

South Arkansas Regional Health Center Doctoral Internship Handbook



PHILOSOPHY STATEMENT

South Arkansas Regional Health Center's (SARHC) goal is to provide quality health care services to a diversified group of people in a six-county (Calhoun, Columbia, Dallas, Nevada, Ouachita, and Union) catchment area. Our mission is to provide affordable healthcare services that are high in quality and appropriate to the individual's needs. It is the policy of SARHC to prohibit discrimination on the basis of race, religion, sex, color, national origin, age, disability, ability, or inability to pay for services.

DESCRIPTION OF THE AGENCY

Established in 1967, South Arkansas Regional Health Center is located in the south-central portion of the state. The main office is located in El Dorado, a community with approximately 18,884 residents. SARHC serves six counties with El Dorado being the largest community in the area. The six rural counties have a combined population of approximately 99,237. SARHC is a private, not-for-profit community mental health center providing mental health services to the residents of South Arkansas. The Center bills most insurance companies, Medicaid, and Medicare. Billing for client direct payment (self-pay) is based on a sliding-fee scale.

Our outpatient programs include services for youth, adults, and elders with a wide range of emotional problems including stress, depression, anxiety, substance abuse, and family and marital difficulties. Most clients exhibit significant mental health disorders. Individuals with dual diagnoses and trauma are also frequent within our client populations. We provide individual, couples, marital, and group therapy, case management services, as well as psychiatric care. We further provide numerous types of assessment. These tests include psychological and psychometric evaluations, forensic evaluations, law enforcement evaluations, and mental status examinations for Social Security Disability.

The Center's staff consists of licensed professional counselors, registered nurses, advance practice nurses, occupational therapists, licensed psychologists, psychological examiners, psychiatrists, social workers, and case managers, all who are skilled in the diagnosis and treatment of mental illness. South Arkansas Regional Health Center is composed of a group of caring individuals from a variety of disciplines, each dedicated to helping people help themselves.

DOCTORAL INTERNSHIP PROGRAM

GOAL AND OBJECTIVES

The doctoral internship program at SARHC is an organized doctoral training program with a planned sequence of supervised experiences. Utilizing a practitioner scholar training model, our goal is to train and develop well-rounded, ethical, competent, and multiculturally aware entry level psychologists. Over the course of the training year, Interns can expect to further develop their clinical competencies in both psychotherapy and psychological assessment through the direct provision of these services at a large community mental health center. A range of training opportunities, developmentally sensitive supervision strategies, and hands-on clinical

experience become the means by which interns learn to expand their abilities to practice both competently and ethically. At the conclusion of the internship year, Interns will have demonstrated an ability to operate effectively in the professional role of the entry level generalist psychologist.

The intern will be assigned clients of varying age, educational level, developmental stage, and cultural background. The intern's caseload is slowly built up over the course of the internship year. Interns will be expected to provide psychotherapy in the individual and group formats with both adult and child age populations. An intern is allowed only 20 hours of direct client contact per week, while the other 20 hours per week will be set aside for professional development, supervision, paperwork, and other responsibilities. Interns are required to complete a total of 2000 hours by the end of their training year, consisting of 500 face to face client contact hours. A minimum of 40 hours a week is expected. SARHC will provide office space, support staff, and equipment necessary for the supervisee to be successful.

The training program has a total of two full-time licensed psychologists and one part-time licensed psychologist. They are responsible for the integrity and quality of the training program, with the support of administration and other clinical staff.

There are two satellite clinics located in smaller towns, each 30 miles away. Interns will be responsible for traveling one day out of the week to either satellite clinic and provide services. During this time, supervisors are available for interns to call or email at the main clinic if immediate supervision is required. Interns review/discuss all cases and training concerns/needs from their assigned satellite clinic during their individual and group supervision.

The training program maintains compliance with the standards required of APA accredited doctoral psychology internships (<http://www.apa.org/ed/accreditation/>). SARHC doctoral internship is APA accredited through the American Psychological Association Commission on Accreditation (APA CoA) since 2010 and is currently following up with the CoA regarding the site visit for renewal of APA accreditation that occurred in February of 2014.

[American Psychological Association](#)

Commission on Accreditation

750 First St. NE, Washington, DC 20002-4242

Telephone: (800) 374-2721; (202) 336-5500. TDD/TTY: (202) 336-6123

TRAINING OPPORTUNITIES

Training opportunities include:

- Outpatient Care: Individual, group, couples, and family therapy
- Day treatment services for adults
- Crisis Interventions: During business hours (Interns are not to be on call.)
- Various Psychological Assessment/Forensic Evaluations

- School-based services
- Weekly interdisciplinary staffing and consultation
- Case conferences
- Shadowing SARHC professionals available
- Didactic Trainings, i.e., Hospital assessment, suicidal and homicidal assessment, crisis intervention, practice and models of supervision, program evaluation, diversity awareness, and case conceptualization
- Program evaluation
- Outreach and consultation
- Participation in the Diversity Committee

ROTATIONS

An intern begins with one of four rotations, which includes:

- Psychological and Forensic Assessment
SARHC conducts many types of assessments including: forensic assessments, disability determinations, mental status exams, intelligence testing, school readiness testing, projective tests, learning disability testing, personality assessments, law enforcement evaluations, and employment evaluations. The assessments are conducted with SARHC clients and through contracts with other agencies.
- School-based Services
The school-based rotation aims to provide individual and group therapy and assessment services to children and adolescents who have demonstrated difficulties functioning appropriately in the school setting. SARHC also participates in a collaborative effort with the juvenile court system and provides a liaison that attends all juvenile court sessions. This liaison helps to ensure that the child and family receive the appropriate services needed.
- Adult Day Treatment and Community Integrative Service
Hope House and Crossroads are well-established treatment programs for adult SMI populations. These programs empower mental health clients to be healthy and productive citizens within the community. Clients learn social, emotional and work related skills to function productively within the community. The program encourages clients to recognize personal hidden strengths and gain self-confidence through creative therapeutic intervention.
- Fourth Rotation

A fourth rotation of choice or specialty. Interns are encouraged to create a rotation which meets their interest.

STANDARDS OF TRAINING

- Ethical, professional, and culturally sensitive treatment
- Completion of 2000 hours (500 direct contact hours) of supervised clinical training, providing empirically supported diagnostic and therapeutic interventions
- Two hours per week in regularly scheduled, formal, face-to-face individual supervision with the primary supervisor, with another hour of informal supervision open door policy
- Monthly forensic supervision of 4 to 8 hours with an additional licensed forensic psychologist
- Two hours of regularly scheduled weekly group supervision
- An average of two hours per week in learning activities such as case conferences or professional seminars dealing with clinical issues
- Two hours per month didactics with the onsite prescriber
- Participation in weekly University of Arkansas Medical School Psychiatric Grand Rounds (Teleconferences) or other scheduled Didactic Seminars
- Charting of client interactions according to agency and supervision standards
- Monthly chart reviews
- Maintain an individual therapy caseload drawn from the typical range of agency clients of varying sociocultural features
- Complete three month rotations in three distinct areas of service offered by SARHC
- Complete a fourth, three month rotation of the intern’s choice, interest, or specialty, as approved by the Director of Clinical Training

SUPERVISING PSYCHOLOGISTS

<u>Name</u>	<u>Orientation/Interest</u>
Richard L. Sylvester, Ph.D. Arkansas 15-12P Louisiana Tech University	Psychological Assessment Underserved Populations Addiction & Criminal Forensics
Diedra Hayman, Ph.D. Arkansas 17-06P	Assessment of Children Integrated Care

Indiana HSPP 20042116A
Alabama 1826 (Inactive)
University of Florida
APA Approved Postdoctoral Fellowship in Primary Care Family Psychology, Pediatrics from
University of Rochester Medical Center, 2005

Lifestyle

PART-TIME/CONSULTING PSYCHOLOGISTS

Rodney Goodwin, Psy.D.
Arkansas 02-18P
Forrest Institute

Cognitive Behavioral
Health Psychology
Sleep Disorders

TECHNICAL SUPERVISORS

Michael O. Dodd, M.S.
Licensed Psychological Examiner
Northwestern State University

Internal vs External LoC
Autism Spectrum
Reality therapy, RET, CBT/CBT-P

Natalie D. Jordan, MD
MD: University of Arkansas for Medical Sciences
Residency: UAMS
Fellowship: University of Minnesota

Psychotic Disorders
Cognitive Disorders
Medically-Complex Individuals

POST-DOCTORAL/PROVISIONALLY LICENSED PSYCHOLOGISTS

Donala K. Jordan
Minnesota School of Professional Psychology
Argosy University

Diverse & Underserved Communities
Psychological Assessment
Psychology in Primary Care

QUALIFICATIONS OF CLINICAL SUPERVISORS

Supervising psychologists are licensed for the practice of psychology and abide by the ethical principles and state statutes pertaining to the practice of psychology. They are registered with the state as having sufficient training to render quality supervision.

They have adequate training, knowledge, and skill to render competently any psychological service, which the supervisee may undertake. The individual supervisor has sufficient knowledge of the supervisee's clients in order to plan effective and efficacious service delivery.

Supervisors are ethically and legally responsible for the overall professional activities of the supervisee. Supervisors have responsibility to interrupt or terminate the supervisee's activities whenever necessary to insure adequate training and the protection of the public.

Supervisors avoid entering into dual relationships with their supervisees. They do not exploit or engage in sexual relationships with supervisees. Supervisors attempt to resolve any unforeseen interference which may be potentially harmful to the supervisor relationship with due regard for the best interests of the supervisee and after appropriate consultation.

Supervisors are available to supervisees after business hours in the case of supervisee or supervisee client crisis. Supervisors make reasonable effort to provide for another qualified

supervisor in case of any interruption of supervision due to such factors as the supervisor's illness, unavailability, or relocation.

SUPERVISION

Dr. Richard Sylvester (Director of Clinical Training) and Dr. Diedra Hayman are the primary supervisors throughout the entire internship year. Interns are required to complete four quarterly rotations, one of which is either a repeat of a previous rotation or their choice of a new rotation. Interns may meet with other licensed psychologists (secondary supervisors) during those rotations.

During each quarterly rotation, interns will have one hour of weekly individual supervision. Additionally, interns will have the opportunity to speak with a primary supervisor at nearly any time via SARHC's 'open door' supervision policy. Interns also attend group supervision for two hours each week.

Interns and their supervisors assess goals on a continuous basis and establish objectives, which are modified throughout the entire internship process to meet the trainee's needs and interests.

EVALUATION

Supervisors evaluate the interns' competencies in established goals and objectives quarterly, utilizing formal written evaluations and informally throughout the training year. Evaluations are then summarized by the Director of Clinical Training in a final evaluation. Copies of all formal evaluations are sent to the interns' doctoral institutions' Director of Clinical Training.

The Director of Clinical Training will review all formal evaluations with interns. These evaluations address progress made in terms of psychological knowledge, skills, and competencies. Supervising psychologists hold biannual meetings (interns are not present at these meetings but are advised when they are scheduled) to review and discuss interns' progress.

Interns must achieve a minimum score of "E" in all evaluative areas on final evaluations completed by supervisors. These areas include: Personal Therapy, Multicultural & Diversity Issues, Consultation & Outreach, Clinical Assessment, Crisis Intervention, Professional Ethics, Supervision, Strategies of Scholarly Inquiry, and Methods of Program Evaluation.

Assessment of Goals and Objectives of Training

Intern Name: _____

Supervisor Name: _____

Evaluation Term: _____ Internship Midpoint _____ Internship End

From the broad internship goals, come a broad array of objectives and competencies expected of interns by the end of the year, including those related to the attainment of specific clinical skills, collaboration with other disciplines, along with professional and ethical behavior. Each competency has a congruent experiential training component, in which interns receive close supervision. Likewise, didactics are designed to augment clinical training and increase professionalism and ethical behavior.

Through working with staff and clients, in a rural community, while receiving close supervision, interns learn firsthand how to function as a generalist in an underserved area. Experiences are tailored in which interns have the opportunity to develop or refine skills, in an effort to meet internship goals.

COMPETENCY RATINGS DESCRIPTIONS

A Advanced Level- Competency for autonomous independent practice has been obtained, but routine supervision is needed/ required as an aspect of training status

P Proficient Level- Competency for high intermediate post-doctoral practice has been obtained in all but non-routine cases, supervision is required for overall management of duties/ activities

I Intermediate Level- Competency for expected routine internship practice has been met in some areas, but additional supervision and support is required when faced with novel or complex situations and in order for the intern to continue to grow and develop

E Entry Level- Competency for expected post-practicum practice has not been met and moderate supervision is required in most areas

R Remedial Level- Competency for entry level, post-practicum practice is not evident. Intern requires intensive supervision at entry level for internship, and is practicing at a level significantly below expectation.

The following is a list of the specific competencies used for the evaluation process:

Goal 1: To prepare interns to function as competent and ethical entry-level generalist practitioners with the requisite knowledge and skills for the practice of professional psychology in rural areas.

Objectives for Goal 1:

- A. To perform competent assessments
- B. To provide appropriate psychotherapeutic interventions
- C. To function in an ethical manner

D. To apply research to their clinical practice

Competencies for Objective A (Assessment):

- ___ 1. Appropriate and accurate assessment interview
- ___ 2. Selection/Administration of test instruments in an ethical and accurate manner
- ___ 3. Interpretation of test data
- ___ 4. Rapport/Sensitivity to diversity
- ___ 5. Coherent conceptualization
- ___ 6. Integration of data
- ___ 7. Appropriate diagnosis
- ___ 8. Produce a timely, organized completed report
- ___ 9. Appropriate recommendations
- ___ 10. Provide feedback sessions effectively
- ___ 11. Successful and appropriate crisis assessment & intervention

Competencies for Objective B (Psychotherapy):

- ___ 1. Demonstrate appropriate and accurate case conceptualization
- ___ 2. Demonstrate the integration of information from applicable sources
- ___ 3. Appropriate diagnosis from data
- ___ 4. Develop a positive relationship with client/collaterals
- ___ 5. Therapeutic boundaries maintained
- ___ 6. Appropriate interventions
- ___ 7. Organized treatment plan
- ___ 8. Flexible approach to meet client's needs
- ___ 9. Treatment focus on client growth/change
- ___ 10. Use of supervision/consultation for complex cases

Competencies for Objective C (Ethical):

- ___ 1. Identifies ethical and legal issues
- ___ 2. Consults regarding issues appropriately
- ___ 3. Incorporates supervisory input effectively
- ___ 4. Reports abuse or danger to appropriate personnel
- ___ 5. Maintains confidentiality
- ___ 6. Obtains appropriate authorizations for release of information
- ___ 7. Risk documentation by the end of day
- ___ 8. Follow agency protocol for risk situations
- ___ 9. Develop effective short-term crisis plan
- ___ 10. Contacts client post crisis (if not hospitalized)

Competencies for Objective D (Research):

- ___ 1. Displays efforts to expand knowledge and skills independently
- ___ 2. Demonstrate recognition of limits of competence in areas of practice

- ___3. Utilizes supervision/consultation for sources of research/literature
- ___4. Develops treatment plan consistent with scientific research
- ___5. Presents in progress notes interventions consistent with scientific research
- ___6. Incorporates scientific research into case conceptualization presentations
- ___7. Demonstrates congruence of interventions with scientific research in case presentations and case conceptualization

Goal 2: To prepare interns to function as generalist practitioners in a community mental health center and/or other public mental health setting, including the exploration of the varied aspects of a multidisciplinary treatment agency.

Objectives for Goal 2:

- A. To provide consultation and collaborate with other professionals from different disciplines on cases as needed
- B. To complete successfully two to three professional experiences (e.g., group, consultation) to gain exposure to different disciplines and treatment modalities
- C. To display competent incorporation of diversity issues as applicable to clientele of agency
- D. To employ positive coping skills and time management skills for efficient completion of necessary paperwork, compliance with agency employment policies, and management of personal/professional stressors

Competencies for Objective A (Consultation):

- ___1. Demonstrate recognition of the need for referral to different discipline/level of care
- ___2. Organize and present material effectively to different discipline personnel
- ___3. Effectively communicate information to client for justification of referral
- ___4. Coordinate treatment plan with different discipline
- ___5. Display effective coordination of services with other disciplines and agencies

Competencies for Objective B (Professional Experiences):

- ___1. Presents case formulations
- ___2. Integrates effectively into treatment team
- ___3. Functions collaboratively with other clinicians
- ___4. Manages differences of perspective to maintain appropriate interaction
- ___5. Maintains appropriate structure for group and group purpose
- ___6. Facilitates group process for inclusion of all members
- ___7. Structures and implements interventions for group process
- ___8. Addresses group dynamic problems independently
- ___9. Facilitate groups with co-therapist effectively
- ___10. Facilitate groups in absence of co-therapist when ready
- ___11. Fields request for services in a timely fashion
- ___12. Addresses crisis situations to facilitate appropriate level of care
- ___13. Contacts and coordinates with psychiatrist/colleague effectively
- ___14. Follows protocols of assessment and evaluation for appropriate psychiatrist consultation

- ___15. Incorporates supervisory input to practice on rotation activities
- ___16. Completes documentation for all services in a required time.

Competencies for Objective C: (Diversity):

- ___1. Identify issues of diversity for working with clients
- ___2. Acknowledge differences that exist between client and clinician
- ___3. Address differences with client in language appropriate to convey issue
- ___4. Obtains additional information around diversity element independently
- ___5. Incorporates supervisory/consultation information to clinical relationship
- ___6. Maintains a case load of divergent DSM diagnoses (expectations of at least 1 in the six categories: Mood, Anxiety, Trauma, Psychosis, Substance/Addiction, and Personality Disorder/Features)
- ___7. Presents scientific material effectively from relevant journal article
- ___8. Incorporates relevant diversity issues to case and testing presentations
- ___9. Identifies personal reactions to differences
- ___10. Conceptualizes cultural identify for self and impact of this on client

Competencies for Objective D: (Coping Skills/Time Management):

- ___1. Maintains amicable relationship with peers, colleagues, supervisors, administrative staff
- ___2. Manages differences openly and tactfully for resolution
- ___3. Participates in meetings with professional behavior
- ___4. Produce clear and concise treatment plans and notes within regulated time
- ___5. Organizes tasks/schedules according to priority needs
- ___6. Completes tasks within regulated time period without reminders
- ___7. Complies with Agency policy with regard to scheduling vacations, conferences, etc.
- ___8. Identifies professional or personal problems affecting functioning
- ___9. Develops coping strategy and uses resources to manage problems and stressors
- ___10. Seeks supervision/consultation to resolve stressors/management
- ___11. Responds to feedback from supervisors and other professionals in a non-defensive manner.

Evaluating competencies for interns:

The abovementioned competencies are used to evaluate intern performance. While informal feedback is given throughout the program, formal evaluation will take place two times per year, at the midpoint and end of internship. Assessment methods used for competencies include, but are not limited to, direct observation, case presentation, raw test data review, and clinical interactions.

COMPETENCY RATINGS DESCRIPTIONS

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R Remedial Level- Competency for entry level, post-practicum practice is not evident. Intern requires intensive supervision at entry level for internship, and is practicing at a level significantly below expectation.

Overall Comments

SATISFACTORY PERFORMANCE _____ YES (pass) _____ NO (fail)

I have reviewed and discussed this evaluation with the intern I have supervised over the past three months.

Supervisor signature

Date

My rotation supervisor has reviewed and discussed this evaluation with me. My signature does not necessarily constitute agreement. I understand that portions of this evaluation may be shared with members of my graduate program, and will be placed in my file in the Training Coordinator's office at South Arkansas Regional Health Center. I recognize that I am free to respond to this report in writing and that reply will also be placed in my file.

Intern signature

Date

Director or Training Signature

Date

REMEDATION AND SANCTIONS

Once a problem has been identified as not having been solved within the normal coaching and evaluation framework, there is a stepwise system of intervention which includes:

1. Verbal Warning-the supervisor discusses the seriousness of the problem with the intern: no written record is kept.

2. Written Acknowledgement-if the problem is not corrected within two weeks, the intern receives written notice that:

- The training director has been informed of the problem (if the training director is the intern's supervisor in any Due Process or Grievance procedure the C.E.O. will substitute for the training director).
- The verbal warning that was given is acknowledged
- The clinical director will become involved in the solution of the problem (a meeting will be held among the training director, the supervisor and the intern).
- The written acknowledgement will be placed in the intern's file kept by the Training Director to be removed when the problem is successfully addressed.

3. Written Warning-if the problem is not corrected within two weeks, the intern will receive written indication that includes the following:

- Description of the problematic behavior
- Actions needed for remediation
- Time table for corrective action
- Consequences of failure to correct behavior

REMEDATION PLAN

A remediation plan will be determined by the supervisor, in consultation with the training director, which will include the following:

- Increased levels of supervision
- Addition didactic training (if necessary)
- Reduced or altered caseload to create time to focus on the problem
- Recommendations of, and assistance in, finding personal psychotherapy, (if indicated)
- Time period over which progress is to be evaluated

Behavior that requires intervention by law enforcement, violates regulatory standards or places an individual at risk begin at Step III or result in immediate termination. In addition, disciplinary action, up to and including termination, may be imposed upon interns for conduct or actions that interfere with or prevent SARHC from effectively and efficiently discharging its responsibilities to the public. Including, but not limited to, the following:

1. Willful neglect or abuse in the performance of duties of the intern position.
2. Willful misuse, misappropriation, destruction or negligence with respect to SARHC property or conversion of SARHC property to personal use or gain.
3. Frequent tardiness or absence from duty without prior approval.
4. Violation of any reasonable or official order, refusal to carry out lawful and reasonable directions given by a supervising psychologist, or other acts of insubordination.
5. Habitual use of intoxicating beverages, narcotics, drugs, or other controlled substances so as to interfere with performance or the efficiency of SARHC service/intern performance.
6. Intoxication or use of alcoholic beverages, narcotics, drugs, or other controlled substances while on duty or on SARHC property.
7. Criminal, dishonest or other unsuitable conduct that interferes with efficiency of intern duties.
8. Disregard for or frequent violation of ordinances or state laws.
9. Violation of privileged or confidential information or its use for private gain.
10. Being medically or emotionally unfit for duty.
11. Any other conduct or action of such seriousness that disciplinary action/remediation is considered warranted. Including, but not limited to, false or misleading statements during the internship process, violation of Drug Free Workplace, violation of Patient Neglect and Maltreatment, etc.

As a general rule, should the behavior/problem result in or could be reasonably expected to result in immediate harm or danger to a client or intern, termination will be considered as a possibly appropriate option. As a general rule, should the behavior/problem not cause immediate harm or not place an individual at risk of harm or danger, then remediation will be attempted.

AFFIRMATIVE ACTION – EQUAL EMPLOYMENT OPPORTUNITY

SARHC is committed to and compliant with applicable Federal Law providing protection to applicants and employees; equal employment opportunity, prohibiting job discrimination, and promoting affirmative action under the Equal Employment Opportunity Act and the following Federal authorities:

1. Executive Order 1 1246, as amended,
2. Section 503 of the Rehabilitation Act of 1973, as amended,
3. Section 504 of the Rehabilitation Act of 1973, as amended,
4. 38 U.S.C. 4212 of the Vietnam Era Veterans readjustment Assistance Act of 1974,
5. Title VII of the Civil Rights Act of 1964, as amended,
6. Americans with Disabilities Act of 1990, as amended,
7. Age Discrimination in Employment Act of 1967, as amended,
8. Equal Pay Act of 1963, as amended, and

U.S. Department of Labor:

9. Occupational Safety and Health Act of 1970,
10. Fair Labor and Standards Act of 1997, and
11. Family Medical Leave Act of 1993.

An encapsulation of the previously referenced Laws and Acts, along with contact information, is conspicuously posted at all geographic locations for easy access and reference by consumers, staff, and visitors.

Due Process-The Intern's Response

The intern has the right to be able to respond to the actions taken with regard to problematic behavior and to be assured that the process of intern evaluation is fair and not personally biased. In order to insure this, the following procedures are in place:

- Expectation with regard to professional functioning are addressed at the outset of the internship
- Routine written evaluation procedures, are scheduled quarterly during the internship
- Interns are given adequate time to respond to actions taken by the program, including filing a grievance.

GRIEVANCES

Against the training staff:

1. Grievances of an intern against the training staff will be resolved in a timely manner without coercion, discrimination, or reprisal. It is our belief that most grievances can be resolved by a candid discussion between the individuals involved. If an informal discussion does not resolve the situation, interns should consult with their current rotation supervisor. If the situation involves the intern's current supervisor, the intern should consult with the Director of Clinical Training. If the Director of Clinical Training is the subject of the intern's complaint, the matter would then be referred to the Clinic Director.
2. If the Director of Clinical Training becomes involved with the grievance, he will meet with the individuals involved, gather information, and assist in resolving the situation. If the Director of Clinical Training is unable to resolve the situation, or is the subject of the complaint, the grievance should be submitted to the Clinic Director.
3. Within five working days a meeting will be called to discuss the grievance. All parties to the grievance, the rotation supervisors, the Director of Clinical Training, and the Clinic Director will attend the meeting. A formal resolution of the grievance will be attempted. Written minutes will be kept and signed by all participants.
4. If the grievance cannot be resolved internally, the intern, as always, can utilize the APPIC

Informal Problem Resolution and Formal Complaint Guidelines (<https://appic.org/Problem-Consultation>).

Against the program:

Grievances against the program should be addressed with the Director of Clinical Training. The Director of Clinical Training will bring any significant concerns to the attention of the internship training committee, which includes the Clinic Director. SARHC is committed to being responsive to the concerns of interns and to taking intern feedback seriously so that we are continually improving our training program.

OPERATIONAL AND TECHNICAL SUPPORT

As with all clinical staff, doctoral interns are provided with reception and client session scheduling support. Agency operational staff schedules appointments for all clinicians. The Center provides interns and clinicians with access to client records in an efficient and timely manner. Technical support is available during orientation and upon request. Also, transcription and typing services for progress notes, treatment plans, and general correspondence is available.

INTERNSHIP SALARY AND BENEFITS

Interns are paid an annual stipend of \$23,000 and allowed two weeks off for personal time. Time is allowed for professional development, including dissertation, licensure exam and preparation, conferences and other training opportunities. SARHC will reimburse interns for licensure fees. Friday afternoons from 12-5 pm are blocked out for the interns' professional development. Reasonable accommodation will be made for student leave that fosters the health and well-being of the intern. There is no provision for additional vacation leave or for medical insurance.

SARHC observes the following holidays:

- New Years Day
- Memorial Day
- Independence Day
- Labor day
- Thanksgiving Day
- The Friday after Thanksgiving
- Christmas Day
- One floating holiday
- Two weeks off for personal time

DATES

Our training year begins on August 1 and ends on August 15 of the following year. The internship is a year and two weeks, which permits current interns to participate in the

training/orientation process for incoming doctoral interns. Due to this extended time, interns are provided two weeks of personal time during the internship year.

PREVIOUS INTERNS

In recent years interns have come to our training program from the following Professional Schools and Universities:

Argosy University, Minnesota
Argosy University, Phoenix Campus
Argosy University, Washington D.C. Campus
Argosy University, San Francisco Bay Area
Argosy University, Chicago Campus
Argosy University, Dallas Campus
Bowling Green State University
Fielding Graduate University
Forest Institute of Professional Psychology
Louisiana State University
Louisiana Tech University
Regent University
Southwestern Baptist Theological Seminary
The Wright Institute
University of Central Arkansas
University of Memphis
University of Northern Colorado
West Virginia University

QUALIFICATIONS AND SUBMISSIONS

There are three full-time positions for the internship.

- All coursework must be completed (except for dissertation) before the formal start date of internship program on August 1st.
- The internship prefers but does not require interns to come from APA approved programs.
- 800 hours total (assessment, intervention, & supervision) of psychologist supervised practicum experience, completed as a part of the doctoral curriculum prior to beginning the internship.
- Completed APPIC application for Psychology Internship (AAPI). This document is available for completion through the APPIC Website: www.appic.org
- Three letters of recommendation, preferably from professors or clinical supervisors familiar with one's work.
- Graduate transcripts.

APPLICATION

To apply for an internship, an applicant must apply via APPIC by December 3rd, 2017.

This internship site agrees to abide by the APPIC match policies. At no time will any person at this training facility solicit, accept, or use any ranking related information from anyone applying for internship.

INTERVIEW

An interview will be required of all applicants being considered. On-site interviews are required. Interviews are generally scheduled to be held in December and January.

If you have additional questions, feel free to call or contact the Director of Clinical Training:

Richard Sylvester, Ph.D. Phone: (870) 862-7921, ext. 2433; Fax: (870) 864-2490
Email: richard.sylvester@sarhc.org

South Arkansas Regional Health Center
715 North College
El Dorado, AR 71730

Concerns regarding the APA accreditation of this site may be addressed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

(T) 202-336-5979 (F) 202-336-5978

www.apa.org/ed/accreditation

Email: apaaccred@apa.org