



# NPTC

NATIONAL PSYCHOLOGY TRAINING CONSORTIUM  
*Training Tomorrow's Psychologists*

## **Cascades Region Internship Brochure**

Revised May 2018

**APPIC MEMBER  
ACCREDITED ON CONTINGENCY**

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## Introduction

### National Psychology Training Consortium Cascades Region

The National Psychology Training Consortium (NPTC, previously Heart of America Psychology Training Consortium), a doctoral psychology internship, is a collaborative consortium consisting of psychological and primary care service centers throughout the United States focused on provision of services to rural and underserved patients. The Cascades Region of NPTC was founded in 2016 based on the models of the original NPTC-Central region (founded in 2003 as Heart of America Psychology Training Consortium) and the NPTC-Great Lakes region (founded in 2013 as Heart of America Psychology Training Consortium). NPTC-Cascades merged with APPIC member HealthPoint which has been an APPIC member since 2011. The Cascades Region was granted accreditation on contingency as of April 15<sup>th</sup>, 2018. This program is required to provide outcome data to the Commission by January 2020 and upon receipt of those data, the Commission will review the data to determine if it is sufficient to grant full accreditation status (See appendix A for more information about our APA accreditation process).

The executive training staff of NPTC-Cascades include the President/CEO, Adam Andreassen, Psy.D., Regional Training Director, David Bauman, Psy.D., and Director of Operations, Katherine Dixon, M.A. The Cascades Region of NPTC is comprised of sites located in northwest and central Washington. The Executive Training Office for NPTC is located in the Central Region in Springfield, Missouri.

The National Psychology Training Consortium is an applied training organization for individuals completing an education in the professional practice of psychology or for individuals who have recently completed a doctoral level academic program and are working to obtain licensure. NPTC-Cascades provides psychology interns the opportunity to take substantial responsibility for fulfilling major professional and psychological functions in the context of appropriate supervisory support and professional role modeling. NPTC-Cascades partners with community agencies to provide a sequential, cumulative, and graded training environment. The objective of the internship is to prepare prospective psychologists to function effectively in integrated primary care settings and to provide services to a variety of populations in rural health care.

### Mission Statement

*Training Tomorrow's Psychologist in the Discipline and Practice of Psychology with Rural and Underserved Patients*

The mission of NPTC-Cascades closely aligns with the vision and mission of the American Psychological Association's Committee on Rural Health (CRH). The mission of NPTC-Cascades emulates that of the CRH in the following ways: 1) ensuring availability of behavioral and physical health services; 2) improving the availability and retention of psychologists; 3) increasing psychological services; and 4) encouraging integrative care to reduce behavioral health care stigmas.

## Long-Term Diversity Plan

NPTC-Cascades is committed to promoting and infusing diversity into every facet of the training experience. NPTC-Cascades adheres to the definition of diversity provided in the Commission on Accreditation-Guidelines and Principles (2012), Domain A, Section 5, as "personal and demographic characteristics. These include, but are not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status." NPTC-Cascades is dedicated to providing psychology interns with opportunities to work with populations in a variety of settings that promote and provide necessary exposure to diverse populations and issues. In addition, NPTC-Cascades recognizes the importance of multicultural awareness and competence in the provision of professional service and strives to prepare prospective psychologists to meet the needs of a progressively global and dynamic society.

With this in mind, NPTC-Cascades has devised a long-term diversity plan to not only provide diversity training and experiences to its interns, but to also provide a safe, trusting, accepting atmosphere at its sites. In order to accomplish these goals, NPTC-Cascades has outlined three main areas of program diversity:

### 1. Diversity Education

- a. NPTC-Cascades' mission statement is to train psychologists in the discipline and practice of psychology with rural and underserved patients. All training sites provide treatment to patients who represent various aspects of diversity, including age, religion, disability, and lower socioeconomic status. Supervisors provide interns with opportunities to work with diverse patients as cases become available.
- b. NPTC-Cascades has made diversity and diversity training a core component of its program goals and objectives in order to provide the appropriate emphasis on diversity to interns and ensure they graduate with an appropriate respect for diversity in all its forms.
- c. NPTC-Cascades values and emphasizes the importance of training in diversity and is committed to dedicating at least two and a half hours of training on diversity issues each month, as well as speakers from various areas of diversity when available.

- d. All interns are evaluated quarterly on their ability to work with patients from diverse backgrounds.
- e. As part of their core training expectations, Interns spend two hours each week in self-directed journal review, at least 10% of which must include diversity-related topics. Fulfillment of this guideline is monitored and verified monthly by the Site Training Director.
- f. NPTC-Cascades' *Director of Diversity Enhancement* initiates and monitors the Long-Term Diversity Education Plan. This individual also presents diversity trainings, promotes diversity enhancement, consults with interns on diversity issues, and, if necessary, provides interns with referrals to other diversity experts.
- g. One of NPTC's Cascades Region member sites provide regular diversity training for their employees. The remaining two NPTC sites conduct periodic diversity training as well as informal discussions relating to diversity in their regular staff meetings and in supervisory or training activities. Information has been provided to these sites on various online trainings that are available to them to use.

## 2. Psychology Intern Diversity Recruitment and Retention

- a. NPTC-Cascades highlights the opportunities for diversity training through the training sites on its webpage and in the APPIC directory.
- b. To encourage applicants interested in working in rural, need-based areas, NPTC-Cascades highlights sites which are members of the National Health Service Corps loan repayment program. This increases the potential of attracting diverse applicants interested in longer-term placements in high-need diverse areas.
- c. NPTC-Cascades advertises available internship positions in the APA Division 38, APA Division 44, and APA Division 45 newsletters in order to encourage a more diverse applicant pool.
- d. NPTC-Cascades advertises its program and available positions by sending its brochure to doctoral programs which have degree concentrations in Rural Psychology and/or Integrative Primary Care, for instance, Marshall University, University of North Dakota, East Tennessee State University, Ohio State University, East Carolina University, and University of Alaska.
- e. While it is likely that psychology interns will have a range of pre-existing attitudes and values related to diversity issues, acceptance to the training program is seen as a commitment to:
  - i. The social value of respect for diversity;
  - ii. Willingness to engage in self-disclosure, self-reflection and introspection;

- iii. Readiness to resolve or eliminate attitudes, beliefs, and behaviors that could have a negative impact on their ability to perform the functions of a mental health professional in accordance with the highest standards and principles of professional practice and ethics.

### **3. Staff/Supervisor Diversity Recruitment and Retention**

- a. All NPTC-Cascades member sites are encouraged to consider the following strategies when choosing staff and supervisors for their sites:
  - i. Advertise staff openings in venues targeting diverse applicants.
  - ii. Incorporate an inclusive diversity statement in all staff job advertisements.
  - iii. Request referrals and nominations of candidates from underrepresented groups completing doctoral programs.
  - iv. Allow/encourage support staff, supervisors and interns to attend diversity-oriented training and conferences.
- b. All NPTC-Cascades member sites have non-discrimination policies in place within their organizations.
- c. NPTC-Cascades expects that all members of the consortium will promote a safe, trusting, and accepting environment and strive to learn from each other in an atmosphere of mutual respect.
- d. It is also expected that all members of the consortium be supportive and respectful of all individuals, including, but not limited to, patients, staff, peers, administrators, and supervisors who are different from them in age, gender, gender identity, body size, race, ethnicity, culture, national origin, religion, spirituality, sexual orientation, disability, language, or socioeconomic status.



# Doctoral Internship Program Training and Psychology Intern Activities

## Overview of Training Program

NPTC-Cascades believes that the competent practice of psychology requires an integration of scientific and professional knowledge, skills, and attitudes. Thus, internship training incorporates diverse psychological theories, approaches, and perspectives that are designed to prepare psychology interns for a broad range of professional roles and activities. The training program is also attuned to the continually expanding scope and evolving nature of the field and the likelihood that clinical psychologists will engage in multiple roles over the course of their professional careers.

NPTC-Cascades is committed to providing a clinical training experience that is sequential, cumulative, and graded in complexity. The training is conducted in a facilitative and supportive manner that provides each psychology intern with the opportunities to experience the practice of psychology with rural and underserved patients and as members of multidisciplinary integrative primary care teams. Psychology interns are respected trainees who make valuable contributions that enhance the learning environment of the organization as a whole. Psychology interns are provided the opportunity to expand their understanding of theoretical principles and translate that knowledge into practice.

The goal of the supervisory relationship is to maximize the opportunity for the psychology interns to develop a constructive, collaborative working alliance that supports growth, learning, and quality care provision. Through collaborative modeling with supervisors, psychology interns are socialized into the profession and develop an appreciation for continuing professional development and lifelong learning.

## Philosophy of Training Program

The National Psychology Training Consortium seeks to train prospective psychologists to the discipline and practice of clinical psychology by employing an empirically-informed, competency-based practitioner-scholar model. The three program aims include the following:

- **Aim 1:** To provide broad and general training in psychology with emphasis on applied empirical knowledge in the primary care setting.
- **Aim 2:** To prepare psychology interns to competently address the needs of diverse populations, with emphasis on underserved.
- **Aim 3:** To socialize psychology interns to utilize critical thinking, problem solving, and meaningful self-reflection to facilitate life-long professional development.

The program utilizes these aims to provide experiences in clinical learning environments that are responsive to the changing needs of diverse communities.

As psychological practice is inarguably based on science, the program firmly believes the competent, evidence-based practice of psychology requires an integration of both scientific and professional knowledge, skills and attitudes. Our training philosophy utilizes the local clinical scientist philosophy with an additional focus on acquisition of core competencies for behavioral health consultants. Specifically, this model not only emphasizes the importance of general training in primary care psychology but also prioritizes the integration of science and practice via implementation of the practitioner-scholar as a “local clinical scientist.” As described by Trierweiler and Stricker (1992), this perspective emphasizes:

- being a generalist of knowledge and method;
- focusing on local realities in which data are gathered as they apply to a particular case but may be limited in the extent to which they generalize to other cases; and
- developing an active inquiring mind as opposed to concentrating on technical expertise with scientific methods (p. 104).

Internship training is guided by consortium values that include:

- Broad and general practice with the opportunities to move into new, emerging areas;
- Multiples ways of knowing, sources of knowledge, and values;
- Commitment to life-long learning;
- Valuing of human diversity;
- Self-awareness, open-mindedness, flexibility, personal integrity, and honesty;
- Guidance by professional ethics and standards of conduct.

This generalist foundation is complimented by a focus on Robinson and Reiter’s (2015) suggested core competencies particularly relevant when working in primary care, which include:

- Clinical Practice Skills
- Practice Management Skills
- Consultation Skills
- Documentation Skills
- Team Performance Skills
- Administrative Skills

These values serve to compliment the profession-wide competencies of the Internship Program.

### **Profession-Wide Competencies**

#### **I. Research**

Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

## **II. Ethical and Legal Standards**

1. Be knowledgeable of and act in accordance with each of the following:
  - a. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - b. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - c. relevant professional standards and guidelines.
2. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
3. Conduct self in an ethical manner in all professional activities.

## **III. Individual and Cultural Diversity**

1. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
2. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
3. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
4. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

## **IV. Professional Values and Attitudes**

1. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
2. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
3. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
4. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

## **V. Communication and Interpersonal Skills**

1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

## **VI. Assessment**

1. Demonstrate current knowledge of diagnostic systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
2. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
3. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

4. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
5. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
6. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

#### **VII. Intervention**

1. Establish and maintain effective relationships with the recipients of psychological services.
2. Develop evidence-based intervention plans specific to the service delivery goals.
3. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
4. Demonstrate the ability to apply the relevant research literature to clinical decision making.
5. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
6. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

#### **VIII. Supervision**

1. Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.

#### **IX. Consultation and Interprofessional/Interdisciplinary Skills**

1. Demonstrate knowledge and respect for the roles and perspectives of other professions.
2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

## **Internship Program Learning Activities**

A unique focus of the program is the intersection between psychology and integrated primary care in rural and underserved areas. NPTC-Cascades provides various activities designed to establish the psychology intern's competence in engaging in evidence-based practice, serving diverse populations and demonstrating professionalism and ethical decision making. Some of the assignments immerse the intern in direct service delivery (e.g., brief intervention), while other experiences provide training and support (e.g., individual supervision or didactics). These training activities are structured in terms of sequence, intensity, duration and frequency, allowing the intern to develop mastery at each step before progressing to the next. Interns are provided with a combination of required and elective activities during the internship to prepare them to deliver a variety of psychological services. Interns actively participate in the selection of learning activities with respect to the number and intensity of activities completed. Performance in program assignments is monitored and supported through the individual supervision process. At the beginning of the training year, the Site Supervisor/Site Training Director will meet with the intern to generate a learning plan, specifically the Individual Learning and Training Plan (ILTP), which designates the assignments necessary to complete the internship. The ILTP reflects both

required and elective activities for the specific internship site. The following table lists examples of recent training opportunities available at our various sites.

**TABLE 1: Examples of Training Opportunities**

	Community Health of Central Washington	HealthPoint	Yakima Neighborhood Health Services
Brief Intervention	X	X	X
Multidisciplinary Medical Clinic Consultation	X	X	X
Crisis Intervention		X	X
Prevention	X	X	X
Research	X	X	
Teaching/Psychoeducation	X	X	
Assessments/Evaluations	X	X	X
ADHD Evaluation	X	X	X

## Required Program Components

### Intervention

Intervention is considered foundational to the training experience. It is a core experience including an ongoing caseload of adult, adolescent, or childhood patients. The psychology intern is expected to obtain a minimum of 10 face-to-face patient contact hours (25% of time) per week. Patient contact hours for this component accumulate through a variety of treatment modalities, depending on site placement. Potential modalities include: inpatient or outpatient, individual, group, couples and family intervention, and assessment administration. The intern's performance is assessed at the outset of the internship, and patients are assigned consistent with the intern's developmental readiness. As proficiency increases, interns are assigned more complex and challenging cases. Interns conduct co-intervention and participate in direct observation or other training opportunities with their primary and/or secondary supervisors when possible.

### Supervision

Interns are assigned two primary supervisors and primary supervision is solely done by licensed psychologists on staff. The training director and primary supervisors are responsible for intern training. Two hours of individual face-to-face intensive supervision are provided each week (one hour from each primary supervisor). Supervision focuses on assessment, relationship building, clinical interview and intervention skills, application of theory to practice, and integration of the aforementioned functions with the intern's developing professional style. Self-as-instrument, herein defined as how the psychology intern's idiosyncratic presence impacts the patient and the therapeutic environment, becomes the crucible through which knowledge, skills and attitudes are forged to form the intern's professional identity. This supervision includes in-vivo supervision, video- or audiotaped supervision, process notes, and case discussion. The form of supervision

chosen by the supervisor depends on the particular intern's supervision needs. Secondary supervision will also be provided by non-psychological personnel (e.g., doctors of medicine and osteopathy, nurse practitioners, physician assistants, nurses, pharmacist, etc.) to help foster interprofessional education and collaboration. While supervision remains intense throughout the internship year, interns are afforded more autonomy as their skills progress. The following are examples of topics addressed throughout the intern's individual supervision:

- Assessment
- Clinical Interview Skills
- Application of theory to practice
- Integration of therapeutic modalities with the developing personal and professional style of the psychology intern
- Progression with respect to the psychology intern's use of self within sessions
- Development of consultation skills
- Integration of research data into practice

### **Psychological Assessment/Evaluation**

Attaining competence with primary care assessments and screeners is emphasized throughout the internship year. Specifically, empirically supported symptom screeners (e.g., PHQ-9, GHQ-9, MoCA, Vanderbilt's) are used daily to inform treatment plans and evaluate service outcomes. Interns will also receive experience and training on using relevant, empirically supported primary care screeners that focus on functionality (e.g., DUKE Health Profile) and incorporate these screeners/assessment tools into their consultation notes to the medical team. Furthermore, interns will have the opportunity to complete brief evaluations regarding appropriateness of medical interventions (e.g., chronic pain medication protocol, ADHD evaluation and stimulant medication, bariatric surgery, etc.). As competency is gained, the supervisor may allow the intern more autonomy. The intern is expected to become more proficient and sophisticated in his/her ability to perform and report assessments and results as the internship progresses. If a site cannot provide the necessary number of assessment opportunities for a Psychology Intern, a secondary site may be assigned for a period of time during the internship year to provide the needed resources.

### **Didactic Training**

The primary focus of didactic training is to enhance interns' readiness to practice in either an integrative primary care setting or in a rural area. Psychology interns participate in a once-a-month consortium-wide didactic training presented in a seminar/workshop format. The structure of this training fosters the opportunity for more in-depth and comprehensive exploration of topics relevant to clinical practice and intern socialization. Individual sites will provide additional monthly didactic training to interns. A reference list of literature pertinent to the monthly didactic training is provided to interns in advance of the training. Interns are expected to become familiar with the current literature and be able to enrich the training activity through participation and clarifying questions. Attendance at monthly didactic trainings also provides interns ongoing informal contact with each other so they can share experiences and provide support to each other.

## **Critical Analysis**

Within the first quarter of the training year, interns will select a case or a topic on which to conduct their critical analysis. Once a case/topic is chosen, interns will investigate all aspects of the case/topic and compare their view to what research says on the case/topic he/she chose. Interns will be evaluated on a set number of criteria and the depth of their understanding of the research based on their topic. This evaluation form will be provided in advance so the interns are aware of the requirements. Research will be compiled, formally presented, and evaluated during the third quarter of the training year as a part of his/her graduation requirements.

Every week, interns are allotted two hours in their schedule for self-directed journal review to support knowledge of current, relevant research as well as the development of skills associated with lifelong learning. It is expected, though not required, that the self-directed journal review time is used to research for this critical analysis presentation. The intern should review topics related both to areas applicable to present training and to areas of professional interest such as dissertation-related topics. It is required that 10% of these journal articles are topics related to diversity.

## **Clinical Supervision Exercise**

To foster development as future supervisors, psychology interns spend two hours each month in a Clinical Supervision Exercise. In this group, interns explore the professional role of supervisor and develop skills and attitudes appropriate to that function. This exercise utilizes supervision of actual cases provided by interns in a group setting. Interns may find it helpful or necessary to volunteer personal information during this process, however, it is not a required component to the exercise. During this group, interns practice supervising in a mock setting as both supervisor and supervisee. Following the session, a discussion is facilitated on supervision style, level of effectiveness, areas for improvement, and theoretical underpinnings. The chief purpose of these exercises is to encourage interns to begin developing an effective supervision approach while receiving valuable and honest feedback in its practice. This process is supported during the didactic training year via a half-day presentation that focuses on current supervising theories and principles of supervision.

## Graduation Requirements

The following is the list of program requirements psychology interns are expected to achieve in order to graduate from the internship program:

- Complete 2,000 total internship hours.
- Maintain a minimum caseload of 10 face-to-face patient contact hours per week (unless otherwise approved by the President/CEO), resulting in at least 25% patient contact or 500 hours over the course of the year.
- Complete at least 200 hours of supervision over the course of the year, at least 100 of which needs to be individual supervision with a licensed psychologist.
- Average score of 2.5 across all competencies on the *Psychology Intern Quarterly Evaluation* in the second quarter (with no ratings of 1), average score of 3 (Satisfactory Strength) in the third quarter (with no ratings of 1), and receives scores of at least 4 (Competent) in the fourth quarter with no items rated 1 (Unfamiliar), 2 (Aware/Developing), or 3 (Satisfactory Strength) to demonstrate they have achieved the objectives and competencies set by the consortium.
- Complete a minimum of 6 integrated reports with written psychological evaluations addressing specific goals/requests.
- Attend all scheduled didactic training activities.
- Maintain a score of 3 (Satisfactory) or higher on each area of the Quarterly Professionalism Review.
- Complete Critical Analysis as defined within the Critical Analysis section with a score of 2 or above in each category.
- Complete all internship documentation/forms/surveys as requested by the Executive Training Office throughout the year.



# NPTC-Cascades Settings and Application

## Site Membership and Descriptions

Internship training is carried out in a variety of affiliated member training sites. Currently, there are three member sites in the Cascades Region. Many of the sites within the consortium employ more than one doctoral-level licensed psychologist, ensuring opportunities for primary supervision by two on-site doctoral-level licensed psychologists. In instances where there is only one psychologist on-site, NPTC-Cascades works with the training site to coordinate additional primary supervision for the intern.

Table 2 reflects the range of settings for NPTC-Cascades' member sites.

**TABLE 2: Characteristics of Member Sites**

	Community Health Center
Community Health of Central Washington	X
HealthPoint	X
Yakima Neighborhood Health Services	X

Table 3 reflects an example of populations most often served at our member sites. A brief description of each site is provided on the pages which follow.

**TABLE 3: Patient Populations Served**

See site descriptions on the following pages for the corresponding site number

	Community Health of Central Washington	HealthPoint	Yakima Neighborhood Health Services
Marital/Couples/Families	X	X	X
Students	X	X	X
Outpatient	X	X	X
Low/Middle Income	X	X	X
Rural	X	X	X
Urban	X	X	X
Medical Patients	X	X	X
Chemically Dependent	X	X	X
Minorities	X	X	X

## 1. Community Health of Central Washington

**Positions: 3**

**Training Director:** David Bauman, Psy.D.

**Associate Training Director:** Arissa Walberg, Ph.D.

**Supervisors:** Bridget Beachy, Psy.D. (see website for full list of supervisors)

Community Health of Central Washington (CHCW) provides quality healthcare through service and education in five medical clinics in Kittitas and Yakima Counties. Since 2006, CHCW has implemented the evidence-based Primary Care Behavioral Health (PCBH) Model. CHCW uses Primary Care Medical Home (PCMH) teams to provide integrated primary, behavioral, and other services for its patients. PCMH teams include a Physician or Resident, Nurse, Medical Assistant, Behavioral Health Consultant, and Care Coordinator. The Behavioral Health Consultant functions as a core member of the PCMH team, providing consultative services. Behavioral health interventions look like primary care visits (rather than specialty care visits). Visits are brief (15-30 minutes), limited in number (one to six visits per patient with an average of between two to three visits), and are provided in the primary care practice area so that the patient views meeting with the Behavioral Health Consultant as a routine primary care service.

In addition to PCBH services, CHCW provides Medication-Assisted Treatment services and interns will facilitate chronic pain classes, as patients with chronic pain and other chronic diseases are at high risk for behavioral health disorders. CHCW prescribes buprenorphine/naloxone for patients with opioid use disorders and naloxone for selected patients with chronic pain and all patients with opioid use disorders. CHCW will adapt the “BupEd” training and provide didactic and clinical training for interns, including BupEd outpatient visits and rounds.

Community Health of Central Washington works in collaboration with other sites within the consortium to provide additional training opportunities. Interns matched with CHCW may have an opportunity to rotate through Yakima Neighborhood Health Services during their training year.

## 2. HealthPoint

**Positions: 7**

**Training Director:** James Berghuis, Ph.D.

**Supervisors:** James Berghuis, Ph.D. (see website for full list of supervisors)

We are excited to announce that HealthPoint and NPTC-Cascades have merged! We have retained their APPIC number (2044) and even though the APPIC directory has changed, HealthPoint is still here as a part of the consortium.

HealthPoint is a community-based, community-supported and community-governed network of non-profit health centers dedicated to providing expert, high-quality care to all who need it, regardless of circumstances. At this site they utilize a “consultant” model, to augment usual primary care by ensuring a well-rounded biopsychosocial treatment plan.

They provide individual, group, and family interventions and work in close collaboration with primary care providers (PCPs) in a fast-paced multidisciplinary setting. Visits are brief (20-30 minutes), limited in number (1-4 generally) and focused on functional restoration rather than diagnosis and therapy. They do not provide mental health therapy in the traditional sense, and assessments and interventions are geared toward the primary care setting.

At HealthPoint, unique learning opportunities/training include learning the PCBH model, a rotation on one of their school-based health centers, consultation with psychiatrists, conducting brief ADHD, cognitive, and chronic pain evaluations, as well as learning much more about medical and psychiatric conditions, medications, natural medicine, and nutrition from providers across these disciplines.

### **3. Yakima Neighborhood Health Services**

**Positions: Interns at CHCW will rotate through this site**

**Training Director:** Steven Olmer, Psy.D.

**Supervisors:** Steven Olmer, Psy.D.

Yakima Neighborhood Health Services (YNHS) is a Community Health Center in Central Washington State. Yakima is a metropolitan community, rich in culture and, for a health professional, rich in opportunities to make a difference in people's lives. YNHS serves mostly low income and disadvantaged individuals and families, though everyone in our community is welcome. YNHS also has a special focus to serve the homeless, and residents in public housing of Yakima County. We have several satellite clinics, targeted outreach services, medical respite care, and housing programs to help homeless individuals and families work toward self-sufficiency in our community. We also provide housing, medical respite care, and support services for about 70 homeless households in Yakima County. We have six sites providing primary medical/behavioral health care, and three of them currently offer dental services. We also serve a significant number of migrant and seasonal farm workers, most of whom are Mexican-Americans working in our very agricultural communities in the Yakima Valley.

Yakima Neighborhood Health Services has a commitment to quality, and team-centered care. We are accredited by the Joint Commission, and are the first Community Health Center in Washington State to be recognized as a Patient Centered Medical Home by the National Center for Quality Assurance (NCQA).

As an Affiliate of the Cascades Region, Yakima Neighborhood Health Services will not match directly with interns, but will work in collaboration with Community Health of Central Washington for the training year. Interns may be assigned to this location as a part of their rotation with Community Health of Central Washington.

## Psychology Intern Salary, Work Expectations, and Benefits

### Salary and Work Expectations

NPTC-Cascades' psychology interns will receive a \$25,000 salary for the 2018-2019 training year. The internship is for a 12-month duration beginning June 20<sup>th</sup>, 2018 and ending June 19<sup>th</sup>, 2019. Doctoral students shall represent themselves as "Psychology Interns" and complete a total of 2,000 hours over the course of the year. Interns will be assigned to provide a minimum of forty (40) hours per week (not to exceed fifty (50) hours per week) of clinical work or case management services, which includes the attendance of required didactic training activities, supervision time, and paid leave. It is expected that the internship and training activities come first and any other roles/duties are secondary to the completion of the internship program.

### Benefits

Interns assigned to the NPTC member sites are considered Psychology Interns of NPTC but employees of the Member site. Members, in coordination with NPTC, agree to provide the following benefits to each of the interns.

- Optional enrollment for interns and families in member site's employee benefit plans. This benefit can require financial participation of the intern.
- Provide primary commercial general liability, professional liability, and worker's compensation coverage for intern(s).
- At least 17 days of PTO (including vacation, sick, and professional leave).
- At least eight paid holidays that include: Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day, New Year's Day, President's Day, and Memorial Day. Sites may opt to provide additional holiday time.
- Mileage reimbursement as defined in the individual site's reimbursement policy.

## Eligibility, Application, and Selection Procedures

### Eligibility

Applications for internship are accepted from persons who have met the following requirements:

- Comprehensive Examination successfully completed
- Master's degree completed (equivalent schooling is NOT accepted)
- Dissertation or Doctoral Project proposal approved by start of internship
- Completion of a minimum of 1000 total practicum hours, of which...
  - 250 should be Intervention and Assessment hours
  - 100 should be Supervision hours
- Completion of all required coursework for doctoral degree (other than dissertation/doctoral project)
- Approval to participate in the APPIC National Match

Applicants who possess a Master's degree and are willing to obtain state licensure may be given preference in the applicant selection process.

All NPTC-Cascades sites require background checks and/or drug screens prior to beginning the internship. Eligibility to begin internship, even after match, is contingent upon the intern passing these tests. If a matched intern fails to pass a background check or drug screen, NPTC-Cascades reserves the right to withdraw the invitation to match with the intern.

As a part of the partial affiliations between NPTC and the Chicago School of Professional Psychology and Pacific University School of Professional Psychology, students from the Chicago School and Pacific University are given preference in the selection process. However, interns from programs will still be considered and are encouraged to apply. Please see the FAQ section on Partial Affiliation for more information about this agreement.

## **Internship Application Process**

### **Application Deadline: November 30<sup>th</sup>, 2017**

The National Psychology Training Consortium requires that the AAPI Online application service be used by all applicants in order to be considered for our internship training program. Prospective psychology interns apply to individual sites within the consortium, not to the consortium as a whole; however, individuals may apply to as many training sites within the consortium as they wish. Everyone is to specifically indicate which sites she/he is applying to in the AAPI cover letter.

The following information is required in all NPTC-Cascades applications:

- Cover letter specifying the sites being applied to and why the intern is a good fit for each,
- APPIC AAPI as designated on the online application,
- Three letters of reference, and
- One psychological evaluation report writing sample submitted as supplemental material.

Eligible applications are reviewed and ranked by a combination of NPTC-Cascades' staff and individual site directors. A select group of applicants are invited for interview. Notification of invitation to interview is made by November 16<sup>th</sup>. For applications received after this notification date, notice will be made prior to December 15<sup>th</sup>.

In order to reduce the travel expense associated with interviewing, all participating NPTC-Cascades sites provide two date options for conducting interviews. The first option is the NPTC Universal Interview Day on December 1<sup>st</sup> in Springfield, Missouri. All sites within each NPTC region participates in this interview day. This event is provided as a cost-effective option for applicants interested in sites in multiple NPTC regions. However, please note that due to the nature of the interview day, site tours are not available. Some sites may approve site tours at a later date if requested. Applicants who are only interested in Cascades Region sites will have the option to attend on-site interviews in Washington on Friday, January 12<sup>th</sup>, 2018 for HealthPoint and Monday, January 15<sup>th</sup>, 2018 for CHCW. Location of interview will not impact match rankings; rather, they offer two interview dates at different sites to allow travel flexibility for applicants.

Following interviews, individual sites rank the interviewed candidates for submission in the APPIC match service. All final rankings are submitted by the Director of Operations, and application and

selection procedures follow the APPIC guidelines. Internship applicants will be informed of their selection through the APPIC notification process contracted through the National Match Service.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any Psychology Intern applicant.

## APPIC Match Information

NPTC-Cascades participates in the APPIC internship matching program. Applicants must use the correct 6-digit program code (listed below) to identify each program on his/her Rank Order List. A match can only occur if the applicant and site use the same program Code Number when submitting the Rank Order Lists. Applicants can also obtain the Code Number for each program from the Listing of Programs participating in the Match, which is available on the APPIC Matching Program web site ([www.appi.org](http://www.appi.org)) or on the NPTC Website ([www.psychologyinterns.org](http://www.psychologyinterns.org)). Applicants may use these web pages to view up-to-date information on available sites and experiences through NPTC-Cascades.

<b>Program Code Number</b>	<b>Program Description</b>	<b>Available Slots</b>
204411	HealthPoint	7
204412	Community Health of Central Washington	3



# General Policies and Guidelines

## Non-Discrimination Policy

NPTC-Cascades and member sites are Equal Opportunity/Affirmative Action employers and do not discriminate on the basis of race, color, religion, ethnic or national origin, creed, ancestry, gender, disability or age, sexual orientation or veteran status in employment or in any of its programs and activities. For questions, concerns, or more information, contact Katherine Dixon at [kdixon@psychologyinterns.org](mailto:kdixon@psychologyinterns.org).

## Disabilities Support Services Policy

Within the guidelines set forth in this policy, NPTC-Cascades and member sites are committed to providing an accessible and supportive environment for individuals with disabilities. Equal access for qualified students with disabilities is an obligation of NPTC-Cascades under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. NPTC-Cascades and member sites do not discriminate on the basis of disability against otherwise-qualified individuals in any program, service, or activity offered by the consortium. NPTC-Cascades is committed to ensuring that no otherwise-qualified individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids or other appropriate services. Such accommodations, however, cannot result in an undue burden to NPTC-Cascades or member sites or fundamentally alter the requirements essential to a psychology training program. NPTC-Cascades reserves the right to determine whether a psychology intern or resident is capable of performing the duties required by the program.

Notification to the consortium of any and all types of personal needs involving physical, emotional, and learning difficulties and/or needs related to the Americans with Disabilities Act is the sole responsibility of the psychology intern. The individual should notify the Support Coordinator for Persons with Disabilities as soon as the need for accommodations becomes evident. In order to receive accommodations, the individual must provide the Support Coordinator for Persons with Disabilities with appropriate documentation of the disability. Accommodations will not be provided for undocumented disabilities, except that accommodations may be provided on a provisional basis pending receipt of documentation for disabilities that are readily apparent. Only persons interested in receiving disability-related accommodations need to provide disability documentation. If eligibility for accommodations is established and the request for accommodations approved, the Support Coordinator for Persons with Disabilities will coordinate a meeting between psychology intern and the necessary Training Directors and/or supervisors to review the approved accommodations. While all reasonable

efforts will be made to accommodate individual needs, it is conceivable that some conditions and circumstances may exist which cannot be reasonably accommodated.

To initiate an inquiry or request for accommodations, the individual must contact Katherine Dixon at [kdixon@psychologyinterns.org](mailto:kdixon@psychologyinterns.org).

A full listing of NPTC-Cascades' policies and guidelines, including the Due Process and Grievance Policy is included in the Internship Training Manual which is provided to interns during orientation. This document can also be viewed by request of the Executive Training Office. To request a copy of NPTC-Cascades' policies or to view a copy of the full manual, contact Katherine Dixon via email at [kdixon@psychologyinterns.org](mailto:kdixon@psychologyinterns.org).



## Appendix A: APA Accreditation

The National Psychology Training Consortium – Cascades Region has been accredited on contingency by the Commission on Accreditation of the APA since April 15th, 2018. This program is required to provide outcome data to the Commission by January 2020 and upon receipt of those data, the Commission will review the data to determine if it is sufficient to grant full accreditation status. If you have any questions regarding the program or any of the member sites, please contact President/CEO, Adam Andreassen, Psy.D. by phone (417-812-6495) or email (aandreassen@psychologyinterns.org).

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

*Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*



## Appendix B: Rural Psychology

“In almost all rural and frontier areas, health care practitioners, services and infrastructure are in short supply. The population is small and is disproportionately older. These areas have low household incomes, relatively high unemployment rates and high poverty rates. Unfortunately, they also have a high proportion of the population that lacks health insurance or has inadequate coverage. Providing behavioral health care services to rural residents is further complicated by the presence of stigma” (American Psychological Association, 2012). These words are taken from the American Psychological Association’s (APA) webpage dedicated to rural health awareness and initiative. They represent a longstanding commitment on behalf of the APA to promote increased awareness and resource allocation for rural residents and frontier populations. A significant barrier repeatedly encountered by organizations such as the APA Committee on Rural Health and The National Association for Rural Mental Health (NARMH) is the limited amount of specialty mental healthcare clinicians interested in rural practice.

Results of the shortage of specialty mental healthcare clinicians in rural areas have been changes in public health policy and the reallocation of financial incentives to attract practitioners, such as psychologist, to rural America. The recent expansion of the scope of the National Health Service Corps (NHSC) loan forgiveness programs has allowed further attraction of psychologists to these underserved areas. Other results from the shortage of psychologists in rural America have been the development and expansion of various training institutions, programs, and continuing education venues such as NPTC-Cascades. In the past decade NPTC-Cascades has changed the specialty mental healthcare landscape in the rural Ozark Plateau region of Missouri and Arkansas. Since its inception, over one-hundred doctoral psychology interns have fulfilled their final doctoral requirements while participating in its various training programs. Many of those interns have continued their clinical practice in rural Missouri or Arkansas after attaining full licensure.

The above listed initiatives and incentives are important as years of research have shown rural life to be less idyllic and tranquil than often thought. The facts are that rural Americans suffer from similar rates of psychological disorders as their urban counter part. Additionally, illicit drug use, often methamphetamine, and male suicide rates have been found to be disproportionately higher in rural Americans compared to urban Americans (Lorenz, Wickrama, & Yeh, 2004). According to the same authors, reasons for these higher rates of psychopathology have been attributed to the stresses of isolation and the deterioration of culture/community. Furthermore, the lack of licensed specialty mental healthcare providers, such as psychologists, contributes to these trends of mental illness in rural America. For these reasons, NPTC-Cascades continues to recommit itself to address the psychological needs of the rural underserved.

For more information about Rural Mental Health, you can visit the following web sites:

[www.ruralhealth.hrsa.gov](http://www.ruralhealth.hrsa.gov)  
<http://ruralcommittee.hrsa.gov>  
[www.nrharural.org](http://www.nrharural.org)

[www.wiche.edumentalhealth](http://www.wiche.edumentalhealth)  
<http://telehealth.hrsa.gov>  
[www.hp.ufl.edu/uchptelehealth](http://www.hp.ufl.edu/uchptelehealth)

[www.pacifichui.org](http://www.pacifichui.org)  
[www.nrbhc.org](http://www.nrbhc.org)  
[www.isu.edudepartmentsirh](http://www.isu.edudepartmentsirh)



## Appendix C: Primary Care Behavioral Health

A growing body of literature calls for the inclusion of broad-based mental health services in America’s healthcare system. Furthermore, there is recognition of the need and utility of a “integrative” approach to mental health and behavioral health into our “healthcare” system.

The primary care setting has been viewed as the preferred setting for the delivery of behavioral health care services. There are three principle goals of integrative care: 1) to produce healthier patients, 2) to create more efficient resource expenditures, and 3) to remove barriers to access.

One of the primary goals of the NPTC-Cascades is to provide Psychology Interns with the skills to practice in and even manage integrative primary care settings. All designated sites within the Cascades Region implement the Primary Care Behavioral Health (PCBH) model and offer this intense and focused training.

The PCBH care training model provides training to work in a medical office, hospital, ER, and medical care facility and interact with a multidisciplinary team while focusing on the behavioral needs of the patient. This training model requires a strong background in at least one of the following areas: primary care behavioral health, integrative primary health care, medical psychology, health psychology, rehabilitation psychology or pain management. Psychology Interns interact in a triage fashion with the medical staff providing valuable feedback and intervention on a behavioral level for the patient’s medical condition.

Information regarding the PCBH model can be found in the links below.

- <http://www.behavioralconsultationandprimarycare.com/>
- <http://www.cfha.net/?page=PCBHSIG>
- <http://www.mtnviewconsulting.com/>
- [https://www.youtube.com/playlist?list=PLvLh\\_YdubBs6EWenUaD1PP3EF4k8-P0mW](https://www.youtube.com/playlist?list=PLvLh_YdubBs6EWenUaD1PP3EF4k8-P0mW)
- [https://www.youtube.com/playlist?list=PLvLh\\_YdubBs7eH3GA0GFuCMag1Ey-d3\\_O](https://www.youtube.com/playlist?list=PLvLh_YdubBs7eH3GA0GFuCMag1Ey-d3_O)
- [https://www.youtube.com/playlist?list=PLvLh\\_YdubBs5P-dw9IrSH7-TwTqM8fkqo](https://www.youtube.com/playlist?list=PLvLh_YdubBs5P-dw9IrSH7-TwTqM8fkqo)



## References

- American Psychological Association. (2012). Rural health. Retrieved from <http://www.apa.org/practice/programs/rural/index.aspx>
- Committee on Rural Health Mission. (2012). Retrieved February 28, 2012, from <http://www.apa.org/practice/programs/rural/committee/mission.aspx>
- Lorenz, F. O., Wickrama, K.A., & Yeh, H. (2004). Rural mental health: Comparing difference and modeling change. In N. Glasgow, L. W. Morton, & N. E. Johnson (Eds.), *Critical issues in rural health* (75-88). Ames, Iowa: Blackwell Publishing Professional
- Trierweiler, S. J. & Stricker, G. (1992). Research and evaluation competency: Training the local clinical scientist. *The Core Curriculum in Professional Psychology*. Washington, DC: APA.