



UTAH Psychology Internship Consortium Handbook

www.ut-pic.org

Intermountain Healthcare DSU Booth Wellness Center
Southwest Behavioral Health Center Valley Behavioral Health

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Welcome to UT-PIC!

Dear Incoming Interns,

Welcome to the Utah Psychology Internship Consortium!

The Utah Psychology Internship Consortium (UT-PIC) was created through the determined efforts of many individuals dedicated to creating high-quality psychology internship training across the state of Utah. We are excited to welcome you as the third internship cohort of UT-PIC. The UT-PIC faculty has worked diligently to develop an internship program that meets your needs as well as the behavioral health needs of the population of rural Utah. The faculty of UT-PIC is excited to support your professional development, and we look forward to a successful training year.

As psychologists-in-training utilizing the resources of UT-PIC, you have an opportunity this year to enhance your skills and gain a breadth of knowledge. The internship training program is designed to build on your current knowledge through your work with your on-site supervisors, other UT-PIC and organizational faculty, and each other as a cohort. The training year will be challenging and at times will push you beyond your comfort zone, all in service of providing you a rich and rewarding training experience and expanding your competencies as a behavioral health professional.

The UT-PIC faculty looks forward to working with each of you!

Sincerely,

Cathie Fox, Ph.D.

Program Director

UT-PIC Training Committee Contact Information

Program Director: Dr. Cathie Fox (see contact information under Intermountain below)

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❖ Valley Behavioral Health

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❖ Southwest Behavioral Health Center

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❖ The DSU Booth Wellness Center

- Supervising Psychologist: Garyn Gulbranson, Psy.D.
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❖ Utah Center for Rural Health

- Rita Osborn, Executive Director Southern Utah AHEC/Utah Center for Rural Health/Rural Health Association of Utah, osborn@suu.edu – 435-865-8520 (office)
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Overview

The Utah Psychology Internship Consortium's mission (UT-PIC) is to prepare, train and retain high quality culturally competent psychologists to provide behavioral health care for the rural and underserved people of Utah. The Utah Psychology Internship Consortium (UT-PIC) represents the collaborative effort of multiple agencies – Intermountain Healthcare, Valley Behavioral Health, Southwest Behavioral Health Center, and the DSU Booth Wellness Center - to share resources and faculty for the purpose of providing a diversified educational program for psychology interns. Training takes place at four training sites across Utah.

Accreditation Status

UT-PIC is Accredited, on contingency by the American Psychological Association (APA), with the initial date of accreditation as April 5, 2020.

Questions specifically related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979

Email: apaaccred@apa.org

APPIC Membership Status:

UT-PIC is a member of APPIC and participates in the APPIC match. UT-PIC uses the following Match numbers: the DSU Booth Wellness Center in St. George, UT (APPIC code: 248711), Southwest Behavioral Health Center in St. George, UT (APPIC code: 248712), Valley Behavioral Health in Salt Lake City, UT (APPIC code: 248713) and Intermountain Healthcare in Richfield, UT (APPIC code: 248714).

Program Structure

UT-PIC offers one-year, full-time doctoral internships beginning and ending in August. The start date for the 2021-2022 cohort is August 2, 2021. The Consortium provides a range of clinical and didactic experiences that represents the necessary depth and breadth required for future professional practice within psychology. Interns have a primary placement at one of four sites, with both required and elective rotations and other training experiences at other sites within the consortium. Across training sites, interns are expected to complete a full-time internship during the course of the internship year, of which at least 25% (500 hours) are spent in the provision of direct face-to-face clinical services. Interns are expected to achieve the internship program aim and objectives, as stated below, and to abide by the APA Code of Ethics, the requirements of the UT-PIC training program, and the policies and procedures of their primary training site.

UT-PIC trains clinical psychologists who are effective consumers of research and who utilize scholarly inquiry to inform their practice. UT-PIC offers generalist training with a focus on rural and

underserved populations, with the opportunity for specialized training that varies across training sites. More information about each training site and the resources and opportunities offered by each is provided below.

UT-PIC Aims and Competencies

Mission and Program Aim

The Utah Psychology Internship Consortium's mission (UT-PIC) is to prepare, train and retain high quality culturally competent psychologists to provide behavioral health care for the rural and underserved people of Utah.

Profession Wide Competencies and Learning Elements

Overarching Goals: The Utah Psychology Internship Consortium (UT-PIC) represents the collaborative effort of four Utah agencies and the Western Interstate Commission for Higher Education, WICHE, to share resources and faculty for the purpose of providing a broad and general educational program for psychology interns.

Our program offers one-year, full-time internship positions at agencies across Utah. It is expected that by the conclusion of the internship year, interns will have achieved intermediate to advanced competence in APA's nine Profession Wide Competencies and associated Learning Elements. For a comprehensive list of all required Learning Elements, please see the UT-PIC Intern Evaluation. The following represents a list of all required competencies and a general summary of associated learning elements:

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

Learning Elements related to this competency include the following:

- Evaluation and/or dissemination of research or other scholarly activities
- Application of scientific knowledge to practice

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

Learning Elements related to this competency include the following:

- Knowledge of ethical, legal, and professional standards
- Recognition of ethical dilemmas
- Adherence to ethical principles and guidelines
- Consult appropriately with supervisor to act upon ethical and legal aspects of practice.

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

Learning Elements related to this competency include the following:

- Cultural awareness of self and others
- Effective navigation of cultural differences
- Effects of cultural considerations on clinical activities
- Evidence-informed approach to cultural considerations

- Initiate discussion with supervisors as appropriate about diversity issues and integrate feedback into practice.

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

Learning Elements related to this competency include the following:

- 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 they progress across levels of training.
- Accept responsibility for meeting deadlines, completing required documentation promptly and accurately.

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

Learning Elements related to this competency include the following:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- Demonstrate knowledge of and comfort with the technological systems necessary for professional engagement.
- Demonstrate understanding of appropriate social media activities that maintain professionalism and respect.

Competency 6: Interns will achieve competence appropriate to their professional developmental level in the area of Assessment.

Learning Elements related to this competency include the following:

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

- 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.
- Articulate relevant developmental features, clinical symptoms, and cultural factors as applied to presenting questions and findings (e.g., intergenerational trauma).

Competency 7: Interns will achieve competence appropriate to their professional developmental level in the area of Intervention

Learning Elements related to this competency include the following:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans using best practice guidelines specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to 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.

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

Learning Elements related to this competency include the following:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Demonstrate understanding of roles and responsibilities of the supervisor and supervisee in the supervision process.
 - Collaborate with supervisor and provides feedback regarding supervisory process.
 - Seek supervision to improve performance, presenting work for feedback, and integrating feedback into performance.
- Provide feedback to peers regarding peers' clinical work in context of group supervision or case conference.

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

Learning Elements related to this competency include the following:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Examples include but are not limited to role-played consultation with others, peer consultation or provision of consultation to other trainees, and consultation within a direct care team or setting.

Evaluation of Competencies

By the end of the internship year, a minimum rating of “4” is expected for each of the broad competencies and individual training elements to demonstrate having achieved competence in the UT-PIC Training Competencies. The intern is expected to seek greater learning about and understanding of the element as a form of ongoing development. Supervision focuses on further refining and developing advanced performance of this element.

Please see Appendix A: Supervisor Evaluation of Intern Form for more information.

Group Supervision

Group Supervision Description:

The purpose of UT-PIC Group Supervision is to help interns become more reflective, competent and effective clinicians. Our goal is to help deepen and expand interns' clinical practice. Group Supervision will help interns learn how to better identify areas of clinical weakness and strength. Group Supervision provides an opportunity for interns to learn from one another. The Group Supervision experience will help interns to gain confidence in their own abilities and develop a stronger sense of professional identity. Group Supervision also will assist interns in dealing with the anxieties and discomforts of doing clinical work. Finally, Group Supervision will offer interns an opportunity to learn how to better present their work in a case conference format, provide (simulated) supervision to their fellow interns, and lead didactic presentations.

The scope of Group Supervision will include the areas of intervention, consultation and assessment. Group Supervision will help interns utilize their own human capacities more fully in the process of doing psychotherapy and become better psychotherapists. Group Supervision will help interns gain a deeper understanding of patients. The Group Supervision also will help interns in their practice of consultation and assessment especially regarding challenging interpersonal situations and countertransference.

Group Supervision will draw from the theoretical orientations and knowledge of all group members. This will be a group experience, and as such it will utilize all group members' capacities, interests, and wonderings. Learning from peers will be a primary element of the group experience. Therefore, interns' feedback to and interaction with one another will be a main component of Group Supervision. Interns' work and participation in Group Supervision will be evaluated by the Group Supervision supervisor and this evaluation will be provided to interns' primary supervisors.

Structure:

Unless otherwise noted, UT-PIC Group Supervision will take place by videoconference on Fridays from 10:30 a.m. to 12:30 p.m. The rotating Group Supervision supervisor and all interns will participate in the videoconference from their own individual computers. Attendance at Group Supervision will be required for all interns.

The initial session(s) of Group Supervision will focus on developing a supportive and safe environment and an atmosphere conducive for learning. This initial phase also will help to better establish a sense of cohesiveness among interns. In this first phase of supervision we will talk about our history with supervision and group supervision. We will begin to identify interns' clinical areas of strength and weakness and will discuss interns' goals, hopes and fears as clinicians. We also will discuss the guidelines of group supervision, detail the expectations of interns and supervisor and develop a framework for Group Supervision.

After the initial phase of Group Supervision, the format will shift. Thereafter, each Group Supervision session will begin with 10 minutes of socialization time. These 10 minutes of unstructured time will allow interns to interact without the group supervisor being present. The purpose of this time is to provide interns with an opportunity to reconnect, touch base about internship-related matters, catch up with one another about personal life, and strengthen cohort cohesiveness. At the conclusion of socialization time, the group supervisor will ask if any interns have any urgent supervision needs, and if so, group supervision session will address these needs. Urgent supervision matters always take preference over any planned Group Supervision event. If there are no urgent supervision matters, Group Supervision will proceed with a scheduled event. Group Supervision scheduled events will be comprised of several different formats and will include case conference presentations, topic-based discussion, case vignette conceptualization from one's theoretical perspective, "supervision fishbowl," and intern-led didactics.

For the case conference format each intern, on a rotating basis, will present his or her (intervention or assessment) work or consultation experience(s) to the group. The presenting intern will begin the case conference by framing the supervision and either describe what help he or she would like, identify the clinical issues on which he or she would like the group to focus, or provide background about what brings him or her to present this work or consultation experience. The intern will then present material about his or her work or consultation experience and the group will discuss the intern's work or consultation experience. Discussion will be a collaborative, group-wide effort and will not solely consist of the supervisor commenting on the presenter's work. In discussing clinical work, the group will keep in mind the presenter's request for help and/or reason for presenting this work. Group members will be expected to address the presenter's concerns, provide feedback, offer emotional support and provide any criticism from a place of kindness and professionalism.

The case vignette from one's theoretical orientation will give interns an opportunity to hear about one another's theoretical perspective and compare and contrast how each intern would approach a particular case. Case vignettes will be emailed sometime before the scheduled supervision session to give interns a chance to familiarize themselves with the case. With this format each intern will first describe how he or she might go about treating this particular (vignette) person. After all interns have described the case from their theoretical orientation we will then as a group discuss and explore the varying ways each intern and theoretical orientation approached the case.

The "fishbowl supervision" format will give interns an opportunity to experience what it is like to provide supervision. In this format one intern will be designated as the supervisor, one as the supervisee, and the others (the group supervisor) will observe the supervision. After the (approximately 50 minute) supervision concludes, observers, supervisor and supervisee will have a group discussion in order to explore and give feedback about the supervision.

Group Supervision discussion will strive to maintain a safe environment and an atmosphere helpful for learning. This will be an atmosphere where supervisor and interns will be expected to be reflective. In this learning environment mistakes will not only be acceptable, they will be (dare we say) welcomed. Discussion also will allow for interns' questions and topic-focused discussion on theory or practice.

Discussion will allow interns to reflect on and talk about feelings about patients. Since our own experience with and reactions to patients is a major part of doing clinical work, it is expected that we will sift through these reactions. Discussion about our work at times may lead to talking about our own personal beliefs, values and cultural biases. While we may have sensitive discussion about our feelings, beliefs, biases and personal values, this discussion will only be in the service of learning about our clinical work. Thus, Group Supervision will not be psychotherapy.

Confidentiality:

Confidentiality and standard limitations of confidentiality will exist in Group Supervision. Interns will be expected to maintain the standards of practice with regard to confidentiality. Interns may talk with others outside the group about their own personal experience in the group but may not discuss any information about other interns, patients, or work with patients. The group supervisor will be expected to maintain the standards of practice with regard to supervision confidentiality. Expected limitations of confidentiality for the group supervisor will exist in terms of issues of dangerousness, upholding legal requirements and mandatory reporting. It also will be expected that evaluative information to UT-PIC supervisors and Training Committee members and information regarding patient risk will be disclosed by the group supervisor. Disclosure of information to the UT-PIC Program Director, licensing board or graduate program may be possible in the event of gross ethical violation, illegal activity or activity requiring the initiation of Due Process procedures.

Evaluation:

The group supervisors will provide evaluative information to interns' primary supervisors prior to interns' three scheduled (3-month, 7-month and conclusion of internship) evaluations. Evaluation will be based on the competencies detailed in the UT-PIC document, "Evaluation of Interns." If at any time during the course of the year the group supervisor believes an intern does not "Meet Expectations," the group supervisor will discuss this with the intern and the intern's primary supervisor. While formal evaluation occurs only three times during the year, feedback about interns' professional development may be provided to all UT-PIC supervisors and Training Committee members throughout the entire training year.

Requirements for Successful Internship Performance

(Including expected competencies and minimal levels of achievement for completion)

Expected Competencies

The Utah Psychology Internship Consortium requires that interns demonstrate minimum levels of achievement across all training competencies, as outlined in the Competencies. Interns are formally evaluated by their primary supervisor at 3 months, 7 months, and at the end of the internship year. The evaluation form includes information about the interns' performance regarding all of UT-PIC's expected competencies and the related training elements.

Additionally, all UT-PIC interns are expected to complete 2000 hours of training during the internship year. At least 25% of trainees' time is in face-to-face psychological services to patients/clients. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Feedback to the interns' home doctoral program is provided at the culmination of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning, middle, and end of the internship. Additionally, interns will complete a Program Evaluation Survey at the beginning, middle, and end of the internship year, in order to provide feedback that will inform any changes or improvements in the training program.

Minimal Levels of Achievement for Completion

In addition to completing 2000 hours of training during the internship year, a minimum level of achievement on each evaluation is required.

A minimum level of achievement on each evaluation is defined as a rating of "4" for each competency at the end of the internship year. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1 = Insufficient Competence: The intern does not understand or is unable to effectively demonstrate the element; 2 = Emerging Competence: The intern has a basic foundation in the element and moves toward acquiring competence in it; 3 = Maturing Competence: The intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element; 4 = Competent: The intern is aware of the element and frequently applies it in their work without need for assistance; and 5 = Proficient/Advanced: The intern has a well-established competence in the element (knowledge, awareness, or skill) being evaluated. If an intern receives a score of less than 2 at the 3-month evaluation period or a score of less than 3 at the 7-month evaluation period on any component of any evaluation, or if supervisors have reason to be concerned about the intern's performance or progress, the program's due process procedure will be initiated. The due process procedure can be found on www.ut-pic.org.

If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the due process procedure, the home doctoral program will be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by UT-PIC as a result of the due process procedure, up to and including termination from the program.

Supervision Requirements

GENERAL SUPERVISION

UT-PIC recognizes the rights of interns and faculty to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff are collegial and conducted in a manner that reflects the highest standards of the profession. UT-PIC faculty inform interns of these principles and of their avenues of recourse should problems arise through policies that are available at <https://ut-pic.org/> and in the UT-PIC Intern Orientation Manual.

UT-PIC faculty regularly schedule supervision and are accessible for consultation to interns when they are providing clinical services. UT-PIC faculty provide interns with a level of observation, guidance and supervision that encourages successful completion of the internship. Faculty serve as professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the UT-PIC's training aims.

One licensed psychologist serves as primary clinical supervisor for each intern. Interns receive a minimum of two (2) hours of individual supervision each week from a licensed psychologist. Supplemental weekly individual supervision may be provided by other appropriately credentialed professionals at the training site. Weekly group supervision will be required and conducted with all interns across consortium sites via distance technology. Group supervision may focus on legal/ethical issues and clinical topics. All interns will receive a total minimum of 4 hours per week of supervision.

TELESUPERVISION

The Utah Psychology Internship Consortium uses videoconferencing to provide weekly group supervision to all interns and, on occasion, to provide supplemental individual supervision on an as needed basis. Telesupervision may not account for more than 2 hours of the minimum required 4 total weekly hours of supervision.

We believe that the use of technology in training serves as an opportunity to introduce and acquaint interns with good video-conferencing practices that inform distance learning and telehealth, should they need to provide distance-delivered services in the course of their professional work after completing the Internship. Videoconference supervision will not commence until after UT-PIC Orientation and the intern has become acquainted with the supervisors and peers through in-person interaction. Also, prior to obtaining supervision via videoconference, interns will become familiar with the concept through readings and didactic training provided during UT-PIC Orientation. UT-PIC recognizes that distance technology is often an important component of rural practice, and in this way, telesupervision is consistent with the overall mission of the internship.

Group supervision in this format is required for all current UT-PIC interns for two (2) hours each week, at a regularly scheduled time. Interns and supervisors meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. This supervision group is led by each member of the UT-PIC training faculty, on a rotating basis. UT-PIC

places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. UT-PIC recognizes the importance of supervisory relationships. Group supervision is led by each member of the core UT-PIC training faculty on a rotating basis, in order to provide all interns with the opportunity to experience a breadth of supervisory relationships beyond their primary supervisor. Given the geographical distance between training sites, this model allows the interns to form greater connection to the entire training faculty than would be experienced otherwise. It is expected that the foundation for these supervisory relationships will be initially cultivated during UT-PIC's orientation, such that interns will have formed relationships with the entire training faculty prior to engaging in videoconference group supervision. For all clinical cases discussed during group supervision, full professional responsibility remains with the intern clinician's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately.

As for individual supervision, some sites supervise clinical services via distance. These services fall under the supervisor's license and the supervisor maintains clinical responsibility. Telesupervision is utilized in addition to weekly in-person supervision on an as needed basis (e.g. crisis management consultation) when timely in-person supervision is not possible due to travel to remote locations. Interns also have consistent access to other supervisory staff and are expected to utilize those staff in the event that non-scheduled consultation or crisis coverage is required when the primary supervisor for any case is off-site.

All UT-PIC videoconferencing occurs over a secure network. Supervision sessions using this technology are never recorded. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the appropriate IT personnel at each site.

Reviewed/revised and approved by UT-PIC Faculty on 2/13/2020

Videoconference Supervision Policy

The Utah Psychology Internship Consortium uses videoconferencing to provide weekly group supervision to all interns. This format is utilized in order to promote interaction and socialization among interns and faculty. Interns and faculty meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Group supervision in this format is required for all current UT-PIC interns for two (2) hours each week, at a regularly scheduled time. This supervision group is led by each member of the UT-PIC training faculty, on a rotating basis. UT-PIC places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. UT-PIC also emphasizes training in distance technology due to the high level of need for distance-delivered services in the State of Utah. Regular videoconferencing for group supervision provides a meaningful way to practice utilizing distance technology such that interns may become skillful in using this technology. UT-PIC recognizes the importance of supervisory relationships. Group supervision is led by each member of the core UT-PIC training faculty on a rotating basis, in order to provide all interns with the opportunity to experience a breadth of supervisory relationships beyond their primary supervisor. Given the geographical distance between training sites, this model allows the interns to form greater connection to the entire training faculty than would be experienced otherwise. It is expected that the foundation for these supervisory relationships will be initially cultivated during UT-PIC's orientation, such that interns will have formed relationships with the entire training faculty prior to engaging in videoconference group supervision. For all clinical cases discussed during group supervision, full professional responsibility remains with the intern clinician's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. All UT-PIC videoconferencing occurs over a secure network, using video teleconferencing bridges. Supervision sessions using this technology are never recorded. All interns are provided with instructions regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to on-site IT staff.

UT-PIC Due Process Procedures

Performance Issues about Interns

For situations in which a supervisor or other faculty member raises a significant concern about the performance or behavior of a psychology intern:

UT-PIC has developed a Due Process and Resolution process, which focuses on prevention and a timely response to identified problems. This ensures that decisions made by the consortium are not arbitrarily or personally based and identifies specific steps that are applied to all interns. Further, clearly identified steps and a process are provided for an intern to address an issue with some aspect of the Training Program or one of its members.

Doctoral-level psychology interns are expected to maintain the highest standards of personal conduct, integrity and professionalism. They are expected to support and comply with APA Ethical Guidelines and to utilize supervision effectively in order to grow professionally. It also is the responsibility of the intern's clinical supervisor and the UT-PIC faculty to assure that high standards of professionalism are attained by the interns under their supervision. Maintenance of these standards will promote effectiveness of both the professional training provided by the internship and the quality of psychological work provided by the interns to clients/constituent communities of the consortium agencies.

General Due Process Guidelines

Due process includes steps that assure fair evaluation of intern performance, intern awareness of options for resolution of performance issues and clearly defined steps for notice, hearing and appeal. General guidelines for due process at UT-PIC include the following:

- A. The Training Faculty will present UT-PIC's program expectations for professional functioning to interns in writing, at the start of the training period. This is discussed in a group format during orientation and may be followed up individually during supervision. Interns sign an acknowledgement indicating receipt and understanding of, and agreement to abide by, these guidelines and other UT-PIC policies.
- B. The process for evaluation of interns is clearly described during orientation. Interns will be formally evaluated at least three per year by their primary supervisor. The written evaluation is based on APA criteria and includes the profession-wide competencies of:
 1. Research
 2. Ethical and legal standards
 3. Individual and cultural diversity
 4. Professional values, attitudes, and behaviors

5. Communication and interpersonal skills
 6. Assessment
 7. Intervention
 8. Supervision
 9. Consultation and inter-professional/interdisciplinary skills
- C. The various procedures and actions involved in decisions regarding inadequate skills or problematic behaviors are described to interns.
- D. The Program Director and/or site clinical supervisor will communicate early and often with academic programs about any suspected difficulties with interns.

Definition of Problem Behavior

For purposes of this document, 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,
- 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Issues typically become identified as problematic when they include one or more of the following characteristics:

- 1) The intern does not acknowledge, understand, or address the problem when it is identified,
- 2) The problem 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 problem is not restricted to one area of professional functioning,

- 5) A disproportionate amount of attention by training personnel is required,
- 6) The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time,
- 7) The problematic behavior has potential for 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 class.

Administrative Hierarchy and Definitions

UT-PIC's Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Faculty roles included herein are defined as follows:

- Supervisor: Any faculty member who provides direct supervision or teaching to an intern.
- Associate Program Director: A supervisor who functions as a site-level director of training and serves as a voting member of the Training Committee, if applicable.
- Program Director: The supervisor who functions as the program-level director of training. He or she leads the Training Committee and serves as a voting member.

Use of Videoconference

Videoconferencing will be utilized for situations that require the meetings of interns and training staff who are located in geographically different areas of Utah.

Informal Review

When a supervisor believes that an intern's behavior is or may likely become problematic, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This process should be documented in writing, but will not become part of the intern's professional file.

Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a "2" on a broad domain within a supervisory evaluation at the

3-month or 7-month evaluation or a rating below a "3" at the 7-month evaluation, the following process is initiated:

- A. The supervisor will meet with the Associate Program Director (ATD), Program Director (PD), and intern within two weeks to discuss the problem and determine what action needs to be taken to address the issue. If a Program Director is the intern's direct supervisor, an Associate Program Director will be included in the meeting.
- B. The intern will have the opportunity to provide a written statement related to his/her response to the problem.
- C. After discussing the problem and the intern's response, the supervisor, ATD, and Program Director may:
 - 1) Issue an "Acknowledgement Notice" which formally acknowledges
 - a) that the faculty is aware of and concerned with the problem,
 - b) that the problem has been brought to the attention of the intern,
 - c) that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating, and
 - d) that the problem is not significant enough to warrant further remedial action at this time,
 - e) A written notice will be submitted to the intern and the Director of Clinical Training at the trainee's graduate institution. This notice will be issued within 5 working days of the meeting.
 - 2) Place the intern on "Probation" which defines a relationship such that the faculty, through the supervisors and PD, actively and systematically monitor, for a specified length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisors and PD. The probation is a written statement to the intern and to the Director of Clinical Training at the trainee's graduate institution and includes:
 - a) the actual behaviors or skills associated with the problem,
 - b) the specific recommendations for rectifying the problem,

- c) the time frame for the probation during which the problem is expected to be ameliorated, and
- d) the procedures designed to ascertain whether the problem has been appropriately rectified.

This written statement will be issued within 5 working days of the decision. The PD or primary supervisor will notify the WICHE consultant at this time and will also notify the Human Resources department at the intern's place of employment. At the end of this probation period, the Program Director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and will also be shared with the intern and sent to the Director of Clinical Training at the intern's graduate institution as well as the Human Resources department at the intern's place of employment. The intern shall receive a copy of the letter to the sponsoring university.

3) Document the problem and take no further action.

- D. Once the Acknowledgment Notice or Probation is issued by the PD, it is expected that the status of the problem or inadequate rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty and the intern, the sponsoring university and other appropriate individuals will be informed and no further action will be taken.
- E. If the problem is not rectified through the above processes the intern's placement within UT-PIC may be terminated.
- F. If the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within UT-PIC may be terminated.
- G. If the intern's employment is terminated by the site, the intern's placement within UT-PIC may be terminated.
- H. The final decision to terminate an intern's placement would be made by the entire Training Committee and would represent a discontinuation of participation by the intern within every aspect of the consortium. The Training Committee would make this determination during a meeting convened within a reasonable timeframe following the conclusion of step A or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The PD or primary supervisor will notify the WICHE consultant at this time and will also notify the Human Resources department at the intern's place of employment. The Program Director may decide to temporarily suspend an intern's clinical activities or place an intern on paid

administrative leave during this period prior to a final decision being made, if warranted.

- I. UT-PIC will adhere to APPIC's Policies on intern dismissal and secure a release from the Match contract.

Appeal and Review Panel

If the intern does not agree with the decisions made from previous Due Process steps, or if he or she wishes to formally challenge ratings received on a formal evaluation, an Appeal may be submitted by the intern to the Training Committee.

- A. This request must be made in writing--an email will suffice--to the Program Director within 5 working days of notification regarding the decision made in step C or D above, or within 10 days after receiving a formal evaluation. The PD or primary supervisor will notify the WICHE consultant at this time and will also notify the Human Resources department at the intern's place of employment.
- B. If requested, the Appeal will be conducted by a review panel consisting of two licensed psychologists and one agency HR/administrative representative selected by the Associate Program Directors with recommendations from the Program Director and the intern involved in the issue at hand. The two licensed psychologists selected will not be on the Training Committee and will not have directly supervised the intern.
- C. The Appeal review will be held over a two-week period. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. The review panel has final discretion regarding outcome.
- D. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Training Committee and supported by the Program Director, then that appeal is reviewed by the Program Director in consultation with the Training Committee. The Program Director will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original review panel is upheld.

UT-PIC Grievance Policy

Grievances by Interns

These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

Informal Review

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Program Director in an effort to informally resolve the problem. If the issue cannot be resolved with the involved party, the intern should raise the issue informally with the Program Director or appropriate faculty member in an effort to informally resolve the problem. The Program Director or appropriate faculty member will intervene in an informal manner attempting to resolve the grievance. If this grievance is not resolved through the informal process, the Program Director or appropriate faculty member will initiate the formal review process, if appropriate. This decision to move into a formal review process will be made in collaboration with the grieved individual. Based on the nature of the grievance, faculty may initiate the formal review process in situations related to ethical, legal, and risk management violation.

If the grievance relates to interpersonal conflicts and/or is assessed by faculty to impact the learning environment, UT-PIC Training Committee will determine the appropriate approach, including but not limited to, conflict resolution, mediation, or other appropriate form of resolution.

The Program Director will document the process and outcome of the informal review.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Program Director. If the Program Director is the object of the grievance, the grievance should be submitted to an Associate Program Director/Site Director.

- A. The individual being grieved will be asked to submit a response in writing.
- B. The Program Director (or Associate PD, if applicable) or a designated Training Committee member will meet with the intern and the individual being grieved within 10 working days. In some cases, the Program Director or Associate PD may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include:

- a. The behavior associated with the grievance,
- b. The specific steps to rectify the problem and timeline,
- c. Procedures designed to ascertain whether the problem has been appropriately rectified.

The Program Director or Associate Program Director will document the process and outcome of the meeting.

- C. The intern and the individual being grieved will be asked to report back to the Program Director or Associate PD in writing at the end of the designated timeline regarding whether the issue has been adequately resolved.

If the plan of action fails, the Program Director or Associate Program Director will convene a review panel consisting of himself/herself and at least two other members of the Training Committee within two weeks.

- A. The intern may request a specific member of the Training Committee to serve on the review panel.
- B. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information.
- C. The review panel has final discretion regarding outcome.

Regarding grievances against staff members:

- A. If the above review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.
- B. If the review panel determines that the grievance against the staff member can potentially be resolved internally, the review panel will develop a second action plan that includes the same components as above.
- C. The process and outcome of the panel meeting will be documented by the Program Director or Associate Program Director.
- D. The intern and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within the timeframe designated above.
- E. The panel will reconvene within two weeks to again review written documentation and determine whether the issue has been adequately resolved.
- F. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

Use of Videoconference

Videoconferencing will be utilized for situations that require the meetings of interns and training staff who are located in geographically different areas of Utah.

Intern Performance Evaluation, Feedback, Retention, and Termination Decisions

Intern Performance Evaluation and Feedback

The Utah Psychology Internship Consortium requires that interns demonstrate minimum levels of achievement across all training competencies. Interns are formally evaluated by their primary supervisor three times annually, at 3 months, 7 months, and at the end of the internship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of UT-PIC's expected training competencies and the related objectives. Intern evaluations are based in part on direct observation of the intern as well other performance-based activities. Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback.

A minimum level of achievement on each evaluation is defined as a rating of "4" for each competency at the end of the internship year. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1 = Insufficient Competence: The intern does not understand or is unable to effectively demonstrate the element; 2 = Emerging Competence: The intern has a basic foundation in the element and moves toward acquiring competence in it; 3 = Maturing Competence: The intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element; 4 = Competent: The intern is aware of the element and frequently applies it in their work without need for assistance; and 5 = Proficient/Advanced: The intern has a well-established competence in the element (knowledge, awareness, or skill) being evaluated. If an intern receives a score of less than 2 at the 3-month evaluation period or a score of less than 3 at the 7-month evaluation period on any component of any evaluation, or if supervisors have reason to be concerned about the intern's performance or progress, the program's due process procedure will be initiated. The due process procedure can be found on www.ut-pic.org.

Additionally, all UT-PIC interns are expected to complete 2000 hours of training during the internship year. Meeting the hours' requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Feedback to the interns' home doctoral program is provided at the culmination of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning, middle, and end of the internship. Interns also complete a Program Evaluation Survey at the beginning, middle, and end of the internship year, in order to provide feedback to inform any changes or improvements in the training program.

Retention and Termination Decisions

If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the due process procedure due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by UT-PIC as a result of the due process procedure, up to and including termination from the program

Intern Recruitment and Selection Policy

Intern Recruitment

The Utah Psychology Internship Consortium (UT-PIC) offers several full-time positions each internship year across the multi-site consortium (the DSU Booth Wellness Center, Intermountain Healthcare, Southwest Behavioral Health Center, and Valley Behavioral Health). The number of positions varies based on funding within each site and is announced in advance through the APPIC website.

UT-PIC generally recruits applicants who:

1. Demonstrate sustained and specific interest in, and readiness for, focused training in the unique challenges of practicing psychology in rural and remote settings and to ensure clinical competency in working with Utah's various cultural groups;
2. Demonstrate interest and ability in the site's population and treatment model and communicates a good fit between the site and the intern's unique background, interests, experiences, and abilities;
3. Have enough clinical experience and/or skill to work effectively with clients with high complexity of needs across biopsychosocial domains (with supervisory support);
4. Have skills and sensitivity regarding multicultural issues, and willingness to continue to grow in this area; and
5. Demonstrate maturity, professionalism, and a commitment to on-going development and working within an interdisciplinary team setting.

UT-PIC recruits applicants from diverse backgrounds. The Consortium believes that a diverse training environment contributes to the overall quality of the program. UT-PIC provides equal opportunity to all prospective interns and does not discriminate because of sexual orientation and marital status that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.

UT-PIC does not engage in discrimination against or harassment of any person employed or seeking employment within our consortium on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, or service in the uniformed services. This policy applies to all practices, including recruitment, selection, salary, training and development. This policy is intended to be consistent with the provisions of applicable state and federal laws and site-specific policies. UT-PIC also prohibits sexual harassment and addresses any such grievance in collaboration with each site's Human Resource Department.

Application Process

Students interested in applying for the internship program submit an online application through the APPIC website (www.appic.org). Applicants apply to as many or as few training sites within UT-PIC as they choose. Applicants designate the training sites by selecting the appropriate Match Number when submitting the application. Only one complete application is required for consideration to any of the sites in the Consortium.

A complete application package consists of the following materials:

1. A completed On-line AAPI (APPIC's standard application);
2. Cover letter (part of on-line AAPI) stating your preferred training site(s) and why you are interested in those sites specifically;
3. A current Curriculum Vitae (as part of the on-line AAPI);
4. Three letters of recommendation, two of which must be from persons who have directly supervised your clinical work (as part of the on-line AAPI-*no more than three letters*); and,
5. Official transcripts of **all** graduate coursework.

All application materials must be received by the deadline in order to be considered. UT-PIC faculty members may choose to call references for additional information in December or January of the interview year. If applicants are invited to interview, they will be notified by email on or before the interview notification date. At that time, they will also be informed of the sites for which they have been selected to interview. To be sensitive to the high cost of travel and burgeoning student debt, UT-PIC will offer only videoconference interviews.

Intern Selection

Required Prior Doctoral Program Preparation and Experiences

Education: All applicants must be a current doctoral-level student in a counseling or clinical psychology program. Applicants from APA-accredited doctoral programs will be given priority. Applicants must be certified by their academic program as being ready for an internship.

Background Check: Candidates who match with UT-PIC must successfully complete a State of Utah background check (may include fingerprinting) prior to being appointed for internship. Final hiring for the internship is contingent upon clearing the general background check, and site-specific requirements. The UT-PIC website provides detailed information on the requirements for each individual site.

Preferred Qualifications

UT-PIC will base its selection process on the entire application package noted above; however, strong preference is given to applicants who have met the following qualifications prior to beginning internship:

1. A minimum of 300 intervention hours;
2. A minimum of 50 assessment hours;
3. Experience or special interest in working with diverse populations
4. Current enrollment and good standing in an APA-accredited doctoral program.

In addition to the preferences noted above, UT-PIC takes into consideration the potential commitment or interest of any prospective intern to remain in Utah following internship. Developing a strong behavioral health workforce is an important consideration for the state, and an interest in remaining in Utah to join the workforce will be considered a benefit in a potential intern.

Questions regarding the application or interview process may be directed to UT-PIC's Program Director.

Disability Accommodations Policy

All UT-PIC sites comply with the Americans with Disabilities Act. Interns with disabilities are not required to disclose their disability status. However, if an intern would like to request reasonable accommodations for their disability, UT-PIC requests that the intern inform their Site Supervisor as soon as possible to allow time for approved accommodations to be implemented. Reasonable accommodations will be provided to individuals with disabilities necessary to reduce or eliminate unnecessary barriers the intern may face in performing their job duties. Site Supervisors, the Program Director and/or representatives from the organization employing the intern may request documentation about an intern's disability and functional limitations whether the disability is visible or invisible. Site Supervisors, Training Committee members and organizational representatives will work with the intern to determine the most effective accommodations.

Nondiscrimination Policy

Diversity and Nondiscrimination

The Utah Psychology Internship Consortium strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by UT-PIC to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. UT-PIC fosters an understanding of cultural and individual diversity as it relates to professional psychology. UT-PIC strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. UT-PIC's training program includes an expected competency in diversity training, and multiple experiences are provided to be sure that interns are both personally supported and well-trained in this area. UT-PIC avoids any actions that would restrict program access or completion on grounds that are irrelevant to success in the training program or the profession.

UT-PIC welcomes applicants from diverse backgrounds and underrepresented communities. The Consortium believes that a diverse training environment contributes to the overall quality of the program. UT-PIC provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.

Maintenance of Records Policy

Record Retention

UT-PIC keeps all intern records that may be required for licensure purposes indefinitely. Our records are kept in an electronic system. Passwords are only provided to those individuals approved by UT-PIC Faculty and essential to the functioning of our consortium.

Intern Performance

The Utah Psychology Internship Consortium documents and permanently maintains accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program and for future reference and credentialing purposes. Additionally, UT-PIC informs interns of its records retention policy.

Complaints and Grievances

UT-PIC keeps information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. This information is tracked in an electronic log, and the records are stored in our electronic system. UT-PIC is aware that the Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

Administrative and Financial Assistance Policy

Stipend

The annual stipend across all of the consortium sites will be \$26,000 as well as \$5000/year housing support.

Benefits

All interns are required by the consortium to have current health insurance coverage. Access to health benefits will be provided to all interns but may vary across sites. Paid time off (PTO) will be available to all interns.

With regard to Family and Medical Leave extensions during the internship year, agency parameters will dictate extended leave options. Interns are responsible for discussing leave requests with their supervisor and working in coordination with their agency's HR department.

Leave such as vacation, professional, or sick leave will be available to all interns and will vary according to site-specific policies. In addition, UT-PIC interns have access to numerous resources. Funding for travel within the state of Utah is provided in order for interns to complete required training experiences. Assessment and other training materials are provided by each training site, and additional materials that may be needed can be purchased using consortium funding with TrainingCommittee approval. Additionally, each intern has access to administrative and IT support through their primary training site.

Intern Travel Reimbursement Policy

All interns must follow the travel policies of their site. The Consortium provides funding for expenses incurred during mandatory internship travel. Interns arrange their own travel in consultation with their supervisors. Reimbursement receipts must be submitted in a timely manner (within 30 calendar days of travel). Interns must determine if travel needs prior approval from their supervisor.

Didactic Attendance Policy

Attendance at the weekly Didactic Seminar (i.e., professional development, didactic lecture, and group supervision) and other scheduled group training activities is mandatory for all interns in the Utah Psychology Internship Consortium and is required for successful completion of the internship. Attendance at these scheduled activities should take priority over other site obligations each week. Site supervisors are aware of these activities and their requirement for interns.

A schedule for the Didactic Seminar will be distributed at the beginning of each year and may be updated throughout the year. Revisions will be provided on a periodic basis throughout the year. Attendance at each seminar meeting is tracked by the UT-PIC consortium. No unexcused absences are allowed. Absences must be discussed and approved by a primary supervisor prior to the didactic. It is the responsibility of the intern to inform the UT-PIC faculty and intern body of a future absence from a didactic. Pre-approved intern vacation and alternative training opportunities are considered excused absences. Interns who miss a meeting of the didactic seminar because of a serious emergency or for a serious illness should alert their Site Director and Program Director as soon as possible. If a pattern of didactic absences emerges, the site supervisor will address this issue with the intern and bring the concern to the UT-PIC Training Committee for resolution. Didactic absences will be reviewed at regularly scheduled Training Committee meetings.

Dissertation Policy

The Utah Psychology Internship Consortium is an intensive program which seeks to provide comprehensive training to doctoral interns. To this end, interns must complete the entirety of the 2000 required training hours, without exception. While interns are welcome to utilize paid time off (PTO) days for work on their dissertations, UT-PIC does not permit additional time off beyond what is allowable in their employment contract for this purpose. Reasonable accommodations will be made for interns who must utilize leave time to complete their dissertation defense, provided that this leave does not prevent the intern from completing the 2000-hour training requirement.

Intern Publication Policy

UT-PIC interns are encouraged to pursue academic and research related activities as an important aspect of professional development throughout their internship and career. UT-PIC faculty are to be informed of any research activities that interns are participating in during the intern year. It is expected interns will not identify themselves as representing UT-PIC on published works. If the research occurred as a direct product of the internship training program, the affiliation is with the site organization and approved by the Site Director and in compliance with the site's research/publication policies. Interns conducting research outside of the internship training can utilize their university as an affiliation.

Lead Intern Policy

UT-PIC interns are encouraged to pursue a leadership role in their cohort by signing up for a Lead Intern role. The term of each Lead Intern is equally split between all interested interns (i.e. 3 months for each intern of the cohort of 4). The Lead Interns are responsible for organizing at least one socializing event with the intern cohort (in-person or virtual) during the time of their term. The Lead Intern is also encouraged to participate in diversity discussions among the interns and faculty, and to bring any diversity concerns to the attention of the Training Committee. The Lead Intern is also expected to participate in a segment of Faculty Meetings and to facilitate communication between the intern cohort and the training committee, especially regarding intern questions and concerns.

Faculty meetings are typically held on the 3rd Friday of each month at 1:00 pm. The Lead Intern will be expected to call in for ~15 minutes of the meeting.

Lead Intern	Month
	August
	September
	October
	November
	December
	January
	March
	April
	May
	June
	July

Reviewed/revised and approved by UT-PIC Faculty on 6/12/2020

APA Ethics Code

Ethical Principles of Psychologists and Code of Conduct

Adopted 21, 2002. Effective June 1, 2003.

(With the 2010 Amendments to Introduction and Applicability and Standards 1.02 and 1.03, Effective June 1, 2010.

With the 2016 Amendment to Standard 3.04. Adopted August 3, 2016. Effective January 1, 2017.)

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Introduction and Applicability

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics

Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

Preamble

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

General Principles

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

Ethical Standards

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy And Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or

organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or

practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided

(clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment;

(2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

- (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.
- (b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
- (c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

- (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
- (b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
- (c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

- (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
- (b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
- (c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)
- (d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
- (e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary

data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some

organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

- (a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
- (b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
- (c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

The American Psychological Association, in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 152,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting health, education and human welfare.

Appendix A: Intern Evaluation

UT-PIC Intern Evaluation: To be completed by primary supervisor(s)	
Intern: _____	
Supervisor: _____	
Dates of Evaluation: _____ to _____	
The evaluation is based on the following methods of supervision (check all that apply):	
Discussion in supervision	
Direct observation (may include co-facilitation)	
Review of audio recordings	
Review of video recordings	
Scoring	
Level 5 – Proficient/Advanced: The intern has a well-established competence in the element (knowledge, awareness, or skill) being evaluated.	
The use of the element is consistently incorporated into the intern’s at or near advanced level and is evident in their daily professional practice. Intern independently reflects on their experience of the element and knows when to consult. The intern functions in this element at a level that allows them to work independently. This level characterizes the competency of an established psychologist.	
Level 4 -Competent: The intern is aware of the element and frequently applies it in their work without need for assistance.	
The intern seeks greater learning about and understanding of the element as a form of ongoing development. Supervision focuses on further refining and developing advanced performance of this element. Intern is ready for work as an entry level psychologist.	
Level 3 – Maturing Competence: The intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element.	
Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern is nearing readiness for post-doctoral supervised experience and will need further attention on this element to be able to fully function independently. This level of competency may prompt Due Process procedures at the 7-month evaluation.	
Level 2 – Emerging Competence: The intern has a basic foundation in the element and moves toward acquiring competence in it.	
The intern may have cognitive understanding or experiential skill with the element, but those may not be well integrated. Significant supervision and monitoring are required to support the skill. This level of competency may prompt Due Process procedures at the 3 -month evaluation, will prompt Due Process procedures at the 7-month evaluation.	

Level 1 – Insufficient Competence: The intern does not understand or is unable to effectively demonstrate the element.	
The intern does not understand or is unable to effectively demonstrate the element that is expected at this time in the training experience OR the intern exhibits behaviors indicating lack of readiness for the work that will be required in the internship setting. A doctoral intern evaluated at this level will require immediate augmented supervision or structured training opportunities. No confidence in ability to function independently at this time. This level of competency prompts Due Process procedures at 3-month and 7-month evaluations.	
N/A--Not Applicable/Not Observed/Cannot Say	
NOTE: As described in UT-PIC policies, any score below a "2" on a broad domain will trigger UT-PIC's formal Due Process Procedures at the 7-month evaluation, and a score of "1" on a broad domain will trigger UT-PIC's formal Due Process Procedures at the 3-month evaluation. Additionally, any score below a "3" on any individual item will result in close monitoring of the competency by the supervisor and additional support to the intern as deemed appropriate by the Training Committee. A score of "4" on all year-end individual and broad competencies is required for the successful completion of the UT-PIC training program.	
Intervention	
Establishes and maintains effective relationships with recipients of psychological services	
Develops evidence-based intervention plans using best practice guidelines specific to the service delivery goals.	
Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking	
Evaluates intervention effectiveness and adapts goals and methods consistent with ongoing evaluation	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
Assessment	
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.	
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
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.	
Articulate relevant developmental features, clinical symptoms, and cultural factors as applied to presenting questions and findings (e.g., intergenerational trauma).	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
Consultation and Interprofessional/Interdisciplinary Skills	
Demonstrates knowledge and respect for the roles and perspectives of other professions	
Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Examples include but are not limited to role-played consultation with others, peer consultation or provision of consultation to other trainees, and consultation within a direct care team or setting.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
Supervision	
Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
Demonstrate understanding of roles and responsibilities of the supervisor and supervisee in the supervision process: 1) Collaborate with supervisor and provides feedback regarding supervisory process. 2) Seek supervision to improve performance, presenting work for feedback, and integrating feedback into performance.	
Provide feedback to peers regarding peers' clinical work in context of group supervision or case conference.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
Cultural and Individual Diversity	
Cultural awareness of self and others	
Effective navigation of cultural differences	
Effects of cultural considerations on clinical activities	
Evidence-informed approach to cultural considerations	
Initiate discussion with supervisors as appropriate about diversity issues and integrate feedback into practice.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
Research	
Evaluation and/or dissemination of research or other scholarly activities	
Application of scientific knowledge to practice	
AVERAGE SCORE FOR BROAD COMPETENCY	

Comments:	
Ethical and Legal Standards	
Knowledge of ethical, legal, and professional standards	
Recognition of ethical dilemmas	
Adherence to ethical principles and guidelines	
Consult appropriately with supervisor to act upon ethical and legal aspects of practice.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
Professional Values, Attitudes, and Behaviors	
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 they progress across levels of training.	
Accept responsibility for meeting deadlines, completing required documentation promptly and accurately.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
Communication and Interpersonal Skills	
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.	
Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	
Demonstrate knowledge of and comfort with the technological systems necessary for professional engagement.	
Demonstrate understanding of appropriate social media activities that maintain professionalism and respect.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
OVERALL RATING (average of broad competency scores)	
Comments on Intern's overall performance:	
<u>Supervisor's Signature</u>	
<u>Date</u>	

<u>Intern's Signature</u>	
<u>Date</u>	

Appendix B: Supervisor Evaluation

UT-PIC Supervisor Evaluation: To be completed by intern at 3-months, 7-months, and 12-months into training year (concurrent with intern evaluation) and discussed with supervisor during intern evaluation meeting	
Intern: _____ Supervisor: _____	
Dates of Evaluation: _____ to _____	
Scoring Criteria:	
1 Significant Development Needed --Significant improvement is needed to meet expectations	
2 Development Needed -- Improvement is needed to meet expectations	
3 Meets Expectations	
4 Exceeds Expectations --Above average experience	
5 Significantly Exceeds Expectations --Exceptional experience	
N/A --Not Applicable/Not Observed/Cannot Say	
NOTE: Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.	
General Characteristics of Supervisor	
Is accessible for discussion, questions, etc	
Allots sufficient time for supervision and scheduled supervision meetings appropriately	
Keeps sufficiently informed of case(s)	
Is interested in and committed to supervision	
Sets clear objectives and responsibilities throughout supervised experience	
Is up-to-date in understanding of clinical populations and issues	
Presents as a positive role model	
Maintains appropriate interpersonal boundaries with patients and supervisees	
Provides constructive and timely feedback on supervisee's performance	
Encourages appropriate degree of independence	
Demonstrates concern for and interest in supervisee's progress, problems, and ideas	

Communicates effectively with supervisee	
Interacts respectfully with supervisee	
Maintains clear and reasonable expectations for supervisee	
Provides a level of case-based supervision appropriate to supervisee's training needs	
Comments:	
Development of Clinical Skills	
Assists in coherent conceptualization of clinical work	
Assists in translation of conceptualization into techniques and procedures	
Is effective in providing training in behavioral health intervention	
Is effective in providing training in assessment and diagnosis	
Is effective in providing training in systems collaboration and consultation	
Is effective in helping to develop short-term and long-range goals for patients	
Promotes clinical practices in accordance with ethical and legal standards	
Comments:	
Summary	
Overall rating of supervision with this supervisor	.

Describe how the supervisor contributed to your learning:	
Describe how supervision or the training experience could be enhanced:	
Any other suggestions/feedback for your supervisor?	
<u>Supervisor's Signature</u>	<u>Date</u>
<u>Intern's Signature</u>	<u>Date</u>

Appendix C: Program Evaluation

UT-PIC Program Evaluation: <i>To be completed by intern at 3-months, 7-months, and end of training year and discussed with supervisor during intern evaluation meeting</i>	
Intern: _____	Supervisor(s): _____
Dates of Evaluation: _____ to _____	
This Program Evaluation is utilized by UT-PIC to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.	
Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent	
Cohort Experience: In this section, please provide ratings related to your weekly training activities.	
Overall quality of didactic lectures	
Relevance of didactic lecture topics	
Group Supervision	
Opportunities for peer support and socialization	
Comments:	
Overall Quality of Training in Major Areas of Professional Functioning	
For the following items on UT-PIC's identified areas of competency, please rate the quality of the training you have received in each. Please consider your experience with didactic seminars, professional development opportunities, and supervision , as well as direct clinical experiences and other experiential training .	
Research	
Quality of Training	

Comments:	
Ethical and Legal Standards	
Quality of Training	
Comments:	
Individual and Cultural Diversity	
Quality of Training	
Comments:	
Professional Values, Attitudes, and Behaviors	
Quality of Training	
Comments:	
Communication and Interpersonal Skills	
Quality of Training	

Comments:	
Assessment	
Quality of Training	
Comments:	
Intervention	
Quality of Training	
Comments:	
Supervision (recall that, for the purposes of this evaluation, you are rating the training you received in this required area of competence, NOT the supervision you received)	
Quality of Training	
Comments:	
Consultation and Interprofessional/Interdisciplinary Skills	
Quality of Training	

Comments:	
Please answer the following questions regarding your overall experience at UT-PIC.	
Overall quality of training	
Comments:	
Breadth of clinical intervention experience	
Comments:	
Satisfaction with number of client contacts	
Comments:	
Clarity of expectations and responsibilities of intern at training site	
Comments:	
Role of intern at the site	

Comments:	
Caseload was appropriate to meeting educational/training needs	
Comments:	
Please provide additional comments/feedback about your experience at UT-PIC:	
Please answer the following question regarding your supervision experiences.	
Helpfulness of supervision	
Ability of supervisors	
Frequency of supervision	
Supervisors as professional role models	
Effectiveness of teaching	
Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:	
Please answer the following questions regarding your secondary supervisor(s). If you have more than one secondary supervisor, please rank each separately in the spaces provided. If you did not have a secondary supervisor, please leave this section blank:	
Secondary Supervisor 1:	

Overall Quality of Supervision	
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:	
Secondary Supervisor 2:	
Overall Quality of Supervision	
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:	
Please answer the following miscellaneous items regarding your internship experience.	
UT-PIC Orientation	
Comments/Recommendations for enhancement	
Orientation to working at Site	
Comments/Recommendations for enhancement	
Opportunities for socialization into the profession (i.e., training opportunities and experiences related to becoming a professional psychologist)	
Comments/Recommendations for enhancement	
Opportunities for socialization with other interns and trainees	

Comments/Recommendations for enhancement

Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship:

Please provide any feedback that you think would help improve this program evaluation survey:

Appendix D: Intern Self Evaluation

UT-PIC Intern SELF Evaluation: To be completed by intern at beginning, middle, and end of intern year		
Instructions: Each shaded area represents a one of the APA's Profession Wide Competencies on which you will be evaluated during your internship year. Please see the UT-PIC Competency Grid for more information about each Profession Wide Competency and the associated Learning Elements. We would like for you to assess your current level of achievement in each area. Please also make notes of any strengths you already have as well as up to three specific training goals related to the competency area.		
Scoring		
Level 5 – Proficient/Advanced: The intern has a well-established competence in the element (knowledge, awareness, or skill) being evaluated.		
The use of the element is consistently incorporated into the intern’s at or near advanced level and is evident in their daily professional practice. Intern independently reflects on their experience of the element and knows when to consult. The intern functions in this element at a level that allows them to work independently. This level characterizes the competency of an established psychologist.		
Level 4 -Competent: The intern is aware of the element and frequently applies it in their work without need for assistance.		
The intern seeks greater learning about and understanding of the element as a form of ongoing development. Supervision focuses on further refining and developing advanced performance of this element. Intern is ready for work as an entry level psychologist.		
Level 3 – Maturing Competence: The intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element.		
Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern is nearing readiness for post-doctoral supervised experience and will need further attention on this element to be able to fully function independently. This level of competency may prompt Due Process procedures at the 7-month evaluation.		
Level 2 – Emerging Competence: The intern has a basic foundation in the element and moves toward acquiring competence in it.		
The intern may have cognitive understanding or experiential skill with the element, but those may not be well integrated. Significant supervision and monitoring are required to support the skill. This level of competency may prompt Due Process procedures at the 3 -month evaluation, will prompt Due Process procedures at the 7-month evaluation.		
Level 1 – Insufficient Competence: The intern does not understand or is unable to effectively demonstrate the element.		

<p>The intern does not understand or is unable to effectively demonstrate the element that is expected at this time in the training experience OR the intern exhibits behaviors indicating lack of readiness for the work that will be required in the internship setting. A doctoral intern evaluated at this level will require immediate augmented supervision or structured training opportunities. No confidence in ability to function independently at this time. This level of competency prompts Due Process procedures at 3-month and 7-month evaluations.</p>		
<p>N/A--Not Applicable/Not Observed/Cannot Say</p>		
<p>NOTE: Please rate yourself thoughtfully. As described in UT-PIC policies, any score below a "2" on a broad domain will trigger UT-PIC's formal Due Process Procedures at the 7-months evaluation, and a score of "1" on a broad domain will trigger UT-PIC's formal Due Process Procedures at the 3-months evaluation. Additionally, any score below a "3" on any individual item will result in close monitoring of the competency by the supervisor and additional support to you as deemed appropriate by the Training Committee. A score of "4" on all year-end individual and broad competencies is required for the successful completion of the UT-PIC training program.</p>		
<p>Intervention</p>		<p>Self Score:</p>
<p>Strengths & Training Goals related to Broad Competency:</p>		
<p>Assessment</p>		<p>Self Score:</p>
<p>Strengths & Training Goals related to Broad Competency:</p>		
<p>Consultation and Interprofessional/Interdisciplinary Skills</p>		<p>Self Score:</p>
<p>Strengths & Training Goals related to Broad Competency:</p>		

Supervision (provision, not receipt, of supervision)		Self Score:
Strengths & Training Goals related to Broad Competency:		
Cultural and Individual Diversity		Self Score:
Strengths & Training Goals related to Broad Competency:		
Research		Self Score:
Strengths & Training Goals related to Broad Competency:		
Ethical and Legal Standards		Self Score:
Strengths & Training Goals related to Broad Competency:		
Professional Values, Attitudes, and Behaviors		Self Score:
Strengths & Training Goals related to Broad Competency:		

Communication and Interpersonal Skills		Self Score
Strengths & Training Goals related to Broad Competency:		
OVERALL		Self Score:
Any other strengths or training goals you would like to mention?		
<u>Supervisor's Signature</u>	<u>Date</u>	
<u>Intern's Signature</u>	<u>Date</u>	
Print Name:		

Appendix E: Group Supervision and Didactic Calendar

***This prior-year calendar is offered for reference.
Our 2021-2022 didactic schedule will be released as soon as possible.***

UT-PIC Didactic Series & Group Supervision Calendar 2020-2021

UT-PIC interns will meet weekly on Fridays. Didactics will typically occur from 8:30 am – 10:30 am followed by group supervision from 10:30 am – 12:30 pm. Meetings will occur via Zoom video conferencing at each internship site: [Room locations at each site]

2020			
Date	Session Title	Speaker	Group Supervision Lead
August			
7	ORIENTATION	Training Committee	
14	Clinical Supervision	Cathie	Julia
21	Ethics and Confidentiality in a Rural Setting	Kirt	Julia
28	Understanding Patients in an LDS Culture	Garyn	Kirt
September			
4	Introduction to Assessment	Paul	Kirt - mock sup
11	Assessment in Treatment	Kyle Elder (Paul)	Garyn
14 Monday 3:15	Integrating Cultural Factors into Psychological Assessment and Case Conceptualization (with interns from Utah State Hospital)	Danielle McEachern, (Cathie)	
18			Garyn
25	Academic Careers	AJ Metz (Cathie)	Paul
October			
2	CBT-insomnia (UPA workshop 9-4)	Lori Neeleman	Paul - mock sup
9	QPR (Question Persuade Refer)	Jamy Dahle (Garyn)	Liz
16	Suicide / Safety Planning	Cathie	Liz
23	Social Demographics/Cultural Competency & Diversity in UT	Eduardo Ortiz, PhD (Bethany)	Cathie
30	Research and Scholarly Inquiry	John Davis (Julia)	Cathie
November			
6	Trauma Informed Care	Julie Winn (Liz)	Cathie - mock sup
13	SUD in Medical Settings	Will Christenson (Rita)	Liz
20	Substance Use Disorder/Addictions	Steve Havertz (Liz)	Liz
27	HOLIDAY-NO DIDACTICS		

December			
4	Eating Disorders	Daria Redmon	Garyn - mock sup
11	Outreach	Garyn	Garyn
18	Self Care for Professionals	Jeff Ladd (Paul)	Paul
25	HOLIDAY-NO DIDACTICS		
2021			
Date	Session Title	Speaker	Group Supervision Lead
January			
1	HOLIDAY-NO DIDACTICS		
8	Attachment Basics	Craig Roberts (Paul)	Paul- mock sup
11 - Monday	Telepsych	Jamie Brass	Brett
22	Emotional Support Animals	Baako Wahabu (Garyn)	Brett
29	Medical Marijuana in Utah	Marc Babitz and Richard Oborn (Rita)	Cathie
February			
5	Introduction to Dialectical Behavior Therapy (DBT)	Jessica Flynn (Cathie)	Cathie - mock sup
12	Perinatal Mood and Anxiety Disorders	Emily Silva (Cathie)	Kirt
19	Treatment with Psychotic and Severely Mentally Ill Patients	Liz	Kirt
26	Examination for Professional Practice in Psychology Overview	Hannah Koch (Cathie) Russell Sorenson	Liz
March			
5	Private Practice	Shawn Miller (Cathie)	Liz - mock sup
12	Homelessness	Ben Carney (Liz)	Garyn
19	Group Therapy	Garyn	Garyn
26	Dual Diagnosis Treatment	Steve Havertz (Liz)	Paul
April			
2	Intern presentation Pre-employment screening of law enforcement candidates	Teague Cowley Jane Rogers	Paul - mock sup
9 2-5:15pm	Telepsychology and PSYPACT	UPA workshop	Kirt
16	Intro to Autism	Julia Hood	Kirt
21	Minor Rotation Outreach at Dixie State	Garyn	Garyn
23	Adolescent Brain Development	Lesa Ellis (UPA Workshop 9-12)	
30	Integrated Care	Cathie	Cathie

May			
7	Intern Presentation	Jenny Lee Hayley Collins	Brett
14 (9-12)	Culturally Competent Practices	Karen Tao (UPA workshop)	Brett
21	Treating patients with Personality Disorders	Liz	Liz
28	Men's Issues in Treatment	Garyn	Liz
June			
2	Minor Rotation - Valley Behavioral Health	Liz	Cathie
3-4	Minor Rotation - Intermountain Motivational Interviewing LDSH Education Center Classrooms D+E+F	Denise Lash (Cathie)	
11	Anxiety Disorders in Children and Adolescents	Paul	Garyn
18	Autism Spectrum Disorder and Behavioral Flexibility	Keith Radley (Julia)	Paul
25	Women in Crisis in Utah	Andrea Donovan (Rita)	Paul
July			
2			Cathie - mock sup
8	Graduation (Richfield)		
9	Neuropsychology	Janiece Pompa (Cathie)	Kirt
16	Chronic Pain	Liz Baker (Cathie)	Cathie
22 Thursday	Intro to Psychopharmacology	Jessica Jones (Cathie)	Kirt
23	HOLIDAY		
30			Brett

Appendix F: Didactic Evaluation Form

UT-PIC Didactic Evaluation Form

Date:

Didactic Title:

Intern Name:

1. Overall, how would you rate this presentation on a scale of 1 to 5? (Highlight your answer below)

1 = Very poor

2 = Poor

3 = Moderate

4 = Good

5 = Very Good

2. What did the presenter do well?

3. What would you have liked to see more of in this presentation?

4. In what ways will you use the information presented in this presentation?

Will this information improve your practice?

5. Was this topic helpful to you (e.g., was the material relevant)?

Appendix G: Clinical Supervision Agreement

Purpose:

The purpose of supervision is to promote interns' professional development, help interns attain clinical competence, satisfy interns' training needs, ensure the welfare and protection of interns' clients, and fulfill internship supervision requirements.

Structure:

This supervision agreement pertains to the training year beginning on August 1, 2020 and concluding on July 31, 2021. Interns receive a minimum of 2 hours of individual supervision and 2 hours of group supervision each week. Thus, all interns receive a minimum of four hours of total supervision per week.

The following individuals are involved in the intern's supervision:

Supervisor	Printed Name	License Type	License Number
Primary Supervisor	_____	UT Psychologist	_____
Secondary Supervisor	_____	UT Psychologist	_____
Secondary Supervisor	_____	UT Psychologist	_____
Secondary Supervisor	_____	_____	_____
Secondary Supervisor	_____	_____	_____
Secondary Supervisor	_____	_____	_____
Psychology Intern	_____	Training Site	_____

The primary supervisor _____ will provide _____ hour(s) of weekly supervision.

During the dates of _____ to _____, secondary supervisor _____ will provide _____ hour(s) of weekly supervision.

During the dates of _____ to _____, secondary supervisor _____ will provide _____ hour(s) of weekly supervision.

During the dates of _____ to _____, secondary supervisor _____ will provide _____ hour(s) of weekly supervision.

Supervisors assume the legal responsibility and liability for interns' clients. Since supervisors bear this legal responsibility and liability for interns' clients, interns will provide complete information about clients to their supervisors, especially information that pertains to situations of possible risk. Given the liability issues, interns will abide by supervisors' guidance, decisions, and instructions.

Confidentiality and the normative limits of confidentiality exist for intern disclosures in supervision. These limits of confidentiality include supervisors upholding legal and ethical requirements and supervisors reporting to licensing boards, UT-PIC faculty, and interns' graduate programs.

Supervisors will observe interns' work by direct (live observation) and indirect (case notes, verbal report, process notes, audio recordings, video recording) means. Supervision will focus on helping interns achieve a level of competence in the ten UT-PIC Training Competencies (see "UT-PIC Aims and Competencies") consistent with the level of competence of an entry-level psychologist. These nine UT-PIC training competencies are: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes and Behaviors; Communication and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Interprofessional/Interdisciplinary Skills. Supervisors' evaluations of interns will be based on these nine Training Competencies (see "UT-PIC Intern Evaluation"). Primary supervisors, after receiving evaluative feedback from secondary supervisors, will evaluate interns formally three times during the training year, at 3 months, at 7 months, and at the end of the internship year.

Throughout the training year, interns and their supervisors will identify the interns' strengths and weaknesses. From this ongoing assessment, supervisors and interns will jointly establish interns' training goals and priorities.

While it is understood that an inherent imbalance exists in the intern-supervisor relationship, nevertheless, the supervisory relationship should be a two-way process where feedback is given to and received from both supervisor and intern.

Supervision may at times include sensitive discussion about interns' personal values, beliefs, feelings, and cultural biases. This discussion is not psychotherapy; it serves only the interns' learning, case monitoring and professional development.

Supervisor Responsibilities:

1. Comply with the APA Code of Ethics, Utah Revised Statutes, Utah Administrative Codes, and internship site's institutional policies and procedures.
2. Monitor intern's clinical work by direct observation (live observation) and indirect observation (case notes, verbal report, process notes, audio recording, video recording).
3. Provide the intern with ongoing feedback about his or her clinical work.
4. Assume liability and legal responsibility for the intern's clinical work with clients.
5. Review, provide feedback about, and cosign intern's written documentation about clients, including progress notes, assessment reports and treatment plans.
6. Be respectful of the intern, model professionalism, and be a helpful mentor.
7. Teach clinical skills and assist interns in the development of their professional identity.
8. Employ the skills needed to facilitate a positive learning relationship.
9. Be accessible for urgent matters and client emergencies.
10. Arrange for coverage in the event of the supervisor's absence.
11. Provide ongoing informal evaluation and periodic (i.e., 3-month, 7-month and conclusion of internship) formal evaluation of intern's work.
12. If, at any time during the training year, the supervisor concludes that the intern is not meeting standards (i.e., the intern scores less than 2 during the first or less than 3 during the second or third evaluation periods on any training element), the supervisor will immediately discuss this with the intern. Together they will develop a plan to strengthen the intern's competence in this area; depending upon whether or not due process is initiated, the Programs Director and/or additional supervisors may be involved in the development of this plan.
13. Discuss with interns differences of opinion, power differential issues, and difficulties which may arise in the supervisory relationship.

Intern Responsibilities:

1. Comply with the APA Code of Ethics, Utah Revised Statutes, Utah Administrative Codes, and internship site's institutional policies and procedures.
2. Work as hard as possible to have a successful training experience.
3. Be curious
4. Be an avid learner.
5. Be open to feedback.
6. Be prepared for supervision. This may include having completed case notes, having prepared to discuss particular cases, and/or having submitted video or audio recordings to supervisor.
7. Identify to clients one's role as a Registered Psychological Intern, the name and contact information of one's supervisor, and the nature of the supervisory structure.
8. Inform supervisors of clinically relevant information, especially factors relating to issues of client risk.
9. Seek immediate supervision on any emergent situations.
10. Maintain adequate and timely documentation of all clinical activities (i.e., treatment notes, treatment plans, and assessment reports) and provide them to the supervisors in a timely manner.

11. Maintain adequate and timely documentation to account for all training hours.
12. Be respectful of one's supervisor.
13. Be willing to discuss with one's supervisor differences of opinion, power differential issues, and difficulties which may arise in the supervisory relationship.

Intern: _____ Date: _____

Primary Supervisor: _____ Date: _____

Secondary Supervisor: _____ Date: _____

Secondary Supervisor: _____ Date: _____

Appendix H: Hours Tracking Log

UT-PIC 2021-2022 INTERN MONTHLY ACTIVITY LOG

Save document as: Last Name, First Name, Month of the log. Ex: Doe, Jane, December Activity Log

Turn in electronically by uploading to Google Drive by the 5th of each month for the preceding month.

Remember to email your primary supervisor when you have done so.

NAME:	TRAINING SITE:
MONTH:	YEAR:

	Week 1 Dates:	Week 2 Dates:	Week 3 Dates:	Week 4 Dates:	Week 5 Dates:
Behavioral Health Intervention					
Direct Contact: Outpatient	Week 1	Week 2	Week 3	Week 4	Week 5
Individual					
Group					
Family/Couple					
Crisis Intervention					
Other (please specify):					
Total Hours/Week	0	0	0	0	0
TOTAL (Behavioral Health: Direct-Outpatient) =					0
Indirect:	Week 1	Week 2	Week 3	Week 4	Week 5
Treatment Planning, Documentation, Phone Calls, etc.					
Other (please specify):					
Total Hours/Week	0	0	0	0	0
TOTAL (Behavioral Health: Indirect) =					0
TOTAL BEHAVIORAL HEALTH INTERVENTION =					0

Assessment					
Direct Contact:	Week 1	Week 2	Week 3	Week 4	Week 5
Initial Comprehensive Assessment/Clinical Interview					
Psychological Testing					
Feedback Session					
Other (please specify):					
Total Hours/Week	0	0	0	0	0
TOTAL (Assessment: Direct) =					0
Indirect:	Week 1	Week 2	Week 3	Week 4	Week 5
Scoring/Interpretation, Assessment Report Writing, etc.					
Other (please specify):					
Total Hours/Week	0	0	0	0	0

TOTAL (Assessment: Indirect) =	0
TOTAL ASSESSMENT=	0

Research					
	Week 1	Week 2	Week 3	Week 4	Week 5
Research Related Activities					
Other (please specify):					
Total Hours/Week	0	0	0	0	0
TOTAL RESEARCH =					0

Didactics and Professional Development					
	Week 1	Week 2	Week 3	Week 4	Week 5
Didactic Seminars, Training Meetings, etc.					
Professional Development Activities					
Other (please specify):					
Total Hours/Week	0	0	0	0	0
TOTAL DIDACTICS AND PROFESSIONAL DEVELOPMENT =					0

Supervision (Received)					
Individual:					
	Week 1	Week 2	Week 3	Week 4	Week 5
Licensed Psychologist					
Other Mental Health Professional					
Total Hours/Week	0	0	0	0	0
TOTAL (Supervision: Individual) =					0
Group:					
	Week 1	Week 2	Week 3	Week 4	Week 5
Licensed Psychologist					
Other Mental Health Professional					
Total Hours/Week	0	0	0	0	0
TOTAL (Supervision: Group) =					0
TOTAL SUPERVISION =					0

Other/Miscellaneous					
	Week 1	Week 2	Week 3	Week 4	Week 5
Provision of supervision					
Other activity (please specify):					
Total Hours/Week	0	0	0	0	0

TOTAL OTHER =	0
----------------------	---

MONTHLY TOTAL	0
----------------------	---

Absences					
	Week 1	Week 2	Week 3	Week 4	Week 5
Vacation (PTO)					
Sick time (PTO)					
Professional Development Release Time					
Holiday					
Unpaid Leave					
Total Hours/Week	0	0	0	0	0
TOTAL (Absences) =					0

To assist in evaluating the accuracy of the daily log data that are being collected, please rate your completion of the activity logs according to the scale below. Highlight/Bold the number that best corresponds to your behavior this month.

	1	2	3	4	5
This month, I completed my internship log:	At the end of the month	Twice during the month	At the end of each week	Two or three times during the week	At the end of each day

Signature Page

I, _____, have received, reviewed, and understand all of the UT-PIC policies and procedures, including the Due Process policy, as well as the APA Ethics Code. I am expected to learn, understand, and follow the policies and procedures of my site agency(ies). If site policy and procedure differs significantly from UT-PIC policy and procedure I should bring this to the attention of their supervisor at the earliest reasonable time and seek guidance regarding how to proceed.

By signing below, I agree to abide by UT-PIC's policies and procedures and the APA Ethics Code.

I further understand that this information is available to me in the UT-PIC Handbook as well as online at <https://ut-pic.org>.

_____	_____
Intern Signature	Date
_____	_____
Supervisor Signature	Date
_____	_____
Program Director Signature	Date