# Child and Adolescent Psychology Doctoral Internship Program

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

PROGRAM
HANDBOOK
2026-2027

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER®

# TABLE OF CONTENTS

# 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

A healthier future with access to quality care for every person.

### 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 across all outlined domains.

## WEBSITE

Child and Adolescent Psychology Doctoral Internship Program

## ACCREDITATION STATUS

The Doctoral Internship is an American Psychological Association (APA) accredited program, on contingency. The internship program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the APPIC match process (APPIC; #2592).

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

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

## INTERNSHIP LEADERSHIP

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## TRAINING SETTINGS

The internship program is housed within the Department of Psychiatry, which is a part of the TTUHSC School of Medicine. All child and adolescent clinical services (and intern offices) are housed within the Relational Health Center, which is a unit in partnership with Covenant Children's Hospital and Texas Tech Physicians. View this video to learn more about the vision of this new unit: Pediatric Mental Health Care in Lubbock. Child and adolescent training programs are interconnected so that trainees across disciplines learn and practice together. The Department of Psychiatry partners with several other community organizations, including University Medical Center, Texas Tech University, local independent school districts, the juvenile justice center, and the local mental health authority (StarCare Specialty Health System), and rotations may be available in partnership with these organizations. Many of the child and adolescent patient referrals come through the Texas Child Health Access Through Telemedicine (TCHATT) Program. This program provides free mental and behavioral health services to PreK-12$^{th}$ grade students through telemedicine within their schools. Additional information about our TCHATT services can be found here: TTUHSC TCHATT.

## CURRICULUM

### GENERAL STRUCTURE

The internship program is structured to be a full-time, one-year training experience. Each internship year begins on July 1 and ends on June 30 the following year. Doctoral interns work five days per week between the hours of 8am and 5pm, including at least one late evening per week. Hours worked per week generally range from 40-45. There is no "on-call" coverage. The internship program has an emphasis on clinical child and pediatric psychology and focuses on evidence-based services. Doctoral interns work with a range of clinical presentations, as well as largely underserved patients and families. Clinical services and training activities are conducted in-person and via virtual/telehealth platforms. Brief and longer-term outpatient and day treatment interventions in group and individual formats are available. Measurement-based care is emphasized. Doctoral interns work collaboratively with a team of providers (e.g., medical residents/interns, nurses, social workers, licensed professional counselors, psychiatrists).

Interns are expected to be on site Monday through Friday from 8:00am to 5:00pm (with an hour lunch break and additional evening hours at least one day per week). Primary site is the Relational Health Center. Some clinics may also be located at TrustPoint and StarCare. Didactics are located either at the Relational Health Center or in various classrooms at TTUHSC (3601 4th Street).

### 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 with a range of clinical child presenting problems, including disruptive behaviors, anxiety, depression, trauma, and suicide and self-harm. Doctoral interns may also gain experience with a range of pediatric psychology presenting problems, including pain, hematology/oncology, adolescent medicine, eating disorders, and consultation/liaison. The amount of time that is devoted to direct service delivery varies, with an average range of 16-18 hours of face-to-face services per week. Trainees will be scheduled for more direct service hours with the goal of an average of 16-18 hours of face-to-face services weekly. Upon successful completion of the internship program, requirements are expected to be met for licensure (1,750 hours) in the state of Texas.

## TRACKING CLINICAL HOURS

Doctoral interns average 16-18 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. Trainees will send tracking forms to the Training Director and Assistant Training Director the first week of each month to ensure the intern remains on track to meet licensure requirements. Adjustments will be made as needed.

## 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. The other two hours of supervision are obtained in a variety of formats, including additional individual supervision, group supervision, and tiered supervision (e.g., with postdoctoral fellow and licensed psychologist). Supervisors will review documents, review video/audio taped sessions, and engage in live observation. 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 with audio and video capabilities. When telesupervision is utilized, clear rules, guidelines, and expectations are set between the supervisor and supervisee. See telesupervision policy below in document.

## CLINICAL ROTATIONS

Doctoral intern schedules will be individualized based on the intern’s training needs and goals. Rotations are typically 6-12 months. Below is a list of possible rotations. Please note that rotation availability may vary each year.

- Feeding & Eating Behaviors Clinic
- Behavior Management Clinic
- Day Treatment Clinic
- Dialectical Behavior Therapy (DBT) Skills Clinic
- Hematology/Oncology Clinic
- Intake/Assessment Clinic
- Internalizing Disorders Clinic
- Parent Child Interaction Therapy (PCIT)/Child Parent Psychotherapy (CPP) Clinic
- Pediatric Psychology Clinic
- Trauma Clinic

## RESEARCH REQUIREMENTS

Doctoral interns can spend 10% of their time on research activities. Doctoral interns will be expected to complete a scholarly activity (e.g., poster or manuscript submission, conference talk, quality improvement project, etc.). Doctoral interns participate in a monthly scholarly seminar to support them in meeting their scholarly requirements and receive mentoring by faculty who are engaged in similar scholarly activities. Interns will also present a research project for the department at the

Scholar's Symposium. 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 | 1:00-2:00: Supervision Seminar (psychology only)<br>2:00-4:00: Disease Topic: Diagnosis, Epidemiology, & Etiology (with child psychiatry & LMHCs)<br>4:00-5:00: Development Series (with child psychiatry & LMHCs) | 1:00-2:00: Connections Curriculum (Full Department) |
| 2nd Week of Month | 1:00-2:00: Ethics Seminar (psychology only)<br>2:00-4:00: Disease Topic: Brief Treatment Overview (with child psychiatry & LMHCs)<br>4:00-5:00: Journal Club (with child psychiatry & LMHCs) | Offered on Various Friday Afternoons (Invites will be sent):<br>Morbidity/Mortality Conference (with psychiatry and LMHCs)<br>Scholars Symposium (with psychiatry and LMHCs)<br>Wellbeing Activity (with psychiatry and LMHCs)<br>Program Evaluation Retreat (with psychiatry and LMHCs)<br>Invited Speaker/Grand Rounds (Full Department)<br>State of the Department (Full Department) |
| 3rd Week of Month | 1:00-2:00: Professional Development Seminar (psychology only)<br>2:00-4:00: Disease Topic: Deep Dive into Treatment (psychology & LMHCs only)<br>4:00-5:00: Complex Case Conference (with child psychiatry & LMHCs) | |
| 4th Week of Month | 1:00-2:00: Research Seminar (psychology only)<br>2:00-4:00: Disease Topic: Problem-Based Learning (with child psychiatry & LMHCs)<br>4:00-5:00: Special Topic (with child psychiatry & LMHCs) | |
| 5th Week of Month | 1:00-5:00: Team Building/Volunteering (with child psychiatry & LMHCs) | |

Didactics focused on evidence-based assessment and intervention:

- Case Conference: discussion of cases, biopsychosocial case formulations, assessments, differential diagnoses, interventions, and video review of sessions
- Disease Specific Topics: a 4-part series focused on one mental health disorder. The first week of the month focuses on diagnosis. The second week provides a brief overview of assessments/interventions. On the third week of the month, psychology and psychiatry divide to take a closer look at evidenced based assessments/interventions within their respective disciplines. On the fourth week, learners engage in a Problem-Based Learning assignment, where they work in interdisciplinary groups to solve an open-ended vignette.
- Special Topics: discussion related to various mental health disorders, healthcare systems, and supportive interventions.
- Morbidity and Mortality Conference: a critical examination of system processes related to assessment, treatment, and overall care to plan for or avoid trouble-spots in the future
- Invited Speaker/Grand Rounds: in depth discussion regarding a special topic of expertise and clinical cases

Didactics focused on scholarly inquiry:

- Journal Club: critical examination of research articles, conclusions, and clinical implications
- Research Seminar: accountability and support for completion of scholarly requirements
- Scholars Symposium: learner presentations of scholarly activity

Didactics focused on general competencies related to health service psychology:

- Professional Development Seminar: discussion of professional development topics relevant for advanced learners and early-career psychologists
- Ethics Seminar: development of skills related to ethical decision making as guided by the APA ethical principles of psychologists and code of conduct
- Development Series Seminar: development of knowledge related to child development
- Supervision Seminar: development of skills related to consultation, supervision, and teaching
- Training Director Meeting/Program Evaluation Retreat: reflection on program strengths and growth areas and time for shared governance

- Team Building/Volunteering: opportunity for internship and engagement with the local community
- Connections Curriculum: discussion of individual and cultural factors in thoughtful ways to increase connections with others
- Wellbeing Activity: activity to enhance individual and group wellness and wellbeing
- State of the Department: learn about departmental growth, vision, and finances

## 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

## PROGRAM

The following are required for completion of the internship program:

- 12 months of the program
- At least 1,750 hours from internship (At least 450 face-to-face patient hours; At least 175 supervision hours)
- Minimum level of achievement: 100% competencies at a level 3 on the evaluation form
- Completion of 70% of didactics
- Completion of research project

A certificate of completion (Doctoral Internship in Health Service Psychology) is provided at the successful completion of the internship program.

## MOONLIGHTING

Trainees must seek prior approval from the Training Director, Department Chair, and the Senior Clinical Administrator prior to engaging in any outside work from the internship program. Any outside work must not interfere with primary duties and responsibilities the intern holds. Furthermore, outside work may require a compensation arrangement.

## SUPPORTIVE LEARNING ENVIORNMENT

The program ensures a welcoming, supportive, and encouraging learning environment for all interns. 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 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/supervisors. 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. The IDP template is located in the Box.

## EVALUATIONS

Informal evaluations are conducted throughout the year. Formal evaluations are conducted at 4, 8, and 12 months of the internship. Evaluations are based on core competencies and serve to identify strengths and growth areas. Supervisors rate the intern's knowledge base and professional practice on structured rating forms. Evaluations are shared with the interns by the Training Director 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. Evaluation forms are located in the Box.

The program will engage in ongoing self-evaluation to monitor its performance to ensure competence in health services psychology, contribute to fulfillment of the TTUSHC mission, and uphold a supportive climate. 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.

## COMMUNICATION WITH DIRECTOR OF CLINICAL TRAINING

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 intern's graduate DCT.
- A mid-year letter summarizing the intern's 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, graduate DCTs will be contacted and provided with copies of any relevant documentation.

## SALARY AND BENEFITS

### SALARY

The salary for a full-time doctoral intern (1.0 FTE) for the 2026-2027 training year is $43,016.05.

### BENEFITS

The doctoral interns receive benefits in line with TTUHSC employee status. For full benefits, see: Benefits, Compensation, & Wellness Homepage. Information about holidays can be found on the HR webpage. Note there is a 60-day delay in health insurance. In addition to TTUHSC benefits, program benefits also include liability insurance, professional development funds ($1,500), free parking, free breakfast/lunch, and professional/educational leave (to be approved by the Training Director).

## PROFESSIONAL DEVELOPMENT FUNDS

Professional development funds can be used for a variety of things to advance the trainee's professional growth, including but not limited to, books, trainings, professional memberships, etc. Please contact the Training Director and Chandler Pate for inquiries and requests

- Final fund usage requests should be made no later than May 31st

## PROVIDED BOOKS

Books provided at the beginning of the training year, including but not limited to, the DSM, treatment manuals, trauma books, and books for didactics, should remain in the trainee office at the end of the year for future trainees. In addition, notes should be taken in a separate location to preserve the books for future use. Books provided through formal training agency (i.e. PCIT) are the trainee's and can be taken with them at the end of the training year. Questions regarding ownership of a book provided should be directed to the Training Director.

## WELLNESS

- Faculty & Staff Clinic with on-site pharmacy
- Mother-Friendly Workplace
- Employee Wellness Resources
- Employee Assistance Program (EAP): Provided to all eligible faculty, staff, and their eligible household family members who are seeking therapeutic services. This benefit includes free and confidential counseling sessions for depression, anxiety, family conflict, and more. These services are provided by the Counseling Center at TTUHSC. 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 are protected and private information. It is not shared with your supervisor, department leadership, coworkers, or HR.
- Suicide & Crisis Lifeline: 988; https://988lifeline.org/
- StarCare: 806-740-1414 or 1-800-687-7581

## HELPFUL RESOURCES

- Employee Wellness Resources
- TTUHSC Holiday Schedule
- The TTUHSC Counseling Center

# TECHNOLOGY, SYSTEM, AND SUPPORT

## TECHNOLOGY

Interns will be supplied with all necessary technology to complete their job. Please inform the Training Director and/or Training Coordinator of any additional needs.

## ARTICIFICAL INTELLIGENCE (AI)

AI should not be used for patient care, including but not limited to, documentation, case formulations, treatment plans, or direct patient care unless otherwise cleared with both Covenant and TTUHSC systems. In addition to patient care, AI should not be used for content creation related to any presentation, didactic, or submitted materials. Please confirm with the Training Director before using AI.

## BOX

Box is a cloud-based application that the department and program use to securely store, access, share, and collaborate on files across devices.

## WEBRAIDER

Webraider portal is used to access W2, payroll, tax, leave balances, leave reports, pay stubs, etc.

## INFORMATION TECHNOLOGY

- TTUHSC: 806-743-1234
- Covenant: 806-725-5555

## LANUGUAGE LINE

- TTUHSC: 1-866-874-3972 (Client ID: 650195); more information on how to invite via Zoom in TCHATT folder on Box
- Covenant: 1-800-264-1552 (Client ID: 832032)

## TRAYT

Trayt is used to track assessments and session for TCHATT; more information in Box.

## COVENANT APPLICATIONS

Covenant applications (including OneDrive and Sharepoint) can be accessed here: https://myapps.microsoft.com/

Remote Access to Epic can be accessed here: https://psjhapps.providence.org/Citrix/psjhappsWeb/

## TELEHEALTH PLATFORMS

- TTUHSC: Zoom
- Covenant: Microsoft Teams Meeting

## COMMUNICATION PLATFORMS

- TTUHSC Department of Psychiatry News: Slack
- TTUHSC Patient Needs: Zoom Chat
- Covenant Patient Needs: Teams Chat
- All patient contact should go through Relational Health Center Front Desk (806-725-4878).

# 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

# POLICIES AND PROCEDURES

## TTUHSC INSTITUTIONAL POLICIES/PROCEDURES

- TTUHSC POLICIES, MANUALS, AND STATE REPORTING
- TTUHSC OPERATING POLICIES AND PROCEDURES
- TTUHSC ANTI-DISCRIMINATION AND SEXUAL MISCONDUCT POLICY AND PROCEDURES
- TTUHSC SCHOOL OF MEDICINE ADMINISTRATIVE POLICIES
- TTUHSC TITLE IX POLICIES

### 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)

### 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 a collaborative environment that is aligned with our values. 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.

## HELPFUL WEBSITES

- Office of Global Health
- Office of Interprofessional Education
- Veterans Resource Center
- Student Disability Services
- Title IX
- Veteran Advisory Committee
- Vet-to-Vet Mentorship Program
- Faculty Senate
- Staff Senate
- TTUHSC Civility Survey Findings
- TTUHSC Values Pledge
- Field Guide Toolkit
- Field Guide Training
- Office of People and Values

# COVENANT POLICIES/PROCEDURES

Covenant Children's Hospital policies and procedures can be found at PolicyStat. Relational Health Center Policies can be found on the SharePoint Drive.

# DEPARTMENT POLICIES/PROCEDURES

The Doctoral Internship Program follows policies outlined by TTUHSC related to multiple employment, hours of operation, inclement weather, emergency procedures, etc. Most relevant policies related to these topics are in Box Folder Titled "TTUHSC SOM Department of Psychiatry-General Department Folder." If assistance is needed in locating a specific policy, please reach out to the Training Director and/or Training Coordinator

# INTERNSHIP PROGRAM POLICIES/PROCEDURES

## 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 them 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. 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 Disciplinary Action Form (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.ttuhsc.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: StmtOfEmployeeComplaint.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.

## TELESUPERVISION POLICY

**Definition:**
Telesupervision is defined by the American Psychological Association's (APA) Commission on Accreditation as "clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee." (Standards of Accreditation Implementing Regulation C-13D)

**Rationale/When Used:**
Telesupervision can be utilized as an alternative form of supervision when in-person supervision is not practical or safe and allows for the continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision. Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe.

**Consistency with Program Aims and Training Outcomes:**
Telesupervision allows supervisors to be engaged and available to assigned trainees, oversee patient care, and foster trainee development, even in circumstances that preclude in-person interactions. Limited use of telesupervision allows for trainees to have a breadth of clinical experiences and interactions with a range of supervisors. In these ways, telesupervision is fully consistent with our training aims.

**How and When Used:**
Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life events, or public health emergencies). Telesupervision is not used for the sole purpose of convenience. As per the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and not more than two hours (50%) of the minimum required four total weekly hours of supervision for doctoral interns. If additional supervision occurs beyond the minimum hours for interns, this policy does not apply.

**Who Can Participate:**
The Training Director and Training Supervisors will determine appropriateness of telesupervision.

**Supervision Relationships:**
There must be at least one initial face-to-face meeting between supervisor and trainee to initiate the supervisory relationship, discuss the parameters of telesupervision, and outline emergency procedures. We also encourage supervisors to check in regularly with supervisees about their telesupervision experience.

**Supervisor Responsibility**:
The licensed supervisor conducting telesupervision must maintain full responsibility for clinical cases. All aspects of clinical care must be fully compliant with state and federal law.

**Non-Scheduled Consultation and Crisis Coverage:**
Trainees should call/text/email/message supervisors in case of need for non-scheduled consultation and/or crisis coverage. If supervisors are unavailable to be reached, trainees should consult with an on-site supervisor.

**Privacy and Confidentiality**
Supervisors and trainees may access telesupervision either from their offices or from another secure and confidential space.

**Technology Requirements:**
Laptops are provided to facilitate telesupervision. Telesupervision should occur through a HIPAA-compliant Zoom platform. TTUHSC/Covenant Children's Information Technology can provide Zoom support as needed.

## REQUEST FOR LEAVE

The internship program follows the leave policy for the TTUHSC Department of Psychiatry. Submit non-emergency leave requests at least 60 days in advance of the first day of planned leave. Non-emergent leave requests include, but are not limited to vacations, scheduled health procedures, education, and/or administrative leave. All requests submitted less than 60 days will be reviewed on a case-by-case basis with careful consideration to the potential negative impacts on the needs and requirements of the program, patient satisfaction, and operational goals and objectives. Submit the requests to the Training Director (Laurel Wolfe), Assistant Training Director (James Barnett), and Program Coordinators (Coral Stalter and Candice Blanchard) for approval. Once given initial approval by the TD and ATD, interns should send a request to all supervisors (as well as the TD/ATD) to gain final approval. Interns are expected to find coverage for their planned leave (please submit coverage plan when requesting time off). For emergent leave requests, please inform all supervisors, the Training Director, the Assistant Training Director, and Program Coordinator in one message (via email or group text) as soon as known. Although we do not routinely ask for a doctor's note to confirm illness, we may request one if an intern's pattern of taking sick time is of concern to the program. Leave will not be approved during the first or last week of the internship program. Exceptions to this policy will only be made under extraordinary circumstances.

## RECORD RETENTION

The internship program permanently maintains records of the interns' training schedules, evaluations, and diplomas. All grievances and complaints are also stored appropriately. All materials are stored on private Box folder.