

Child and Adolescent Psychology Doctoral Internship

Texas Tech University Health Sciences Center (TTUHSC)- Lubbock
School of Medicine, Department of Psychiatry

PROGRAM
HANDBOOK
2024-2025



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

TABLE OF CONTENTS

| | |
|---|----|
| Mission and Vision Statements | 4 |
| Texas Tech University Health Sciences Center (TTUHSC) | 4 |
| Mission | 4 |
| Vision..... | 4 |
| Values | 4 |
| About | 4 |
| TTUHSC School of Medicine | 4 |
| Mission | 4 |
| Vision..... | 4 |
| Internship Goals and Objectives | 5 |
| Goals | 5 |
| Objectives..... | 5 |
| Website | 5 |
| Accreditation Status | 5 |
| Internship Leadership..... | 5 |
| Training Director..... | 5 |
| Training Coordinator | 5 |
| Supervisors and Contributors..... | 6 |
| Admissions and Selection | 6 |
| Training Settings | 7 |
| Curriculum | 7 |
| General Structure | 7 |
| Clinical Service Requirements | 7 |
| Tracking Clinical Hours | 8 |
| Clinical Supervision | 8 |
| Clinical Rotations | 8 |
| Rotation Structure | 8 |
| Rotation Descriptions | 9 |
| Example Schedules | 10 |
| Research Requirements | 10 |
| Didactics..... | 10 |
| Structured Didactic Schedule | 10 |
| Additional Unstructured Didactic Opportunities | 11 |
| Supportive Learning Environment..... | 11 |
| Individual Development Plan..... | 12 |
| Evaluations..... | 12 |

| | |
|--|----|
| Communication with DCT | 12 |
| Requirements for Successful Internship Performance | 12 |
| Salary and Benefits | 14 |
| Salary | 14 |
| Benefits | 14 |
| Additional Internship Benefits..... | 14 |
| Helpful Resources..... | 14 |
| Technology, System, and Support..... | 14 |
| Technology..... | 14 |
| Other Clerical, Technical, and Electronic Support | 14 |
| Commonly Used Technology, Systems, and Support | 15 |
| Employee Assistance Program..... | 15 |
| Policies and Procedures | 15 |
| Institution and Department..... | 15 |
| Internship Program..... | 16 |
| Due Process Procedure | 16 |
| Grievance Procedure | 21 |
| Request for Leave | 22 |
| Dress Code | 22 |
| Other Policies | 22 |
| Values-Based Culture | 23 |
| Helpful Websites | 23 |
| Diversity, Equity, and Inclusion | 23 |
| Veterans..... | 23 |
| Individuals with Disabilities..... | 23 |
| Equal Opportunity | 23 |
| Resources | 23 |
| Record Retention | 24 |
| Program Evaluation..... | 24 |
| About Lubbock | 24 |
| Helpful Websites | 24 |
| Appendix | 25 |
| Clinic Descriptions..... | 25 |
| Powerchart Instructions..... | 27 |
| Common Powerchart Note Types | 30 |
| Common Note Titles | 30 |
| Individual Development Plan (IDP) | 31 |
| Evaluation OF Interns | 33 |

| | |
|---|----|
| Evaluation of Supervisors | 37 |
| Climate Surveys | 38 |
| Alumni Surveys | 41 |
| Temporary Use of Property Authorization Form | 46 |
| Trayt | 47 |
| Tracking Sessions | 47 |
| Archive Services | 48 |
| VitalSign6 | 49 |
| Create Your Taleo Account | 49 |
| Complete The Required Training | 49 |
| Create Your VitalSign ⁶ User Profile | 49 |
| Psychiatry I.T. Support | 50 |
| By Email | 50 |
| By Phone | 50 |
| By Work Order | 50 |
| Language Line | 50 |
| By Phone | 50 |
| By Zoom | 50 |
| Avaya | 51 |
| Phone Forward | 51 |
| Avaya Workplace | 51 |

MISSION AND VISION STATEMENTS

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER (TTUHSC)

MISSION

As a comprehensive health sciences center, our mission is to enrich the lives of others by educating students to become collaborative health care professionals, providing excellent patient care, and advancing knowledge through innovative research.

VISION

Transform health care through innovation and collaboration.

VALUES

Through our values-based culture, TTUHSC is committed to cultivating an exceptional workplace community with a positive culture that puts people first. Five core values—One Team, Kindhearted, Integrity, Visionary, and Beyond Service—are integral to our purpose, and we aim to align with those values on a daily basis.

ABOUT

TTUHSC has as its major objectives the provision of quality education and development of academic, research, patient care, and community service programs to meet the health care needs of West Texas, which in total is comprised of 108 counties and represents 50% of Texas' land mass and 9.4% of its total population. This 131,000 square mile service area and population of 3.1 million has been, and remains highly underserved.

TTUHSC SCHOOL OF MEDICINE

MISSION

Founded in 1969, the TTUHSC School of Medicine has continually worked to address the shortage of physicians in West Texas by providing quality, innovative educational opportunities to medical students and residents who serve as competent and compassionate medical professionals for the region and the state of Texas. The medical education program emphasizes the principles of primary care and provides sound inter-disciplinary and inter-professional training that integrates basic sciences knowledge, clinical skill, diversity, and a humanistic approach focusing on high standards and comprehensive evaluation. The school's medical practice, Texas Tech Physicians, strives to utilize state-of-the-art technology to effectively meet the growing needs of a diverse and largely rural patient population through strong partnerships with clinical affiliates. Principles of teamwork, humanistic care, and cost effectiveness are embedded into the practice of medicine. The research strategy of the school is to develop insights into the science of medicine, treatments, prevention, and cures, and enhanced methods for managing patient illness, with an emphasis on opportunities for medical student research. Centers of Excellence and Institutes work toward defined areas of excellence where contributions on a national level can be made.

VISION

To be known for excellence in teaching, patient care, and scientific contributions that enhance the health care of communities in the region.

INTERNSHIP GOALS AND OBJECTIVES

GOALS

The primary goal of the internship program is to prepare doctoral interns to function as postdoctoral fellows or early career psychologists in health service psychology working with diverse populations of children and families with a focus on professional, ethical, and evidence-based care.

OBJECTIVES

In line with the Standard of Accreditation for Health Service Psychology, our program is an organized training program that aims to train doctoral interns to demonstrate competency in the following areas:

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills

WEBSITE

[Child and Adolescent Psychology Doctoral Internship Program](#)

ACCREDITATION STATUS

Applications for APA accreditation and APPIC membership for the doctoral internship program are under review. The program abides by the accrediting body's policies and procedures and maintains communication in a complete and timely manner.

Questions related to accreditation status should be directed to the Commission on Accreditation:

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

INTERNSHIP LEADERSHIP

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ADMISSIONS AND SELECTION

The internship program offers 2-4 full-time internship positions. Applications are received through the APPIC Application for Psychology Internships (AAPI) portal:

<https://aapicas.liaisoncas.com/applicant-ux/#/login>. No supplemental documents are required beyond the “universal application.” Applications are due on November 1 at 11:59pm EST.

Applicants must:

- Be enrolled in and in good standing in an accredited (American Psychological Association or Canadian Psychological Association) doctoral program in Clinical, Counseling, or School Psychology.
- Have received 3 years of closely supervised experiential training in professional psychology skills. Preference is given for experience with child and adolescent populations.
- Have acquired a minimum of 400 intervention hours and 100 assessment hours.
- Be authorized by their doctoral program to apply.

All applications are reviewed using a standard applicant rating form and evaluated for potential goodness of fit with the internship program. Applicants are notified whether they have received an interview by email on or before December 1. Interviews are scheduled on a first come, first served basis in January and occur via teleconference. Each applicant should expect a half-day of interviews. Interviews are conducted using a standard set of interview questions, although interviewers may ask additional interview questions of applicants as appropriate. The internship program participates in the APPIC Match and follows all relevant policies and procedure.

Acceptance into the internship program will be dependent on successful completion of a background check and additional employment procedures set forth by TTUHSC. By the beginning of the internship program, applicants should have their graduate level coursework completed.

TRAINING SETTINGS

The internship program is housed within the Department of Psychiatry, which is a part of the TTUHSC School of Medicine. Psychology and psychiatry training programs are interconnected so that trainees across disciplines learn and practice together. The Department of Psychiatry partners with a number of other community organizations, including Covenant Children's Hospital, University Medical Center, Texas Tech University, local independent school districts, the juvenile justice center, and the local mental health authority.

Many of the child and adolescent patient referrals come through the [Campus Alliance for Telehealth Resources \(CATR\): Supported by Texas Child Health Access Through Telemedicine \(TCHATT\)](#) Program. This program provides free mental and behavioral health services to PreK-12th grade students through telemedicine within their schools.

The Relational Health Center within Covenant Children's Hospital will soon be complete (projected May 2023) and will be the home-base for child and adolescent services. View this video to learn more about the vision of the unit: [Pediatric Mental Health Care in Lubbock](#)

Until the Relational Health Center is completed, all Child and Adolescent Psychology and Psychiatry outpatient services (as well as intern offices) are located at Texas Tech Physicians Center for Superheroes (6610 Quaker Avenue). Interns are expected to be on site Monday through Friday from 8:00am to 5:00pm (with an hour lunch break). Options to work remotely occasionally may be arranged when appropriate. Didactics are located either at the Center for Superheroes or in various classrooms at TTUHSC (the main health sciences center address is 3601 4th Street).

CURRICULUM

GENERAL STRUCTURE

The internship program is structured to be a full-time, 12-month experiential training experience. Each internship year begins on July 1 and ends on June 30 the following year. Interns work five days per week between the hours of 8am and 5pm, including one late evening per week. Hours worked per week generally range from 40-45. The internship program has an emphasis on clinical child and pediatric psychology and focuses on evidence-based assessment and intervention services. Interns work with diverse clinical presentations, as well as low-income, ethnically and culturally diverse families, who are largely underserved. Clinical services and training activities are conducted in-person, following safety guidelines, and via virtual/telehealth platforms. Both brief and longer-term interventions, in group and individual formats, are available. Measurement-based care is emphasized, and interns will gain skills in assessment in several settings. In the coming years, intensive outpatient, day treatment, and crisis stabilization experiences will also be available. Interns work collaboratively with a team of providers (e.g., medical residents/fellows, nurses, pediatricians, social workers, licensed professional counselors, psychiatrists, etc.). Upon successful completion of the internship program, trainees are expected to have met all doctoral internship requirements (1,750 hours) needed for licensure (as outlined in Texas statutes).

CLINICAL SERVICE REQUIREMENTS

Interns dedicate time to direct service activities related to assessment, intervention, consultation, and inter-professional collaborations. About 80% of time is spent in clinical service-related activities. Interns may gain experience and expertise with a range of clinical child presenting problems, including disruptive behaviors, anxiety, depression, trauma, and suicide and self-harm. Interns may gain experience and expertise with a range of pediatric psychology presenting problems, including primary care, pain, obesity, adolescent medicine, inpatient C/L, and gender health. The amount of time that is devoted to direct service delivery varies, with a range of 12-16 hours of face-to-face services per week. Time for preparation, documentation, phone calls, care coordination, etc. will be built into weekly schedules.

TRACKING CLINICAL HOURS

Interns are expected to spend about 12-16 hours per week in face-to-face clinical services. This expectation will set the intern up for successfully completing the required hours of supervised experience needed for Texas licensure. A tracking spreadsheet will be provided and will be filled out weekly by the intern. At the end of each quarter, the doctoral intern and Training Director will meet to ensure the intern remains on track for meeting licensure requirements. Adjustments in schedules will be made as needed. A certificate of completion is provided at the successful completion of the internship program, once all required hours are met.

CLINICAL SUPERVISION

Interns receive at least four hours of supervision per week (10% of time) from licensed psychologists (in the state of Texas) who carry professional practice responsibility for the cases being supervised. At least two of those hours are regularly scheduled individual supervision with two separate supervisors. The other two hours of supervision are obtained in a variety of methods, including additional individual supervision, group supervision, live observations, review of video/audio taped sessions, etc. Further, interns have access to consultation and supervision during times they are providing clinical services. Supervisors are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the interns. Supervisors participate actively in the program's planning, implementation, and evaluation and serve as professional role models to the interns consistent with the program's training aims and expected competencies.

The primary form of supervision is in person. However, there are occasions in which telesupervision occurs through the use of Zoom with audio and video capabilities. Also, given that a large portion of the clinical services are conducted through telehealth, live supervision through Zoom is often utilized. When telesupervision is utilized, clear rules, guidelines, and expectations are set between the supervisor and supervisee. Interns track the amount of supervision that is conducted by telehealth, and the Training Director reviews it with interns every quarter.

CLINICAL ROTATIONS

Doctoral internship schedules will be individualized based on the intern's training needs and goals. Below is a list of possible rotations. Please note that rotation availability may vary each year. See Powerchart Instructions in the appendix as well for more details on documentation for these clinics.

ROTATION STRUCTURE

Each intern will have 2 Majors that last 12 months each.

- Before the start of the program, interns will rank 4 top choices from the following: Trauma Clinic, Peer Relations Clinic, Adolescent Medicine Clinic, Pediatric Psychology Clinic, Externalizing Clinic, PCIT Clinic, Internalizing Clinic, Pediatric Oncology Clinic

Each intern will have 2 Minors that last 6 months each.

- Before the start of the program, interns will rank 4 top choices from the following: Peer Relations Clinic, Adolescent Medicine Clinic, Pediatric Psychology Clinic, Externalizing Clinic, PCIT Clinic, Internalizing Clinic

Each intern will have one late evening each week dedicated to group therapy. Groups will rotate, and interns will be involved in an evening group for all 12 months.

- Before the start of the program, interns will rank 4 top choices from the following: DBT Skills Group, Group Triple P-Child Version, Group Triple P-Teen Version, Resilience/Grief Group, Coping Cat, CAT Project, Unified Protocol for Children, Body Project, Blues Program

Each intern will engage in the following required activities for all 12 months:

- Intensive Outpatient Program
- Assessment Clinic

- Didactics
- Flex Time (e.g., care coordination meetings, session preparation, documentation, trainings)
- Interdisciplinary Triage Team Meeting
- Supervisions
- Research

ROTATION DESCRIPTIONS

Adolescent Medicine Clinic:

- Consult-based clinic in which brief assessment and intervention is conducted within a primary care setting
- Presenting problems often include eating disorders, trauma, and internalizing disorders

Assessment Clinic:

- Comprehensive psychological/neuropsychological assessments for youth
- Example assessments: IQ, Achievement, ADOS-2, Executive Functioning, Learning and Memory, Language, Motor Functioning, Broad- and Narrow-Band Mental Health, etc.

Externalizing Clinic:

- Evidence-based psychotherapy (individual and group) for youth with externalizing symptoms
- Example groups: Defiant Children, Defiant Teen, Group Triple P (Child and Teen Versions)
- Includes in-person and telehealth

Internalizing Clinic:

- Evidence-based psychotherapy (individual and group) for youth with internalizing symptoms
- Example treatments: Coping Cat, C.A.T Project, Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents, Interpersonal Psychotherapy for Adolescents (IPT-A), Dialectical Behavioral Therapy Skills Group

Parent Child Interaction Therapy (PCIT) Clinic:

- Behavior management program designed for young children experiencing behavioral and/or emotional difficulties and their families

Pediatric Psychology Clinic:

- Evidence-based psychotherapy (individual and group) for youth with chronic health conditions
- Example presenting concerns: Medication non-adherence, sleep difficulties, pain, feeding difficulties, adjusting to diagnosis, comorbid internalizing and externalizing disorders and illnesses

Pediatric Oncology Clinic:

- Evidence-based psychotherapy (individual and group) for youth with cancer and their caregivers
- Example treatments: Bright Ideas, Group Triple P, psychoeducation groups

Peer Relations Clinic:

- Evidence-based psychotherapy (individual and group) for youth who have experienced peer victimization and/or bullying

Trauma Clinic:

- Evidence-based individual psychotherapy for youth who have experienced trauma and associated difficulties
- Example treatments: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Trauma and Grief Component Therapy for Adolescents (TGCTA)

EXAMPLE SCHEDULES

Example Schedule 1:

| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|--|--|-----------|---|-----------|
| Intensive Outpatient Program (Required) | 1 day (Monday mornings and afternoons) | | | |
| Internalizing Clinic (Major) | ½ day (Tuesday mornings) | | | |
| Didactics (Required) | ½ day (Tuesday afternoons) | | | |
| Assessment Clinic (Required) | | | 1 day (Wednesday mornings and afternoons) | |
| PCIT Clinic (Minor) | ½ day (Wednesday mornings) | | | |
| Peer Relations Clinic (Minor) | ½ day (Wednesday afternoons) | | | |
| Rotating Group Therapy (Required) | 2 hours (Wednesday evenings) | | | |
| Flex Time (Required) | ½ day (Thursday mornings) | | | |
| Trauma Clinic (Major) | ½ day (Thursday afternoons) | | | |
| Interdisciplinary Team Meeting & Supervision (Required) | ½ day (Friday mornings) | | | |
| Research (Required) | ½ day (Friday afternoons) *Option to work from home* | | | |

Example Schedule 2:

| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|--|--|-----------|------------------------------|-----------|
| Adolescent Medicine Clinic (Major) | ½ day (Monday mornings) | | | |
| Flex Time (Required) | ½ day (Monday afternoons) | | | |
| Pediatric Oncology Clinic (Major) | ½ day (Tuesday mornings) | | | |
| Didactics (Required) | ½ day (Tuesday afternoons) | | | |
| Assessment Clinic (Required) | 1 day (Wednesday mornings and afternoons) | | | |
| Pediatric Psychology Clinic (Minor) | | | ½ day (Wednesday mornings) | |
| Family Medicine Clinic (Minor) | | | ½ day (Wednesday afternoons) | |
| Intensive Outpatient Program (Required) | 1 day (Thursday mornings and afternoons) | | | |
| Rotating Group Therapy (Required) | 2 hours (Thursday evenings) | | | |
| Interdisciplinary Team Meeting & Supervision (Required) | ½ day (Friday mornings) | | | |
| Research (Required) | ½ day (Friday afternoons) *Option to work from home* | | | |

RESEARCH REQUIREMENTS

Interns can spend 10% of their time (4 hours per week) in research activities. Interns can work on their dissertation during this time, and they are also expected to complete a scholarly activity during their internship year (e.g., poster or manuscript submission, conference talk, quality improvement project, program development proposal, etc.). Interns participate in a monthly seminar to support them in meeting their scholarly requirements and receive mentoring from faculty who are engaged in similar scholarly activities. TTUHSC Lubbock is a part of two state-wide research networks that may be of interest to doctoral interns: Texas Childhood Trauma Research Network and Texas Youth Depression & Suicide Research Network.

DIDACTICS

STRUCTURED DIDACTIC SCHEDULE

| | Tuesday | Friday |
|-------------------------------------|---|---|
| 1st Week of Month | 1:00-2:00pm: Supervision Seminar 2:00-3:00pm: Ethics Seminar/Diversity Seminar (rotating) 3:00-5:00pm: Disease Specific Topic: Diagnosis | 1:00-2:00pm: Grand Rounds |
| 2nd Week of Month | 1:00-2:00pm: Child Journal Club 2:00-3:00pm: Psychotherapy Seminar 3:00-5:00pm: Disease Specific Topic: Treatment | 1:00-2:00pm: Morbidity and Mortality Conference |
| 3rd Week of Month | 12:30-2:00pm: Complex Case Conference 2:00-3:00pm: Research Group 3:00-5:00pm: Disease Specific Topic: Problem-Based Learning | |
| 4th Week of Month | 1:00-2:00pm: Child Case Conference/Reproductive Psychiatry 2:00-3:00pm: Professional Development Seminar 3:00-5:00pm: Disease Specific Topic: Special Topic | 1:00-2:00pm: Connections Curriculum |
| 5th Week of Month | 1:00-5:00pm: Team Building/Volunteering | |

Didactics occur on Tuesday afternoons (from 1:00 to 5:00pm) each week; there are also monthly Friday afternoon didactics (at 1:00pm). Further, invited speakers occur sporadically throughout the training year. On average, interns receive 4-5 hours of didactics per week. Didactics are interdisciplinary (e.g., fields of psychiatry, psychology) and include trainees at different developmental levels (e.g., students, residents/interns, fellows, faculty members). Interns are encouraged to attend didactics in person in order to facilitate connection and relationships with other learners and faculty members within the department. All Tuesday didactics are focused on child and adolescent populations. When there is a fifth week in a month, the child and adolescent learners and

faculty get together to spend quality time with each other and give back to the community. Examples of these events include packaging food donation boxes, making meals at Ronald McDonald House, and serving at Lubbock Impact (focused on free food, clothing, medical, and spiritual care). Friday didactics are for learners across all department training programs. Interns are expected to be present for 70% of all didactics, and this will be tracked for monitoring and reporting purposes.

Didactics focused on evidence-based assessment and intervention:

- Child Case Conference: discussion of case presentations, biopsychosocial case formulations, assessments, differential diagnoses, and interventions
- Complex Case Conference: discussion of case presentations, biopsychosocial case formulations, assessments, differential diagnoses, and interventions for cases that are complex or need new perspective from colleagues
- Psychotherapy Seminar: discussion of theory and mechanisms of action in evidence-based treatments
- Disease Specific Topics: a 4-part series focused on one mental health disorder. The first two weeks of the month focus on diagnosis and treatment. On the third week, learners engage in a Problem-Based Learning assignment, where they work in groups to solve an open-ended vignette. The last week of the series is an additional “special topic” related to the mental health disorder.
- Grand Rounds: in depth discussion regarding a special topic of expertise
- Morbidity and Mortality Conference: a critical examination of system processes related to assessment, treatment, and overall care in order to plan for or avoid trouble-spots in the future

Didactics focused on general competencies related to health service psychology:

- Supervision Seminar: development of skills related to consultation, supervision, and teaching
- Ethics Seminar: application of ethical principles and decision-making to vignettes
- Diversity Seminar: exploration of systemic issues, biases, and cultural humility
- Professional Development Seminar: discussion of relevant topics, such as licensure, career goals, compassion fatigue, and interview preparation
- Connections Curriculum: discussion of individual and cultural diversity in thoughtful ways to increase our connections with others

Didactics focused on scholarly inquiry:

- Journal Club: critical examination of research articles, conclusions, and clinical implications
- Research Group: accountability and support for completion of scholarly requirements

ADDITIONAL UNSTRUCTURED DIDACTIC OPPORTUNITIES

- [American Psychological Association](#)
- [FIU Center for Children and Families](#)
- [TTUHSC Events](#)
- [Professional Education for Lifelong Learning](#)
- [Office of People and Values](#)

SUPPORTIVE LEARNING ENVIRONMENT

The program ensures a welcoming, supportive, and encouraging learning environment for all interns, including interns from diverse and underrepresented communities. The program recognizes the rights of interns and faculty/staff to be treated with courtesy and respect. All interactions among interns, training supervisors, and faculty/staff are expected to be collegial and conducted in a manner that reflects the highest standards of the profession. Program faculty/staff are accessible to interns and provide them with a level of guidance and supervision that encourages successful completion of the internship. Faculty/staff members will aim to serve as appropriate professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

INDIVIDUAL DEVELOPMENT PLAN

An Individual Development Plan (IDP) is a living document that states your career goals, timelines, and action plans. The purpose is to provide a planning process that identifies both professional development needs and career objectives. Furthermore, IDPs serve as a communication tool between individuals and their mentors. The IDP should be completed within the first two weeks of the doctoral internship and reviewed with the Training Director each quarter. Here are resources about developing an IDP: [TTU IDP](#). You will find the IDP template in the appendix.

EVALUATIONS

Informal evaluations are conducted throughout the year. Formal evaluations (i.e., written) are conducted at 3, 6, 9, and 12 months of the internship. Evaluations are based on core competencies and serve to identify strengths and growth areas. Each clinical supervisor rates the intern's knowledge base and professional practice on structured rating forms. Evaluations are shared with the interns so that goals can be defined and refinements can occur; remediation steps and corrective actions are outlined when needed. Both parties sign the evaluation following review. Additionally, there will be regular opportunities for interns to evaluate supervisors and the program.

COMMUNICATION WITH DCT

Communication with the Directors of Clinical Training (DCT) at the interns' graduate programs occurs at the following time points:

- After the match results are released, a letter is sent to the intern confirming the results of the match and the terms of employment. This letter is copied to the interns' graduate DCT.
- A mid-year letter summarizing the interns' progress is sent to their graduate DCTs following review of the 6-month evaluations.
- On completion of the internship, a final letter describing the interns' performance during the year is sent to their graduate DCTs.
- If an intern exhibits problems related to professional competence or performs below developmentally appropriate levels, even if not at the point where remediation is required. In such cases, graduate DCTs will be contacted and provided with copies of any relevant documentation.

REQUIREMENTS FOR SUCCESSFUL INTERNSHIP PERFORMANCE

In line with the Standard of Accreditation for Health Service Psychology, the program is an organized training program that aims to train doctoral interns to demonstrate competency in the following areas, with focus on child and adolescent populations:

Research: critically evaluate research articles; integrate research and clinical expertise in the context of patient factors; generate and disseminate research (e.g., case conferences, presentations, publications) that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Ethical and legal standards: demonstrate knowledge and application of APA ethics, state laws/regulations/rules/policies, and professional standards and guidelines; recognize ethical/legal dilemmas and exhibit knowledge and application of ethical decision making and ethical conduct.

Individual and cultural diversity: demonstrate awareness and exploration of own identity (e.g., cultural, gender, sexual orientation) and its relationship to clinical work and relationships; maintain sensitivity to cultural and other individual differences in clinical work, the research context, and the context of didactic and case presentations; conduct services with diverse populations.

Professional values, attitudes, and behaviors: interact professionally with treatment teams, peers, and supervisors; show responsibility for key patient care tasks (e.g. phone calls, letters, case

management) and complete tasks promptly, accurately, and thoroughly; demonstrate positive coping strategies with personal and professional stressors and challenges; maintain professional functioning and quality patient care; show efficient time management; behave in ways that reflect the values and attitudes of psychology (e.g., concern for others, lifelong learning, integrity, professional identity, accountability, self-reflection, etc.).

Communication and interpersonal skills: develop relationships with a wide range of individuals (e.g., patients, families, peers, supervisors, and staff); produce and comprehend effective oral, nonverbal, and written communication; exhibit grasp of professional language and concepts; demonstrate effective interpersonal skills and ability to manage difficult communications.

Assessment: evaluate immediate concerns such as suicidality, homicidality, and any other safety issues; demonstrate a thorough working knowledge of psychiatric diagnoses; utilize historical, interview, and assessment data to diagnose accurately; choose, administer, and score valid and reliable measures appropriately; interpret the results of psychological tests accurately; write a well-organized psychological report, answering the referral question clearly and providing specific recommendations for patient care; explain the test results in terms the patient and/or caregiver can understand and responds to issues raised by patient or caregiver; formulate a useful case conceptualization that draws on theoretical and research knowledge.

Intervention: formulate appropriate therapeutic treatment goals in collaboration with the patient and family; establish rapport with patients and families; demonstrate active listening abilities, such as reflection and validation; present individual and group interventions that are well-timed, effective and consistent with evidence-based treatment; utilize measurement-based care to inform intervention; make appropriate contingency plans with patient and family regarding safety issues.

Supervision: seek supervision as needed and use it productively; seek and demonstrate openness and responsiveness to feedback and supervision; demonstrate good knowledge of supervision/teaching techniques and employ these skills in a consistent and effective manner.

Consultation and interprofessional/interdisciplinary skills: seek consultation as needed and use it productively; give the appropriate level of guidance when providing consultation to other health care professionals, considering their level of knowledge about psychological theories, methods and principles; respect roles and perspectives.

Formal evaluation of intern competencies occurs quarterly. Interns are expected to become increasingly proficient and sophisticated in their levels of achievement as they progress through the training year. At 3 months, all competency areas will be rated at a level of competence of "Needs Intensive Supervision" or higher. No competency areas will be rated as "Needs Remedial Work." At 6 months, all competency areas will be rated at a level of competence of "Needs Regular Supervision" or higher. No competency areas will be rated as "Needs Intensive Supervision" or "Needs Remedial Work." At 9 months, all competency areas will be rated at a level of competence of "Need Minimal Supervision" or higher. No competency areas will be rated as "Needs Regular Supervision," "Needs Intensive Supervision," or "Needs Remedial Work." At 12 months, at least 80% of competency areas (29 items) will be rated at a level of competence of "Ready For Entry-Level Practice." No competency areas will be rated as "Needs Regular Supervision," "Needs Intensive Supervision," or "Needs Remedial Work." Thus, at the end of the training year, interns should be ready for entry-level practice.

Lastly, the internship experience should equate to at least 1,750 hours. Texas Administrative Code states that at least 25% of internship hours must come from face-to-face patient care. Therefore, interns are expected to have at least 450 hours of direct patient care at the conclusion of internship.

Due process procedures will be initiated as needed if intern is not meeting expected performance.

SALARY AND BENEFITS

SALARY

The salary for a full-time doctoral intern (1.0 FTE) for the 2024-2025 training year is \$36,000.

BENEFITS

The doctoral interns are employees of TTUHSC and receive benefits in line with employee status. For full benefits, see: [Benefits, Compensation & Wellness Homepage](#). Information about university holidays can be found on the HR webpage.

ADDITIONAL INTERNSHIP BENEFITS

- Limited professional/educational leave (5 days to be approved by the Training Director)
- Professional/Educational funds (\$1,500)
- Research project funds

HELPFUL RESOURCES

- [Employee Wellness Resources](#)
- [TTUHSC Holiday Schedule](#)
- [Faculty / Staff Clinic in Lubbock](#)
- [The TTUHSC Counseling Center](#)

TECHNOLOGY, SYSTEM, AND SUPPORT

TECHNOLOGY

You will be supplied all necessary technology to complete your job. Please inform the Training Director of any additional needs. When signing out a laptop, please complete the Temporary Use of Property Authorization Form (see appendix). An electronic copy will be available for you to complete.

OTHER CLERICAL, TECHNICAL, AND ELECTRONIC SUPPORT

The internship program has a Training Director (Tarrah Mitchell, PhD) and Training Coordinator (Candice Blanchard) who work closely with Department and Institutional leaders to ensure coordination, direction, and organization of activities and resources. The following Clinical Department Administrators within the Department of Psychiatry work closely with the internship program: Kary Blair, MBA (this position will shift to a new team member in the next few months) and Bart Sanders, BS. Leandra Flores is the Director of Finance, and Samantha Dawson, MBA, is the financial manager.

The Training Coordinator provides the bulk of clerical/administrative support for the internship program. This coordinator is involved in recruitment, interviewing, orientation, scheduling didactics/meetings/trainings/etc., reserving rooms, setting up teleconferencing, distributing materials, collecting evaluations, maintaining records, processing reimbursement, etc. For clinical tasks, there are multiple Patient Support Specialists and Patient Navigators who are in charge of scheduling appointments, collecting paperwork, reminding of appointments, and communicating with families. The medical center has an IT Help Desk and an Electronic Medical Record Help Desk for technical assistance.

All interns have a designated private workspace. Laptops will be assigned to each intern, and desktop setups are available for use. Patient care spaces for clinical services are available for therapy and assessment. Interns have access to the medical record system, measurement-based care online portals (i.e., VitalSign6; Trayt), Microsoft applications, and HIPAA-compliant

telehealth/telemedicine software (e.g., Zoom). Statistical software will be available (e.g., SPSS), as well as available research databases and online survey software (e.g., Qualtrics).

Copiers/scanners/printers are accessible, as well as electronic fax. Each intern has access to a secure, HIPAA-compliant cloud drive (i.e., Box). Interns are also able to access their personal drive and the medical records from remote locations using dual authentication security as required by the medical center. Additional computer software is available for download by IT department. If not freely available, a request can be made to the Training Director for purchase approval; funds exist to support these requests. An online scheduling system exists for time off requests (i.e., QGenda). Recording equipment is available to record sessions for supervision.

Materials required for assessments (e.g., testing kits, questionnaires) and intervention (e.g., manuals, workbooks, craft supplies) are available for use. The program has an extensive book/manual library for use by clinicians and families. The program is regularly adding to the library at request and as needs arise. Interns are also able to use their professional development funds to purchase additional training materials. Interns also have access to TTUHSC online library for journal access. Articles from journals not within the system are available for interlibrary loan at no cost.

COMMONLY USED TECHNOLOGY, SYSTEMS, AND SUPPORT

- Trayt (see appendix)
- VitalSign6 (see appendix and the VitalSign6 handbook)
- [Psychiatry I.T. \(see appendix\)](#)
- [Language Line \(see appendix\)](#)
- Avaya (see appendix)
- [Webraider / Raiderlink Portal](#)
- [Texas Tech Payroll & Tax Services](#)
- [Remote Work Resources](#)
- EHR Helpdesk: 743-4357
- [Cerner Physician Portal](#)
- [Covenant Children's Support](#)

EMPLOYEE ASSISTANCE PROGRAM

The primary resource for the TTUHSC Employee Assistance Program is The Counseling Center (<https://www.ttuhsu.edu/centers-institutes/counseling/default.aspx>; 806-743-1327; 806-327-0328).

Since The Counseling Center is affiliated with the TTUHSC Department of Psychiatry, we have also contracted with an outside provider for the departmental Employee Assistance Program. Dr. Gaston Rougeaux-Burnes is located at the Family Center (<http://tfcenter.org/>; 806-370-0767).

Please remember, these visits and things discussed is protected and private information. It is not shared with your supervisor, department leadership, coworkers, or HR.

Additional resources:

Suicide & Crisis Lifeline: 988; <https://988lifeline.org/>

StarCare: 806-740-1414 or 1-800-687-7581; <https://www.starcarelubbock.org/services/mental-health-crisis/>

POLICIES AND PROCEDURES

INSTITUTION AND DEPARTMENT

- [TTUHSC POLICIES, MANUALS, AND STATE REPORTING](#)
- [TTUHSC OPERATING POLICIES AND PROCEDURES](#)
- [TTUHSC DIVERSITY & INCLUSION POLICIES](#)

- [TTUHSC SCHOOL OF MEDICINE ADMINISTRATIVE POLICIES](#)
- [TTUHSC TITLE IX POLICIES](#)
- [TTUHSC DEPARTMENT OF PSYCHIATRY POLICY AND PROCEDURE MANUAL](#)

The internship program follows all TTUHSC Policies related to diversity, inclusion, and non-discrimination. See policies (HSC OP 51.01; HSC OP 51.02; HSC OP 51.03; HSC OP 51.04) here: <https://www.ttuhsf.edu/administration/policies/eeo.aspx>

INTERNSHIP PROGRAM

DUE PROCESS PROCEDURE

Purpose

The purpose of the Due Process Procedure is to provide a mechanism to fairly and systematically address concerns regarding a doctoral intern's (Intern) performance, behavior, or conduct. All Interns are expected to understand and conduct themselves in accordance with the performance criteria for their particular job and with all rules, procedures, and standards of conduct established by the System, University, and the Intern's department or unit.

Rights and Responsibilities of Interns

- Interns have the right to receive information about the program's expectations and procedures for evaluation.
- Interns have the right to receive regular and timely feedback regarding their performance and/or concerns of problematic behavior.
- Once Due Process procedures have initiated, Interns have the right to receive information regarding decisions within the timeline outlined in this policy.
- Interns have the right to respond to and/or appeal the program's decisions as outlined in this policy.
- Interns have the responsibility to conduct themselves in a professional, respectful, and ethical manner.
- Interns have the responsibility to make every reasonable attempt to remediate deficits.
- Interns have the responsibility to adhere to the rules, procedures, and standards of conduct established by Texas Tech University System, Texas Tech University, and the Intern's specific department or unit.

Rights and Responsibilities of the Doctoral Internship Program

- The program and its representatives have the right and discretion to initiate Due Process procedures including observation, probation, suspension, and dismissal as outlined and within the limits of this policy.
- The program and its representatives have the right to be treated in a professional, respectful, and ethical manner.
- The program and its representatives have the responsibility to make reasonable attempts to support Interns in remediating concerns and deficiencies.
- The program and its representatives have the responsibility to make reasonable attempts to support Interns in successfully completing the program.

Problems Identified and Defined

Interns will be formally assessed and their performance will be documented throughout the training year. Deviations from standard training practices that may be identified as deficits include, but are not limited to, the following:

- Unprofessional and/or unethical behavior;
- Failure to demonstrate an acceptable level of competency;

- Failure and/or unwillingness to integrate professional standards into one's practice;
- Problematic behavior that negatively impacts other Interns; and/or
- Problematic behavior that may cause harm to patients.

It is expected that any Intern who qualifies for this internship program is able to progress satisfactorily through the program. However, when performance and/or progress are unsatisfactory, actions of a disciplinary or adverse nature may be taken as follows:

1. Observation. Observation is defined as an informal remediation measure that is generally utilized prior to probation. The purpose of Observation is to provide the Intern with an interactive process of open communication, in which the Intern has an opportunity to voice any concerns or disagreements with the evaluation of their performance, to address potential issues or deficiencies before they rise to the level of probation or suspension. It is the duty of the Training Director to establish a mechanism for evaluating the performance of each Intern. In the event an Intern's clinical or educational performance is found to be unsatisfactory, the Training Director shall meet with the Intern at the earliest possible date, outline in writing the deficiencies, specify how they are to be corrected, and indicate the period of time in which correction or improvement is to occur. If, after a specified amount of time, progress has not been demonstrated, the Intern may be placed on probation. However, observation is not a prerequisite if probation or disciplinary measures are more appropriate. Observation may not be appealed.

2.01 Hearing Required. When a formal review or disciplinary action, such as probation, suspension, or dismissal, is warranted, the Intern will be notified in writing by the Training Director that the issue has been raised to a formal level of review and that a Hearing will be held.

2.02 Hearing. The supervisor or faculty/staff member will hold a Hearing with both the Training Director and the Intern within 14 business days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. Other faculty/staff members may be present at the Hearing at the discretion of the Training Director or at the request of the Intern. The Intern will have the opportunity to present the Intern's perspective at the Hearing and/or to provide a written statement related to the Intern's response to the problem.

2.03 Outcome and Next Steps. The result of the Hearing will be determined by the Training Director and other faculty/staff member(s) who were present at the Hearing. This outcome will be communicated to the Intern in writing within 5 business days of the Hearing. Potential outcomes include the following: probation (as set out below), suspension with or without pay (as set out below), or dismissal (as set out below).

3. Probation.

3.01 Criteria for Probation. Where an Intern's performance fails to meet the standards set by the Psychiatry department, the Intern may be placed on probation by the Training Director. Probation occurs when an Intern is notified that their progress, professional development, or conduct is such that continuation in the program is at risk.

3.02 Notice of Probation. The Training Director shall notify the Intern in writing regarding the probation, outline the reasons for the action, establish a time frame for the probation, provide a specific remedial plan with deadlines, and conduct a follow-up probation evaluation at the designated time, or sooner, if necessary. Notice of probation may be delivered to the Intern by certified mail, Return Receipt Requested, at their last known address, or hand-delivered to the Intern with written acknowledgement of delivery. In the event neither form of communication referenced above is successful, notice to the Intern may be given via email attachment with read/receipt notation. Unless precluded by special circumstances from doing so, the Training Director must meet in person with the Intern to discuss the probation.

3.03 Remediation. As a rule, 60 calendar days will be allowed for the Intern to correct or remediate the identified deficiency or conduct. However, some probationary periods may be for a shorter period of time. If at the end of or during the probationary period the Training Director determines that the Intern has not corrected or remediated the identified deficiency or conduct, the Intern may be dismissed from the program. However, probation is not necessarily a prerequisite to dismissal if circumstances dictate otherwise. If at the end of or during the probationary period the Training Director elects to dismiss the Intern, the dismissal procedures outlined in Section 5 shall be utilized.

3.04 Appeal of Probation. If an Intern is placed on probation, the decision may be appealed in accordance with the procedures outlined in Section 7.

3.05 Satisfactory Completion of Probation. If the Training Director is satisfied that the Intern has corrected or remediated the identified deficiency or conduct, along with any other deficiency that may have arisen during the probationary period, the Intern will then be notified in writing that the probationary status has been lifted.

3.06 Dismissal Following Appeal. If an Intern is dismissed at the end of the probationary period, the dismissal may be appealed in accordance with the procedures outlined in Section 7.

4. Suspension.

4.01 Criteria for Suspension. The Training Director may suspend an Intern with or without pay depending on the circumstances, which may include, but not be limited to, any situation where a serious charge is brought against the Intern, or concern exists that the Intern's performance of their duties is seriously compromised or may constitute a danger to patients, others, or self.

4.02 Notice of Suspension. The Intern will be notified of their suspension by certified mail, Return Receipt Requested, to their last known address, or hand-delivered with written acknowledgement of delivery. In the event neither form of communication referenced above is successful, notice to the Intern may be given via email attachment with read/receipt notification.

4.03 Investigation. An investigation will be initiated within 5 business days from the date of the suspension and shall be completed within 30 calendar days. At the conclusion of the investigation, the Training Director shall confer with the Intern as soon as practicable, but in no event later than 30 calendar days from date of suspension, except as reference hereinabove.

4.04 Appeal of Suspension. If an Intern is suspended, the decision to suspend may be appealed in accordance with the procedures outlined in Section 7.

4.05 Lifting of Suspension. Suspension will be lifted when the investigation is completed on or before the 30th day following imposition of suspension. Upon completion of the investigation and its findings, a determination will be made as to the proper course of action. Such action will be communicated in writing to the Intern.

5. Dismissal.

5.01 Authority. The authority to dismiss an Intern resides solely with the Dean of the School of Medicine.

5.02 Criteria for Dismissal. The Training Director may recommend that an Intern be

dismissed for unsatisfactory performance, lack of professionalism, or conduct during the term of their annual program agreement/contract. Examples include, but are not limited to, the following:

- A. Performance that presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare.
- B. Failure to progress satisfactorily in fund of knowledge, skill acquisition and/or professional development.
- C. Unethical conduct.
- D. Excessive tardiness and/or absenteeism.
- E. Illegal conduct.
- F. Unprofessional conduct.

5.03 Notice of Dismissal. When recommending dismissal, the Training Director shall use the Disciplinary Action Form (DAF) and include any related documentation providing the basis for dismissal. The Training Director shall specify in writing the areas deemed unsatisfactory and state with specificity the reasons for the dismissal. A copy of the recommendation for dismissal must be provided to the Intern made the subject of the action.

5.04 Appeal by Intern. Dismissal is subject to appeal, as it suggests poor performance, unprofessional conduct or malfeasance. Upon receipt of the written recommendation for dismissal and the Disciplinary Action Form, the Intern may initiate an appeal by submitting to the Psychiatry Program Chair within 5 business days a written notice of appeal, outlining in detail their issues regarding the appeal and the remedy sought.

5.05 Timeliness of Appeal. In the event the Intern elects not to appeal the decision, or the Intern fails to appeal within the prescribed 5 business days, the Intern will be deemed to have waived the right to appeal.

6. Job Abandonment.

6.01 Definition. Job abandonment, defined as 3 consecutive days of unexcused absence from the program without notice to the Training Director, is tantamount to resignation. Any exception must first be approved by the Psychiatry Department Chair.

6.02 Documentation. The Training Director shall use the DAF to report action taken and include information from the program for completing the DAF. The DAF and other documentation regarding such action shall be forwarded for signature to those individuals listed on the form.

7. Appeal.

7.01 Appeal Hearing Subcommittee. Upon receipt of the Intern's written notice of appeal, if applicable, the Chair of the Psychiatry Department shall appoint an ad hoc Appeal Review Subcommittee (Subcommittee), which shall be charged with conducting an appeal hearing to review the recommendation of dismissal (suspension) of the Intern.

7.02 Composition of Subcommittee. The Subcommittee shall be comprised of one TTUHSC faculty member selected by the Program, one TTUHSC faculty member selected by the Intern, one TTUHSC faculty member who serves as a chair, and another Intern representative. The Subcommittee chair shall set a date for the appeal hearing and notify all parties concerned of any other procedural information that will be observed.

7.03 Documentation for Appeal. At least 5 business days prior to the appeal hearing, the Intern and the Training Director shall provide to each other and the Subcommittee all relevant documents that will be used in the appeal process to include, but not be limited to, the written request for appeal, all reports, evaluations and recommendations related to the action taken, and their file as maintained by the department.

7.04 Witnesses. At least 5 business days prior to the appeal hearing, the Intern and Training Director shall provide to each other and the Subcommittee the names of witnesses, if any, that each will utilize at the appeal hearing. The Intern and Training Director shall each be responsible for arranging the participation of their respective witnesses for and during the appeal hearing.

7.05 Legal Counsel. The Intern shall have the right to appear in person before the Subcommittee and may be accompanied by legal counsel retained by the Intern. If legal counsel is to accompany the Intern, they shall notify the Subcommittee in writing at least 5 business days in advance of the scheduled appeal hearing, at which time the Subcommittee shall immediately notify the Training Director and the Office of General Counsel (OGC). In the event the Intern is to be accompanied by legal counsel, a representative from the OGC shall attend on behalf of the university. Legal counsel may serve only in an advisory capacity to the Intern and TTUHSC and may not participate in the appeal hearing.

7.06 Conduct of Appeal Hearing. At the beginning of the appeal hearing, the Chair of the Subcommittee shall review with the participants the procedural rules that shall be observed.

7.07 Witness Available by Telephone. Only if a witness is not readily available to attend the appeal hearing in person, the Subcommittee may consider allowing the witness to participate by telephone. If applicable, the Intern and Training Director, respectively, shall notify the Subcommittee and each other at least 24 hours in advance of the appeal hearing that a witness will not be available in person.

7.08 Audiotape of Appeal Hearing. The appeal hearing will be audiotaped, and either of the parties may obtain a copy upon written request. No transcript will be provided.

7.09 Evidence. At the appeal hearing, the Intern shall present to the Subcommittee and the Training Director the basis of this appeal and may introduce evidence considered to be relevant and material to the case. However, all evidence offered must be reasonably related to the facts and statements concerning the reasons for dismissal and the Intern's appeal. The Intern bears the burden of establishing that the dismissal (suspension) is unjustified. The Subcommittee shall determine whether information provided at the appeal hearing is relevant and material to the case and whether it is reasonably related to the matter of the dismissal.

7.10 Failure to Appear. The Intern is expected to attend and participate in the appeal hearing. If the Intern elects not to attend an appeal hearing after appropriate written notice, the dismissal (suspension) will be reviewed as scheduled on the basis of the information available, and a recommendation will be made by the Subcommittee.

GRIEVANCE PROCEDURE

Purpose

The purpose of the Grievance Policy is to provide a prompt and efficient collegial method for the formal review and resolution of grievances filed by a doctoral intern (Intern).

Scope

Interns may file grievances regarding any element of the training program (e.g. complaints about evaluations, supervision, stipends/salary, harassment, hours, working conditions, etc.). Retaliation against an employee who files a complaint under this policy is strictly forbidden.

The doctoral Internship program follows the “Non-Faculty Employee Complaint Procedures” (HSC OP: 70.10). Notably, “immediate supervisor” is the Training Director, “second level supervisor” is the Psychiatry Department Chair, and “employee” is the Intern.

See detailed Grievance/Complaint Procedures here:

<https://www.ttuhsu.edu/administration/documents/ops/op70/op7010.pdf>.

As noted in the operating procedure, TTUHSC reserves the right to interpret, change, modify, amend, or rescind this policy, in whole or in part, at any time without notice or consent of its employees.

1. Verbal Discussion.

- Except in the case of harassment, an Intern should attempt to resolve the issue by first meeting with the individual(s) involved and discussing the specific incident or clearly defined matter within 5 calendar days of the incident’s occurrence.
- For complaints based on harassment, or another continuing series of less clearly defined matter, an Intern should bring any work-related problems to the attention of their Training Director within a reasonable time.
- Interns are encouraged to speak with their Training Director first, but when problems arise with their direct supervisor, Interns are permitted to speak with department leadership without retaliation.
- Each Training Director and Intern should attempt to resolve on-the-job complaints in an atmosphere of mutual respect in an effort to resolve the problem.

2. Written Complaint.

- If action is not taken by the Training Director to resolve the problem, or if the Intern is not satisfied with the Training Director’s response, the Intern should formally submit an *Employee Complaint Statement* to the Intern’s Training Director and Human Resources within 10 business days after the Training Director’s initial response to the employee’s verbal discussion.
- The Employee Complaint Statement is located on the Human Resources website or at the following link:
https://hscweb.ttuhsu.edu/humanresources/documents/OP7010_Complaint_Form.pdf
- The Training Director has 10 business days to respond, in writing, to the Intern’s complaint. A copy of the response shall be sent to Human Resources.

3. Written Complaint to the Psychiatry Department Chair.

- If no resolution is reached with the Training Director, the Intern may appeal the Training Director’s decision to the Psychiatry Department Chair by submitting the *Employee Complaint Statement* and Training Director’s response, if any, to the Psychiatry Department Chair and to Human Resources.
- The written complaint must be filed with the Psychiatry Department Chair within 10 business days from the time the Intern receives the written response from the Training Director.

- The Psychiatry Department Chair will investigate the complaint, attempt to reconcile differences, and propose a solution. The Psychiatry Department Chair has 10 business days, or to the extension date provided by Human Resources, to communicate its proposed solution(s) in writing, to the complaint. A copy of the response shall be sent to Human Resources and the Training Director.

4. Final Review.

- If the complaint is against the Psychiatry Department Chair, or if a resolution has not been achieved up to this point, the Intern is to present the complaint and a written request for review in writing within 10 business days to the appropriate Vice President/Dean.
- The Final Review will consist of an examination of the (1) Employee Complaint Statement; (2) Training Director's written response, if any; and (3) Psychiatry Department Chair's written response, if any.
- An independent investigation of the original complaint will not be conducted. This must be done within 10 business days after the second-level supervisor provides a response.
- The responsible administrator shall have 20 business days, or to the extension date provided by Human Resources, to review the complaint and provide a written the Intern. This determination will be final.

REQUEST FOR LEAVE

The internship program follows the leave policy for the TTUHSC Department of Psychiatry. Submit non-emergency leave requests (e.g., vacation, scheduled health procedure, education leave) at least 30 days in advance of the first day of planned leave. All requests submitted less than 30 days will be reviewed on a case by case basis. Submit the requests to the Training Director for approval using QGenda. For emergent leave requests, please inform the Training Director as soon as known. The full policy can be found here: [TTUHSC DEPARTMENT OF PSYCHIATRY POLICY AND PROCEDURE MANUAL](#).

DRESS CODE

The internship program follows the dress code policy for the TTUHSC Department of Psychiatry. Clothing shall be clean, maintained and appropriate to the level of contact with the public. As professionals, our appearance indicated a certain expectation to the patients and clients that we serve. For this reason, Psychiatry staff must dress professionally. Professional office attire is required for everyone except for Lab Personnel. Professional office attire is defined as button-up shirts, golf shirts, skirts, sweaters, dresses, and slacks. Additionally, appropriate footwear is required for staff with patient contact. The Psychiatry Department has a tradition of "Casual Friday". All staff may choose to wear jeans and sneakers (while remaining professional). The full policy can be found here: [TTUHSC DEPARTMENT OF PSYCHIATRY POLICY AND PROCEDURE MANUAL](#).

OTHER POLICIES

The doctoral internship program will follow policies outlined by TTUHSC multiple employment, hours of operation, inclement weather, emergency procedures, etc. Most relevant policies related to these topics are located here: [TTUHSC OPERATING POLICIES AND PROCEDURES](#) and [TTUHSC DEPARTMENT OF PSYCHIATRY POLICY AND PROCEDURE MANUAL](#). If assistance is needed in locating a specific policy, please reach out to the Training Director.

VALUES-BASED CULTURE

Values are the deeply held beliefs and principles that drive our behaviors and daily actions. At TTUHSC, our shared vision and core values collectively promote a positive environment with a defined purpose. [Our Values-Based Culture \(One-Pager\)](#)

HELPFUL WEBSITES

- [TTUHSC Civility Survey Findings](#)
- [TTUHSC Values Pledge](#)
- [Field Guide Toolkit](#)
- [Field Guide Training](#)
- [Office of People and Values](#)

DIVERSITY, EQUITY, AND INCLUSION

VETERANS

The State of Texas is one of the most veteran-friendly states in the nation, and at TTUHSC, we recognize the skills and dedication that veterans bring to the workforce. As a veteran-friendly institution, TTUHSC actively recruits veterans and proudly offers veteran's employment preference as established in the Veteran's Employment Preference Act. Additionally, the Veterans Resource Center at TTUHSC supports veterans and military families through policies and practices that promote academic, personal, and professional successes. The TTUHSC Veteran Advisory Committee advocates for programs and services for our faculty, staff and student veterans, and educates our university community about veteran issues. TTUHSC's Veterans Resource Center offers a Vet-to-Vet Mentorship Program to connect student veterans with TTUHSC veteran faculty and staff members, graduate students, and alumni to support student veterans in their transition into higher education, in their academic success and future civilian careers.

INDIVIDUALS WITH DISABILITIES

TTUHSC is committed to the full inclusion of all qualified individuals. As part of this commitment, persons with disabilities will not be subject to discrimination or denied full and equal access to academic programs, employment, activities, benefits, and services offered by the University on the basis of their disability. This policy applies to all students, team members (faculty, staff, or student), patients, volunteers, and visitors. For more information, please refer to HSC OP 51.04 Access for Individuals with Disabilities. In line with our Values-Based Culture, we seek to create an environment that educates and empowers team members through inclusion and accommodation. Prospective employees who need a disability-related accommodation in completing an application, interviewing, completing any pre-employment testing or otherwise participating in the employee selection process, should contact their campus Human Resources team.

EQUAL OPPORTUNITY

TTUHSC is proud to be an equal opportunity workplace, and is committed to promoting an inclusive, collaborative environment. TTUHSC does not tolerate discrimination or harassment of any employee or applicant for employment because of sex (including pregnancy), race, color, national origin, religion, age, disability, protected veteran status, genetic information, sexual orientation, gender identity, gender expression, or any other legally protected category, class, or characteristic. For more information, please see TTUHSC's Equal Opportunity Policies.

RESOURCES

- | | |
|---|---|
| • Office of Diversity, Equity and Inclusion | • Veterans Resource Center |
| • Office of Global Health | • Student Disability Services |
| • Office of Interprofessional Education | • Title IX |

- [Diversity, Equity, & Inclusion Committee](#)
- [Veteran Advisory Committee](#)
- [Vet-to-Vet Mentorship Program](#)
- [Faculty Senate](#)
- [Staff Senate](#)

RECORD RETENTION

The internship program permanently maintains records of the interns' training schedules, evaluations, and diplomas. All grievances and complaints are also stored according to requirements of CoA, institutional, state, and federal policies. All materials are stored on electronic file system called "Box." Box is a cloud-based application that helps millions of people securely store, access, share, and collaborate on files across devices. Box can be used for a variety of purposes and can be configured for both the sharing and security of information. Box allows TTUHSC faculty, staff and students improved collaboration abilities by allowing the sharing of various document types, videos and as well as several other content file types.

PROGRAM EVALUATION

The program will engage in ongoing self-evaluation to monitor its performance to ensure competence in health services psychology, contribute to fulfillment the TTUSHC mission, and uphold a supportive climate in regards to diversity. This will include regular informal (e.g., conversations) and formal (e.g., surveys) assessment from faculty/staff, interns, graduates, etc. Improvements and changes will be implemented as needed, and relevant stakeholders will be alerted of changes. The program will collect data on alumni in terms of their career paths in health service psychology (e.g., licensure status, job placement, etc.). Further, the program will collect data on how well the program prepared interns in each competency.

ABOUT LUBBOCK

Lubbock is located in the northwestern part of Texas. The population is over 300,000, with a catchment area of over 1.2 million. Lubbock is a growing educational, commercial, medical, and cultural center, with a college-town atmosphere. Lubbock has mild seasonal conditions with average of 267 days of sunshine per year. The area has a low cost of living and family-friendly atmosphere. There are unique restaurants, live music, museums, wineries, breweries, boutiques, and a drive of less than 25 minutes to anywhere in the city. Lubbock has great public and private school systems and over 66 public parks.

HELPFUL WEBSITES

- [Lubbock in the Loop](#)
- [Visit Lubbock](#)

APPENDIX

CLINIC DESCRIPTIONS

Adolescent Medicine Clinic: This clinic is housed within Texas Tech Physicians and is located on the Covenant medical campus. In-person clinic typically runs for three hours and consists of patient consultations with the attending physicians, scheduled visits with adolescent patients with comorbid psychological difficulties (e.g., anxiety, depression, eating-disordered behaviors, trauma, attention and/or hyperactivity struggles, externalizing symptoms). Individual psychotherapy support is offered to adolescent patients, as well as caregiver check-ins and some family therapy.

Assessment Clinic: This clinic provides comprehensive psychological, neuropsychological, and learning disability evaluation and ongoing consultation for children ages 3-21 years. Evaluations will include measures of current psychiatric symptoms; intellectual and academic assessment; behavior/personality functioning; and other cognitive domains (e.g., memory, attention, executive functioning, language, and motor skills) as necessary depending on the referral questions. Children and adolescents presenting with/demonstrating symptoms of any of the following would be appropriate referrals for this clinic: disruptive behavior disorders, histories of maltreatment or other trauma exposure, traumatic brain injuries, attention/learning problems, developmental delays, autism spectrum disorders, severe psychopathology, or any other neurological conditions. We can also provide consultation to teachers and school personnel as necessary and ongoing follow-up services with families on a case by case basis.

CATR/TCHAT Triage: This experience includes triage meetings for students referred to the CATR: Supported by TCHAT program. The meeting involves a variety of mental health professionals (e.g., social workers, LPCs, psychiatrists, psychologists, fellows, residents, graduate students). Mental Health Clinicians (MHCs) will bring cases to triage for discussion when the presenting problems are outside of the scope of their experience/expertise, include risk/safety concerns, or are considered complex or severe. MHCs will present summaries of their initial evaluations; presentations include background history, assessment score summary, case conceptualization, and initial recommendations. As a psychology team, our role is to listen carefully, provide additional perspectives on case conceptualization, ask for any pertinent missing information, and recommend a treatment plan. We have flow sheets with treatment “branches” that help guide our decisions. You will initially start by observing these meetings, but you will eventually be expected to contribute to and lead the discussion.

Internalizing Clinic: This clinic consists of psychotherapy for children and adolescents with anxiety, depression, and adjustment difficulties. The modalities will include in-person and telehealth, and the format will include individual and group. Individual therapy sessions will last about 45-50 minutes, while group therapy sessions can last 1-2 hours. Interventions include Unified Protocol for Children and Adolescents (UP-C and UP-A), CAT Project, Coping Cat, Interpersonal Therapy for Adolescents (IPT-A), Behavioral Activation (BA), and Dialectical Behavior Therapy (DBT).

Externalizing Clinic: This clinic consists of psychotherapy for children and adolescents with externalizing difficulties. The modalities will include in-person and telehealth, and the format will include individual and group. Individual therapy sessions will last about 45-50 minutes, while group therapy sessions can last 1-2 hours. Interventions include Defiant Children, Defiant Teen, and Group Triple P (Child and Teen Versions).

Pediatric Psychology Clinic: This clinic consists of psychotherapy for children and adolescents with chronic medical conditions. The modalities will include in-person and telehealth, and the format will include individual and group. Individual therapy sessions will last about 45-50 minutes, while group therapy sessions can last 1-2 hours. Interventions include Children's Health and Illness Recovery Program (CHIRP) and Body Project, as well as motivational interviewing and other cognitive-behavioral therapies.

Trauma Clinic: This clinic consists of psychotherapy for children and adolescents with trauma presentations. The modalities include in-person and telehealth, and the format is primarily individual. Individual therapy sessions last about 45-50 minutes. Interventions include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Trauma and Grief Component Therapy for Adolescents (TGCTA).

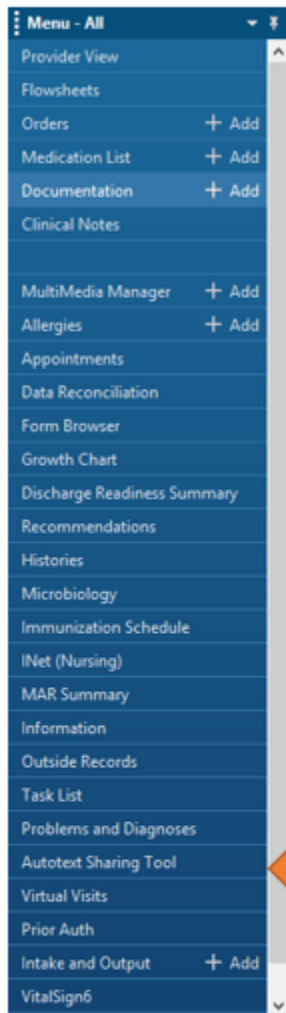
Parent-Child Interaction Therapy (PCIT) Clinic: In this clinic, clinicians will utilize PCIT with young children (3-6 years old) and their caregivers. PCIT is an evidence-based treatment that relies upon principles of behaviorism and operant conditioning to train caregivers to more adaptively assist with their child's emotional and behavioral disorders. Children and their caregivers are seen together in PCIT, and emphasis is placed on improving the quality of the caregiver-child relationship and changing maladaptive caregiver-child interaction patterns. PCIT differs from other parent training programs in that it is experiential; clinicians will work with caregivers via a "bug-in-the-ear" system in order to coach relationship enhancement and discipline strategies in real time. With a consistent treatment regimen, PCIT can be conducted in 12-20 sessions (or when caregivers demonstrate mastery of skills and when the child's behavior falls more within normal limits), and sessions are typically 1-2 hours.

Detailed information about these clinics will come later:

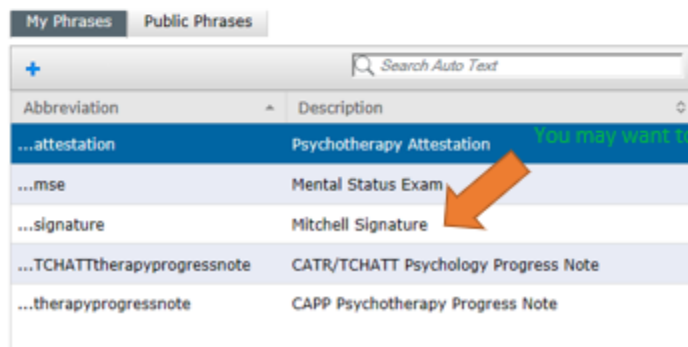
- Peer Relations Clinic
- Pediatric Oncology Clinic

POWERCHART INSTRUCTIONS

Saving Autotext



Click here and search "Mitchell" to copy autotext for documentation.



You may want to make one of these for yourself.

You will need.

You will need.

You will need.

Starting a new note in Powerchart

Start by opening the patient chart from your schedule.

Select "Add" new "Documentation."

See below common note types.

Make sure "free text" is chosen.

See below common note titles.

Make sure date is the date you saw the patient and the time is after you saw the patient.

Select "OK."

OK Cancel

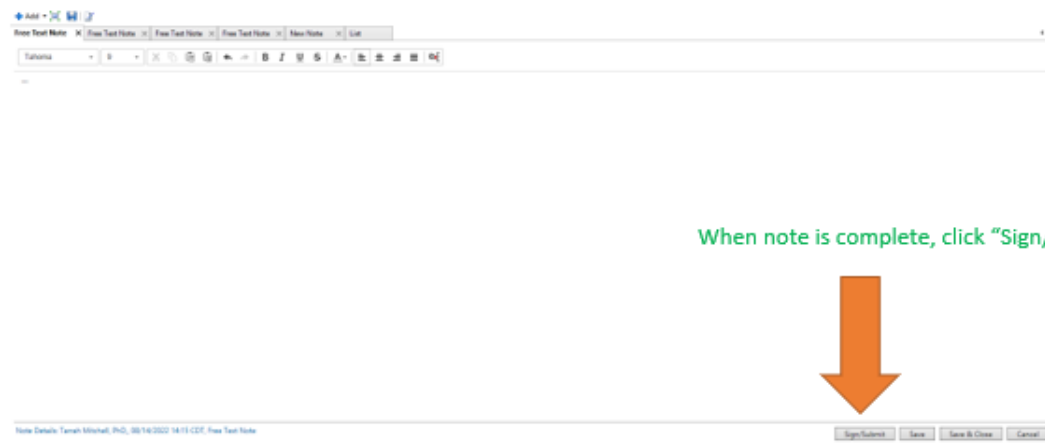
Free Text Note X Free Text Note X Fre

Tahoma 9

Enter ... and then your auto text templates will show. Pick the one you need and complete the note.

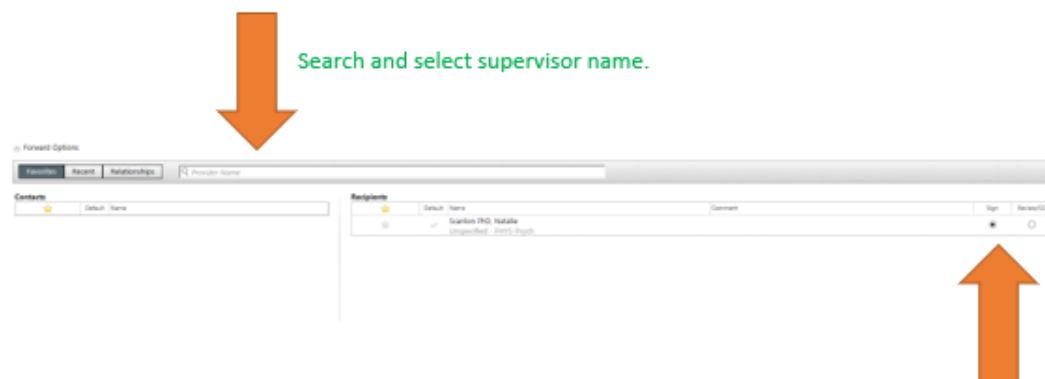
...TCHATtherapyprogressnote
...attestation
...mse
...signature
...therapyprogressnote

Sending Notes for Signature



The screenshot shows a 'Free Text Note' window with a text area containing the word 'Tutorial'. At the bottom right, there are four buttons: 'Sign/Submit', 'Save', 'Save & Close', and 'Cancel'. An orange arrow points from the text 'When note is complete, click "Sign/Submit."' to the 'Sign/Submit' button.

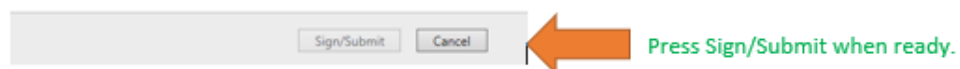
When note is complete, click "Sign/Submit."



The screenshot shows the 'Forward Options' dialog box. It has tabs for 'Forward Options', 'Recent', 'Relationships', and 'Provider Name'. The 'Forward Options' tab is active, showing a 'Contacts' list on the left and a 'Recipients' list on the right. The 'Recipients' list has a 'Sign' button and a 'Review' button. An orange arrow points from the text 'Name sure you select "Sign" not "Review."' to the 'Sign' button.

Search and select supervisor name.

Name sure you select "Sign" not "Review."



The screenshot shows a close-up of the 'Sign/Submit' and 'Cancel' buttons. An orange arrow points from the text 'Press Sign/Submit when ready.' to the 'Sign/Submit' button.

Press Sign/Submit when ready.

COMMON POWERCHART NOTE TYPES

- Psychotherapy Office/Clinic Note
- Psychiatry No-Show Appointment
- Psychiatry Documentation
- Psychiatry In-Clinic Communication
- Psychiatry Phone Message
- Psychiatry Reminder

COMMON NOTE TITLES

- CATR/TCHAT Psychology Progress Note
- CATR/TCHAT Psychology Phone Note
- Psychology Intake Report
- Psychology Interim Treatment Summary Report
- Psychology Termination Report
- Psychology Progress Note
- Psychology Phone Note
- Psychology Treatment Plan
- CPS Report
- Group Triple P Progress Note
- Body Project Progress Note
- Unified Protocol Group Progress Note
- Grief Group Progress Note
- DBT Skills Group Progress Note

INDIVIDUAL DEVELOPMENT PLAN (IDP)

Doctoral Intern Individual Development Plan (IDP)
Child and Adolescent Psychology Doctoral Internship Program
Training Year 2024-2025

Intern Name: Click or tap here to enter text.

What are my professional/career goals?
Click or tap here to enter text.

Goals for Doctoral Internship:

| | Clinical | Research | Teaching/Supervision | Professional | Personal |
|------------|----------|----------|----------------------|--------------|----------|
| Quarter 1: | | | | | |
| Quarter 2: | | | | | |
| Quarter 3: | | | | | |
| Quarter 4: | | | | | |

Progress towards goals:

| | Clinical | Research | Teaching/Supervision | Professional | Personal |
|------------|----------|----------|----------------------|--------------|----------|
| Quarter 1: | | | | | |
| Quarter 2: | | | | | |
| Quarter 3: | | | | | |
| Quarter 4: | | | | | |

Notes:

Click or tap here to enter text.

Quarter 1 Review:

Training Director: Click or tap here to enter text.

Date: Click or tap here to enter text.

Intern: Click or tap here to enter text.

Date: Click or tap here to enter text.

Quarter 2 Review:

Training Director: Click or tap here to enter text.

Date: Click or tap here to enter text.

Intern: Click or tap here to enter text.

Date: Click or tap here to enter text.

Quarter 3 Review:

Training Director: Click or tap here to enter text.

Date: Click or tap here to enter text.

Intern: Click or tap here to enter text.

Date: Click or tap here to enter text.

Quarter 4 Review:

Training Director: Click or tap here to enter text.

Date: Click or tap here to enter text.

Intern: Click or tap here to enter text.

Date: Click or tap here to enter text.

Final Review:

Training Director: Click or tap here to enter text.

Date: Click or tap here to enter text.

Intern: Click or tap here to enter text.

Date: Click or tap here to enter text.

EVALUATION OF INTERNS

Doctoral Internship Performance Review TTUHSC Child and Adolescent Psychology Doctoral Internship Program Training Year 2024-2025

Intern Name: Click or tap here to enter text.

Supervisor Name: Click or tap here to enter text.

Training Period: ☐ Quarter 1 (July-September)
☐ Quarter 3 (January-March)

☐ Quarter 2 (October-December)
☐ Quarter 4 (April-June)

Methods of Evaluation: ☐ Direct/Live Observation
☐ Case Presentation
☐ Individual Supervision
☐ Review of Raw Test Data

☐ Review of Audio/Video
☐ Documentation Review
☐ Group Supervision
☐ Comments from other faculty/staff

Research:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|---|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Critically and accurately evaluates research articles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrates research and clinical expertise in the context of patient factors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generates research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Ethical and legal standards:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|--|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Demonstrates good knowledge of ethical principles and state laws and applies them appropriately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognizes ethical/legal dilemmas and exhibits knowledge and application of ethical decision making and ethical conduct. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Individual and cultural diversity:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|--|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Demonstrates awareness and exploration of own identity (e.g., cultural, gender, sexual orientation) and its relationship to clinical work and relationships. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintains sensitivity to cultural and other individual differences in clinical work, the research context, and the context of didactic and case presentations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conducts evidence-based services with diverse populations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Professional values, attitudes, and behaviors:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|--|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Interacts professionally with treatment teams, peers, and supervisors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows responsibility for key patient care tasks (e.g., phone calls, letters, case management) and completes tasks promptly, accurately, and thoroughly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows efficient time management . Keeps scheduled appointments on time. Plans for leave and communicates when unexpected issues arise. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behaves in ways that reflect the values and attitudes of psychology (e.g., concern for others, lifelong learning, integrity, professional identity, accountability, self-reflection, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Communication and interpersonal skills:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|---|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Develops relationships with a wide range of individuals (e.g., patients, families, peers, supervisors, and staff). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Produces and comprehends effective oral, nonverbal, and written communication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits grasp of professional language and concepts. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates effective interpersonal skills and ability to manage difficult communications . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Assessment:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|--|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Demonstrates a thorough working knowledge of psychiatric diagnoses . Utilizes historical, interview, and assessment data to diagnose accurately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chooses and administers valid and reliable measures appropriately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interprets the results of psychological tests accurately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes a well-organized psychological report , answering the referral question clearly and providing specific recommendations for patient care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explains the test results in terms the patient and/or caregiver can understand and responds to issues raised by patient or caregiver. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Formulates a useful case conceptualization that draws on theoretical and research knowledge. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaluates immediate concerns such as suicidality, homicidality, and any other safety issues. Makes appropriate contingency plans with patient regarding safety issues . Discusses confidentiality issues openly with patients. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Intervention:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|--|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Achieves a good rapport with patients. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates active listening abilities, such as reflection and validation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Formulates appropriate therapeutic treatment goals in collaboration with the patient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presents interventions that are well-timed, effective and consistent with evidence-based treatments . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utilizes measurement-based care to inform interventions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes appropriate contingency plans with patient and family regarding safety issues. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Supervision:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|---|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Seeks supervision as needed and uses it productively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrate openness to feedback and supervision. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Consultation and interprofessional/interdisciplinary skills:

| | Unable to Rate | Needs Remedial Work | Needs Intensive Supervision | Needs Regular Supervision | Needs Minimal Supervision | Ready for entry-level practice |
|---|--------------------------|--------------------------|-----------------------------|---------------------------|---------------------------|--------------------------------|
| Seeks consultation as needed and uses it productively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gives the appropriate level of guidance when providing consultation to other health care professionals, considering their level of knowledge about psychological theories, methods and principles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respects various roles and perspectives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Intern Strengths:

Click or tap here to enter text.

Intern Areas of Demonstrated Improvement:

Click or tap here to enter text.

Intern Areas for Growth:

Click or tap here to enter text.

Goal for Intern evaluations at 3 months: All competency areas will be rated at a level of competence of "Needs Intensive Supervision" or higher. No competency areas will be rated as "Needs Remedial Work."

Goal for Intern evaluations at 6 months: All competency areas will be rated at a level of competence of "Needs Regular Supervision" or higher. No competency areas will be rated as "Needs Intensive Supervision" or "Needs Remedial Work."

Goal for Intern evaluations at 9 months: All competency areas will be rated at a level of competence of "Need Minimal Supervision" or higher. No competency areas will be rated as "Needs Regular Supervision," "Needs Intensive Supervision," or "Needs Remedial Work."

Goal for Intern evaluations at 12 months: At least 80% of competency areas (29 items) will be rated at a level of competence of "Ready For Entry-Level Practice." No competency areas will be rated as "Needs Regular Supervision," "Needs Intensive Supervision," or "Needs Remedial Work."

Note: Exceptions can be made for specialty area rotations that would take a more intensive course of study to achieve this level of competency.

☐The trainee HAS successfully completed the above goal.

☐The trainee HAS NOT successfully completed the above goal.

Supervisor: Click or tap here to enter text.

Date: Click or tap here to enter text.

I have reviewed this evaluation with my supervisor. I understand that my signature does not necessarily indicate my agreement.

Intern: Click or tap here to enter text.

Date: Click or tap here to enter text.

EVALUATION OF SUPERVISORS

Supervisor Evaluation

Child and Adolescent Psychology Training Program
Training Year 2022-2023

Supervisor Name: Click or tap here to enter text.

Please respond to the following questions for each individual supervisor. The results of any one trainee's survey will not be shared with the supervisor. Rather, aggregate data will be provided. You are encouraged to provide feedback about your experiences (both positive and negative).

Please use the following scale for all items:

[illegible]

Supervisor Strengths:

Click or tap here to enter text.

Supervisor Areas for Improvement:

Click or tap here to enter text.

CLIMATE SURVEYS

Child and Adolescent Psychology Doctoral Internship Program Climate Survey for Interns

The answers you provide are important in informing program development and ensure that training is consistent with stated goals.

Please complete this survey as accurately and honestly as possible. All data will be presented in aggregate, anonymous form. You can (and should) skip any questions you do not feel comfortable answering.

Any questions regarding this survey can be directed to Candice Blanchard (Candice.Blanchard@ttuhsc.edu) or Tarrah Mitchell, PhD (tarrah.mitchell@ttuhsc.edu).

Please rate how satisfied you are with these aspects of the doctoral internship program:

| | Extremely dissatisfied | Somewhat dissatisfied | Neither satisfied nor dissatisfied | Somewhat satisfied | Extremely satisfied |
|---|------------------------|-----------------------|------------------------------------|--------------------|---------------------|
| Application/Interview process | | | | | |
| Stipend/Salary | | | | | |
| Benefits | | | | | |
| Professional development/Supplemental funds | | | | | |
| Program policies/procedures | | | | | |
| Training facilities | | | | | |
| Training materials and equipment | | | | | |
| Quality of didactics | | | | | |
| Quality of clinical rotations | | | | | |
| Quality of research opportunities | | | | | |
| Quality of supervision | | | | | |
| Accessibility of supervisors | | | | | |
| Supervisors as role models | | | | | |
| Support in your professional development | | | | | |
| Opportunities to work with diverse patients | | | | | |
| Collegiality with peers | | | | | |
| Collegiality with faculty/staff | | | | | |

| | Extremely dissatisfied | Somewhat dissatisfied | Neither satisfied nor dissatisfied | Somewhat satisfied | Extremely satisfied |
|--|---------------------------|--------------------------|--|-----------------------|------------------------|
| Evaluation process | | | | | |
| Adherence to ethical/legal standards | | | | | |
| Treatment with respect and dignity | | | | | |
| Sense of belongingness | | | | | |
| Diversity of the faculty/staff | | | | | |
| Diversity of the trainees | | | | | |
| Curriculum commitment to diversity, equity, and inclusion | | | | | |
| Climate/Atmosphere of the program | | | | | |
| Accessibility of the Training Director | | | | | |
| Ability to give input to improve the program | | | | | |
| Overall, how satisfied are you with your training at TTUHSC? | | | | | |

How many hours per week are you working on average?

- 30-35 hours
- 35-40 hours
- 40-45 hours
- 45-50 hours
- 50-55 hours
- 55-60 hours

Which doctoral internship experiences do you find most beneficial?

[Open Text]

Which doctoral internship experiences do you find least beneficial?

[Open Text]

Based on what you know now, would you still choose to pursue your internship training at TTUHSC?

- Yes
- No

What suggestions do you have to improve the doctoral internship program?

[Open Text]

**Child and Adolescent Psychology Doctoral Internship Program
Climate Survey for Faculty/Staff**

The answers you provide are important in informing program development and ensure that training is consistent with stated goals.

Please complete this survey as accurately and honestly as possible. All data will be presented in aggregate, anonymous form. You can (and should) skip any questions you do not feel comfortable answering.

Any questions regarding this survey can be directed to Candice Blanchard (Candice.Blanchard@ttuhsc.edu) or Tarrah Mitchell, PhD (tarrah.mitchell@ttuhsc.edu).

Please rate how satisfied you are with these aspects of the doctoral internship program:

| | Extremely dissatisfied | Somewhat dissatisfied | Neither satisfied nor dissatisfied | Somewhat satisfied | Extremely satisfied |
|---|---------------------------|--------------------------|--|-----------------------|------------------------|
| Application/interview process | | | | | |
| Training materials/equipment/settings | | | | | |
| Program policies/procedures | | | | | |
| Adherence to ethical/legal standards | | | | | |
| Support for professional development activities | | | | | |
| Evaluation process of interns | | | | | |
| Collegiality with interns | | | | | |
| Collegiality with faculty/staff | | | | | |
| Treatment with respect and dignity | | | | | |
| Sense of belongingness | | | | | |
| Diversity of faculty/staff | | | | | |
| Diversity of interns | | | | | |
| Climate/Atmosphere of the program | | | | | |
| Administrative structure/leadership | | | | | |
| Ability to give input to improve the program | | | | | |

What do you view as strengths of the doctoral internship program?
[Open Text]

What suggestions do you have to improve the doctoral internship program?
[Open Text]

ALUMNI SURVEYS

Child and Adolescent Psychology Doctoral Internship Program Post-Internship Survey

Contact information is requested for the program to contact you in the future. The remaining questions are required by Commission on Accreditation of the American Psychological Association at the completion of the internship training.

Any questions regarding this survey can be directed to Candice Blanchard (Candice.Blanchard@ttuhsc.edu) or Tarrah Mitchell, PhD (tarrah.mitchell@ttuhsc.edu).

First Name: _____

Last Name: _____

Year of internship completion: _____

What was the name of your doctoral degree institution? _____

What area of health services psychology was your doctoral degree?

- Clinical
- Counseling
- School
- Other: _____

What was your degree program type?

- PhD
- PsyD
- EdD
- Other: _____

Do you have employment arranged following internship?

- Yes
- No
- Returning to doctoral program due to not completing degree requirements

[If yes:] What type of setting is your post-internship job?

- Academic teaching
- Community mental health center
- Consortium
- Correctional facility
- Health maintenance organization
- Hospital/medical center
- Independent practice
- Psychiatric facility
- School district/system
- University counseling center
- Other: _____

[If yes:]

Organization name of next job/position: _____

Title of next job/position: _____

Location of next job/position (City): _____

Location of next job/position (State): _____

Have you taken the EPPP?

- Yes
- No

Are you currently licensed to practice psychology?

- Yes
- No

During internship, were you a member of a professional or research society (e.g., APA, SPP, ABCT, etc.)?

- Yes
- No

During internship, did you give any scientific presentations (e.g., workshops, oral presentations, poster presentations at professional meetings)?

- Yes
- No

During internship, did you have any scientific publications (e.g., books, book chapters, or articles in peer-reviewed professional/scientific journals)?

- Yes
- No

During internship, did you hold any leadership roles in state/provincial, regional, or national professional organizations?

- Yes
 - No
-

Contact phone number: _____

Contact email: _____

Contact mailing address: _____

**Child and Adolescent Psychology Doctoral Internship Program
Alumni Survey**

The following questions are required by Commission on Accreditation of the American Psychological Association for alumni to complete at specified intervals. The answers you provide are important in determining how well the Child and Adolescent Psychology Doctoral Internship Program prepared you for your work as a psychologist. The information received is used to inform program development and ensure that training is consistent with stated goals.

Please complete this survey as accurately and honestly as possible. Any questions regarding this survey can be directed to Candice Blanchard (Candice.Blanchard@ttuhsc.edu) or Tarrah Mitchell, PhD (tarrah.mitchell@ttuhsc.edu).

First name: _____

Last name: _____

Contact phone number: _____

Contact email: _____

Contact mailing address: _____

Year of internship completion: _____

Are you currently employed?

- Yes
- No

[If yes:] What type of setting is your current job/position?

- Academic teaching
- Community mental health center
- Consortium
- Correctional facility
- Health maintenance organization
- Hospital/medical center
- Independent practice
- Psychiatric facility
- School district/system
- University counseling center
- Other: _____

[If yes:]

Organization name of current job/position: _____

Title of current job/position: _____

Location of current job/position (City): _____

Location of current job/position (State): _____

Are you currently licensed to practice psychology?

- Yes
- No

How well did the doctoral internship program prepare you in the following competencies?

| | Unsatisfactory | Poor | Fair | Good | Excellent |
|---|----------------|------|------|------|-----------|
| Research: critically evaluate research articles; integrate research and clinical expertise in the context of patient factors; generate and disseminate research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. | | | | | |
| Ethical and legal standards: demonstrate knowledge and application of APA ethics, state laws/regulations/rules/policies, and professional standards and guidelines; recognize ethical/legal dilemmas and exhibit knowledge and application of ethical decision making and ethical conduct. | | | | | |
| Individual and cultural diversity: demonstrate awareness and exploration of own identity and its relationship to clinical work and relationships; maintain sensitivity to cultural and other individual differences in clinical work, the research context, and the context of didactic and case presentations; conduct services in diverse populations. | | | | | |
| Professional values, attitudes and behaviors: interact professionally with treatment teams, peers, and supervisors; show responsibility for key patient care tasks and complete tasks promptly, accurately, and thoroughly; demonstrate positive coping strategies with personal and | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| professional stressors and challenges; maintain professional functioning and quality patient care; show efficient time management; behave in ways that reflect the values and attitudes of psychology. | | | | | |
| Communication and interpersonal skills: develop relationships with a wide range of individuals; produce and comprehend oral, nonverbal, and written communication; exhibit grasp of professional language and concepts; demonstrate effective interpersonal skills and ability to manage difficult communications. | | | | | |
| Assessment: evaluate immediate concerns such as suicidality, homicidality, and any other safety issues; demonstrate a thorough working knowledge of psychiatric diagnosis; utilize historical, interview, and assessment data to diagnose accurately; choose, administer, and score valid and reliable measures appropriately; interpret the results of psychological tests accurately; write a well-organized psychological report, answering the referral question clearly and providing specific recommendations for patient care; explain the test results in terms the patient and/or caregiver can understand and responds to issues raised by patient or caregiver; formulate a useful case conceptualization that draws on theoretical and research knowledge. | | | | | |
| Intervention: formulate appropriate therapeutic treatment goals in collaboration with the patient and family; establish rapport with patients and families; demonstrate active listening abilities, such as reflection and validation; present individual and group interventions that are well-timed, effective and consistent with evidence-based treatment; utilize measurement-based care to inform intervention; intervene in group skillfully, attending to member participation, therapeutic assignments, group communication, safety and confidentiality; make appropriate contingency plans with patient and family regarding safety issues. | | | | | |
| Supervision: seek supervision as needed and use it productively; | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| seek and demonstrate openness and responsiveness to feedback and supervision; demonstrate good knowledge of supervision/teaching techniques and employ these skills in a consistent and effective manner. | | | | | |
| Consultation and interprofessional/interdisciplinary skills: seek consultation as needed and use it productively; give the appropriate level of guidance when providing consultation to other health care professionals, considering their level of knowledge about psychological theories, methods and principles; respect roles and perspectives. | | | | | |

TEMPORARY USE OF PROPERTY AUTHORIZATION FORM

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER Temporary Use of Property Authorization Form

| Property Number | Serial Number | Description (Please include Manufacturer and Model number) |
|-----------------|---------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

The equipment listed above will be temporarily located at: _____

in the custody of _____
Name Title

I assume full financial responsibility for the property listed above while it is entrusted to me. I will exercise reasonable care of this equipment and safeguard it against theft, damage and misuse. I will use this equipment only for activities benefiting Texas Tech University Health Sciences Center and not for personal use. I will return the property _____ or upon separation from TTUHSC. The equipment will be returned annually to the authorized location so that it can be accounted for during the annual inventory certification process.

Temporary Custodian Signature Date

Property Custodian Signature Date

Department _____

TO BE COMPLETED WHEN PROPERTY IS RETURNED

Date Returned: _____ Building Name: _____ Room #: _____
Verified by: _____
Immediate Supervisor's Approval: _____
Property Custodian's Approval: _____

TRACKING SESSIONS



TCHAT SESSION TRACKING GUIDE

1. To begin documenting an encounter, find the patient record on the Services dashboard and select **"Start Session."**

Select **"Services"**

2. You will arrive on the patient health record. From here you can view completed intake, assign assessments or symptoms to track, manage mobile access or view patient progress and thought logs. Select **"Complete Session"** to record the encounter.

3. (a) You can choose to document session notes immediately or at a later time.

(b) Indicate if the patient is continuing their care and select **"Continue."**

Each provider documents session notes individually but you can view other care team members notes.



TCHAT SESSION TRACKING GUIDE

4. On the **End of Session Form**, patient details will be pre-populated.

(a) Confirm session date. Time is optional.

(b) Document who was present during the session.

(c) Indicate your role.

(d) Record the type of intervention provided.

5. If you select **"Care Provided"**, you will have the option of recording additional notes.

6. Select **"Submit Details"** to complete notes and return to the **Services** dashboard.



Note: To later edit or view notes, select **"End of Session Forms"** from the ellipses menu on the services dashboard.

End of Session Form

Patient Details

SCOTT IS KIDSMINE

Full Name: Jodyn Azora Date of Birth: 03/25/2009

Gender: Female School Details: DALHART H S DALHART ISD

Session Information

4a **ENCOUNTER #:** 05401/2021 Start Time: 8:00 AM End Time: 8:15 AM

Session Type: Intake Provider Name: Demo User

4b **Who was present during the session? ***

☐ Student
☐ Legal Parent/Guardian
☐ Other Guardian
☐ School Staff

4c **Please indicate your role: ***

☐ Psychiatrist
☐ Psychologist
☐ LPC/LMHC
☐ LMSW/LCSW
☐ Nurse Practitioner
☐ Other

4d **Please select all types of interventions provided: ***

Psychosocial Interventions

☐ Case management
☐ School-based coordination
☐ Supportive therapy
☐ Cognitive behavioral therapy
☐ Parent management therapy
☐ Psychodynamic therapy
☐ Family therapy
☐ Crisis management/safety
☐ Health behavior management
☐ Substance use counseling
☐ Unlabeled protocol
☐ None of above

5 **Please select all that apply:**

☐ Psychiatrist assessment
☒ Psychologic assessment

Please describe more details about the services provided.

Notes about service:

☐ Therapist assessment
☐ Nurse practitioner assessment
☐ Psychiatric management
☐ Psychologist management
☐ Therapist management
☐ Nurse practitioner management

6 **Submit Details**

ARCHIVE SERVICES

- Once you have "end of serviced" the patient, you will see the status as "Review Report"
- Click "review report", and complete any edits.
- Once all edits are completed on this page, scroll to the bottom click "Save."
- It will have you review it and then click save again.
- Scroll to the bottom and click "Archive Services."
- A notification will appear, asking you to enter your initials to verify that what you have entered is accurate to the best of your knowledge.

VITALSIGN6

VitalSign6 is a program that will be implemented across TTUHSC for screening, diagnosing, treating, and monitoring depression. We are excited to welcome you as our newest partners in our goal of achieving remission for patients with depression. TTUHSC will be implementing Measurement-Based Care guidelines institution wide – this is innovative and provides transformative care! The initiative would not have been possible without the collaboration and efforts of many of your stakeholders, clinic leaders, and staff members.

Please note users will NOT get access to VitalSign6 if they have not completed this training. The training should take approximately 2 hours to complete.

CREATE YOUR TALEO ACCOUNT

To get started with the application training, please click [here](#) and create your VitalSign⁶ Taleo Learn account.

Please ensure you are completing the following steps when creating your Taleo Learn account:

1. Select Register Now and fill out the required (*) fields in registration page – please use your TTUHSC email when creating your Taleo Username
2. Under the “You are a” drop down menu, make sure you are selecting one of the following options: VitalSign⁶ Non clinician OR Clinician
3. UT Southwestern Contact Person: vitalsign6@utsouthwestern.edu
4. Click Save to complete your training profile

COMPLETE THE REQUIRED TRAINING

After your Taleo Learn account has been created, your assigned VitalSign⁶ courses will be displayed on the front page. You will need to complete ONLY the following module:

1. Select TTUHSC- UMC P VitalSign⁶ e-learning module

Please ensure that you complete the following activities within the module:

1. Complete the Pre-Training Survey (7 questions)
2. Review the Overview of Depression and Introduction to Measurement-Based Care (MBC) training video (1 hour)
3. Complete the Simulated Skills Check – VitalSign⁶ with the Cerner Integration (30 minutes)
4. Complete the Knowledge Check (7 questions)
5. Complete the Post-Training Survey (12 questions)
6. Complete the New VitalSign⁶ User Account Request Form (8 questions)
7. Review all documents under Supplemental Resources

Note: when you complete the module, you do not need to exit the module, but rather navigate back to the launch page and press the “View Course Summary” page or else it will not save your work with the module and be marked as incomplete! After you do that, you will get the notification that you have completed the course. If the system does not indicate that you have completed training, but you know you have, please let us know. Taleo can be a little temperamental.

CREATE YOUR VITALSIGN⁶ USER PROFILE

Once you have completed the training modules in Taleo Learn, you will receive an email within 1 business day from VitalSign⁶ with a link to create your VitalSign⁶ account. A tip sheet is attached to review this process.

If you have any questions, please reach out to VitalSign6@UTSouthwestern.edu. For additional users who need access, please send an email to VitalSign6@UTSouthwestern.edu

PSYCHIATRY I.T. SUPPORT

BY EMAIL

When emailing (psy.it@ttuhsc.edu) please include information on how to best contact you. Also, please include any details that may help us find a resolution to your I.T. request.

BY PHONE

You can reach us by phone (806-743-7096; 806-743-7179) Monday-Friday (8a.m. – 5 p.m.). If your request falls out of those hours, please contact the Help Desk at 806-743-1234.

For urgent I.T. related matters, please contact Adrian Diaz at (806) 743-7179 or email at Adrian.diaz@ttuhsc.edu (24/7)

BY WORK ORDER

You can create a work order using STARS (<https://app4.ttuhsc.edu/stars/>). This method eliminates the call to the Help Desk and creates a work order that will be sent to Psychiatry I.T. immediately.

- Choose “Submit a Work Order Request”.
- Then select “Lubbock Campus” and fill in the required fields.
- To copy other email recipients, enter their email in the field next to the “Add Other” button.
- When you click the “Submit Request” button, you will receive immediate notification via email that the work order has been created, and you will continue to get emails on any changes and updates. Any recipients you added to the request will also receive notifications.

LANGUAGE LINE

BY PHONE

- Dial: 1-866-874-3972
- Enter Client ID: 535446
- Select Language:
 - Press 1 for Spanish.
 - Press 2 for all other languages and speak the language needed.
 - Press 0 if you do not know the language you need.
- Put interpreter ID and name in your notes.

BY ZOOM

- Within your Zoom video meeting, select “Participants” to invite a video interpreter to your call.
- Select “Invite.”
- Select “Copy Invite Link.”
- Launch a browser, and go to telehealth.languageline.com.
- Enter your authentication code: MR64XW3QVW
- Select the language you need from the drop-down menu.
- Paste the link for your Zoom meeting into the field titled “Meeting Invite URL.”
- Click “Request Interpreter.”
- Put interpreter ID and name in your notes.

AVAYA

PHONE FORWARD

You can use this if you want to have calls forwarded to your cell phone when you are working out of office, such as for travel or working from home. If you have not forwarded your office phone to your cell phone, please contact TTUHSC I.T. to help get this set up.

AVAYA WORKPLACE

We prefer Avaya, rather than call forwarding.

- [Avaya Workplace for PC](#)
- You can also download on your mobile devices using either the Google Play Store (Android) or the App Store (iPhone/iPad) and using “Avaya IX Workplace” in the search bar.
- [Workplace User Guide](#)
- [Workplace login instructions All Devices](#)
- [Workplace Discussion Video](#)