paid holidays. Interns accrue 8 hours of both vacation and sick leave per month. Interns also receive 24 hours of personal business leave for the internship year each fiscal year. Additionally, interns receive 8 hours of Governor's Leave to be used between Thanksgiving and New Year's Day. Finally, interns are eligible for Family and Medical Leave (FMLA), which includes parental leave (maternity/paternity leave). An employee's FMLA leave entitlement is limited to 12 weeks per leave in a 12-month time period, regardless of the different leave types used. Of note, for interns to maintain and extend their insurance coverage through September, 80 hours of work must be documented in API in August. Paid time off (e.g., vacation, sick, personal business) counts towards this 80-hour requirement.

Interns are not required to maintain student malpractice insurance. Interns' clinical practice is covered by OSH's insurance.

Time, Attendance, & Time2Track

Per HR, every new OSH employee (including interns) will be placed on 6-month trial service, during which time vacation time and personal business leave cannot be used. Employees can use sick time, Governor's Leave, and comp time during this initial 6-month period. For HR purposes, interns fall under "Student Human Services Worker," which is a non-union represented position. With that delineation, interns can, with prior approval and on a limited basis, work up to 42 hours in a given week (to be accumulated at time and a half as "comp time accrued" or CTA and used later as "comp time leave" or CTL). CTA forms should be completed each week by the intern. The interns' assigned TD and the Chief of Psychology will sign and submit these forms.

All leave time must be submitted through the API system and pre-approved by the intern's assigned Training Director. The intern is responsible for notifying supervisors and clients of any anticipated absences and for making arrangements for group coverage. For sick time, interns must follow OSH Policy and Psychology Department Protocol. An intern who calls in sick must notify their rotation supervisors and assigned Training Director. *Additional information about timekeeping and API is located on the I:Drive in the OSH-PIP, Time keeping and API Information, Protocols, and Forms, 1- Intern Leave and Time Keeping Basics document.*

Interns will also track their internship hours using Time2Track; this helps to ensure that interns receive adequate supervision as well as receive a variety of training activities, in addition to ensuring that adequate hours of direct client contact are being accrued. Hours are submitted weekly to the assigned Training Director prior to the scheduled weekly supervision time. *The Time2Track instructions are located on the I:Drive in the OSH-PIP folder.*

If interns are unable to fulfill training responsibilities within the year due to extended illnesses or other reasons, arrangements will need to be made for the intern to work beyond the 12-month period with no pay to complete training requirements.

Co-Signed Notes & Medical Record Requirements

All medical record entries such as progress notes and psychological reports must be co-signed by the licensed psychologist who assumes clinical responsibility for the cases being supervised. Standards for progress notes and psychological evaluation reports are clearly outlined in the Psychology Department Protocols. Interns must adhere to these standards. If interns have questions about medical record entries, they should seek guidance from their supervisor prior to making an entry. OSH uses an electronic medical record through Avatar and other means. Interns will be provided an in-service about proper use and appropriate documentation.

Dissertation & Education Leave

Interns will be granted some time, within reason, for dissertation defense as well as educational leave. Dissertation defense requests must be approved by the assigned Training Director. Educational leave for outside training activities is also available and, again, must be approved by the assigned Training Director. Considerations for educational leave requests include interference with clinical duties and commitments, internship training requirements, etc.

Computer Use & Remote Work

Interns have access to state issued computers. It is expected that interns will use computers responsibly. Access to the internet is provided for work purposes only. Furthermore, e-mail accounts are provided for communicating with colleagues about work matters. Hospital computers may be used by interns to work on dissertations to the extent approved by supervisors. Additionally, interns will be granted remote access to their workstation to facilitate telecommuting on an as needed basis (e.g., about twice per week during COVID-19).

Outside Employment

Internship training can be rigorous and will require extensive commitment from interns. Furthermore, the Psychology Department is responsible for the clinical training and supervision of interns throughout the year. For these reasons, outside clinical work of any kind is not generally permitted for interns. Approval for other types of non-clinical work may be granted but must be in writing from the Training Director(s). Should interns be approved for any outside work, a conflicting employment form must be completed per OSH policy.

Facebook & Social Media

ITC members and interns should not have a Facebook or other social media relationship of any kind until after internship or postdoc residency is completed. The ITC appreciates the inherent power differential and evaluative role of its members and the potential for blurred roles and boundaries.



OSH-PIP Protocols

Please review the following attached OSH-PIP protocols:

4.500 Administration, Financing, & Resources Protocol

4.501 Development of Policies Protocol

4.502 Statement of Non-Discrimination & Diversity Protocol

4.503 Application Selection Process Protocol

4.504 Intern Orientation Protocol

4.506 Intern Evaluation Procedures Protocol

4.507 Problematic Intern Performance & Due Process Procedures Protocol

4.508 Grievance Procedures Protocol

4.509 Program Evaluation Protocol

4.510 Telesupervision Protocol



OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.500

**SUBJECT: OSH-PIP Administration, Financing, &
Resources**

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: September 1, 2015

I. PURPOSE

This policy establishes the Oregon State Hospital Psychology Internship Program (OSH-PIP). The administrative structure and faculty are described. Furthermore, the process for securing financial resources for the program is outlined. The program adheres to the internship accreditation standards of the American Psychological Association (APA) and guidelines provided by of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

II. DEFINITIONS

- A. "ITC" means the Oregon State Hospital's (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists, and licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.
- B. "APA" means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its

members. APA's mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

- C. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

III. PROTOCOL

A. Administrative Structure

1. The Chief of Psychology is responsible for maintaining ethical and practice standards for the discipline. This includes ultimate responsibility for the internship program.
2. A Training Director(s) is appointed by the Chief of Psychology. The Training Director(s) is responsible for development and oversight of the internship program ensuring compliance with APA accreditation standards and APPIC guidelines.
3. While the Training Director(s) might have additional responsibilities associated with his/her position at the hospital, it is the responsibility of hospital administration and management to ensure that this individual is provided adequate time to fulfill his/her responsibilities.

4. The ITC is appointed by the Training Director(s) in consultation with the Chief of Psychology. This ITC consists of licensed doctoral psychologists, or license-eligible persons.
- B. Faculty
1. The core faculty of OSH-PIP consists of licensed doctoral psychologists privileged to practice independently at OSH.
 2. Adjunct faculty may include license-eligible persons, postdoctoral fellow(s), and unlicensed doctoral psychology staff, and other licensed professionals. In addition, unlicensed or licensed masters-level psychology staff may also participate in the ITC as adjunct faculty under tiered supervision by a licensed doctoral psychologist on the ITC. Finally, adjunct faculty may also include honorary members such as the Chief Medical Officer (CMO), and the Superintendent.
- C. Financial Resources
1. Financial support for the OSH-PIP has been approved by OSH administration.
 2. Financial resources include:
 - a. Intern stipends
 - b. Fees for APA accreditation, application, and site visits
 - c. Fees for APPIC membership
 - d. Work areas and equipment for interns including individual laptops
 3. Interns are limited-duration employees of OSH, and receive health benefits, as well as vacation and sick leave, through their employer. Questions regarding

specific benefits packages can be directed to the OSH Human Resources Department.

D. Intern Resources

1. OSH-PIP interns have access to numerous resources. Assessment and other training materials are provided, and additional materials that may be needed may be purchased with ITC approval. Each intern additionally has access to administrative and IT support. Finally, interns have access to the resources provided by the Oregon State Library to support program evaluation, research, and literature review throughout the training year.

IV. REFERENCES

- A. APA'S GUIDELINES AND PRINCIPLES FOR ACCREDITATION OF PROGRAMS IN PROFESSIONAL PSYCHOLOGY

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

- A. OSH Policy 5.004 – Valuing Diversity
- B. DHS-060-013 – Discrimination and Harassment Free Workplace
- C. HRSD 50.010.01 – Discrimination and Harassment Free Workplace

VI. STAKEHOLDERS

- A. Internship Training Committee
- B. Psychology Department Staff
- C. Oregon state Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.501

SUBJECT: OSH-PIP Development of Policies

APPROVED: Julia Howe, PsyD Chief of Psychology

DATE: September 1, 2015

I. PURPOSE

This statement outlines the process by which policies are established and reviewed for Oregon State Hospital Psychology Internship Program (OSH-PIP). The program adheres to the internship accreditation standards of the American Psychological Association (APA) and guidelines provided by of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

II. DEFINITIONS

- A. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.
- B. "APA" means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its

members. APA's mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

- C. "APPIC" means Association of Psychology Postdoctoral and Internship Centers. APPIC exists to provide a service to members who are interested in the training of doctoral and postdoctoral psychologists as well as the working with the National Match Program that places psychology doctoral students in internships. The APPIC is made up of a board of directors elected by the membership to represent training directors in doctoral and postdoctoral psychology training programs.
- D. "ITC" means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists, licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

III. PROTOCOL

A. Introduction of New Policies

1. New policies may be introduced by any member of the ITC or core faculty.
2. The Training Director(s) sends drafts of newly introduced policies to all members of the ITC for review. Members of the ITC have at least ten working days to provide written feedback to the Training Director(s).
3. Following the review cycle, the ITC meets to discuss the policy and any feedback received.
4. Final approval of all new policies requires majority support of the ITC.

B. Review and Revision of Existing Policies

1. Existing policies for the OSH-PIP are reviewed annually by the Training Director(s).
2. Regarding substantive changes, the Training Director(s) will send copies of existing policies to all members of the ITC for review. Members of the ITC have at least ten working days to provide written feedback to the Training Director(s).
 - a. Following that review cycle, the ITC will meet to discuss the policy and any feedback received.
3. Modifications regarding substantive changes to existing policies can be made only with majority support of the ITC.

IV. REFERENCES

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

- A. Internship Training Committee
- B. Psychology Department Staff
- C. Oregon State Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.502

SUBJECT: OSH-PIP Statement of Non-Discrimination &
Diversity

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: September 1, 2015

I. PURPOSE

Oregon State Hospital (OSH) employees treat all people with respect and dignity by striving to create and foster a supportive and understanding environment in which all individuals realize their maximum potential in a multicultural setting, regardless of their differences. Employees shall respect the cultural differences which allow all opportunities for advancement, support, recognition, self-esteem, self-worth, or self-satisfaction as well as creating a safe work environment. Within the limitations of resources and the need for facility security, safety, health, and orderliness; OSH strives to offer individuals under the custody and/or supervision of OSH the opportunity to be treated according to the cultural norms of their choice or background.

II. DEFINITIONS

A. "Discrimination" means making employment decisions related to hiring, firing, transferring, promoting, demoting, benefits, compensation, and other terms and conditions of employment, based on or because of an employee's protected class status.

- B. "Protected Class" means race, color, national origin, sex, religion, marital status, family relationship, sexual orientation, age, disability, injured worker, persons using leave covered by the Federal Family and Medical Leave Act or the Oregon Family Leave Act, persons using Military Leave, any person associating with a protected class, any person opposing unlawful employment practices, whistleblowers, any person filing a complaint or testifying about violations or possible violations, and any other protected class as defined by federal or state law.
- C. "Workplace Harassment" means unwelcome, unwanted, or offensive conduct based on or because of an employee's protected class status. Harassment may occur between a manager/supervisor and a subordinate, between employees, and among non-employees who have business contact with employees. A complainant does not have to be the person harassed, but could be a person affected by the offensive conduct. Examples of harassing behavior include but are not limited to derogatory remarks, slurs, and jokes about a person's protected class status.
- D. "Sexual harassment" means unwelcome, unwanted, or offensive sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Examples include but are not limited to unwelcome, unwanted, or offensive touching or physical contact of a sexual nature, such as: closeness, impeding or blocking movement, assaulting or pinching; gestures; innuendoes; teasing, jokes, and other sexual talk; intimate inquiries; persistent unwanted courting; sexist put-downs or insults; epithets; slurs; or derogatory comments.
- E. "Complainant" means a person or persons allegedly subjected to discrimination, workplace harassment, or sexual harassment.

- F. "ITC" means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.
- G. "APA" means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its members. APA's mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.
- H. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.
- I. "APAGS" means the American Psychological Association of Graduate Students. APAGS' mission is to build a better future for psychology by serving as a united voice to enrich and advocate for graduate student development.

III. PROTOCOL

A. Nondiscrimination

1. In accordance with hospital policy, the state of Oregon provides a work environment free from unlawful discrimination or workplace harassment based on or because of an employee's protected status. Employees at every level of the organization, including state temporary employees and volunteers, must conduct themselves in a business-like and professional manner at all times and not engage in any form of discrimination, workplace harassment, or sexual harassment. All employees will encourage and demonstrate a welcoming environment at OSH.
2. In line with the values of OSH, OSH-PIP strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by OSH-PIP to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. OSH-PIP strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. OSH-PIP's training program includes an expected competency in diversity training, and multiple experiences are provided to be sure that interns are both personally supported and well-trained in this area.

IV. DIVERSITY RECRUITMENT AND RETENTION OF STAFF AND INTERNS

A. Diversity Recruitment and Retention of Staff and Interns

1. The state of Oregon is committed to affirmative action, equal employment opportunity, culturally competent services, and workplace diversity. In addition, the

ITC recognizes a need for recruiting and retaining a diverse group of psychologists, students, and interns.

2. Staff

- a. OSH-PIP places a high value on the representation of diversity within the staff of its training sites. In an effort to systematize its recruitment and retention of diverse staff, OSH-PIP undertakes the following:
 - i. OSH-PIP posts staff openings on diversity-related listservs and newsletters, such as those of APA's Divisions 45, 44, and 22.
 - ii. OSH-PIP maintains information on its public website highlighting the program's commitment to and focus on diversity in its staff hiring practices, and welcomes interested applicants to contact the faculty to discuss openings.
 - iii. OSH-PIP maintain a webpage on the website of the Western Interstate Commission for Higher Education (WICHE), allowing for broad national exposure in light of WICHE's role in behavioral health workforce development across the nation.
 - iv. OSH-PIP creates employment opportunities for its past interns, as positions are available and appropriate. OSH-PIP interns are drawn from a highly diverse applicant pool and several specific strategies are utilized to ensure the recruitment of diverse interns, as described above. This strategy promotes access to staff that are representative of the diversity that is sought in the intern recruitment process.

- v. All employees shall undergo cultural diversity training when beginning work at OSH (as per New Employee Orientation requirements); this training encompasses raising awareness about issues surrounding cultural competency and workforce diversity in the hospital setting.
- vi. OSH-PIP provides opportunities for experience and continuing education around topics of diversity for its staff.

3. Interns

- a. OSH-PIP recognizes a need for recruiting and retaining a diverse group of psychologists, students, and trainees. Many steps are taken to accomplish this aim including, but not limited to
 - i. Recruitment of undergraduate and graduate student trainees from local universities, drawing from their diverse student populations by sending marketing materials to local Directors of Clinical Training. These materials include information emphasizing OSH-PIP's training in diversity.
 - ii. OSH-PIP advertises its program annually on a minimum of four (4) listserves that reach diverse student populations, including such organizations as APA's Division 45- the Society for the Psychological Study of Ethnic Minority Issues, the APAGS group for the Advancement of Ethnic and Racial Diversity, APA's Division 44- the Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues, the APAGS committee for Lesbian, Gay, Bisexual, and

Transgender Concerns, APA's Division 22 – Rehabilitation Psychology, and recipients of the APA Minority Fellowships.

- iii. OSH-PIP will send letters to those intern applicants participating in APA's Minority Fellowship Program whom provide the best match for our internship program and encouraging them to apply.
- iv. On an annual basis the ITC requests funding from hospital administration to send at least one program representative to participate in APAGS's "Internship Meet and Greet" during each annual convention of APA. Materials emphasizing OSH-PIP's focus on diversity training are discussed with interested students.
- v. On an annual basis the ITC requests funding from hospital administration for the OSH-PIP training directors to participate in the annual Oregon Psychological Association Conference and provides information to potential candidates.
- vi. OSH-PIP maintains its Diversity and Non-Discrimination Policy on its public website.
- vii. OSH-PIP maintains a required competency on diversity issues in its training curriculum, and multiple experiences are provided to each cohort to ensure that interns are both personally supported and well-trained in this area. These experiences include but are not be limited to an emphasis on diversity training during orientation, provision of treatment to diverse populations, and didactic seminars on diversity-related topics. OSH-PIP evaluates its interns on their achievement of

competence in this area through ongoing supervision as well as written evaluations.

V. REFERENCES

- A. American Psychological Association (2010). Ethical Principles of Psychologists and Code of Conduct: Including 2010 Amendments. Retrieved from:
<http://www.apa.org/ethics/code/>

VI. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

- A. OSH Policy 5.004 – Valuing Diversity
- B. DHS-060-013 – Discrimination and Harassment Free Workplace
- C. HRSD 50.010.01 – Discrimination and Harassment Free Workplace

VII. STAKEHOLDERS

- A. Internship Training Committee
- B. Psychology Department Staff
- C. Oregon State Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.503

SUBJECT: OSH-PIP Application and Selection Process

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: September 1, 2015

I. PURPOSE

This policy provides a statement of the selection criteria and process for the psychology internship program. The standards described are consistent with the internship accreditation standards of the American Psychological Association (APA). Furthermore, the program participates in the matching process of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

II. DEFINITIONS

- A. "APA" means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants and students as its members. APA's mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.
- B. "APPIC" means Association of Psychology Postdoctoral and Internship Centers. APPIC exists to provide a service to members who are interested in the training of doctoral and postdoctoral psychologists as well as the working with the National Match Program that places psychology doctoral students in internships. The APPIC is

made up of a board of directors elected by the membership to represent training directors in doctoral and postdoctoral psychology training programs.

- C. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.
- D. "ITC" means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assist the Training Director(s) with development, oversight, and evaluation of the internship program. This includes the development and implementation of policies as well as intern selection.
- E. "AAPi" means APPIC's Application for Psychology Interns. The AAPi is the standard online application used by prospective interns to apply for doctoral internship programs.

III. PROTOCOL

A. Application Process

1. Prospective interns submit the AAPi and required documentation.
2. Deadline for receipt of AAPi is November 1 of each year.
3. AAPis are reviewed by the ITC as designated by the Training Director(s) and Chief of psychology. Acceptable applicants will be invited for interviews.

4. Applicants will be notified of their interview status on or before the December 1 deadline.
5. In-person interviews will be scheduled in January of each year with phone/video interviews available if necessary. No preference will be given to prospective interns based on interview format (i.e., phone verses in-person).

B. Complete Application

1. A completed online AAPI including
 - a. Cover letter (part of online AAPI) stating interest in OSH-PIP
 - b. A current Curriculum Vitae
 - c. Three letters of recommendation, two of which must be from persons who have directly supervised the applicant's clinical work
 - d. Official transcripts of all graduate coursework
 - e. A redacted full integrated psychological assessment report

C. Selection Criteria and Process

1. OSH-PIP will base its selection process on the entire application package noted above; however, the following qualifications are required for consideration:
 - a. Completion of coursework required by an APA/CPA-accredited doctoral program in clinical or counseling psychology.
 - b. A minimum of 500 intervention hours
 - c. A minimum of 75 assessment hours
 - d. Dissertation proposal defended
 - e. Passed their doctoral program's comprehensive or qualifying exam
 - f. Approved for internship by graduate training director
 - g. US citizen or eligible to work in the US

D. APPIC Match Process

1. OSH-PIP participates in the APPIC Match process and agrees to abide by all APPIC Match policies. In accordance with these policies, OSH-PIP does not solicit, accept, or use any ranking-related information from any intern applicant.
2. The only rank-related information OSH-PIP communicates to applicants, if any, prior to the release of the APPIC Match results is whether or not the applicants remain under consideration for admission. Interns will be notified by December 1 of their interview status.
3. Appointment of applicants to internship positions is contingent upon results of the background screenings, which include criminal background check and urine drug screen. This information is clearly specified in our written materials (i.e., website, APPIC directory online, OSH-PIP Handbook, and is also provided verbally to applicants at the time of the interview.
4. Within 72 hours of receipt of APPIC Match results, the Training Director(s) will send written appointment agreements (via email) to matched applicants with copies to the applicants' academic program directors. The appointment agreements confirm the conditions of the appointment, including the stipend, benefits, beginning and ending dates of the internship, and the contingency of the agreement upon results of the background screening, which includes a urine drug screen and criminal background check.

E. Informal Problem Resolution

1. If OSH-PIP becomes aware of any violations of the APPIC Match policies, the Training Director(s) first request compliance with APPIC policies from the appropriate party or parties and then attempt to resolve the problem informally

through consultation with applicants, academic program directors, and/or APPIC, or by other informal means.

2. Likewise, if OSH-PIP becomes aware of violations of the APPIC Match policies by other internship training directors, they first urge the applicants and training directors involved to follow the informal resolution procedure as described in APPIC policy and/or directly contact the other internship Training Director(s).

F. Formal Complaints

1. Violations of APPIC Match Policies that are not amenable to resolution through informal consultation are reported by the Training Director(s) to the APPIC Standards and Review Committee at the following address:

- a. Chair, APPIC Standards and Review Committee

17225 El Camino Real, Suite #170

Houston TX 77058-2748

P: 832.284.4080

F: 832.284.4079

IV. REFERENCES

- A. Current version of the APPIC Match Policies

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

- A. Internship Training Committee
- B. Psychology Department Staff

C. Oregon State Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.504

SUBJECT: OSH-PIP Intern Orientation

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: September 1, 2015

I. PURPOSE

This policy statement outlines requirements for orienting new interns. Interns must receive orientation at three levels: to the hospital; to the internship program; and to each specific rotation they are assigned.

II. DEFINITIONS

- A. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.
- B. "ITC" means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

III. PROTOCOL

A. Orientation to OSH-PIP

1. Interns are oriented to the internship during their first week (or during their second week if Hospital-Wide/New Employee Orientation occurs the first week).
2. During this orientation, interns meet the faculty, review protocols, and tour the facility.
3. Interns must also complete an initial competency assessment (i.e., OSH-PIP Intern Evaluation) with the Training Director(s), which will also be reviewed by the identified first semester major and minor rotation supervisors.

B. Hospital-Wide Orientation

1. All OSH employees, including psychology interns, must complete hospital-wide, New Employee Orientation.
2. This training covers a variety of topics relevant to working in a healthcare setting, issues specific to OSH, cultural competency training, a standardized training program in crisis and aggression management, and reviewing various policies and procedures.

C. Orientation to Selected Rotations

1. It is the responsibility of each supervisor to ensure that interns are oriented immediately upon initiation of the rotation.
2. Rotation orientations are likely to vary from rotation to rotation; however, it is expected that at a minimum the following topics are included:
 - a. Physical layout of the site.
 - b. Ward/program/rotation schedule.

- c. Rotation components as outlined in the Rotation Contract for each specified rotation, including specific expectations as to what activities the intern will partake in and/or be responsible for.
 - d. Theories, principles, concepts, and procedures/techniques specific to the program or clinical approach of each site. This may entail the intern participating in formal didactic and/or experiential training.
 - e. Available resources (e.g., I:Drive contents, medical record, testing supplies).
3. Supervisors and interns must agree upon a method by which the intern may contact the supervisor when needed at any time during scheduled rotation hours. It is imperative that interns are able to contact supervisors for consultation and guidance should an emergency or especially difficult situation arise. Additionally, a back-up individual (licensed psychologist) and method of contact should be established should the supervisor be away from the facility, on vacation, or otherwise unavailable.

IV. REFERENCES

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

- A. Internship Training Committee
- B. Psychology Department Staff
- C. Oregon State Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.506

SUBJECT: OSH-PIP Intern Evaluation Procedures

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: September 1, 2015

I. PURPOSE

A. This policy provides a statement of the procedures for evaluating intern performance and outlines criteria and procedures for determining satisfactory progress and successful completion of the Oregon State Hospital Psychology Internship Program (OSH-PIP). The standards described are consistent with the internship accreditation standards of the American Psychological Association (APA).

II. DEFINITIONS

A. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

B. "APA" means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its

members. APA's mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

- C. "ITC" means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship ITC. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

III. PROTOCOL

A. Required Competency Domains

1. Consistent with our aims, profession-wide competencies, and learning elements, interns are required to demonstrate intermediate to advanced levels of competence in 9 areas of professional practice:
 - a. Research
 - b. Ethical and Legal Standards
 - c. Individual and Cultural Diversity
 - d. Professional Values and Attitudes
 - e. Communication and Interpersonal Skills
 - f. Evidence-Based Practice in Assessment
 - g. Evidence-Based Practice in Intervention
 - h. Supervision
 - i. Consultation and Interprofessional/Interdisciplinary Skills
 - i. These areas of professional practice are based upon the APA profession-wide competencies for health service psychologists.

2. Interns are informed of these areas during internship orientation. The OSH-PIP Intern Evaluation Form describes these competencies in greater detail and covers all 9 required competency domains using a four-point rating scale:
 - a. Level 1 – Dependent Competence
 - b. Level 2 – Beginning Competence
 - c. Level 3 – Intermediate Competence
 - d. Level 4 – Advanced Competence

B. Method and Schedule of Evaluation

1. Informal evaluation and feedback are ongoing throughout the training year. Supervisors are expected to provide interns with timely, frequent, and ongoing feedback regarding their performance. It is our philosophy that providing such feedback in a collaborative manner serves to enhance the learning experience, reduce anxiety about evaluation, and avoid “surprises” at the time of more formal evaluations.
2. Intern progress will be discussed by major and minor rotation supervisors during monthly ITC meetings.
3. Formal evaluation begins during orientation, when interns complete the Intern Evaluation Form as a self-assessment with the Training Director(s). Also with the Training Director(s), the interns discuss the evaluation as well as related experience and/or hypothetical cases.
 - a. Interns rated at level 1 (Dependent Competence) on assessment and/or intervention domains must be closely supervised as determined by the supervisor or designee during client contact until re-evaluated and rated at

level 2 (Beginning Competence) by a supervisor. This is to ensure that interns receive the level of supervision needed from the outset.

4. The primary instruments used to guide formal evaluations of intern performance are the OSH-PIP Intern Evaluation Form, the Intern Case Presentation Evaluation Form, and the Didactic Evaluation Form, all of which are explained to interns during orientation. All completed forms will be maintained by the Training Director(s) in at least hard copy form in the interns' administrative file. Electronic Copies may be maintained as well in the interns' electronic administrative file. Interns receive a copy of all completed evaluations.
5. Interns are formally evaluated four times annually, at the mid- and endpoints of each major and minor rotation. Evaluations are completed by each intern's major and minor rotation supervisors. Upon completion, the Training Director(s) receive the signed form, review, and co-sign. Interns receive a copy of all completed evaluations.
6. Evaluations are conducted using a standard rating form (OSH-PIP Intern Evaluation Form), which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of OSH-PIP's expected profession-wide competencies and the related learning elements.
7. In order to successfully complete the internship, interns must satisfactorily attend and complete all required service and training activities, and have completed a sufficient number of hours to qualify for a one-year, full-time internship experience. In addition, interns must receive supervisory ratings of at least Level 3

(Intermediate Competence), the minimum level of achievement, or higher (except for the individual supervision competency referenced above) by the end of the training year in order to successfully complete the internship.

8. At any point during the training year, if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures may be initiated. Please refer to Policy 4.507 for Due Process Procedures.

C. Criteria for Satisfactory Progress

1. The ITC reviews intern evaluations from each rotation and documents the intern's progress in a monthly Intern Progress Note. This note documents whether interns are making satisfactory progress toward mastery of the 9 required competency domains. In determining satisfactory progress, the ITC must take into account the intern's prior evaluations and progress to date, the timing of the current evaluation within the overall training year, and the criteria for successful completion of the internship. Thus, through this process, the ITC determines whether interns are considered to be making satisfactory progress in the internship. If the ITC specifies that an intern is not making satisfactory progress then a remediation plan is required (**see OSH-PIP Due Process Protocol 4.507**).
2. Interns receive verbal feedback regarding their progress through the internship program. Written feedback regarding progress is provided to the intern's doctoral program during the sixth and twelfth month or more often as necessary.

D. Criteria for Successful Completion

1. Interns must receive supervisory ratings of at least Level 3 – Intermediate Competence on all of OSH-PIP’s 9 required competency domains by the end of the internship year in order to successfully complete the internship.
2. All OSH-PIP interns are expected to complete a 12-month, full time (2080 hours) internship accumulating a minimum of 1500 hours of training (or the number of hours required by any state in which they intent to become licensed following internship, of that number is greater than 1500) during the internship year. Interns are expected to have at least 25% direct client contact and will receive at least four hours of supervision by a licensed psychologist per 40-hour work week.
3. The ITC reviews evaluations from final rotations and determines whether criteria for successful completion were met. The intern’s doctoral program is also provided with documentation of successful completion. If the ITC determines that an intern does not meet criteria for successful completion of the internship, the training program will be provided documentation indicating deficits and future training needs of the intern that could be provided by their doctoral training program (**see OSH-PIP Due Process Protocol 4.507**).

IV. REFERENCES

- A. APA’s Guidelines and Principles for Accreditation of Programs in Professional Psychology
- B. APPIC Membership Criteria: Doctoral Psychology Internship Programs

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

- A. Internship Training Committee
- B. Psychology Department Staff
- C. Oregon State Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.507

**SUBJECT: OSH-PIP Problematic Intern Performance and
Due Process Procedures**

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: September 1, 2015

I. PURPOSE

We strive to ensure that interns have a successful experience that is both professionally and personally fulfilling. However, at times some interns may encounter problems. This policy outlines how problems in internship performance are identified and the processes for attempting to remediate them. Additionally, due process procedures are detailed for notifying interns of their problematic behavior and possible or actual termination.

It is important to note that the procedures described in this policy pertain to processes followed by the Internship Training Committee (ITC) and Psychology Department for addressing problems that may arise with interns. These procedures are separate and distinct from disciplinary actions that may be taken by the Superintendent of Oregon State Hospital (OSH) as a result of a violation of hospital or Oregon Health Authority (OHA) policy. As employees of OSH, interns must adhere to all hospital and OHA policies. Failure to do so can result in disciplinary actions separate from the actions of the ITC.

II. DEFINITIONS

A. "ITC" means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship ITC. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and

evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

- B. "OHA" means Oregon Health Authority, which is the governing body over OSH. The mission of OHA is helping people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.
- C. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.
- D. "APA" means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its members. APA's mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

III. PROTOCOL

A. Identification of Problems

- 1. Problems in intern functioning may be due to deficiencies in an intern's performance or may be due to problematic conduct. Most problems that arise are relatively minor and can be handled through standard supervisory processes. However, some problems may be so serious or resistant to remediation efforts that

they result in the intern being placed on probation, suspension, or terminated from the program. Specifically, such problems typically fall into one of the following categories:

- a. Inability to acquire the skills necessary to be sufficiently competent in one or more core competencies.
 - b. Inability or unwillingness to demonstrate professional behaviors.
 - c. Inability or unwillingness to conform to ethical standards.
 - d. Violation of hospital and/or OHA polices.
2. It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics:
- a. the intern does not acknowledge, understand, or address the problem when it is identified,
 - b. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
 - c. the quality of services delivered by the intern is sufficiently negatively affected,
 - d. the problem is not restricted to one area of professional functioning,
 - e. a disproportionate amount of attention by training personnel is required,
 - f. the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time,

- g. the problematic behavior has potential for ethical or legal ramifications if not addressed,
- h. the intern's behavior negatively impacts the public view of the agency,
- i. the problematic behavior negatively impacts the intern class,
- j. the problematic behavior potentially causes harm to a client, or
- k. the problematic behavior violates appropriate interpersonal communication with hospital staff.

B. Remediation

1. Supervisors should clearly identify problems with interns and conjointly develop remediation plans with interns. For relatively minor problems, this plan may consist of increased supervision, didactic training, and/or structured readings. Supervisors must keep the Training Director(s) and the ITC informed of any interns having problems and the efforts being made toward remediation. Supervisors are encouraged to consult with other members of the ITC for advice and assistance regarding remediation procedures.
2. As indicated in Protocol 4.506, if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures may be initiated.

C. Formal Due Process Procedures

1. For problems that persist despite additional interventions as described above, or for more serious problems that may result in formal action (i.e., probation, suspension, termination), formal due proceed procedures will be initiated. At this point, remediation plans are written by supervisors within five business days.

- Remediation plans will clearly identify the problem behavior, and will specify the steps necessary to rectify the problem. Written remediation plans must be approved by the ITC. The intern's Graduate Director of Clinical Training will be notified regarding these persistent problems and related written remediation plans.
2. The Training Director(s) or designee will provide interns with written feedback on a weekly basis on their progress toward remediation goals and the extent to which the remediation plan was or was not successful. There may also be communication between the Training Director(s), ITC, and the intern's Graduate Training Program.

D. Corrective Action

1. Interns who have serious ongoing problems or engage in egregious violations of hospital policy, department policy, or the *APA Code of Ethics* will have one or more of the following actions taken by the ITC:
 - a. *Probation.* The ITC may place the intern on probation. This involves written notification to the intern of problematic performance, the expected changes or improvements, and a time frame for corrections to be accomplished. The Training Director(s) will contact the University program of any intern placed on probation to notify the Graduate Program Training Director of the intern's status and to discuss remediation efforts. Interns who fail to make expected changes or improvements within the specified time frame may be subjected to further corrective or disciplinary action.
 - b. *Suspension or restriction of clinical activities.* The ITC may suspend an intern, which prohibits the intern from being involved in any direct clinical services.

Typically, suspensions occur only after it is established that the intern has committed an ethical violation or is performing services that could be detrimental to clientele. Written notification is provided to the intern with expected remediation efforts and a date upon which the ITC will review the suspension. If required corrective actions are completed successfully, the intern can be returned to clinical work under close supervision. The ITC must approve details of the supervision plan. The Training Director(s) will contact the Graduate Program Training Director of any intern who is suspended to notify that faculty of the intern's status and to discuss remediation efforts.

- c. *Termination.* The ITC may recommend to the Chief of Psychology that an intern be terminated from employment. Such an action would be taken only after an intern has engaged in an egregious violation of ethical standards or has demonstrated a continuous inability/unwillingness to acquire the skills and/or display the professional behaviors necessary to successfully complete the program. This may include repeated violations of hospital and/or OHA policy. OSH administration must ultimately make any final decisions regarding termination. Interns will be notified in writing of the ITC's recommendation at the time it is offered to the Chief of Psychology.

E. Appeals

1. Interns have five working days after receiving written notification of a formal action by the ITC to file an appeal. Appeals must be submitted in writing to the Training Director(s). Upon receiving an appeal, the Training Director(s) may review the situation or, if the Training Director(s) is directly involved in the situation, appoint

an ad hoc committee to review the situation. This ad hoc committee should exclude any primary supervisors or Training Director(s) involved in the current situation. This committee may request to interview any parties it deems necessary to complete its review. The committee will submit a written report to the Training Director(s) detailing their recommendations within five business days (of the meeting). The Training Director(s) will then provide written notification to the intern either denying or upholding the intern's appeal with five business days (of receiving written report from the committee).

F. Procedures for Hospital Staff to Submit Complaints or Grievance toward Interns

1. It is the supervisor's responsibility to ensure that staff working with the intern understand the role of the intern, know who the supervisor is, and are familiar with options for making a complaint about or filing a grievance toward an intern. Hospital staff who wish to make a complaint about or file a grievance toward an intern have the following avenues available to them:
 - a. Speak directly to the intern.
 - b. Discuss the matter with the intern's supervisor.
 - c. If the first two steps are proven unsuccessful, hospital staff should submit a written complaint to the supervisor, Training Director(s), and Chief of Psychology.
 - d. If the first three steps are proven unsuccessful, hospital staff should submit a grievance to the appropriate hospital administrator following the procedures outlined in OSH/OHA policy.

- e. All written grievances and subsequent written responses will be maintained by OSH-PIP administration (i.e., the Training Director(s) or Chief of Psychology).

IV. REFERENCES

- A. American Psychological Association (2010). Ethical Principles of Psychologists and Code of Conduct: Including 2010 Amendments. Retrieved from:
<http://www.apa.org/ethics/code/>
- B. APPIC Membership Criteria: Doctoral Psychology Internship Programs

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

- A. Internship Training Committee
- B. Psychology Department Staff
- C. Oregon State Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.508

SUBJECT: OSH-PIP Intern Grievance Procedures

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: September 1 , 2015

I. PURPOSE

The purpose of this policy is to outline how psychology interns can pursue difficulties with, or if necessary, grievances toward other interns, supervisors, an Internship Training Committee (ITC) member, other members of the Psychology Department, or other staff at the hospital. Interns who pursue grievances will not experience any adverse professional consequences. Additionally, procedures are outlined for hospital staff to file complaints or grievances toward interns.

II. DEFINITIONS

- A. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.
- B. "APA" means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its

members. APA's mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

- C. "ITC" means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship ITC. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

III. PROCEDURES FOR INTERNS TO FILE GRIEVANCES

- A. Procedures for Interns to File Grievances against ITC members or members of the Psychology Department
1. Interns who wish to file a grievance against another intern, a supervisor, an ITC member, or any member of the Psychology Department should follow these steps:
 - a. Attempt to resolve the matter by discussing with the other person involved.
 - b. Speak with a supervisor who is not directly involved in the situation, or the Training Director(s) to discuss the matter further and seek advice and/or assistance to resolve the matter.
 - c. If the interventions discussed in step two are unsuccessful, a meeting will then occur within five business days between the intern, the grieved person(s), and the Training Director(s). The grieved person(s) will be notified by the Training Director(s) at least three days in advance of the meeting with regard to the reason the meeting is occurring. The Training Director(s) and/or the Chief of Psychology are present in the meeting with the intern and the other person(s) involved in order to serve as a mediator. Again, if the Training Director(s) is

involved, the meeting will also include the Chief of Psychology. The outcome of this meeting will be documented and maintained by OSH-PIP administration (i.e., the Training Director(s) of the Chief of Psychology).

- d. If through the first three steps a satisfactory resolution is not reached, the intern should submit a written complaint to the Training Director(s) and/or the Chief of Psychology.
 - i. The individual being grieved will be asked to submit a written response within two business days to the Training Director(s), or the Chief of Psychology if the Training Director(s) is involved. One or both of these individuals will meet with the intern and any other relevant parties to resolve the matter.
- e. If the intern is still not satisfied with the situation, s/he will be given instructions and guidance as to how to submit a formal grievance to the appropriate hospital administrator following the procedures outlined in OSH/OHA policy.
- f. All written grievances and subsequent written responses are maintained by OSH-PIP administration (i.e., the Training Director(s) or Chief of Psychology).

B. Procedures for Interns to File Grievances involving Other Hospital Staff

1. Please see OSH policies and procedures.

IV. REFERENCES

- A. American Psychological Association (2010). Ethical Principles of Psychologists and Code of Conduct: Including 2010 Amendments. Retrieved from:
<http://www.apa.org/ethics/code/>

B. APPIC Membership Criteria: Doctoral Psychology Internship Programs

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

- A. Internship Training Committee
- B. Psychology Department Staff
- C. Oregon State Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.509

SUBJECT: OSH-PIP Program Evaluation Procedures

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: September 1, 2015

I. PURPOSE

This policy provides an outline of the approach to self-assessment and quality improvement followed by the Oregon State Hospital Psychology Internship Program (OSH-PIP). It is intended to facilitate program evaluation procedures that are consistent with American Psychological Association (APA) accreditation standards for internships. Performance improvement is an ongoing process within OSH-PIP and includes input from interns as well as members of the Internship Training Committee (ITC).

II. DEFINITIONS

- A. "OSH-PIP" means the Oregon state hospital's psychology internship program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.
- B. "APA" means the American psychological association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its

members. APA's mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

- C. "ITC" means the Oregon state hospital's psychology internship program's (OSH-PIP) internship ITC. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the training director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

III. PROTOCOL

A. Continuous Data Collection & Performance Improvement

1. OSH-PIP engages in data collection for quality improvement purposes on an ongoing basis. The sources of ongoing quality improvement data are described below along with the frequency and timing of data collection associated with each. The Training Director(s) regularly review these data for purposes of performance improvement. Proposals for change based on this review are subject to majority vote of the ITC.
 - a. Supervisor Evaluation - Interns complete this form at the mid- and endpoints of each major and minor rotation in order to provide feedback about their supervisors and experiences. Interns are encouraged to provide any feedback directly to their supervisors.
 - b. Upon completion of the form, the intern sends this form directly to the Training Director(s). The Training Director(s) discussed received feedback with the Chief of Psychology and feedback is offered to supervisors by the Chief of Psychology.

- c. Didactic Evaluation - Interns complete this form weekly following each didactic seminar presentation. Feedback is shared with the didactic presenter.
- d. Program Evaluation - Interns complete this form, which provides comprehensive feedback regarding the internship program, at the mid- and end-point of the training year. Interns forward completed forms to the Training Director(s). Feedback from these Program Evaluation forms is also shared with the Chief of Psychology and the ITC.
- e. Alumni Survey - The Training Director(s) sends this form, which surveys information related to professional roles and accomplishments as well as impressions of the training they received within the program, to graduates of OSH-PIP. This form is sent in the summer during the first two years following internship completion.
- f. Time2Track - Interns submit their training hours in this format weekly to the Training Director(s) for review.

IV. REFERENCES

- A. APA's Guidelines and Principles for Accreditation of Programs in Professional Psychology

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

- A. Internship Training Committee
- B. Oregon State Hospital Administration

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.510

SUBJECT: OSH-PIP Telesupervision Protocol

APPROVED: Julia Howe, PsyD, Chief of Psychology

DATE: July 1, 2021

I. PURPOSE

This policy establishes the Oregon State Hospital Psychology Internship Program's (OSH-PIP) expectations for interns' participation in in-person supervision including, but not limited to, weekly group supervision and individual supervision, and participation in telesupervision.

II. DEFINITIONS

- A. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The mission of OSH-PIP is to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work effectively with forensically-involved patients and other stakeholders.
- B. "ITC" means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists, licensed-eligible persons, or licensed masters-level psychology staff privileged to practice at Oregon State Hospital. The ITC assists the Training Director(s) with development, oversight, and evaluation of

the internship program; this includes the development and implementation of policies as well as intern selection.

- C. “APA” means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its members. APA’s mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.
- D. “Telesupervision” means supervision of psychological services in an audiovisual format where the supervisor is not physically in the same room as the intern.
- E. “In-person supervision” is supervision of psychological services in which the supervisor is in the same room as the intern.

III. PROTOCOL

A. Requirements for Telesupervision

- 1. Consistent with APA guidelines, telesupervision may account for no more than 2 hours (50%) of the intern’s weekly hours of supervision. The remainder of supervision must occur in-person.
 - a. Increased use of telesupervision is appropriate when in-person supervision is disrupted (i.e., due to a pandemic, inclement weather, unit quarantine, or other emergency)

- b. Telesupervision should occur using OSH's provided video-conferencing technology, (i.e., Microsoft Teams) with all parties' video on.
- c. Telesupervision should occur over a secure internet connection, and in a private area (e.g., where confidentiality of the intern, supervisor, and patient information is assured).

IV. REFERENCES

- A. APA Commission on Accreditation Implementing Regulations: Section C-15 I. Telesupervision
- B. APA Commission on accreditation: COVID-19: Updates and Information
[HTTPS://WWW.ACCREDITATION.APA.ORG/COVID-19#INTERN-POSTDOC](https://www.accreditation.apa.org/covid-19#intern-postdoc)
- C. Oregon Administrative Rule 858-010-0036(2)(e)(D) Post-Doctoral Supervised Work Experience

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

Internship Training Committee