

Oregon State Hospital Psychology Internship Program



2026-2027
Intern Handbook



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Introduction

OSH-PIP submitted our first self-study in December 2015. Our first site visit occurred on August 16 and 17, 2016. On November 15, 2016, OSH-PIP was awarded “accredited, on contingency” status with an initial date of accreditation of August 17, 2016. This date is applicable to all internship classes beginning with the 2015-2016 cohort. Our next site visit occurred in May 2023 (after COVID-related delays). In November 2023, APA reaffirmed OSH-PIP's accreditation. Our next site visit is scheduled to occur in 2033.

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 the Peter Courtney Salem Campus of the Oregon State Hospital (OSH) and the Western Interstate Commission for Higher Education (WICHE). WICHE assisted in the development of OSH-PIP and continues to maintain our website.



The Peter Courtney Salem Campus of the Oregon State Hospital, located in Salem, is a psychiatric facility operating by serving the Oregon Health Authority. The hospital budget for the 2025 - 2027 biennium is \$1 Billion (and includes 2,995 positions). This total budget includes the Junction City Campus and the Pendleton Secure Residential Treatment Facility (SRTF). 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). OSH's vision statement reads "We are a psychiatric hospital that inspires hope, promotes safety, and supports recovery for all." OSH's core values are Humanity, Equity, Wellness, Partnership, Transparency, and Performance Excellence. Lastly, OSH's mission reads, "Our mission is to provide therapeutic, evidenced-based, patient-centered treatment, focusing on recovery and community reintegration, all in a safe environment."

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 patients were cast in the film. Both patients 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. 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 primary OSH-PIP training program is located at the Peter Courtney Salem Campus of the 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 182,900 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 an outdoor Saturday 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 Salem Public Market



which is open year-round on Saturdays. 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.

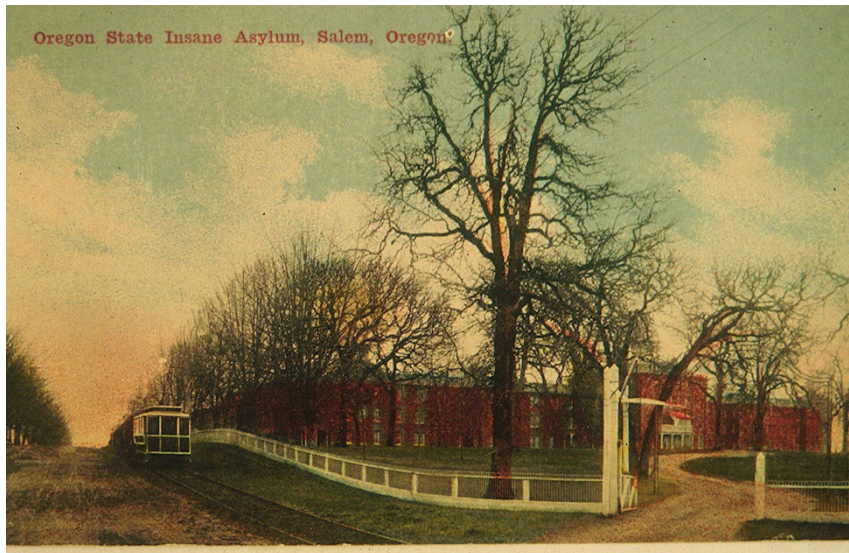
Salem also has many attractions including historical sites and museums, wineries and vineyards, a wide variety of restaurants, several state parks, and easy access to outdoor recreational activities. A comprehensive list of Salem's attractions can be found at the [Travel Salem](#) homepage.

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. Visit www.travelportland.com for more information.

OSH Structure

Operationally, OSH has 704 active beds across the Peter Courtney Salem Campus and the Junction City Campus of OSH. The Peter Courtney Salem Campus has 560 active beds and is comprised of three general levels of acuity. These include, from highest to lowest, 1) Harbors, 2) Trails, 3) Springs, and 4) 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 unfit to proceed clients following initial assessment and stabilization. Springs traditionally serves clients diagnosed with comorbid medical conditions that require a higher level of care. Diagnoses may involve neurocognitive disorders (e.g.,

dementia, traumatic brain injury) or mental illness combined with other conditions or medical issues. Bridges is a licensed Secure Residential Treatment Facility serving individuals with varying commitment statuses who are deemed to no longer require a hospital level of care.



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 161.370 (ITP) orders, this commitment type 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 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 are placed under the jurisdiction of the Psychiatric Security Review Board (PSRB) for treatment and eventual reintegration into a less restrictive setting.

Due to the high numbers of individuals under aid and assist commitment, OSH is only admitting civilly committed patients who meet “expedited” criteria, which involves one or more incidents of severe aggression towards persons or property within the last two weeks which has resulted in injury to others or substantial property destruction and frequent or prolonged seclusion or restraint, which has persisted/remains at ongoing high risk of recurrence despite adequate treatment, and which cannot be safely treated on an acute inpatient psychiatric unit with the available resources.

Individuals can also be civilly committed to the hospital under ORS Chapter 426.701, 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 within each program area (i.e., Trails

Treatment Mall, Pathways-Bridges Treatment Mall, Springs Treatment Mall, Harbors Treatment Mall). 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 across both campuses is currently comprised of 41 (43 positions) doctoral-level psychologists and 29 (31 positions) master's level Behavioral Health Specialists (BHS). There are also 5 Associate Chiefs and one Chief of Psychology. In addition, psychologists serve in various specialized Psychology Department programs (i.e., Behavioral Psychology Services, Sexual Offending Treatment Program, Neuropsychological Services) and in the Legal Affairs Department (i.e., Forensic Evaluation Services, Risk Review).

Individuals 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 2026, individuals found unfit to proceed made up 53.2% of our total population, individuals under the jurisdiction of the PSRB (e.g., Guilty Except for Insanity, Extremely Dangerous Persons) made up 42%, civilly committed individuals 2.9%, and those admitted Voluntary by Guardian 1.7%. Therefore, individuals served are admitted on both a voluntary and involuntary basis, often 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-5-TR. The most common principal diagnoses include psychotic disorders (81.8%), substance use disorders (52%), and

53.6% another psychiatric diagnosis (including major depression, bipolar disorder, and personality disorders). 91.4% of patients have at least one medical diagnosis.

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 2026, the ethnicity of our individual population includes the following: 70.1% White, 11.9% Black, 9.8% Latino, 1.6% Native American, 1.9% Asian, and .9% Hawaiian/Pacific Islander. Other, Unknown, and No Entry combined for 3.5%. Most individuals identify as male (81.1%) with 18% identifying as female and 0.9% as Transgender. Most individuals are in the 35 to 49 age range (42.2%) followed by 18 to 34 (34%), 50 to 64 (19%), 65 to 79 (4.7%), and the 80-94 (0.1%) age ranges.



Oregon State Hospital Psychology Internship Program

Aims

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

- 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 with roughly 80 hours of paid time off. 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.

Program Core Values Statement

The Oregon State Hospital Psychology Internship Program (OSH-PIP) Internship Training Committee (ITC) values a collaborative, respectful, transparent, supportive, and flexible approach to internship training and supervision. Committee members work to facilitate psychological safety for interns and one another, with humility, kindness, and grace, especially when facing adversity. We serve as professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with our training aims. Consistent with the developmental model, we meet interns where they are and support them in gaining competence. We work to ensure informal evaluation and feedback of interns is ongoing throughout the training year. 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 doing so, we strive to cultivate a safe space for interns to openly discuss with us the training and supervision they receive. The ITC aims to ensure that interns are afforded training that reflects an appreciation of diversity. Further, we ensure that all interns, including those from diverse backgrounds, are provided a supportive and encouraging learning environment. The ITC treats 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 and in celebration of our differences.

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 serious 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 experiential 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.

Faculty Diversity

OSH-PIP faculty recognize that our contributors largely reflect privileged identities within the field of psychology. With this awareness, we humbly approach diversity, acknowledging that building a representative environment is an ongoing process and not a completed task. We are committed to fostering a safe and inclusive environment that celebrates diversity, enhances cultural humility, and advocates for individuals and populations who experience marginalization and discrimination. In December 2024, OSH-PIP invited all ITC members and program contributors to complete a voluntary diversity survey expanding upon Hays' ADDRESSING Model (1996, 2008, 2022) to better understand the

range of lived experiences represented among our group. While participation was optional and the results are not exhaustive, they offered meaningful insights into the diversity within our committee.

Collectively, results revealed privilege was overrepresented in nearly all ADDRESSING+ categories, particularly in the areas of age, ability, race, ethnicity, nation of origin, and non-indigenous heritage. The only ADDRESSING+ category that majorly represented a minority status when compared to broader American culture was that of “Religious Affiliation,” in which most, but not all, faculty and contributors identified non-traditional philosophical and nonreligious affiliations (e.g., atheist, agnostic); notably, the psychology field generally has more non-religious representation than the larger Western culture.

Results further evidenced a range of lived experiences that highlight diversity among us. Members shared minoritized experiences related to mental health and neurodiversity. A spectrum of sexual and gender diversity was represented, including variations in sexual orientation, gender identity, and relationship style (e.g., non-monogamy). Socioeconomic differences were also reflected, particularly in parental income and education level, tax filing status, and homeownership. In addition, responses reflected regional diversity, with faculty and contributors originating from areas throughout the United States.

We recognize that identities and experiences of marginalization are complex and multifaceted. Rather than drawing comparisons, we appreciate the diverse ways identities can shape one’s experience within our community. At the same time, we acknowledge that many aspects of privilege—particularly related to race, ethnicity, current economic stability, age, first language, nationality, nonindigenous heritage, and ability—remain overrepresented within our faculty.

This survey data cannot fully capture the nuance or intersectionality of identities within our committee. Still, we see it as a starting point for honest reflection. A flourishing training program requires continually striving toward greater recognition, inclusivity, and support for the diverse identities among our faculty and our current and future trainees. Therefore, we are committed to learning, listening, and enriching a culture where all voices are respected and valued—not just in policy, but *in practice*.

Profession-Wide Competencies & Learning Elements

OSH-PIP provides comprehensive training in evidence-based assessment and treatment over the course of the training year. It is expected that by the conclusion of the internship year, interns will have achieved at least intermediate competence on the following profession-wide competencies and associated learning elements. This competency level indicates the intern is ready for entry level practice in this area (i.e., residency/postdoctoral fellowship with less supervision than internship but more supervision than licensed practice) given a significantly decreased need for supervision of their work. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Professional-Wide Competency 1: Interns will achieve competence appropriate to their professional developmental level in *Research*. Learning Elements related to this competency include the achievement of competence in the following:

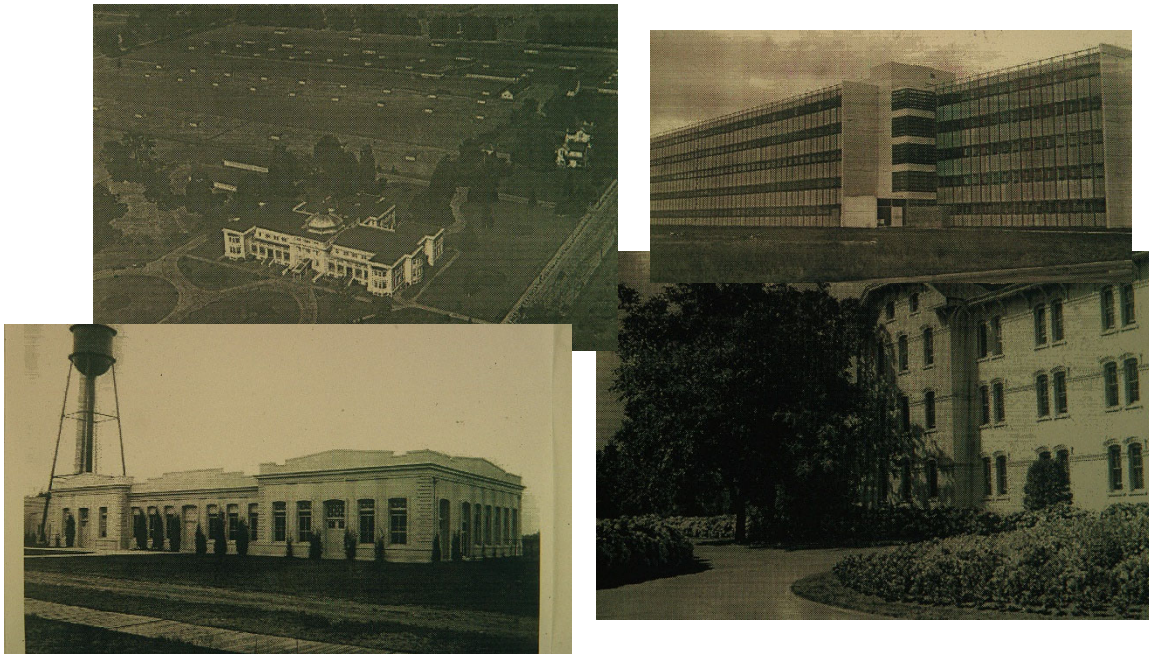
- Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
- Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level
- Competently discusses relevant research with colleagues
- Accurately conveys the results and limitations of published research
- Uses techniques from evidence-based interventions, when appropriate
- Compares and contrasts evidence-based approaches in case conceptualization and treatment planning
- Seeks out professional literature to provide a better understanding of a particular clinical issue when needed
- Uses research methodology to generate answers to questions relevant to delivery of psychological services in a forensic psychiatric hospital

Profession-Wide Competency 2: Interns will achieve competence appropriate to their professional developmental level in *Ethical and Legal Standards*. Learning Elements related to this competency include the achievement of competence in the following:

- Demonstrates a knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct
- Demonstrates a knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health services psychology at the organizational, local, state, regional, and federal levels
- Demonstrates a knowledge of and acts in accordance with professional standards and guidelines
- Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas
- Conducts themselves in an ethical manner in all professional activities
- Demonstrates knowledge of and acts in accordance with the APA specialty guidelines for forensic psychology
- Articulates professional values and takes steps to resolve situations that are in conflict with these values
- Identifies ethical dilemmas and legal issues as they arise and seeks supervision or guidance as appropriate

Profession-Wide Competency 3: Interns will achieve competence appropriate to their professional developmental level in *Individual and Cultural Diversity*. Learning Elements related to this competency include the achievement of competence in the following:

- Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect their understanding of and interactions with individuals different from themselves
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles
- Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity
- Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
- Establishes rapport/relationships with patients, including those who differ significantly from oneself
- Discusses individual differences with patients when appropriate
- Utilizes supervision as a means of openly discussing limits to competency with diverse clients



Profession-Wide Competency 4: Interns will achieve competence appropriate to their professional developmental level in *Professional Values and Attitudes*. Learning Elements related to this competency include the achievement of competence in the following:

- Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engages in self-reflection regarding one's personal and professional functioning
- Engages in activities to maintain and improve performance, well-being, and professional effectiveness
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision
- Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training
- Demonstrates thoughtfulness about one's own professional values and goals
- Engages in activities that promote professional self-awareness and reflection
- Utilizes supervision to explore and to accept feedback regarding one's professional identity
- Takes initiative to attend various trainings and training activities
- Identifies and communicates career goals and plans during supervision
- Seeks out new and challenging experiences during the internship year
- Demonstrates awareness of the impact one's behavior has on others and demonstrates appropriate physical contact (i.e., professional attire and appearance)
- Handles differences of opinion openly and tactfully
- Demonstrates effective verbal and nonverbal communication
- Uses effective time management skills regarding appointments, meetings, and time off
- Prioritizes tasks and deadlines efficiently and without need for supervisory input
- Completes required documentation accurately and in accordance with expected deadlines
- Demonstrates an ability to monitor, assess, and adjust self-care

Profession-Wide Competency 5: Interns will achieve competence appropriate to their professional developmental level in *Communication and Interpersonal Skills*. Learning Elements related to this competency include the achievement of competence in the following:

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- Demonstrates a thorough grasp of professional language and concepts
- Produces, comprehends, and engages in communications that are informative and well-integrated
- Demonstrates effective interpersonal skills and ability to manage difficult communication well
- Provides clear, effective written communication in client notes and assessment reports
- Provides clear, effective written communication when engaging with other professionals (i.e., professional language and concepts)

Profession-Wide Competency 6: Interns will achieve competence appropriate to their professional developmental level in *Evidence-Based Practice in Assessment*. Learning Elements related to this competency include the achievement of competence in the following:

- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural)
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
- Selects and applies assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics
- Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
- Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences
- Proficiently and efficiently administers psychological tests
- Accurately scores, interprets, and integrates test results prior to supervision session
- Forms objective clinical opinions and recommendations
- Integrates relevant information from interviews and assessment measures into an accurate, thorough, organized, and well-written report that supports diagnosis and meaningful case conceptualization
- Provides appropriate recommendations for the client based on the results of the assessment
- Demonstrates an ability to verbally communicate assessment results to the intended parties

Profession-Wide Competency 7: Interns will achieve competence appropriate to their professional developmental level in *Evidence-Based Practice in Intervention*. Learning Elements related to this competency include the achievement of competence in the following:

- Establishes and maintains effective relationships with the recipients of psychological services
- Develops evidence-based intervention plans specific to the service delivery goals
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
- Demonstrates the ability to apply the relevant research literature to clinical decision making
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
- Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation
- Independently produces strong case conceptualizations

- Communicates short-term and long-term treatment goals with the client and within supervision
- Utilizes empathy and listening skills to facilitate expression of and exploration of clients' thoughts, feelings, non-verbal communication, and behaviors
- Demonstrates a basic understanding of the components of skills-based group therapy
- Demonstrates appropriate interventions during group therapy
- Demonstrates self-awareness during all therapies and communicates this self-awareness during supervision
- Competently manages crisis situations and make appropriate referrals

Profession-Wide Competency 8: Interns will achieve competence appropriate to their professional developmental level in *Supervision*. Learning Elements related to this competency include the achievement of competence in the following:

- Applies knowledge of the practice of supervision in direct or simulated practice with psychology trainees or other health professionals
- Applies the supervisory skill of observing in direct or simulated practice
- Applies the supervisory skill of evaluating in direct or simulated practice
- Applies the supervisory skills of giving guidance and feedback in direct or simulated practice
- Understands and is guided by an applicable supervisory model and its relevant techniques
- Demonstrates knowledge of effective supervision & best practices
- Identifies appropriate developmental needs of the supervisee
- Utilizes techniques that appropriately correspond to the supervisee's developmental needs
- Delivers individualized constructive feedback to the supervisee
- Understands when it is necessary to utilize supervision of supervision and consultation when providing supervision to others

Profession-Wide Competency 9: Interns will achieve competence appropriate to their professional developmental level in *Consultation and Interprofessional/Interdisciplinary Skills*. Learning Elements related to this competency include the achievement of competence in the following:

- Demonstrates knowledge and respect for the roles and perspectives of other professions
- Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior
- Demonstrates knowledge of the consultant's role as distinguished from other professional roles
- Provides clear and useful consultative information to all those involved
- Demonstrates the ability to respond to questions from non-mental health professionals regarding general mental health issues and concerns
- Functions effectively in multidisciplinary and interdisciplinary contexts



Internship Training Committee Members

OSH-PIP Administration

Dr. Julia Howe	Chief of Psychology
Dr. Sarah Robertson	Training Director Competency Restoration Rotation Supervisor

Administrative Committee Members

Dr. Andrea Avila	Forensic Evaluation Services Supervisor Forensic Evaluation Services Didactic Coordinator
Dr. Reid Faith	Admissions & Acute Care Rotation Supervisor
Dr. Arielle Mousseau	Intern Group Supervision Co-Supervisor Competency Restoration Rotation Supervisor
Dr. Molly Shepard	Sexual Offending Treatment Program Rotation Supervisor
Dr. Jen Snyder	Behavioral Psychology Services Minor Rotation Supervisor Intern Group Supervision Co-Supervisor
Dr. Jared Speroni	Forensic Evaluation Service Rotation Supervisor Mock Trial Coordinator

Internship Training Committee Supervisors

Dr. Nicole Ball	Competency Restoration Rotation Supervisor
Dr. Charles Block	Practicum Group Supervisor
Dr. Andy Bustos	Forensic Evaluation Services Supervisor
Dr. Caleb Fogle	Humility and Responsivity in Clinical Practice Group (HRCPG) Facilitator
Dr. Sarah McKay	Risk Assessment Rotation Supervisor
Dr. Jessica Murakami-Brundage, ABPP	Competency Restoration Rotation Supervisor

Dr. Danielle Shallcross, ABPP

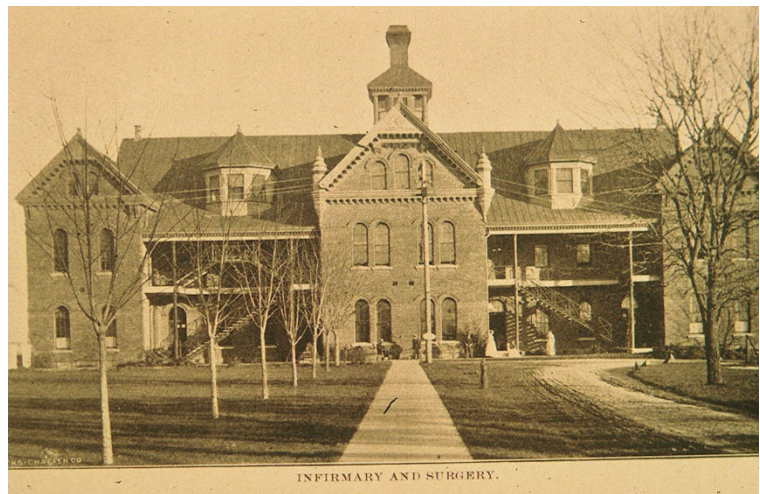
Psychiatric Security Review Board Rotation Supervisor
Dialectical Behavioral Therapy Rotation Supervisor

Dr. Kris Thomas

Neuropsychological Assessment Rotation Supervisor
Psychotherapy Minor Rotation Supervisor

Dr. Mike Wojtkowicz

Psychiatric Security Review Board Rotation Supervisor



Program Structure

OSH-PIP offers a one-year, full-time internship with four positions beginning and ending in mid-August of each year. The training program is primarily located on the Peter Courtney Salem Campus of the Oregon State Hospital. 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 (with some exceptions), spending about three and half days per week in the major rotation and about one day per week in the minor rotation, with the remaining time spent in didactic training and completing other training requirements. *Interns should focus on completing general psychological assessments across rotations, beyond any specialized psychological assessment completed within the assessment rotations. To ensure focus on treatment, interns cannot choose two assessment rotations at the same time.* 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; and an approximately 9-week rotation co-leading group supervision of practicum students. Interns also complete two case presentations to internship training committee faculty and fellow cohort members. Lastly, interns participate in a twice per month Humility and Responsivity in Clinical Practice Group (HRCPG) and a Quarterly Research Meeting.

Generally, interns select rotations based on their interests, needs, and career goals. Each rotation has an associated rotation contract, which is discussed more thoroughly below. During OSH-PIP orientation, interns meet with the Training Director, 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.

Major Rotations

Competency Restoration
Psychiatric Security Review Board (PSRB)
Admissions & Acute Care
Forensic Evaluation Service
Neuropsychological Assessment
Sexual Offending Treatment Program (Evaluation and Treatment)

Competency Restoration

*Available as a major or minor

**Unit-based treatment/Mixed population

In this rotation, interns will primarily work with individuals committed to the hospital by a circuit court judge pursuant to Oregon Revised Statute 161.370 as unfit to proceed to court (also referred to as unable to aid and assist). Services provided are focused on identifying clients' barriers to fitness/competency and aiding in their restoration. Upon admission, 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. Once recommended fit to proceed (by a certified forensic evaluator from OSH's Forensic Evaluation Service), clients typically return to their committing county jail to proceed with their legal case.

Interns who choose the competency restoration rotation 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 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-based meetings.
8. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

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 1.5 hours per week. Depending on level of familiarity with unit activities, in-vivo supervision may occur.
7. Identify and discuss respectfully aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status) during case conceptualization, including their impact on patient care.

Psychiatric Security Review Board (PSRB)

*Available as a major or minor

**Unit-based treatment/Mixed population

Individuals on this rotation have varying commitment types. Some clients 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 or an increase in difficulty to manage symptoms). Other individuals have been committed pursuant to ORS Chapter 426.701 regarding risk of future dangerousness. Interventions include 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 may work toward community release and meet with the Risk Review Panel, an interdisciplinary panel who consults with treatment teams and helps address any continued risk factors and oversees increases in privileges including access to the community. The goal of these units is to help individuals 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 this rotation 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, functional assessments of behavior, and completing the Short-term Assessment of Risk and Treatability (START). Opportunities also include observing or participating in Risk Review Panel meetings, attending court hearings, or 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 DBT Minor Rotation Contract. Additional goals and plans can be added based on supervisor and intern input.

Goals of Training:

1. Learn about the GEI and Extremely Dangerous Persons commitment processes, the role of the Psychiatric Security Review Board (PSRB) and the State Hospital Review Panel (SHRP), and associated patient 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/tools.

7. Become an active member of interdisciplinary treatment team meetings and other unit/program-based meetings.
8. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OARs).
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 patients weekly as assigned, and 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, etc.).
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 for weekly supervision. Depending on level of familiarity with unit programming, in vivo supervision may occur.
7. Identify and discuss respectfully aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status) during case conceptualization, including their impact on patient care.

Admissions & Acute Care

*Available as a major or minor

**Unit-based treatment/Mixed population

OSH has six units in the Harbors program that receive many direct admissions to the hospital and are considered the highest and most acute level of care at OSH. Many individuals admitting to these units are admitted directly from jail and are experiencing significant symptoms of psychosis, mania, and other behavioral disturbances. Harbors is a fast-paced environment with a high-needs and still stabilizing population. Turnover as individuals move to less acute units can be high at times and interventions are often shorter-term and more focused, though opportunities for longer-term interventions may be available. This rotation is designed to provide an exposure to the role of a unit psychologist on such a unit. Experiences are likely to include regular participation in treatment care plan meetings, participation in unit leadership meetings, completion of structured suicide risk screenings, and providing

individual and/or group interventions for legal skills, emotion regulation, coping skills, hypothetical reasoning, supportive interventions, and more. Interns will likely also have opportunities to consult with various disciplines on the treatment team, forensic evaluators regarding cases, and Behavioral Psychology Services (BPS) for the development, implementation, and management of behavioral plans. Lastly, there may also be opportunities for completing STARTs (Short Term Assessment of Risk and Treatability) for civil and GEI patients and for testing (e.g., cognitive, personality, response style), as available.

Goals of Training:

1. Learn about admissions process and patient populations seen for acute care and stabilization.
2. Gain supervised experiences with a range of clinical interventions in a high acuity setting, including clinical interview, psychological assessment, and individual and group interventions.
3. Gain supervised experiences specifically conducting structured suicide risk assessments with patients identified as elevated risk on admission.
4. Complete psychological testing as assigned and available and in conjunction with supervisor input (e.g., identifying appropriate psychological measures based on the referral question).
5. Provide individual intervention to assigned patients (e.g., individual skills building, legal skills interventions).
6. Provide group intervention based on client problems and preferences (e.g., group-based skill building, unit engagement groups, legal skills/evaluation preparation groups).
7. Become an active member of interdisciplinary treatment team meetings and other unit/program-based meetings.
8. Gain experience consulting with the development, implementation, and monitoring of behavioral plans, including consultation with Behavioral Psychology Services.
9. Gain experience with clinical triage upon admission.
10. Gain experience with conceptualization of how cultural and individual factors may impact clinical presentation; perception and understanding of their own symptoms, diagnosis, and hospitalization; response to interventions; and response to clinicians/treatment providers.

Plan for Training:

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

2. Become familiar with the Competency Restoration Toolkit, and other restoration resources for Aid and Assist patients.
3. Participate in assigned training(s).
4. Provide individual skills intervention to 2 or more patients weekly as assigned and other specified interventions as assigned (e.g., co-facilitation of groups, completion of STARTs, completion of suicide risk assessments).
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 for weekly supervision. Depending on level of familiarity with unit programming, in vivo supervision may occur.
7. Sit in and assist with admission interviews when applicable.

Forensic Evaluation Service

*Available as a major or minor

**Not a unit-based rotation

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 defendants residing in county custody for one-day evaluations at the hospital or evaluations pursuant to ORS 161.370 for defendants residing at the hospital and already determined not fit to proceed by the court. Additional orders (ORS 161.315) 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. Interns will also provide as-needed consultation with treatment teams and attorneys to guide case conceptualization and provide appropriate competency restoration services. Interns work with a primary supervisor but will also observe and work with other evaluators in the department including an adjunct supervisor with whom the intern will regularly work. Specifically, interns are asked to observe other evaluators on a weekly basis to gain exposure to various evaluation and report writing styles. Interns also complete psychological testing to gather supplemental information for 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 or attorneys role-playing courtroom personnel). Additional rotation experiences include department meetings twice per month and a didactic series 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). Interns will complete a related FES didactic

evaluation form and submit to the Training Director(s), which will then be submitted to the FES supervisors anonymously on an ongoing basis, throughout the training year.

This rotation can be completed as either a major or a minor rotation, depending on the intern's training goals. A **major** rotation is best suited for interns who are interested in a primary career conducting forensic evaluations, completing a formal postdoctoral fellowship in forensic psychology, and/or pursuing board certification. Interns completing a major rotation receive intensive training across all aspects of the forensic evaluation process. For a major rotation, interns will strive to complete, on average, one report per week. The total number of reports written will vary depending on the intern's experience, learning curve, case complexity, career goals, or other internship demands. As the rotation progresses, the intern's 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. Based on sufficiency of the work, , the supervisor may submit some (or all) of the intern's completed work to the Court with a co-signed report.

A **minor** rotation is more appropriate for individuals who are not planning to pursue a career in forensic evaluation, but who are seeking exposure to forensic assessment and an introduction to the field. This rotation is especially suited to interns whose primary interests lie in other areas (e.g., treatment, neuropsychology) but who would benefit from foundational experience in forensic psychology. Interns completing a minor rotation will engage more often in observational learning and support the evaluation process through tasks such as record review, conducting portions of interviews, administering testing, and writing specific sections of reports. Over the course of the six-month minor rotation, interns will typically author one to two full reports, with the remainder of their contributions limited to portions of evaluations. While they will participate in the same didactics and departmental activities, the workload and expectations are significantly reduced compared to the major rotation. They will have the option to opt out of certain activities (certain didactics, mock trial, department meetings, etc.). As such, a minor rotation is not designed to prepare interns for a postdoctoral fellowship focused on forensic evaluation and is not sufficient for those intending to conduct forensic evaluations as a regular component of their future careers.

The following are the listed goals and plans for training as indicated in the Forensic Evaluation Service Rotation Contract. 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, cognitive abilities, and performance validity).

3. Develop an understanding of core forensic principles that apply across jurisdictions and in Oregon.
4. Obtain an understanding of the interaction between the courts and the mental health profession and how psychological data is used in the legal process.
5. Develop an advanced understanding of the DSM diagnostic criteria and how that overlaps with the legal term of qualifying mental disorder.
6. Learn to write clear and relatively concise forensic psychological assessments in a timely fashion.
7. Provide as needed consultation with treatment teams and attorneys to guide case conceptualization and provide appropriate competency restoration recommendations.
8. Observe as many other evaluators as possible and develop your own style of interview and report writing.
9. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

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. Through the process of observing, interviewing, and discussing clients, discuss case conceptualizations including various DSM diagnoses and criteria.
4. Review literature of and learn to administer, score, and interpret various psychological measures in the context of forensic evaluations including, but not limited to the TOMM, M-FAST, MacCAT-CA, and ECST-R.
5. Participate in assigned trainings activities, including report writing to include draft reports, sections of submitted reports, and/or full reports for submission to the Court. As the rotation progresses, complete, on average, one report per week (this expectation will be lessened if completing a minor). The total number of reports written will vary somewhat depending on the experience, learning curve, case complexity, career goals, or other internship demands on the intern.
6. Attend and observe various opportunities to witness Court proceedings and listen to expert witness testimony.
7. Observe/shadow forensic interviews/evaluations and discuss the various legal and psychological aspects of the cases, including report writing.

8. Attend clinical supervision at least once per week and, in addition, on an as needed basis.
9. Participate in the weekly FES meeting for case assignments and case consultation.
10. Participate in weekly FES intern didactics.
11. Identify and discuss respectfully aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status) during case conceptualization, including their impact on patient care.

Neuropsychology Assessment

*Available as a major or minor

**Not a unit-based rotation

The Neuropsychology Assessment rotation 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.

The following are the listed goals and plans for training as indicated in the Neuropsychology Assessment Rotation Contract. 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).
9. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

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 for weekly supervision.
7. Identify and discuss respectfully aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status) during case conceptualization, including their impact on patient care.

Sexual Offending Treatment Program

**Available as a major or minor (with limitations)*

***Not a unit-based rotation*

The Sexual Offending Treatment Program (SOTP) offers evaluation and treatment services to patients across the hospital, while collaborating with multiple treatment teams. Interns assigned to any SOTP rotation will work with individuals under the jurisdiction of the Psychiatric Security Review Board (PSRB) who have sexual offense histories and/or ongoing sexually problematic behaviors. Interns interested in any SOTP rotation will gain an understanding of the sexual offense evaluation and treatment literature, the Association for the Treatment and Prevention of Sexual Abuse (ATSA) practice and ethical guidelines, and the Risk-Need-Responsivity (RNR) principles. This rotation is best suited for those with foundational clinical skills relevant to risk assessment and/or group and individual interventions, and an interest in sexual offense-specific services in a forensic, inpatient setting.

There are 3 options for the SOTP rotation:

1. Evaluation and Treatment (major only)
2. Evaluation only (minor)
3. Treatment only (minor)

For SOTP rotations involving Evaluation, interns will conduct Psychosexual Evaluation and/or Consultation reports under supervision. They will be formally trained in evidence-based sexual risk tools (Static-99R, STABLE-2007). Their ability to complete the certification training for a protective factor tool (SAPROF-SO) will depend on availability. Of note, this rotation may require travel to the Junction City campus for evaluation interviews. For the Evaluation only minor rotation, interns may attend other SOTP activities of interest and as available (e.g., consult group, administrative meetings, treatment term and/or program planning days). For those who are primarily interested in general risk assessment (e.g., violence, stalking, fire-setting), please refer to the Risk Assessment minor rotation; there may be opportunities for cross-rotation collaboration depending on supervisor availability and with Training Director approval.

For SOTP rotations involving Treatment, interns provide evidence-based treatment modalities informed by ATSA, including sexual offense-specific individual therapy and groups under the SOTP-sponsored Sexual Health And Relationship Planning (SHARP) jurisdictional treatment track. SHARP groups are aimed at reducing sexual-specific Dynamic Risk Factors (DRFs; e.g., sexual self-regulation, intimate relationships) and enhancing Protective Factors (PFs; adaptive sexuality) identified at the time of evaluation; most non-sexual DRFs and PFs are addressed in other PSRB jurisdictional treatment tracks. Additionally, interns may complete Treatment Progress reports and Feedback reports for OSH's Risk Review panel and the Psychiatric Security Review Board, with an opportunity to provide informal Risk Review testimony about their treatment patients. Interns collaborate with a patient's Interdisciplinary Treatment team to inform them of concerns, progress, and ongoing treatment planning. Interns work

closely with all SOTP clinicians by attending our weekly staff meeting and consult group, as well as treatment term and program planning days. Interns may also have an opportunity to visit a community group home (e.g., the Pendleton Cottages, Telecare – Woodburn) and assist with patient community placement.

Goals of Training:

1. Will gain an understanding of evidence-based treatment for individuals with sexual offense histories and/or ongoing sexually problematic behaviors, including the Association for the Treatment and Prevention of Sexual Abuse (ATSA) practice and ethical guidelines.
2. Will learn about the Risk Needs Responsivity (RNR) principles and their application to sexual offense-specific evaluation and treatment in a forensic, inpatient setting.
3. Will learn about sexual offending-related policies, procedures, and statutory requirements relevant to OSH and the state of Oregon.
4. Will gain a foundational understanding of sexual risk assessment tools as recommended by supervisor (e.g., Static-99R; STABLE-2007; Risk for Sexual Violence Protocol [RSVP]; Structured Assessment of PROtective Factors against Sexual Offending [SAPROF-SO]).
5. Provision of Psychosexual Evaluation and Consultation reports, with a focus on record review, clinical interview, appropriate assessment tools, case formulation, and individualized risk management strategies.
6. Provision of sexual offense-specific treatment in an individual therapy format.
7. Provision of sexual offense-specific treatment groups. Depending on availability and program resources, this may include co-facilitating or leading current sexual offense-specific groups and developing a new Dynamic Risk Factor (DRF) group based on patient needs.
8. Will collaborate with patient(s)' IDTs to inform them of patient concerns, progress, and ongoing treatment planning.
9. Will learn about the role of sexual risk assessment at OSH, including among different patient populations (i.e., Guilty Except for Insanity and civil commitment) and various collaborators, such as the Psychiatric Security Review Board (PSRB) and the Oregon State Hospital Risk Review Panel.
10. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

Plan for Training:

1. Complete required readings as identified.

2. Participate in assigned trainings. When available, it is highly recommended the intern attend a certified training for the Static-99R, STABLE-2007, and ACUTE-2007 to be funded by the OSH psychology department.
3. Become familiar with relevant sexual risk assessment tools used by OSH SOTP, including the Static-99R, STABLE-2007, RSVP, and SAPROF-SO.
4. Provision of services:
 - a. Provide sexual offense-specific individual therapy to a minimum of one patient weekly (pending availability). There may be additional opportunities for individual therapy depending on program needs.
 - i. Complete RNR case conceptualizations for all individual patients.
 - b. Co-facilitate/lead a minimum of one weekly sexual offense-specific treatment group (pending availability). The intern may develop curriculum for DRF/skills-based groups that are consistent with program needs.
 - c. Complete at least one Psychosexual Evaluation and/or Consultation reports with supervisor.
 - d. Participate in Static-99R consensus with OSH risk assessors.
 - e. Complete SOTP Feedback and Treatment Progress Reports for Risk Review and PSRB, when applicable and as assigned.
 - f. Participate in IDT/monthly unit meetings as assigned.
5. Engage in weekly SOTP consult group.
6. Attend weekly SOTP team meetings when possible.
7. Observe Risk Review and PSRB hearings as assigned.
8. Intern will meet with rotation supervisor weekly for 1.5 hours (1 hour structured; 30 minutes unstructured). Supervision will include direct observation of clinical skills in the group and/or individual context.
9. Identify and respectfully discuss aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status), including their impact on sexual offense-specific Dynamic Risk Factors, Protective Factors, and Responsivity considerations from evaluation through treatment.

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 (BPS)

Dialectical Behavior Therapy (DBT)

Psychotherapy

Risk Assessment

Sexual Offending Treatment Program (SOTP – Treatment only)



Behavioral Psychology Services

*Not a unit-based rotation

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.

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. 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.
8. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

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.
8. Identify and discuss respectfully aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status) during case conceptualization, including their impact on patient care.

Dialectical Behavior Therapy (DBT)

*Not a unit-based rotation

The focus of this rotation is on assessment and provision of treatment for individuals diagnosed with borderline personality disorder or have trouble 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). In addition, interns participate in co-leading skills groups, individual therapy, and treatment team meetings focused on individual clinical 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 clinical group including preparation for the group and check-ins following the group (as is already a mechanism of OSH's DBT); 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. 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 treatment teams.
6. Become an active member of a DBT consultation and implementation team.
7. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

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.
6. Identify and discuss respectfully aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status) during case conceptualization, including their impact on patient care.

Psychotherapy

*Not a unit-based rotation

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 to explore psychotherapy and parallel dynamics occurring during treatment, and will at times incorporate live and video observation, as well as use of transcription of therapy narratives.

The following are the listed goals and plans for training as indicated in the Psychotherapy Minor Rotation Contract. 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 experiencing 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.
9. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

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.
6. Identify and discuss respectfully aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture,

sexual orientation, socioeconomic status) during case conceptualization, including their impact on patient care.

Risk Assessment

*Not a unit-based rotation

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 ongoing throughout the hospital by various providers; however, several psychologists with advanced education and training in risk assessment conduct comprehensive violence and other risk assessments when clinically indicated or when these assessments are required, either by the Risk Review Panel or the PSRB, prior to an individual being conditionally released or to better inform treatment recommendations. Interns who select the Risk Assessment rotation learn more about risk, risk assessment, and associated issues such as psychopathy. They 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. As alluded to above, possible risk assessments include violence risk assessments, psychosexual evaluations, stalking, suicide risk assessment, and fire setting, and are dependent on referral availability. 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.

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. The SOTP supervisor is available for consultation and supervision support when desired, including for information about OSH's Sexual Offending Treatment Program. 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 at times.

The following are the listed goals and plans for training as indicated in the Risk Assessment Rotation Contract. 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 risk assessment (sexual, violence, stalking, fire, etc.) 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.
5. Demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

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. Opportunities to attend relevant Risk Review, PSRB hearings, and Risk Assessment Committee meetings.
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 for weekly supervision (a minimum of one hour per week).

8. At minimum, complete one risk assessment report by end of rotation.
9. Identify and discuss respectfully aspects of individual and cultural diversity (e.g., age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, socioeconomic status) including how these factors relate to a patient's case/risk formulation and responsivity issues.

Sexual Offending Treatment Program (SOTP – Treatment only)

*Not a unit-based rotation

Please see the paragraph beginning with For SOTP rotations involving Treatment in the Sexual Offending Treatment Program (SOTP) description in the major rotation section above.



OSH-PIP Training Requirements

Case Presentations

Interns complete 2 case presentations during their training year and receive training in case formulation and case presentation during OSH-PIP orientation (or early in the training year). Please see 4.506 Intern Evaluation Procedures for further related information. The goals of the presentation are to

- Practice presenting succinct and relevant information to others when seeking consultation
- Practice case formulation and the development of case consultation questions
- Practice openness when learning from others and reflecting on clinical and forensic psychological analysis and decision-making
- Demonstrate at least intermediate competence on each APA's 9 Profession Wide Competencies

Presentations are 90 minutes long, with about 60 minutes for the presentation and about 30 minutes to discuss the consultation questions. Presentations should not exceed 2 hours and should only reach 2 hours if additional time is needed based on the complexity of the case, increased and detailed information needed to support the case formulation or discussion of case consultation questions, or to ensure time to discuss consultation questions.

Interns present 1 testing case (with testing completed by the intern) and one therapy case (with the intern as the therapist). Interns, however, should discuss both areas within their presentation. For example, if presenting a therapy case, then past assessment results could be discussed or a description of how the intern is measuring change or progress. If presenting a testing case, then discussing the individual's participation in or response to therapy (or clinical implications of their responsiveness to intervention), any treatment-related recommendations, and any response or anticipated response to said recommendations, either prior to or once testing was completed and recommendations available.

Research, diversity, ethics, and legal aspects should be considered and integrated throughout the presentation. For example, research could include supportive information from the literature pertinent to principal aspects of the presentation. Diversity could include identifying demographic information; discussing the normative samples of psychometric testing; the impact of diversity on psychometric testing results; and the individual's response to testing, therapy, being diagnosed with a mental illness, their inpatient stay, their legal status, etc. Relatedly, it is important to consider aspects of Hays's ADDRESSING Model throughout your presentation rather than only listing the model's components during a specific diversity section of your presentation. Ethics could include discussing or supporting the clinical approach to testing or therapy or any conflict that may have arisen during testing or therapy with the individual or hospital staff. Legal could include the individual's legal status, implications regarding their response to interventions or treatment at OSH (e.g., competency restoration, risk mitigation under PSRB jurisdiction), involvement in risk review, and conditional release status.

Feedback is given to interns via the Intern Case Presentation Rating Form. The Case Presentation Forms are completed by those in attendance, including fellow interns, and are submitted to the Training

Director. The Training Director will review the forms with them during Training Director supervision. Interns will receive copies of the form. All completed forms will be maintained by the Training Director in electronic form.

Interns should aim to achieve ratings of 3 or higher in each category and subitem. The Training Director will calculate average scores for each domain identified on the Case Presentation Form. Scores received by interns' peers will not be included when averaging scores. Once averaged, Interns receiving ratings of less than 3 in any category or subitem in their first presentation will discuss related areas of growth with the covering supervisor, including ways to improve the presentation. If an intern receives average ratings of less than 3 in any category across rating forms on their second case presentation, they will re-present the same case to a subset of the ITC (e.g., Training Director and rotation supervisors) for the opportunity to improve the identified area(s) of growth, unless given the area/reason for ratings, the Training Director and/or rotation supervisors believe a different format would suffice. Interns must receive an average rating of 3 after re-presenting the case to successfully complete the internship.

The following information reflects the format for the case presentations. In the interest of time and clarity, interns are encouraged to focus on that information that is most informative to the case conceptualization and recommendations.

1. Identification

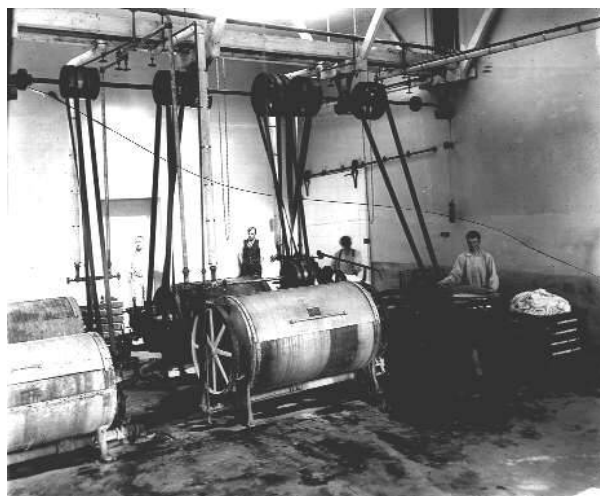
- a. Basic demographic information (e.g., age, sex, gender, marital status, occupation, legal status)
- b. Presenting problem or chief complaint (e.g., Why is the person here? What is the reason for assessment or treatment? Legal Status?)

2. Personal/Family/Psychosocial History

- a. Family history
- b. Difficulties in childhood and adolescence
- c. Past employment, education, relationships
- d. Substance abuse history
- e. Pertinent medical history
- f. Pertinent legal history (if relevant)

3. History of Presenting Problem

- a. Events leading to current admission
- b. Illness course (e.g., when symptoms began, pattern and course of symptoms over time)
- c. Treatment course (e.g., times in therapy, number of inpatient hospitalizations, typical hospital course, psychotropic medication course)
- d. Comorbidities (e.g., other diagnoses of concern, substance use/abuse)



4. Course of Current Treatment/Hospital Course (e.g., 3-6 months)
5. Mental Status during therapy sessions or assessment interview (e.g., appearance, behavior, thought processes, speech, attitude)
6. Assessment
 - a. Testing and data
 - b. Integration of other data with testing results
 - c. Pertinent testing/assessment information when presenting a therapy case
7. Treatment
 - a. Need/rationale for treatment
 - b. Goals (yours, the treatment team's, and the individual's)
 - c. Treatment modality or approach and why that approach was selected
 - d. Response to, progress in, or frustrations with therapy (yours and/or the individual's)
 - e. Pertinent therapy or treatment related information when presenting a testing case
8. Diagnoses and Formulation
9. Recommendations
10. Consultation Questions for Discussion (or questions you would like answered)

Plan for sections 1 through 4, sections 5 through 8, and the discussion of consultation questions taking about 30 minutes each for a total of 90 minutes. Again, presentations should only extend to 2 hours in rare circumstances (e.g., case complexity, increased and detailed information needed to support case formulation and/or discussion of consultation questions).

Tips:

Be brief and consider relevance - Focus on only the relevant information for the case formulation and the discussion of the consultation questions. Attempt to present information that frames your questions or supports themes relevant to your case formulation. 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.

Prepare - Know what you plan to say and what questions you wish to raise. Try to avoid rambling and tangential statements or reading your notes verbatim. Power points or lengthy and detailed handouts are optional. With that said, complex assessment data may be best presented with handouts. Consult with your rotation/covering supervisor, when deciding what type of handout, if any, are appropriate. Interns are strongly encouraged to practice their case presentation with the associated rotation supervisor.

Avoid being defensive - Be open to feedback and alternative perspectives. Remember the goal of the presentation is to practice presenting to and seeking consultation from others about client care and to learn from others when involved in a complex case.

Group Co-Supervision of Practicum Students

Interns are also involved in the group supervision of 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 an approximately 9-week 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. *If interns are interested in supervising practicum students outside of this group co-supervision, they should talk with the Training Director and the current rotation supervisors to learn of any potential opportunities.*

Humility and Responsivity in Clinical Practice Group (HRCPG)

Interns will participate in a 1-hour Humility and Responsivity in Clinical Practice Group (HRCPG) facilitated by internship faculty twice per month. The HRCPG's goal is to empower interns to acknowledge, contextualize, and integrate the impact of both their own and patients' identities into their professional approach. The group actively encourages self-reflection and introspection related to various facets of identity and clinically responsive practice. Opportunities for cultural acknowledgement and application of various relevant theories will be emphasized throughout the process. Interns will be invited to share topics they wish to explore further, facilitating a personally tailored and enriching learning experience. The expectations for participation are centered on the intern's capacity for self-reflection; engagement in experiential and didactic exercises involving various diversity-related conceptualizations; maintaining respect for each other in accordance with professional guidelines, program protocols, and OSH and OHA policies.

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 clinical and professional circumstances they are likely to encounter throughout their careers. Feedback is shared with the didactic presenter by the end of each training year.

Forensic Evaluation Services Didactics

Interns participate in a year-long didactic curriculum during the Forensic Evaluation Services (FES) rotation designed to strengthen knowledge and skills in forensic psychology. Participation in this didactic series is required for any interns choosing the FES major or minor rotation. Didactics build upon prior academic and clinical training while complementing interns' supervised forensic evaluation experiences. Topics include competency to stand trial, criminal responsibility, forensic interviewing, psychological

assessment, report writing, expert testimony, ethics, professionalism, cultural humility, cognitive bias, risk assessment, and relevant federal and Oregon case law. The curriculum integrates legal scholarship, psychological science, and experiential learning through case discussions, report reviews, and Mock Trial activities, allowing interns to apply new knowledge directly to court-ordered evaluations. This comprehensive training prepares interns to conduct high-quality forensic evaluations and provide ethical, effective forensic services in legal settings.

Mock Trial

Interns who choose an FES major or minor rotation during the intern year participate in a comprehensive Mock Trial experience designed to develop competence and confidence in providing forensic expert testimony. Using one of their first-authored, de-identified court-ordered forensic evaluations, interns engage in didactic seminars, review landmark legal cases and recorded testimony, and participate in practice sessions with peers, supervisors, and an experienced Oregon Public Defender. Interns receive individualized preparation for direct and cross-examination before participating in a realistic mock trial conducted by practicing public defenders. Following the exercise, interns receive individualized feedback from supervising psychologists and attorneys on their report writing, testimony, and courtroom presentation, and participate in a collaborative debrief that promotes interdisciplinary learning and collaboration. This immersive training prepares interns to provide effective forensic testimony in clinical and legal settings.

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 requirement, interns should aim to complete 15 hours of direct client contact per week with a range of about 10 to 20 hours per week.

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.

Assessment

Throughout the internship year, interns are expected to complete at least 4 to 5 integrated assessment reports (i.e., a report that includes a clinical interview, review of historical data, and at least two psychological tests from two or more assessment categories). Two integrated assessment reports are required for successful internship completion. If two assessment reports are completed but do not contribute to a rating of 3 or above in all learning elements within the profession-wide competency of assessment, a third integrated assessment report must be completed and determined to meet the threshold for entry level practice to successfully complete internship.

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 Training Director. The time with the 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. Please see Protocol 4.510 Telesupervision for more detailed, related information.

Group Supervision

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

Program Evaluation/Research

Quarterly Research Meeting

Interns participate in a quarterly meeting with the ITC to discuss a culturally informed research study/article and examine its research foundations. One intern will present per quarter. The presenting intern will distribute the article to the ITC and their peers at least one week in advance. A formal presentation rating form will not be completed.

The goal of this meeting is for the interns to

- Demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.
- Demonstrate substantial knowledge of scientific methods, procedures, and practices.
- Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications).
- Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Interns should critically evaluate the following.

- Methodology/Research Design
 - Sample size
 - Assumptions and approach

- Strengths and limitations
- Results
 - Robustness of results
 - Impact of results
 - Generalizability and Applicability of results, including to our setting and population
- Limitations
 - Evaluating the study's ability to adequately identify and list the limitations of their study

Other Training Opportunities

Conference Attendance

Interns receive 40 hours of Career Development time during their internship year to attend local and national conferences (e.g., American Psychological Association, American Psychology – Law Society, etc.)

OSH Opportunities

There are various additional and optional training opportunities for interns to participate in. Interns should ensure they balance the internship program's required activities and these optional opportunities.

- Journal Club facilitated by Katherine Tacker, MD
 - Email Dr. Tacker for additional details and/or to join
 - Katherine.Tacker@odhsoha.oregon.gov
- OHSU's Grand Rounds (Typically held the 1st, 3rd and 4th Tuesdays of each month)
 - See their website for additional information
 - [OHSU Grand Rounds](#)
- Attend UNM Law and Mental Health Didactic Series (Held every Tuesday)
 - Email Hsc-LawMentalHealth@salud.unm.edu to be placed on their listserv

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. Opportunities to engage in program evaluation or a research project in a state hospital setting are also available through OSH and the OSH psychology department. Interns are welcome to participate in any of the following, while ensuring appropriate balance with other program requirements.

- Program evaluation efforts with Gender Expansive Care and Organizational Support's (GECOS)
- Program evaluation efforts pertaining to Declarations of Mental Health Treatment (DMHTs)
- Program evaluation efforts pertaining to the Sexual Offending Treatment Program (SOTP)
- Attend OSH's quarterly Research Committee meeting
- Participate in ongoing research and other program evaluation opportunities at OSH
 - Please email Dr. Jessica Murakami-Brundage for a current list of available projects and available data sets.



OSH-PIP Intern Evaluation

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

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 and the Intern Case Presentation Evaluation Form, both of which are explained to interns during orientation.

Intern Evaluation Form

Self-Assessment

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

*denotes minimum level of achievement

Interns review and discuss their completed self-assessment form with their Training Director. 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 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. This assessment of an intern's strengths and growth edges determines whether an intern can take on extra duties within or beyond major and minor rotations. An ongoing related determination can be made as an intern demonstrates their skills and abilities as the rotation(s) progresses. This decision can be made in consultation with the Training Director and current rotation supervisors.

Informal Evaluation

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 active supervisors during monthly ITC meetings.

Formal Evaluations

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. The Intern Evaluation Form includes information about the interns' performance regarding all nine (9) required Professional Wide Competencies (PWCs) and related learning elements (subitems) and comment spaces where supervisors include specific written feedback regarding the interns' performance and progress in each competency domain. Supervisors will review the completed intern evaluation forms with each intern before signatures are provided. Once reviewed and signed, the Training Director 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 instructions for making an electronic signature during OSH-PIP orientation.

For any competencies and learning elements scored below 3.0, the intern will need to demonstrate progress by end of internship (See Protocol 4.506, Intern Evaluation Procedures, Section C: Criteria for

Successful Completion). At the midpoint of the year, the Training Director will review the completed evaluations (e.g., by visually averaging the PWCs and learning elements across the forms) and discuss intern progress (including any areas with scores of less than 3) with the next major and minor rotation supervisors to ensure focus on relative areas of growth. Completed evaluations will be sent to rotation supervisors as needed. Interns will be notified if this occurs.

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.

Successful Internship Completion

To successfully complete the internship, interns must satisfactorily attend and complete required training activities, complete a sufficient number of hours to qualify for a one-year full-time internship experience (*at least 1500 hours for Oregon licensure, or the number of hours needed for the state they hope to be licensed in*), have at least 25% direct client contact, complete at least 2 integrated assessment reports, and receive supervisory ratings on all PWCs and subitems (learning elements) of at least **Level 3 Intermediate Competence**, the minimum level of achievement, or higher by the end of the training year on the Intern Evaluation Form and average overall ratings of 3 on the second Case Presentation forms (or after re-presenting sections of the second Case Presentation) to successfully complete the internship.

On the Intern Evaluation Rating Form, a **Level 3 – Intermediate Competence** is defined as follows.

The supervisee needs little supervision. The supervisor can rely primarily on summary reports by the supervisee. Doctoral interns are required to receive a level 3 rating on all assessed competencies by the end of the training year to successfully complete the internship. This competency indicates that the supervisee is ready for entry level practice in this area (i.e., residency/postdoctoral fellowship with less supervision than internship but more supervision than licensed practice) given significantly decreased need for supervision of their work.

On the Case Presentation Form, a 3 rating is defined as “Demonstrated appropriate ability.”

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



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 Protocol 4.507 Intern Performance, Training Support Plans, & Due Process Procedures). A Training Support Plan,

interventions as determined by supervisors, or accommodations (e.g., extending internship to allow additional time for demonstrating skill acquisition) may be considered to allow interns the opportunity to successfully complete internship (see OSH-PIP Protocol 4.507 Intern Performance, Training Support Plans, & Due Process Procedures).

OSH-PIP Program Evaluation

OSH-PIP engages in data collection for quality improvement purposes on an ongoing basis, and the Training Director review these data for purposes of performance improvement. Please see OSH-PIP Protocol 4.509 Program Evaluation 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 highly encouraged to provide feedback, including constructive feedback, directly to their supervisors. Learning the skill of having these conversations in the supportive learning environment of internship prepares interns for future conversations with supervisors when practicing more independently.

Interns complete the Didactic Evaluation Form weekly following each didactic seminar presentation. Feedback will also be shared with the didactic presenter. *Interns will also complete an FES didactic evaluation form for every didactic in the series. This form is submitted to the Training Director and will be submitted to the FES supervisors throughout the training year for consideration.*

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 the Training Director. Feedback from these forms will also be shared with the ITC and Chief of Psychology.

The Training Director 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.



Quick Reference for All OSH-PIP Training Requirements

General Requirements

- Complete Activity Log weekly and email to the Training Director.
- Complete a weekly didactic evaluation form via Qualtrics
- Complete a FES didactic evaluation form for each didactic in the series via Qualtrics
- 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 email to the 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 emailed to the Training Director.
- At the mid- and endpoints of the internship, complete the Program Evaluation Form regarding your internship experience. Email to the 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 9-week practicum group supervision rotation
- Maintain a caseload of individual clients
- Co-lead assigned group therapy & psychoeducational groups
- Complete general psychology assessments as assigned by supervisor
- Complete two 90-minute case presentations (one therapy and one assessment)

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 Training Director
- Attend 1 hour per week of group supervision
- Participate in Practicum Group Supervision rotation

Training Requirements

- Attend 2-hour weekly didactics
- Attend 90-minute weekly FES didactics (required if participating in the FES rotation)
- Participate in Mock Trial (if participating in the FES rotation)
- Participate in the Quarterly Research Meetings (and present once)
- Participate in the biweekly Humility and Responsivity in Clinical Practice Group (HRCPG)

OSH-PIP General Information & Resources

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 Human Resources (Sakshi Sharma - sakshi.sharma2@oha.oregon.gov). You may also contact the Chief of Psychology, Training Director, or the Executive Support Specialist for the Psychology Department (Melissa Alcazar – OSH.Psychology@odhsoha.oregon.gov) with any questions.

Stipend, Hours, & Benefits

Each intern receives a stipend of \$47,424.00 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 may be paper-issued and mailed. Interns should contact payroll for more information and prepare accordingly. After 6 months, interns will start receiving retirement benefits. They will receive a 6% pay increase with these monies automatically contributing to PERS (Public Employee Retirement System).

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 on campus 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. Interns have some flexibility with working from home, at a limit of two days per week, rotation dependent. Interns are encouraged to complete direct client contact on select days, completing ancillary tasks from home via VPN, OSH's secure, remote, digital workspace (up to two days per week). Interns should continue to enter their time into the API system while working from home. *Interns can opt to work through lunch, though this should be an occasional exception.*

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 once per calendar year to be used anytime. Finally, interns are eligible for Family and Medical Leave (FMLA), which includes parental leave. An employee's FMLA leave entitlement is limited to 12 weeks of leave in a 12-month 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.

Time, Attendance, & Activity Log

Per HR, every new OSH employee (including interns) will be placed on 6-month trial service, during which time personal business leave cannot be used. Employees can use vacation (VA), sick leave, Governor's Leave, and comp time (CTL) during this initial 6-month period. For HR purposes, interns fall under "Student Human Services Worker" and are union represented (in disciplinary action). With that delineation, interns can, with prior approval and on a limited basis, work up to 42 hours each 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 month by the intern any month in which 42 or more hours are worked in a given week. The TD will sign and retain these forms.

All leave time must be submitted through the API system and pre-approved by the intern's Training Director. The intern is responsible for notifying supervisors and patients of any anticipated absences and for making arrangements for group coverage. For sick leave, interns must follow OSH Policy and Psychology Department Protocol. An intern who calls in sick must notify their rotation supervisors and Training Director, and to email OSH.Psychology@dhsosha.state.or.us before 7:00am on the date of absence. *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 an Activity Log. 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 Training Director prior to the scheduled weekly supervision time.

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.

Access to Psychological Testing

Interns have full access to the Psychology Department's 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.

Virtual Training Activity Attendance

In-person attendance is expected for OSH-PIP training activities. However, when virtual attendance is permitted (e.g., didactics occurring via Teams), interns are required to have their camera on (and their audio muted, unless speaking). During supervision, supervisors must have their cameras on as well.

During other training activities where multiple supervisors are present, they are encouraged to have their camera on, particularly when speaking. Please see OSH-PIP Protocol 4.510 Telesupervision for additional, related information.

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 training about proper use and appropriate documentation.

Dissertation & Career Development time

Interns will be granted some time, within reason, for dissertation defense as well as Career Development time. Requests for Career Development leave for dissertation defense requests must be approved by the Training Director. Career Development time for outside training activities is also available and, again, must be approved by the Training Director. Considerations for Career Development time requests include interference with clinical duties and commitments, internship training requirements, etc. Interns have no more than 40 hours of Career Development leave available for the internship year.

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 (generally up to 2 days per week).

Liability Insurance

While interns are welcome to maintain their own private liability insurance policy, this is not a requirement while at OSH-PIP. The state of Oregon covers all staff from liability when working within the scope of their employment, including clinical work. Therefore, interns are covered by the state's self-insurance program directly as state employees.

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. Should interns be approved for any outside work, a Conflict of Interest form must be completed per OSH policy.

Social Media

ITC members and interns should not have a 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

4.501 Development of Protocols

4.502 Statement of Non-Discrimination & Diversity

4.503 Application & Selection Process

4.504 Intern Orientation

4.506 Intern Evaluation Procedures

4.507 Intern Performance, Training Support Plans, & Due Process Procedures

4.508 Grievance Procedures

4.509 Program Evaluation

4.510 Telesupervision

4.511 Record Maintenance

4.512 ITC Member & Supervisor Expectations

4.513 OSH-PIP Ethical and Responsible use of Artificial Intelligence (AI) Protocol



OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.500

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

APPROVED: Julia Howe, PhD, Chief of Psychology

DATE: 8/3/2026

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 (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- B. "The OSH-PIP Administrative Committee" is a subset of the ITC consisting of the Training Director(s) and a designated group of Primary Supervisors. The Administrative

Committee holds voting authority over, and is responsible for, administrative decisions and protocol changes for OSH-PIP.

- 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. “OSH-PIP” means the Oregon State Hospital 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 partners.

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.

- a. While the Training Director(s) might have additional responsibilities associated with their position at the hospital, it is the responsibility of hospital administration and management to ensure that this individual is provided adequate time to fulfill their responsibilities.

B. Faculty

1. The core faculty of OSH-PIP consists of licensed doctoral psychologists privileged to practice independently at OSH, licensed master's level psychology clinicians, license-eligible psychology residents, and early career ITC members. This includes members of the OSH-PIP Administrative Committee, Primary Supervisors, and Adjunct Supervisors.
2. There is an expectation that OSH managers work collaboratively with OSH-PIP faculty to balance competing workloads of internship and primary work duties.
3. Tiered Supervision
 - a. Licensed master's level psychology clinicians, license-eligible persons, and early career ITC members (licensed less than one year) will be provided tiered supervision by a Primary Supervisor who has been licensed for two (2) or more years.
 - b. Tiered supervision will occur until the tiered supervisee has been licensed for one year.
 - i. At that point, the supervisor and tiered supervisee can collaboratively determine if further tiered supervision is necessary or if informal mentorship can begin.
 - ii. Determinations will be reviewed by the Training Director(s) and approved by the Chief of Psychology.

C. OSH-PIP Administrative Committee Membership determinations

1. ITC members in the role of OSH-PIP Administrative Committee Members are appointed by the Training Director(s) and Chief of Psychology in consultation with the OSH-PIP Administrative Committee after the ITC member expresses interest in serving on the OSH-PIP Administrative Committee.
2. The OSH-PIP Administrative Committee Member serves on the OSH-PIP Administrative Committee for two (2) years, at which point they can restate their interest, and may be selected again.
3. Members of the OSH-PIP Administrative Committee begin their service on the OSH-PIP Administrative Committee at the beginning of the training year (i.e., August 15th).
4. OSH-PIP Administrative Committee Members consist of at least one (1) ITC member who is a current or recent Primary Supervisor in a centralized psychology service rotation, at least one (1) ITC member who is a current or recent Primary Supervisor in the Forensic Evaluation Services rotation, and at least one (1) ITC member who is a current or recent Primary Supervisor of a treatment-focused rotation.
5. The remaining three (3) OSH-PIP Administrative Committee Members must be current or recent Primary Supervisors and should represent the spectrum of available rotations as much as possible.

D. New Faculty

1. Primary Supervisors are formally added to faculty at the outset of each training year following completion of the below application process:

- a. The Training Director(s), Chief of Psychology, and existing rotation Primary Supervisors identify the need for additional Primary Supervisor(s).
 - b. The Training Director(s) distributes a call for applicants to eligible persons, with a request for receipt of:
 - i. Current CV
 - ii. A brief statement of interest
 - iii. Written approval from their manager to supervise, and
 - iv. A deidentified work sample relevant to the rotation they would be supervising.
 - c. Applicants are interviewed by at least one Training Director (or designee) and a second person with knowledge of the specific position (e.g., a recent or current Primary Supervisor of the rotation position being filled, or the Chief of Psychology if the position is for a new rotation).
 - d. Responses are recorded and scored on interview forms.
 - e. Interview response ratings, applicant strengths, OSH-PIP needs, and consultation among interviewers and the Chief of Psychology inform best-fit determinations of new faculty.
 - f. The Training Director(s) notifies applicants of decision outcomes.
2. Adjunct Supervisors may join the faculty at any point during the training year following completion of the below application process:
- a. The Training Director(s), Chief of Psychology, and current Primary Supervisors identify the need for additional Adjunct Supervisor(s).
 - b. The Training Director(s) distributes a call for applicants to eligible persons, with a request for receipt of:

- i. Current CV
 - ii. A brief statement of interest
 - iii. Written approval from their manager to supervise, and
 - iv. A deidentified work sample relevant to the rotation they would be supervising.
 - c. The submitted materials are reviewed by at least one Training Director (or designee) and the Primary Supervisor(s) of the relevant rotation.
 - d. The applicant's acceptance or denial as an Adjunct Supervisor is determined in consultation with the Chief of Psychology.
 - e. The Training Director(s) notifies applicants of decision outcomes.
3. Program Contributors are not considered ITC members and are appointed by the Training Director(s), in consultation with ITC faculty as needed.

E. 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
 - e. Specialized training funds as available related to select rotations
- 3. Interns are union-represented, 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.

- a. Interns' classification/position title at OSH is Student Human Services Worker and will be referred to as psychology intern in their course of work with the same designation on their badge.

F. Faculty Resources

1. OSH-PIP's sponsoring agencies (e.g., Psychology Department, OSH, OHA) provide resources and/or opportunities to enhance the quality of its training and supervision faculty/staff through continual professional development.
2. Supervisors are eligible for preceptor pay, or a specified percentage of their salary to be determined in union negotiations, for the time spent in supervision of psychology interns. Activities that are eligible for preceptor pay involve direct supervision, observation, and onboarding of interns; preparing and providing didactics for interns; consultation on intern progress; review of intern documentation; and documentation of intern feedback and supervision.

G. 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 approval of the Chief of Psychology. Each intern 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. PARTNERS

- 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 Protocols

APPROVED: Julia Howe, PhD Chief of Psychology

DATE: 8/3/2026

I. PURPOSE

This statement outlines the process by which protocols are established and reviewed for the 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 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 partners.
- B. "The OSH-PIP Administrative Committee" is a subset of the ITC consisting of the Training Director(s) and a designated group of Primary Supervisors. The Administrative Committee holds voting authority over, and is responsible for, administrative decisions and protocol changes for OSH-PIP.

- 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. "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.
- E. "ITC" means the Oregon State Hospital (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.

III. PROTOCOL

A. Introduction of New Protocols

1. New protocols may be introduced by any core member of the ITC, including the Chief of Psychology.
2. The Training Director(s) sends drafts of newly introduced protocols to all members of the ITC for review. Members of the ITC have at least five (5)

working days to provide written feedback to the Training Director(s) and will share this written feedback with the OSH-PIP Administrative Committee.

3. Final approval of all new protocols requires majority support of the OSH-PIP Administrative Committee.

B. Review and Revision of Existing Protocols

1. Existing protocols for the OSH-PIP are reviewed annually by the Training Director(s).
2. ITC members can submit suggested changes to existing protocols to the Training Director(s) and OSH-PIP Administrative Committee Members at any time.
3. The Training Director(s) and the OSH-PIP Administrative Committee Members will review, discuss, and incorporate suggested changes as appropriate.
4. The Training Director(s) will send drafts of revised protocols to all ITC members for review. Members of the ITC have at least five (5) working days to provide written feedback to the Training Director(s) and will share this written feedback with the OSH-PIP Administrative Committee.
5. Final approval of all revised protocols requires majority support of the OSH-PIP Administrative Committee.

IV. REFERENCES

V. PARTNERS

- 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, PhD, Chief of Psychology

DATE: 8/3/2026

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" Under Federal Law means race; color; national origin; sex (includes pregnancy-related conditions); religion; age (40 and older); disability; sexual orientation; a person who uses leave covered by the Federal Family and Medical Leave Act; a person who uses military leave; a person who associates with a protected class; a person who opposes unlawful employment practices, files a complaint, or testifies about violations or possible violations; and any other protected class as defined by federal law.
- C. "Protected Class" Under Oregon State Law means all federally protected classes, plus: age (18 and older), physical or mental disability, injured worker, a person who uses leave covered by the Oregon Family Leave Act, marital status, family relationship, gender identity, whistleblower, expunged juvenile record, and any other protected class as defined by state law.
- D. "Workplace Harassment" means Conduct that constitutes discrimination prohibited by ORS 659A.030, including conduct that constitutes sexual assault or that is prohibited by ORS 659A.082 or 659A.112.
- E. "Sexual Orientation" under Oregon State Law means an individual's actual or perceived heterosexuality, homosexuality, bisexuality or gender identity, regardless of whether the individual's gender identity, appearance, expression, or behavior differs from that traditionally associated with the individual's sex at birth.
- F. "Workplace Intimidation" means unwelcome, unwanted, or offensive conduct based on or because of an employee's protected class status. Workplace intimidation 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 intimidation include, but are not limited to, derogatory remarks, slurs, and jokes about a person's protected class status.

- G. "Sexual harassment" means unwelcome, unwanted, or offensive sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) Submission to such conduct is made either explicitly or implicitly a term or condition of the individual's employment, or is used as a basis for any employment decision (granting leave requests, promotion, favorable performance appraisal, etc.) or (2) Such conduct is unwelcome, unwanted, or offensive, and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Examples of sexual harassment 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.
- H. "Sexual assault" means unwanted conduct of a sexual nature that is inflicted upon a person or compelled through the use of physical force, manipulation, threat, or intimidation, or a sexual offense has been threatened or committed as described in ORS 163.305 to 163.467 or 163.525.
- I. "Complainant" means a person (or persons) allegedly subjected to or who witnessed or observed discrimination, workplace harassment, or sexual harassment and who files a complaint with their immediate supervisor, another manager, or the agency, board, or

commission human resources section, executive director, or chair, or the DAS Chief Human Resources Office.

- J. "ITC" means the Oregon State Hospital (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- K. "The OSH-PIP Administrative Committee" is a subset of the ITC consisting of the Training Director(s) and a designated group of Primary Supervisors. The Administrative Committee holds voting authority over, and is responsible for, administrative decisions and protocol changes for OSH-PIP.
- L. "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.
- M. "OSH-PIP" means the Oregon State Hospital 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 partners.

N. “APAGS” means the American Psychological Association of Graduate Students. APAGS’s 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 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 ensure 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. Faculty

a. OSH-PIP places a high value on the representation of diversity within the faculty of its training sites. In an effort to systematize its recruitment and retention of diverse staff, OSH-PIP undertakes the following:

i. OSH-PIP recommends to OSH recruitment staff to post staff openings on diversity-related listservs and newsletters, with organizations such 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.

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 maintains 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. 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) listservs that reach diverse student populations, such as those of APA's Divisions 45, 44, and 22.
- iii. OSH-PIP will send letters to those intern applicants participating in APA's Minority Fellowship Program who provide the best match for our internship program and encouraging them to apply.
- iv. On an annual basis the ITC may request 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 may request funding from hospital administration for the OSH-PIP Training Director(s) 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 limited to

provision of treatment to diverse populations; focus on individual and cultural diversity components during supervision; and participation in didactic seminars on diversity-related topics, biweekly Humility and Responsivity in Clinical Practice Group (HRCPG), and quarterly research meetings discussing diversity-related articles. 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. DAS – Discrimination and Harassment Free Workplace 50.010.01
- C. DAS – Maintaining a Professional Workplace 50.010.03

VII. PARTNERS

- 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 & Selection Process

APPROVED: Julia Howe, PhD, Chief of Psychology

DATE: 8/3/2026

I. PURPOSE

This policy provides a statement of the selection criteria and process for 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). 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 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 partners.
- D. "ITC" means the Oregon State Hospital (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- 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 of each year.

5. Interviews will only occur virtually.

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 100 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
- h. Some experience or special interest in working in an inpatient psychiatric hospital setting and/or with forensic populations

2. Additional criteria include applicants' amount and variety of practica experience, research productivity (including dissertation), and goodness of fit with our

program (i.e., interest in evidence-based practices; serious mental illness; individual and cultural diversity; forensic psychology; Dialectical Behavior Therapy; risk assessment), which is determined through written materials as well as interviews.

3. A member(s) of the ITC rates each applicant on the quality of (a) academic preparation, (b) letters of recommendation, (c) practica experience, (d) dissertation and other research productivity, (e) goodness of fit with internship, and (f) interview impression. These ratings guide discussions of applicant strengths and weaknesses by the ITC, which produces a rank order list. This list is finalized by the ITC and submitted to APPIC for the Match process.
 - a. The Application Rating Form will be reviewed every three years, unless changes are needed to adjust to any APPIC application changes.
 - b. The Interview Rating Form will be reviewed every three years.
4. OSH-PIP welcomes applicants from diverse backgrounds. The training program believes that 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. As noted above, applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship. If an applicant or intern requires accommodations, they should contact Human Resources or the internship Training Director(s) to initiate this process.

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.
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. No later than seven (7) calendar days following 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 by OSH-PIP ITC members, then 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 internships/Training Director(s), 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 (as discussed above) 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. PARTNERS

- 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, PhD, Chief of Psychology

DATE: 8/3/2026

I. PURPOSE

This policy statement outlines requirements for orienting new interns. Interns must receive orientation at three (3) 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 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 partners.

III. PROTOCOL

A. Orientation to OSH-PIP

1. Interns are oriented to the internship during their first week (or during their second week if New Employee Orientation occurs the first week).
2. During this orientation, interns meet the faculty; review the OSH-PIP Handbook and contained protocols; learn about available rotations; and tour their cube

space and locations of associated resources (e.g., psychology testing materials, office supplies, kitchenette, breakroom).

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 New Employee Orientation (NEO).
2. This training covers a variety of topics relevant to working in a healthcare setting, issues specific to OSH, a standardized training program in crisis and aggression management, and reviewing various policies and procedures. During NEO, interns will also receive a tour of the facility.

C. Orientation to Selected Rotations

1. It is the responsibility of each Primary 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. Unit/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. Primary Supervisors and interns must agree upon a method by which the intern may contact the Primary 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 (i.e., a licensed psychologist; e.g., Primary or Adjunct Supervisor) and method of contact should be established should the Primary Supervisor be away from the facility, on vacation, or otherwise unavailable.
- 4. Primary Supervisors and interns complete a Rotation Contract within the first week of the rotation start date.
 - a. Interns can add additional goals and plans for training consistent with their specific interests and training goals.

IV. PARTNERS

- 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, PhD, Chief of Psychology

DATE: 8/3/2026

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 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 partners.
- 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 (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- D. "The OSH-PIP Administrative Committee" is a subset of the ITC consisting of the Training Director(s) and a designated group of Primary Supervisors. The Administrative Committee holds voting authority over, and is responsible for, administrative decisions and protocol changes for OSH-PIP.

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 nine (9) areas of professional practice, based upon the APA profession-wide competencies (PWCs) for health service psychologists:
 - 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

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 nine (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 supervisory feedback are ongoing throughout the training year. Primary 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 active Primary Supervisors during monthly ITC meetings.

3. Formal evaluation begins during orientation, including when interns complete the Intern Evaluation Form as a self-assessment with the Training Director(s) and their rotation Primary Supervisors, once determined. During this process, 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 competencies 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 Primary Supervisor. This is to ensure that interns receive the level of supervision needed from the outset.

- b. This assessment of an intern's strengths and growth edges determines whether an intern can take on extra duties within or beyond major and minor rotations. An ongoing related determination can be made as an intern demonstrates their skills and abilities as the rotation(s) progresses. This decision can be made in consultation with the Training Director(s) and current rotation Primary Supervisors.
4. The primary instruments used to guide formal evaluations of intern performance are the OSH-PIP Intern Evaluation Forms and the Intern Case Presentation Evaluation Form, all of which are explained to interns during OSH-PIP orientation. Additionally, the Training Director(s), OSH-PIP Administrative Committee Members, and active Primary Supervisors discuss intern progress in relation to the profession-wide competencies during monthly ITC meetings. All completed forms will be maintained by the Training Director(s) in electronic form. Interns receive a copy of all completed evaluations.
5. The interns are evaluated by their Primary Supervisors four (4) times annually, at the mid- and endpoints of each major and minor rotation, using the Intern Evaluation Form. The Intern Evaluation Form includes information about the interns' performance regarding all nine (9) required PWCs and related learning elements (subitems) and comment spaces where Primary Supervisors include

specific written feedback regarding the interns' performance and progress in each competency domain.

- a. These evaluations are completed by each intern's Primary Supervisors for their major and minor rotations. Primary Supervisors are expected to request and incorporate feedback from any relevant Adjunct Supervisors. Upon completion, the Training Director(s) receive the signed form, review, and co-sign. Interns receive a copy of all completed evaluations.
 - b. For any competencies and learning elements scored below Level 3, the intern will need to demonstrate progress by end of internship (See Section C: Criteria for Successful Completion).
 - i. At the midpoint of the year, the Training Director(s) will review the completed evaluations (e.g., by visually averaging the PWCs and learning elements across the forms) and may discuss intern progress with the next Primary Supervisors to ensure focus on relative areas of growth, including any areas with scores of less than Level 3. Completed evaluations will be sent to Primary Supervisors as needed. Interns will be notified if this occurs.
6. Interns are evaluated at least twice annually, once during each six-month period, using the Case Presentation Rating Form, to assess intern performance in presentation style, presentation data, formulation, assessment, intervention, diversity, and ethics.
7. Interns complete two (2) 90-minute case presentations to the ITC throughout the training year, presenting one assessment case and one therapy case, and addressing each concept area within each case presentation.
 - a. Interns should aim to have their presentation completed within 60 minutes leaving 30 minutes for discussion of their consultation questions for a total of 90 minutes. Presentations should not exceed 120 minutes

and should only approach 90 minutes in rare circumstances (e.g., the complexity of the case, the amount of relevant information needed to adequately present the case).

- b. The Case Presentation Forms are completed by those in attendance, including fellow interns, and submitted to the Training Director(s).
- c. The Training Director(s) will calculate average scores for each domain identified on the Case Presentation Form.
 - i. Scores received by interns' peers will not be included when averaging scores.
 - ii. Once averaged, interns receiving ratings of less than 3.0 in any category in their first presentation will discuss related areas of growth with the covering Primary Supervisor, including ways to improve the presentation. Should an intern receive average ratings of less than 3.0 in any category in their second presentation, the intern will re-present the same case to a subset of the ITC (e.g., Training Director(s) and rotation supervisors) for the opportunity to improve the identified area(s) of growth. However, dependent on the area of growth or the reason for ratings, the Training Director(s) and identified subset could identify an alternative format.
 - iii. The presenting interns' assigned Training Director will review the forms with them during Training Director Supervision.
 - iv. All completed forms will be maintained by the Training Director(s) in electronic form. Interns will receive copies of the forms.

8. 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.
9. The Training Director(s) maintain responsibility for all interns, not only those they are assigned to for Training Director supervision. Per APA Standards of Accreditation, "The program director is primarily responsible for directing the training program and has administrative authority commensurate with that responsibility." Examples of training director responsibilities include and are not limited to monitoring interns' academic and training progress, ensuring compliance with APA's Standards of Accreditation and Implementing Regulations, and various related administrative duties.

C. Criteria for Successful Completion

1. 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.
 - a. All OSH-PIP interns are expected to complete a 12-month, full time (2080 hours) internship accumulating a minimum of 1500 training hours (or the number of hours required by any state in which they intend to become licensed following internship, if 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 (4) hours of supervision by a licensed psychologist per 40-hour work week.
 - b. Interns must receive supervisory ratings on all PWCs and subitems (learning elements) of at least Level 3 Intermediate Competence, the minimum level of achievement, or higher by the end of the training year on the Intern Evaluation Form and average ratings of 3.0 or above on

the second Case Presentation forms to successfully complete the internship.

- i. At any point during the training year, if Primary or Adjunct 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.
2. 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). A Training Support Plan, interventions as determined by supervisors, or accommodations (e.g., extending internship to allow additional time for demonstrating skill acquisition) may be considered to allow interns the opportunity to successfully complete internship (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. PARTNERS

- 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 Intern Performance, Training Support
Plans, and Due Process Procedures**

APPROVED: Julia Howe, PhD, Chief of Psychology

DATE: 8/3/2026

I. PURPOSE

The Oregon State Hospital Psychology Internship Program (OSH-PIP) strives 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 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.

Additionally, procedures are outlined for hospital staff to file complaints or grievances toward interns.

II. DEFINITIONS

- A. "ITC" means the Oregon State Hospital (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- B. "The OSH-PIP Administrative Committee" is a subset of the ITC consisting of the Training Director(s) and a designated group of Primary Supervisors. The Administrative Committee holds voting authority over, and is responsible for, administrative decisions and protocol changes for OSH-PIP.
- C. "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.
- D. "OSH-PIP" means the Oregon State Hospital 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 partners.
- E. "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 Deficiencies or Problematic Behavior

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 deficiencies may not resolve with standard supervisory processes or problematic conduct may be so serious that it results in the intern being placed on probation, suspension, or terminated from the program. Specifically, such deficiencies or problematic conduct typically fall into one of the following categories:
 - a. Failure to demonstrate the ability to acquire the skills necessary to be sufficiently competent in one or more core competencies.
 - b. Failure or unwillingness to demonstrate professional behaviors.
 - c. Failure or unwillingness to demonstrate the ability to conform to ethical standards.
 - d. Failure to demonstrate the ability to effectively manage personal stress or strong emotions which interfere with professional functioning.
 - e. Violation of hospital and/or OHA policies.
2. As discussed in the Intern Evaluation Process Protocol (Protocol 4.506), Primary Supervisors complete intern evaluations at the mid- and end-point of

each rotation. The Training Director(s) review intern evaluations from each rotation.

3. Intern progress is discussed at monthly ITC meetings and summarized in a monthly Intern Progress Note. This note documents whether interns are making satisfactory progress toward mastery of the nine (9) required profession wide competencies as defined in Protocol 4.506.
 - a. In determining satisfactory progress, 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 must be considered.
4. Professional judgment is used to determine when an intern's areas of growth or conduct becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring attention in supervision, are not unexpected or excessive for professionals in training. Many areas of growth can be addressed informally before formal support is provided/needed. Areas of growth typically become identified as deficiencies or problematic (above/rather than normative or of concern) when they include two (2) 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, or if it is a skill deficit, was not substantially improved through standard supervisory processes.

- 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 intern's behavior does not change as a function of feedback, supervisory 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 the problematic behavior includes inappropriate workplace behavior (See DAS Policy 50.010.03 Maintaining a Professional Workplace).

B. Informal Intervention of Deficiencies or Problematic Behavior

- 1. Many areas of growth can be addressed informally before formal support is provided/needed.
 - a. Primary Supervisors should clearly identify deficiencies or problematic behaviors with interns and conjointly develop informal plans with interns. For relatively minor problems, informal interventions may consist of increased supervision, didactic training, and/or structured readings. Primary Supervisors must keep the Training Director(s) and the ITC informed of any intern's deficiencies and the efforts being made toward improvements. Primary Supervisors are encouraged to consult with other members of the ITC for advice and assistance regarding informal intervention plans.

- b. As indicated in Protocol 4.506, if Primary Supervisors have reason to be concerned about an intern's performance or progress, including while on an informal intervention plan, the program's Due Process procedures related to formal intervention may be initiated.

C. Formal Intervention of Deficiencies or Problematic Behavior

1. Due Process Procedures via Training Support Plans

- a. For problems that persist despite additional informal interventions as described above, or for more serious problems that may result in formal action (i.e., probation, suspension, termination), formal intervention/due process procedures via a Training Support Plan will be initiated.
 - b. At this point, Training Support Plans are written by active Primary Supervisor(s) within five (5) business days. Training Support Plans will clearly identify the deficit or problematic behavior and will specify the steps necessary to rectify the deficit or problem. Training Support Plans must be approved by the Training Director(s), OSH-PIP Administrative Committee, and active Primary Supervisors.
 - c. The Training Director(s) is responsible for notifying the intern's graduate program's Director of Clinical Training (DCT) of the persistent deficit or problematic behavior and will receive a copy of the Training Support Plan.
- 2. The Training Director(s) or designee provide the intern with written feedback on a weekly basis on their progress toward plan goals and the extent to which the plan was or was not successful. There may also be ongoing related communication between the Training Director(s), active Primary Supervisors, and the intern's graduate training program's DCT.**

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 graduate program of any intern placed on probation to notify the graduate program's DCT 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's DCT 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 engaged in an egregious violation of ethical standards or 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 (5) 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 (5) 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 (5) 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 address concerns with or about an intern or who wish to make a complaint about 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. In situations where the first two steps are proven unsuccessful, hospital staff should submit a written complaint to the supervisor, Training Director(s), and Chief of Psychology.
 - i. All written complaints about an intern and subsequent written responses will be maintained by OSH-PIP administration (i.e., the Training Director(s) or Chief of Psychology).
 - d. Employees of OSH can file a complaint or grievance against any OSH employee, including interns, at any time, including without following the above available avenues toward conflict resolution.
 - i. For information about filing complaints or grievances, please see related OSH, Oregon Health Authority (OHA), and Department of Administrative Services (DAS) policies and procedures referenced below.

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

- A. OSH Policy 5.004 – Valuing Diversity
- B. DAS – Discrimination and Harassment Free Workplace 50.010.01
- C. DAS – Maintaining a Professional Workplace 50.010.03

VI. PARTNERS

- 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, PhD, Chief of Psychology

DATE: 8/3/2026

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.

II. DEFINITIONS

- A. "OSH-PIP" means the Oregon State Hospital 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 partners.
- 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 (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.

III. PROTOCOL

- A. Procedures for interns to address difficulties with other interns, ITC members, members of the Psychology Department, or members of the Forensic Evaluation Service
1. Interns having difficulties with another intern, ITC member, Program Contributor, any member of the Psychology Department, or any member of the Forensic Evaluation Service are recommended to follow these steps for conflict resolution:
 - 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 (5) business days between the intern, the person(s) involved, and the Training Director(s). If a Training Director is an involved person, the meeting will also include the Chief of Psychology. The person(s) involved will be notified by the Training Director(s) at least

three (3) business days in advance of the meeting about 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 to serve as a mediator(s). The outcome of this meeting will be documented and maintained by OSH-PIP administration (i.e., the Training Director(s) or 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 person involved will be asked to submit a written response within two (2) 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.
 - ii. All OSH-PIP written complaints 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 OSH Complaints or Grievances

- 1. Interns, as employees of OSH, can file a complaint or grievance against any OSH employee, including another intern, ITC member, or members of the Psychology Department or Forensic Evaluation Service, at any time, including without following the above recommended steps toward conflict resolution.

2. For information about filing complaints or grievances, please see related OSH, Oregon Health Authority (OHA), and Department of Administrative Services (DAS) policies and procedures referenced below.

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

- A. OSH Policy 5.004 – Valuing Diversity
- B. DAS – Discrimination and Harassment Free Workplace 50.010.01
- C. DAS – Maintaining a Professional Workplace 50.010.03

VI. PARTNERS

- 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, PhD, Chief of Psychology

DATE: 8/3/2026

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 partners.
- 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 (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- D. "The OSH-PIP Administrative Committee" is a subset of the ITC consisting of the Training Director(s) and a designated group of Primary Supervisors. The Administrative Committee holds voting authority over, and is responsible for, administrative decisions and protocol changes for OSH-PIP.

III. PROTOCOL

A. Continuous Data Collection & Performance Improvement

- 1. OSH-PIP collects and stores data 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 OSH-PIP Administrative Committee.

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

- i. Interns send the completed form directly to the Training Director(s). The Training Director(s) discusses received feedback with the Chief of Psychology and feedback is offered to Primary Supervisors by the Chief of Psychology.
 - ii. Decisions about a Primary Supervisor's continued involvement in the ITC is made by the Chief of Psychology.
 - iii. Supervisor Evaluation forms will be shared with the Primary Supervisor at the conclusion of the training year.
- b. Didactic Evaluation - Interns complete this form weekly following each didactic seminar presentation. Feedback is shared with the didactic presenter by the end of each training year.
- c. Program Evaluation - Interns complete this form, which provides comprehensive feedback regarding the internship program, at the mid- and endpoint of the training year. Interns submit completed forms to the Training Director(s). Feedback from these Program Evaluation forms is also shared with the Chief of Psychology and the ITC at the above time frames.
- d. 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 received within the program, to graduates of OSH-PIP. This form is sent in the spring/summer during the first two years following internship completion.
- e. Activity Log - 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. PARTNERS

- 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, PhD, Chief of Psychology

DATE: 8/3/2026

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 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 partners.
- B. "ITC" means the Oregon State Hospital (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- 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. "Supervision" means an interactive educational experience between the intern and Primary Supervisor and/or Adjunct Supervisor. The relationship between supervisor and intern must be evaluative and hierarchical, extend over time, and have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession.
- E. "Telesupervision" is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee.
- F. "In-person supervision" is supervision of psychological services where the supervisor is physically in the same room as the trainee.
- G. "Remote work" refers to supervisors working in a location other than on-site at Oregon State Hospital. Remote work may be approved for some or all of a supervisor's work hours. For supervisors who work remotely fulltime (e.g., in centralized positions completing court-ordered assessments), interns and supervisors conduct/observe assessment interviews, related consultations, etc. via approved video conference (i.e., Microsoft Teams, Webex for Court engagement). The majority of client contact within OSH-PIP (e.g., individual therapy, group therapy, treatment team meetings with clients present) occurs in person. Supervisors maintain full professional responsibility for clinical cases regardless of their approved working location.

III. PROTOCOL

A. Rationale

1. Telesupervision is used in clinical training at OSH-PIP to provide interns opportunities to be supervised by psychologists with expertise and experience in areas relevant to their training.
2. Use of telesupervision is consistent with the overall aims and training outcomes of OSH-PIP because the program aims to prepare interns for the modern psychology workforce, including use of telehealth interfaces, through relevant experience and supervision.
3. Telesupervision is used when supervisors and/or interns are utilizing a hybrid (in-person and virtual) schedule and when this modality has been identified as effective for and preferred by the intern.

B. Procedure & Requirements for Telesupervision

1. Telesupervision should occur using OSH's provided video-conferencing technology, (i.e., Microsoft Teams) with all parties' video on.
2. Interns are provided education on how to use Microsoft Teams during intern orientation.
3. 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).
4. Telesupervision may account for no more than two (2) hours (50%) of the intern's weekly hours of supervision. The remainder of supervision must occur in person.
 - a. The modality of supervision for interns should be discussed amongst Primary Supervisors at the outset or beginning of the rotation to ensure this 50% expectation is being met.
 - b. Group supervision should occur in person.
 - c. Increased use of telesupervision is appropriate when in-person supervision is disrupted (i.e., due to a pandemic, inclement weather, unit quarantine, other emergency, or special or temporary circumstances

[i.e., working from home more frequently for a time-limited basis to recover from surgery]]).

5. Supervisors determine which interns can participate in telesupervision by discussing with interns during orientation week their needs and preferences regarding in-person vs. telesupervision.
6. Supervisors, interns, and Training Director(s) address accessibility issues as they relate to telesupervision with interns as appropriate.
 - a. This may include requiring 100% of supervision to occur in-person should that be needed to adequately address accessibility issues.
7. Supervisors establish relationships with interns they supervise at the outset of the supervisory experience in the following ways:
 - a. Supervisors meet with supervisees in person (or via telesupervision should the supervisor work remotely full-time) at the beginning of rotations for at least the initial week of supervision.
 - i. During these initial sessions, supervisors engage in relationship building with interns at the outset of the rotation by intentionally spending initial supervision sessions learning about the intern's experiences, goals, and hoped for experiences during the course of the training experience, and sharing their own experiences, perspectives, and supervisory approach, including thorough review of the intern's completed self-assessment.
 - ii. If the initial sessions cannot occur in person, additional telesupervision hours should be added (e.g., two hours across initial rotation weeks) to further discuss the assigned intern's previous and current clinical and telesupervision experiences to ensure a greater understanding of the assigned intern, their clinical abilities, strength and weaknesses, their preferences, and their learning modality (e.g., reviewing their experiences with and

feelings about telesupervision, reviewing previously completed work product and gaining an understanding of the strengths and weaknesses of the product given their present skills, abilities, and understanding.

8. Supervisors facilitate and maintain relationships with supervisees with whom they engage in telesupervision by regularly soliciting feedback about the effectiveness of supervision and routinely engaging in collegial discussion with interns. If possible, supervisors who predominantly provide telesupervision schedule regular times to meet with assigned interns in person for supervision (e.g., once a month, once every other month).
9. Supervisors monitor the supervisory relationship for ruptures on an ongoing basis using both formal and informal tools.
 - a. Interns complete Supervisor Evaluations for their major and minor rotation Primary Supervisors at the mid- and end-point of each rotation (e.g., three and six months). Interns are required to submit these forms to the Training Director(s). Interns are strongly encouraged to share and discuss the Supervisor Evaluations with their Primary Supervisors.
 - b. Supervisors share and discuss their evaluations of assigned interns at the midpoint and endpoint evaluations with the assigned interns.
 - c. Supervisors are encouraged to routinely solicit feedback on supervision effectiveness throughout the supervisory experience.
10. Supervisors and interns establish preferred method of contact should a non-scheduled consultation/supervision need arise (e.g., Teams call, Teams chat, call through state issued-cellular telephone) as well as back-up supervisors should they be unavailable (e.g., assigned Training Director(s), other Primary Supervisor, other ITC member).

C. Program Assessment of Telesupervision

1. OSH-PIP ensures supervisors are competent to provide telesupervision by engaging in discussion of telesupervision practice with supervisors who are new to OSH-PIP with particular focus on their ability to abide by the steps outlined in this protocol.
2. OSH-PIP determines interns' ability to participate in telesupervision by discussing with interns at the outset of the year (i.e., Intern Orientation) their needs and preferences related to telesupervision vs. in-person supervision.
3. Interns' training outcomes and satisfaction related to telesupervision are formally assessed in the following ways:
 - a. OSH-PIP Program Evaluations, submitted twice yearly
 - b. Formal evaluations of intern progress toward training goals
 - c. Informal assessment of intern satisfaction with telesupervision by the supervisor at regular intervals
4. There are situations in which supervisors will move from telesupervision to in-person supervision, including based on intern need. These may include, but are not limited to, the following:
 - a. An accessibility issues precludes the intern from being able to sufficiently benefit from telesupervision.
 - b. A rupture in the supervisory relationship occurs that may be addressed by moving to in-person supervision.
 - c. An intern or supervisor has a preference for in-person supervision.
 - d. An intern has demonstrated a consistent inability to effectively attend to telesupervision sessions (e.g., not paying attention, multitasking).
 - e. Should the supervisor be unable to move to in-person supervision, a new supervisor who is able to provide in-person supervision will be sought to resume supervision with the intern on an in-person basis.

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

IV. PARTNERS

- A.** Internship Training Committee

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.511

SUBJECT: OSH-PIP Record Maintenance Protocol

APPROVED: Julia Howe, PhD, Chief of Psychology

DATE: 8/3/2026

I. PURPOSE

This protocol establishes the Oregon State Hospital Psychology Internship Program's (OSH-PIP) procedures for maintaining interns' records.

II. DEFINITIONS

- A. "OSH-PIP" means the Oregon State Hospital 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 partners.
- B. "ITC" means the Oregon State Hospital (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.

III. PROTOCOL**A. Requirements for Records Maintenance**

1. OSH-PIP documents and permanently maintains accurate records of intern onboarding documents, training experiences, evaluations, and certificates of internship completion for evidence of the interns' participation in and progress through the program as well as for future reference and credentialing purposes. Additionally, OSH-PIP informs interns of its records retention policy.
2. All completed forms will be permanently maintained by the Training Director(s) in electronic copy form in the interns' administrative file within OSH's secure network. Interns also receive a copy of all completed evaluations.
 - a. The administrative file containing interns' records will only be accessible to OSH-PIP Administration (e.g., Training Director(s)), Chief of Psychology, and administrative support staff).
3. OSH-PIP also maintains records of all known formal complaints and grievances that have been submitted or filed against the program and/or against individuals associated with the program. OSH-PIP is aware that the Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

IV. REFERENCES

- A. As advised by APA Commission on Accreditation during review of 2020 Self-Study (May 2022).

V. PARTNERS

Internship Training Committee

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.512

SUBJECT: OSH-PIP ITC Members & Supervisors
Expectations Protocol

APPROVED: Julia Howe, PhD, Chief of Psychology

DATE: 8/3/2026

I. PURPOSE

This policy establishes the expectations of Internship Training Committee (ITC) members of the Oregon State Hospital Psychology Internship Program (OSH-PIP). The duties of supervisors on the ITC are described related to supervision, intern evaluation, ITC meeting participation, provision of didactics, and other relevant duties.

II. DEFINITIONS

- A. "ITC" means the Oregon State Hospital (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- B. "The OSH-PIP Administrative Committee" is a subset of the ITC consisting of the Training Director(s) and a designated group of Primary Supervisors. The Administrative Committee holds voting authority over, and is responsible for, administrative decisions and protocol changes for OSH-PIP.

Expectations Protocol

- C. "OSH-PIP" means the Oregon State Hospital 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 partners.

III. PROTOCOL

ITC members have several required responsibilities to ensure the integrity of the program and proper supervision of its interns. Expectations associated with each ITC role are elucidated below.

A. OSH-PIP Administrative Committee

1. The OSH-PIP Administrative Committee consists of the Training Director(s) and six (6) ITC faculty. This group is responsible for administrative tasks and decisions related to the training program, including but not limited to the following:
 - a. Serve as Primary Supervisors and follow all related expectations as outlined below.
 - b. Attend monthly ITC meetings with an 75% annual attendance rate (i.e., nine or more out of 12). Advance notice of absence must be emailed to the Training Director(s).
 - c. Address concerns brought to the OSH-PIP Administrative Committee from ITC faculty and Program Contributors as appropriate.

Expectations Protocol

- d. Vote on training program decisions via an official quorum as necessary.
- e. Contribute to additional administrative tasks as assigned by Training Director(s) and/or Chief of Psychology (e.g., assigning intern application reviews, scheduling interviews, planning intern orientation, updating protocols).
- f. Participate in special meetings and complete other duties as directed by Training Director(s) and/or Chief of Psychology.
- g. Maintain meeting agendas and minutes for distribution to the greater ITC.

B. Primary Supervisors

- 1. Primary Supervisors are considered ITC faculty, with the following responsibilities:
 - a. Actively supervise interns when their rotation is selected, with the following additional responsibilities:
 - i. Offer six-month major and/or minor rotation(s) specific to their subject matter expertise, group supervision, or practicum group supervision.
 - a. Major rotation supervisors provide 60 minutes of scheduled weekly supervision, with 30 minutes of ad hoc supervision, for a total of 90 minutes.
 - b. Minor rotation supervisors provide 60 minutes of scheduled weekly supervision.
 - c. Practicum group supervisor provides at least 30 minutes of weekly supervision.

Expectations Protocol

- d. Group supervisors provide at least 60 minutes of weekly supervision.
 - e. Leader of the Humility and Responsivity in Clinical Practice Group (HRCPG) provides 60 minutes biweekly facilitation.
 - f. Additional or ad hoc supervision may be assigned by Primary Supervisors to Adjunct Supervisors when applicable.
- ii. Major or minor rotation supervisors provide the majority of the training experiences and supervision with ancillary training opportunities facilitated in collaboration with Adjunct Supervisors.
- iii. Attend monthly intern progress meetings with Training Director(s) and all active Primary Supervisors.
 - a. Training Director(s) must be notified of any anticipated absences and intern progress feedback must be emailed within five (5) business days of any absence.
- iv. Attend presentations of assigned intern (i.e., Case Presentations, Quarterly Research Meetings).
- b. Attend biannual (twice-yearly) ITC faculty meetings.
- c. Make a concerted effort to attend Case Presentations and Quarterly Research Meetings when invited as a subject matter expert and as available throughout the training year.
- d. Present two (2) didactics (or didactics as agreed upon) throughout the training year in an area of interest or expertise.

Expectations Protocol

- e. Contribute to the intern application process.
 - i. Review prospective intern applications using the Applicant Rating Form.
 - ii. Participate in (virtual) panel interviews across scheduled interview days in January.
 - iii. Participate in interview and ranking decision meetings.
 - iv. Participate in any feedback discussions about the process.
- f. Submit any concerns or ideas to any member of the OSH-PIP Administrative Committee for review and consideration.

C. Adjunct Supervisors

- 1. Adjunct Supervisors support Primary Supervisors by providing ancillary supervision and training opportunities during the intern's major and/or minor rotation(s). They are considered ITC faculty, with the following responsibilities:
 - a. Facilitate supervised training experiences in their associated rotation as determined in collaboration with the assigned intern and the intern's Primary Supervisor, including scheduled supervision.
 - i. When actively supervising an intern, must provide at least 30 minutes of supervision weekly.
 - b. Communicate feedback about intern performance to the intern's Primary Supervisor.
 - c. Present one (1) didactic (or didactics as agreed upon) throughout the training year in an area of interest or expertise.

D. Program Contributors

Expectations Protocol

1. Program Contributors function in minimally evaluative roles and are not considered ITC faculty. They meaningfully contribute to intern training based on expertise relevant to the duties being performed, with the following possible activities:
 - a. Present didactic in an area of interest or expertise.
 - b. As determined in collaboration with Training Director(s), with input from ITC faculty.
2. Program Contributors may consist of licensed doctoral psychologists, license-eligible persons, psychology residents, unlicensed doctoral psychology staff, and other licensed professionals (e.g., attorneys, social workers), including honorary members such as the Chief Medical Officer (CMO) and the Superintendent.

E. General ITC Member and Supervisor Expectations

1. Collaborative and Supportive Learning Environment
 - a. The ITC ensures a welcoming, supportive, and encouraging learning environment for all interns, including interns from diverse and underrepresented communities.
 - b. The ITC recognizes the rights of interns and faculty/staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff should be collegial and conducted in a manner that reflects the highest standards of the profession (See the current APA Ethical Principles of Psychologists and Code of Conduct.)
 - c. The ITC informs interns of these principles and of their avenues of recourse should problems arise (See Protocols 4.507 & 4.508).

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- d. Program faculty/staff are accessible to interns and provide a level of guidance and supervision that encourages successful completion of the internship.
 - e. Faculty/staff members serve as appropriate professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the program's training aims.
 - f. Interns should have access to consultation and supervision during times they are providing clinical services. The licensed doctoral psychologist supervisor(s) maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals.
 - g. Supervisors are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the intern.
 - h. Supervisors serve as professional role models to the interns consistent with OSH-PIP's training aims and expected competencies.
 - i. Supervisors ensure intern service delivery tasks and duties are primarily learning-oriented and training considerations take precedence over service delivery and revenue generation.
2. Conflict with ITC members, Training Director(s), or Chief of Psychology (when related to OSH-PIP work)
- a. Consistent with our ethics code, should an ITC member(s) have a conflict with or ethical concern about another ITC member, Training Director(s), or the Chief of Psychology related to their work with OSH-PIP, they attempt to resolve the issue by bringing it to the attention of that individual, so long as an informal resolution appears appropriate. If the conflict or possible ethical violation has substantially harmed or is likely

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to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly in that fashion, ITC members take further action appropriate to the situation (See Protocol 4.502, 4.506, 4.507, and 4.508).

- b. Consistent with our ethics code, ITC members do not file or encourage the filing of complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation. Should a complaint be filed, ITC members do not discriminate against either the complainant or respondent, based solely upon having made or being the subject of a complaint.

F. Continued ITC Membership

- 1. Concerns about an ITC member(s)'s performance or conduct should be relayed to the Training Director(s) or to the Chief of Psychology when the Training Director(s) is involved.
 - a. Concerns could be various, including but not limited to ethical violations, unprofessional behavior, failing to provide a supportive learning environment, failing to engage with colleagues and interns in a collegial manner or in a manner reflected in APA's Ethical Principles of Psychologists and Code of Conduct, failure to meet committee/rotation expectations, demonstrating poor work product standards, etc.
- 2. Decisions about a member or supervisor's continued involvement in the ITC is made by the Chief of Psychology.

G. Confidentiality of Interns

- 1. Interns do not have confidentiality in their work with ITC members, as there is an on-going evaluative relationship present between ITC members and interns. Information disclosed by an intern may be disclosed to other supervisors, the

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ITC, or the Training Director(s) at the training committee member's discretion. Disclosure should be considered when the information becomes pertinent to intern progress, observed deficits or areas of growth, or problematic conduct. Discussions about how, when, and to whom to disclose information to will be discussed collaboratively with the intern and involved supervisor.

II. REFERENCES

- A. APA Standards of Accreditation
- B. APPIC Membership Criteria: Doctoral Psychology Internship Programs

III. PARTNERS

- A. Internship Training Committee

OREGON STATE HOSPITAL

PSYCHOLOGY DEPARTMENT PROTOCOLS

SECTION 4

PROTOCOL: 4.513

SUBJECT: **OSH-PIP Ethical and Responsible use of
Artificial Intelligence (AI) Protocol**

APPROVED: Julia Howe, PhD, Chief of Psychology

DATE: 8/3/2026

I. PURPOSE

This protocol establishes ethical and practical standards for the use of Artificial Intelligence (AI) by psychology interns in the Oregon State Hospital – Psychology Internship Program (OSH-PIP) across clinical, forensic, and educational training activities. This protocol will be reviewed and updated at least annually or as needed in accordance with institutional, legal, and professional guidance.

This protocol is a supplement to, and must be reviewed alongside, OSH Psychology Department Protocol 4.034 (Clinical Documentation), which outlines clinical documentation requirements for all psychology staff, including interns. Where this protocol and Protocol 4.034 could be read in conflict, Protocol 4.034 supersedes.

II. DEFINITIONS

- A. “AI” means computational systems (e.g., ChatGPT, Gemini, Claude, Copilot, and similar tools) trained on large datasets of text, speech, and/or images to generate human-like responses, analyses, or content.
- B. “Approved AI Tool” means Microsoft Copilot, the only AI tool currently authorized for use by OSH employees. No other AI tool (including, but not limited to, ChatGPT, Gemini,

or Claude) may be used for any hospital-related work, whether clinical or non-clinical in nature.

- C. “ITC” means the Oregon State Hospital (OSH) Psychology Internship Program’s (OSH-PIP) Internship Training Committee, consisting of the Chief of Psychology, Training Director(s), Primary Supervisors, and Adjunct Supervisors. The ITC is responsible for the clinical training and evaluation of interns. ITC members serve as the primary liaison between training activities and the Administrative Committee on matters of intern progress and program administration.
- B. “OSH-PIP” means the Oregon State Hospital 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 partners.
- C. “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.

III. PROTOCOL

- A. Microsoft Copilot is the only AI tool currently approved for use by OSH employees, including psychology interns. No other AI platform (e.g., ChatGPT, Gemini, Claude, or any other publicly available or embedded AI tool) may be used for any purpose related to clinical, forensic, or administrative work, regardless of supervisor approval.

- B. Even when using Copilot, no PHI may be entered into Copilot under any circumstance. This restriction applies to all uses of AI, both clinical and non-clinical in nature, and cannot be waived by a supervisor.
- a. Accountability and responsibility for patient privacy and for the accuracy of any work product rests with the intern and supervising psychologist even when an approved AI tool is used. Interns must promptly report any suspected data exposure, breach, or anomaly involving an AI tool to their supervisor and to OSH Information Technology/Information Security, consistent with OHA incident-reporting requirements.
- C. AI use within OSH-PIP is governed by the following principles:
- a. Any use of AI for a clinical, forensic, or educational training activity must be discussed with, and approved by, a supervisor prior to implementation.
 - b. All AI-generated content must be carefully reviewed, critically evaluated, edited for accuracy, and tailored to the clinical, forensic, or professional context in which it is used.
 - c. AI may inform, but does not replace, clinical or forensic reasoning, evidence-based decision-making, or the development of intern competencies.
 - d. When AI is used for any permitted purpose as outlined in this protocol, such use must be appropriately disclosed and documented in a manner consistent with APA style guidelines. AI must never be used to generate content for clinical documentation of any kind.
 - e. AI must not be used to replace original work required as part of training, such as case presentations.
- D. OSH-PIP emphasizes preparing interns to work with forensically involved clients. As such, AI use in clinical and forensic contexts warrants particular caution. OSH-PIP strongly discourages the use of AI in a manner that holds potential to inhibit progress

in development of profession-wide competencies. The following considerations apply to any discussion between interns and supervisors regarding AI use in these contexts. Supervisor preferences/practices, when more conservative than this protocol, supersede this guidance.

- E. The following uses of AI are prohibited without exception, consistent with OSH Psychology Department Protocol 4.034. Supervisor approval cannot authorize these uses.
 - a. Generating psychological assessment reports, evaluations, progress notes, or for drafting any other clinical or forensic narrative that is included in a patient's medical or legal record.
 - b. Entry of any PHI into any AI tool, including Copilot.
 - c. Use of any AI tool other than Copilot for any hospital-related purpose.
- F. The following uses of AI require consultation with and approval from the intern's designated supervisor before proceeding. None of these uses involve generating content for the patient's medical or legal record.
 - a. Using AI as a support to the intern's thoughts regarding case conceptualization, treatment planning, or risk assessment, where the AI-assisted discussion is not entered into, and does not generate, a progress note, report, or anything entered into the patient's medical or legal record.
 - b. Generating psychoeducational materials (e.g., patient handouts/worksheets) that are not part of the patient's medical or legal record.
 - c. Using AI to format or proofread writing the intern has already produced in original form, as long as the writing is not part of the patient's medical or legal record.
- G. Equity
 - a. Generative AI systems reflect biases present in their training data and may inadequately represent diverse populations. Interns must remain cautious about

perpetuating stereotypes or structural inequities in clinical, forensic, or educational contexts.

- b. AI must be used in a manner that promotes multicultural orientation and equitable access to psychological services. All AI output must be critically evaluated for cultural assumptions, limitations, or inaccuracies.
- c. OSH-PIP will provide periodic training and discussion on emerging AI developments and ethical guidance consistent with APA principles and OHA policy.

H. Consequences of Unauthorized or Inappropriate Use of AI

- a. Failure to adhere to this protocol will activate OSH-PIP's due process procedures. Violations involving hospital data or information systems may also result in revocation of system access and other consequences applicable per OHA/OSH policy.

IV. REFERENCES & RELEVANT RESOURCES

- A. [American Psychological Association \(2025\). Ethical guidance for AI in the professional practice of health service psychology.](#)
- B. [American Psychological Association Commission on Accreditation \(2026\). Standards of Accreditation for Health Service Psychology.](#)
- C. [American Psychological Association Commission on Accreditation \(2025\). Implementing Regulations Section C: IRs Related to the Standards of Accreditation.](#)
- D. [American Psychological Association \(2025\). Ethical guidance for AI in the professional practice of health service psychology.](#)

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

- a. OHA Memorandum (2025) – Updated Interim Generative AI Access and Usage Guidelines
- b. OSH Psychology Department Protocol 4.034

IV. PARTNERS

- A. Internship Training Committee