

**ANKA BEHAVIORAL HEALTH  
NORTHERN CALIFORNIA  
PRE-DOCTORAL INTERNSHIP  
2011-2012 INTERN MANUAL**

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# PROGRAM DESCRIPTION

The Anka Behavioral Health, Inc. Northern California Pre-Doctoral Psychology Internship is an intensive, comprehensive, and competency-based training program. The overarching goal is to provide Interns with the tools and guidance necessary for the achievement of competency expected at this level of training.

## GOALS

The following Competency Areas and Behavioral Anchors have been recommended by the Assessment of Competency Benchmarks Work Group (2007). They establish the expected level of competency to have been achieved by the completion of the Pre-Doctoral Internship year. The goal of Anka’s Pre-doctoral Internship is for Interns to acquire the level of competency expected of a clinician ready to enter practice as exhibited through the Behavioral Anchors:

### FOUNDATIONAL COMPETENCIES

<i>Competency Area</i>	<i>Behavioral Anchors</i>
<b>Reflective Practice</b>	<ul style="list-style-type: none"> <li>• Demonstrates awareness of individual strengths and areas in need of improvement</li> </ul>
<b>Self-Assessment and Self-Care</b>	<ul style="list-style-type: none"> <li>• Monitors internal states and behavior</li> <li>• Assesses own strengths and weaknesses and seeks to ameliorate impact on professional functioning</li> <li>• Consistently recognizes problems and addresses them so as not to interfere with service delivery</li> </ul>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• Keeps up with advances in profession</li> <li>• Contributes to the development and advancement of profession and colleagues</li> </ul>
<b>Scientific Mindedness</b>	<ul style="list-style-type: none"> <li>• Independently accesses and applies scientific knowledge and skills</li> <li>• Willingness to present work for scrutiny by others</li> </ul>
<b>Scientific Knowledge</b>	<ul style="list-style-type: none"> <li>• Demonstrates knowledge and respect for scientific knowledge of bases of behavior and incorporates into practice</li> </ul>
<b>Scientific Foundations</b>	<ul style="list-style-type: none"> <li>• Reviews scholarly literature related to clinical work and applies to case conceptualization</li> <li>• Applies Evidence Based Practice concepts into work</li> <li>• Compares and contrasts EBP with other theoretical perspectives and interventions in case conceptualization and treatment planning</li> </ul>

<b>Interpersonal Relationships</b>	<ul style="list-style-type: none"> <li>• Negotiates conflictual, difficult, and complex relationships</li> <li>• Maintains satisfactory relationships with clients, peers, professionals and the public</li> </ul>
<b>Affective Skills</b>	<ul style="list-style-type: none"> <li>• Seeks clarification in interpersonal communications</li> <li>• Demonstrates understanding of diverse viewpoints</li> <li>• Accepts and implements feedback from others</li> </ul>
<b>Intradisciplinary Respect</b>	<ul style="list-style-type: none"> <li>• Adheres to ethical standards and institutional policies and procedures</li> <li>• Participates in local and national professional organizations</li> </ul>
<b>Ethical/Legal Knowledge</b>	<ul style="list-style-type: none"> <li>• Spontaneously and reliably identifies complex ethical and legal issues, analyzes them, and proactively addresses them</li> <li>• Aware of potential conflicts and seek to prevent problems and unprofessional conduct</li> <li>• Awareness of the obligation to confront peers and or organizations regarding ethical issues and to deal proactively with conflict</li> </ul>
<b>Awareness and Application of Ethical Decision-Making Model</b>	<ul style="list-style-type: none"> <li>• Student uses an ethical decision-making model in discussion of cases in supervision</li> </ul>
<b>Individual/Cultural Diversity and Self Awareness</b>	<ul style="list-style-type: none"> <li>• Independently able to articulate, understand, and monitor own cultural identity in relation to work with others</li> <li>• Able to regularly use knowledge of self to monitor and improve effectiveness as a professional</li> <li>• Able to critically evaluate feedback and initiate consultation or supervision when uncertain about diversity issues</li> </ul>
<b>Diversity Applied Knowledge</b>	<ul style="list-style-type: none"> <li>• Articulates an integrative conceptualization of diversity as it impacts clients, self and others</li> <li>• Habitually adapts one's professional behaviors in a culturally sensitive manner, as appropriate to the needs of the client</li> <li>• Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors</li> <li>• Seeks consultation when relevant</li> </ul>

<b>Interdisciplinary Systems</b>	<ul style="list-style-type: none"> <li>• Able to articulate the role that others provide in service to client</li> <li>• Demonstrates ability to work successfully on interdisciplinary team</li> <li>• Able to incorporate psychological information into overall team planning and implementation</li> <li>• Systematically collaborates with other relevant partners</li> <li>• Communicates effectively with individuals from other professionals</li> <li>• Appreciates and integrates perspectives from multiple professions</li> </ul>
<b>Diagnosis</b>	<ul style="list-style-type: none"> <li>• Treatment Plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem</li> <li>• Independently prepares reports based on actual client materials</li> <li>• Administers, scores and interprets test results</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Awareness of and ability to use culturally sensitive instruments and norms</li> <li>• Seeks consultation as needed</li> <li>• Limitations of data clearly reflected in reports</li> </ul>
<b>Interview</b>	<ul style="list-style-type: none"> <li>• Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams</li> <li>• Reports reflect data that has been collected via interview</li> <li>• Interview and report lead to the development of appropriate treatment plan</li> <li>• Seeks consultation as needed</li> </ul>
<b>Tests/Measurements</b>	<ul style="list-style-type: none"> <li>• Selection of assessment tools reflects a flexible approach to answering diagnostic questions</li> <li>• Reports include discussion of strengths and limitations of measures</li> <li>• Seeks supervision as needed</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>• Independently selects tools that reflect awareness of the population served</li> <li>• Seeks supervision as needed</li> </ul>
<b>Communication of Results</b>	<ul style="list-style-type: none"> <li>• Writes a comprehensive report</li> <li>• Communicates results verbally</li> <li>• Seeks supervision as needed</li> </ul>
<b>Integrated Skills</b>	<ul style="list-style-type: none"> <li>• Interprets results accurately taking into account limitations of method</li> <li>• Provides meaningful, understandable and useful feedback</li> <li>• Seeks supervision as needed</li> </ul>

<b>Intervention-Knowledge</b>	<ul style="list-style-type: none"> <li>• Presents rationale for strategy that includes empirical support</li> <li>• Demonstrates sufficient expertise to implement strategy</li> <li>• Case Summary incorporates elements of evidence-based practice</li> </ul>
<b>Intervention Planning</b>	<ul style="list-style-type: none"> <li>• Accurately assesses presenting problem taking into account the larger context of the client's life</li> <li>• Conceptualizes case independently and accurately</li> <li>• Independently selects an intervention(s) appropriate to the presenting problem(s)</li> </ul>
<b>Intervention Implementation</b>	<ul style="list-style-type: none"> <li>• Independently and effectively implements a typical range of intervention strategies appropriate to setting</li> <li>• Independently recognize and manage special circumstances</li> <li>• Able to terminate successfully</li> <li>• Able to collaborate effectively with other providers or systems of care</li> <li>• Self-care</li> </ul>
<b>Intervention Progress Evaluation</b>	<ul style="list-style-type: none"> <li>• Independently assess treatment effectiveness and efficiency</li> <li>• Critically evaluates own performance in the treatment role</li> <li>• Aware of need for consultation</li> </ul>
<b>Intervention Skills</b>	<ul style="list-style-type: none"> <li>• Develops rapport and relationships with wide variety of clients</li> <li>• Uses good judgment about unexpected issues</li> </ul>
<b>Consultation</b>	<ul style="list-style-type: none"> <li>• Able to gather information necessary to answer referral question</li> <li>• Able to clarify and refine referral question based on analysis</li> <li>• Recognizes situations in which consultation is appropriate</li> <li>• Demonstrates capability to shift functions and behavior to meet referral needs</li> <li>• Able to prepare useful consultation reports and communicate recommendations in a clear and precise manner to all appropriate parties</li> </ul>
<b>Research/Evaluation</b>	<ul style="list-style-type: none"> <li>• Engages in systematic efforts to increase the knowledge base of psychology</li> <li>• Uses methods appropriate to the research question</li> <li>• Evaluates the progress of their research activities and uses this information to improve their effectiveness</li> </ul>

<b>Supervision</b>	<ul style="list-style-type: none"> <li>• Articulates a philosophy or model of supervision and reflects on how this model is applied to practice</li> <li>• Clear articulation of how to use supervisory relationships to leverage development of supervisees and their clients</li> <li>• Demonstrates adaptation of one's professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it</li> <li>• Evidence of identification of impact of aspects of self in therapy and supervision</li> <li>• Evidence of providing supervision to less advanced students, peers and other service providers</li> <li>• Spontaneously and reliably identifies complex ethical and legal issues in supervision</li> <li>• Awareness of potential conflicts in complex ethical and legal issues that arise in supervision</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>• Demonstrates strategy to evaluate teaching effectiveness of targeted skill sets</li> <li>• Articulates concepts to be taught and research/empirical support</li> <li>• Demonstrates evaluation strategy to assess learning objectives are met</li> </ul>
<b>Management/Administration</b>	<ul style="list-style-type: none"> <li>• Ability to develop system for evaluating supervisees, staff, and/or employees</li> <li>• Communicates appropriately to parties at all levels in the system</li> <li>• Capable of providing direction to others</li> <li>• Identifies opportunities for quality improvement</li> <li>• Capable of providing others with face to face and written direction</li> </ul>

# CLINICAL EXPERIENCES

The goal of Anka's pre-doctoral clinical training program is to provide interns with the skills and competency level expected at the intern level, which includes the acquisition of skills in a range of modalities, theories and client populations. All interns are assigned to a minimum of two different program sites where they achieve competence providing individual long and short term psychotherapy, long and short term group psychotherapy, crisis assessment and intervention, and clinical diagnostic assessment. One rotation will generally focus on short term intensive work while the other will focus on longer term treatment. Every effort is made to also provide interns with the experience of working in an outpatient as well as a residential setting. A demonstration of multicultural competency in all of the above disciplines is mandatory. Client populations may include individuals and families experiencing homelessness; individuals with a developmental disability; individuals with serious and persistent mental illness; individuals with substance abuse or co-occurring disorders.

## **The clinical training curriculum consists of several components:**

1. Didactic Training two hours per week: Training covers a range of topics pertinent to the acquisition of knowledge and skills in the field of psychology, including training on individual and group psychotherapy from various theoretical perspectives, client populations, field issues, and role training (e.g., clinician as consultant). Also included are interventional modalities such as Culture and Psychosis, Treatment of Self-Injurious Behaviors in Adolescents, Forensic Mental Health-Moral Reconciliation Therapy, and Treatment Considerations Working with Transgender Youth.
2. Case Conference/Group Supervision two hours per week: Interns participate in either a psychodynamic case conference or CBT case conference, each of which provide an intensive focus on treatment from a specific theoretical viewpoint. Each case conference continues for nine months. In addition to comprehensive case write ups that include theoretical formulations, interns are assigned a variety of readings that encompass increasingly complex theoretical issues. For the remaining three months of the year the interns move to the opposite case conference, offering them an opportunity to conceptualize cases from the other theory's perspective.
3. Core Competencies Classes one hour per week: Foundational skills such as Differential Diagnosis, Crisis Assessment and Intervention, and Psychopharmacology, are assigned in series format. Interns are required to demonstrate competency at the completion of each series of classes by completing a written examination.

4. Two Program Sites - Interns are assigned to two different program sites in order to provide breadth of experience. One of the programs is geared specifically to Short term individual and group therapy while the other provides experience in longer-term individual and group psychotherapy. Over time, interns are expected to utilize increasingly sophisticated assessment and interventional strategies.
5. Supervision - Interns are provided a minimum of two clinical supervisors. Additionally, pre-doctoral interns are provided with a post-doctoral mentor to assist the intern. All clinical supervisors have reviewed and follow the guidelines of the Assessment of Competency Benchmarks Work Group: A Developmental Model for the Defining and Measuring Competence in Professional Psychology (2007). This model provides foundational and functional competencies and incorporates a combination of knowledge, skills, and attitudes that follow a developmental sequence across multiple domains such as Ethical and Legal Standards and Policy (Foundational), Individual and Cultural Diversity (Foundational), and Consultation and Intervention (Functional) and use this framework when supervising individuals and case conferences.
6. Service Breakdown – Full-time Interns will serve 1,880 hours for the twelve-month pre-doctoral year. They will contribute/train forty hours per week, broken down as follows:

Direct Services

Individual Psychotherapy	10 hours
Group Psychotherapy	15 hours
Peer Supervision/Mentoring	1 hour

Indirect Services

Paperwork	4 hours
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Supervisory Training

Individual Supervision	2 hours
Group Supervision	2 hours
Didactic Training	2 hours
Core Competence	1 hour
Interdisciplinary Mtgs.	3 hours

7. Diversity Seminar- Interns participate in a monthly seminar focused on continually increasing their level of self awareness, knowledge, and skills working with diverse clients and settings competently, and ethically. The seminar utilizes an applied knowledge approach to exploring and learning about diversity. Students will be asked to share and process their reactions to their clinical work regarding (but not limited to) issues like race, ethnicity, culture, religion, class, age, gender, sexual orientation, marital status, learning abilities, and physical differences. The

goal/objective of the seminar is for interns to develop and sharpen the following skills:

- Self Awareness and reflection of one's own assumptions, biases, values, strengths and limitations, and the role they play in relationships with clients
  - Openness to exploring and acquiring knowledge of cultural and individual differences of particular clients
  - Sensitivity to diversity issues and their impact on treatment
  - Ability to use supervision to explore any personal reactions or issues related to cultural or individual differences that may arise in clinical work
8. Teaching - Over the course of the training year interns present clinical trainings to support staff, peers, and clinicians on topics relevant to their program sites. Interns all prepare a two hour didactic training that becomes part of the didactic training schedule towards the end of the training year.
9. Interdisciplinary Meetings: Interns begin their training year as a participant in staff shift meetings one-two hours per week. They are expected to improve and increase their leadership skills over time.
10. Evaluation: Interns are evaluated both on an ongoing basis as well as at mid-year and year end. A variety of evaluation measures are gathered including: Supervisor Reports, Core Competency Course grades, Case Conference Presentations, Teaching Presentations, and Peer Reviews. A formal summary of the evaluative findings are presented in terms of the individuals' competency level and behavioral anchors as outlined by the Benchmarks group. Supervisors and intern discuss these outcomes at both mid-year and year end. Interns are also provided the opportunity to evaluate the program and supervisors at both mid-year and year end.

## JOB DESCRIPTION

**TITLE:** Pre-doctoral Psychology Intern

**STATUS:** Temporary Full Time

**SITE:** CASA Programs, Contra Costa County Programs, Henry Robinson MSC

**BENEFITS:** No Benefits

**CORPORATION:** Anka is a private non-profit agency providing community mental health services. Services include crisis, transitional and long term residential treatment, day rehabilitation, assisted and independent living, vocational rehabilitation and employment services, multi-service centers and a shelter for the homeless. Corporation services are provided throughout California.

**The Mission of Anka BHI is to eliminate the impact of behavioral health problems for all people.**

**PROGRAM DESCRIPTION:** The Pre-Doctoral Internship Program is a 1 year organized training program for pre-doctoral psychology interns. A minimum of 1880 hours are required to complete the program. Services are provided in a variety of residential, crisis, homeless and outpatient programs.

**DEFINITION:** Under the supervision of the Regional Clinical Supervisor, the intern is responsible for program services and programming offered to participants. Responsible for implementation of program and all services offered to participants referred to the program. Responsible for quality assurance of charting, documentation of all services, and provision of services.

### DUTIES & RESPONSIBILITIES:

1. Provide individual and family psychotherapy to clients in the facility as directed by clinical supervisor.
2. Attend clinical meetings, individual supervision, case conferences and didactic trainings.
3. Possess knowledge of psychotropic medications (use and side effects).
4. Possess understanding of family dynamics and child development issues.
5. Have an understanding of how physical, dual (M.I. and D.D.) and secondary (alcohol and substance abuse) diagnoses can exacerbate the psychiatric diagnosis.
6. Possess an understanding of the DSM-IV as a basis for diagnosis.
7. Coordinate care with Kaiser and/or County personnel and arrange for appropriate discharge plans and follow up care.
8. Protect rights and maintain confidentiality of persons served.
9. Maintain professional demeanor at all times and remain aware of negative dynamics that may emerge.
10. Maintain a professional relationship with clinical supervisors, program administrators and support staff.
11. Adhere to established ethical guidelines and California law as it applies to the provision of mental health services.
12. Provide services only as directed by supervisor within the confines of the program.
13. Comply with the ANKA policy requirement to submit proof of valid CDL, maintain good driving record, and submit proof of auto insurance for current period of coverage.
14. Assure compliance with all local, state, and federal regulations, and Anka Policies and Procedures.
15. Perform all other duties and responsibilities as assigned by supervisor.

Job descriptions are subject to change without notice based on the needs of Agency/Program.

## QUALIFICATIONS:

**Professional License:** Approval by Graduate School and CAPIC OR APPIC.

**Experience:** Minimum of two years practicum level training.

**Skills and Abilities:** Must be able to communicate well in English, both verbally and in writing. Ability to communicate verbally by phone in English in a clear and concise manner. Bi-cultural/ bi-lingual is an asset.

**Physical Abilities:** Ability to lift up to 40 lbs., approximately three (3) times per week. Must be able to navigate several flights of stairs during each work shift. Ability to drive safely in heavy traffic and inclement weather conditions.

**License Required:** Valid California Driver's License - Class III C; good driving record. Proof of current auto insurance.

Employment is contingent upon proof of eligibility to work, 21 years of age, verification of degree/credentials, satisfactory health exam and tuberculosis testing, fingerprint clearance, submit proof of valid California Driver's License, good driving record (must meet insurability requirements of Anka carrier), submit proof of auto insurance for current period of coverage (employees who drive to and from work and on agency business), successful completion of CPR and First Aid training, and agree to uphold all Anka Behavioral Health, Inc. Policies and Procedures, 7.10 Policy on Confidential Information, 8.26 Policy on Outside Employment, 8.32 Policy on Prohibiting/Preventing Workplace Violence, 8.4 Policy to Prohibit Harassment in the Workplace, 8.9 Policy on Ethics, agree (by signature) to adhere to 15.0 Drug-Free Workplace Policy, 16.0 & 16.1 Policy on Abuse Reporting, compliance with Workplace Injury and Illness Prevention Policies, and compliance with 28.0 HIPAA Rules and Regulations. 23.0 Email and Privacy, 26.0 Use of Information, Equipment and Technology. 29.0 Code of Conduct Policy. 40.0 Sex Offender Lifetime Registration – Applicant Tenant. 42.0 Policy on Nondisclosure.

## ANKA BEHAVIORAL HEALTH, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Anka Behavioral Health, Inc. does not discriminate on the basis of race, color, creed, sex, age, religion, national origin, ancestry, citizenship, marital status, sexual orientation, medical condition, gender identity, disability (physical/mental), veteran status, or any other characteristic protected by state or federal law.

Minorities/Consumers/Ex-Consumers are encouraged to apply.

# Pre-Doctoral Intern Due Process Agreement for Clinical Training

Although Anka Behavioral Health, Inc. (the “Corporation”) aims to foster a spirit of cooperation and teamwork, it also intends to reserve its legal right to terminate employment and/or traineeships at will. All employment at the Corporation is “At Will” (please refer to the Anka Behavioral Health policy on At Will employment).

If an Intern fails to meet the Corporation’s standards of conduct and performance, normally an effort will be made to correct the conduct or improve performance. The Intern’s primary clinical supervisor and/or Program Administrator (if different) or Director of Human Resources will notify the intern that problematic behavior has been identified. An attempt will be made to clarify the Corporation’s expectations through a process of oral counseling. At that time, the intern will have an opportunity to hear concerns and respond to those concerns. Such counseling will be documented in the Intern’s personnel file.

For more significant deficiencies or the repetition of minor deficiencies previously discussed with the Intern, expectations and improvements may sometimes involve the Intern receiving a written warning that includes a Plan of Correction. When such an action has been determined to be necessary, the Intern’s school will be contacted by the Anka Clinical Training Director to discuss the situation. In the event a Plan of Correction is developed, the Corporation’s expectations will be cited and a clear date by which all corrections must be made will be indicated.

To be certain that the procedures used for resolving disciplinary matters are followed in a way that provides fairness to all parties involved, appeals processes for students are provided. An appeal is an independent review of the process used to reach the original finding. An appeal is not a re-hearing of a case. All appeals must be in writing.

Please note that, if the intern believes the due-process decision making process was in error, the burden of proof will be up to the intern to demonstrate that the due-process procedure was flawed. The Director of Human Resources and Director of Clinical Training will investigate the facts of the case, as appropriate, and shall communicate in writing (with attention to confidentiality of the issues involved) the results of the investigation, the decision and supporting reasons to the intern within 10 days. The Director of Human Resources and Director of Clinical Training will determine if one or more of the following conditions exist:

- Procedural Error
- Unsupported Conclusion
- Disproportionate Sanction
- New Information

The decision of the Directors will be final.

### **Appeals Process Outcomes**

After reviewing all available and relevant information, the Directors who have reviewed the appeal may elect to:

1. Support the original finding and sanction
2. Support the finding and modify the sanction
3. Remand the case for a new hearing
4. Dismiss the case

In some circumstances, however, the Corporation may determine that such efforts will not be made. No experience with the Corporation including, but not limited to, oral statements, salary increases, or application of disciplinary procedures may be regarded as implicitly changing the At Will policy of the corporation. In the event such action is taken, the Anka Clinical Training Director will notify the Intern's school of the action.

Additionally, under some circumstances such as an event of gross negligence or breach to ethics or legal codes, reports may be filed with the Board of Psychology by the supervising psychologist.

I have read and understand the due process and At Will provisions described in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Grievance Procedure**

The grievance procedure is the means by which the interns may seek adjustment of work-related complaints including violations of established policies and procedures, working conditions or job relations, or the complaint of one intern against another intern or employee. There is an obligation on the part of the aggrieved intern to make known the complaint and the facts pertaining thereto on the same day of the incident or at least the earliest possible date afterwards (before 30 days pass) so efforts can be made as soon as possible through the adjustment procedures to resolve differences and promote harmonious relationships. All grievances must be in writing.

Steps of the grievance process are as follows:

### **STEP 1**

Informal review between the intern and the immediate supervisor shall take place in an attempt to resolve the problem. The conference shall be confined to those immediately concerned. This review should be scheduled within 14 days of receipt of the complaint. After examination of the facts, the supervisor will attempt to reach a satisfactory resolution of the concern. The supervisor's summary or resolution must be put in written form and shared with the grieving party within 10 days.

### **STEP 2**

If the problem has not been resolved by the immediate supervisor, or if the intern does not want to discuss the concern with the supervisor, the intern may raise his/her concern with the Regional Clinical Administrator (in the event the direct supervisor is the Regional Clinical Administrator, the intern should proceed to STEP 3). This complaint must be in writing and shall include a concise statement of the complaint and the act or condition on which it is based along with the course of action followed. The complaint must be submitted within 10 days. The summary or resolution must be put in written form and shared with the grieving party within 10 days.

### **STEP 3**

If the problem has not been resolved by the supervisor or Regional Clinical Administrator, the employee may raise his/her concern with the Director of Human Resources and Director of Clinical Training. The complaint must be in writing and shall include a concise statement of the complaint and the act or condition on which it is based along with the course of action followed. The Director of Human Resources and Director of Clinical Training will investigate the facts of the case, as appropriate, and shall communicate in writing (with attention to confidentiality of the issues involved) the results of the investigation, the decision, and supporting reasons to the intern within 10 days. In the event the grievance concerns the intern's ability to function competently within the program the Senior Vice President of Clinical Services will be notified of the complaint and consulted regarding the actions to be taken.

### **STEP 4**

If the problem has not been resolved by the Director of Human Resources, the intern may raise his/her concern with the Senior Vice President of Clinical Services. The complaint must be in writing and shall include a concise statement of the complaint and the act or condition on

which it is based along with the course of action followed. The Senior Vice President of Clinical Services will investigate the facts of the case, as appropriate, and shall communicate in writing (with attention to confidentiality of the issues involved) the results of the investigation, the decision and supporting reasons to the intern, and if appropriate, the Director of Quality Assurance.

# INTERN ORIENTATION

## JULY 1, 5 & 6, 2011

### AGENDA

#### **FRIDAY**

- 8:30- 9:30 Introductions  
Wayne Thurston, Psy.D.
- 9:30-11:30 Complete Corporate Paperwork  
Javier Guevara  
Anka Human Resource Department
- 11:30- 1:00 Lunch at Phoenix Center
- 1:00- 2:30 Cultural Sensitivity with Diverse Populations  
Shayne Kaleo, Homeless Outreach Team Leader  
Valle Suennen, HHISN Team Leader
- 2:30- 2:45 Break
- 2:45- 3:30 Ethics and Code of Conduct  
Wayne Thurston, Psy.D.
- 3:30- 4:30 Complete Supervision Paperwork  
Schedule Assignments

#### **TUESDAY**

- 8:30 -10:00 Suicide Assessment and Intervention  
Susan Afsari, Psy.D. & Andrea Clark, Psy.D.
- 10:00-10:15 Break
- 10:15-11:15 Assessing Danger to Others and Grave Disability  
Susan Afsari, Psy.D. & Andrea Clark, Psy.D.
- 11:15-12:00 Assessment Vignettes  
Andrea Clark, Psy.D., Susan Afsari, Psy.D., Wayne Thurston, Psy.D.
- 12:00-12:45 Lunch

# INTERN ORIENTATION

## JULY 1, 5 & 6, 2011

### AGENDA

#### **TUESDAY (CONT.)**

- 12:45- 1:30 Confidentiality and HIPAA  
Wayne Thurston, Psy.D.
- 1:30- 2:30 Overview of Community Mental Health  
Wayne Thurston, Psy.D.
- 2:30- 2:45 Break
- 2:45- 4:30 The Therapeutic Frame  
Professional Boundaries  
Wayne Thurston, Psy.D.

#### **WEDNESDAY**

- 8:30- 10:00 Mandated Reporting  
Annie Gutierrez, Ph.D.
- 10:00-10:15 Break
- 10:15-12:00 Administering the Addiction Severity Index-Lite (ASI-Lite)  
Victor Steffens, Ph.D.
- 12:00-12:45 Lunch
- 12:45- 1:30 Documentation  
Wayne Thurston, Psy.D.
- 1:30- 2:30 Administering the Brief Psychiatric Rating Scale (BPRS)  
Joyce Martin, Psy.D.
- 2:30- 2:45 Break
- 2:45- 4:30 Psychosocial Assessment  
Wayne Thurston, Psy.D.

## **Core Competency Class Topics**

Differential Diagnosis

Psychopharmacology

Clinical Supervision

Crisis Assessment and Intervention

Evidence Based Practices

**CORE COMPETENCY CLASS**  
**WEDNESDAYS 12:30-1:30**  
**Corporate Offices**

**Psychopharmacology (Example)**

1. OVERVIEW OF NEURONS/SYNAPTIC FUNCTIONS
2. NEUROTRANSMITTERS
3. ANTI-DEPRESSANTS (Mechanism of action, symptom target, dosing schedule/amount)
  - 3.1. SSRI'S
  - 3.2. NSRI'S
  - 3.3. SIDE-EFFECT PROFILES
4. ANTI-DEPRESSANTS-CONT.
  - 4.1. ATYPICAL
  - 4.2. TRICYCLIC
  - 4.3. MAOIS
  - 4.4. SIDE-EFFECT PROFILES
5. ANTI-PSYCHOTICS
  - 5.1. TYPICAL
  - 5.2. ATYPICAL
6. SIDE EFFECTS OF ANTI-PSYCHOTICS
7. MOOD STABILIZERS
  - 7.1. GENERAL
  - 7.2. ANTI-MANIA
  - 7.3. SIDE-EFFECT PROFILES
8. ANXIOLYTICS
  - 8.1. BENZODIAZEPINES
  - 8.2. NON-BENZODIAZEPINES
  - 8.3. SIDE-EFFECT PROFILES
9. PSYCHOSTIMULANTS
  - 9.1. AMPHETAMINE BASED
  - 9.2. NON-AMPHETAMINE BASED
  - 9.3. SIDE-EFFECT PROFILES
10. MEDICATIONS/DIAGNOSIS REVIEW
11. EVALUATION

# PSYCHODYNAMIC CASE CONFERENCE SCHEDULE

## WEDNESDAYS 1:30-3:30

### Corporate Offices

The case conference series will provide the opportunity to develop and/or refine professional level case evaluations and presentation skills, provide group supervision and peer review, and expand theoretical knowledge. The format of the conference will be:

1. Check-in
2. Presentation of any urgent/problematic case issues
3. Clinical Questions
4. Review of Readings
5. Case Presentation (effective August)
6. Presentation Q+A and Discussion

JULY 7, 2010

Introduction

1. Participation Expectations
  2. Initial Reading Assignments
- Sign up for case presentations  
Case presentation outline  
Mental Status Exam

July 14, 2010

Review Chapters 1 & 2 (Mitchell & Black)  
SOAIP-Notes  
Partnership Plans/Treatment Planning  
Referral Information

July 21, 2010

Review Chapters 3 & 4 (Mitchell & Black)  
Clinical Assessment

July 28, 2010

Review Chapters 5 & 6 (Mitchell & Black)  
Therapeutic Frame

August 4, 2010	Review Chapters 7, 8, & 9 (Mitchell & Black) Case Formulation-Integrated Psychodynamic
August 11, 2010	Review Chapters 1 & 2 (McWilliams) Case Formulation-Developmental Level
August 18, 2010	Review Chapters 3 & 4 (McWilliams) Case Formulation-Defenses
August 25, 2010	Review Chapter 5 & 6 (McWilliams) Case Formulation-Character Types
September 1, 2010	Review Chapters 7 & 8 (McWilliams) Case Presentation
September 8, 2010	Review Chapters 9 & 10 (McWilliams) Case Presentation
September 15, 2010	Review Chapters 11 & 12 (McWilliams) Case Presentation
September 22, 2010	Review Chapters 12 & 13 (McWilliams) Case Presentation
September 29, 2010	Review Chapters 14 & 15 (McWilliams) Case Presentation
October 6, 2010	Review Chapter 1 (Ogden) Case Presentation
October 13, 2010	Review Chapter 2 (Ogden) Case Presentation
October 20, 2010	Review Chapter 3 (Ogden) Case Presentation

October 27, 2010	Review Chapter 1 (Wachtel) Case Presentation
November 3, 2010	Review Chapter 2 (Wachtel) Case Presentation
November 10, 2010	Review Chapter 3 (Wachtel) Case Presentation
November 17, 2010	Review Chapter 4 (Wachtel) Case Presentation
December 1, 2010	Review Chapter 5 & 6 (Wachtel) Case Presentation
December 8, 2010	Review Chapter 7 (Wachtel) Case Presentation
December 15, 2010	Review Chapters 8 & 9 (Wachtel) Case Presentation
December 22, 2010	Review Chapter 10 (Wachtel) Case Presentation
January 5, 2011	Review Chapters 11 & 12 (Wachtel) Case Presentation
January 12, 2011	Review Readings on Ego Psychology Case Presentation
January 19, 2011	Review Readings on Object Relations Case Presentation
January 26, 2011	Review Readings on Drive Theory Case Presentation

February 2, 2011	Review Readings on Self Psychology Case Presentation
February 9, 2011	Review Readings on Attachment Theory Case Presentation
February 16, 2011	Review Readings on Relational Theory Case Presentation
February 23, 2011	Review Readings on Intersubjectivity Case Presentation
March 2, 2011	Theoretical Discussion Case Presentation
March 9, 2011	Theoretical Discussion Case Presentation
March 16, 2011	Theoretical Discussion Case Presentation
March 23, 2011	Theoretical Discussion Case Presentation
March 30, 2011	Termination

Interns to switch to CBT case conference for last 3 months.

### READINGS

Mitchell, S & Black, M. (1995). *Freud and Beyond*. New York: Basic Books.

McWilliams, N. (1994). *Psychoanalytic Diagnosis*. New York: The Guilford Press.

Ogden, T. (1982). *Projective Identification & Psychotherapeutic Technique*. New York: Jason Aronson.

Wachtel, P. (2008). *Relational Theory and the Practice of Psychotherapy*. New York: The Guilford Press.

Selected other readings based upon the needs and interests of the group.

**CBT Case Conference 2010/2011**  
**Wednesdays 1:30-3:30**  
**Corporate Offices**

- July 7: Introductions
- July 14: Persons Chapter 1& 2  
*From “The Case Formulation Approach to Cognitive Behavioral Therapy” by Jacqueline Persons*
- July 21: Persons Chapter 3  
*From “The Case Formulation Approach to Cognitive Behavioral Therapy” by Jacqueline Persons*
- July 28: Persons Chapter 4  
*From “The Case Formulation Approach to Cognitive Behavioral Therapy” by Jacqueline Persons*
- August 4: Persons Chapter 5 & 6  
*From “The Case Formulation Approach to Cognitive Behavioral Therapy” by Jacqueline Persons*
- August 11: Case Formulation presentations
- August 18: Case Formulations presentations
- August 25: Persons Chapter 7 &8  
*From “The Case Formulation Approach to Cognitive Behavioral Therapy” by Jacqueline Persons*
- September 1: Persons Chapter 10, 11, 12

*From “The Case Formulation Approach to Cognitive Behavioral Therapy” by Jacqueline Persons*

- September 8: Formal Case Presentation
- September 15: Formal Case Presentation
- September 22: Formal Case Presentation
- September 29: Formal Case Presentation
- October 6: Formal Case Presentation
- October 13: Formal Case Presentation
- October 20: Formal Case Presentation
- October 27: Discussion: Moving from Formulation to Intervention
- November 3, 2010 Yalom- Review and Video Presentation
- November 10, 2010 Yalom- Chapter 13: Problem Patients

*From “The Theory and Practice of Group Psychotherapy”  
by Irvin Yalom*

- November 17, 2010 Yalom- Chapter 15: Inpatient Group

*From “The Theory and Practice of Group Psychotherapy”  
by Irvin Yalom*

- November 24, 2010 Cancelled for Thanksgiving Holiday
- December 1, 2010 Chapter 4 and 7 of Group Therapy

*From “Group Psychotherapy for People with Chronic  
Mental Illness” by Walter Stone*

- December 8, 2010 Chapter 9 and 13 of Group Therapy

*From "Group Psychotherapy for People with Chronic Mental Illness" by Walter Stone*

December 15, 2010 DBT: Basic Assumptions and Overview

December 22, 2010 Cancelled for Christmas Holiday

December 29, 2010 Cancelled for New Year's Holiday

January 5, 2011 DBT: Contingency Management

*From "Cognitive-Behavioral Treatment of Borderline Personality Disorder" Chapter 10, by Marsha Linehan*

January 12, 2011 DBT: Validation

*From "Validation and Psychotherapy" by Marsha Linehan*

January 19, 2011 DBT: Skills Training Chapter 1, 3

*From "The Dialectical Behavior Therapy Skills Workbook" by Matt McKay, Jeffrey Wood, and Jeffrey Brantley*

January 26, 2011 DBT: Skills Training Chapter 6, 8

*From "The Dialectical Behavior Therapy Skills Workbook" by Matt McKay, Jeffrey Wood, and Jeffrey Brantley*

February 5, 2011 CBT for Anxiety (Case Study)

February 12, 2011 CBT for Depression (Case Study)

February 19, 2011 CBT for Depression (Case Study)

February 26, 2011 CBT for Anxiety (Case Study)

March 2, 2011 CBT for Anxiety (Case Study)

March 9, 2011	CBT for PTSD (Case Study)
March 16, 2011	CBT for Schizophrenia (Case Study)
March 23, 2011	CBT for Schizophrenia (Case Study)

## **CASE CONFERENCE CASE PRESENTATION FORMAT**

Case presentations should be typewritten with sufficient copies to distribute to all members of the case conference. Client names should not be used in the presentation. At the completion of the presentation, all copies need to be collected and shredded. Please use the following format for your presentation and write-up.

1. Consultation Question
2. Referral Information
3. Identifying Information
4. Psychosocial History
5. Education History
6. Legal History
7. Medical History
8. Mental Health History
9. Drug/Alcohol History
10. Mental Status Examination
11. DSM IV Diagnosis including GAF
12. Formulation
13. Treatment Plan
14. Course of Treatment
15. Transcript (2pages double spaced)

## **INTERNSHIP DIDACTIC TRAINING SCHEDULE**

**Corporate Office**

**2010-2011**

**Wednesdays 3:30-5:30**

<b>Date</b>	<b>Topic</b>	<b>Presenter</b>	<b>Readings</b>
July 7, 2010	<i>Psychoeducational Groups- Coping Skills, Social Skills, and Anger Management Adults and Adolescents</i>	Amanda Russell, Psy.D.	Confirmed
July 14, 2010	<i>Process Groups with Individuals who have a Serious and Persistent Mental Disorder</i>	Wayne Thurston, Psy.D.	Confirmed
July 21, 2010	<i>Short-Term Process Groups in Acute Settings</i>	Joyce Martin, Psy.D.	Confirmed
July 28, 2010	<i>Groups-AOD</i>	Brenda Shebanek, Psy.D.	Confirmed
August 4, 2010	<i>Trauma in the African American Community</i>	Naja Boyd, Psy.D.	Confirmed
August 11, 2010	<i>Early Intervention for Young Adults at Risk of Mental Illness</i>	Jackie Yanofsky, MSW UCSF Langlely Porter Psychiatric Institute	Confirmed
August 18, 2010	<i>Using CBT in the Treatment of Depression and Anxiety</i>	Corie Ascani, Psy.D.	Confirmed
August 25, 2010	<i>Drugs of Abuse</i>	Annie Gutierrez, Ph.D.	Confirmed
September 1, 2010	<i>Models of Substance Abuse Treatment and Motivational Interviewing</i>	Brenda Shebanek, Psy.D.	Confirmed
September 8, 2010	<i>Motivational Interviewing (continued)</i>		
September 15, 2010	<i>Integrating the 12 Steps into Substance Abuse Treatment</i>	Wayne Thurston, Psy.D.	Confirmed
September 22, 2010	<i>Treating Individuals with co-occurring Substance</i>	Brenda Shebanek, Psy.D.	Confirmed

*Abuse and Mental Illness*

September 29, 2009	<i>Craving Identification Management for Substance Abuse</i>	Joyce Martin, Psy.D.	Confirmed
October 6, 2010	<i>Cognitive Therapy of Schizophrenia-Overview</i>	Wayne Thurston, Psy.D.	
October 13, 2010	<i>Anti Human Trafficking</i>	Hanna Hamilton	
October 20, 2010	<i>Issues in Intern Training-Intern-Supervisor Transference</i>	Wayne Thurston, Psy.D.	
October 27, 2010	<i>Culture and Psychosis</i>	Wayne Thurston, Psy.D.	
November 3, 2010	<i>Culture and Psychosis</i>	Wayne Thurston, Psy.D.	
November 10, 2010	<i>Cognitive Therapy of Schizophrenia-Working with Delusions and Hallucinations</i>	Karen Wise, Psy.D.	
November 17, 2010	<i>Eating Disorders-Overview</i>	Karen Wise, Psy.D.	
December 1, 2010	Beyond the MMSE: Evaluating Cognition, Modern Mental Status Testing for the Non Neuropsychologist	Charles Vella, Ph.D.	
December 8, 2010	<i>Treatment of Eating Disorders-Adolescents</i>	Natasha Coleman, Psy.D.	
December 15, 2010	<i>Diverse Career as Psychologist</i>	Charles Brinamen, Psy.D.	
December 22, 2010	<i>Break`</i>		
January 5, 2011	<i>Treatment Considerations</i>	Mei-Li Hennen, M.A.	

*working with "Trans" youth*

January 12, 2011	<i>Forensic Mental Health-Moral Reconation Therapy</i>	Karen Wise, Psy.D.
January 19, 2011	<i>Psychotherapy Supervision</i>	Natasha Coleman, Psy.D.
January 26, 2011	<i>Utilizing Supervision</i>	Victor Steffens, Ph.D.
February 2, 2011	<i>Domestic Violence</i>	Joyce Martin, M.A.
February 9, 2011	<i>Attachment Theory</i>	Brenda Shebanek, Psy.D.
February 16, 2011	<i>Working with Sex Offenders</i>	Karolyn Palmer, MA, MFT, PPS, Doctoral Candidate
February 23, 2011	<i>Hindering Phenomenon in Group Supervision</i>	Karen Wise, Psy.D.
March 2, 2011	<i>Anti-Social Personality Disorder</i>	Wayne Thurston, Psy.D.
March 9, 2011	<i>Psychologist as Consultant</i>	Karen Wise, Psy.D.
March 16, 2011	<i>Intern</i>	Debbie Francis, Psy.D.
March 23, 2011	<i>Trauma in the African American Community</i>	Naja Boyd, Psy.D.
March 30, 2011	<i>Couples Therapy-Gottman Method</i>	Corie Ascani, Psy.D.
April 6, 2011	<i>Working with Individuals with Developmental Disabilities</i>	Roberta Chambers, Psy.D.
April 13, 2011	<i>Matrix Model of Treatment for Stimulant Abuse Disorders</i>	Annie Gutierrez, Ph.D.

April 20, 2011	<i>Intern</i>	Rayce Anselmo,
April 27, 2011	<i>Intern</i>	Jeannie Seo
May 4, 2011	<i>Intern</i>	Joyce Martin, M.A.
May 11, 2011	<i>Post Traumatic Growth in War Survivors from Uganda &amp; Vietnam</i>	Lyssabeth Matoon, Ph.D.
May 18, 2011	<i>Solution Focused Treatment</i>	Michelle Lesowski,
May 25, 2011	<i>Intern</i>	Teisha Mary,
June 1, 2011	<i>Intern</i>	Rick
June 8, 2011	<i>Intern</i>	Andrea Clark, Psy.D.
June 15, 2011	<i>Intern</i>	Beverly Rodriguez,
June 22, 2011	<i>Graduation</i>	Wayne Thurston, Psy.D.

