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Health Service Psychology Doctoral Internship
2026 – 2027 Intern Manual

Confluence Health: Wenatchee Valley Hospital & Clinics

Confluence Health: Central Washington Hospital & Clinics

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Doctoral Internship Program in Health Service Psychology 2027-2028

Dear Prospective Intern,

Thank you for your interest in our doctoral internship in health service psychology at Confluence Health! Confluence Health is an integrated healthcare delivery system that includes two hospitals and more than 30 medical specialties and primary care that provide comprehensive medical care throughout North Central Washington. With over 300 physicians and 170 advanced practice providers, Confluence Health is the major medical provider between Seattle and Spokane. Our goal is to deliver high-quality, safe, compassionate, and cost-effective care close to home. In our behavioral health department, we provide initial assessment and focused individual and group therapy services, as well as psychiatric services. Our clinical staff includes psychiatrists, psychiatric ARNP's, psychologists, mental health counselors, and clinical social workers, representing a range of theoretical orientations. Therefore, the training environment is enhanced by the richness of multidisciplinary and multi-theoretical influences.

The internship at Confluence Health begins the 1st full week of August each year and is a **12-month (52 weeks) training program**, including **3 weeks of paid time off** (total = **2080 hours**) and offers an **annual stipend of $42,510**. Our program is designed to provide emerging professional psychologists an opportunity to solidify existing skills, learn new competencies, and integrate their identity as a psychologist. We strive to provide a program that balances both challenge and support while exposing interns to the variety of roles and experiences typical of a psychologist focusing on health service psychology. ***All candidates*** *that will be considered* ***must have a master's degree in psychology, mental health counseling, social work, marriage and family therapy, or another related field*** *and* ***must be eligible for master's level licensure in Washington State at the Associate-level or above****. If you match with us, our agency will provide extensive support in obtaining the required licensure. See the DOH Mental Health Professions website link for more details.*

We know that the application process is extensive and can be complex (and stressful!). We would like to provide you with as much information as possible to assist in your decision-making process. I am happy to answer any of your questions about our training program. The best way to reach me is by email at patrick.carrillo@confluencehealth.org but you are also welcome to call me at 509-436-6711.

Again, thank you very much for your interest in our training program!

Sincerely,

Patrick Carrillo, Ph.D.
Training Director, Doctoral Internship Program
Clinical Director, Behavioral Health Service Line
Confluence Health

Accreditation Information:

The Doctoral Internship Program in Health Service Psychology at Confluence Health is not currently accredited by the American Psychological Association (APA) Commission on Accreditation. **We have applied for accreditation, submitted our Self-Study as of September 2025, and we have been approved for a site visit this Fall, but there is no guarantee that we will achieve accreditation by the end of the training year.**

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
E-mail: apaaccred@apa.org
Website: www.apa.org/ed/accreditation

Intern Recruitment, Eligibility, and Application Process

1. INTERN RECRUITMENT & SELECTION:
    a. Our Psychology Internship program upholds a strong commitment to recruitment of diverse interns. We welcome applicants from diverse personal and cultural backgrounds. Additional details are outlined in the Confluence Health (CH) Health Equity Statement.

    b. Interns who are considered the best fit for the program have prior clinical experience that would be best be described as generalist in nature. Additionally, we seek applicants who possess the right interpersonal skills and temperament that is optimal to support working with a wide range of diverse medical and psychiatric patients and collaborating with medical providers in addition to the other mental health providers on the team. Many of our patients have been marginalized and have experienced significant trauma and health disparities. Thus, we prefer interns who exhibit emotional maturity and show appropriate respect and sensitivity to these issues. Finally, we are interested in interns who are intellectually curious, value life-long learning, critical thinking, self-reflection, and who are committed to applying scientific research and other professional and scholarly literature to inform their professional activities.

2. ELIGIBILITY AND REQUIREMENTS TO APPLY:

    In addition to the criteria described above, the interns are expected to meet the following requirements to apply:

    a. Be enrolled in an APA-accredited doctoral degree program in professional psychology (i.e., clinical or counseling) and have completed at a minimum three years of graduate course work and study;

    b. Have earned a master's degree in psychology, mental health counseling, social work, marriage and family therapy, or another related field before the start of internship, <u>and</u> be eligible for master's level licensure in Washington State at that Associate-level or above. Our agency provides extensive support in obtaining the required licensure AFTER you match with us. Please visit the Department of Health, Mental Health Professions website for more details at www.doh.wa.gov;. **Please note: obtaining the master's level Associate's licensure is a <u>requirement</u> for continuation in the program. Failure to receive licensure within 30 days after the start of internship may result in pursuit of a match release.**

    c. Have successfully passed comprehensive, or other qualifying examination and have their dissertation or doctoral research project proposal approved by the start of internship;

    d. Have completed at a minimum 450 combined Intervention and Assessment hours (i.e., a minimum of 400 Intervention and a minimum of 50 Assessment hours); and

    e. Have formal approval from the intern's academic program to go on internship and participate in the APPIC's match process.

3. APPLICATION PROCESS:

   a. As a provisional member of APPIC, our program's recruitment and selection procedures follow APPIC guidelines. We participate in the National Match Service and follow the APPIC Match Policies. We use the standard APPIC Online Application for Psychology Internship (AAPI) that can be obtained at the following website: www.appic.org. As part of the complete standard APPIC application, we require a cover letter, CV, graduate transcripts, and three letters of recommendation. To be considered for internship, we must receive the application materials by the date listed on our website and APPIC directory. **The deadline for applying varies from year to year but is typically in the first week of December.**

   b. Eligible applications are reviewed by the Internship Training Director and one or more members of our supervisory team. A select group of applicants are invited for interview. Notification of invitation to interview is made via email by mid-January (please consult our website and APPIC directory for a specific date each year). Interviews are conducted via the Teams videoconferencing platform on multiple dates in the month of January. Occasionally, some interviews are also scheduled in early February. Applicants are given several dates to choose from and are asked to rank order them in terms of preference. The site strives to be flexible to accommodate intern schedules given the likely reality of multiple interviews with other sites. Detailed instructions regarding the interview process, including all logistics, are communicated to applicants via email by the site's Internship Training Director.

   c. Following interviews, the internship selection committee ranks the interviewed candidates for submission in the APPIC match service. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use and ranking-related information from any intern applicant. Internship slot offers are made through the APPIC National Matching Program in compliance with the APPIC policy. Therefore, all applicants must be registered for the APPIC Matching Program. Applicants can obtain a "Request for Application Agreement Package" from National Matching Services, Inc. The web address is www.natmatch.com/psychint. Internship applicants are informed of their selection through the APPIC notification process contracted through the National Matching Service.

   d. All matched applicants undergo a credentialing process with Confluence Health (CH), which begins with applying for master's-level licensure in Washington and is followed by additional credentialing processes, which allow interns to become billable providers under the supervision of a licensed clinical psychologist. The interns are provided with support and guidance from the Credentialing department at CH while undergoing this licensure and credentialing process. Interns are reimbursed by CH for licensure-related renewal expenses required by CH (near the end of the internship year).

History of Confluence Health

Central Washington Hospital

The origins of Central Washington Hospital date to the early 1900s with the establishment of Central Washington Deaconess Hospital and St. Anthony's Hospital. The two organizations merged in 1974 to form Central Washington Health Services Association. The St. Anthony's facility was renamed Rosewood Hospital in 1974, and the facilities combined their operations at the remodeled and expanded Rosewood Hospital site under the name Central Washington Hospital.

In 2012, Central Washington Hospital began the process of affiliating with Wenatchee Valley Medical Center, which was finalized in July 2013. Collectively known as Confluence Health, our affiliation allows us to offer a full range of inpatient and outpatient health care services and cutting-edge technology, and a rural healthcare delivery system serving North Central Washington.

Wenatchee Valley Medical Center

Dr. L.M. Mares, Dr. A.G. Haug and Dr. L.S. Smith founded the Wenatchee Valley Clinic in 1940. Their philosophy was that patients were best served when they had easy access to other specialists under the same roof.

Today Confluence Health still has the best interest of our patients at heart; we're just larger and able to take care of more of them. In fact, with a full range of healthcare services and cutting-edge technology, we've got North Central Washington covered with a rural healthcare delivery system second to none.

Our founders recognized that a regional patient base was required to support specialty care in a rural environment, but even they didn't envision a comprehensive healthcare delivery system encompassing a 4-county region in North Central Washington covering roughly 12,000 square miles. Today over 60 percent of our business comes from outside the greater Wenatchee area, and our specialists drive over 130,000 miles annually to provide outreach to clinics in North Central Washington communities.

Physician recruitment and retention have always been among our strengths. Our doctors were recruited not only because they bring knowledge from some of the nation's best medical training programs, but because of their values. They came for the quality of life, the beauty of the land and professionalism that foster the physician-patient relationship. This ability to recruit has paid off in steady growth, and today Confluence Health has over 300 physician practitioners as well as 170 advanced practice providers (ARNPs & PAs).

Confluence Health is a strong believer in being a corporate good neighbor and is generous in its contributions to local community organizations—including matching employee and physician contributions to the United Way. Every year we offer free community flu shot clinics and provide over $2.5 million in charitable care.

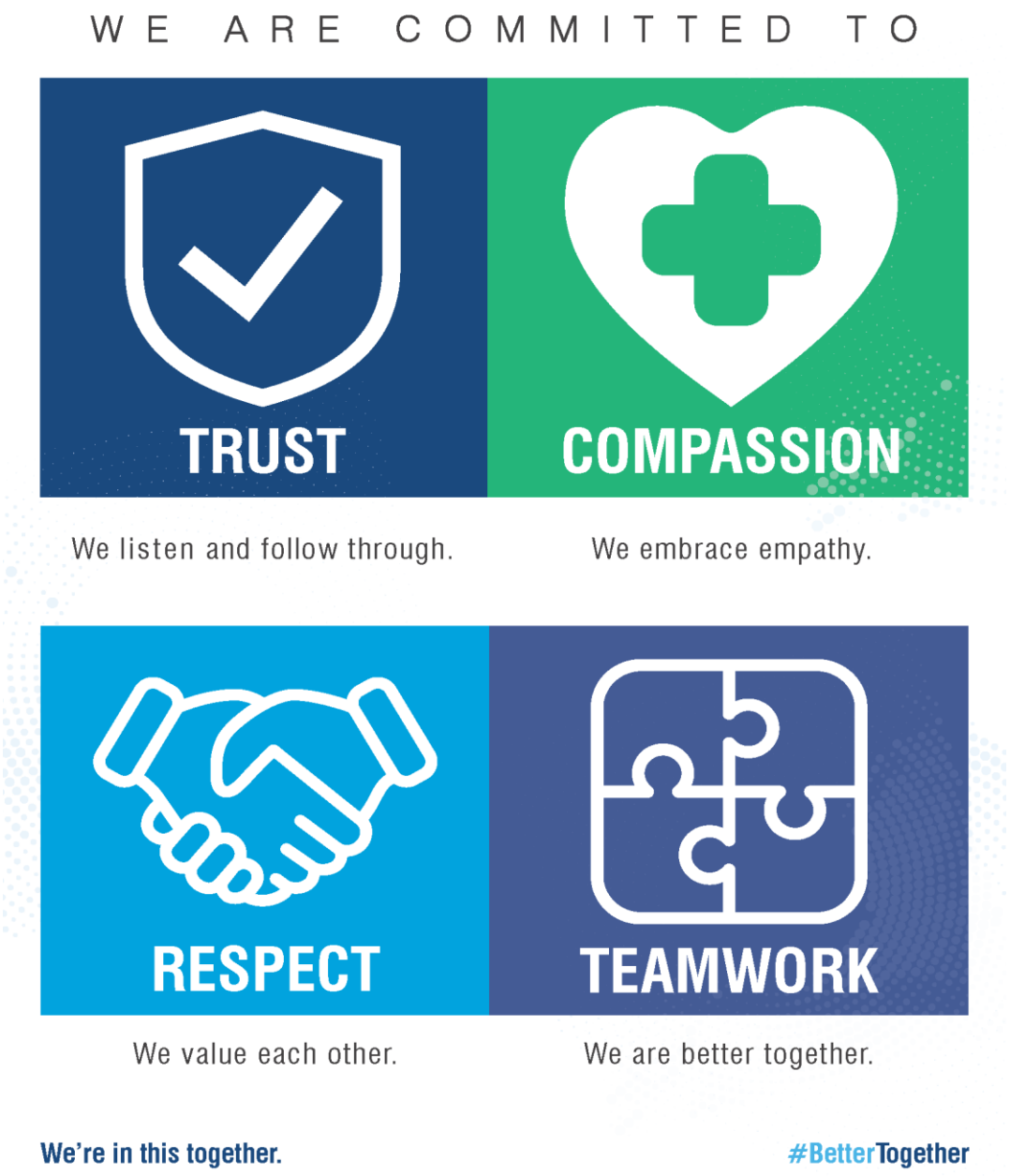
Confluence Health Coverage Area: North Central Region of Washington State

Mission Statement and Core Values

At Confluence Health, our <u>mission</u> is local care, by and for our community.

Our <u>vision</u> is to become the highest value rural healthcare system in the nation that improves health, quality of life, and is a source of pride to those who work here.

<u>Confluence Health Core Values</u>:



Health Equity & Inclusion

Better Together

At Confluence Health, an emphasis on equity and inclusion is key to providing high quality compassionate care to everyone. We strive to provide the highest quality care and services that are responsive to the cultural health beliefs, preferred languages, and communication needs of North Central Washington's diverse population. Together, we continue to build a company culture that reflects the unique individuals of our community. By supporting, encouraging, and celebrating the diverse population we serve, our voices and experiences help to connect us all in the mission for a healthier future.

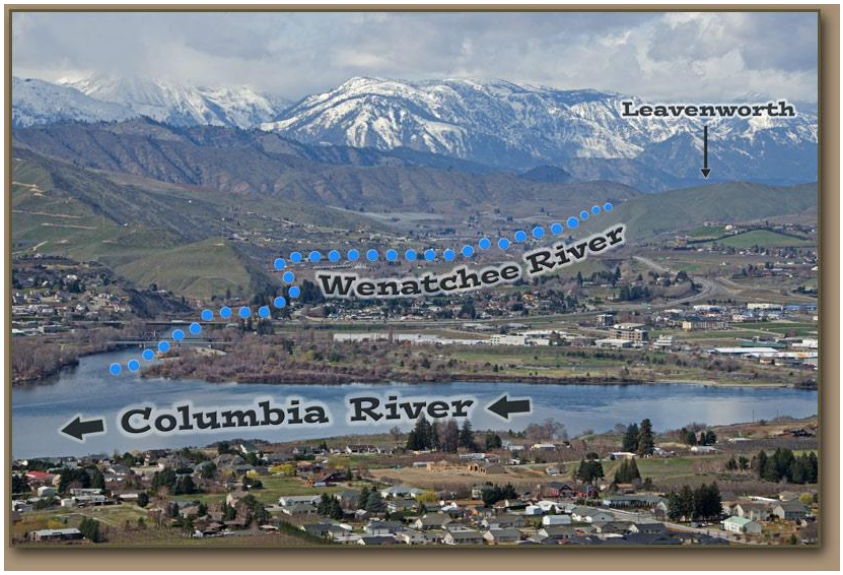
- **We take pride in the diverse community that we serve.**
- **We value our patients, providers, staff, leadership, and community partners.**
- **We pledge a commitment to the equitable treatment of our patients and staff.**
- **We strive to develop a workplace that celebrates the diverse voices and beings of our employees and is representative of the community we serve.**
- **We are committed to building a culture where difference is valued.**

We endeavor to make Confluence Health a desirable place to work and receive care for all. At Confluence Health, equity and inclusion mean that all employees, patients, families, and community members are treated with respect and compassion.

We celebrate and respect the various backgrounds and differences among our team members and patients and encourage them to feel comfortable sharing their identities, values, and ideas.

Inclusion and diversity are critical drivers for creating the ideal experience for every patient, family, employee, and member of the communities we serve. The Health Equity, Diversity and Inclusion Council empowers and supports our diverse workforce, patient population and community to advance our mission of excellent patient care.

About Wenatchee



Wenatchee is located at the confluence of the Wenatchee and Columbia rivers near the eastern foothills of the Cascade Mountain range in the State of Washington. Wenatchee is located in the center of the state, approximately 170 miles west of Spokane and 148 miles east of Seattle. Unlike Seattle, the weather here is arid and dry most of the year, enjoying **300 days of sunshine** and moderate temperatures throughout the **four seasons**. The city was named for the nearby Wenatchi Indian tribe. The name is a Salish word that means "river which comes [or whose source is] from canyons" or "robe of the rainbow."

Wenatchee is known as the "***Apple Capital of the World***" for the valley's many orchards, which produce apples enjoyed around the world along with cherries, pears, peaches, plums, nectarines, and apricots. Every year from the last week of April through the end of the first week of May, Wenatchee hosts the **Washington State Apple Blossom Festival**, which probably brings in the largest number of people Wenatchee sees annually, with 2 weeks of festival activities, including 2 parades, a carnival, live entertainment, and dozens of food and craft booths.

The Wenatchee Valley and the surrounding areas provide an abundance of sports and recreational activities for any season. There are several facilities including a tennis club, an Olympic-sized swimming pool, an ice arena (with our own semi-professional BCHL hockey team, the **Wenatchee Wild**), several 18-hole and 9-hole golf courses, two 9-hole disc golf courses, and countless baseball/softball diamonds and soccer fields. There are lots of places to hike, fish and hunt, both birds and larger game. Boating and water recreation are also quite common. Many locals & visitors kayak, windsurf and water-ski on the **Columbia River**. Whitewater rafting and inner-tubing is frequent on the Wenatchee River. In the winter, the mountains near Wenatchee provide great snowmobiling, sledding at Squilchuck State Park, as well as skiing and snowboarding at **Mission Ridge Ski & Board Resort** (only a 30-minute drive away!). The city also offers a large system of parks and paved trails known as the **Apple Capital Recreational Loop Trail**. The 10-mile (20 km) loop which runs both banks of the Columbia River is used by cyclists, walkers, joggers, and skaters. In the winter cross country skiers and snowshoers also use the trail. There is plenty to do and explore both locally and across the beautiful Pacific Northwest during your internship year.

To learn more about the beautiful Wenatchee Valley, please visit: **https://visitwenatchee.org/**

Training Program Philosophy

Confluence Health's Health Service Psychology Internship training program provides professional training that further develops and strengthens an intern's competence in providing a range of psychological services within the context of both outpatient and hospital-based clinics. Confluence Health is dedicated to improving our patients' health by providing safe, high-quality care in a compassionate and cost-effective manner.

Our training program is based on our mission and is best described as following a practitioner/scholar model, with mentoring, solid clinical training, and utilization of the scientific literature to inform and shape practice, teaching, and scholarly work. We also follow a developmental approach to training, with professional activities and supervision that are structured to support interns and facilitate development as each intern grows towards greater autonomy and develops the knowledge, skills, and confidence to perform increasingly complex professional activities and decisions throughout the course of the internship year.

Throughout the training program, we stress multidisciplinary functioning, multiple theoretical approaches and cultural sensitivity and humility. Also of importance are personal development and the crafting of one's own professional identity. Through didactic lectures and seminars, supervision, consultation, collaboration, and direct patient contact, Psychology Interns receive comprehensive experience in quality psychology training which engages them in assessment, treatment, consultation, and community involvement.

Further, exposure to diversity in race, culture, lifestyle, socioeconomic status, physical status, etc. is an important training objective of the Confluence Health Doctoral Internship program. Washington State has a largely White and European population, however, Wenatchee has a significant population of Hispanic/Latinx residents, particularly during the late Spring through late Fall agricultural seasons as migrant workers come to the region. Diversity is commonly discussed throughout the year and Interns are encouraged to challenge and expand their thinking as they are exposed to some of the unique issues that may arise when working with individuals from a rural community with marginalized backgrounds, who often experience multiple health disparities as well as barriers to accessing appropriate and/or sufficient care. Interns will develop skills and comfort working with online (audio/video) interpreters in their sessions for our Hispanic/Latinx patients as well as those patients who present with languages that are less common to our region, including those who are hearing-impaired. Diversity and equity in healthcare is discussed in clinical presentations and supervision, throughout the didactic and diversity seminars, during consultations, and in trainings throughout the year.

Program Goals

The two primary settings for the doctoral internship program are in our outpatient Behavioral Health clinics and integrated in primary care. The Interns receive clinical experiences and formal training in a wide range of core clinical competencies consistent with health service psychology. The Interns learn to focus on the patient from a whole-person perspective and to consider any medical issues that may be exacerbating the presenting symptoms or contributing to the diagnostic picture. A typical Intern caseload includes patients with a wide range of mental health problems as well as medical issues. Supervisors have diverse clinical backgrounds that include generalist training as well as expertise across a wide variety of clinical domains.

The internship experience involves a year of comprehensive training which extends and integrates the Intern's academic program and practicum experiences. Interns have a shared responsibility in designing and planning the internship experience in collaboration with the Training Director and their clinical supervisor(s). This process is intended to ensure that the internship provides a coherent progression from the basic knowledge and practical clinical skill competencies achieved in the academic program and practicum(s) to the development of the core practice competencies that are to be acquired during the internship. Interns will spend approximately 15-20 hours per week in face-to-face direct service delivery. Our internship training is focused on developing the **nine Profession-Wide Competencies** as defined in the APA Standards of Accreditation for Health Service Psychology. These competencies would be expected of an emerging doctoral level psychologist and are consistent with our model of integrated healthcare in a community health setting.

Upon completion of our internship program, successful Interns will have developed the generalist skills and professional confidence to address the needs of a diverse population and will be prepared to take on entry-level professional practice.

APA Profession-Wide Competencies

Research:
Interns will demonstrate the substantial ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Ethical and Legal Standards:
Interns will demonstrate competency in the following areas:

a. Be knowledgeable of and act in accordance with each of the following:
   i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
   ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
   iii. Relevant professional standards and guidelines.

b. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.

c. Conduct themselves in an ethical manner in all professional activities.

Individual and Cultural Diversity:

Interns will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Interns will demonstrate:

a. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

b. 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;

c. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own; and

d. The ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Professional Values and Attitudes:

Interns are expected to:

a. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others;

b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness;

c. Actively seek and demonstrate openness and responsiveness to feedback and supervision; and

d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Communication and Interpersonal Skills:

Interns will develop the important skills of communicating and interacting effectively with a wide range of individuals over the course of their training. Interns are expected to:

a. Develop and maintain effective professional relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services;

b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts; and

c. Demonstrate effective interpersonal skills and the ability to manage difficulty communication well.

Assessment:

Interns will demonstrate the following competencies:

a. Demonstrate current knowledge of diagnostic classifications systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

b. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

d. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect 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.
e. Interpret 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.
f. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention:
Interns will demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other systems. Interns are expected to demonstrate the ability to:

a. Establish and maintain effective relationship with the recipients of psychological services;
b. Develop evidence-based intervention plans specific to the service delivery goals;
c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables;
d. Apply the relevant research literature to clinical decision making;
e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking; and
f. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Supervision:
Supervision involves mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Interns are expected to:

a. Apply this knowledge in direct or simulated (role-played) practice with psychology trainees, or other health professionals.
b. Apply the supervisory skill of observing in direct or simulated practice
c. Apply the supervisory skill of evaluating in direct or simulated practice
d. Apply the supervisory skill of giving guidance and feedback in direct or simulated practice

Consultation and Interprofessional/interdisciplinary skills:
Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Interns are expected to:

a. Demonstrate knowledge and respect for the roles and perspectives of other professionals; and
b. Apply 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.

Introduction to the Health Service Psychology Doctoral Internship

The 12-month training year begins with an Orientation Week in which Interns receive a thorough introduction to their training activities and schedules for the year. During the next 3-4 weeks of internship, Psychology Interns are closely supported and monitored by their clinical supervisors. They will shadow supervisors or other agency clinicians on a variety of patient encounters to become familiar with the department and clinic overall, the structure and function of the training program, and their roles as psychology interns. This time is replete with a variety of training activities to gradually enable the interns to develop confidence and increase their independence. During this period, supervisors also begin to evaluate each intern's strengths and weaknesses with respect to psychological assessment and psychotherapy. The evaluation involves a review of previous clinical experience, discussions regarding current cases, and review of intern clinical skills (as noted while shadowing initial patient encounters) to determine which training activities to emphasize during the year. One of the outstanding features of this program is the flexibility that an Intern and his or her supervisors have in developing an individualized training experience for the year.

Opportunities for the Interns range from diagnostic evaluations and brief urgent-oriented integrated primary care therapy to longer-term (10-12 appointments) "traditional" outpatient psychotherapy. Experiential training is available in a variety of therapeutic delivery options, including individual, family (parents & youth, couples, etc.), and group therapy.

We have **4 intern slots available for the 2026-2027 internship year**. Psychology Interns will experience **two types of health service psychology practice** during their internship experience. Our goal is to *work with each intern to develop their own tailored learning experience* to meet their future practice goals. **Our outpatient therapy clinic** provides the opportunity to practice traditional outpatient therapy services (short- and longer-term therapy) to youth and/or adults in one of our outpatient clinics located in Wenatchee. Our outpatient work also includes patient care opportunities such as groups & family therapy. Our program emphasizes empirically based psychotherapies. **Integrated Primary Care BH** will be offered through our primary care clinics in Wenatchee, providing supportive BH consultation & care as an Integrated Behavioral Health provider to youth and/or adults. Integrated primary care behavioral health emphasizes the brief, solution-focused treatment that seems to best serve our primary care setting and patient needs.

Interns will have the opportunity to participate in **both outpatient and integrated care while on internship**. Interns will also make decisions as to how they want to build their internship experience(s), in conjunction with the Training Director and their individual clinical supervisors, throughout the internship year.

Interns will also have an opportunity to further practice and develop their **assessment skills using standardized assessment tools**, from brief clinical tools (e.g., PHQ-9, GAD-7, CES-DC, SCARED, PCL-5, Y-BOCS, etc.) to broader assessment instruments such as the Woodcock-Johnson IV Cognitive & Achievement Scales or the Personality Assessment Inventory (PAI).

Internship supervisors are on site in all of our locations throughout the internship program. Each clinical supervisor is also readily available via Teams video call, phone, email and/or text as needed on a daily basis.

Training Site(s)

Confluence Health: Wenatchee Valley Hospital & Clinics – Mares Building

Confluence Health is an integrated healthcare delivery system that includes two hospitals and more than 30 medical specialties and primary care to provide comprehensive medical care throughout North Central Washington. With over 300 physicians and 170 advanced practice providers, Confluence Health is the major medical provider between Seattle and Spokane. Our goal is to deliver high-quality, safe, compassionate, and cost-effective care close to home. Staying on the leading edge of healthcare innovation is important, so we invest in technology—to provide better care for our patients and allow our providers to operate at the highest level.

DNV GL's accreditation program, called NIAHO® (Integrated Accreditation of Healthcare Organizations), involves annual hospital surveys – instead of every three years – and encourages hospitals to openly share information across departments and to discover improvements in clinical workflows and safety protocols.

By earning accreditation, Confluence Health has demonstrated it meets or exceeds patient safety standards (Conditions of Participation) set forth by the U.S. Centers for Medicare and Medicaid Services. DNV GL's accreditation program is the only one to integrate the ISO 9001 Quality Management System with the Medicare Conditions of Participation. The ability to integrate ISO 9001 quality standards with our clinical and financial processes is a major step forward.

The **Wenatchee Valley Hospital & Clinics – Mares Building** is the primary site where interns will be based. Intern offices, patient care, trainings, and most meetings will take place in the Mares Building. Although interns will be based in the Mares Building there may be future opportunities to provide services or engage in learning opportunities at one of our other clinics or hospitals.

Required Training Activities

Psychology Interns are expected to successfully complete the following training activities over the course of the full doctoral internship year (52 weeks, including 3 weeks of PTO, resulting in 49 weeks of onsite training). While interns may be provided with additional leave benefits, utilizing more than 3 weeks away from training may limit opportunities to accrue the required internship hours and complete all program requirements within the internship year.

1) **Complete 2080 hours of total supervised experience.**

2) **Perform a minimum of 490 hours of DIRECT CLINICAL SERVICE.** Direct clinical services include all face-to-face patient hours that are accrued via therapy with individuals, couples, and families of all ages, group therapy, and/or psychological assessment and testing. You will have between 15-20 hours of patient care scheduled each week.

3) **Complete a minimum of three (3) comprehensive psychological ASSESSMENTS**, including report writing and presentation of results to patients.

4) **At a minimum, complete four (4) direct OBSERVATIONS with licensed clinical psychologist supervisors**.

5) **Participate in the following SUPERVISION ACTIVITIES:** Individual supervision with clinical supervisors (2 hours per week); Group supervision (2 hours per week); Peer supervision with a Practicum Student (1 hour per month) – when available; and Clinical Supervision Intern/Peer or Practicum Student Practice (2 hours per month).

6) **Participate in the following DIDACTIC TRAINING ACTIVITIES:** Interns receive at least 2 hours of didactic training per week. These include the following activities: Didactics Seminar (1 hour per week); Supervision Seminar (1 hour on the 1st and 3rd week of the month), Assessment Seminar (1 hour on the 1st and 3rd week of the month), Health Equity Seminar (2 hours on the 2nd week of the month), Assessment Skills Workship (2 hours on the 4th week of the month). Monthly training activities also include Team case consultation (1 hour per month); Monthly Therapy Team Meeting (1.5 hours per month);

7) **Facilitate or co-facilitate at least one (1) GROUP THERAPY series of the intern's choice:** Group can be related to anxiety, depression, DBT-skills, CBT-skills focused, etc.

8) **Complete all internship documentation,** including surveys, forms, and evaluations, as required by the Internship Training Director.

9) Receive an **average score of 3** (Meets Expectations) at the intern's **6-month review**, and a **minimum of 4** (Proficient/Advanced) at the intern's **final (12-month) review**.

Summary of Training Activities

DIRECT CLINICAL SERVICES

Interns will complete a minimum of 490 direct patient contact hours over the course of the internship year via a combination of the following activities:

Individual & Family Therapy / Intervention / Consultation:

Outpatient therapy involves working in one of the outpatient specialty behavioral health clinics, **located in or adjacent to the main medical campus in Wenatchee**. Psychology Interns will develop expertise in treating a wide range of complex behavioral health issues. This includes conducting initial psychosocial assessments, providing short-term and/or long-term individual, family, and group psychotherapy. Interns will be part of an integrative multidisciplinary team of providers, including psychologists, Master's-level psychotherapists, clinical social workers, psychiatrists, psychiatric nurse practitioners, and nursing support. The integrative team approach affords the intern the opportunity for advanced inter-professional training through consultation with members of the multidisciplinary team. Collaboration with primary care and specialty medical providers is frequent via the electronic health record. In addition to the above, the intern will have the opportunity to develop their networking and professional development skills in community outreach via the development and implementation of workshops within the community.

The patients served in our outpatient specialty behavioral health clinics range in age from 4 – elders and come from a variety of backgrounds, with approximately 60% receiving state / federal benefits and 40% utilizing private insurance. In addition, there is a large migrant/seasonal, monolingual Spanish-speaking farmworker population in the region and our clinic serves a small percentage of these individuals. In-house translation services are offered (online and phone), as well as via direct interpretation using in-clinic interpreters.

Although not necessarily operating from a brief model, the focus is still on providing efficient, effective care and interns will be expected to work from a treatment plan developed collaboratively with the patient and to set and meet goals within reasonable timeframes.

The overall focus of **Integrated Primary Care BH** is integrating mental health providers into medical sites. Confluence Health was an early adopter of integrating behavioral health into our medical clinics and is a huge proponent of whole-person care. Thus, the focus of training will be on growing the Psychology Intern's knowledge of health psychology and improving skills of collaboration, short-term therapy, working with medical providers, and crisis response.

Integrated Primary Care will encompass working with our **Primary Care/Family Medicine Clinics within our main medical campus in Wenatchee**. These clinics have a variety of patient populations served including pediatrics, adults, and geriatrics and patients seen vary in severity of illness. We also serve many Hispanic migrant farmworkers as well as seasonal farmworkers.

Psychology Interns will serve as integrated primary care behavior health providers within a rural primary care setting and will be called upon by providers to assess and treat patients presenting with behavioral and/or emotional concerns during primary care office visits. Interns will treat behavioral health concerns and expand their skill sets to a broad scope of health-related issues with psychological issues driving them, including

chronic disease management and wellness (e.g., coping with a new diagnosis, diabetes, asthma, panic attacks, depression, pain, sleep issues, etc.). Interns will work as a collaborative member of the primary care team and will provide "on-the-fly" recommendations to medical providers and to patients. Interns will learn pain management principles, Migrant/Seasonal Farmworker issues, and much more. Therapy in the Integrated Primary Care Setting is generally focused on improved function and is brief in nature.

Group therapy:
Interns are required to run at least one group therapy series during the internship year. The group may be co-facilitated with a supervisor or another intern depending on prior experience and skill(s) in this area. Supervision and training are provided for interns who have less (or no) prior experience with providing group therapy prior to internship. Interns are encouraged to develop and run groups based on their interests, as well as the needs of the patient population. Common groups run at Confluence Health in the past include CBT for Anxiety/Depression, CBT for Insomnia (CBT-I), Mindful Self-Compassion, and DBT Skills.

Psychological Assessment:
Interns are required to complete a minimum of three (3) complete psychological assessments over the course of the internship year. Assessment opportunities are somewhat flexible based on the availability of testing materials/resources, as well as identified patient needs for assessment. Complete assessments will include a clinical interview, selection of appropriate materials for the assessment, administration, scoring, and interpretation of the results, preparation of a comprehensive report of results, and presentation of results to the patient. Common referrals for testing include: diagnostic clarification, neurocognitive screenings, ADHD assessments, Autism assessments, and personality assessments, among others.

TRAINING ACTIVITIES

A wide variety of additional training activities round out the internship year. Internship Clinical Supervisors are present and active participants (or presenters) at all didactic training activities. These activities include:

Clinical Supervision:
Interns will receive a minimum of 4 hours of supervision each week. Please review the Supervision Informed Consent Agreement in this Manual for detailed information regarding expectations and structure of the supervision experience.

Didactic Seminar:
Didactic seminars are presented weekly for 1 hour. Please see the section on didactic trainings in the Manual for more information, including examples of past didactic seminar topics. Interns are expected to be active participants during the discussions, asking relevant questions, bringing up examples from their clinical cases, and engaging appropriately with their peers. Each intern is expected to present 2 didactic trainings on topics of their choice during the internship year.

Assessment Seminar:
Interns will participate in a twice-monthly 1 hour seminar designed to increase their knowledge and skills with respect to various assessment instruments. Interns will learn about appropriate test selection, administration, interpretation, and application of test results to treatment. Ethical considerations in assessment will be discussed, including issues related to cultural and individual differences and the importance of taking

differences into account when interpreting and sharing assessment results. An additional Assessment Skills Workship occurs 1x a month for 2 hours and focuses on applying skills learning in assessment seminar.

Health Equity Seminar:
Health Equity seminar will be held for 2 hours each month. This seminar is designed to explore issues related to individual and cultural diversity and to help interns develop competency in this area. This seminar includes didactic presentations and discussions on specific diversity-related issues, reviews of the research in these areas, exploration of ethical issues, and case conceptualization from a cultural perspective. Interns will be expected to present on two (2) diversity topics during the internship year.

Administrative Internship Meeting:
Interns and clinical supervisors will meet monthly together with the Internship Training Director for 1 hour/month to discuss progress and professional development over the course of the year, review deadlines/data tracking (intern activity logs), answer questions regarding program requirements, discuss changes or updates, and upcoming evaluations or expectations. The BH Practice Manager or Service Line Director may also be present to discuss any operational issues and answer questions. Interns will also have the opportunity to bring forward requests for new learning opportunities or potential changes to the program to meet emerging needs.

INTERN PRESENTATIONS

Interns will be expected to give **two (2) presentations** on topics of their choice (must be reviewed/approved by their clinical supervisor) during our BH Didactics series (Wednesdays, from 12-1), as well as lead **two (2) Health Equity Seminar discussions** over the course of the internship year. The goal is to help interns hone their professional presentation skills and develop comfort in public speaking. Specific **didactic presentation guidelines** have been developed and are available further in this Manual.

Journal Articles:
Interns are expected to informally **present at least one (1) peer-reviewed journal article that is specific to issues of individual and cultural diversity in the Health Equity Seminar**. Article presentations should be 30-40 minutes; they are expected to be an informal review of the content of the article and focused on application of research to clinical practice and generating an interactive discussion with the group. The interns are asked to share their articles with their peers and supervisors 1 week prior to each presentation. The schedule of article presentations is built into the intern's yearlong calendar.

Case Presentations:
Interns will be expected to give regular case presentations during Group Supervision. Case presentations are expected to be thorough, yet concise. In order to help doctoral interns develop their skills in presenting cases in a medical setting, we offer the following guidelines as well as support through regular practice throughout the internship year:

Case Review Guide

Presenting cases in a structured way is a skillset to be developed for many. It helps interns be effective consumers of supervision and allows them to speak about patients in a clinical and educated way to providers/physicians with other backgrounds. To that end, here are some guidelines to help you during individual and group supervision when presenting cases.

Clinical Case Presentations

The case presentation is expected to include background information about the case, including rationale for the case that was chosen as well as the following: a description of the presenting problem; diagnostic impressions; a biopsychosocial-spiritual case conceptualization/case formulation based on one or more theoretical orientations; a review of relevant ethical issues, diversity issues, and interdisciplinary team issues; a description of intervention and treatment course; and a list of questions for group discussion.

Here is a basic order of case presentation details:

Client demographics
Diagnosis / Diagnostic impressions
History of treatment (therapy and medications)
Presenting problem & history of symptom presentation
Crisis / Safety issues
Relevant cultural factors
Goal(s) of current treatment
Specific question(s) for the consultation group to address/answer

Example: "Mark is a 15-year-old male presenting to therapy due to concerns for anxiety. He appears to meet criteria for Generalized anxiety disorder. This is his first time seeking therapy, and he has never taken any medications for this condition. The symptoms began about 6 months ago at school after he learned of his grandmother passing. There are no known safety issues, but I am worried about his parents' report of drinking. Mark lives his parents and one sister of Hispanic descent. During the Summer, his parents work locally in the orchards, and this is a difficult adjustment for him. Our goal in treatment is to reduce worry. I'm wondering how I might address this resistance to therapy, as noted in his frequent no-shows."

Presenting to Physicians

While many of the details remain similar to the Clinical Case Presentation, keep in mind the physician is already familiar with the patient and will not need a summary of demographics in the same way. The case review with a physician should be no longer than 1-2 minutes and a summary of what was addressed. This should also address their initial referral question (e.g. what were they hoping you could provide the patient?).

Some things to include:

Thank you for the referral.
Initial diagnostic impressions.
Environmental factors/barriers underlying symptoms (if any).
What you did.
What the plan is.

Anything you need from the physician.

Example: "Hello Dr. Strains, thank you for reaching out about this patient. As you mentioned, this patient endorsed depression with thoughts that they might be better off not here. A significant factor appears to be their recent ending of a romantic relationship. I spent time speaking with the patient and exploring opportunities to cope today. The patient did endorse some thoughts of suicide but without intent. I think they are at mild risk for suicide. I developed a safety plan with them and discussed crisis services. I also provided a referral to our outpatient clinic and reminded the patient they could call if urgent.

Didactic Training

In addition to informal contacts, intern learning also takes place in a variety of scheduled didactic presentations and seminars. These include the **Didactic Seminar** (1 hour/week), **Health Equity Seminar** (2 hours/month), **Assessment Seminar** (2 hours/month), **Team Case Consultation** (1 hour/month), and the **Administrative Internship Meeting** (1 hour/month) [total = 10 hours/month].

These seminars exist to assist Psychology Interns in expanding their learning base on certain topics. The Didactic Seminar is also open to other Confluence Health Behavioral Health providers that wish to attend, which gives an added opportunity for the interns to interact with other experienced clinicians. Relevant cases at Confluence Health are discussed as they relate to the didactic seminar topic. If a didactic seminar contains a video/online presentation, the attending clinical supervisor and/or the presenter will facilitate an interactive discussion following the didactic portion. All presenters are licensed clinicians with a minimum of 5 years of experience in clinical practice. One of the internship clinical supervisors will also be in attendance and participating in all didactic trainings.

Psychology Interns are also expected to give a didactic presentation on at least 2 topics of interest to them during the internship year (one in each half of the internship year). There are some basic guidelines offered to make the process easier. Clinical supervisors will also provide extensive support to the intern(s) as they prepare their presentations.

Didactic Presentation Guidelines

1) Have a Power Point presentation with a font from 24-32 point in size
2) Provide learning objectives for the presentation on the first slide
3) Research must be cited in the presentation and be current (within last 5 years, if possible)
4) Purpose of the presentation must be relevant to the current practice of the interns and other provider staff in attendance, including clinical applicability in various settings
5) Include relevant cultural factors to be considered/explored
6) Include all references/bibliography
7) At the end of presentation, “take home message” needs to be clearly communicated on how interns and other providers, including physicians, could leave the seminar and use this information today in their current practices
8) Prepare a list of questions for the participants to generate interactive group discussion of the content
9) Presentations must be reviewed and approved by Dr. Carrillo or Dr. Day <u>at least 2 weeks prior</u> to presentation date
10) Send all final handouts and PowerPoint slides to Dr. Day and Dr. Carrillo <u>at least 2 days prior</u> to your scheduled presentation so that copies can be made and distributed at the time of presentation

2026-2027 BH Didactic Series Calendar (Sample)

Didactic Seminar is every Wednesday, from 12-1pm

Dates	Topics	Presenter
August 7th	Orientation and Overview	Patrick Carrillo, Ph.D.
August 14th	Risk Management and Safety Planning	Timothy Day, Ph.D.
August 21st	Designated Crisis Responders and Mobile Crisis	Victoria Rivera, LMHC
August 28th	Deliberate Practice	Joshua Ventura, Ph.D.
September 4th	APA Video	Joshua Ventura, Ph.D.
September 11th	Integrated Primary Care Psychology and Consultations	Timothy Day, Ph.D.
September 18th	Brief and Solution Focus Treatment	Jason Giese, LMHC
September 25th	Journal Article Review #1	Abby Porter, LMHC-A
October 2nd	Psychopharmacology Overview – Pt. 1	Stephanie Giannandrea, M.D.
October 9th	Psychopharmacology Overview – Pt. 2	Stephanie Giannandrea, M.D.
October 16th	Psychosis	Joshua Ventura, Ph.D.
October 23rd	Dialectical Behavior Therapy – Pt. 1	Jenn Becker, LICSW
October 30th	Dialectical Behavior Therapy – Pt. 2	Jenn Becker, LICSW
November 6th	Intern Presentation 1 – A	Tony Assaf, LMHC-A
November 13th	Intern Presentation 1 – B	Zsuzsanna Feher, LMHC-A
November 20th	Intern Presentation 1 – C	Abby Porter, LMHC-A
November 27th	APA Training Video – Interns Choice	Patrick Carrillo, Ph.D.
December 4th	Journal Article Review #2	Tony Assaf, LMHC-A
December 11th	Psychiatric Medications in Children & Youth	Tyler Cowdry, ARNP, PMHNP
December 18th	Children's Diagnostic Issues	Patrick Carrillo, Ph.D.
December 25th	No Didactic	Holiday
January 1st	No Didactic	Holiday
January 8th	Industrial/Organizational Psychology	Timothy Day, Ph.D.
January 15th	Risks & Benefits of Psychiatric Medications in Pregnancy and Breastfeeding	Stephanie Giannandrea, MD
January 22nd	OCD Part 1	Julie Rickard, Ph.D.
January 29th	OCD Part 2	Julie Rickard, Ph.D.
February 5th	Journal Article Review #3	Zsuzsanna Feher, LMHC-A
February 12th	Chronic Pain	Julie Rickard, Ph.D.
February 19th	Migraines	Jesse Regnier, Psy.D.
February 26th	Violence Risk Assessment	Patrick Carrillo, Ph.D.

March 5th	**CBT-I**	**Jenn Becker, LICSW**
March 12th	**Working with Elders**	**Jennifer Blanchard, ARNP, PMHNP**
March 19th	**Traumatic Brain Injury**	**Jesse Regnier, Psy.D.**
March 26th	**Avoidant Restrictive Food Intake Disorder (ARFID)**	**Robin Lee, LMHC**
April 2nd	**Diabetes and Mental Health**	**Maddy Schnur, RD and Timothy Day, Ph.D.**
April 9th	**Obesity and Weight Management**	**Jess Tyrell, RD and Timothy Day, Ph.D.**
April 16th	**Emotional Support Animal Requests**	**Melissa Reilly, Psy.D.**
April 23rd	**Journal Article Review #4**	**Timothy Day, Ph.D.**
April 30th	**Internal Family Systems Therapy**	**Eva Keller, LICSW-A**
May 7th	**Trauma-focused CBT (TF-CBT)**	**Robin Lee, LMHC**
May 14th	**Psychedelic-Assisted Therapy: Emerging Possibilities**	**Tyler Cowdry, ARNP, PMHNP**
May 21st	**Intern Presentation 2 – A**	**TBD**
May 28th	**Intern Presentation 2 – B**	**TBD**
June 4th	**Intern Presentation 2 – C**	**TBD**
June 11th	**Working with Personality Disorders**	**Joshua Ventura, Ph.D.**
June 18th	**Ethical Termination Practices**	**Patrick Carrillo, Ph.D.**
June 25th	**Journal Article Review #5**	**Patrick Carrillo Ph.D.**
July 2nd	**Self-Care for Mental Health Provider**	**Timothy Day, Ph.D.**
July 9th	**Psychiatry Training Overview**	**Stephanie Giannandrea, M.D.**
July 16th	**Long-Acting Injectables**	**John Mahler, M.D.**
July 23rd	**Models of Supervision**	**Patrick Carrillo, Ph.D.**
July 30th	**Journal Article Review #6**	**Joshua Ventura, Ph.D.**

Didactic Seminar Evaluation

Date: _____

Title of Presentation: _____

Presenter: _____

Instructions: Please answer each question using the following rating scale:

1 = Strongly Disagree **2** = Disagree **3** = Neutral **4** = Agree **5** = Strongly Agree

The information presented in this seminar will be useful for my clinical work at Confluence Health.

Circle One: **1** **2** **3** **4** **5**

The information presented in this seminar will be useful for my clinical work in the future as a psychologist.

Circle One: **1** **2** **3** **4** **5**

The information presented in this seminar incorporated useful information related to issues of cultural diversity and individual differences.

Circle One: **1** **2** **3** **4** **5**

Please provide the presenter and Training Director with feedback (i.e., What did you like about this didactic? What did you dislike? Suggestions for improvement?):

Clinical Supervision

Clinical supervision is provided by licensed psychologists, including Dr. Carrillo, Dr. Day, and Dr. Ventura, in the Behavioral Health Department. Psychology Interns receive two hours of face-to-face individual supervision per week and two hours of group supervision every week throughout the Internship year. During the first month onsite, Psychology Interns are heavily supervised while orienting to the various training activities. This includes onsite shadowing and one hundred percent review of all clinical charts. Onsite shadowing and clinical chart auditing continue throughout the internship, but to a lesser degree as the intern gains confidence and independent skills as they progress through the internship year. Finally, there are ample opportunities for more informal supervision and consultation on a daily basis with their assigned supervisors or any of the other supervisory faculty. We expect the interns to have questions and to seek support as often as needed. Typically, the Psychology Interns will accumulate significantly more hours of supervision by the end of the training year than would be expected with the formally scheduled supervision hours.

We place a great deal of emphasis on creating an environment of safety in supervision. We expect that interns will feel some anxiety and vulnerability regarding their performance and we actively work to develop their comfort and safety to honestly report concerns and issues, as well as successes during supervision. We acknowledge that a power differential exists in the supervisory relationship and work to address the impact of that factor as well as other cultural factors that may play a part in supervision and the intern's professional development.

Theoretical Orientation of the Psychology Faculty

The theoretical orientation of the faculty is varied in nature. We stress the usage of research and evidence-based practices here at Confluence Health. Our clinicians commonly use CBT, and brief, solution-focused interventions, with along with Mindfulness techniques, motivational interviewing, assessment of readiness to change, and psychoeducation. We also have faculty who use psychodynamic interventions, emotion-focused therapies, multicultural models, and other interventions that are grounded in trauma-focused research. Clinical interventions are chosen based on the needs of the individual patient and all treatment is developed and pursued accounting for the unique needs of the individual.

Interns are not expected or required to conform to the theoretical orientation of their supervisor(s). We encourage interns to learn about and apply the evidenced-based practices that best fit both their own style, personality, and self, and that of their patient.

Departmental Leadership

Psychology Interns will also interact with and be supported by operational leadership from the Behavioral Health department. Confluence Health operates under a "Service Line" leadership structure. The Behavioral Health department has a Service Line Director (Tessa Timmons, LMHC), Physician Director (Stephanie Giannandrea, MD), Outpatient Clinical Director (Patrick Carrillo, Ph.D.), Clinical Supervisor (Tim Day, Ph.D.), Regional Practice Manager (Craig Mott), and a Support Staff Supervisor (Heather McIver). All of the leadership team is available to the interns, as needed, to answer questions, provide support, and help them navigate successfully through the internship year.

SUPERVISION INFORMED CONSENT AGREEMENT

Purpose & Scope

- The purpose of this document is to provide information and create a shared understanding between supervisors and supervisees about what clinical supervision entails. This form is specifically intended to define supervision, provide structure for experience of supervision, clarify roles and expectations, and ensure that interns and supervisors are well-informed regarding certain practical, legal, and ethical issues related to supervision. The ultimate goal is to enhance a positive supervisor-supervisee relationship during internship.
- This document is intended to be used in conjunction with the most up to date version of the Internship Manual. The content of the Internship Manual is reviewed in detail by supervisors and interns during the orientation period of the training year.
- This document does not duplicate the information already contained in the Internship Manual, such as the evaluation process, documentation procedures, formal due process and grievance procedures, among others.

Definition of Supervision

(adopted from Bernard. J. M. & Goodyear, R. K. (2014). Fundamentals of clinical supervision (5th ed.). Boston, MA: Pearson Education)

- Supervision is defined as "an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of the same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered …; and serving as a gatekeeper for the particular profession the supervisee seeks to enter" (2014, p.9).

Basic Goals of Supervision

- Oversee and safeguard welfare and protection of the patients served by the supervisee.
- Facilitate development of supervisee's professional identity and competence.
- Provide ongoing feedback and participate in the formal evaluation process of the supervisee.
- The feedback is always development-oriented and provides a balance of strengths and areas of growth.
- Engage in the gatekeeping function for the profession.

Model of Supervision

(Thomas, J.T. (2010). Ethics of supervision and consultation: Practical guidance for mental health professionals. Washington, DC: American Psychological Association)

- Our overarching approach to supervision can be described as largely being consistent with the tenets of the developmental models of supervision.
- The developmental model proposes that the supervisee progresses from "novice" to "expert" and each stage of this growth is distinguished by discreet qualities and skills. The supervisory techniques should match the stage of development in which the supervisee currently operates while facilitating the progression to the next stage of development.

- To assist the supervisee in reaching the next stage of the development, the supervisor utilizes the process of "scaffolding," the interactive process which encourages the use of prior knowledge and skills to produce new learning.
- Throughout the process of scaffolding, the supervisee is not only exposed to new information and skills but the interaction or the relationship between the supervisor and supervisee is also believed to foster the development of new, advanced skills.

Basic Information About Supervision Structure

- You will receive a minimum of four (4) hours of supervision a week conducted by licensed clinical psychologists. The hours are broken down as follows: 1) You will have two primary supervisors and each will provide one hour a week of individual supervision; and 2) You will also receive two (2) hours a week of group supervision, which might be conducted by different supervisors, both primary and secondary ones.
- Both primary and secondary supervisors are always appropriately trained and credentialed licensed clinical psychologists. All supervisors who provide supervision to you share responsibility for your training and provide feedback and participate in the evaluation process.
- In addition to formally scheduled supervision, you will also be expected to engage in informal supervision, which is sometimes called "curbside supervision." This type of supervision occurs outside of regularly scheduled hours, and it typically happens at the time the intern needs immediate assistance with a patient or another clinical, ethical, or professional, issue, and also at times of more immediate need for debriefing. The interns are expected to reach out to supervisors outside of regularly scheduled hours throughout the year, although as the year progresses, the frequency, intensity, and focus of the "curbside supervision" often changes as interns gain more autonomy.
- Case consultation occurs once a month for 1 hour and is a form of training that is designed for the interns and other providers to communicate about shared patients in an informal and collegial manner. Typically, 5-7 cases are discussed during the meeting.
- Finally, interns have multiple opportunities to practice their own developing supervision skills informally with each other, and formally in group supervision. The interns also participate in a monthly activity called **Supervision Seminar,** which is designated to be a safe, learning space for the interns to practice supervision with each other by discussing actual clinical cases or other professional issues. The interns take turns practicing roles of the supervisor and supervisee, while the actual clinical supervisor facilitating this learning exercise observes and helps to engage the interns in the discussion afterwards by providing feedback regarding supervision models, styles, theories, and any areas for further growth and development.

Supervisory Methods

- Supervision is a dynamic and complex professional activity, which requires a number of approaches and methods in order to meet your individual, unique learning needs. Clinical supervisors will provide learning by engaging in a number of different approaches, some of which may be subtle, including modeling, raising insight, outlining options, providing constructive critique and correction as well as validation, promoting professional development, debriefing, addressing personal differences and values, and addressing informal

conflicts and relationship ruptures, providing explicit direction, and instilling general knowledge.

- Supervision most commonly involves the discussion of all aspects of your clinical work, including case conceptualization, assessment and treatment planning, transference and countertransference issues, legal and ethical issues, issues related to diversity and multicultural competency, stress management and self-care as they relate to your professional functioning, internship administrative tasks, the supervision process itself, as well as supervision models and theories, application of research and theory to clinical practice, development of consultation skills, communication, conflict resolution, and other professional interpersonal functioning and skills, and professional development issues, among other topics.
- Experiential methods, including role-plays, shadowing of supervisors and observing them engaging in direct clinical work, and live supervision and co-therapy will be part of your supervision throughout the year.
- Your supervisors will provide frequent and ample feedback regarding your electronic medical record documentation and report writing, and relay feedback from other providers who comment on your consultation and clinical skills.
- **Please be aware that your clinical supervisors may have different clinical styles and approaches to a variety of their professional activities.** While supervisors should always remain in agreement on things such as expectations, the evaluation process, and basic tenets of your curriculum and learning, the supervisors will at times have different or even conflicting ideas about how to address clinical, ethical, and other professional issues. Supervisors may have different communication styles and ways of conducting supervision and delivering feedback. This is considered a normal part of learning from different individuals who may have unique professional backgrounds, strengths and weaknesses, and different approaches to learning and teaching. Interns are encouraged to discuss any concerns around supervisor differences with each supervisor directly.

Practical Issues

- You will be expected to be an active participant in supervision, arrive on time, be prepared for each session with an agenda of things to discuss, and complete assigned work in a timely manner.
- If you miss your scheduled individual supervision due to absence from the office for any reason, it will be your responsibility to request a make-up session be scheduled with your supervisor.
- If your supervisor is absent from the office on the day of your supervision, the supervisor will be responsible for rescheduling the missed session with you (via your CH Outlook calendar).
- Group supervision and case consultation cannot be rescheduled if you miss it.
- Supervision over the internship year involves a great deal of time spent in both formal and informal supervision. You will be expected to reach out to your clinical supervisors frequently for “curbside supervision” to address immediate concerns that cannot or should not wait for a scheduled supervision meeting.
- If you are unable to locate a supervisor for a face-to-face consultation, one or more supervisors are always accessible by phone, text, email, or CH Teams messaging.
- If you need to reach a supervisor for unscheduled supervision or consultation, please utilize

one or more of the methods described above. This includes the times when supervisors may be physically away from the office, such as during lunch breaks, in meetings, or seeing our own patients.

- Most of the time at least one of your supervisors is present onsite during business hours. If all primary and secondary supervisors are absent due to scheduled or unscheduled absence, another properly credentialed supervisor or supervisors will be available for consultation and supervision, including any of the following: another licensed clinical psychologist at CH, or licensed mental health counselor with sufficient years of experience to provide secondary supervision to you. The availability of these supervisors will be communicated to the interns directly at the soonest possible time in the event of such absence of primary and secondary supervisors.

Benefits and Risks of Supervision

- Supervision has both benefits and risks. The benefits include increased proficiency and skills in all aspects of your professional development as a psychologist-in-training. The risks include experiencing discomfort due to being challenged, learning new things, navigating new, complex interpersonal professional relationships, and experiencing anxiety, frustration, or confusion in the process. Thus, it is not uncommon for interns to experience some degree of uneasiness and vulnerability due to being evaluated. We strongly believe that discomfort is an expected part of the growth process as you transition from student to professional. You will be encouraged to share and process through any feelings of discomfort that may arise during the training year as a normative experience of your professional development.
- **Please note that our site and our training model places a great deal of emphasis on creating an environment of safety and security in supervision. We acknowledge that it is common for the interns to feel anxious about their performance; however, we also work with interns to minimize anxiety and increase their comfort level as one important avenue that allows for optimal learning.** You can expect conversation and discussion about your supervisory relationship with close attention being paid to developing increasing levels of safety in supervision as time progresses. We address issues, such as power differential inherent in the relationship, and individual and cultural differences between interns and supervisors, among other relevant factors that affect the relationship, and ultimately the success of supervision.
- **Supervision is not intended to provide personal counseling or therapy for the supervisee.** Stress management and self-care are welcomed (and even expected) topics in supervision. If personal concerns you bring to supervision are judged to interfere with your functioning, or they simply appear to exceed the level of what is appropriate for supervision, we may suggest you seek personal therapy. Several our graduate trainees from past years have found individual supervision incredibly beneficial and supportive of their personal and professional growth. Please know that if we do recommend personal therapy for you, it is in the context of facilitating your professional and personal success.

Who is most involved in your supervision and training?

- **Clinical Supervisors:** These are licensed clinical psychologists, who are your primary and secondary supervisors and maintain full responsibility over your supervision and training, as described above.
- **Psychiatric Providers:** Our psychiatrists and psychiatric ARNPs are active contributors to the

training program. They frequently participate and/or present in our weekly didactic trainings and case consultation. You will have ample opportunity to learn from and consult with our psychiatric providers throughout the year on a variety of topics related to your clinical work and practice with special emphasis on psychopharmacology.

- **Administrative Supervisor:** It is important to understand the difference between clinical and administrative supervisors. Administrative supervisors operate under a business management model. They are involved in personnel duties, such as hiring, firing, promotions, raises, and scheduling, as well as program development at Confluence Health. The CH Behavioral Health department has a Service Line Director who oversees the Clinical/Training Directors. The BH department also has a Regional Practice Manager who handles all operational ~~supervision~~ oversight for the interns and other providers and staff. The interns meet regularly, if informally, with the Program Manager and/or Service Line Director several times a year. The Program Manager assists them by providing administrative oversight, ensuring that interns have the resources and other equipment they might need, and working with the rest of the BH Leadership Team to ensure that the internship training experience is of the highest quality possible.

Confidentiality

- The limits of confidentiality in supervision are subject to internship training and CH-wide policies, relevant ethical codes for our profession and the state, informed consent laws, licensing board laws, and other situations outlined in the Internship Manual, such as communicating with your graduate home training programs and following our due process and grievance procedures.
- **Confidentiality with Clinical, Administrative, and Peer Supervisors**: In general, the information disclosed in supervision is considered confidential within the bounds of the entire **supervisory team** in order to ensure the best coordination and communication on the team. Please be aware of the following exceptions to this rule:
    - Personal disclosure made to any supervisor which does not in any way impact the intern's professional functioning will not be shared with other supervisors without your prior knowledge and verbal consent.
    - If the intern explicitly requests that specific information be kept confidential *and the supervisor(s) agrees that it is an acceptable request*, that information will not be shared with other supervisor(s) without your prior knowledge and verbal consent.
    - At times of informal conflict resolution as described in the Informal Conflict Resolution section below.

Informal Conflict Resolution

- Conflict is an innate part of the supervision process, as is true of all human relationships. Conflicts in supervision can stem from a variety of sources, including miscommunication, unclear or differing expectations, different personality styles, anxiety around the evaluative process of supervision, the changing and potentially conflicting roles that supervisors and supervisees take on with one another, and others.
- We believe that productive working through conflict toward a positive resolution can be a tremendous asset in supervision. Conflict that reaches a resolution is more likely to result in a strengthened relationship, positive supervision outcomes, and professional growth for the supervisor and supervisee.

- In order to promote healthy conflict resolution, your supervisors will encourage open and appropriate direct communication and feedback as a means of addressing conflicts. You will be expected to be an active participant in this process and will be encouraged to voice your needs and preferences working through conflicts.
- If you have any concerns or are dissatisfied with any aspect of your supervision or training experience, please discuss them with each supervisor directly. If you are unable to resolve the issues with the supervisor, you may ask for another clinical supervisor to be involved.
- You can also reach out directly to the Internship Training Director, BH Regional Practice Manager, or BH Service Line Director to voice issues or concerns around supervision or other aspects of the training at any time.

- **Please be aware of the following steps to aid you at times of INFORMAL conflict resolution in supervision:**
    - In an event that the intern raises a concern around an informal conflict or miscommunication with another supervisor, the intern will be provided guidance, and if appropriate, might be asked to bring up the concern with that individual no later than the next scheduled individual supervision, or within a week in the case of an administrative supervisor.
    - During that time, the information will not be shared with other supervisors, unless the intern requests otherwise.
    - If no resolution is reached between intern and the supervisor within the specified time frame, the supervisor with whom the concern was shared might take more active steps toward resolution, which may include sharing of the information previously disclosed with other supervisors, and other steps toward the resolution of conflict, such as scheduling a meeting with all involved parties to further discuss and problem-solve the conflict, among other potential options.
- Clinical supervisors and/or the Training Director may be involved in helping the intern decide whether a particular conflict falls under the definition of formal vs. informal conflict if this is not immediately clear. In the event that informal resolution is not possible, or the intern has attempted the steps outlined above and it was not successful, the intern is expected to follow formal grievance and due process procedures per internship and CH policies.

References

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Campbell, J.M. (2006). Essentials of clinical supervision. Hoboken, NY: John Wiley & Sons.

Falender, C.A. (2017). Clinical supervision through new lens. Retrieved from https://apa.content.online/catalog/product.xhtml?eid=6739

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❖ *Supervision contract developed by CVCH internship program. Used with permission.*

Behavioral Health Psychology Intern Consultation Protocol

This protocol is designed to assist Psychology Interns in determining the need for consultation with a supervisor or other Behavioral Health provider. Consultation should be viewed as a normal part of patient care and treatment planning.

It is important to seek out the assistance from supervisors during supervision or consultation when:

- There is an obvious transference or counter-transference issue with the patient
- The patient is not making any progress towards treatment goals in the past 2-3 visits
- The patient has a diagnosis or presenting issue/s that the provider is not comfortable/competent treating
- The patient has unclear or unrealistic expectations of treatment
- You are seeing someone else in their immediate family as a patient
- Ethical issues (dual relationships, gift giving, etc.)
- Issues involving legal issues beyond normal care and requests (Dept. Of Corrections, Child Protective Services, court ordered treatment, etc.)

Need for immediate supervision or consultation:

- If a patient has had an attempted suicide or suicidal gesture (not including superficial cutting) in the past month.
- If a patient was seen by the DCR within the past week for suicidal ideation or unknown reasons AND continues to present with significant/concerning symptoms.
- If the patient was released from an inpatient stay within the past week AND continues to have thoughts about self-harm.
- If a patient denies suicidal thinking but you are not convinced you have all of the information AND that the patient will remain safe.
- There are obvious legal issues that are presenting during the appointment (patient threatening to sue the clinic, patient requesting a supervisor, etc.).
- You feel threatened or unsafe with the patient.
- Threatening harm to a specific third party AND planning to act on (Homicidal ideation)
- Any other patient issues/concerns you may have that require immediate consultation

Clinical Supervisors

	Patrick Carrillo, Ph.D. (Washington State University) Training Director, Doctoral Internship Program Training Director, Post-Doctoral Residency Clinical Director, Behavioral Health Service Line Licensed Psychologist
	Timothy Day, Ph.D. (University of Nevada, Las Vegas) Clinical Supervisor, Behavioral Health Service Line Licensed Psychologist
	Joshua Ventura, Ph.D. (Biola University, Fullerton, CA) Doctoral Internship Clinical Supervisor Licensed Psychologist Outpatient Behavioral Health, Wenatchee

Additional Department Leadership

	Tessa Timmons, M.A., LMHC (St. Martin's College) Primary Care Service Line Director – Behavioral Health & Pediatrics
	Stephanie Giannandrea, M.D. (University of Rochester, NY) Behavioral Health Service Line Medical Director Board Certified Adult Psychiatrist
	Craig Mott, CHC Behavioral Health Regional Practice Manager
	Heather McIver Behavioral Health Support Staff Supervisor

Evaluation of Intern Progress

The Evaluation Process

Interns are evaluated and given feedback throughout the year by their individual supervisor(s) in both formal and informal settings, including supervision, meetings, and other training activities. Training supervisors and interns also meet monthly to discuss progress informally. During the monthly Internship Meeting, interns are also asked to provide informal feedback regarding the program and training needs. Feedback regarding strengths and growth opportunities are provided to each intern on an ongoing basis so that they are aware of their progress throughout the course of the internship year.

Additionally, bi-annually, the Training Director meets with the supervisory team to discuss and evaluate Interns' performance and make recommendations for future needs regarding the training program or individual interns. Meetings may occur more often if they are deemed necessary based on an Intern's performance in certain areas. The Intern Evaluation Form is completed by supervisors prior to the bi-annual meeting on the Intern's performance. Feedback may also be solicited from other sources, including peers, colleagues, and other staff who have had meaningful contact with the interns and are able to provide information regarding the intern's professional comportment. These assessments occur at 6 months (Mid-Year evaluation) and approximately 46 weeks (Final evaluation) into the training year.

Following the bi-annual meeting, the Training Director and supervisory team meet with the Intern individually. Each intern is provided with a written report of the evaluation of their performance, and the supervisory team makes any recommendations and suggestions which are relevant. The intern has the opportunity to share their feedback both verbally and in writing on the evaluation form.

The Training Director will share the bi-annual evaluations with the intern's sponsoring academic program. The Training Director communicates with the intern's program at a minimum twice a year, following each evaluation process.

Methods used to evaluate intern progress:

<u>Interns will be evaluated based on at least the following (not an all-inclusive list)</u>:

- Direct observation of therapy activities (individual, family, group)
- Clinical Documentation (progress notes, treatment plan, etc.)
- Completion of all psychological assessments, including administration, scoring, report writing, and giving feedback to patient(s)
- Participation in individual and group supervision, including level of engagement, as well as overall assessed growth in development of skills
- Level of engagement / active participation in required training activities (e.g., didactics, case consultation)
- Feedback from peers, clinical team members, support staff, and others
- Feedback from patients

Psychology Intern Formal Evaluation Method

The **Psychology Intern Evaluation Rating Form** will be used as the primary evaluation tool, which specifies that Interns will be expected to meet minimal benchmarks throughout each point during the training year: **1)** when starting the training program (informal assessment); **2)** at the mid-year formal evaluation, and **3)** towards the completion of the CH Psychology Internship Program.

The **Psychology Intern Evaluation Rating Form** uses a 5-point Likert Rating Scale to assess intern competency These points represent a demonstrable and documented level of progression that will allow both CH and the individual Interns to monitor their growth and progress and to make any needed corrections in a timely manner and help ensure maximum success.

PROCESS:

I. Evaluation

Evaluations of competency areas will normally occur twice during the internship year. Incoming Interns will be expected to score a minimum of (2) on the 5-point Likert Scale for readiness to participate in the CH Program. It is expected that Interns will receive a score of (3) (or higher) on the scale for given competency areas on the Mid-Year Intern Evaluation. Finally, interns will be expected to achieve a score of (4) (or higher) on the Final Intern Evaluation on the core competencies. Evaluations will be given mid-year (approximately 6 months from the start of the internship year) and toward the end of the internship year (approximately at the 46-week point) unless there are notable deficits that require accelerated remediation. This will show a positive progression of growth and ability for all Interns during their tenure.

The "Final" evaluation is given at approximately 46 weeks to allow for a remediation or performance improvement plan to be developed, if needed, and for the intern to have the opportunity to correct or improve in any noted deficit areas prior to the end of the internship year.

Areas of Concern – This is a competency area(s) marked as a (1 or 2) on a 5-point Likert Scale on any question on the Mid-Year Intern Evaluation. A score of (2) is the expected minimum that potential Intern candidates should be at prior to beginning CH's internship program. A score of (3) is expected at the mid-year point Evaluation of Intern Progress, although some variation in performance in different areas is expected depending upon the Intern's previous experience and limited exposure to a similar site. What should be noted is the Intern's awareness of the concerns and need for improvement to a score of (3) by the midpoint of the training year (or sooner if documented in supervision notes). This area will be highlighted during supervision with the Intern and a plan to assist the Intern in improving skills in that area will be made and documented. If the Intern is not making progress and/or is not receptive to improving performance, then the area will be considered a deficit.

1. *Deficits/Problematic Behaviors in competency areas* –Areas of deficit will be brought to the Intern's attention and documented at the soonest opportunity. If notable deficits are present and the Intern has been made aware of the area(s) through individual supervision (Due Process Informal Stage) and previously documented, then **the Due Process Formal Stage** may be implemented (see **CH *Behavioral Health Psychology Intern Due Process* Guideline, pp. 50-58**) including re-evaluation every 3 months (or sooner, as appropriate) on the specified area of deficit, until the deficit has been corrected, or further Due Process steps are enacted.

2. If no notable deficits are identified through supervision and shadowing by the sixth month of internship, Interns will receive written evaluations on the typical schedule of mid and final evaluation.

Corrective Action procedures listed below may be initiated at any time during the course of the internship program when:

1. A clinical supervisor identifies an area of function in which an Intern is **clearly deficient,** or
2. The Intern receives a rating of "1" (**1 = Below Expectations**: "*The Intern is performing significantly below expectations and a remediation plan is required.*") in any area listed on an evaluation form from any of the evaluation sources, or
3. The Intern receives a rating of "2" during or after the mid-year evaluation period (**2 = Developing**: *"The intern demonstrates knowledge and skills that are expected for incoming interns at the **beginning** stage of internship."*) in any area listed on an evaluation form from any of the evaluation sources.

Major Areas of Concern (including patient safety): When issues cannot be addressed appropriately using the steps above, the internship site and/or the Intern will follow the Due Process and Grievance Guidelines. All steps are clearly stated in these guidelines and can be found further in the Internship Manual (pp. 50-59).

5-Point Likert Scale for CH Intern Progress Policy

(1): BELOW EXPECTATIONS - The Intern is performing significantly below expectations, and a remediation plan is required.

(2): DEVELOPING - The Intern requires some direct observation while engaged in a clinical task or requires some instruction and monitoring to ensure that the task is performed and documented satisfactorily. This rating is expected on most core competencies for incoming Interns.

(3): MEETS EXPECTATIONS - The Intern has mastered most basic skills and has shown consistent professional growth. Moderate supervision is provided with less need for instruction and monitoring. This rating is expected on most core competencies for the interns midyear.

(4): PROFICIENT/ADVANCED - The Intern's skills are more advanced and supervision is mostly consultative in nature. This rating is expected on most core competencies at the final end-of-the- year evaluation.

(5): OUTSTANDING PERFORMANCE/PROFESSIONAL GRADE - The Intern has superior skills and could perform the tasks autonomously. This rating is the goal of postdoctoral psychologists.

All proximal and distal evaluation data will be collected and used to track the training program progress.

Psychology Intern Evaluation Rating Form

Intern: _____ Period Covered: _____ **to** _____

Site: _____ Supervisors: _____

Methods of Observation: ___ Discussion ____ Meetings ____ Co-therapy ____ Group

____ Shadowing ____ Seminar ____ Case Material(s) ___ Other (Specify): _____

Evaluation is a collaborative process designed to facilitate and pinpoint areas of strength and areas to improve. It should serve as a vehicle for change in defining goals and evaluating performance.

Please complete this form evaluating the Intern's skill, competence, and performance across the **nine Profession-Wide Competencies** using the following rating scale:

(1) BELOW EXPECTATIONS

The intern is performing below expectations for his/her/their level of training. The intern's knowledge and skills are unsatisfactory, and a remediation plan is required (except for instances of immediate dismissal from internship).

(2): DEVELOPING

The intern demonstrates knowledge and skills that are expected for incoming interns at the **beginning** stage of internship. The intern requires ongoing observation, instruction, or other oversight to ensure that he/she/they are learning new tasks and performing them satisfactorily.

(3): MEETS EXPECTATIONS

The intern has gained new knowledge and skills and has shown consistent professional growth relative to his/her/their level of functioning. This rating is common for **midyear** interns on most core competencies.

(4): PROFICIENT

The intern has demonstrated knowledge and skills that are commensurate with entry-level practice. This includes the **ability to independently function** across a broad range of clinical and professional activities, the ability to generalize skills and knowledge to new situations, and the ability to self-assess when to seek additional training, supervision, or consultation. **This rating represents a minimum level of achievement (MLA) for successful completion of internship**.

(5): OUTSTANDING PERFORMANCE

The intern demonstrates superior knowledge and skills and is functioning at an advanced level.

ASSESSMENT	1	2	3	4	5	N/A
Demonstrate current knowledge of the diagnostic classification systems, and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.						
Demonstrate understanding of human behavior within its context (e.g. family, social, societal and cultural).						
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.						
Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; collect 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.						
Interpret 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.						
Communicate (orally and in written documents) the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.						
Overall Assessment Rating	**1**	**2**	**3**	**4**	**5**	**N/A**

RESEARCH	1	2	3	4	5	N/A
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.						
Overall Research Rating	**1**	**2**	**3**	**4**	**5**	**N/A**

INTERVENTION	1	2	3	4	5	N/A
Establish and maintain effective relationship(s) with the recipients of psychological services.						
Develop evidence-based intervention plans specific to the service delivery goals.						
Implement interventions that are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.						
Apply the relevant research literature to clinical decision-making.						
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.						
Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.						
Overall Intervention and Treatment Rating	**1**	**2**	**3**	**4**	**5**	**N/A**

ETHICAL-LEGAL STANDARDS	1	2	3	4	5	N/A
Be knowledgeable of and act in accordance with each of the following: i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct; ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and iii. Relevant professional standards and guidelines.						
Recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas.						
Conduct self in an ethical manner in all professional activities.						
Overall Ethical-Legal Standards & Conduct Rating	**1**	**2**	**3**	**4**	**5**	**N/A**

PROFESSIONAL VALUES, ATTITUDES, & BEHAVIORS	1	2	3	4	5	N/A
Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.						
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.						
Actively seek and demonstrate openness and responsiveness to feedback and supervision.						
Respond professionally in increasingly complex situations with a greater degree of independence as training progresses.						
Overall Professional Values, Attitudes, & Behaviors Rating	**1**	**2**	**3**	**4**	**5**	**N/A**

COMMUNICATION & INTERPERSONAL SKILLS	1	2	3	4	5	N/A
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.						
Demonstrate a thorough grasp of professional language and concepts; Produce, comprehend, and engage in communications (oral, nonverbal, and written) that are informative and well-integrated.						
Demonstrate effective interpersonal skills and the ability to manage difficult communication well.						
Overall Communication & Interpersonal Skills Rating	**1**	**2**	**3**	**4**	**5**	**N/A**

CONSULTATION & INTERPROFESSIONAL / INTERDISCIPLINARY SKILLS	1	2	3	4	5	N/A
Demonstrate knowledge and respect for the roles and perspectives of other professions.						
Apply 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.						
Overall Consultation & Interprofessional / Interdisciplinary Skills	**1**	**2**	**3**	**4**	**5**	**N/A**

INDIVIDUAL & CULTURAL DIVERSITY	1	2	3	4	5	N/A
An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.						
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.						
The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).						
The ability to apply a framework for working effectively with areas of individual and cultural diversity.						
The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.						
Overall Individual & Cultural Diversity Rating	**1**	**2**	**3**	**4**	**5**	**N/A**

SUPERVISION	1	2	3	4	5	N/A
Apply knowledge of supervision models in direct or simulated practice with psychology trainees, or other health professionals.						
Apply the supervisory skill of observing in direct or simulated practice.						
Apply the supervisory skill of evaluating in direct or simulated practice.						
Apply the supervisory skill of giving guidance and feedback in direct or simulated practice.						
Overall Supervision Rating	**1**	**2**	**3**	**4**	**5**	**N/A**

List areas the Intern is particularly strong in.

What are identified areas for continued growth or areas of particular concern? Any recommendations for additional training in this / these areas?

How well does the Intern incorporate feedback from supervision or others into practice?

Additional Comments or Impressions:

Summary Rating:

Please indicate, by checking the corresponding number, which statement best represents this **intern's overall rating at this time** based on your competency indicator ratings above:

☐ 1: Below Expectations

☐ 2: Developing

☐ 3: Meets Expectations

☐ 4: Proficient

☐ 5: Outstanding Performance

Psychology Intern Comments:

Intern's Signature: _____ Date: _____

Training Director's Signature: _____ Date: _____

Supervisor Evaluation

Supervisor's Name: _____ Primary: ____ Secondary: ____

Intern Name: _____ Date: _____

Please complete questionnaire evaluating supervisor's skill and performance using the following rating scale: (1) Poor (2) Fair, (3) Average, (4) Very Good, (5) Outstanding, (NA) Not Applicable.

	Poor	Fair	Average	Very Good	Outstanding	N/A
Procedure, Format, Effort						
Used supervision time productively, maintained regularly scheduled supervision meetings with minimal changes	1	2	3	4	5	N/A
Knowledge of internship policies, procedures, and requirements	1	2	3	4	5	N/A
Maintained accessibility for questions / consultation outside of regularly scheduled supervision meetings	1	2	3	4	5	N/A
Kept informed on case presentations	1	2	3	4	5	N/A
Set clear supervision objectives and Intern responsibilities	1	2	3	4	5	N/A
Used effective strategies in supervision	1	2	3	4	5	N/A
Provided feedback on professional performance and development	1	2	3	4	5	N/A
Provided well-balanced supervision that allowed for discussion of clinical work, appropriate personal and interpersonal issues at work, and Intern's professional development	1	2	3	4	5	N/A
Maintained reasonable expectations for Intern's development throughout the program	1	2	3	4	5	N/A

Assessment & Treatment Skills						
Assisted in conceptualization and clarification of patient issues / diagnoses	1	2	3	4	5	N/A
Provided guidance in appropriate documentation standards, including developing appropriate treatment goals, and measuring treatment outcomes	1	2	3	4	5	N/A
Assisted in selection of appropriate assessment / intervention strategies	1	2	3	4	5	N/A
Provided guidance and support in crisis management / intervention	1	2	3	4	5	N/A
Recommended appropriate readings and resources	1	2	3	4	5	N/A
Provided guidance in development of professional relationships	1	2	3	4	5	N/A
Demonstrated attention and sensitivity to issues of cultural & individual diversity and health equity for all patients	1	2	3	4	5	N/A
Provided guidance regarding relevant legal and ethical issues	1	2	3	4	5	N/A
Provided support in learning referral and termination procedures	1	2	3	4	5	N/A

	Poor	Fair	Average	Very Good	Outstanding	N/A
Supervisory Relationship						
Created environment offering freedom to make mistakes	1	2	3	4	5	N/A
Accurately conceptualized Intern's strengths and developmental needs as an emerging psychologist	1	2	3	4	5	N/A
Provided ongoing feedback	1	2	3	4	5	N/A
Provided challenging or constructive feedback in a respectful manner	1	2	3	4	5	N/A
Challenged Intern to expand therapy skills & knowledge	1	2	3	4	5	N/A
Respected Intern as an emerging professional	1	2	3	4	5	N/A
Exhibited commitment to Intern's training & professional development	1	2	3	4	5	N/A
Exhibited characteristics of an excellent role model as a psychologist	1	2	3	4	5	N/A
Served as a mentor and role model for professional behavior as a psychologist	1	2	3	4	5	N/A
Communicated evaluation of Intern's skills in a direct manner	1	2	3	4	5	N/A

General Comments

1. What did you most enjoy about the supervision you received?

2. What did you least enjoy about the supervision you received?

3. What suggestions do you have for further improving supervision on this training activity?

DOCTORAL INTERNSHIP MAINTENANCE OF RECORDS

Student records, including supervision documentation, evaluations, correspondence with graduate programs, and other relevant materials—are securely maintained throughout the internship year. Consistent with the Standards of Accreditation, the following records are maintained indefinitely: Certificate of Completion, intern evaluations, and description of training experiences. During the active internship period, these records are stored digitally within our Windows-based secure cloud platform (OneDrive), which is managed and monitored by our company's IT department. Upon completion of the internship, all records are reviewed and archived by the Training Director into a designated, access-controlled folder within OneDrive. This centralized system ensures secure storage, controlled access, and traceable activity logs. Access to these records is strictly limited to authorized personnel, including the Training Director, Behavioral Health Service Line Director, Behavioral Health Practice Manager, and Clinical Supervisor, all of whom are granted permission through our internal IT governance protocols. In addition, the program maintains a separate password-protected folder within OneDrive for documentation of complaints and grievances. Interns are encouraged to ask questions and seek clarification to ensure full understanding of how their records are managed and protected.

Due Process, Appeals, and Grievance Guidelines

Confluence Health (CH) has a system in place for handling problematic behaviors with Psychology Interns as well as complaints or concerns that an Intern may have regarding the training program, evaluation procedures, due process challenges, etc., according to the guidelines as set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC). Additionally, Interns will be held to the disciplinary process outlined in the Confluence Health Guideline "Corrective Discipline."

Due process ensures that decisions made by Confluence Health about Interns are not arbitrary or personally based, requires that the Training Director identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the Intern so they may **appeal** the program's action(s), if deemed necessary.

Please see the following guidelines below:

Behavioral Health Psychology Intern Due Process Protocol (pp. 51-59)

Behavioral Health Psychology Intern Grievance Process (pg. 60)

Behavioral Health Doctoral Psychology Intern Due Process Protocol

PURPOSE:
It is a guideline of Confluence Health (CH) to have a system in place for handling problematic behaviors with Doctoral Psychology Interns ("Interns"), as well as to address complaints or concerns that an Intern may have regarding the training program, evaluation procedures, and matters related to due process procedures. The CH Doctoral Psychology Intern Due Process Protocol follows guidelines set forth by the American Psychological Association (APA) and Association of Psychology Postdoctoral and Internship Centers (APPIC) and incorporates the three required elements of due process: **Notice**, **Hearing**, and **Appeal**.

RIGHTS AND RESPONSIBILITIES:

A. Program Rights & Responsibilities:

Confluence Health (CH) has the responsibility to comply with all APPIC and APA internship requirements and to provide sufficient supervision and support of the interns throughout their training year. CH understands that interns are still in learning & developing stages in their professional careers. Interns are exposed to larger clinical caseloads, which typically include difficult cases and client crises, while learning new agency requirements, policies, and procedures.

While the internship year provides a critical professional opportunity to: (a) learn and refine skills, (b) increase one's professional confidence and (c) enhance one's professional identity, it is also a time of increased stress. CH has the responsibility to assist the intern in effectively maneuvering through such challenges and to explore opportunities that can facilitate professional and personal growth. Some of the opportunities we (CH) may provide include, but are not limited to, an extensive orientation, working with interns to provide clear and realistic expectations, clarifying training goals, and providing professional development meetings.

CH Supervisors will also provide clear and timely evaluations with positive suggestions for growth. CH Supervisors are here to provide support whether it be from the primary supervisor, the supervisory team, the Training Director, and/or operational leadership of the Behavioral Health department.

At all stages of training, CH assumes the responsibility for providing clinical experiences, assessing the intern's performance across those experiences, and providing continual feedback to the interns in order to improve skills, remediate problem areas, and/or to prevent individuals, unsuited in either skills or interpersonal limitations, from entering the professional field of practice. The CH Supervisory Team is responsible for monitoring the intern's progress to benefit and protect the public and the profession, as well as to the benefit and protection of the intern.

B. Intern Responsibilities:

Regarding intern behavior and performance, the general expectations of the Training Program are that the intern will:

1. Function within the bounds of the:
    a. American Psychological Association *Ethical Principles of Psychologists and Code of Conduct* and
    b. American Psychological Association *Standards for Providers of Psychological Services* and *Specialty Guidelines for the Delivery of Services*.
2. Function within the bounds of the laws and regulations of Washington State.

3. Function in a manner that conforms to the policies and procedures of Confluence Health.
4. Function in a manner that conforms to the policies and procedures of the Confluence Health Doctoral Internship Training Manual.
5. Demonstrate proficiency in the requisite clinical skills as required to successfully carry out the tasks at Confluence Health.
6. Demonstrate proficiency in requisite clinical skills, assessment, and evaluative procedures as required to successfully carry out the tasks at Confluence Health.
7. Demonstrate the ability to communicate clearly and precisely in both oral and written formats.
8. Demonstrate the ability to integrate relevant professional standards as an emerging professional psychologist into one's repertoire of behaviors.
9. Demonstrate openness and an affirming attitude toward cultural and individual diversity.
10. Participate in training, service, and continuing education activities with the year-end goal of being able to provide services across a range of activities and with a frequency and quality appropriate to that of an independently practicing psychologist.

C. Intern Rights:

The interns have the right to receive clear statements of the standards and expectations by which they are evaluated. The standards and expectations are thoroughly reviewed during the internship orientation by the Training Director and/or clinical supervisor and throughout the training year by the intern's clinical supervisors.

Throughout the year, interns receive two hours of weekly individual supervision and two hours of group supervision. In addition, interns receive "live" supervision for group therapy, supervision for the provision of supervision to the CH trainees, and supervision during case conference. During these meetings, interns may be given informal, verbal feedback on their performance. Interns have the right to respond to any concern or evaluation, both verbally and in writing, and to appeal any formal decision in accordance with this protocol.

PROBLEM BEHAVIOR(S) DEFINED:

A. For purposes of this document, an Intern problem behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:
    1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
    2. An inability to acquire professional skills in order to reach an acceptable level of competency, and/or
    3. An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.
B. Behavior may be identified as a problem when it includes one or more of the following characteristics:
    1. The Intern does not acknowledge, understand, or address the behavior when it is identified as a concern by the intern's clinical or operational supervisor(s),
    2. The problem behavior is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
    3. The quality of services delivered by the Intern is sufficiently negatively affected,
    4. The problematic behavior is not restricted to one area of professional functioning,
    5. A disproportionate amount of attention by training personnel is required,
    6. The Intern's behavior does not change as a function of feedback, remediation efforts, and/or

time,
7. The problematic behavior has potential for patient safety concerns and/or ethical, or legal ramifications if not addressed,
8. The Intern's behavior negatively impacts the public view of the agency,
9. The problematic behavior negatively impacts the Intern's cohort.

The Evaluation Process

Interns are evaluated and given feedback throughout the year by their individual supervisor(s) **in both formal and informal settings,** including supervision, meetings, and other training activities. Training supervisors and interns also meet monthly to discuss progress informally. During the monthly Internship Admin Meeting, interns are also asked to provide informal feedback regarding the program and training needs. Feedback regarding strengths and growth opportunities are provided to each intern on an ongoing basis so that they are aware of their progress throughout the course of the internship year. Most issues will be expected to be resolved via individual feedback in clinical supervision and through efforts made by the Intern to improve, with supervisor support, in lower-skill areas.

Additionally, bi-annually, the Training Director meets with the supervisory team to discuss and evaluate Interns' performance and make recommendations for future needs regarding the training program or individual interns. Meetings may occur more often if they are deemed necessary based on an Intern's performance in certain areas. The Intern Evaluation Form is completed by supervisors prior to the bi-annual meeting on the Intern's performance. Feedback may also be solicited from other sources, including peers, colleagues, and other staff who have had meaningful contact with the interns and are able to provide information regarding the intern's professional comportment.

Following the bi-annual meeting, the Training Director and supervisory team meet with the Intern individually. Each intern is provided with a written report of the evaluation of their performance, and the supervisory team makes any recommendations and suggestions which are relevant. The intern has the opportunity to share their feedback both verbally and in writing on the evaluation form. The Training Director will share the bi-annual evaluations with the intern's sponsoring academic program. The Training Director communicates with the intern's program at a minimum twice a year, following each evaluation process.

It may be in the context of this meeting, or at any point during the internship year when a problem is identified, that the Training Director and the Intern may arrange for a modification of the Intern's training program to address the Intern's training needs and/or the needs of the training program.

Initial Procedures for Responding to Inadequate Performance by an Intern (i.e., Intern Problem)

Corrective Action procedures listed below may be initiated at any time during the course of the internship program when:

4. A clinical supervisor identifies an area of function in which an Intern is **clearly deficient,** <u>or</u>
5. The Intern receives a rating of "1" (**1 = Below Expectations**: "*The Intern is performing significantly below expectations and a remediation plan is required.*") in any area listed on an evaluation form from any of the evaluation sources, <u>or</u>
6. The Intern receives a rating of "2" <u>during or after the mid-year evaluation period</u> (**2 = Developing**: *"The intern demonstrates knowledge and skills that are expected for <u>incoming interns at the **beginning** stage of internship</u>."*) in any area listed on an evaluation form from any of the evaluation sources.

CORRECTIVE ACTION:

A. Corrective disciplinary action may be implemented when:
   1. The Intern violates a CH policy, procedure or work rule, or
   2. An Intern's performance is deficient, or
   3. An Intern's behavior is inappropriate or unacceptable and/or
   4. Other circumstances, in the opinion of CH, merit it.

B. Implementation of discipline in one or more instances does not require the employer to implement it in other occasions. The decision to use it is left to the unfettered discretion of the Training Director and Practice Manager.

Informal Stage

The Informal Stage is addressed directly by the Intern's clinical supervisor during clinical supervision or in a separate "coaching" meeting and is intended to resolve concerns early through direct communication and support, without formal action.

- **Verbal Discussion:** The clinical supervisor describes the concern to the Intern in specific, factual terms, discusses required corrective action, and offers guidance and resources. This is generally no formal documentation involved at this stage.
- **Resolution:** Most concerns are expected to resolve within **30 days** through supervisor feedback and Intern effort. If concerns persist beyond 30 days or worsen, the Formal Stage is initiated.
- **Bypass:** The Informal Stage may be bypassed by the Training Director if the severity of the concern warrants immediate formal action (e.g., patient safety concerns, ethical violations).

Formal Stage

The Formal Stage is initiated when the Informal Stage has not produced the desired change, or when the severity of the concern warrants immediate formal action. The Formal Stage encompasses three due process steps: Notice, Hearing, and, if applicable, Appeal.

NOTICE — Written Notification of Concern

When the Formal Stage is initiated, the Intern receives formal written Notice, with a copy sent via email to the home doctoral program. Notice is provided by the Training Director within **5 business days** of the decision to proceed to formal action.

Content of Written Notice:

- The specific competency area(s) of concern across all applicable competency domains (clinical skills, ethical conduct, interpersonal professionalism, assessment, supervision, consultation, research, etc.);
- Behavioral examples and factual observations supporting the concern;
- The potential consequences if the behavior continues, up to and including termination of the internship;
- Reference to any prior informal discussion or corrective action related to this concern;
- Information about the upcoming Hearing, including the Intern's right to present their perspective;
- The Intern's right to submit a written response within **3 business days** of receiving Notice.

The Intern must acknowledge receipt of the Notice in writing within **3 business days**. Acknowledgment does not constitute agreement with the concern. A copy of the Notice is placed in the Intern's training file.

HEARING — Formal Review Meeting and Remediation Determination

A formal Hearing is held within **10 business days** of the Intern receiving the Notice. The Hearing is conducted by the Training Director (or designee) and, if applicable, the Practice Manager.

Purpose of the Hearing:

- To review the specific concerns documented in the Notice;
- To provide the Intern with a full opportunity to present their perspective, ask questions, and respond to the concerns;
- To determine whether the concern is remediable;
- To develop a written action plan (Remediation Plan if remediable, or plan for other formal action).

Written Hearing Outcome — Provided to the Intern and their home doctoral program within 5 business days of the Hearing:

- **Summary of concerns** and factual observations reviewed at the Hearing;
- **Intern's response**, including any perspective or context offered by the Intern;
- **Determination of remediability** and the rationale for that determination;
- **If remediable —** a written **Remediation Plan**, which includes:
  - Identification of all specific competency area(s) requiring improvement;
  - Behavioral examples supporting each area of concern;
  - Clearly identified, measurable goals for each competency area;
  - Expected performance standards and criteria for successful remediation;
  - Recommended corrective actions and available training, supervisory, and clinical supports;
  - Timelines for improvement and re-evaluation (minimum review checkpoint at 30 days and 60 days);
  - Methods for evaluating and documenting progress toward goals;
  - Minimum weekly meetings with the Training Director, or designee, (in addition to regular supervision) to address identified areas;
  - Notation that substantive written feedback regarding the Intern's response to remediation efforts — and the extent to which corrective actions have been or have not been successful — will be included in subsequent evaluations;
  - Consequences if expectations are not met, including the possibility of termination of the internship (i.e., APPIC Match Release).

Remediation Considerations

Remediation efforts are tailored to the identified competency area(s) and may include, concurrently or sequentially:

- Increasing supervision frequency or intensity, either with the same or additional supervisors;
- Changes in the format, emphasis, and/or focus of supervision;
- Working with the Intern to determine if ADA accommodations are needed; if so, coordinating with the Practice Manager and HR;
- Recommending and/or requiring personal therapy, with all parties having clarified how therapy contacts will and will not be used in the evaluation process;
- Reducing the Intern's clinical workload and/or requiring specific academic coursework;
- Recommending a leave of absence and/or a second internship year at another site.

Remediation Progress and Evaluation:

- **Minimum weekly meetings** occur to address identified areas and review progress toward remediation goals, in addition to regularly scheduled supervision. Meeting frequency may be increased if concerns persist. Meetings cease when all areas have been successfully remedied.
- **Patient care will cease** if patient safety is identified as an area of concern.
- **Subsequent written evaluations** include substantive feedback on the Intern's response to remediation efforts and the extent to which corrective actions have been successful in addressing the identified concerns. Evaluations document progress toward remediation goals, note areas of improvement, identify any continuing deficiencies, and specify additional actions or supports needed. If concerns persist, evaluations outline revised objectives and timelines consistent with this protocol.
- **Evaluation Review:** Following each evaluation period, the Training Director meets individually with the Intern to review the written evaluation, discuss ratings and narrative feedback, answer questions, and establish developmental goals. Both the Intern and the Training Director acknowledge completion of this review by signing and dating the evaluation form. Signed evaluations are retained in the Intern's training file as documentation that the evaluation was reviewed and discussed by both parties.
- **Successful remediation** is documented in writing and communicated to the Intern and their sponsoring academic program.
- **If remediation is unsuccessful** after a probationary period (generally no longer than **90 days**), or if the Intern is unable or unwilling to change, the Training Director will proceed to further formal action as described below.

Additional Formal Discipline Options

The Training Director and practice manager may implement the following options in addition to, or following, the Remediation Plan, as circumstances warrant:

Decision Making Leave

- Administrative leave (paid, not PTO) may be imposed to allow the Intern time to decide whether they are willing and able to make necessary changes.

- The Intern may also voluntarily resign.
- Administrative leave is documented and signed by the Intern and placed in the training file.

Suspension

- The Training Director and/or practice manager may suspend an Intern, ordinarily in consultation with HR. Suspension is typically without pay and for no less than one full day.
- Reasons for suspension, duration, and pay status are documented and placed in the Intern's training file.
- Upon return, the Intern may be placed on an action plan advising that failure to correct problem performance may lead to further discipline or termination.

When a combination of the above interventions does not rectify the problem after the probationary period (up to 90 days), or when the Intern seems unable or unwilling to alter behavior, the Training Director may: (a) provide a limited endorsement specifying settings in which the Intern can function adequately; (b) recommend and assist in implementing a career shift; or (c) terminate the Intern from the training program.

Termination of Employment (Internship)

- The internship may choose to pursue Match Release via APPIC's published policy and process.
- An Intern's employment may be terminated by CH at any time, with or without cause, and without advance notice, as Interns are employed "at will."
    - Examples of conduct that may result in immediate termination without prior corrective action include (but are not limited to):
- Termination of Employment
    - Notwithstanding anything to the contrary in the guideline, an intern's employment may be terminated, at any time, with or without cause, and without advance notice. Employees are employed "at will" as stated above.
    - Examples of conduct that may result in termination without advance notice include, but are not limited to the following:
        - Dishonesty
        - Testing positive for unauthorized substances (controlled or illegal) or being under the influence of drugs or alcohol during a Reasonable Suspicion test
        - Disregard of CH policies and procedures and standards
        - Insubordination
        - Falsification of employment or personal data
        - Theft of CH, CWH or WVH supplies, medications, equipment, and patient or employee property
        - Being absent for three consecutive days without sufficient reason or notification
        - Violation of patient privacy by unauthorized review of non-job-related data or release of confidential information
        - Conviction of a felony
        - Carrying or possessing weapons or explosives on CH property either concealed or not, unless authorized by CH

- Engaging in fighting with co-workers, other CH employees, visitors, patients, or physicians
- Falsification, unauthorized review, release, or alteration of CH records
- Violation of Federal, State or CH regulations regarding safety in the workplace
- Verbal or physical abuse of a patient
- Abandonment of patient care responsibilities which could jeopardize patient safety
- Demonstrated inability to get along with coworkers, staff, patients, or others
- Rude or discourteous behavior towards or in the presence of patients, physicians, employees, or visitors, including the use of foul language, threats, vulgarity, or profanity
- Engaging in unethical conduct while on CH premises or otherwise on duty or while engaged in CH, CWH or WVH business
- Engaging in sexual, racial, religious, age-based, or ethnic harassment towards any employee, patient, or visitor
- Unauthorized access, use, or disclosure of employee or patient information

NOTE: This list provides only some examples of conduct that might lead to termination of an employee's employment and is not intended to be all-inclusive.

Notwithstanding anything to the contrary in this guideline, this guideline shall not be construed to create a promise of specific treatment in specific circumstances, an express or implied contract, or to alter the "at will" nature of an employee's employment. CH may act apart from or contrary to this guideline in its sole discretion, at any time, and without notice to employees.

APPEAL — Written Appeal of Formal Actions

An Intern has the right to appeal any formal decision or action that affects their program. The following procedures govern the appeals process:

- **Right to Appeal:** The Intern may appeal any formal action, including decisions made at the Hearing, Remediation Plan determinations, suspension, or termination from internship. Interns cannot appeal an employment decision itself but may submit a written response within **3 business days** of such a decision.
- **Timeframe for Appeal:** The written appeal must be submitted within **5 business days** of the Intern receiving any formal written decision.
- **Submission of Appeal:** The written appeal is submitted to the Training Director.
- **Conflict of Interest:** When the Training Director is the subject of a concern or when a conflict of interest exists that may affect impartiality, the Intern should submit the appeal or concern directly to the **Behavioral Health Service Line Director**. The Service Line Director serves as the next level of appeal and support in such circumstances. This conflict of interest provision is integrated into the standard appeals process and does not require a separate procedure.
- **Review:**
  - **Initial Appeal:** The Training Director and BH Clinical Supervisor will review the appeal and determine next steps. There may also be consultation with an HR representative, as needed.
  - **Second-level Appeal:** The Service Line Director and Practice Manager will review the appeal and determine next steps. There may also be consultation with an HR representative, as needed.

- **Decision Timeframe:** The Intern will receive a written response with the decision and expected actions within **10 business days** of the appeal being received.
- **Final Decision:** A decision made by the Behavioral Health Service Line Director is considered final. No further internal appeals will be considered.

At all stages, the Intern is entitled to be informed in writing of the decision and expected next steps. Documentation of all appeal proceedings is retained in the Intern's training file.

This protocol is reviewed every three years and updated as needed to remain consistent with APPIC and APA standards.

Behavioral Health Doctoral Psychology Intern Grievance Process

PURPOSE:

Confluence Health (CH) has established this guideline to provide the Doctoral Psychology Intern ("Intern") with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences. The CH Doctoral Psychology Intern Grievance guideline follows guidelines set forth by the American Psychological Association (APA) and Association of Psychology Postdoctoral and Internship Centers (APPIC).

Confluence Health maintains a chain of command which includes progressive levels of responsibility. Any Intern concerns regarding situations that may arise during the training year (disagreement of decisions made by supervisors or the Training Director, complaints about evaluations, stipend, harassment, etc.) may be made to the next supervisory level.

Intern Grievance Procedures

A. **Situations in which Grievance Procedures are Initiated**. An Intern may express a grievance about any and all situations that may arise during the internship. Such situations may include but are not limited to:
    1. When the Intern challenges the action taken by the supervisor;
    2. When the Intern believes that the supervisor has acted in a manner that is inappropriate towards the intern;
    3. When the Intern disagrees with an evaluation by their supervisor(s); or
    4. When the Intern perceives harassment during their internship.

B. **Informal First Step:** Interns are encouraged to address any concerns informally with their immediate supervisor(s) or the Training Director at the time of concern or disagreement before initiating a formal grievance.

C. **Formal Grievance:** If the concern is not resolved informally, the Intern submits a written grievance to the Training Director. If the Training Director is the subject of the grievance, the written grievance is submitted directly to the Behavioral Health Service Line Director.
    1. **Timeframe:** Grievances should be submitted within **30 calendar days** of the event or concern giving rise to the grievance.
    2. **Review and Decision:** The Training Director (or Service Line Director if applicable) and HR, if appropriate, review the grievance and provide a written decision within **10 business days**.

- **Further Appeal:** If the Intern does not agree with the decision, they may appeal following the same procedures outlined in the Appeals section above (see Due Process Protocol).
- **HR Involvement:** HR may be involved at any stage of the grievance process, particularly when issues involve potential policy violations, ADA accommodations, or employment law.

JOB DESCRIPTION

Confluence Health

JOB TITLE: Psychology Intern **REVISED:** July 14, 2022

DEPARTMENT: Behavioral Health **REPORTS TO:** Behavioral Health Internship Training Director & BH Regional Practice Manager

LOCATION: Wenatchee – Mares Building

POSITION SUMMARY:

As part of an intensive training program in health service psychology, in addition to all educational requirements (e.g., didactics, supervision), psychology interns will provide comprehensive behavioral health care, to include: diagnostic intake assessments, triage appropriate next steps in care for all behavioral health service line patients, and provide individual psychotherapy, family, and/or group psychotherapy services as needed. Consultation and outreach services are to be expected, as well

Psychology Interns will be providing outpatient and integrated (primary care behavioral health) services throughout the regional Confluence Health system.

ESSENTIAL FUNCTIONS:

1. Conduct comprehensive, diagnostic intake assessments for all behavioral health service line patients according to departmental procedures, funding source requirements, and evidence-based approaches.
2. Perform appropriate triage to determine appropriate next steps in care for each individual patient following the intake assessment and coordinate connecting the patient to services.
3. Develop Individualized Treatment Plans for each patient according to policies of the department and funding source requirements.
4. Provide ongoing individual, family, or group counseling for the patient and/or natural supports according to departmental procedures, funding source requirements, and using evidence-based/strength-based approaches.
5. Document clinical activity within the electronic medical record according to policies of the department and in compliance with required timelines.
6. Provide case management services as identified on the Individualized Treatment Plan, including linking patients and supports to community resources and other services and coordinating Behavioral Health treatment services and intervention strategies with internal and/or external supports, as appropriate.
7. Provide consultation to and collaboration with primary care and/or specialty medical care providers regarding patients' diagnosis, treatment plan, and status changes, as appropriate.
8. Provide administration, scoring and interpretation of psychological assessments (e.g., cognitive and/or personality assessments).
9. Provide outreach services to internal partners and/or external (community) partners regarding behavioral health issues including providing educational training and/or onsite intervention services.
10. Comply with all departmental, agency, and funding source requirements, policies and procedures.
11. Attend and participate in all required agency and departmental meetings as indicated by supervisor.
12. Participate in regular individual and group clinical supervision and didactics training when scheduled and as required as part of the Psychology Internship training program.
13. Exhibit interpersonal skills that promote a positive functioning department (e.g., professionalism, positive team dynamics, positive attitude).
14. Maintain a safe and sanitary work environment.

15. Participate in a unit-based QA program.
16. Other duties as assigned.

NOTE: This list of job functions is not intended to be all inclusive and may be expanded to include other job functions that may be deemed necessary.

QUALIFICATIONS:

EDUCATION/EXPERIENCE:

- Be enrolled in an APA-accredited doctoral degree program in professional psychology (e.g., Clinical or Counseling).
- All coursework required for the doctoral degree must be completed prior to the start of the internship year, as well as any qualifying, comprehensive, or preliminary doctoral examinations.
- Dissertation or doctoral research project proposal approved prior to the start of the internship program. We prefer candidates whose doctoral dissertations will be completed, or at least well under way, before the internship.
- Have earned a master's degree in psychology, mental health counseling, social work, marriage and family therapy, or another related field before the start of the internship and must be eligible for master's level licensure in Washington State at the Associate-level or above (i.e., LMHCA, LMFTA, LCSWA).
- Have formal approval from the intern's academic program to participate in the APPIC match and internship program.
- Have completed a minimum of 450 hours of clinical practicum experience (combined intervention and assessment practice, not counting supervision hours).

PHYSICAL/SENSORY DEMANDS:

O = Occasional, represents 1 to 25% or up to 30 minutes in a 2 hour workday.
F = Frequent, represents 26 to 50% or up to 1 hour of a 2 hour workday.
C = Continuous, represents 51% to 100% or up to 2 hours of a 2 hour workday.

Physical/Sensory Demands For This Position:

- Walking – O
- Sitting/Standing - F
- Reaching: Shoulder Height - O
- Reaching: Above shoulder height - O
- Reaching: Below shoulder height - O
- Climbing - O
- Pulling/Pushing: 25 pounds or less - O
- Pulling/Pushing: 25 pounds to 50 pounds - O
- Pulling/Pushing: Over 50 pounds - O
- Lifting: 25 pounds or less - O
- Lifting: 25 pounds to 50 pounds - O
- Lifting: Over 50 pounds - O
- Carrying: 25 pounds or less - O
- Carrying: 25 pounds to 50 pounds - O
- Carrying: Over 50 pounds - O
- Crawling/Kneeling - O
- Bending/Stooping/Crouching - O
- Twisting/Turning - O
- Repetitive Movement – F

Holiday Schedule for 2026-2027

Holiday	Date Observed by Confluence Health
Labor Day	Monday, September 7, 2026
Thanksgiving Day	Thursday, November 26, 2026
Day after Thanksgiving	Friday, November 27, 2026 (50% staffing rule applies for all primary care depts)
Christmas	Friday, December 25, 2026
New Year's Day	Friday, January 1, 2027
Memorial Day	Monday, May 31, 2027
Independence Day	Monday, July 5, 2027

Professional Appearance and Dress Code

POLICY:

Employee appearance has a significant impact on a patient's perception of the overall organization. It is the policy of Confluence Health (CH) that the standards for professional appearance of staff (employees, practitioners, students, vendor representatives, contract/agency staff, and volunteers) will be professional business standards.

A conservative approach to grooming, dress, and hairstyles is most compatible with the professional nature of CH services.

PROCEDURE:

A. Responsibility:

1. Managers are responsible for ensuring their staff comply with this policy.

2. Staff with questions regarding dress code and appearance are advised to speak to their manager/director.

3. It is the responsibility of each manager/director to brief new employees on the applicable uniform/dress code policy and assure that all department employees adhere to these policies.

4. Questions concerning the appropriateness of a particular item of apparel are to be brought to the attention of the department manager who, in consultation with Human Resources, will determine whether or not the item is in keeping with the applicable dress code.

B. Good hygiene is expected of all staff at all times while on duty or attending any organizational function, e.g., educational programs, conferences, departmental meetings.

C. Hair must be clean and well groomed.

1. Beards, mustaches and sideburns must be clean, neatly trimmed, and not interfere with personal protective equipment.

2. Nutrition Services workforce members: must wear hair restraints such as a hat, hair coverings or nets, beard restraints and clothing must cover all body hair while serving food.

3. If hair is an unnatural color, it must be only one color and not multiple colors.

D. Fingernails are to be clean, trimmed, and of reasonable length.

1. Nail polish is to be maintained in good condition.

2. Artificial and acrylic nails or any type of nail enhancement are not permitted in patient care areas.

E. Jewelry may not interfere with job performance and personal or patient safety. Acceptable jewelry includes:

1. Jewelry, rings, necklaces and pins

2. Wrist wear, such as watches, bracelets and comparable medical identification bands

3. Earrings. Dangling earrings are not permitted when providing direct patient care (see Dress Code for Nursing)

F. CH Identification:

1. ID badges (employee photo must not be covered by stickers, pins, etc.)

G. Body piercing:

1. Piercing not located in the ear (except small nose studs) must be removed or covered with clothing while working.

2. Small nose jewelry studs no larger than two (2) millimeters in diameter or clear studs are permitted.

3. Nose rings, eye brow rings, tongue rings, lip rings, or rings attached to other visible body parts (except ears) by piercing are prohibited.

H. Tattoos: Visible tattoos must be small in nature and not construed as offensive or illegal. Individuals may be asked to cover tattoos at management or HR discretion. Any questions regarding the interpretation of this requirement shall be decided in favor of conservative standards. Large tattoos on the neck, face and arms must be covered if in public facing areas, unless an infection control risk**.**

I. Fragrances and scents:

1. Use of strong scented personal care products (perfume/cologne, hairspray, body lotion, deodorant, aftershave) shall be minimized to avoid offending or affecting others.

2. All staff are to be sensitive to and respectful of the fact that some co-workers and patients may have a fragrance sensitive medical condition.

3. All staff shall practice good hygiene to avoid bad and offensive body odor including making an effort to minimize tobacco smell.

J. Gum chewing is not permitted when job duties require contact with patients and/or customers.

K. Clothing:

1. All workforce members should practice common sense rules of neatness, good taste, and comfort.

2. Select clothing that communicates and reflects a professional, business-like appearance.

L. Acceptable Attire:

1. Clothing that fits properly.

2. Clean, pressed and wrinkle-free.

3. No holes or frayed areas and not faded.

4. Any professional garment where the sleeves extend to, at least, the edge of the shoulder.

M. Unacceptable attire:

1. Tight fitting and/or provocative clothing to include low, revealing necklines.

2. Sheer clothing that shows undergarments.

3. Any color of denim, whether jeans, jackets, vests, dress or skirts (unless approved by VP of the department or part of daily uniform).

4. Sweatshirts, T-shirts (unless approved by VP of the department) and sleeveless shirts.

5. Hemlines shorter than 2" above the knee.

6. Casual clothing that you might wear to the gym, or the beach (i.e. shorts, sweats, yoga pants).

7. Solid colored leggings may be allowed if worn with a long sweater, dress or tunic.

N. Footwear should be clean, appropriate for the job, and in good condition.

1. Beach, river, casual sandals and sandal thongs are not permitted.

2. Open-toed shoes and sandals are not permitted for patient care services positions.

3. Dressy open-toed shoes and sandals are permitted in non-patient care areas.

O. CH logo clothing is permitted.

1. Other logo wear is not permitted to be worn by staff.

2. Logo buttons, pins, badge lanyards, or stickers may not be worn in immediate patient care areas. (Immediate patient care areas include patient's rooms, examination rooms, operating rooms, post-anesthesia care rooms and places where patients receive treatment, such as dialysis, x-ray, and therapy areas.)

3. On a case-by-case basis, other limitations may be required due to special circumstances.

P. CH provided surgical scrub clothing may not be worn outside the hospital.

Q. Scrubs or lab coats may be required for clinical staff working with patients or blood and body fluids. Need for scrubs is at the manager's discretion.

Testimonials From Prior Interns

Gabrielle Piela, M.S.

Ph.D. – Clinical Psychology, Pace University

Doctoral Internship Year: 2023-2024

My time at Confluence Health as a behavioral health intern has helped me hone my clinical voice in a way that goes beyond what I thought was possible. I applied to Confluence for the opportunity to expand my clinical skill and perspective outside of the metropolitan environment in which I had done the majority of my training up to that point. Training in a rural healthcare environment helped me to better understand the breadth of clinical presentation I may see in other environments, and helped me to become a stronger, more flexible clinician. The environment was fast paced and demanding, and encouraged me to grow as an advocate, both for myself and for my patients. I feel grateful to have had the opportunity to train here. I know I will go into the next stage of my career well prepared, with the clinical skillset I built during my time here.

Revital Bregman, M.A.

Psy.D. – Clinical Psychology, William James College

Doctoral Internship Year: 2023-2024

I chose to come to Confluence Health for my pre-doctoral internship because of the comprehensive training provided. As someone who is passionate about health psychology, I was excited to work within a multidisciplinary team, and expand and hone on my clinical skills with the integrated model. Before I began the internship, I thought I knew what patient populations and mental health disorders I wanted to continue to work with but, having the opportunity to work with a diverse population of clients presenting with a wide range of complex medical and mental health issues, has broadened my perspective and deepened my understanding of my own interests as a future clinical psychologist.

My year at Confluence Health was incredibly valuable and provided me with a learning experience that was filled with challenges and wonderful growth. It would not have been such a unique experience without the support of my exceptional supervisors – Dr. Carrillo, Dr. Day, and Dr. Ventura. Not only did they encourage me to challenge myself and take advantage of any opportunities to learn, but also wanted me to succeed and

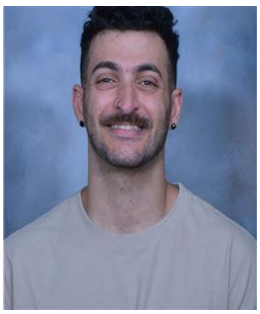
supported my personal and professional growth. I feel incredibly lucky to have had this internship experience and working with supervisors and staff that were always there to make sure that the needs of the interns are met. It was truly an amazing year which exceeded my expectations, and provided me with the knowledge and skills that I will carry with me throughout my career as an emerging psychologist.

Abby Porter, M.A.

Psy.D. – Counseling Psychology, Saint Mary's University of Minnesota

Doctoral Internship Year: 2024-2025

I am deeply grateful for the invaluable experience I've had during my internship with Confluence Health. Reflecting on my journey from the first day to my final day, I can clearly recognize the tremendous growth I've experienced, both personally and in my clinical skills. This development would not have been possible without the unwavering support, guidance, and wisdom of Drs. Carrillo, Day, and Ventura. Throughout the year, I have sincerely appreciated the unique insights, perspectives, and authenticity each supervisor brought to our supervisory relationship. Their mentorship has played a critical role in shaping my confidence and competence as an emerging psychologist. This internship has laid a strong foundation for my future in the field, and I feel well-prepared for the next steps in my professional journey. I hope future interns are met with the same opportunities for growth, development, and support that I was fortunate to receive. Thank you, Dr. Carrillo, Dr. Day, Dr. Ventura, and the entire Confluence Health team, for being such an integral part of my training and professional path



Tony Assaf, M.A.

Psy.D. – Clinical Psychology, Azusa Pacific University

Doctoral Internship Year: 2024-2025

My internship at Confluence Health has been a transformative experience that significantly expanded my clinical knowledge and confidence. Over the past year, I've experienced remarkable professional growth, and any lingering feelings of imposter syndrome have been replaced with a strong sense of competence and belonging. I truly appreciated the thoughtfully paced onboarding process, which allowed for a gradual increase in caseload and responsibilities. This approach gave me the space to build confidence while deepening my clinical skills. Throughout my time here, I've had the invaluable opportunity to work with a diverse range of DSM-5-TR diagnoses—many of which I had not encountered before—broadening my diagnostic and therapeutic experience in meaningful ways. Dr. Carrillo, Dr. Day and Dr. Ventura trained and supported us

with their diversity in knowledge and humor and I truly value them as the best supervisors I've had as a graduate student. I am ecstatic to see this internship program continue to grow and develop over time.

Zsuzsanna Feher, M.A.

Psy.D. – Clinical Psychology, Chicago School of Professional Psychology

Doctoral Internship Year: 2024-2025

My internship at Confluence Health has been an incredibly rewarding and uplifting experience. From the very beginning, I felt welcomed and supported by every single member of the team. The kindness and encouragement I received made a lasting impression, and I truly enjoyed being part of such a compassionate and collaborative environment. What stood out most to me was the atmosphere; it was consistently positive and energizing. Group supervision sessions were especially meaningful, creating a space where we felt safe, heard, and uplifted. I'm deeply grateful to all three of our supervisors, whose support throughout the year helped turn even the most challenging moments into opportunities for growth rather than discouragement.

Working in a hospital and providing therapy there was a fulfilling experience that made me proud to serve as a behavioral health provider. The social atmosphere at Confluence Health truly outweighed the physical environment, making it a wonderful place to learn and grow. I appreciated the opportunity to work with a diverse clinical population and to be exposed to different types of people and presentations. The testing experience was particularly enjoyable, and I found Dr. Ventura's feedback to be insightful and enriching. My clinical approach is rooted in CBT, and I felt consistently supported by Dr. Carrillo during our supervisions. I can also thank him for helping me learn how to be more flexible in different clinical and social settings, something I am forever grateful for. There were also times when Dr. Carrillo specifically went out of his way to make us interns feel more emotionally comfortable, providing a great example of what a supportive supervisor can be. Dr. Day's unwavering empathy was something I deeply valued. I am truly grateful for this clinical team and for everything I've learned during my time here. Thank you all for making this a meaningful and memorable experience.

Thank you for visiting our Health Service Psychology Doctoral Internship site!

As part of a complete AAPI application, interested applicants should be sure to *include the following* through the AAPI online link.

1. **COVER LETTER**
2. **CURRICULUM VITAE**
3. **GRADUATE SCHOOL TRANSCRIPTS**
4. **3 LETTERS OF REFERENCE**

Please contact me with any questions. I want to make sure that the application process goes smoothly for you and that your internship year at Confluence Health is successful.

Sincerely,

Patrick Carrillo, Ph.D.
Training Director, Doctoral Internship Program
Clinical Director, Behavioral Health Service Line

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