

Ponce Internship Consortium Manual



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PHSU
PONCE HEALTH SCIENCES UNIVERSITY



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Ponce Internship Consortium

Internship Manual

Overview & Brief History

The Ponce Internship Consortium (PIC) began in 2012 as a coordinated training initiative led by the Ponce Health Sciences University (PHSU) Clinical Psychology Program. Formal consortium operations launched in 2014 with six partner agencies across Puerto Rico. PIC is fully accredited by the American Psychological Association since 2015 (next site visit scheduled for 2034) and functions as the exclusively affiliated internship program for PHSU's Psy.D. and Ph.D. Clinical Psychology students.

Mission, Aims, & Training Model

Mission

PIC's mission is to provide broad clinical, professional, and learning experiences that consolidate prior knowledge, skills, and attitudes while advancing intern's role as Health Service Psychologists.

Program Aims

- Clinical Integration & Competence – Provide interns with coordinated, supervised experiences that integrate their knowledge, skills, and professional values into competent, ethical practice.
- Evidence-Based, Culturally Responsive Service – Prepare interns for ethical, evidence-based delivery across varied settings and populations via sequential generalist training that honors sociocultural context.

Training Model

PIC adopts the Practitioner–Scholar model: clinical practice is grounded in empirical literature and critical inquiry. Interns learn to formulate questions, consult research, and apply findings to

intervention, assessment, and program evaluation, while letting practice needs inspire scholarship.

Training emphasizes generalist competence across the lifespan, service modalities (assessment, psychotherapy, consultation), and health systems. Site-specific tracks (e.g., Health Psychology, Neurorehab, Autism) add depth, but all interns complete a shared curriculum ensuring readiness for postdoctoral specialization or entry-level practice.

Member Agencies (Consortium Sites)

PIC training sites are listed below. A more in-depth list of the internship experiences at each site is available in Appendix A.

1. Center for Psychological Services / Wellness Center (CPS/WC) – PHSU outpatient training clinic.
2. Diagnostic & Treatment Center – Hospital del Maestro (DTC-HM) – Behavioral-health outpatient service.
3. Primary Care Psychology Program (PCPP) – Integrated behavioral health in federally qualified health centers, hospitals, and immunology clinics.
4. Health Psychology Program – Inpatient consult-liaison service, at Damas Hospital Health and Neurocognitive Rehabilitation Program and at Hospital La Concepción in San Germán.
5. Ponce Center for Autism (CEPA) – Interdisciplinary clinic providing services to families and children.
6. San Lucas Episcopal Medical Center (SLEMC) – Integrated Pediatric Care – Pediatric inpatient consult service.

Requirements for Application to PIC

Students interested in applying to the Ponce Internship Consortium (PIC) must meet the following eligibility criteria:

- Be enrolled in good standing in the Clinical Psychology Psy.D. or Ph.D. program at PHSU.

- Have successfully completed all academic coursework and clinical practica through Year 3 (or equivalent), including documentation of a minimum of 400 direct service practicum hours.
- Completed their dissertation prospectus defense
- Submit a complete application package through APPIC by the stated deadline, including:
 - Curriculum Vitae
 - APPIC Internship Application Form
 - Cover Letter with a Statement of Interest indicating preferred placements

Final decisions are communicated in writing to the student and program director.

Key Dates

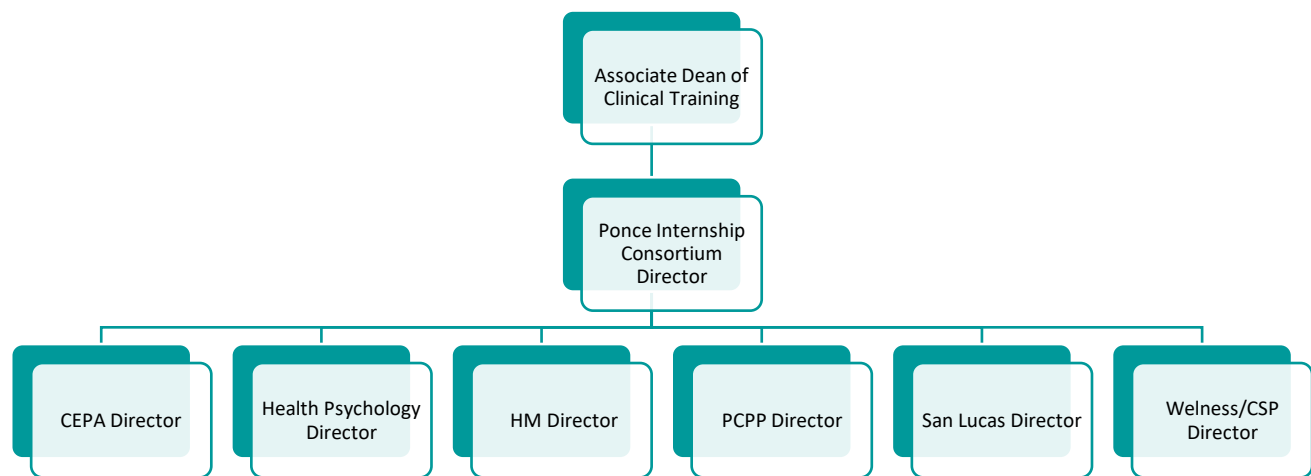
Milestone	Typical Timing
Program Start	First week of July
Mid-Semester Progress Review	Mid-October
Mid-Year Evaluation & Break	Early December • 6 institutional vacation days (PHSU winter closure)
Final Evaluation Window	Mid-June
Program End	June 30

Administrative Structure

The administrative structure of PIC ensures coordinated oversight, quality assurance, and a collaborative approach to training across all member sites. Key leadership roles and committees guide the daily operations, uphold accreditation standards, and support interns and supervisors throughout the training year.

Role	Name	Responsibilities
PIC Director & Associate Dean for Clinical Training	Nydia M. Cappas, PsyD, MBA	Overall leadership, accreditation compliance, liaison with APA & APPIC
PIC Associate Director	Viviana Hoyos, PsyD	Daily operations support
Consortium Committee	PIC Director (chair) • Program director from each consortium site • PIC Chief Interns (2) • Advisory faculty	Programmatic and policy decisions, program evaluation, evaluation & remediation
Training Sub-Committee	All licensed site supervisors	Curriculum oversight, intern selection, evaluation & remediation

Ponce Internship Consortium Organizational Chart



Supervisory Faculty by Site

Consortium Site	Supervisory Faculty (AY 2025-26)
CPS/WC	Drs. N. Dieppa, A. Nieves, H. Menéndez, L. Hernández, M. Mendoza, C. Batiz, E. Alvarado.
DTC-HM	Drs. M. Garrido, M. González
PCPP	Drs. N. Cappas, V. Hoyos, Y. Toro, M. de Jesús, M. I. Martínez, G. Viñas, B. Cintrón, A. Dieppa, L. Rivera, L. Rosario
Health Psychology Program	Drs. J. Hernández, J. Jiménez, A. Ramos, L. Hernández, Dr. I. Mirles
CEPA	Drs. L. Deliz, N. Delgado, I. Cajigas, A. González, I. Soto
SLEMC	Dr. G. Medina

Program Requirements for Successful Completion

To successfully complete the PIC internship, each intern must demonstrate competence in clinical, professional, and ethical domains through direct service, assessment, supervision, and participation in all required training activities. The program operates on a full-time, one-year model and culminates in a certificate of completion provided all benchmarks are met.

In addition to these core benchmarks, all interns are required to attend consortium-wide didactic activities every other Friday from 10:00 a.m. to 12:00 p.m. These sessions are essential for professional development and shared learning across sites.

The following table summarizes the Key requirements across all consortium placements.

Requirement	Minimum Standard
Program Length	12 months, full-time (July 1 – June 30)

Requirement	Minimum Standard
Total Hours	2,000 documented internship hours
Direct Service	≥ 500 hours (25 %) face-to-face clinical contact
Psychological Assessments	8 integrated batteries with reports
Supervision	Weekly 2 h individual + 2 h group
Competency Ratings	Mid-year & final AIC ratings above 3 on all elements
Didactics	Attendance at required didactic seminars, staff meetings, and consortium-wide trainings

Note: For site-specific program requirements and expectations, interns must refer to the appropriate section in Appendix A.

Didactic and Experiential Requirements

Requirement	Description
Direct Clinical Service	Deliver evidence-based psychotherapy in individual, couple, family, and group formats. Modalities may include CBT, DBT skills, family-systems work, parent training, and interventions tailored to health-psychology and neuro-rehab settings.
Assessment & Outcome Evaluation	Conduct cognitive, personality, psycho-diagnostic, psycho-educational, and/or neuropsychological testing. Prepare integrated reports and routinely track treatment effectiveness with validated, culturally-appropriate measures (e.g., Spanish Beck Inventories, CBCL, SCL-90-R, ASD & health-psych instruments).
Consultation & Interdisciplinary Collaboration	Provide documented consultations with families, schools, courts, and/or multidisciplinary medical teams. Make site visits (e.g., classrooms) when needed for comprehensive assessment and treatment planning.

Supervision & Teaching	Practice supervisory skills through teaching, shadowing, and/or by mentoring practicum-level students within vertical supervision teams under faculty oversight. Other activities include serving as Teaching Assistants with Training-Director approval.
Professional & Ethical Development	Complete a baseline self-assessment of relationship competencies, ethics, and professionalism at internship onset. Revisit goals throughout the year. Use supervision to process ethically complex or developmentally significant cases.
Didactics & Scholarly Integration	Attend weekly site-based seminars and twice-monthly Consortium-wide didactics/case conferences. Engage in literature review and supervisor-guided application of scientific methods and theory to clinical work.

Ponce Internship Consortium Policies

Leave and Time Off

Interns are granted the following leave allowances:

- **Vacation Leave:** 11 total vacation days: 6 are fixed during PHSU's institutional winter closure (typically December), and 5 are floating days that may be requested throughout the year with supervisor approval.
- **Sick Leave:** Interns may use up to 5 sick days per year. Consecutive sick days must provide medical documentation. Additional sick leave requests require medical documentation and approval from the site supervisor and PIC Director.
- **Holidays:** Please consult the academic calendar to plan for Holidays observed by PHSU. Interns do not need to work at institutionally observed holidays but may do so if there is a specific need and an arrangement with the site supervisor.

Dissertation and Research

Interns have the option of requesting time for dissertation. Because the program follows a practitioner-scholar model, this is not mandatory. Consortium sites have the option of accept or deny dissertation time requests.

Should an intern wish to engage in research activities related to their training site, there must be authorization from the site supervisor and the Consortium Committee. Dissertation-related activities may not exceed 4 hours per week, should be conducted only at the internship site and only if these activities do not interfere with or otherwise result in a reduction in the intern's assigned clinical workload, attendance to required supervision, or to required didactic activities. Other optional research activities may need to be conducted outside of regular internship hours. A detailed proposal of all dissertation and research activities must be presented in writing to the Consortium Committee for review. No dissertation or research activities may be conducted without prior approval of the Consortium Committee. Research activities must not affect fulfillment of any clinical training activities.

Attendance & Work Hours

Interns are expected to report to their assigned training sites punctually and follow the schedule established by their site supervisor. Work hours will vary depending on the clinical context but may not exceed 40 hours per week. Supervisors are responsible for clearly communicating the expected schedule, including start times.

Record-keeping

Interns are responsible for maintaining accurate records of their clinical, supervision, and didactic activities using the Time2Track system. Interns must log their hours daily and request electronic supervisor approval on a weekly basis during scheduled supervision sessions. This accountability process ensures timely documentation, promotes transparency, and supports verification of internship completion requirements.

Grievance Procedure Summary

PIC is committed to fair, transparent resolution of concerns. Full procedures are detailed in Appendix B. A summary of the essential steps is:

1. Informal Resolution – Intern discusses concern directly with involved party.
2. Written Notification – If unresolved, intern or supervisor submits written grievance to PIC Director within 10 working days.

3. Consortium Committee Review – Committee meets with all parties, formulates remediation or corrective plan.
4. Appeal – Decisions may be appealed to a Review Panel (a faculty chosen by PIC Director + one chosen by intern/supervisor). Panel recommendation is final.
5. Documentation – All actions, timelines, and outcomes are documented and archived in the intern's file.

Training Program Responsibilities (Shared Across Consortium Sites)

Each Consortium site must do the following for every intern:

- Abide by APA accreditation standards – Maintain full compliance with all internship regulations issued by the APA Committee on Accreditation (CoA) and be prepared to demonstrate evidence of compliance at any time.
- Deliver feedback and written evaluations – Issue evaluations on the schedule set by the Training Director, giving clear feedback on professional standards, skill competency, and personal functioning.
- Protect training time – Ensure that all intern duties remain primarily educational. Supervision, didactics, and other training activities may not be cancelled or replaced simply to cover staffing gaps.
- Guarantee supervision – Provide at least two (2) hours of individual supervision and at least two (2) hours of group supervision every week across the internship year.
- Release interns for Consortium-wide trainings – Allow in-person attendance and full participation in twice-monthly didactic sessions and other consortium events.
- Foster a culture of supervision & mentorship – Expect interns to arrive prepared (e.g., literature reviewed, questions ready) and to follow supervisory assignments. Supervisors stay current on required competencies and actively guide interns' development.
- Provide bimonthly didactic training – Coordinate ≥ 2 hours of structured didactics (case discussions, seminars, workshops, or other training activities) at least every other week to deepen clinical knowledge and support evidence-based practice.

Appendix A. Consortium Sites & Rotations Overview

Centro Ponceño de Autismo			
Primary Rotation and APPIC#	Populations	Experiences	Supervisors
CEPA 179116	Children, adolescents, & adults with ASD; DIR/Floortime & ABA models	Individual, family, and group therapy; developmental & neuropsych assessments; practicum-student supervision	Drs. Laura Deliz, N. Delgado, I. Cajigas, A. González, I. Soto
Secondary Rotation			
CSP	Community clients across the lifespan	Psychotherapy & comprehensive assessment	Dr. Hiradith Menéndez

Health Psychology Program			
Primary Rotation and APPIC#	Population	Experiences	Supervisors
Damas Health Psychology 179111	Cardiac, critical-care, SNF, ER & medical-floor in-patients	Evidence-based therapy, ER crisis-work, family interventions	Dr. Axel Ramos Dr. Liliana Hernández
La Concepción Health Psychology 179113	General medical in-patients (ER, ICU, med-surg)	Evidence-based therapy, ER crisis-work, family interventions	Dr. Yvette Mirles

Damas Neurocognitive Rehabilitation 179115	Adults & children with CVA, TBI, neuro- degenerative disorders	In-patient cognitive rehab, ≥ 25 extended neuropsych evals, surgery observation, interdisciplinary rounds	Dr. Javier Hernández
Secondary Rotation			
Wellness Center	Community clients across the lifespan	Psychotherapy & comprehensive assessment	Drs. Yomaira Negrón, Ana G. Dieppa, Juleika Malbert

Hospital del Maestro Diagnostic & Treatment Center			
Primary Rotation and APPIC#	Population	Experiences	Supervisors
Out-patient Behavioral Health 179114	Adults & older adults in community clinic setting	Individual & group therapy, psych assessment, interdisciplinary case- reviews	Drs. Marilis Garrido, María González

Primary Care Psychology Program (PCPP)			
Primary Rotation and APPIC#	Population	Experiences	Supervisors
Concilio de Loíza 179119	Underserved communities, adults, children and families	Interprofessional care, Integrated Behavioral Health in outpatient rural primary-care clinic	Dr. Lexter Rosario

Costa Salud (Rincón, Aguada y Moca) 179120	Underserved communities, adults, children and families	Interprofessional care, Integrated Behavioral Health in outpatient rural primary-care clinic	Dr. Valerie Toro, Dr. Hazel Kelly
Ryan White (CLETS) 179125	PLWH across the lifespan. Underserved communities, adults, children and families	Interprofessional care, Integrated Behavioral Health in outpatient immunology clinics.	Dr. Grace Viñas
Ryan White (Caguas) 179124	PLWH across the lifespan. Underserved communities, adults, children and families	Interprofessional care, Integrated Behavioral Health in outpatient immunology clinics.	Dr. Grace Viñas
Ryan White (Bayamón) 179126	PLWH across the lifespan. Underserved communities, adults, children and families	Interprofessional care, Integrated Behavioral Health in outpatient immunology clinics.	Dr. Grace Viñas
Mayagüez / 179118	People in need of inpatient services across the lifespan	Interprofessional care, Integrated Behavioral Health at an inpatient general hospital	Dr. María Inés Martínez
Manatí Medical Centers 179122	People in need of inpatient services across the lifespan	Interprofessional care, Integrated Behavioral Health at an inpatient general hospital	Dr. María De Jesús

San Lucas Hospital			
Primary Rotation and APPIC#	Population	Experiences	Supervisors
Integrated Pediatric Care	Pediatric in-patients & families	Bedside consultation, chronic-illness coping, liaison with pediatrics	Dr. Giselle Medina

179117			
Secondary Rotation			
CSP	Community clients across the lifespan	Psychotherapy & comprehensive assessment	Dr. Hiradith Menéndez

Wellness / CSP			
Primary Rotation and APPIC#	Population	Experiences	Supervisors
Dialectical Behavior Therapy (DBT) 179112	Adults with personality disorders (esp. BPD) and adolescents with emotion-regulation difficulties	Individual DBT therapy, co-leading skills-groups, telephone-coaching line, weekly consultation team	Dr. Hiradith Menéndez, Dr. Luis Díaz, Dr. Luis Hernández
Psychiatry Residency Ponce 179121	Out-patient clients across the lifespan in collaboration with psychiatry residents / fellows	Co-therapy with residents, interdisciplinary seminars, 8 assessment batteries, consortium case-presentations	Dr. Antonia Nieves, Dr. Alison López
Psychiatry Residency Coamo 179127	Out-patient clients across the lifespan in collaboration with psychiatry residents / fellows	Co-therapy with residents, interdisciplinary seminars, 8 assessment batteries, consortium case-presentations	Dr. Antonia Nieves, Dr. Alison López
Intensive Out-patient Program (IOP) 179123	Adults with mood & anxiety disorders needing intensive short-term care	Group & individual therapy, crisis-management using CBT, ACT, trauma-focused models	Dr. Natalia Dieppa, Dr. Axel Reyes, Dr. Cinthia Batiz

Secondary Rotation			
Wellness Center	Community clients across the lifespan	Psychotherapy & comprehensive assessment	Drs. Yomaira Negrón, Ana G. Dieppa, Juleika Malbert

Center for Psychological Services / Wellness Center (CPS/WC)

Site snapshot – PHSU’s on-campus outpatient clinic in Ponce providing low-cost mental-health care across the lifespan while housing the psychiatry residency program.

Rotation focus – Mixed outpatient caseload; full psychological evaluations; Dialectical Behavior Therapy (skills groups, individual treatment, crisis-line coaching); daily collaboration with psychiatry residents.

Diagnostic & Treatment Center – Hospital del Maestro (DTC-HM)

Site snapshot – Community hospital–based outpatient behavioral-health service in San Juan that embeds psychology within primary-care and specialty clinics.

Rotation focus – Brief and longer-term therapy across the age span; targeted assessments (e.g., bariatric presurgical evaluations); behavioral-health screenings in diabetes, nephrology, cardiology & women’s-health clinics.

Primary Care Psychology Program (PCPP)

Site snapshot – Network of federally qualified health centers, hospitals, and Department-of-Health clinics delivering integrated behavioral health throughout Puerto Rico.

Rotation focus – Behavioral-health consultant role: warm hand-offs, evidence-based brief interventions (CBT, MI, BA), chronic-disease self-management groups, HIV-related services, routine PHQ-9/GAD-7 screening.

Health Psychology Program

Damas Health Psychology

Site snapshot – 331-bed teaching hospital in Ponce with a consult-liaison psychology service covering medical, surgical, obstetric & critical-care units.

Rotation focus – Bedside psychotherapy, peri-operative anxiety management, inpatient group work, discharge planning, integrated assessment (Beck scales, MMPI-2-RF); crisis consults in the emergency department.

Neurocognitive Rehabilitation Unit

Site snapshot – Inpatient neurorehabilitation service treating adults with stroke, TBI and other complex medical conditions.

Rotation focus – Comprehensive neuropsychological batteries; individualized cognitive-rehab protocols (CPAT, MBAT, SRT); pain-management groups; family training; interdisciplinary rounds with psychiatry, PT/OT & nursing.

La Concepción Health Psychology

Site snapshot – General hospital in San Germán with a consult-liaison psychology service covering the medical care units.

Rotation focus – Bedside psychotherapy, peri-operative anxiety management, inpatient group work, discharge planning, integrated assessment (Beck scales, MMPI-2-RF).

Ponce Center for Autism (CEPA)

Site snapshot – Interdisciplinary clinic specializing in Autism Spectrum Disorder across the lifespan, grounded in DIR/Floortime and ABA models.

Rotation focus – Developmental, cognitive & adaptive assessments; individual, family & social-skills interventions; school and pediatrician consultation; parent-education groups.

San Lucas Episcopal Medical Center – Integrated Pediatric Care Program (SLEMC)

Site snapshot – Regional pediatric inpatient service within a major teaching hospital in Ponce.

Rotation focus – Universal behavioral-health screening for admissions (PSC, MINI-Kid, M-CHAT); brief therapy & family-systems interventions; psychoeducational workshops; consults with pediatricians & nursing on care plans.

Appendix B: Due process guidelines

Definition of Problem

For purposes of this document, trainees' problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
- An inability to acquire professional skills in order to reach an acceptable level of competency, and/or
- An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning

Problems typically become identified as such when they include one or more of the following characteristics:

1. The trainee does not acknowledge, understand, or address the problem when it is identified,
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
3. The quality of services delivered by the trainee is sufficiently negatively affected,
4. The problem is not restricted to one area of professional functioning,
5. A disproportionate amount of attention by training personnel is required,
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time,
7. The problematic behavior has potential for ethical or legal ramifications if not addressed,
8. The trainee's behavior negatively impacts the public view of the agency,
9. The problematic behavior negatively impacts the trainee's class.

Grievance Procedure General Guidelines

The guidelines described in this section are designed to ensure that decisions made by programs about interns are not arbitrary or personally based. When grievance procedures are considered or initiated, the following guidelines should be employed:

1. All actions taken by the program and its rationale process must be documented, in writing and to all relevant parties.
2. The program's expectations related to professional functioning must be presented to the intern, supervisor and/or staff in writing.
3. All procedures and actions involved in making decisions regarding the problem will be available to the intern, supervisor and/or staff and parties involved.
4. The graduate program should be informed early and often, about any suspected difficulties with interns, seeking input from the graduate program about how to address such difficulties.
5. A remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies must be communicated in writing to the intern, supervisor and/or staff and all parties involved.
6. The intern, supervisor and/or staff must be provided with a written procedure which describes how to appeal the program's action.
7. Interns, supervisors and/or staff must have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern, supervisor and/or staff performance is encouraged.
9. Whenever possible, the least restrictive/punitive alternative should be considered.
10. Grievance procedures should be considered only after other alternatives (direct communication, mediation) are exhausted or when it is not possible to engage in this action because of the nature of the problem.

Supervisor's or staff grievance with an intern

The following guidelines govern the process of a supervisor's or staff grievance with a student. There are two principal situations in which a supervisor or staff member is compelled to present a grievance with a student: (1) Inadequate performance is consistent and has not improved after completion of the initial remedial plan; (2) Unethical or legal violation of professional standards or laws, professional incompetence, or infringement on the rights, privileges or responsibilities of others. Every step should be evidenced by written documents that explain the actions taken, decisions made, agreements and outcomes:

Step I: The supervisor or staff person will bring the issue with the Consortium Director

Step II: The Consortium Director will inform the issue in writing to the Consortium Committee and the student. The student should have time (at least 7 days) to react to the letter with the Consortium Director.

Step III: The Consortium Committee will meet along with the Consortium Director, the Clinic Director and a faculty of the student's choosing. The Committee can recommend, but is not limited to one of the following actions:

1. Increased supervision with one or more supervisors
2. Change in format, emphasis and/or focus of supervision or training
3. Recommendation of personal therapy when the problems are psychological in nature
4. Reduction of the intern's clinical or other professional duties
5. Addition of special academic coursework or other remedial activity
6. Recommendation, when appropriate, of a leave of absence and/or a second internship at another setting.

Step IV: The Consortium Director will review the Consortium Committee recommendations and decide to endorse them as recommended or make modifications if needed. The decision will be communicated to the intern in writing.

Step V: When a combination of the above interventions does not, after the agreed time period, rectify the impairment, or when the trainee seems unable or unwilling to alter her/his behavior,

or improve his/her skills, The supervisor will communicate the matter to the Consortium Director (Step I). The Consortium Committee may need to take more formal action, including:

1. Giving the intern a limited endorsement for employment or letters of reference, specifying those settings in which she/he could function adequately.
2. Communicating to the intern and academic department/program that the intern has not successfully completed the internship
3. Recommending and assisting in implementing a career shift for the intern
4. Terminating the intern from the internship training program.

The Consortium Director will review the Consortium Committee recommendations and decide to endorse them as recommended or make modifications if needed. The decision will be communicated to the intern in writing.

All the above steps need to be adequately and appropriately documented in ways that are consistent with due process procedures.

Student's grievance with a supervisor or staff member

The following guidelines state the process of a student's grievance with a supervisor or staff member. Every step should be evidenced by written documents that explain the actions taken, decisions made, agreements and outcomes:

Step I: Student should discuss the issue with the supervisor or staff member and attempt to resolve the problem. If the matter is not resolved, proceed to Step II.

Step II: Discuss the issue with the Consortium Director. If the matter cannot be resolved, or if the Consortium Director is the object of the grievance, or is unavailable, the issue should be raised with their corresponding Doctoral Program Director (PsyD or PhD). The Consortium Director and or the Doctoral Program Director will attempt to resolve the issue through mediation or taking appropriate actions. If this attempt at solving the problem is not successful, proceed to step III.

Step III: If mediation fails, the Consortium Director will raise the matter with the Consortium Committee. The committee will review all written materials and will interview the parties involved if needed. The student can request that a faculty member of his/her choosing to participate in the review. The consortium committee will have an opportunity at its discretion to interview the parties or other individuals with relevant information. The consortium committee will recommend the appropriate course of action to the Consortium Director. The Consortium Committee along with the Consortium Director have final discretion regarding outcome.

Appeal

The intern can appeal the Consortium Committee decision within 5 days of receipt of the decision. The student must inform the Consortium Director, in writing, of such a challenge.

1. The Consortium Director will convene a Review Panel consisting of two faculty members selected by the Consortium Director and two faculty members selected by the intern, supervisor and/or staff. The intern, supervisor and/or staff retain the right to hear all facts with the opportunity to dispute or explain his or her behavior.
2. A review hearing will be conducted, chaired by the Consortium Director, in which the challenge is heard and the evidence presented. Within 15 days of the completion of the review hearing, the Review Panel submits a written report to the corresponding Program Director, and Consortium Director including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote. The intern, supervisor and/or staff are informed of the recommendations.
3. Within 5 days of receipt of the recommendations, the Program Director will accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the Program Director within 10 days of the receipt of the Program Director's request for further deliberation. The Program Director makes a decision regarding what action is to be taken and that decision is final.
4. Once a decision has been made, intern, supervisor and/or staff, sponsoring university and other involved parties are informed in writing of the action taken.

Appendix C: Internship Outcomes, Admissions and Support – C-27

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated:

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The PHSU PIC is a practitioner-scholar model program framed in a biopsychosocial approach to intervention. The Consortium consists of 6 programs that offer generalist training as well as in-depth training in health psychology, integrated primary care, neurodevelopmental disorders and autism, neuropsychology, and severe personality disorders. Applicants who have a diversity of pre-internship practicum experiences as well as courses related to the areas of clinical training represented by the programs (e.g., courses in Dialectic Behavioral Therapy, neuropsychological assessment; autism, health psychology services, psychoeducational assessment) are well positioned for consideration. Applications to the PIC must be made using APPI. Applicants are asked to indicate in their cover letters the program(s) they wish to be considered for and, following interview, they designate the specific program of interest in the APPIC Match. Prospective applicants should have a minimum of 400 hours of practicum level, supervised direct interventions and a minimum total of 1100 hours of practicum experience.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes X	No	Amount: 400
Total Direct Contact Assessment Hours	Yes	No X	Amount: N/A

Describe any other required minimum criteria used to screen applicants:

All applicants must have successfully completed all required academic courses, passed their comprehensive and clinical practice examinations; have evidence of completion of all practicum requirements, and have an approved dissertation proposal.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	20,000	
Annual Stipend/Salary for Half-time Interns	10,000	
Program provides access to medical insurance for intern?	Yes X	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes X	No
Coverage of family member(s) available?	Yes X	No
Coverage of legally married partner available?	Yes X	No
Coverage of domestic partner available?	Yes	No X
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	See other benefits	
Hours of Annual Paid Sick Leave	See other benefits	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes X	No
Other Benefits (please describe): PIC Interns have a total of 10 days for vacation and observed holidays; additionally, there is time available for dissertation work upon approval of program supervisor. Interns are provided		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2021-2024	
Total # of interns who were in the 3 cohorts	109	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	63	
	PD = 13	EP = 33
Academic teaching	PD = 3	EP = 8
Community mental health center	PD = 1	EP = 2
Consortium	PD = NA	EP = NA
University Counseling Center	PD = NA	EP = NA
Hospital/Medical Center	PD = 6	EP = NA
Veterans Affairs Health Care System	PD = 2	EP = NA
Psychiatric facility	PD = NA	EP = NA
Correctional facility	PD = NA	EP = NA
Health maintenance organization	PD = NA	EP = 1
School district/system	PD = NA	EP = 2
Independent practice setting	PD = NA	EP = 12
Other	PD = 1	EP = 8

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.