

Central Valley Behavioral Health

Clinical Psychology Internship Program

Policy Manual

2026-2027

Practitioner-Scholar Model

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Company Introduction

Central Valley Behavioral Health (CVBH) is a Professional Psychological Corporation in the State of California. Located in Fresno, the fifth largest city in the heart of California's agricultural center, the San Joaquin Valley, our organization is a leading provider of mental health services to patients from nine years old through adulthood. CVBH is one of several companies operating under the leadership and direction of the Chief Executive and Owner/Founder, Dr. Matthew Tatum. The umbrella company includes Sierra Meadows Behavioral Health, Ascend Behavioral Health, Oasis Eating Disorder Recovery and Shine Mental Health.

Sierra Meadows Behavioral Health (SMBH)

SMBH was the beginning of a vision to bring intensive mental health services for moderate to severe psychopathology to the Central San Joaquin Valley of California. At the time of its opening, SMBH operated the only Intensive Outpatient Program (IOP) and subsequent Partial Hospitalization Program (PHP) for primary mental illness in the area. SMBH treats adults with a wide range of psychopathologies, diverse backgrounds, and unique personal experiences. SMBH operates two Residential Treatment Centers (RTC) for adults with severe mental illness. The two houses are 6-bed co-ed facilities operating 24/7 in-patient programs.

Ascend Behavioral Health (ABH)

ABH operates mental health services to pediatric populations across the entire spectrum of care. It began with an adolescent IOP in 2019 and has grown to include an adolescent PHP, a Junior IOP, and an adolescent Residential Treatment Center. Patients range in age from nine to 17 years of age and include a wide range of diagnostic psychopathologies ranging from moderate to severe in intensity.

Oasis Eating Disorder Recovery (Oasis)

Oasis is the fulfillment of a goal to bring eating disorder treatment to the Central Valley and is the only operating intensive outpatient treatment program for eating disorders in nearly 200 miles. Oasis opened in the fall of 2022 and operates a PHP and IOP program focused on the assessment, diagnosis, and treatment of moderate to severe eating disorders for adults and transitional aged youth (TAY).

Shine Mental Health (Shine)

Shine, our newest program opened in 2023, expanded our services offered to include dual diagnosis treatment for adults. Patients at Shine typically step down from residential substance abuse programs and have the need for abstinence-based substance abuse treatment as well as mental health treatment. Shine operates both PHP and IOP levels of care.

Organizational Structure

The internship through Central Valley Behavioral Health, is embedded within a larger healthcare company composed of several healthcare corporations. Each of the above listed companies, as well as other companies make up the entirety of the overall corporation. Our company specializes in the assessment, diagnosis, and treatment of psychopathology throughout a spectrum of care including Residential Inpatient, Partial Hospitalization (PHP), Intensive Outpatient (IOP), and Outpatient (OP) levels of care. Many of the separate companies operate several programs at different locations.

To provide an overview of the company's organizational structure, and some useful terms that will be used throughout this policy and procedure manual, please review the following:

Company Organizational Leadership

The company is organized into a typical hierarchical structure. The major leadership structure is as follows:

- Matthew Tatum, PsyD - Chief Executive Officer (CEO) and Chief Clinical Officer (CCO).
- Alicia Alva – Chief Operational Officer (COO) over Mental Health Programs
- Nolen Burchett – Chief Operations Officer (COO) over Substance Abuse Programs
- Tim Hawkins – Chief Financial Officer (CFO)
- Louisa Gee, LMFT – Vice President, Adult Clinical Services
- Jason Christopherson, PsyD, ABPP, MSCP – Vice President, Pediatric Services & Clinical Training
- Amanda Franz – Operations Director, Outpatient Programs
- Aaron Vargas – Operations Director, Residential Programs
- Jeanne Chapman – Director of Human Resources
- Annie Fujikawa, PhD – Director of Clinical Training

Department of Clinical Training

The Department of Clinical Training serves the company's goal of ensuring consistent high quality training and clinical competence across the breadth of the company. The Department of Clinical Training also has primary oversight of the Clinical Psychology Internship program. This department provides clinical training to all of the clinical staff at all levels of professional qualification through continuing education seminars, compliance-related clinical training, and in-vivo training and assessment of clinicians throughout all departments.

- Jason Christopherson, PsyD, MSCP, ABPP Executive Director of the Department of Clinical Training
- Annie Fujikawa, PhD Director of Clinical Training
- Alicia Houts, PhD Supervising Psychologist

The Department of Clinical Training serves as the highest oversight body for Clinical Psychology Interns. These members also represent the interests of the internship program across the company and within bodies of leadership.

The Intern Training Committee (ITC) is composed of the members of the Department of Clinical Training. This committee meets regularly to review the internship training program, make administrative adjustments, maintain the organization of the program, and review feedback from administrative personnel. The ITC is also involved in formal disciplinary processes when necessary. The ITC determines when disciplinary issues result in consequences such as restriction of privileges, remediation plans, or removal from internship.

Director of Clinical Training (DCT)

The Director of Clinical Training is the primary representative for the Clinical Psychology Internship Program. This individual serves as the point of contact for inquiries regarding the internship program. The DCT also maintains primary oversight over the disciplinary process when major concerns have persisted through lower levels of intervention. The DCT reports to the Executive Director of the Department of Clinical Training. The DCT is also a Supervising Psychologist within the Adult Track of the internship program. The DCT acts as the primary contact for the school where the intern is enrolled for any questions, concerns, or issues related to the internship or a specific intern.

Supervising Psychologist

The Supervising Psychologist acts as a clinical supervisor to psychology interns throughout the company. This individual also has roles and responsibilities for clinical training within the company beyond the internship program which can include clinical competence assessment & training, company-wide clinical training seminars, and continuing education seminar support.

Department

The term Department is used to denote an organizational structural unit with the larger company. Department is sometimes referred to as a “Program,” as each Department typically houses a specified treatment program. However, since some Departments operate multiple programs, the term Department. Some examples of the various Departments include:

- Adult Mental Health Outpatient
- Adult Mental Health Residential Inpatient
- Adult Substance Use Disorder Residential Inpatient
- Adult Dual Diagnosis Outpatient
- Adult Substance Use Disorder Outpatient
- Eating Disorder Outpatient
- Adolescent Outpatient
- Adolescent Residential Inpatient

Each intern will be placed into a specific Department for the duration of the internship and will function as a member of the Department’s clinical staff. Interns will, at times, be expected to

work in other departments when clinical needs temporarily overwhelm current clinical staffing capacity.

Clinical Supervisor

This title is a specified role within each Department of the company. The Clinical Supervisor acts as the clinical representative of a dual management team, and that management team is responsible for the day-to-day operations of mental health treatment services within each department. Clinical Supervisors directly report to Clinical Directors or Vice Presidents of Clinical Services. They provide clinical oversight to interns for day-to-day functions within the department. Program Managers and Clinical Supervisors jointly oversee all compliance for adherence to legal and regulatory requirements for the department. Clinical Supervisors will have managerial authority over the intern to the degree that the intern is working as a member of the clinical staff within the Clinical Supervisor's department. Clinical Supervisors assign patients to clinical staff, set policies, audit charts, maintain Joint Commission Accreditation standards of performance, and in nearly all ways supervise and direct clinical services to patients within his or her department. Some Department Clinical Supervisors may also be the Primary Supervisor for the intern, but this is not a guarantee. In situations where Clinical Supervisors are not doctoral level Licensed Psychologists, interns will have a primary clinical supervisor, who is a Supervising Psychologist within the Department of Clinical Training, who is a Licensed Psychologist in addition to the supervision of the department's Clinical Supervisor.

Program Manager

This title is a specified role within each Department of the company. The Program Manager acts as the administrative and operational representative of a dual management team, and that management team is responsible for the day-to-day operations of each department. Program Managers report to Directors of Operations and/or the Chief Operations Officer. Program Managers also act as the direct representative of the company as an employer to all of the company employees. Program Managers directly oversee scheduling, time off, holiday schedules, employee/intern behavior within the department, etc. Program Managers and Clinical Supervisors jointly oversee all compliance for adherence to legal and regulatory requirements for the department. Program Managers will have managerial authority over the intern to the degree that the intern is working as a member of the staff within the department.

Training Program Overview

The full-time, 12-month internship with CVBH is divided into two "Tracks": adult and pediatric. Each intern will be permanently placed into one of these two tracks. Within each track there are various mental health programs that interns will work in. Each intern will spend some portion of his or her training in each of these programs. Distinct programs within the company are organized into departments, which are described as follows:

Outpatient – This department involves placement in one of the intensive outpatient intervention programs. These programs provide intensive outpatient services to patients admitted to either a Partial Hospitalization Program (PHP) or Intensive Outpatient Program (IOP). The programs

operate outpatient mental health services for moderate to severe psychopathology for adults within the Adult Track, or children and adolescents in the Pediatric Track.

Inpatient – This department involves placement in one of the various residential treatment facilities operated by the company. Residential treatment facilities are 6-bed inpatient, non-lockdown, facilities in residential neighborhoods. Patients placed in this level of care are typically struggling with severe psychopathology resulting in significant decompensation in safety and/or functional adaptability.

Experiential Learning Components

Intake Assessment

All new clients are required to undergo an intake evaluation prior to admitting to our programs. Intakes involve comprehensive biopsychosocial assessments that culminate in a case formulation, diagnosis, and recommendation for care. Intakes are scheduled for 90 minutes at the end of which the intaking clinician is expected to determine medical necessity for the recommended level of care. Interns will perform intake evaluations, generally at least one per week.

Psychotherapy Intervention

The therapeutic programs primarily focus on group therapy with a heavy emphasis on CBT and DBT interventions, though other evidence based practices are integrating when appropriate. Interns are expected to follow the set curriculum for each program, while contributing new material within their expertise and areas of interest. While the primary therapeutic intervention is group therapy, every patient is also assigned an individual clinician who will provide individual therapy, conjoint/family therapy when necessary, and manage the patient's treatment plan. Interns will serve as assigned therapists and be provided a caseload of patients when prepared. Managing a caseload includes completing utilization reviews to document medical necessity for our level of intensive services.

Crisis Assessment and Intervention

Doctoral interns will be expected to participate in crisis assessment and intervention as a core component of their internship training program. They will engage in evaluating clients in acute distress, identifying risk factors such as suicidal ideation or severe mental health deterioration, and developing appropriate intervention strategies. Supervision and guidance will be provided to ensure interns build confidence and competence in handling high-stakes situations.

Psychological Testing and Assessment

Interns will also perform at least two comprehensive psychodiagnostic evaluations during his or her internship. They will administer, score, and interpret various standardized psychological tests to evaluate cognitive, emotional, and behavioral functioning. Through supervision, interns

will develop proficiency in integrating test data into comprehensive reports and providing feedback to clients and referring professionals.

Supervision

As part of their training in the profession-wide competency of supervision, doctoral interns at our site participate in a structured experience supervising clinical support staff. Under the guidance of licensed supervisors, interns are assigned to mentor and oversee designated clinical support personnel (e.g., behavioral health specialists, case managers, or support interns) in their daily clinical and administrative activities.

This experience allows interns to develop foundational supervision skills, including establishing supervisory relationships, setting clear expectations, delivering feedback, modeling ethical behavior, and fostering professional development. Interns are provided with didactic instruction and reflective supervision to support their growth as future supervisors. The goal is to prepare interns for leadership roles in clinical settings and to enhance their competency in fostering collaborative, accountable, and developmentally appropriate supervisory relationships.

Program Evaluation

Interns will participate in assessing the effectiveness of clinical programs by collecting, analyzing, and interpreting data to inform program improvements. With supervision, interns will enhance their skills in applying evidence-based methods to evaluate program outcomes and contribute to decision-making processes.

Didactic Series

Internship training is a progressive process that assists in the development of the professional transition from student to practitioner. The philosophy of this training program follows a Practitioner-Scholar model in which professional clinical practice is the driving goal and trainees are taught to incorporate scientific research, historical theories and developments within the profession, and philosophical concepts into his or her professional practice as a psychologist. The internship has, as a major driving objective, the goal of ensuring students are prepared to work full-time at the post-doctoral level of ability when the training year is concluded.

Besides supervised practical experience in assessment and intervention, formal training is an integral component of the internship training program. Formal training includes formal class instruction, didactic training, and case presentation. The schedule in the appendices outlines the formal training components of the internship year.

Except as indicated, each course meeting will be 1 hour in length. At the start of the program, longer courses are necessary to orient interns to the expectations and requirements of the treatment environment. These demands are driven by insurance requirements, Joint Commission compliance requirements, and State/Federal regulatory requirements.

Training involves three (3) main scheduled courses. The first course, Advanced Assessment, deals with advanced concepts in psychological assessment and formal testing. The first half of the internship year focuses on creating a standard of competence across all interns with regard to their ability to administer, score, and interpret psychological test measures. The second half of the internship year deals with integrating and presenting findings in a written report as well as the capability to present findings in a didactic fashion.

The second course, Advanced Psychotherapy, focuses on advanced concepts related to intervention, treatment, and patient case management. Topics involve special populations, circumstances, and issues of ethical ambiguity. These courses are designed to ensure that once interns are finished with their training, they have the skills necessary to practice with a post-graduate level of knowledge and ability.

The third and final course, Professional Practice and Scholarship, is a weekly, intern-led didactic series designed to enhance clinical competence, cultural awareness, and scholarly engagement. Each session features a rotating presenter from the intern cohort who leads discussions on topics such as grand rounds, dissertation research, diversity, and professional development. The series fosters peer learning, critical thinking, and integration of theory with real-world practice.

Intern Recruitment & Selection

Central Valley Behavioral Health (CVBH) currently offers 14 full-time internship positions. Students interested in applying for the internship program must submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

In addition to the standard APPIC application, applicants are required to submit either a redacted treatment summary or an evaluation report that includes test administration integrating at least two or more tests. These documents must be the intern's original supervised work performed during practicum and reflect work with an actual patient. Please note the documents **MUST** be redacted of all identifying patient information. All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

Applications will be reviewed, and some applicants will be invited to interview. Interview notifications will be made no later than December 15th. Interviews are conducted on the last two Fridays in January, and prospective interns will be invited attend on one of the interview dates. Interviews are conducted virtually using the Microsoft Teams Platform. Attendance at one interview is required to continue with one's application for internship. Internship interviews are a structured, organized, partial day process where a group of applicants will attend from 8:30am to 3:00pm. During this process the applicant will experience a minimum of two individual interviews with members of the Internship Training Committee, two group didactics, and a company orientation.

Once both interview dates have concluded, the Internship Training Committee will meet and discuss the applicants to determine rankings. Rank ordered results will be submitted in

accordance with APPIC deadlines and policies. Our organization follows all rules and policies of the APPIC and NMS process.

Following the first round of the APPIC match, if there continue to be program openings, applicants will be invited to apply immediately following the results of the first-round match process. Given the limited time constraints for the second-round match, interviews will be conducted using virtual telecommunications technology and will not be in-person. Rankings will be submitted to APPIC consistent with required timelines.

During the post-match vacancy process, if there are any openings in our internship program, our organization will accept applications and conduct virtual interviews and provide direct acceptance offers until our program is full.

All interns who match to CVBH must provide proof of citizenship or legal residency and must successfully pass a fingerprint-based background check before beginning employment. The history of a felony or misdemeanor may result in a fail in this review process and prevent the intern from working at CVBH. Interns also must provide results from a tuberculosis (TB) screening test from the previous 12-months. Instructions for providing this information or completing the background check, drug screen, and TB screening will be sent out to all who match after the match process is complete.

Under no circumstance will CVBH violate APPIC policies regarding statements related to the standing of any applicant directly.

Prior Doctoral Experience

Our internship accepts students from APA- or CPA-accredited doctoral programs (both PhD and PsyD) in clinical or counseling psychology. Applicants from non-accredited programs will not be accepted. However, students whose academic institution is not fully accredited but anticipates being fully accredited by the time the intern graduates are encouraged to have the school's Director of Clinical Training contact the CVBH Training Director to notify him of the school's status and circumstances.

All applicants must have completed all coursework before the start of internship. Any intern who does not have passing grades from all courses prior to June 30th will be dismissed from the offer of internship. Students must also have passed their comprehensive exams and at minimum have an approved dissertation proposal.

Intern Expectations

Interns can expect to experience a high amount of direct patient interaction. Given the nature of the treatment programs, patients are on grounds for the entirety of an intern's working day. When not specifically facilitating group or providing individual therapy, interns can expect to provide milieu support, crisis intervention support, or be engaged in administrative or supervisory duties. The work environment is busy, and due to the nature of the severity of

psychopathology, an intern can expect to work in high stress conditions. Additionally, interns will be provided a high degree of training and support while working with our company.

As the company is a fee for service environment, interns can be expected to carry themselves as competent professionals who have a particular degree of expertise and will be trained to interact with patients and the community with a professional, competent demeanor.

Interns should expect to be involved in the local San Joaquin Psychological Association (SJVPA) and will be provided free admission to any continuing education events put on by CVBH and SJVPA. CVBH is approved by the APA to sponsor continuing education to psychologists.

Intern Evaluation Policy

The Internship Training Program is designed to prepare psychology interns for post-doctoral residency and for competent entry-level professional practice. The program follows a generalist training model and provides structured clinical and educational experiences within the intern's assigned training track, either Adult or Pediatric. Emphasis is placed on the progressive development of professional competence through supervised clinical work, didactic instruction, and ongoing evaluation. Interns are expected to demonstrate minimum levels of achievement across all required competencies and training elements over the course of the internship year.

Intern performance is evaluated across nine profession wide competency domains: research; ethical and legal standards; individual and cultural diversity; professional values and attitudes; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional or interdisciplinary skills. These domains reflect the essential knowledge, skills, and attitudes required for professional psychology practice and serve as the foundation for evaluation and determination of readiness for entry-level practice.

Formal evaluations of intern performance are conducted twice annually, at the midpoint of the internship year in December and at the end of the training year in June. Evaluations are completed using a standardized Competency Evaluation Form (located in Appendix A) and are informed by multiple sources of data, including: formal demonstration of skill or knowledge, direct observation of work, recording review, participation in didactic classes, participation in individual/group supervision, progress notes, and feedback from ancillary administrative/supervisory staff. Each intern's Supervising Psychologist will complete the evaluation and will review with the intern during supervision.

All competencies are rated using the following five-point scale ranging from Remedial to Advanced Competence.

1 -- Remedial Significant skill development required; remediation necessary
2 -- Beginning/Developing Competence Expected level of competence pre-internship; close supervision required on most cases

<p>3 -- Intermediate Competence Expected level of competence for intern by mid-point of training program; routine or minimal supervision required on most cases</p>
<p>4 -- Proficient Competence Expected level of competence for intern at completion of training program; ready for entry-level practice</p>
<p>5 -- Advanced Competence Rare rating for internship; able to function autonomously with a level of skill representing that expected beyond the conclusion of internship training</p>

Minimal levels of achievement for successful completion of internship is a score in all competence areas of at least “Proficient Competence.” Any intern with a score of “Beginning/Developing Competence,” in at the mid-term evaluation period will develop with his or her supervisor a plan to improve performance to a higher level. This plan will be detailed in the evaluation and will include specific behavioral markers as well as time frames for demonstration of competence.

Requirements for Successful Completion

Interns must receive a rating of 4, which indicates readiness for entry-level practice, or above on all training elements to successfully complete the program. Additionally, all interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program.

Supervision Policy

Interns work within many various departments throughout our complex healthcare organization. Those departments each have unique operational, regulatory, and clinical needs that differ from other departments. While there is significant overlap, there is also noticeable uniqueness. Given this reality, interns have a complex reporting structure. Each individual department is clinically and operationally overseen by the dual management team of Program Manager and Clinical Supervisor. Various policies and procedures may be determined as being “company-wide” or “department-wide.” Additionally, various aspects of the administration of clinical services such as frequencies of services, modalities of treatment, and documentation processes, may differ significantly from one department to another.

Interns, by virtue of their status being embedded within our official Internship Program, also have direct oversight by their assigned Supervising Psychologist, who is a licensed psychologist working within the Department of Clinical Training. However, these Supervising Psychologists may not operate within the organizational structure at the level of the department in which interns work. Specifically, many aspects of an intern's day-to-day functioning will be managed by the department's Program Manager and Clinical Supervisor. Those individuals will manage the intern's schedule, assign patients, oversee regulatory procedures related to documentation timeliness, etc. The Supervising Psychologist works in consultation with the Program Manager

and Clinical Supervisor to promote the professional growth and development of the intern throughout the internship year.

The Supervising Psychologist is responsible for providing two hours of weekly individual clinical supervision, may be involved in teaching a didactic course, and will work with the other members of the Department of Clinical Training. The Supervising Psychologist, as a member of the Department of Clinical Training, works with that Department to complete the mid-term and final internship evaluation.

Telesupervision Policy

CVBH strives to have all individual supervision conducted in person. For those at a rotation outside of the main office, supervision is scheduled alongside didactic trainings, or when supervisors are on site. However, circumstances sometimes require the use of telesupervision. This includes when a supervisor is traveling out of town for work purposes or when an intern is providing services at a residential facility outside their regularly scheduled time. Telesupervision is utilized to ensure that interns are provided with the necessary weekly supervision, without interfering with the training needs of the student that might take them offsite. Telesupervision relieves the burden of having to travel back and forth between sites unnecessarily. Telesupervision is to be used only in extenuating circumstances and should never be utilized on a regular basis.

The use of videoconference technology for supervisory experiences is consistent with CVBH's training aim as CVBH places a strong training emphasis on diverse training experiences across multiple levels of care. Telesupervision ensures that interns get the necessary supervision while being able to gain experience across multiple locations. All interns participate in an introduction to telesupervision during the internship orientation and are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year.

Interns are provided contact information for all CVBH supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary. All CVBH videoconferencing occurs over a secure network using site-administered videoconferencing technology. This technology is loaded onto the intern's provided computer, thus not requiring them to purchase additional equipment or use their personal computer. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees.

Intern Feedback

During formal evaluation periods, interns will also be invited to provide feedback to the ITC regarding their experiences in any of the multiple components of the training program. As part of these feedback periods, interns will also complete an evaluation form for their Supervising Psychologist. The ITC reviews all intern feedback.

Due Process Policy

The internship program is designed with professional and personal growth and development in mind. We expect that interns will enter the program with skills that need further development and that interns will experience some challenges that create problems that need to be addressed, either through an informal or formal process.

It is a goal of the internship program to provide opportunities for interns to acknowledge and address areas of concern. In the majority of cases, areas of concern are restricted to developmental problems. However, in some cases areas of concern may be related to conduct and behavior that may fail to meet the level of professionalism expected by an intern. This document outlines the process for both informal resolution of concerns as well as more formal resolution processes, including the disciplinary process.

Given the nature of the company structure, the majority of concerns are identified and addressed at the departmental level in which the intern works on a day-to-day basis. These concerns are also typically addressed directly by the Program Manager and Clinical Supervisor overseeing the specific department. When there is a lack of improvement, or concerns are determined to be more serious, the department management team will consult with the Supervising Psychologist to determine what course of action may be warranted. The Supervising Psychologist may consult with the Director of Clinical Training or the Executive Director of the Department of Clinical Training for how best to address the concerns.

Since every aspect of the intern's work is supervised in some way, the particular supervisor for the activity in question is typically the person responsible for communicating a concern and developing a remediation plan when needed. The involvement of the Director of Clinical Training, or the ITC, is governed by specified processes.

We encourage informal conflict resolution whenever possible, especially when the issue of concern is one that does not warrant disciplinary action. In cases where State or Federal laws have been violated, the dictates of the law precede the disciplinary/grievance process.

Informal Conflict Resolution

Anyone, intern, staff, or service recipient, can state a concern and has the right to have that concern addressed. Ideally, the person who has a concern will be able to resolve that in discussion with the individual about whom the concern is stated. In some cases, it may be either more appropriate or more effective to share the concern with a supervisor who can assist in resolving the conflict.

Some Examples:

- If there is a concern/complaint about the clinical work of an intern, the intern's department-level Clinical Supervisor or Program Manager is the person most likely to address that with him/her. It is the responsibility of department-level management team to either articulate the nature of the concern. They will then discuss methods for addressing the concern. This is the most typical route for finding workable solutions. If the problem

addressed is of a more serious nature, the supervisor will consult with the Director of Training about possible further action.

- If a company staff member has a complaint about an intern's interaction with him/her, or vice-versa, the aggrieved intern and/or staff are encouraged to communicate directly with one another – with the goal of navigating the conflict through informal means. The department-level management team is best positioned for addressing the issue with the intern and/or the staff member should informal conflict resolution be insufficient. Ideally, there will be a resolution reached through discussion and informal conflict resolution. The department-level management team may consult with the Director of Training for support.

Performance Improvement Processes & Disciplinary Actions

The performance improvement process is initiated in response to one of two situations: (1) developmental concerns, and (2) problematic behavior.

Developmental concerns are identified when an intern demonstrates deficiency in professional duties that is of sufficient concern because it could jeopardize patient care or indicates a failure of expected professional growth that could result in failure to successfully complete the internship. These deficiencies may be identified by the formal evaluation process, or informal evaluative processes that occur within the individual departments by the Clinical Supervisor or Program Manager.

There are also circumstances under which an intern's behavior may be considered problematic, rather than developmental. **Problematic behavior** refers to behavior which interferes with professional functioning in one or more of the following ways:

- The intern does not acknowledge, understand, or address the problem when identified;
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
- The quality of services delivered by the intern is consistently negatively affected;
- The problem is not restricted to one area of professional functioning;
- A disproportionate amount of attention by training personnel is required and/or;
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

In addition, an intern may demonstrate certain behavior, attitudes, or characteristics that go beyond the developmental areas of professional growth expected of a professional in training. Examples may include:

- Inability and/or unwillingness to acquire and integrate professional standards to one's repertoire or professional behavior;
- Inability to acquire professional skills in order to reach an acceptable level of competency;
- Inability to control personal stress, psychological dysfunction and/or excessive reactions that interfere with professional functioning.

When developmental deficiencies or problematic behaviors are identified, the following predictable course of increasing intervention is utilized.

Informal Intervention

The intern is given verbal feedback from a department manager, Supervising Psychologist, or other member of the company leadership or Department of Clinical Training to emphasize the need to discontinue the inappropriate behavior under discussion, and address what expectations the intern must demonstrate to remediate the concern. Informal interventions may include a temporary modification of duties in support of the intern addressing the concerns. Any record of Informal Interventions is kept at the department level by the Program Manager and Clinical Supervisor.

Formal Written Warning

The intern is given written feedback outlining the concern(s) when the concern either is more serious than would warrant an informal intervention, or informal interventions have been unsuccessful at ameliorating the concern. Formal Written Warnings provide information regarding the discrepancy between the intern's performance and the program's expectations. Formal Written Warnings may be initiated by the department-level management team, or a member of the Department of Clinical Training. Formal Written Warnings will include a detailed description of the concern(s), the expectation for remediation, and any supporting interventions that may take place, such as modification of duties.

A copy of this letter will be kept in the intern's file. Removal of this letter at the end of the internship will be considered by the Training Director and the Intern Training Committee. This documentation is typically not sent to the intern's academic institution.

Performance Improvement Plan (PIP)

If informal interventions, and formal written warnings, fail to support the intern in addressing the concerns in a sufficient manner, a Performance Improvement Plan may be utilized by the department-level management team as a more formal step in addressing the concerning behaviors. PIP's are only used at the level of the individual department by the department's management team. They are the primary method of creating an official documentation of a pattern of concerning behavior that needs to be addressed, and how it will be addressed. The PIP will be created in consultation with the leadership of the company, as well as the Director of Clinical Training. All PIP's will be approved by the Director of Clinical Training prior to being provided to the intern. PIP's outline the pattern of behaviors of concern, the corrective actions to be taken, the supportive interventions the management team will utilize to assist the intern in addressing the concerns, and any additional supports the Department of Clinical Training may provide. PIP's will have a defined timeframe for completion and will be reviewed by the department-level management team in conjunction with the Director of Training when the time-frame has passed.

The outcomes of failing to successfully complete a PIP cannot result in dismissal from internship. Should an intern fail to successfully complete a PIP ongoing modification of duties within the department, continuation of a PIP, or elevation of the matter to an Intern Performance Remediation Plan, are possible outcomes.

Informal interventions and Formal Written Warnings are provided to the intern immediately. These interventions are managed by the Clinical Supervisor and Program Manager. A member of the ITC may, at times, provide consultation and support regarding informal interventions or written warnings. However, there is no notification process as no hearing is held and outcomes do not involve formal discipline. Additionally, no formal process or hearing is held during the process of a PIP. PIP's are initiated by the Program Manager and Clinical Supervisor, but are required to have involvement of the Director of Clinical Training. Notifications are also not immediate, as the PIP is written over the course of a period of time and no formal hearing is held.

Performance Remediation Plan (PRP)

Should informal interventions, formal written warnings, or PIP's fail, in whole or in part, to resolve the concerns or problematic behavior(s), a more formal process involving a PRP will be initiated. A Performance Remediation Plan can only be initiated by the Department of Clinical Training. The Director of Training and the Executive Director of the Department oversee the process of creating a Performance Remediation Plan. This represents the highest level of disciplinary function within the administration of the internship program. PRP's are provided to the intern's school in order to inform and seek support that may be available from the school. The possible outcomes of a PRP can include:

- Placing the intern on probation with specific performance expectation to be successfully met within a predetermined time frame.
- Limited endorsement even with successful completion of the internship's requirements.
- Restriction of clinical work the intern may perform on a semi-independent basis.
- Terminating the internship contract and/or recommending a career shift
- Reporting unsuccessful completion of the internship to the academic program.

Dismissal from the internship results in permanent withdrawal of all internship responsibilities and privileges when other interventions have been exhausted or appear ineffective in rectifying the problem behavior(s) or concern(s). The Training Director and the Intern Training Committee will determine the possibility of termination of the intern's position. This action is considered the last available option and is taken seriously by the ITC. Terminated interns will not receive a certificate of internship completion.

PRP's are documented and held by the Director of Clinical Training in the intern's file. PRP's are not automatically communicated to the home school, but can be if it is determined by the ITC to be useful or necessary to do so.

Termination of Internship Contract & Removal from Internship

If a PRP process has been exhausted, and the result of the time-frame of the intervention has passed, and recommendation for termination from internship is the conclusion, the following formal process will occur:

1. The intern will be notified of a pending termination hearing. Notification will occur a minimum of 3 days before the termination committee meets.
2. The termination committee is composed of the following individuals
 - a. The Chief Executive Officer
 - b. The Chief Operations Officer over Mental Health Programs
 - c. The Executive Director of the Department of Clinical Training
 - d. The Director of Clinical Training
 - e. OPTIONAL: One of the following individuals as designated by the intern
 - i. Supervising Psychologist
 - ii. Department Program Manager
 - iii. Department Clinical Supervisor
3. The Executive Director of the Department of Clinical Training presides over the hearing.
4. The intern will have an opportunity to present information and make statements at the termination hearing.
5. The committee will consider all available information and make a determination that may result in one of the following options:
 - a. Creation of a new Performance Remediation Plan with Limited Endorsement
 - b. Termination of Internship Contract and Removal from Internship
6. The intern will have no more than 3 days to provide a formal response or appeal, if he or she chooses to do so, to the decision of the termination committee. This response must be submitted directly to the Director of Clinical Training. The appeals process is outlined below.

Appeals Procedure

If an intern does not agree with a written evaluation, disciplinary action taken, or recommendation from an ITC or Termination Committee hearing, and discussion with the supervisor does not resolve the issue, the intern may submit a letter of appeal to the Director of Clinical Training. In this letter, the intern may also request an appeal based on factors that may include, but are not limited to:

1. Denial of due process in the evaluation/grievance procedure (e.g., evaluation criteria not presented prior to evaluation, or opportunity to demonstrate proficiency not provided prior to evaluation); OR
2. Denial of opportunity to present data to refute criticisms in the evaluation/grievance process.

The request must be submitted to the Director of Clinical Training no later than three (3) days after the intern is notified of the decision or presented with the remediation plan, must identify the specific aspect of the evaluation with which the intern disagrees, and must suggest what form of modification is requested.

If an appeal is appropriately requested, the following steps will be taken:

1. An Appeals Committee, will be created and is composed of:
 - a. Executive Director of Clinical Training
 - b. Chief Operations Officer of Mental Health Programs
 - c. Director of Clinical Training
 - d. OPTIONAL: One of the following individuals designated by the intern
 - i. Supervising Psychologist
 - ii. Department Program Manager
 - iii. Department Clinical Supervisor
2. The Executive Director of the Department of Clinical Training is responsible for convening the committee and presides.
 - a. The intern involved will be notified 3 days prior to the hearing when the appeal meeting will be held.
 - b. The Appeals Committee may request the presence of a written statement from any individual(s) as it deems appropriate.
 - c. The intern may submit to the committee any written statements deemed appropriate, may request a personal interview, or may request that the committee interview other individuals with relevant information.
 - d. The committee will submit to the intern a written summary of the committee's findings.
3. The Training Director will take action with consideration of the Appeals Committee's findings. Examples of outcomes might include (but are not limited to):
 - a. Accept the original determination or evaluation
 - b. Request changes to a determination, disciplinary process, or evaluation
 - c. Require a new evaluation, PIP, or PRP
4. Appeals outcomes are reported to the intern's home school if the outcome involves a disciplinary procedure that is reported to the school.

Addressing Serious Violations

There are behaviors that by their nature extend beyond "problematic behaviors," and are regarded as more serious violations that may require the immediate filing of a grievance and activation of a formal review or hearing, whether these behaviors were committed by the intern, or the intern is reporting the behavior as occurring toward, or involving, him or her.

Such behaviors include, but are not limited to, the following:

- Sexual Harassment
- Insubordinate behavior
- Exploitative or abusive behavior
- Behaviors not listed elsewhere in this document but which represent an infringement on the rights, privileges and responsibilities of trainees, professional and supportive staff and/or other volunteers/employees or clients of CVBH

- Removal of a client or patient's protected health information from the site
- Violation of the APA Code of Ethics
 - If an intern is charged with violating the APA Code of Ethics, he or she may be temporarily suspended from engaging in any and/or all intern duties. The Training Director makes this decision in consultation with the Intern Training Committee. The suspension is immediate upon verbal notification, with written notification (including reasons) received by the intern within one working day.
 - A formal Investigative Committee of at least three members, chaired by the Executive Director of the Department of Clinical Training, will be established within three working days to monitor the situation and to establish a corrective action or remedial plan.
 - If formal action is required, the intern is informed of such action in writing and then indicates whether she or he accepts or challenges the action.
 - If the intern accepts the decision, implementation occurs and the intern's school is notified in writing.
 - If the intern challenges the decision, the ITC will meet with the Intern to hear out the challenge in a formal meeting.

Again, please note that dictates of the law take precedence over any formal or informal processes.

Intern Grievance Procedures

Interns are strongly encouraged to attempt to resolve grievances informally by approaching the individual with whom they are aggrieved. This holds true for grievance related to program administration, concerns related to work demands, supervision issues, or interpersonal conflicts. It is our organization's belief that most conflicts and grievances can be resolved in an environment of understanding and supportive communication. Reasons for communicating a grievance are not only limited to interpersonal conflict. They may be due to concerns about program structure, intern work demands, performance evaluations, problems with a supervisor, scheduling problems, or a lack of responsiveness from the organization, to name a few.

When interns wish to express any concern or grievance, they are encouraged to discuss the issue informally with their Supervising Psychologist first. If the grievance is specifically related to a concern about the intern's Supervising Psychologist, or they feel a meeting with their supervisor did not resolve the concern, they are encouraged to submit a formal grievance to the either the Director of Clinical Training or the Executive Director of the Department of Clinical Training.

When a(n) intern wishes to submit a formal grievance, for any reason or aspect of the internship program or experience, it must be done so in writing and provided to the Director of Clinical Training. This includes interpersonal conflicts, intrapersonal difficulties, performance demands, supervision concerns, program administration concerns, scheduling concerns, etc. The written submission must include both a description of the grievance and a proposed plan for resolution. The Training Director will review the grievance and submit to the intern, within 10 days of submission, a formal resolution recommendation which may include one or more of the following:

- Mediated informal resolution
 - This involves a member of the ITC mediating a conflict resolution conversation between the intern and the subject of the grievance.
- Formal Decision-Resolution
 - The Director of Clinical Training may make a formal decision to resolve the grievance and provide a written instructional response to all involved parties the decision and plan moving forward.
 - The Director of Clinical Training may also make the determination that a meeting of the ITC should occur and collectively make a recommended resolution and provide the recommendation to all parties involved.

Maintenance of Records

The Training Director is responsible for maintaining a permanent record of interns' training experiences during their internship year. The contents of these records includes, but is not limited to, the following items: the intern's AAPI, the internship contract/welcome letter, quarterly evaluations, formal communication with the intern's doctoral program, remediation plans (as needed), and certificate of completion. The content of these records is considered confidential and are securely maintained. Records related to Due Process procedures are also maintained in intern files, as described in the CVBH Due Process Procedures. Records related to grievances or complaints are kept in a separate secure digital file, as described in the CVBH Grievance Procedures. Access to these records is limited to internship leadership. However, individual records may be reviewed by the training committee, university leadership, or representatives of the internship's accrediting body (i.e., APA COA).

Interns are strongly encouraged to maintain a record of their own, including keeping a copy of their Certificate of Completion for future use (e.g., licensure, credentialing). However, interns may request copies of the documents maintained in their permanent record through written request to the training director. Requested documentation will be provided within two weeks of a written request.

Communication Policy

Communication between CVBH and interns' home doctoral programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree and, while internship supervisors assess intern performance during the internship year, the doctoral program is ultimately responsible for the evaluation of readiness for graduation and entrance into the profession. Therefore, it is the responsibility of the Director of Clinical Training to initiate contact with interns' home doctoral program Directors of Clinical Training at the following time points and as needed throughout the training year:

- A Match letter is sent to both the intern and their Director of Clinical Training within 5 days of learning of a successful match to verify the terms of the internship (i.e., start and end dates, stipend).
- At each evaluation period, CVBH shares a copy of the formal written evaluations of the intern with their Director of Clinical Training via email.

- Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.
- If successful completion of the program comes into question at any point during the internship year, or if an intern enters into a step in the Due Process procedures where contact with the school is determined necessary or beneficial, the school is contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by CVBH as a result of the Due Process procedures, up to and including termination from the program.

Diversity and Inclusion

CVBH is committed to fostering an inclusive and diverse workplace that values and celebrates the unique perspectives, backgrounds, and abilities of all individuals. We believe that a diverse and inclusive environment is essential for ethical practice, quality care, and overall organizational success. As such, we extend our commitment to diversity and inclusion to our internship program, recognizing the importance of cultivating a pipeline of talent that reflects the richness of our local community.

Our Internship Program Diversity and Inclusion Policy encompasses the following principles:

Equal Opportunity:

- We are dedicated to providing equal opportunities to all individuals, irrespective of their race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, veteran status, or any other characteristic protected by applicable law. Our internship program is open to candidates from diverse backgrounds and experiences.

Inclusive Environment:

- We strive to create an inclusive and welcoming environment for all interns. We encourage an atmosphere where diverse perspectives are not only acknowledged but also embraced. This includes promoting an open dialogue that values different viewpoints and experiences.

Equitable Access:

- CVBH is committed to providing equitable access to our internship program. We actively seek candidates from a variety of sources and make efforts to eliminate barriers that may impede access for underrepresented groups.

Non-Discrimination:

- Discrimination of any form will not be tolerated within our internship program. We are committed to maintaining a work environment free from harassment, bullying, or any form of discriminatory behavior.

Continuous Improvement:

- CVBH recognizes that diversity and inclusion are ongoing journeys. We commit to regularly reviewing and enhancing our internship program's policies and practices to ensure that they align with the evolving needs of our diverse workforce.

By fostering a culture of diversity and inclusion in our internship program, we aim to create a talent pool that reflects the community we live in. We believe that by embracing diversity, we not only strengthen our organization but also contribute positively to the broader communities we serve. Together, we can build a workplace that values every individual and harnesses the power of diverse perspectives to drive innovation and success.

Information copied from the Tatum Psychology Employment Group (TPEG) Employee Handbook

EQUAL EMPLOYMENT OPPORTUNITY AND DISCRIMINATION POLICY

TPEG is an equal opportunity employer and makes employment decisions on the basis of merit, qualifications, potential and competency. We want to have the best available persons in every job. Company policy prohibits unlawful discrimination based on race, religion, color, national origin, ancestry, sex, pregnancy, childbirth, breastfeeding or related medical conditions, gender identity and expression, sexual orientation, marital status, age, physical or mental disability, genetic information or medical condition, military or veteran status, or any other basis protected by federal, state or local law or ordinance or regulation. All such discrimination is unlawful. This policy applies to all aspects of employment, including recruitment, hiring, training, promotion, transfer, discipline, layoff, recall and termination. Employees who need an accommodation because of sincerely held religious beliefs should contact Human Resources.

If you believe you have been subjected to any form of unlawful discrimination, provide a written complaint to the Chief Operations Officer as soon as possible. If the complaint relates to the Chief Operations Officer, provide your complaint to the Chief Executive Officer. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses. TPEG will immediately undertake an effective, thorough and objective investigation and attempt to resolve the situation.

If TPEG determines that unlawful discrimination has occurred, effective remedial action will be taken, commensurate with the severity of the offense. TPEG strictly prohibits any form of retaliation against any employee for filing a complaint under this policy or for assisting in a complaint investigation.

Lactation Accommodation:

TPEG recognizes lactating employees' rights to request lactation accommodation and accommodates lactating employees by providing a reasonable amount of break time and a suitable lactation location to any employee who desires to express breast milk for their infant child, subject to any exemption allowed under applicable law. If possible, the break time should run concurrently with your normally scheduled break time. Any break time to express breast milk that does not run concurrently with your normally scheduled break time is unpaid. The lactation location will be private (shielded from view and free from intrusion from

co-workers and the public) and located close to your work area. The location will be safe, clean and free of toxic or hazardous materials; have a surface to place a breast pump and other personal items; have a place to sit; and have access to electricity or alternative devices (such as extension cords or charging stations) allowing you to operate an electric or battery-powered breast pump. Will also provide access to a sink with running water and a refrigerator suitable for storing milk in close proximity to your workspace. If a refrigerator cannot be provided, will provide another cooling device suitable for storing milk, such as an employer-provided cooler. The lactation location will not be a bathroom or restroom. The room or location may include an employee's private office if it otherwise meets the requirements of the lactation space. Multi-purpose rooms may be used as lactation space if they satisfy the requirements for space; however, use of the room for lactation takes priority over other uses for the time it is in use for lactation purposes. Employees who desire lactation accommodations should contact to request accommodations. An employee's request may be provided orally, by email, or in writing, and need not be submitted on a specific form. We will engage in an interactive process with you to determine when and where lactation breaks will occur. If we cannot provide break time or a location that complies with this policy, we will provide a written response to your request. Will not tolerate discrimination or retaliation against employees who exercise their rights to lactation accommodation, including those who request time to express milk at work and/or who lodge a complaint related to the right to lactation accommodation. If you believe you have been denied reasonable break time or adequate space to express milk, or have been otherwise been denied your rights related to lactation accommodation, you have the right to file a complaint with the Labor Commissioner.

Professional Work Relationships

PRINCIPLE: Interns will be treated with courtesy and respect. Interactions among trainees, supervisors, and staff will be collegial and conducted in a manner reflecting the highest standards of the profession of psychology.

MECHANISMS: Interns will be provided a copy of “Ethical Principles of Psychologists and Code of Conduct” (2016, with the 2016 Amendment) which describes expectations regarding professional work relationships.

Interns will be provided a TPEG company handbook which includes, among other things, the company policies related to equal employment, non-discrimination in employment, sexual harassment, and disability accommodations.

Interns will be provided guidance and support to encourage successful completion of the training program. Interns will evaluate faculty, regarding their perception of the quality of faculty guidance and support. Faculty will receive reports of evaluations.

Interns will be given performance feedback, quarterly, in writing regarding the extent to which they are meeting performance expectations with specific recommendations for remediating deficiencies and enhancing professional growth.

Benefits

Stipend

This 12-month, full-time, internship pays an annual stipend of \$33,280. Checks are issued by the Tatum Psychology Employment Group every Friday. The first pay day in 2025 is July 3rd, 2025. Professional liability (malpractice) insurance is provided for the intern for the duration of the internship. Professional development activities are entirely dependent on departmental funding but CVBH may provide for some reimbursement for professional development activities. All requests for such reimbursement must be made to the Training Director.

Leave Policy

Each intern receives a total of 14 days of leave. Leave is to be split evenly between the first and second half of the internship year and only five days of consecutive leave will be permitted without express approval by the Director of Clinical Training in cases of special circumstances. Leave requests should be submitted at least 2 weeks in advance and must be submitted to the Clinical Supervisor and Program Manager of the Department in which the intern is working PRIOR to being submitted to the intern's Supervising Psychologist. Leave can be used for personal reasons, medical appointments, medical procedures, or illness of the intern or a dependent. Any intern who takes more than two consecutive days of sick leave may be required to provide medical documentation. If a pattern of sick leave emerges, disciplinary action may be taken consistent with the Due Process policy. Interns are expected to not schedule medical appointments during didactic classes or when scheduled to facilitate groups. Successful completion of the internship requires a minimum of 2,000 hours with 12 months in residency. Exceeding the leave parameters may result in extension of internship beyond the planned final day.

Interns may not schedule leave during the first 60 days of the program to ensure all necessary training has been completed and so as not to interfere with the baseline training and education necessary for successful performance. Any changes to this policy are considered on a case by case basis and are only considered for uniquely significant life events.

Holiday Scheduling

It is important to state that our company operates inpatient residential facilities that do not close for any day of the year, including any holidays. The company does recognize a set of holidays in which outpatient facilities are closed. Interns should expect to work on multiple holidays during the year. Interns in any department that may close for some holidays may be temporarily assigned to work in a department that is not closed in order to provide holiday schedule

coverage. Holiday leave is determined by the ITC at the beginning of the internship year. Interns will be provided an opportunity to rank order their holiday leave preference at that time, and a holiday schedule will be developed in the first two months of the internship by the ITC. Holiday schedule assignments are then provided to interns and are considered final. Any changes to the holiday schedule must be agreed by between the intern who is scheduled, and the intern that has agreed to work the holiday instead. This alteration of holiday schedule assignment must be submitted to the Director of Clinical Training at least 14 days prior to the first scheduled day of the holiday shift.

Resources

Each intern is provided a work computer, ID badge, shared office space, and access to all company printing and office supplies. Interns have access to training manuals and materials housed on our shared cloud drive, including DBT and CBT treatment manuals, worksheets, and handouts. The company has purchased access to therapy resource websites, such as TherapistAid.com. Testing resources are independently owned by the Ascend Behavioral Health Clinical Director, who independently oversees all testing services throughout the company. Testing resources include the following testing protocols, manuals and scoring software: The company uses a web-based learning platform, Relias, to administer and track training. Relias has APA accredited training material on over 200 topics. Interns have unrestricted access to all training materials and will be assigned monthly trainings to supplement their in-person didactics. Interns are also provided free attendance at continuing education events sponsored or hosted by the San Joaquin Valley Psychological Association or Central Valley Behavioral Health as volunteers.

Extra-System (Moonlighting) Policy

The clinical psychology internship at CVBH involves comprehensive and demanding training. Training typically demands 40-50 hours per week in which interns explore a variety of rigorous training and service experiences. Our belief is that training is the primary focus of the year for all interns. Additionally, the clinical activities of an intern reflect upon the institution and supervisors for which the intern is affiliated. Clinical activities outside the purview of CVBH would have the potential for negative legal or other consequences. Therefore, extra-system (moonlighting) work is expressly prohibited. These policies do not apply to work outside the field of psychology.

Request for Disability Accommodations

It is the policy of TPEG and CVBH to comply with the provisions of the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008. The following is extracted from the TPEG Employee Manual:

ACCOMMODATION OF INDIVIDUALS WITH DISABILITIES

TPEG is committed to providing equal opportunities to qualified individuals with disabilities. Any applicant or employee who requires an accommodation in order to

perform the essential functions of the job should contact the Human Resources Department and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. TPEG will then engage in a good faith interactive process with the employee or applicant to determine what, if any, effective accommodations can be made for the employee or applicant. TPEG will conduct an inquiry to identify the barriers that make it difficult for the applicant or employee to have an equal opportunity to perform his or her job. TPEG will identify possible accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, TPEG will make the accommodation. Each accommodation request will be handled on a case by-case-basis.

Any intern who feels he or she requires reasonable accommodation due to disability should contact the Training Director who will help him or her navigate the process of completing necessary documentation to request reasonable accommodation.

Appendices

Appendix A: Intern Evaluation Form

Intern Competency Evaluation

Intern: _____ Supervisor: _____

Dates of Evaluation: _____ to _____ Site: _____

Methods used in evaluating competency:

Direct Observation Review of Audio/Video Case Presentation
 Documentation Review Supervision Comments from other staff

Scoring Criteria
1 -- Remedial Significant skill development required; remediation necessary
2 -- Beginning/Developing Competence Expected level of competence pre-internship; close supervision required on most cases
3 -- Intermediate Competence Expected level of competence for intern by mid-point of training program; routine or minimal supervision required on most cases
4 -- Proficient Competence Expected level of competence for intern at completion of training program; ready for entry-level practice
5 -- Advanced Competence Rare rating for internship; able to function autonomously with a level of skill representing that expected beyond the conclusion of internship training

Area Evaluated	Score
Domain 1: Research	
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	
Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.	
Average Score for Domain 1:	
Comments:	

Domain 2: Ethical and Legal Standards	
Demonstrates knowledge of and acts in accordance with each of the following:	
The current version of the APA Ethical Principles and Code of Conduct;	
Relevant laws, regulations, rules, and polices governing health service psychology at the organizational, local, state, regional and federal levels;	

Relevant professional standards and guidelines	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas	
Conducts self in an ethical manner in all professional activities.	
Average Score for Domain 2:	
Comments:	

Domain 3: Individual And Cultural Diversity	
Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity	
Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles	
Applies a framework for working effectively with areas of individual and cultural diversity	
Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	
Average Score for Domain 3	
Comments:	

Domain 4: Professional Values & Attitudes	
Behaves in ways that reflect the values and attitudes of psychology	
Engages in self-reflection regarding personal and professional functioning	
Engages in activities to maintain and improve performance, well-being, and professional effectiveness	
Actively seeks and demonstrates openness and responsiveness to feedback and supervision	
Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training	
Average Score for Domain 4	
Comments:	

Domain 5: Communication and Interpersonal Skills	
Develops and maintains effective relationships with a wide range of individuals	
Demonstrates a thorough grasp of professional language and concepts	

Produces, comprehends, and engages in communications (oral, nonverbal, and written) that are informative and well- integrated	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well	
Average Score for Domain 5	
Comments:	

Domain 6: Assessment	
Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
Demonstrates understanding of human behavior within its context	
Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	
Selects and applies assessment methods that draw from the best available empirical literature	
Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	
Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases	
Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
Average Score for Domain 6	
Comments:	

Domain 7: Intervention	
Establishes and maintains effective relationships with recipients of psychological services	
Develops evidence-based intervention plans specific to the service delivery goals	
Implements interventions informed by the current scientific literature	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches effectively	
Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation	
Average Score for Domain 7	

Comments:

Domain 8: Supervision

Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals	
Applies the supervisory skill of observing in direct or simulated practice	
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice	
Average Score for Domain 8	

Comments:

Domain 9: Consultation and Interprofessional/ interdisciplinary Skills

Demonstrates knowledge and respect for the roles and perspectives of other professions	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
Average Score for Domain 9	

Comments:

Overall Rating: (average of broad competence area scores)

Comments on Intern's overall performance:

I acknowledge that my supervisor has reviewed this evaluation with me:

Intern Signature

Date:

Intern Signature

Date:

Appendix B: Intern Feedback & Program Evaluation Form

CVBH Doctoral Internship Program Evaluation	
Intern:	Supervisor (s):
Evaluation Interval (Please Circle):	Mid-Point End of Year
This Program Evaluation is utilized by CVBH to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and all feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item. Please include detailed explanatory comments wherever applicable in order to help us respond most effectively.	
Scoring Criteria: 1=Bad; 2=Poor; 3= Fair; 4= Good; 5= Excellent	
Overall Internship Experience	
Overall quality of training	
Opportunities for professional socialization with intern cohort	
Breadth of clinical intervention and assessment experience	
Satisfaction with number of client contacts	
Clarity of expectations and responsibilities for intern	
Climate of training environment as it relates to respect for diversity	
Case load was appropriate to meet educational needs	
Training program well integrated into institution	
Support for transition to postdoc/ employment	
Please provide any additional comments/feedback about your experience and provide explanations for any "poor" or "fair" ratings:	
Weekly Group Training Opportunities	
Advanced Psychotherapy Didactic Seminar	
Advanced Assessment Didactic Seminar	
Professional Practice and Scholarship Seminar	
Overall Quality of Training Within Required Competency Areas	
For the following items, please rate the quality of the training you have received in each. Please consider your experience with didactic seminars, professional development opportunities, and supervision, as well as direct clinical experiences and other experiential training.	
Research	
Quality of Training:	
Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:	
Ethical and Legal Standards	
Quality of Training:	

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

Individual and Cultural Diversity

Quality of Training:

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

Professional Values, Attitudes, and Behaviors

Quality of Training:

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

Communication and Interpersonal Skills

Quality of Training:

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

Assessment

Quality of Training:

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

Intervention

Quality of Training:

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

Supervision

(Note: For the purposes of this evaluation, you are rating the training you received in this required area of competence, NOT the supervision you received)

Quality of Training:

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

Consultation and Interprofessional/Interdisciplinary Skills

Quality of Training:

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

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

CVBH Doctoral Internship Supervision Evaluation

Intern:		Supervisor (s):	
Evaluation Interval (Please Circle):		Mid-Point	End of Year
<p>This Supervision Evaluation is used by the Training Department to continually improve and enhance the training program. All responses are reviewed by the Training Committee and all feedback is carefully considered. Please include detailed explanatory comments whenever applicable to help us respond to concerns most effectively.</p> <p>This Supervisor Evaluation is to be completed by intern at each evaluation period (concurrent with intern evaluation) and discussed with supervisor during intern evaluation meeting.</p>			
Scoring Criteria			
1	Significant Development Needed --Significant improvement is needed to meet intern needs		
2	Development Needed -- Improvement is needed to meet intern needs		
3	Meets Supervisee's Needs and Expectations		
4	Exceeds Expectations --Above average experience		
5	Significantly Exceeds Expectations --Exceptional experience		
N/A	Not Applicable/Not Observed/Cannot Say		
General Characteristics of Supervisor			
Was accessible for discussion, questions, etc.			
Treated supervisee with respect and courtesy			
Supported the supervisee's successful completion of the training program			
Presented as a positive professional role model consistent with the program's aims			
Scheduled supervision meetings and is available at the scheduled time			
Allotted sufficient time for supervision			
Kept sufficiently informed of case(s)			
Was interested in and committed to supervision			
Set clear objectives and responsibilities throughout supervised experience			
Was up to date in understanding of clinical populations and issues			
Maintained appropriate interpersonal boundaries with patients and supervisees			
Provided constructive and timely feedback on supervisee's performance			
Encouraged appropriate degree of independence			
Demonstrated concern for and interest in supervisee's progress, problems, and ideas			
Communicated effectively with supervisee			
Maintained clear and reasonable expectations for supervisee			
Promoted recognition and effective navigation of individual and cultural diversity			
Provided a level of case-based supervision appropriate to supervisee's training needs			
Use self-disclosure appropriately to normalize by experience as a therapist			
Facilitated a supervisory relationship characterized by support and acceptance			
Comments:			
Development of Clinical Skills			

Assisted in coherent conceptualization of clinical work	
Assisted in translation of conceptualization into techniques and procedures	
Was effective in providing training in behavioral health intervention	
Was effective in providing training in assessment and diagnosis	
Supported supervisee in navigating and responding to clients' cultural and individual differences	
Was effective in helping to develop short-term and long-range goals for patients	
Promoted clinical practices in accordance with ethical and legal standards	
Promoted supervisee's general acquisition of knowledge, skills, and competencies	
Helped supervisee examine, modify, and refine approach to treatment	
Comments:	
Summary	
Overall rating of supervision with this supervisor	
Please describe how the supervisor contributed to your learning:	
Please describe how supervision or the training experience could be enhanced:	
Any other suggestions/feedback for your supervisor?	

Appendix C: 2025-2026 Didactic Training Schedule

Central Valley Behavioral Health
Psychology Internship Program
2025-2026 Training Schedule

Advanced Assessment Didactic:

Lead by: Dr. Christopherson

Day and Time: Tuesdays 1300 and 1500

Location: Dr. Christopherson's Office

- 1300: Remina, Kaitlin, Lizbet, Emory, Ken, Alexander, Joe
- 1500: Jasmine, Sarvenaz, Yvonna, Ariana, Colin, Briane, Megan

Advanced Psychotherapy Didactic: Adult Track

Lead by: Dr. Fujikawa

Day and Time: Wednesdays 900

Location: SMBH Conference Room

Advanced Psychotherapy Didactic: Pediatric Track

Lead by: Dr. Houts

Day and Time: Tuesdays 1000

Location: SMBH Conference Room

Professional Practice and Scholarship (PPS)

Lead by: Dr. Fujikawa and Dr. Houts

Location: Virtual

Rotation 1: Theoretical Orientation							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Fujikawa	Lizbet	Kaitlin	Brianne	Colin	Joe	Remina	Emory
Houts	Megan	Sarvenaz	Ariana	Ken	Jasmine	Alexander	Yvonna
Rotation 2: Case Presentation							
Fujikawa	Sarvenaz	Ariana	Colin	Brianne	Remina	Alexander	Lizbet
Houts	Joe	Ken	Yvonna	Megan	Kaitlin	Emory	Jasmine
Rotation 3: Research or Diversity Presentation							
Fujikawa	Sarvenaz	Ken	Ariana	Yvonna	Alexander	Remina	Megan
Houts	Kaitlin	Joe	Colin	Jasmine	Lizbet	Emory	Brianne
Rotation 4: Case Presentation							
Fujikawa	Yvonna	Emory	Ken	Megan	Joe	Jasmine	Sarvenaz
Houts	Lizbet	Kaitlin	Colin	Remina	Alexander	Brianne	Ariana
Rotation 5: Research or Diversity Presentation							
Fujikawa	Joe	Colin	Yvonna	Jasmine	Emory	Brianne	Kaitlin
Houts	Lizbet	Megan	Alexander	Sarvenaz	Remina	Ken	Ariana
Rotation 6: Case Presentation							
Fujikawa	Alexander	Jasmine	Brianne	Lizbet	Ariana	Colin	Kaitlin
Houts	Remina	Ken	Joe	Emory	Megan	Yvonna	Sarvenaz

Week 1: June 29- July 5	
Onboarding and Orientation	
Week 2: July 6- July 12	
Assessment	Advanced Diagnostic Assessment/Intake Process
Psychotherapy	Group Psychotherapy: Part I
PPS	Introduction to PPS
Week 3: July 13- July 19	
Assessment	Medical Necessity and Levels of Care: Part I
Psychotherapy	Group Psychotherapy: Part II
PPS	Dr. Christopherson
Week 4: July 20- July 26	
Assessment	Medical Necessity and Levels of Care: Part II
Psychotherapy	Group Psychotherapy: Part III
PPS	Dr. Fujikawa
Week 5: July 27- August 2	
Assessment	Differential Diagnosis: Part I
Psychotherapy	Therapy Interfering Behavior Part I
PPS	Dr. Houts
Week 6: August 3- August 9	
Assessment	Differential Diagnosis: Part II
Psychotherapy	Therapy Interfering Behavior Part II
PPS	Louisa Gee
Week 7: August 10- August 16	
Assessment	Knowledge Check & Experiential Learning
Psychotherapy	Navigating Insurance
PPS	Tiffany Beltran and Garrett Johnson
Week 8: August 17- August 23	
Assessment	Neurocognitive Assessment: Part I
Psychotherapy	Case Management
PPS	Leroy Rickard and Vanessa Smith
Week 9: August 24- August 30	
Assessment	Neurocognitive Assessment: Part II
Psychotherapy	Treatment Planning
PPS	Ashley Fornaro and Maddie Shanabruh
Week 10: August 31- September 6	
Assessment	Neurocognitive Assessment: Part III
Psychotherapy	Medication Management
PPS	Ivan Macias and Jay Paloian
Week 11: September 7- September 13	
Assessment	Neurocognitive Assessment: Part IV
Psychotherapy	Termination
PPS	Amy Press and Sammi Garcia
Week 12: September 14- September 20	

Assessment	Adaptive & Behavioral Assessment Measures
Psychotherapy	Clinical Supervision: Part I
PPS	All Intern Meeting
Week 13: September 21- September 27	
Assessment	Knowledge Check & Experiential Learning
Psychotherapy	Clinical Supervision: Part II
PPS	Rotation 1 Week 1
Week 14: September 28- October 4	
Assessment	Personality and Emotional Assessment: Part I
Psychotherapy	Clinical Supervision: Part III
PPS	Rotation 1 Week 2
Week 15: October 5- October 11	
Assessment	Personality and Emotional Assessment: Part II
Psychotherapy	Treatment Monitoring: Part I
PPS	Rotation 1 Week 3
Week 16: October 12- October 18	
Assessment	Personality and Emotional Assessment: Part III
Psychotherapy	Treatment Monitoring: Part II
PPS	Rotation 1 Week 4
Week 17: October 19- October 25	
Assessment	Personality and Emotional Assessment: Part IV
Psychotherapy	Neurobiology of Psychotherapy: Part I
PPS	Rotation 1 Week 5
Week 18: October 26- November 1	
Assessment	Knowledge Check & Experiential Learning
Psychotherapy	Neurobiology of Psychotherapy: Part II
PPS	Rotation 1 Week 6
Week 19: November 2- November 8	
Assessment	Projective Drawing Assessment and Interpretation: Part I
Psychotherapy	Family/Conjoint Intervention: Part I
PPS	Rotation 1 Week 7
Week 20: November 9- November 15	
Assessment	Projective Drawing Assessment and Interpretation: Part II
Psychotherapy	Family/Conjoint Intervention: Part II
PPS	Rotation 2 Week 1
Week 21: November 16- November 22	
Assessment	Projective Storytelling Measures & Interpretation: Part I
Psychotherapy	Family/Conjoint Intervention: Part III
PPS	Rotation 2 Week 2
Week 22: November 23- November 29	
Assessment	Projective Storytelling Measures & Interpretation: Part II
Psychotherapy	Supervision of Supervision
PPS	No Meeting- Thanksgiving
Week 23: November 30- December 6	

Assessment	Knowledge Check & Experiential Learning
Psychotherapy	Ethical Decision Making: Part I
PPS	Rotation 2 Week 3
Week 24: December 7- December 13	
Assessment	Rorschach Administration and Interpretation: Part I
Psychotherapy	Ethical Decision Making: Part II
PPS	Rotation 2 Week 4
Week 25: December 14- December 20	
Assessment	Rorschach Administration and Interpretation: Part II
Psychotherapy	Psychosis: Part I
PPS	Rotation 2 Week 5
Week 26: December 21- December 27	
Assessment	No Meeting: Christmas Week
Psychotherapy	No Meeting: Christmas Week
PPS	No Meeting: Christmas Week
Week 27: December 28- January 3	
Assessment	Rorschach Administration and Interpretation: Part III
Psychotherapy	No Meeting: New Years Day
PPS	Rotation 2 Week 6
Week 28: January 4- January 10	
Midterm Evaluations	
Assessment	Rorschach Administration and Interpretation: Part IV
Psychotherapy	Psychosis: Part II
PPS	Rotation 2 Week 7
Week 29: January 11- January 17	
Assessment	Rorschach Administration and Interpretation: Part V
Psychotherapy	Psychosis: Part III
PPS	All Intern Meeting
Week 30: January 18- January 24	
Assessment	Knowledge Check & Experiential Learning
Psychotherapy	Supervision of Supervision
PPS	Rotation 3 Week 1
Week 31: January 25- January 31	
Assessment	Integrating Assessment Data: Part I
Psychotherapy	Diversity Concepts
PPS	Rotation 3 Week 2
Week 32: February 1- February 7	
Assessment	Integrating Assessment Data: Part II
Psychotherapy	Gender & Sexual Diversity
PPS	Rotation 3 Week 3
Week 33: February 8- February 14	
Assessment	Advanced Report Writing Skills: Part I
Psychotherapy	Racial & Ethnic Diversity
PPS	Rotation 3 Week 4

Week 34: February 15- February 21	
Assessment	Advanced Report Writing Skills: Part II
Psychotherapy	Religious and Spiritual Diversity
PPS	Rotation 3 Week 5
Week 35: February 22- February 28	
Assessment	Advanced Report Writing Skills: Part III
Psychotherapy	Managing Transference and Countertransference
PPS	Rotation 3 Week 6
Week 36: March 1- March 7	
Assessment	Advanced Report Writing Skills: Part IV
Psychotherapy	Supervision of Supervision
PPS	Rotation 3 Week 7
Week 37: March 8- March 14	
Assessment	Program Evaluation Assessment
Psychotherapy	Consulting and Referring Out
PPS	Rotation 4 Week 1
Week 38: March 15- March 21	
Assessment	Program Evaluation Assessment
Psychotherapy	Bipolar Disorder: Part I
PPS	Rotation 4 Week 2
Week 39: March 22- March 28	
Assessment	Program Evaluation Assessment
Psychotherapy	Bipolar Disorder: Part II
PPS	Rotation 4 Week 3
Week 40: March 29- April 4	
Assessment	Program Evaluation Assessment
Psychotherapy	Bipolar Disorder: Part III
PPS	Rotation 4 Week 4
Week 41: April 5- April 11	
Assessment	Providing Feedback - Pediatric Populations
Psychotherapy	Releasing Patient Information
PPS	Rotation 4 Week 5
Week 42: April 12- April 18	
Assessment	Providing Feedback - Adult Populations
Psychotherapy	Inpatient & Outpatient Care: Part I
PPS	Rotation 4 Week 6
Week 43: April 19- April 25	
Assessment	Knowledge Check & Experiential Learning
Psychotherapy	Inpatient & Outpatient Care: Part II
PPS	Rotation 4 Week 7
Week 44: April 26- May2	
Assessment	Treatment Monitoring & Outcome Assessment
Psychotherapy	Supervision of Supervision
PPS	All Intern Meeting

Week 45: May 3- May 9	
Assessment	Forensic Assessment
Psychotherapy	Borderline Pathology: Part I
PPS	Rotation 5 Week 1
Week 46: May 10- May 16	
Assessment	Assessment Case Presentation
Psychotherapy	Borderline Pathology: Part II
PPS	Rotation 6 Week 2
Week 47: May 17- May 23	
Assessment	Assessment Case Presentation
Psychotherapy	Borderline Pathology: Part III
PPS	Rotation 6 Week 3
Week 48: May 24- May 30	
Assessment	Assessment Case Presentation
Psychotherapy	Preparing for Licensure
PPS	Rotation 6 Week 4
Week 49: May 31- June 6	
Assessment	Assessment Case Presentation
Psychotherapy	Professional Advocacy
PPS	Rotation 6 Week 5
Week 50: June 7- June 13	
Assessment	Assessment Case Presentation
Psychotherapy	Involvement in the Profession
PPS	Rotation 6 Week 6
Week 51: June 14- June 20	
Assessment	Assessment Case Presentation
Psychotherapy	Professional Development
PPS	Rotation 6 Week 7
Week 52: June 21- June 27	
Wrap Up	

Appendix D: Sample Weekly Schedules

Intensive Outpatient Department

Residential Treatment Department

Central Valley Behavioral Health
Internship Program
Sample Intensive Outpatient Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
0900					Facilitating PHP Group 1230-1530
1000	Didactics: Advanced Assessment Seminar	Didactics: Advanced Intervention Seminar	Department Staff Meeting	Group Supervision	
1100	Individual Supervision	Didactics: Grand Rounds		Individual Supervision	
1200	Individual Sessions & Milieu Support	Facilitating PHP Group 1230-1530	Individual Sessions & Milieu Support	Assessment: Administration, Scoring, Report Writing	PHP Support & Outing, Individual Sessions, Documentation
1300			Facilitating Junior IOP Group 1430-1730		
1400		Facilitating IOP Group 1530-1830		Facilitating IOP Group 1530-1830	
1500			Individual Sessions & Milieu Support		
1600	Individual Sessions & Milieu Support				
1700					
1800					
1900					

Central Valley Behavioral Health
Internship Program
Sample Residential Treatment Center Weekly Schedule

	Sunday	Monday	Tuesday	Wednesday
0800	Behavioral Activation Time	Behavioral Activation Time	Behavioral Activation Time	Behavioral Activation Time
0900	RTC Outing Activity	Academic & Administrative Support, Individual/Conjoint Sessions	Academic & Administrative Support, Individual/Conjoint Sessions	Academic & Administrative Support, Individual/Conjoint Sessions
1000				
1100		Group	Group	Group
1200				
1300		Individual/Conjoint Sessions	Individual/Conjoint Sessions	Individual/Conjoint Sessions
1400				
1500		Group	Group	Group
1600				
1700	Dinner Support & Group	Dinner Support & Group	Dinner Support & Group	Dinner Support & Group
1800				