



TEXAS A&M HEALTH
Telehealth Institute

TEXAS TELEHEALTH INTERNSHIP CONSORTIUM

Internship Manual

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Rationale for Consortium Partnership

The Texas A&M University Telehealth Institute and the Baylor, Scott, and White Warriors Research Institute are organizations within the State of Texas that have extensive experience providing evidence-based psychotherapies in a telehealth format. These organizations are forerunners in providing innovative, low-cost ways for Texans to access mental health care with initiatives pre-date the Covid-19 pandemic. While the two organizations have treated distinct client populations, they share similar values and training objectives. Given this shared longstanding experience, a partnership is being established to increase the breadth and scope of professional development opportunities and to increase community impact. Additionally, the staff at the Telehealth Institute and Warriors Research Institute have diverse areas of expertise in front line treatments and a partnership allows trainees to gain access to clinical supervisors with a wider range of experiences and expertise.

Texas A&M University Telehealth Institute

The Texas A&M University Telehealth Institute (TAMU TI) is led by Executive Director, Dr. Carly McCord and is housed in the Texas A&M University Health Science Center (TAMU HSC). The Telehealth Institute has a robust training program serving practicum trainees from multiple APA-accredited programs including Texas A&M University, University of Houston, and Sam Houston State University. Trainees have come from clinical, counseling, and school psychology programs. The Telehealth institute provides mental health care to rural and underserved populations using an academic-community partnership model. The focus has been applying the resources of a research university to practical use in a community context.

The Telehealth Institute leads interdisciplinary telehealth research, education, and clinical services across colleges and schools at Texas A&M University. It operates in partnership with the Texas A&M University Health Science Center and the Digital Health Initiative, which is focused on advancements and alignment in processes, systems, tools, and technologies across the TAMU Health Science Center, and supported by the Schools of Medicine, Education & Human Development, and Nursing.

The Telehealth Institute, together with the Digital Health Initiative, targets increased research across clinical care, rural health, policy, law, community outreach, education, and population health. It approaches these in collaboration with other Texas A&M schools, including (but not limited to) Medicine, Education & Human Development, Nursing, Public Health, Law, Business, Architecture, and Dentistry. The Telehealth Institute will create additional access to telehealth services for Texas communities (and beyond as regulations evolve), increase trainee and provider competency and confidence in telehealth, advance research, and knowledge of best practices to share across disciplines, and provide guidance and assistance to other programs across the world.

The Texas A&M University Telehealth Institute has a mission to: “Lead in telehealth service delivery, policy-relevant research, interdisciplinary education and training, and state-of-the-art technology development. Address disparities in access to high-quality health care to diverse communities through collaborative partnerships and the application of scientific knowledge and innovative solutions for the evolving health needs of our constituents.”

There are three core teams that encompass the work of the Telehealth Institute. First, the Research core team, together with Digital Health, conducts and collaborates on telehealth-related research and evaluation projects, disseminates high impact scholarly work, and facilitates opportunities for engagement in interdisciplinary telehealth teams across Texas A&M. The Research core team fosters extramural funding for research from grants [i.e., National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), National Science Foundation (NSF)], foundations, contracts, and industry partnerships. Second, the Clinical core team, together with Digital Health, serves as the lead for patient care initiatives by our providers across health disciplines. The focus of this core is to increase access to care and to foster innovation in care delivery over time. The Clinical core team is funded through insurance payments, cash pay, contracts, grants, and industry partnerships as applicable. Clinical staff, including trainees, provide counseling services to a community population in a video conference format. Clinical services are targeted toward a rural, underserved community population in Texas. The Education core team, together with Digital Health, advances interdisciplinary telehealth education and training. The focus of this core is to advance and equip students, trainees, and providers with the expertise and competencies to serve and support individuals and communities effectively through telehealth. The Education core team fosters extramural funding for education and training from grants, foundations, technical assistance/training contracts, continuing education activities, and industry partners as appropriate.

The Telehealth Institute moved into a new facility on the campus of Texas A&M University in July 2024. The facility's design is purposeful with the intent of promoting inclusion and collaboration. Throughout the space there are small and large shared workspaces and collaboration corners. There are also telehealth booths to support confidential clinical service, and interns will be provided with a workspace, laptops, in-office technology support, and clerical support from associate staff members.

Warriors Research Institute

For more than a decade, the Warriors Research Institute (WRI) within the Baylor Scott & White Healthcare system has worked to improve the quality of care available to military Veterans and emergency responders via a program of scientific inquiry. WRI investigators develop and disseminate new treatments for those suffering the sequelae of toxic or traumatic work events. In addition to providing and evaluating state-of-the-art experimental treatments, the WRI team trains future generations of treatment providers in evolving evidence-based care. Through grant funded clinical research and service delivery projects, the WRI delivers high quality behavioral

health care free-of-cost to program participants, while simultaneously providing extensive training to future behavioral health care workers. The WRI has an excellent track record of multidisciplinary training, including bachelors-, masters-, doctoral-, and postdoctoral-level training of psychology, social work, and public health students.

The WRI embraces a developmental model of supervision and mentorship which emphasizes the development and refinement over time of skills needed to effectively work with psychotherapy patients, to design and implement research strategies, to collaborate with other providers and researchers, to disseminate scientific evidence via conference presentations and peer-reviewed publications, to secure funding to fill care gaps, to teach and train emerging professionals and paraprofessionals, and to thoughtfully perform necessary administrative and adjunctive duties (including but not limited to recruitment, retention, case management, referral/triage, and documentation).

Current grant-funded projects involve delivering and evaluating evidence-based telehealth treatments for first responders, military Veterans, and their family members (spouses and dependents), and National Park Service workers and their family members. From our physical office in Waco, these telehealth programs extend care across the state of Texas. Interns will have many opportunities to learn and refine evidence-based treatment skills (using ACT, UP, CPT, PE, CBTi, etc.), to deliver individual psychotherapy via telehealth, to develop cultural competencies related to working with these unique populations, to administer and interpret assessments including brief symptom screeners and structured clinical interviews, and to research clinical outcomes. The provision of direct clinical care, the dissemination of findings, and the supervised supervision of junior trainees (research assistants, practicum students) via these ongoing projects will be core opportunities for each intern. The WRI routinely applies for research grants and other clinical service awards, and we strongly support all team members in developing their own grantsmanship skills and programs of research. As such, additional opportunities may be available pending available funding and individual intern interests.

Aims of the Texas Telehealth Internship Consortium

The Aim of the Texas Telehealth Internship Consortium is to educate the next generation of psychologists to provide evidence-based mental health interventions to populations where there are voids in mental health care. In particular, we are intent on preparing entry-level psychologists to provide mental health care to rural populations, veterans, and first responders. An additional aim of the Texas Telehealth Internship Consortium is to train entry-level psychologists to provide transdiagnostic, culturally competent treatments to clinical populations that span the developmental continuum, with a robust understanding of outcomes evaluation.

The Texas Telehealth Internship Consortium will emphasize the nine profession-wide competencies defined by the American Psychological Association's Commission on Accreditation including research; ethical and legal standards; individual and cultural diversity; professional values, attitudes and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation; and interprofessional/interdisciplinary skills. The Texas Telehealth Internship Consortium will also have one program specific competency- telehealth. Each of these ten competencies will thread their way through the training activities of the internship. The ten competencies are shared by both the Warriors Research Institute and the Telehealth Institute with both organizations being responsible for training within each of these ten domains.

The Texas Telehealth Internship Consortium (TTIC) is a 2000-hour doctoral internship in health service psychology that is a collaboration between the Texas A&M University Telehealth Institute and the Baylor, Scott, and White Warrior's Research Institute. This internship seeks intern who have completed formal academic coursework at a degree-granting program in professional psychology (clinical, counseling, school). While graduates students who complete the internship will be equipped to work in many contexts, this training experience will emphasize the development of knowledge, skills, and attitudes necessary to work in rural and underserved areas where there is a high need for health service psychologists. Interns will also be uniquely equipped to provide services to first responders. Additionally, this training program is focused on equipping graduate students to work across the lifespan, on maximizing the strengths of telehealth and technology to increase access to care, and on providing evidence-based treatments. Trainees will have the opportunity to provide treatment to individuals presenting with a wide variety of presenting concerns including trauma, depression, anxiety, ADHD, and relationship concerns. The internship will provide opportunities to deliver care through a telehealth format in community and primary care settings.

The Texas Telehealth Internship Consortium will focus on training future leaders in telehealth service delivery, policy-relevant research and evaluation, and interdisciplinary training. The Texas Telehealth Internship Consortium is working to address disparities in access to high-quality behavioral health care to diverse communities through collaborative partnerships and the application of scientific knowledge. We are committed to

fostering innovative, critical thinking within our faculty, staff, and trainees and building cultural awareness and competency within relationships to meet evolving mental health needs.

Training activities will be sequential, cumulative, and graded in complexity with the goal of equipping interns with entry-level competency in the following specific areas:

- Efficacy in telehealth delivery
- Scholarly approach to clinical work
- Evidence-based interventions
- Multicultural competence
- Legal and ethical standards
- Organizational behavior
- Supervisory skills
- Working with rural, underserved populations
- Working with trauma-exposed populations
- Multidisciplinary coordination of care

Texas Telehealth Internship Consortium Leadership

Telehealth Institute Executive Director: Carly McCord, Ph.D.

Dr. McCord is responsible for providing leadership, strategic vision, and administrative oversight. Dr. McCord works closely with the TAMHSC leadership, Associate Vice President of Digital Health, and other leaders at Texas A&M interested in telehealth to integrate students and faculty into the operations of the Telehealth Institute (TI). Dr. McCord is currently a joint appointed faculty member in the Schools of Medicine and Education & Human Development, has graduate faculty status in the College of Arts and Sciences and School of Public Health, and is affiliated faculty of multiple centers. She is a proven interdisciplinary leader at Texas A&M.

Since beginning her faculty career in 2015, she has made significant contributions to the telehealth field. Her record of accomplishment includes securing approximately \$48+ million in funding (through FY26) for Texas A&M University as Principal Investigator (PI)/Project Director (PD) for state and federal grants and contracts. She has helped secure an additional \$5+ million as Co-PI/Co-PD. She has published/presented 27 peer reviewed publications (four more in press), three book chapters, four non-referred works, 82 peer-reviewed presentations, and 20 invited presentations. The themes of telehealth, rural health, and training unify her scholarly work. Her applied research agenda has been driven by interdisciplinary collaboration, student involvement, and advancement of understanding of telehealth outcomes and best practices.

Warriors Research Institute Director: Suzy Bird Gulliver, Ph.D.

Dr. Gulliver is a licensed Clinical Psychologist and clinical researcher. Currently, she serves as Director and Chief of the Warriors Research Institute (WRI) and as a Professor of Psychiatry at Texas A&M Health Science Center. A native of Massachusetts, Dr. Gulliver began her academic journey attending Quinnipiac College for her Bachelor of Science degree in Psychobiology, followed by a master's degree in clinical psychology at Connecticut College. After completing her PhD in Clinical Psychology at the University of Vermont, Dr. Gulliver worked as a Postdoctoral Fellow at the National Institute of Alcohol Abuse at Brown University and later spent 18 years in a variety of roles within the VA. Dr. Gulliver made her way to Texas in 2007, serving as the Director of the VA VISN 17 Center of Excellence in Waco before founding the WRI within Baylor Scott & White Health in 2013. In addition to her experience with military populations, Dr. Gulliver has worked with firefighters for over 15 years. On the heels of 9/11, Dr. Gulliver and team initiated their first international research project within Fire Service, which looked at resilience in firefighter recruits. Since then, other Fire Service projects have examined topics including stigma, peer support, and relationship health in firefighters and their partners. Dr. Gulliver's team has published 88 peer reviewed manuscripts, 2 book chapters, as well as hundreds of presentations to academic, medical, and emergency response audiences.

Telehealth Institute Director of Education: Kelly Sopchak, Ph.D.

Dr. Sopchak is a Clinical Assistant Professor in the School of Medicine, the Assistant Director of TBC, and the manager of the Texas Child Health Access Through Telemedicine (TCHAT) program. Dr. Sopchak has worked with Dr. McCord to build the Texas A&M TCHAT program and oversees the provision of mental health services to K-12 students throughout east central Texas. Dr. Sopchak has extensive experience in the development and administration of clinical training programs. Prior to joining Texas A&M, Dr. Sopchak led the crisis response team for one of the largest school districts in the United States. She has worked heavily in training future psychologists in her career and was the training director for the APA-accredited internship site at Houston ISD.

Internship Training Director for the Telehealth Institute: Jason Hindman, Ph.D. ABPP

Dr. Hindman has previously served as practicum coordinator (3 years) and Training Director (5.5 years) at Texas A&M University Health Services. Coordinating training programs in this context, Dr. Hindman was awarded the Bethe Korfhage Training Award, granted for passion and commitment to psychologist training and the Empowerment Training Award, granted for encouraging and inspiring psychology trainees. He was twice elected to the board of the Association of Counseling Center Training Agencies (ACCTA). Dr. Hindman regularly serves as an American Psychological Association internship site visitor. He created and managed the annual *Texas Supervision Symposium*, a statewide event focused on support, networking, and education related to clinical supervision. Dr. Hindman became board certified in 2015 and has served on the board of the American Academy of Counseling Psychology.

Internship Training Director for Warriors Research Institute: Elizabeth Coe, Psy.D.

Dr. Coe is a licensed Clinical Psychologist and the Clinical Training Director at the Warriors Research Institute. Dr. Coe joined the WRI team as a postdoctoral fellow in February 2018 after earning her Doctorate in Clinical Psychology from Baylor University. Prior to joining the WRI, she completed predoctoral training rotations at the Baylor Psychology Clinic, Talitha Koum Institute, Methodist Children's Home, and the Baylor University Counseling Center in Waco, TX; and an internship at The Help Group in Sherman Oaks, CA. Dr. Coe's clinical interests include helping people of all ages heal from trauma, fostering meaningful relationships, and incorporating mindfulness and creativity into therapeutic treatment. Dr. Coe has served as the Clinical Training Director of the WRI since 2020 and has overseen the training of over twenty masters, doctoral, and postdoctoral clinicians in this role. Additionally, Dr. Coe is a Clinical Supervisor and Affiliate Clinical Professor within the Department of Psychology and Neuroscience at Baylor University.

Texas Telehealth Internship Consortium Committee Oversight

The Texas Telehealth Internship Consortium will be overseen by an **Executive Committee**, which is responsible for the design, evaluation, oversight, and enhancement of the internship. This committee will include leadership from both the Texas A&M University Telehealth Institute and the Baylor, Scott, and White Warriors Research Institute. The Executive Committee will be led by the Telehealth Institute Education Director and will include the executive directors of both the TI and WRI. Other members of the committee will include the internship program manager and the training directors at both TI and WRI. The **Internship Committee** is composed of the TI Education Director, the training directors, and supervising psychologists. This committee is responsible for implementing the internship, providing/managing the clinical supervision of interns, performance evaluation, and intern professional development.

Members of *both* committees are responsible for intern recruitment/selection, organizing intern orientation, designing the structure/activities of the internship, and coordinating the intern performance evaluation process. The training directors and program manager will be involved in the evaluation of the internship program's efficacy to ensure profession-wide competencies are threaded throughout the internship programming. The internship will be examined against current trends in the field and carefully monitored for compliance with APA standards of accreditation. Leadership will receive feedback from stakeholders of the training program and make necessary adjustments to enhance the quality of training within the internship.

Texas Telehealth Internship Consortium Training Activities

The training activities of the Texas Telehealth Internship Consortium are structured into four categories: (1) Client Contact, (2) Provision of Supervision, (3) Supplemental Activities, and (4) Clinical Supervision. The framework of the internship was crafted around the purposeful objectives including helping interns build schedule/role management skills, helping interns accumulate 500 hours direct client contact hours, meeting the service delivery demands of the departments, and preparing students as generalists who are ready to provide evidence-based care across the lifespan. Training activities will be sequential, cumulative, and graded in complexity throughout the training cycle. The internship is also intended to be customizable, allowing interns to select tracks based on their particular interests. Therefore, the day-to-day structure of activities may vary from one intern to the next.

Client Contact

Service delivery is central to the experiential learning of doctoral interns at the Texas Telehealth Internship Consortium. Each week, 26 hours will be designated to providing clinical service in a virtual format. Interns will have the opportunity to work with clients across the life span, including individuals, couples, families. Interns will also have the opportunity to provide group therapy.

Interns at the Texas Telehealth Internship Consortium will provide clinical service within the Telehealth Institute and Warriors Research Institute. By having training within the two Institutes, interns will experience two distinct contexts, one providing community mental health care via telehealth to rural communities and the other providing treatment via telehealth to first responders and veterans.

Interns will be trained in a scientist-practitioner framework that emphasizes consulting scientific literature to inform evidence-based, client-centered, and culturally competent treatment interventions. The most common evidence-based approaches used are cognitive behavioral therapy (CBT), solution focused therapy (SFT), motivational interviewing (MI), dialectical behavior therapy (DBT), and unified protocol (UP). When trauma symptoms are present, cognitive processing therapy (CPT), trauma focused-cognitive behavioral therapy (TF-CBT), Acceptance Commitment Therapy (ACT), narrative therapy, or prolonged exposure (PE) may be used. While each counselor is given the autonomy to work from their chosen theoretical orientation, all treatment options stem from a person-centered foundation, which emphasizes that given the right conditions, all people can grow and change.

Interns will use many assessment tools to track client symptoms and outcomes. Instruments commonly employed include the Patient Health Questionnaire for Adolescents (PHQ-A), the Screen for Child Anxiety Related Disorders (SCARED), the Vanderbilt Assessment Scales, the Columbia Impairment Scale (CIS), the CRAAFT substance abuse assessment, the Generalized

Anxiety Assessment (GAD-7), and the Columbia Suicide Severity Rating Scale (CSSRS). During orientation, interns will have comprehensive training around the use of these instruments including their utility and validity with populations.

Interns will be trained on how to manage intake appointments, how to coordinate care across disciplines, how to appropriately document/chart clinical work, and how to manage crisis/safety situations. Associated with the clinical work at the Texas A&M Telehealth Institute, interns will have opportunities to be embedded in the Family Care Clinic where they can provide short-term therapy services in a primary care setting.

Populations Served

The Telehealth Institute is focused on community mental health care, and interns will be focused on providing clinical care to rural, traditionally underserved populations throughout Texas. Interns will have the opportunity to provide direct clinical care to children, adolescents, young adults, adults, and geriatric populations. The State of Texas is estimated to have about 1 million adults and over 500,000 children (about half the population of Montana) and youth with a serious mental illness or serious emotional disturbance with a suicide rate of 13.7 per 100,000 people.

Although there is a clear need for mental health care in Texas, the spending and resources do not match. Out of the U.S. states and territories, Texas is ranked 48th in spending, averaging \$40.65 per capita,⁶ and in individuals being adequately insured. Additionally, Texas lacks the mental health providers to address this crisis, averaging only 15.8 licensed psychologists per 100,000 people.⁷ The majority of mental health providers in Texas reside in urban areas (two-thirds of licensed clinical psychologists operate in five of Texas' 254 counties).

Over 25% of the population in Texas speaks Spanish and this internship will provide services and receive supervision in Spanish. The Telehealth Institute is committed to helping interns develop their bicultural and bilingual identities as health service psychologists.

Social determinants of health often decrease attainment of appropriate behavioral health treatment in underserved areas such as those found in Central Texas. Due to limited access to affordable team-based behavioral healthcare services across Central Texas, underserved populations often receive the majority of behavioral health services within primary care settings from medical providers with limited behavioral health training. Through the use of co-located telehealth service delivery and collaborative IBH models, underserved patients have the opportunity to receive a variety of behavioral health services from a holistic, biopsychosocial approach while considering social determinants of health (e.g., transportation barriers, stigma around specialty mental health treatment).

The Warriors Research institute shares the values and vision of the Telehealth Institute and has embraced the power of telehealth to increase access to underserved populations. Namely, the

WRI has focused on reducing stigma, improving access, and increasing quality of care among trauma-exposed occupations including military Veterans and families, firefighters, and National Parks Service employees. At last count, the Veteran program alone had reached clients in over 41 unique counties across Texas, many of which are rural. Many WRI clients have noted the convenience of telehealth and indicated that they would not have otherwise received services had it not been for the availability of the telehealth program. Commonly endorsed reasons for reduced access to services among WRI populations include: stigma, cost of treatment, lack of transportation, lack of childcare, scheduling difficulties, and lack of availability of culturally-competent, evidence-based providers. The WRI telehealth programs are purposefully designed to eliminate and/or mitigate each of these concerns. Outcome data and feedback from patients reflects the feasibility of telehealth and the positive impacts of these services: 75% of clients in our current Veteran program reported a reduction in PTSD symptoms; 87.5% reported overall improvements in mental health; 96% of patients would recommend our services to a friend; and 97% would use telehealth again.

Clinical Settings

Texas A&M Telehealth Institute--- Telebehavioral Care (TBC):

The TBC rotation focuses on providing videoconference and telephone counseling to rural, underserved areas using a hub and spoke and direct to consumer telehealth models. Interns will provide counseling services from the Institute “hub” to clients who are located at our community partner “spoke” clinics. This model provides trainees with a secure, structured environment from which to work and consult with supervising psychologists. The model also provides clients with a local clinic space, outfitted with excellent technology equipment and internet connectivity to engage in services. These “spoke” sites exist at community resource centers, schools, primary care clinics, and correctional facilities. In many cases, clients have the option to also receive direct to consumer care directly to their own device from a safe location of their choosing (i.e., home, work, etc.). Through the TBC, interns will provide individual, couples, and group counseling services. Common presenting concerns include depression, anxiety, traumatic stress, substance use, and serious mental illness. Many of the clients served by the TBC are at higher risk, with 42% reporting recent suicidal ideation during their first session.

More than a quarter of the population in Texas is Spanish-speaking, and providing accessible care to all Texans is essential to the mission of the Telehealth Institute. Our Latin American Health track, Programa de Telesalud focuses on individual and group telehealth for our Spanish-speaking across the life span. Interns on this track will be involved in culturally competent outreach to our Spanish-speaking communities to increase mental health awareness and telehealth literacy and decrease stigma. Programa de Telesalud interns will be paired with bilingual, bicultural supervisors and receive supervision and some didactic trainings in Spanish.

During intern's designated hours at the TAMU Telehealth Institute, they may pursue opportunities in integrated behavioral health (IBH) training. While not a core rotation, the *Family Care Clinic (FCC)* at Texas A&M College of Medicine provides comprehensive care for patients of all ages and seeks to holistically treat the patient in the context of the family and community. The staff is composed of nurses, resident and faculty physicians, licensed clinical social workers, and psychologists. In this integrated behavioral health care setting, interns provide in-person ongoing therapy services and receive warm handoffs from medical providers. The FCC has trained practicum psychology students for many years and is eager to add doctoral interns to the program. In this setting, interns offer brief and longer-term evidence-based interventions across the lifespan. Common presenting concerns are health focused behavior change (i.e., weight management, smoking cessation, sleep, etc.), anxiety, depression, traumatic stress, and behavior modification for children.

Warriors Research Institute (WRI):

The Warriors Research Institute rotation focuses on providing assessment, crisis intervention, and clinical care to first responders. WRI serves firefighters and Veterans, providing high quality, evidence-based care, both in-person and via telehealth. While working with WRI, interns will help improve the quality of care available to military veterans and emergency responders via a program of scientific inquiry and provide care to those suffering the sequelae of toxic or traumatic work events. In addition to providing and evaluating state-of-the-art experimental treatments, interns will receive additional training in evolving evidence-based care.

WRI provides direct to consumer telehealth to Veterans and their family members. Clients use their personal electronic device (smartphone, computer, etc.) to join therapy sessions at a private location of their preference (home, office, etc.). A menu of evidence-based treatments is offered to treat the most common behavioral health challenges (i.e., depression, anxiety, posttraumatic stress, alcohol and substance use problems). Interns will provide therapy and receive ongoing military cultural awareness training and supervision. Interns can also engage in clinical assessments as a means of diagnosis and informing the best care option for Veterans or their beneficiaries. WRI provides no cost care, generally without a waitlist, to Texas Veterans, regardless of discharge status, as well as Veteran spouses and dependents (18+ years old).

Provision of Supervision

During the fall semester of the internship, interns will provide clinical supervision to a practicum counselor at Warriors Research Institute. During the spring semester of the internship, interns will provide clinical supervision to a practicum counselor at the Telehealth Institute. Each week, this role will be supported with 1 hour of supervision preparation time and 1 hour of group "supervision of supervision."

Supplemental Activities

Internship orientation will take place during the first month of the internship. The focus of the orientation is to equip interns to function according to the policies and procedures of the Texas Telehealth Internship Consortium. The orientation includes team building activities designed to build trust within the intern cohort as well as exercises intended to integrate the interns into the culture of the TTIC training program. Additionally, orientation focuses on introducing interns to different areas of emphasis (diversity initiatives, rural mental health, telehealth competence, trauma, developmental stages, first responders, etc) and to community partners with whom they may work closely throughout the internship year. Training during orientation also includes information related to suicide risk, crisis counseling, hospitalization, and referrals. Trainings during orientation will also center on ethics, change process, substance abuse, *Texas Behavioral Health Executive Council* rules, and multicultural counseling competencies. Training will be experiential and grounded in relevant and current scientific research.

Interns also participate in a weekly didactic seminar. Seminars are required throughout the year and provide theoretical and practical information on different topics relevant in a community mental health context, and typically include both didactic instruction and process-focused discussion, supplemented with case material when relevant. Trainees and licensed providers representing psychology, psychiatry, social work, and counseling attend weekly. Seminars have been scheduled thoughtfully due to the sequential and cumulative nature of the internship.

Each trainee must give a case presentation during the year. Presenting a clinical case provides an opportunity for interns to articulate their theoretical orientation and to demonstrate their case conceptualization and intervention skills. This experience also helps the intern to reflect on and describe their therapeutic style/values. It also prepares interns for case presentations required in future job interviews. Senior staff members observing the presentations will complete a case presentation evaluation/feedback form. This provides a unique interprofessional learning experience for all involved.

Other supplemental training activities include:

- Two-day intensive training in evidence-based trauma treatments, such as cognitive processing therapy, unified protocol, trauma focused- cognitive behavioral therapy, and exposure therapies.
- Shared didactics day retreat (twice annually), a collaborative training experience between the Texas A&M Telehealth Institute and the Warriors Research Institute.
- One-day intensive training on evidence based brief interventions and implementation in various settings with specific populations.
- Community partner outreach site visits that provide interns with a broader understanding of the communities served by the Texas Telehealth Internship Consortium.
- Interns are encouraged to present scholarly work, or at least attend at least one professional conference.

- Interns are also invited to participate in Operation Boarder Health Preparedness, a full-scale emergency training exercise led by the State of Texas where our team provides free crisis intervention, mental health awareness, telehealth, and digital health to individuals across multiple cities in the Rio Grande Valley.

Each week interns will attend the staff meetings for both the Texas A&M University Telehealth Institute and the Baylor, Scott, and White Warriors Research Institute. Attending these staff meetings with senior staff emphasizes the collegial culture of the internship and keeps interns abreast of the "bigger picture" at each of these organizations.

Supervision Received

Interns typically receive four hours of clinical supervision each week. This includes two hours of individual primary supervision from a licensed psychologist, one hour of intern support, and one hour of supervision of supervision. In addition to these designated supervision times, an "open door policy" is highly valued at the Texas Telehealth Internship Consortium. Interns are encouraged to consult with any professional staff member regardless of supervision assignment. If the intern has a client in crisis or is otherwise in need of immediate consultation with a staff member, the intern knows to seek out their supervisors or other staff if their direct supervisors are not available. Members of the Internship Committee rotate days of availability to ensure the interns always have an available psychologist to consult. The quantity of clinical supervision received allows interns to be license eligible in all 50 states.

Clinical supervision is seen as the foundational learning activity within the training program at the Texas Telehealth Internship Consortium. Each intern meets with their primary clinical supervisor for 2 hours each week and time is designated each week for supervision preparation. Interns have an "intern support" meeting each week. This time is set aside to build community while reflecting on all aspects of the internship, such as adjusting to the intern role, reactions to seminars and training experiences, interpersonal dynamics, and professional development issues. At the beginning of the internship year, this time is more likely to be used for administrative and procedural issues. Later in the year, conversations are more likely to focus on processing interns experience of professional development and growth, discussing the challenges of balancing self-care and busy schedules, or supporting interns that are navigating a job search or striving to wrap up their dissertation. The intern support meeting is a space for facilitating of interns' professional development through self-reflection. This meeting will be facilitated by a licensed psychologist who does not have a supervisory or evaluative role with interns.

Doctoral-level psychologists with at least three years of licensed experience are responsible for overseeing interns' clinical work at the Texas Telehealth Internship Consortium. Interns inform clients that the clinical work they provide occurs under the supervision of a licensed psychologist and they provide clients with the name and contact information of that specific

supervisor. Interns video record and/or use live supervision to allow supervisors to directly observe clinical work.

Clinical supervision is a fundamentally relational experience, and it is only when the authentic self is engaged, that the full power of supervision is available. A use-of-self orientation to supervision enhances the alliance and increases the supervisees trust (Knox, Burkard, Edwards, Smith, & Schlosser, 2008). Effective supervisors cultivate a safe relationship where trainees can thoughtfully consider the filters through which they view relational processes, including how such filters came to be incorporated into the self, and how they impact their perceptions of people, pathology, and the change process. Dewane (2006) defined use-of-self as the “melding of the professional self of what one knows (training, knowledge, techniques), with the personal self of who one is (personality traits, believe systems, and life experience),” and suggested that it is the “hallmark of skilled practice.”

Structure of Training Activities

The structure of an intern's week may vary depending on specific training opportunities that they choose to emphasize. However, the schedule below will serve as the default:

Client Contact	<u>Fall Hours</u>	<u>Spring Hours</u>	<u>Summer Hours</u>
WRI Clients (2 days/week)	13	13	12
*WRI Triage	Flex	Flex	Flex
*WRI Group TX	Flex	Flex	Flex
*Individual veterans, veteran family members, and firefighters	Flex	Flex	Flex
TI Clients (2 days/week)	13	13	12
*TeleBehavioral Care (lifespan community mental health)	Flex	Flex	Flex
*Family Care Clinic (primary care)	Flex	Flex	Flex
Total:	26	26	24

Provision of Supervision	<u>Fall Hours</u>	<u>Spring Hours</u>	<u>Summer Hours</u>
Providing Supervision (WRI)	2	0	0
Providing Supervision (TI)	0	2	2
Supervision of Supervision Prep Time	1	1	1
Total:	3	3	3

Supplemental Activities	<u>Fall Hours</u>	<u>Spring Hours</u>	<u>Summer Hours</u>
WRI Staff Meeting	1	1	1
WRI Supervision Prep Time	1	1	1
Didactic Seminar (Various Presenters)	2	2	2
Didactic Case Conference (Kelly & Various consultants)*	1	1	1
Community Outreach Events	Flex	Flex	2
TI Staff Meeting	1	1	1
TI Supervision Prep Time	1	1	1
Total:	7	7	9

*Twice/month group supervision will be a cultural immersion experience

Supervision Received	<u>Fall Hours</u>	<u>Spring Hours</u>	<u>Summer Hours</u>
WRI Primary Supervision	1	1	1
TI Primary Supervision	1	1	1
Intern Support Meeting (Outside Facilitator)	1	1	1
Supervision of Supervision (Lizzie & Jason)	1	1	1
Total:	4	4	4

Available Supervisors

Elizabeth Coe, Psy.D.

Dr. Coe is a licensed Clinical Psychologist and has served as the Clinical Training Director of the WRI since 2020, overseeing the training of over twenty masters, doctoral, and postdoctoral clinicians in this role. Additionally, Dr. Coe is a Clinical Supervisor and Affiliate Clinical Professor within the Department of Psychology and Neuroscience at Baylor University. Dr. Coe's clinical interests include helping people of all ages heal from trauma, fostering meaningful relationships, and incorporating mindfulness and creativity into therapeutic treatment. In service of these interests, Dr. Coe embraces an integrative and developmental approach to supervision that helps trainees compare and contrast different treatment modalities and orientations, balance fidelity and flexibility when using evidence-based treatments and explore the effective use of self-as-tool in therapy. Dr. Coe is an integrative practitioner and has extensive specialized experience in delivering nondirective/supportive therapies including art and play therapies, evidence-based trauma-focused treatments such as CPT and PE, and transdiagnostic treatments such as ACT and UP. With this background, Dr. Coe is equipped to help trainees develop, expand, and refine their own skillsets and orientations.

Suzy Bird Gulliver, Ph.D.

Dr. Gulliver is a licensed Clinical Psychologist and clinical researcher. Currently, she serves as Director and Chief of the Warriors Research Institute (WRI) and as a Professor of Psychiatry at Texas A&M Health Science Center. By way of academic, VA, and community-mental health settings in Massachusetts, Connecticut, Vermont and Rhode Island, Dr. Gulliver made her way to Texas in 2007, serving as the Director of the VA VISN 17 Center of Excellence in Waco before founding the WRI within Baylor Scott & White Health in 2013. In addition to her extensive experience with military populations, Dr. Gulliver has worked closely with firefighters for over 15 years, serving as a behavioral health expert for the International Association of Fire Fighters (IAFF) and developing trainings that have been disseminated to hundreds of IAFF peer supporters. Dr. Gulliver has supervised scores of therapists over the past three decades and is especially skilled at modeling cultural competence and humility, mentoring clinical scientists throughout their career lifespan, and helping clinicians discover and effectively utilize their "stimulus value" in therapy.

Jason Hindman, Ph.D. ABPP

Dr. Hindman earned his doctoral degree in Counseling Psychology at the University of North Texas in 2010 and is licensed as a psychologist in Texas. Board certified in counseling psychology (2015), Dr. Hindman has established clinical training as the focal point of his career. At Texas A&M University Health Services, Dr. Hindman served as the practicum coordinator (3 years) and Training Director (5.5 years). During his time at Texas A&M University Health Services, Dr. Hindman was awarded the Bethe Korfhage Training Award, granted for passion and

commitment to training as well as the Empowerment Training Award, granted for encouraging and inspiring trainees. Dr. Hindman created and managed the annual Texas Supervision Symposium, a statewide event focused on support, networking, and education related to clinical supervision. In clinical care and supervision, Dr. Hindman emphasizes interpersonal process, attachment, existential ideas, and family systems. He specializes in couple counseling, spirituality, men's issues, and addiction.

Carly McCord, Ph.D.

Dr. McCord is a clinical associate professor in the Department of Psychiatry and Behavioral Sciences, and Executive Director for the Texas A&M Telehealth Institute. Dr. McCord systematically studies the mental health needs of clients of the Telebehavioral Care Program and the communities in which they reside, develops and refines intervention approaches, investigates the effectiveness of interventions, and evaluates satisfaction with services. In both research and practice, she is well-versed in underserved populations, training and supervision, positive psychology and strengths-based approaches, and telehealth. She has a proven and documented expertise in providing high-quality mental health services via long-distance technology, engaging rural communities to reduce mental health disparities, and starting a successful and innovative training and supervision model for telepsychology. Dr. McCord received her Bachelor of Arts in psychology from The University of Texas at Austin, Master of Science in educational psychology from Texas A&M University and doctorate in counseling psychology from Texas A&M University in 2013.

Kelly Sopchak, PhD, LSSP, MSCP

Dr. Sopchak is a clinical assistant professor in the Department of Psychiatry and Behavioral Sciences and the Education Director for the Texas A&M Telehealth Institute. She earned her B.S. in behavioral science-psychology and her M.A. in clinical psychology from the University of Houston-Clear Lake, her doctorate in counseling psychology from the University of Houston, and her post-doctoral M.S. in clinical psychopharmacology from Fairleigh Dickinson University. Dr. Sopchak practices from an ecological systems model and utilizes interventions from second and third waves of cognitive behavioral therapies. Her approach to supervision is trainee centered and developmental. She believes experiential learning and strong alliance within supervision are key to competency development and skill acquisition. As a psychologist, she engages and collaborates with schools to develop multidisciplinary care teams, focused on increasing mental wellness, academic engagement and achievement, and mental health awareness. Dr. Sopchak has extensive experience working with children and adolescents in schools and residential facilities. Prior to joining Texas A&M University, Dr. Sopchak led the crisis response team for one of the largest school districts in the United States. She has expertise in risk assessments and crisis intervention, as well as working with youth experiencing significant psychological distress. Dr. Sopchak is passionate about serving children and adolescents and improving their mental health care system.

Isaac Saldivar, Ph.D.

Dr. Saldivar is a licensed psychologist with a wide range of experience in clinical psychology, with training experience across lifespan (adolescents/adults/geriatric) and various mental health issues. As a psychologist with the Telehealth Institute, he provides mental health services remotely to rural communities with limited access to mental health services. This includes leading mental health service initiatives in jails and rural hospitals that includes both group and individual therapy, with a goal of continuing to broaden access to populations within the state of Texas for diverse, marginalized, and rural populations. Areas of specialty include working with Veteran Populations, Incarcerated Population, Rural-Communities, Trauma Related-Disorders, Substance Related Disorders and Mindfulness Informed Care. In clinical care and supervision, Dr. Saldivar emphasizes trauma informed care, mindfulness informed care, within a humanistic existential approach.

Requirements for Successful Completion of Internship

The nine profession-wide competencies defined by the APA's Commission on Accreditation and the one program-specific competency defined by the Texas Telehealth Internship Consortium are measured by the *TTIC Intern Performance Evaluation*. This formal competency performance evaluation is completed by clinical supervisors at the conclusion of each term (December and July). Each supervisor will use this instrument to document their impressions of the intern only in the areas in which they have directly observed and supervised the intern. Interns will have separate/distinct primary clinical supervisors for their work at the Texas A&M University Telehealth Institute and at the Baylor, Scott, and White Warriors Research Institute and each of these supervisors will complete the TTIC Intern Performance Evaluation.

Informal, mid-semester discussions, including all involved supervisors, will also occur where concerns will be discussed with the hope that they may be corrected before the conclusion of the term. Pragmatic ways of supporting the intern's development in these concerning areas are discussed and this feedback will be communicated to the intern by both the training director and the primary supervisor.

Any competency cluster that averages below a 3 on the first (fall) performance evaluation will require a remediation plan that defines how the intern can improve their performance in this area. Should a competency cluster average below a 3, that intern's home institution will also be notified of the intern's deficits and the plan that is in place to remediate these deficits. The intern's primary supervisor will actively work with the intern to help them improve their performance in the areas of concern. The Training Director will have ongoing dialogue with interns about remediation plans/progress. Remediation plans may impact the choice of supervisors for the second rotation/semester.

The following benchmarks must be met to successfully complete the Texas Telehealth Internship Consortium:

1. Completion of 2,000 total training hours, of which 500 must be direct client contact hours.
2. Completion of a formal case presentation.
3. Timely completion of all record keeping.
4. Adherence to APA ethical guidelines and to the rules and regulations of the Texas Behavioral Health Executive Council as well as relevant laws in the State of Texas.
5. At the final performance evaluation (July), an intern must average a 3 or above across each competency cluster in order to successfully complete the internship.
6. Attendance at scheduled didactics, individual supervision, and case conferences.

Internship Position, Salary, and Benefits

Each internship position, formally entitled "Psychology Intern," is a full-time (40 hours per week) position. Consequently, interns are provided with certain employee benefits and are given opportunities to take advantage of others. These benefits are listed below.

1. Sick Leave accrued at the rate of eight hours per month.
2. Annual salary of \$45,000.
3. Annual leave accrued at the rate of eight hours per month, which may be used after six consecutive months of employment have been completed.
4. Staff holidays (approximately 10 days, most of which occur between fall and spring semesters).
5. Release time for professional development activities (e.g., conventions, workshops).
6. Required participation in Teachers Retirement System (TRS) or Optional Retirement Plan (ORP) [Benefits | Division of Human Resources and Organizational Effectiveness \(tamu.edu\)](#).
7. Eligibility for the following optional insurance programs*:
 - a. Health Insurance—Medical, Dental, Vision
 - b. Life Insurance
 - c. Dependent Life Insurance
 - d. Long-term Disability Insurance
 - e. Accidental Death and Dismemberment Benefit

*Eligible for the State Group Insurance Premium Contribution toward coverage on the first of the month following the 60th day of employment.

The internship training year begins on August 1 each year and concludes on July 31 of the following year. Salary will be received in monthly installments beginning September 1 and ending on August 1.

Performance Evaluation and Record Keeping

During each supervisory rotation, supervisors and interns are involved in both formal and informal evaluations of each other. The Texas Telehealth Internship Consortium believes that the supervisory experience should be mutually rewarding and supervisors/interns are encouraged to openly discuss areas needing attention/adjustment. At the end of each rotation, supervisors and interns' complete formal written evaluations of their experiences. The completed evaluation forms are kept by the training directors and are utilized by TTIC leadership to assess the progress of interns as well as the effectiveness of clinical supervisors.

At the end of each rotation (twice per year), the TTIC training directors correspond with each intern's home academic institution regarding the intern's progress in the internship program. These communications summarize clinical supervisor evaluation data as well as the impressions of TTIC leadership. Interns are also invited to give feedback to the training director regarding their global experience of the training program. This information is solicited in individual meetings, and throughout the year in the intern support group. At the end of the internship year, interns are asked to complete written global evaluations of the training program. Additionally, former interns are surveyed regarding the effectiveness of the internship six months after the completion of the internship. The Executive Committee and Training Committee use this information to enhance the internship program.

The Texas Telehealth Internship Consortium diligently manages the records of past and current doctoral interns including selection materials, offer/acceptance letters, performance evaluations, and any complaints that may have been received or remediation plans that may have been issued. We also keep copies of the intern's certificate of completion as well as an electronic record of the clinical service hours that they logged at our agency.

All records are maintained in a confidential/secure manner and performance evaluations are retained permanently. Electronic records are stored on a secure server within a folder that is only accessible by the members of the Executive Committee.

Procedures for Intern Recruitment and Selection

Intern Recruitment

The Texas Telehealth Internship Consortium (TTIC) exclusively seeks intern candidates who have completed formal academic coursework at a degree-granting program in professional psychology (clinical, counseling, school). This brochure providing information about the internship and its policies and procedures will be available to interested parties on the TTIC website.

At the Texas Telehealth Internship Consortium, we are committed to establishing/maintaining a climate that is inclusive of and welcoming to individuals of many diverse cultural backgrounds. We have found that the most effective way of communicating this message to prospective interns is to have a diverse staff. A purposeful effort has been and will be made to ensure that our training team is composed of diverse individuals. We speak often of diversity and social justice within our training program, but we also recognize that it is much more important to demonstrate these values than to talk about these values. Efforts are made to highlight the specific diversity and social justice initiatives at the Texas A&M Telehealth Institute and at Baylor, Scott, and White Warriors Research Institute as well as how these objectives are being pursued. We also underscore the multicultural trainings that are central to our training program. Furthermore, we publicly post diversity statements espousing the values of the Texas Telehealth Internship Consortium. Our training program also includes diversity issues in our interview questions to demonstrate that cultural competence is an emphasis at our agency. Another recruitment practice that we employ is to email the APA's Minority Fellows each year to introduce our internship. We also will list our internship on the National Latinx Psychological Association's Latinx doctoral Internship Directory. We believe that proactively featuring our efforts towards inclusivity and social justice on our public facing materials helps us to recruit a population of interns that is diverse and more fully representative.

Application Procedure

We utilize the uniform psychology application (AAPI Online) developed by The Association of Postdoctoral and Psychology Internship Centers (APPIC). To locate the AAPI Online, visit the APPIC website at www.appic.org. We will participate in the online match for the selection of our Psychology Interns. Information on the APPIC National Matching Process and the details regarding registration procedures can be found at www.natmatch.com/psychint.

We fully endorse the APPIC policy summarized in the following statement:

"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 intern applicant."

Selection Procedure

After written application materials have been screened by at least two members of the Internship Committee, selected applicants will be interviewed. Applicants will be notified if they have been selected for an interview. This interview will occur in video conference format.

This interview consists of:

- A virtual “open house” showcasing the staff of the Texas Telehealth Internship Consortium and introducing candidates to the culture and objectives of the Texas A&M Telehealth Institute and the Baylor, Scott, and White Warriors Research Institute.
- A general overview of the training philosophy with the Internship Committee.
- Formal interviews with 2-3 members of the Internship Committee.
- Time spent with current trainees (questions invited!).
- Opportunities to meet specific staff members who coordinate different areas.

Preferred Qualifications

1. APA or CPA accredited doctoral program in counseling, clinical, or school psychology.
2. Investment in the values of the Telehealth Institute including the innovative use of technology to provide mental health care to rural, underserved populations.
3. Enthusiasm for expected intern activities (multidisciplinary coordination of care, clinical supervision, didactic training, consultation, evidence-based treatments, telehealth intervention).
4. Minimum of 350 clinical/direct contact hours.
5. At least 1 practicum in a community mental health setting.
6. Strong interest in and commitment to providing psychological services to rural and underserved communities.

****Candidates must have passed their doctoral qualifying examinations and successfully proposed their dissertation prior to internship interviews.***

****Candidates must have completed formal academic coursework at a degree-granting program in professional psychology (clinical, counseling, school).***

**Agreement about Confidentiality and the Privacy of Healthcare Information
Texas Telehealth Internship Consortium Trainee, Employee, Staff, and Community Partners**

When people seek mental health care, they are likely to disclose personal information which they wish to remain confidential - to be known only to themselves and the therapist or evaluator who is providing care. Some of this information may be recorded on paper and/or into computerized records and so these records must be treated with sensitivity. You and every person who can access these records is being trusted by the client to preserve the confidentiality of this information - what the law calls their Protected Health Information (PHI). You should assume that everything is confidential at the Texas A&M Telehealth Institute and at the Baylor, Scott, and White Warriors Research Institute. The following is a summary of policies established to protect the confidentiality of all clients' PHI and any other confidential information that may be accessed by those associated with the Texas Telehealth Internship Consortium. As a condition of your employment, training, or partnership, we require that you read, understand, and agree to comply with these policies. If you are unsure what to do, always ask for guidance from staff at the TAMU Telehealth Institute and/or the BS&W Warriors Research Institute. When you are handling confidential information, thoughtful consideration is expected. Please read this document and indicate your commitment to comply with these expectations by checking the boxes found at the end of the document.

PURPOSE:

To implement procedures to protect a patient's Protected Health Information (PHI).

POLICY:

Protection of Protected Health Information (PHI): All staff, trainees, or affiliates of the Texas Telehealth Internship Consortium are responsible for protecting the privacy and security of all PHI that is received, whether orally or recorded, in the course of their work. A patient's PHI shall be protected from the moment it is received, used, stored, and eventually destroyed.

Verification of Patient Identity: At the beginning of any clinical relationship, all client identification will be verified. The procedure for verifying client identity is as follows:

- TTIC staff shall request a client's driver's license and verify the name on the license with the picture. If the client does not have a driver's license, the employee shall verify his/her identity through other appropriate means, such as a Social Security card or personal check with name and address.
- In all cases, the method of verification is to be noted in the patient's record.
- Employees may assign a personal identification number to the client to facilitate client communications. Subsequently, if the client wishes to access information by phone, TTIC

staff may disclose PHI if the patient verifies their identity through the use of the personal identifier.

Verification of Personal Representative Authority: It is necessary to verify a personal representative's identification and authority. The procedure for verifying the identity of a representative is the same as for a client. The authority of the representative will be verified as follows:

- When an adult claims to represent an adult client, an employee shall request a copy of the court document authorizing the person to represent the client.
- When an adult claims to represent an unemancipated minor patient, the fact that the parent or guardian accompanies the child is usually sufficient evidence.
- When TTIC staff is aware that parents of minor clients are divorced, a copy of the divorce decree shall be requested and made a part of the client's record. The divorce decree shall be complied with in determining which parent has legal authority to consent to health care on behalf of the minor.

In all cases, the name of the representative and the method of verification are to be noted in the client's record.

Verification of Individuals Who Are Not Clients: All disclosures made by TTIC staff, trainees, or affiliates to individuals other than the client, shall be directed to the appropriate individual. Therefore, TTIC staff, trainees, or affiliates must identify the person or class of persons requesting the disclosure and the category or categories of PHI that may be appropriately disclosed.

- Prior to making any disclosure, TTIC staff, trainees, or affiliates shall make good faith efforts to verify the identity and authority of any person requesting protected information.
- The identity or authority of an individual/entity shall be verified by obtaining any oral or written documentation, statement, or representation from the requesting individual.
- The presentation of an agency identification badge, other official credential, or other proof of government status, if made in person, shall be sufficient to verify a public official's identity.

In all cases, the name of the individual and the method of verification are to be noted in the record.

Confidentiality Agreement: Each TTIC staff, trainees, or affiliate shall be required to sign a confidentiality agreement or, where applicable, a business associate agreement, upon commencing work or entering a contractual relationship with the Texas Telehealth Internship Consortium.

Confidential Information

Staff and trainees will have access to several kinds of information which must be treated confidentially. You may have access to information about:

- Clients, such as their clinical (medical) records, intake information, financial information, etc. All information about a client's care, treatment, history, or condition is confidential information. This extends to conversations you or others have with them.
- Employees, volunteers, or student trainees such as their histories, salaries, employment records, disciplinary actions, problems, etc.
- Information about the Texas Telehealth Internship Consortium such as its financial and statistical records, strategic plans, reports, memos, contracts, communications, proprietary computer programs or technology, etc.
- All TTIC staff, trainees, or affiliates as a condition of employment, are required to sign the confidentiality agreement. We expect that you will treat all information related to the Texas Telehealth Internship Consortium as confidential and share this confidential information only with those authorized to receive it.
- Copies of the agreement shall be maintained in the individual's personnel file.
- Where required by HIPAA or Texas law, contractors who meet the definition of a business associate shall be required to execute a business associate or chain of trust partner agreement. All other contractors must sign a confidentiality agreement if the service involves the incidental use or disclosure of PHI.
- You are expected to do your best at preventing any unauthorized use or disclosure of any information received, stored or used by the Texas Telehealth Internship Consortium.
- You will not use or let others use any PHI or other confidential information for any purpose. Your access privileges to PHI and other confidential information will be reviewed, renewed, or revised on a periodic basis.
- You will maintain all PHI in a manner consistent with local, state, and federal privacy regulations.

Protection of Protected Health Information – Hard Copies: All PHI shall be maintained in a confidential manner that prevents unauthorized disclosure, either internally or to third parties. The Texas Telehealth Internship Consortium shall make all reasonable efforts to secure records containing PHI.

- All PHI in hard copy form shall be kept in locked files with the number of keys limited to workforce members whose work requires regular access to the information.
- You will not access, read, review, copy, alter, remove, lend, or destroy any file, report, or other form of PHI or other confidential information except as part of my work duties here and in accordance with the policies and procedures of the Texas Telehealth

Internship Consortium. You will not knowingly allow any false, inaccurate, or misleading information be included in any file or report associated with the Texas Telehealth Internship Consortium. Documents shall be destroyed in a method that induces complete destruction of the information when the information is no longer needed.

Procedure if a Breach is Alleged: All breaches of confidentiality shall be reported to any supervisor, or the Privacy Officer.

- Any TTIC staff, trainees, or affiliates receiving an allegation of a breach of confidentiality or having knowledge or a reasonable belief that a breach of confidentiality of PHI may have occurred shall immediately notify the Privacy Officer. Any report made will be held in confidence as permitted by law and will be free from any form of retaliation.
- If it is determined that a breach of confidentiality of PHI has occurred, disciplinary action shall be taken in accordance with disciplinary policies of the consortium's member organizations- Baylor, Scott, & White Warriors Research Institute and Texas A&M University Telehealth Institute.
- The Privacy Officer shall retain documentation of all allegations that have been made and any action taken in a master employee HIPAA complaint file and in the workforce member's personnel file. A separate, secure file shall be maintained for documentation concerning violations by non-employees.
- If there are any questions about these rules and procedures or how and when they apply, please ask any member of the TTIC Executive Committee.

Texas Telehealth Institute Consortium Specific Guidelines

- [] I agree to respect the office policies and procedures of the Texas Telehealth Internship Consortium about maintaining the privacy of health care information.
- [] I will not share or disclose any information about a client with any non-TTIC employee or student trainee including family and friends. I will not share any information which might allow a non-TTIC employee or student trainee to identify a client.
- [] I will not discuss PHI with another employee or student trainee in any area where clients or non-employees could overhear. I will remind other employees or student trainees of this rule when it is or could be violated or take other steps to maintain the privacy of this information.
- [] I accept responsibility for all activities related to my access method such as a password, passphrase, access card, key, or other device. I will not share any of these access methods with anyone else or allow anyone to access or alter information using my access method.
- [] I understand that my computer files or e-mail can be searched, without advance notice, for business purposes, such as investigating theft, disclosure of confidential business or proprietary information, personal abuse of the system, or monitoring workflow or productivity.
- [] I will not use any office resources to engage in any kind of illegal activities or to harass

anyone.

- [] I will act in accordance with these rules even after I am no longer affiliated with the Texas Telehealth Internship Consortium.

If you are a TTIC staff member, trainee, or affiliate, please confirm the following:

- [] I will read the Texas Telehealth Internship Consortium Intern Manual and will abide by all TTIC policies and procedures. I will also abide by the APA Ethical Principles of Psychologists and Texas Codes of Conduct.

By signing this agreement, I agree that I have read, understand, and will comply with all the conditions outlined in this agreement.

_____	_____	_____
Printed name of student trainee/staff	Signature	Date
_____	_____	_____
Printed name of TTIC representative	Signature	Date

Texas Telehealth Internship Consortium Code of Professional Conduct

EXPECTATIONS OF PSYCHOLOGY INTERNS

With regard to intern behavior and performance during the internship year, the general expectations of the training program are that the intern will:

- Practice within the bounds of the APA Ethical Code of Conduct (www.apa.org/ethics/) and Texas Behavioral Health Executive Council Rules and Regulations (bhec.texas.gov/statutes-and-rules/index.html/) for Psychologists in Texas (printed copy available upon request)
- Practice within the bounds of the laws and regulations of the State of Texas.
- Practice in a manner that conforms to the professional standards of Texas A&M University and Baylor, Scott, & White.

Interns are responsible for maintaining standards of conduct appropriate to their work environment and mandated for all employees of Texas A&M University and Baylor, Scott, & White.

RIGHTS AND RESPONSIBILITIES OF PSYCHOLOGY INTERNS

Psychology interns at the Texas Telehealth Internship Consortium are expected to learn psychological skills and the ethics of practice, as well as to do much self-examination, focusing on their intra- and interpersonal processes. At all stages of training, the Texas Telehealth Internship Consortium assumes responsibility for assessment and continual feedback to trainees in order to improve skills, remediate problem areas, and/or to prevent individuals with significant performance deficits, from entering the profession of psychology. Trainers, then, are responsible for monitoring trainee progress to benefit and protect the public and the profession, as well as the trainee.

The interns have access to the performance evaluation instruments by which they are evaluated at the semester end. Throughout the year, interns receive two hours of individual primary clinical supervision weekly when they will be given informal verbal feedback on their performance. Interns have the opportunity to ameliorate deficiencies or misconduct prior to the semester evaluation and/or special review, unless continuation of service delivery would be to the detriment of clients.

Interns have opportunities to provide input and suggest changes and modifications regarding the training activities. Regular meetings of interns and the training directors will provide interns direct access to center administration and enable the training directors to assess the progress and problems confronted by the interns and to discuss their developmental tasks and issues.

Interns have the right to activate a formal review when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of the semester, interns have the right to contest critical feedback in the evaluation, to disagree with the primary supervisor's summary evaluation, and to request an appeal.

Violations of intern's rights include, but are not limited to, exploitation, sexual harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process.

TEXAS TELEHEALTH INTERNSHIP CONSORTIUM

Policy on Intern Remediation and Grievance Response

This document sets forth guidelines for evaluation of interns, grievance procedures, and the management of problematic performance of conduct. The guidelines are consistent with accreditation standards of the American Psychological Association and also incorporate human resources policies of Texas A&M University and Baylor, Scott, & White. The guidelines emphasize due process and ensure fairness in the program's decisions about interns, and they provide avenues of appeal that allow interns to file grievances and dispute program decisions.

Introduction: The Evaluation Process Summary

The Psychology Internship Program continually assesses each intern's performance and conduct. At specified intervals, supervisors provide written evaluations and meet with the intern to discuss the assessments and offer recommendations. Differences between interns' and supervisors' appraisals are expected to surface in these meetings, and in most cases are resolved. After meeting, the supervisor and intern sign the written evaluation and submit it to the Training Director. The Training Director may obtain additional evaluation data through consultation with supervisors and other professional staff who have significant contact with interns.

The Texas Telehealth Internship Consortium has a Internship Committee that is chaired by the Training Directors at the Texas A&M Telehealth Institute and Warriors Research Institute. The Internship Committee includes senior staff supervisors in the various specialty practice areas (group, supervision, outreach/consultation). The purpose of the Internship Committee is to 1) provide oversight to the intern training programs, including revising elements of the training program to maintain adherence to APA Commission on Accreditation, 2) to conduct and facilitate the yearly intern application and selection process, 3) to review summative evaluations on trainee progress, including actions for remediation or other problematic behavior, and make decisions on the successful completion of the training program. A monthly Intern Supervisors meeting is held to review in more detail, intern progress and development. The Training Director combines the diverse evaluations and provides interns with summary evaluations of their progress in the program. Based on the evaluations, the Training Director and the intern may modify the intern's training activities to better meet the interns' developmental needs. If warranted, members of the Executive Committee are provided with relevant performance evaluation data/feedback including the executive directors of the Telehealth Institute and Warriors Research Institute as well as the Education Director of the Telehealth Institute.

Communication with Interns' Home Graduate Programs

The Training Director communicates with each intern's sponsoring graduate program about the intern's activities and progress. At the mid-way point and at the end of the internship year, the home program receives a brief summary evaluation indicating whether or not the intern is progressing adequately or has successfully completed the internship. At any time, if problems arise that cast doubt on an intern's ability to successfully complete the internship program, the Training Director will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems.

Definition of Problematic Performance and/or Conduct

Problem behaviors are said to be present when supervisors perceive that a trainee's behaviors, attitudes, or characteristics are disrupting the quality of their clinical services; their relationships with peers, supervisors, or other

staff; or their ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when an intern's problem behaviors are serious enough to fit the definitions of problematic performance or conduct rather than merely being typical problem behaviors often found among trainees.

The program defines *problematic performance* and *problematic conduct* as follows. *Problematic performance* and/or *problematic conduct* are present when there is interference in professional functioning that renders the intern: unable and/or unwilling to acquire and integrate professional standards into their repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning. More specifically, problem behaviors are identified as *problematic performance* and/or *problematic conduct* when they include one or more of the following characteristics.

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

Procedures for Responding to Problematic Performance and/or Problematic Conduct

The program has procedures to guide its response to interns with problematic performance or problematic conduct. When supervisors' evaluations indicate that an intern's skills, professionalism, or personal functioning are inadequate for an intern in training, the Training Director, with input from other relevant supervisory staff, initiates the following procedures. First, the areas for growth will be reviewed with the intern by the supervisor and Training Director. The Internship Committee will also be consulted and a determination will be made as to what action needs to be taken to address the problem(s). The Internship Committee may adopt one or more of the following or take other appropriate action.

1. The committee may elect to take no further action.
2. The committee may issue a written *Acknowledgement Notice* that formally states the following:
 - a. The committee is aware of and concerned about the evaluation and problems identified therein.
 - b. The evaluation has been brought to the intern's attention and the committee or other supervisors will work with the intern to rectify the problem within a specified time frame.
 - c. The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
3. Alternatively, the committee may issue a *Probation Notice*, which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor the degree to which the intern addresses, changes, and/or otherwise improves the problem behaviors. The *Probation Notice* is a written statement to the intern that includes the following items:
 - a. A description of the problematic performance or conduct.
 - b. Specific recommendations for rectifying the problems.
 - c. A time frame for the probation during which the problem is expected to be ameliorated.
 - d. Procedures to assess whether the problem has been appropriately rectified.

The decision to initiate a remediation plan with a trainee is made thoughtfully. The Texas Telehealth Internship Consortium commits to sustained, intentional efforts, by all parties, to achieve the minimum level of competencies

expected. However, to delineate between the initial efforts to meet minimum standards and a remediation plan situation, the following markers are indicators of when a remediation plan could be considered:

- Repeated lack of follow-through on supervisor requests
- Few signs of effort to incorporate supervisor suggested clinical changes
- Repeated concerns about behavior after they've been discussed
- Necessity of a reduced client load
- Several client premature drop-outs
- Low scores on mid-year evaluations
- Behavior of significant severity that needs immediate support
- Concerns about client care and doing no harm
- Unethical behavior

If the Internship Committee deems that remedial action is required, the identified problems in performance or conduct must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

1. Increased supervision, either with the same or other supervisors.
2. Change in the format, emphasis, and/or focus of supervision.
3. A recommendation that personal treatment, including but not limited to psychotherapy, be undertaken.
4. Recommendation of a leave of absence.

Following the delivery of an *Acknowledgment Notice* or *Probation Notice*, the Training Director will meet with the intern to review the required remedial steps. The intern may elect to accept the conditions or may challenge the committee's actions as outlined below. In either case, the Training Director will inform the intern's sponsoring graduate program and indicate the nature of the inadequacy and the steps taken by the Internship Committee. The intern shall receive a copy of the letter to the sponsoring graduate program.

Once the Internship Committee has issued an *Acknowledgement Notice* or *Probation Notice*, the problem's status will be reviewed regularly and will be expected to be resolved within the specified time frame, or the next formal evaluation, whichever comes first.

There is no particularly guaranteed confidentiality to the trainee's supervisory process, except that as an employee your information will generally only be shared in the similar limited ways that an employee's information is shared. For example, it will not be shared with your peers, but may be shared with supervisors, director, and relevant administration. The goal of sharing information will be in ways/purposes related to training needs, clients' needs, or to the department needs. We do intentionally share information about training concerns in the Internship Committee meetings – with the goals of supporting intern training and improving the effectiveness of supervision; to consult and ideographically attend to intern training needs. The intention is to be purposeful about supporting intern growth. Also, supervisors and other staff may share information with the Training Director about intern training and performance, as well as with the members of the Texas Telehealth Internship Consortium (TTIC) Executive Committee. Additionally, TTIC has established a partnership with interns' home academic institutions, which means providing that institution with regular feedback about intern progress and development. Unless it would interfere with the remediation plan, interns will be notified when any correspondence occurs between the TTIC staff and their home academic program.

Failure to Correct Problems

When a combination of interventions does not rectify the problematic performance or problematic conduct within a reasonable period of time, or when the trainee seems unable or unwilling to alter their behavior, the training program may need to take more formal action. If an intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the *Acknowledgement Notice* or *Probation Notice*, the Internship Committee will organize another formal meeting and then inform the intern in writing that the conditions for returning to good standing within the internship have not been met. The committee may then elect to take any of the following steps, or other appropriate action:

1. It may continue the probation for a specified time period.
2. It may suspend the intern whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the problem behaviors in question have been rectified.
3. It may inform the intern and the intern's sponsoring graduate program, that the intern will not successfully complete the internship if their behavior does not change. If by the end of the training year, the intern has not successfully completed the training requirements, the Internship Committee may give the intern only limited certification, or no certification at all. The Committee may specify those settings in which the intern can or cannot function adequately. The intern and the intern's home program will be informed that the intern has not successfully completed the internship.
4. It may inform the intern that the Committee is recommending that the intern be terminated immediately from the internship program and move to terminate the intern.
5. When the Internship Committee's deliberations lead to the conclusion that an intern is **not** suited for a career in professional clinical practice, the committee may recommend a career shift for the intern.

The decision to initiate a termination process is carefully made. The Texas Telehealth Internship Consortium commits to considering this action only after significant efforts at remediation have occurred or after egregious or highly concerning behaviors have transpired. This decision will only be made with the collaboration of Texas A&M University Human Resources. The following markers are some indicators of when a termination would be considered.

- *One or more remediation plans were unsuccessful at addressing concerning behaviors*
- *Intern is unable to manage a bare minimum caseload*
- *Training staff are spending amounts of additional hours in monitoring and supporting activities that prevent other work from being completed.*
- *Intern is not demonstrating sufficient efforts on their own remediation process*
- *Intern is repeatedly engaging in divisive, undermining, and unprofessional behavior with staff*
- *Intern is repeatedly not following supervisor requests*
- *Intern is repeatedly rejecting feedback, arguing with training staff, making excuses, and blaming multiple other parties for their performance*
- *Repeated concerns about ethical behavior or any gross unethical behavior*
- *Increased concerns about client care*
- *Increased concerns about boundaries in professional relationships*
- *Increased concerns about multicultural competence and humility*

All the above steps will be appropriately documented and implemented in ways that are consistent with due process procedures, including opportunities for interns to initiate grievance proceedings to challenge Internship Committee decisions.

Due Process in Evaluation and Remediation

The training program follows due process guidelines to ensure that decisions about Texas Telehealth Internship Consortium trainees are not arbitrary or based on personal variables. The program uses the same procedures to evaluate all trainees, and it has hearing and appeal procedures that permit any intern to challenge program decisions/feedback. Hearing and appeal procedures within the due process permit any intern to hear and respond to concerns about their performance or behavior as well as appeal actions taken by the program regarding their performance or behavior.

The due process guidelines include the following:

1. All interns receive a written statement of program expectations for professional functioning on the first day of internship.
2. Evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions for making decisions about problematic performance or conduct are outlined in written statements given to all interns on the first day of internship.
4. Graduate programs are informed about performance concerns with interns.
5. Remediation plans are crafted to address identified performance deficits. These include time frames for remediation and specify consequences for failure to rectify performance deficits.
6. All interns receive a written description of procedures they may use to appeal the program's actions, and procedures they may use to file grievances.
7. Interns are given sufficient time to respond to any action taken by the program.
8. Decisions or recommendations regarding the intern's performance or conduct are based on input from multiple professional sources.
9. Program actions and their reasoning are documented in writing to all relevant parties.

The steps of due process including requesting a Hearing and Appeal include the following:

1. Interns will receive a written *Acknowledgement Notice* or *Probation Notice* that due process has begun if performance or behavior concerns arise.
2. Any intern may request a Hearing with the Internship Committee to listen and respond to concerns about their performance or behavior.
 - a. An intern will provide written request of a Hearing within 5 working days after receiving a written *Acknowledgement Notice* or *Probation Notice*.
 - b. The Internship Committee will review the Hearing request within 5 working days of receiving the request and schedule the intern a Hearing date within a 2-week timeframe.
 - c. At the Hearing, the intern will be permitted to respond to concerns addressed by the Internship Committee.
3. Any intern can request an Appeal with the Internship Committee.
 - a. At the time of the Hearing, any intern may appeal actions taken by the program regarding their performance or behavior through a reconsideration process.

- b. Interns engaging in a reconsideration process should provide written evidence to support arguments in their case to the Internship Committee within 2 weeks after the Hearing date.
4. The Internship Committee will review appeals made by an intern and provide written feedback of decision made to the intern within 5 working days of receiving written documentation of the reconsideration.

Intern Challenge and Grievance Procedures

Any intern is permitted to engage in Grievance procedures to bring a complaint about any aspect of the training program to the internship program at any time. Additionally, interns who receive an *Acknowledgment Notice* or *Probation Notice*, or who otherwise disagree with any Internship Committee decision regarding their status in the program, are entitled to challenge the Committee's actions. The steps for Grievance procedures as well as the Challenge process are as follows:

1. When initiating the Challenge process, the intern must inform the Training Director in writing that he or she is challenging the Committee's action and provide an explanation of why the intern believes the Internship Committee's action is unwarranted within 5 working days of receipt of the Internship Committee's notice or other decision. Failure to provide such information will constitute a withdrawal of the challenge.
2. When initiating the Grievance process, the intern must provide in writing the complaint about the aspect of the training program or internship in which they hope to address to the Training Director.
3. The Training Director will conduct and chair a review hearing with the intern and all members of the Internship Committee in which the intern's written complaint and/or challenge is heard and any evidence is presented by the Training Director and/or intern's supervisors. Within 5 working days of completion of the review hearing, the Internship Committee will issue a written summary of its decisions and recommendations and will inform the intern of its decision(s).
4. Once the Internship Committee has informed the intern and submitted its report, the intern has 5 working days within which to seek a further review of their grievance by submitting a written request to the TTIC Executive Committee. The intern's request must contain brief explanations of the grievance and of the desired settlement he or she is seeking, and it must also specify which policies, rules, or regulations are believed to have been violated, misinterpreted, or misapplied.
5. The Executive Committee and a representative from Human Resources will then conduct a review of all documents submitted and render a written decision. They will render their decision within a reasonable time frame of receipt of the Internship Committee's report, and within 10 working days of receipt of an intern's request for further review if such request was submitted. The Executive Committee and the representative from Human Resources may either accept the Internship Committee's action, reject the Internship Committee's action and provide an alternative, or refer the matter back to the Internship Committee for further deliberation. The Internship Committee will report back to the Executive Committee and representative from Human Resources within 10 working days of the request for further deliberation. The Executive Committee a representative from Human Resources will then make a final decision regarding actions to be taken.

6. If the Executive Committee and the representative from Human Resources final decision does not resolve the intern's written request for further review to his or her satisfaction, the intern has three working days within which to appeal in writing to Texas A&M University Human Resources and/or Baylor, Scott, & White Human Resources.
7. Once a final and binding decision has been made, the intern, sponsoring graduate program and other appropriate individuals will be informed in writing of the action taken.

Staff Allegation of Intern Violation of Standards

Any staff member at the Texas A&M Telehealth Institute or at the Baylor, Scott, & White Warriors Research Institute may file a written grievance against an intern for the following reasons: (a) unethical or legal violations of professional standards or laws; (b) failures to satisfy professional obligations and thereby violate the rights, privileges, or responsibilities of others.

1. The Training Director will review the grievance with other members of the Internship Committee and determine if there is reason to go further and whether or not the behavior in question is being rectified.
2. If the Training Director and other Internship Committee members determine that the alleged behavior cited in the complaint, if proven, would not constitute a serious violation, the Training Director shall inform the staff member who may then be allowed to revise or renew the complaint if additional information is provided.
3. When the Training Director and other Internship Committee members decide that there is probable cause for deliberation by a formal review, the Training Director shall notify the staff member and request permission to inform the intern. Failure to grant permission may preclude further action. If no response is received within 5 days, or permission to inform the intern is denied, the Training Director and the other Internship Committee members shall decide whether to proceed with the matter.
4. If the intern is informed of the complaint, the Internship Committee is convened and receives any relevant information from both the intern and staff member that bears on its deliberations.
5. Within 5 working days of completing the review meeting, the Internship Committee shall communicate its recommendation to the intern and to the staff member alleging the violation.
6. The intern has 5 working days within which to submit a written request for further review by the Education Director. The request should include relevant information, explanations, and viewpoints that may challenge, refute, or otherwise call for modification of the Internship Committee's decisions and recommendations. The request should also specify policies, rules, or regulations that may have been violated, misinterpreted, or misapplied.
7. The Executive Committee and the TAMU Human Resource Partner and/or Baylor, Scott, & White Human Resources Partner will then conduct a review of all documents submitted and render a written decision. They will render their decision within 10 working days of receipt of the Internship Committee's report, and within 10 working days of receipt of an intern's request for further review if such request was submitted. The Executive Committee and the TAMU Human Resource Partner and/or Baylor, Scott, & White Human Resources Partner may either accept the Internship Committee's action, reject the Internship Committee's action and provide an alternative, or refer the matter back to the Internship Committee for further deliberation. The committee will report back to the Executive Committee and the

TAMU Human Resource Partner and/or Baylor, Scott, and White Human Resources Partner within 10 working days of the request for further deliberation. The Executive Committee and the TAMU Human Resource Partner and/or Baylor, Scott, and White Human Resources Partner will then make a final decision regarding actions to be taken.

8. If the Executive Committee and the TAMU Human Resource Partner and/or Baylor, Scott, & White Human Resources Partner's final decision does not resolve the intern's written request for further review to their satisfaction, the intern has three working days within which to appeal in writing to Texas A&M University Human Resources and/or Baylor, Scott, & White Human Resources. This department shall conduct a review of the issues and render a written decision within 10 working days of receipt of the intern's request and shall fashion whatever remedy they deem appropriate and that decision shall be final and binding.
9. Once a final and binding decision has been made, the intern, sponsoring graduate program, and other appropriate individuals will be informed in writing of the action taken.

Guidelines Regarding Multiple Relationships

The Texas A&M University Telehealth Institute has multiple functions including service delivery, training, research, and teaching. It is expected that individuals within the Telehealth Institute will be involved in multiple roles with each other. Because individuals have multiple roles, it is important that they continually be aware of, monitor, and clarify the implications of these multiple roles within the Telehealth Institute. Supervisors of trainees and employees should make special efforts to alert and dialogue with their supervisees about the issues associated with multiple roles. Multiple roles, per se, are not unethical or problematic, and are unavoidable in counseling centers with many functions. APA's Ethical Principles of Psychologists and Code of Conduct (2002) define a multiple relationship.

STANDARD 3.05 MULTIPLE RELATIONSHIPS

- (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

Multiple relationships at the Telehealth Institute might be formed from any of the following multiple role possibilities: therapist, co-therapist, supervisor, supervisee, employer, employee, consultant, presenter, mentor, student, colleague, friend, partner, or relative. Multiple relationships can become problematic and/or unethical when functioning in one role or relationship, (A) has potential for maximizing and/or abusing a power differential which may exist between the individuals involved, (B) has implication and/or potential influence on the nature or course of the other relationship with that same person, and/or (C) makes it likely that objectivity will be compromised in the other relationship with that same person when evaluation is an important part of the other relationship.

The Telehealth Institute holds staff members responsible for monitoring their multiple relationships and refraining from developing problematic and/or unethical multiple relationships. Staff members are encouraged to consult with each other whenever questions arise about multiple relationships. When in a multiple relationship or when considering entering a multiple relationship, it is incumbent upon the person in the more powerful position to take special care to set appropriate limits and monitor the relationship. In addition, each person has the responsibility to refuse to enter or remain in a multiple relationship at Telehealth Institute if she or he believes the relationship is or would become problematic.

Staff members will follow applicable professional ethical codes (including those of the American Psychological Association), state laws (including the Rules and Regulations of the Texas Behavioral Health Executive Council, and Texas A&M University rules and regulations which pertain to multiple relationships).

Because certain multiple relationships have a high probability of becoming problematic, the following guidelines are established to directly address the issue of multiple roles and to avoid possible problematic multiple relationships within the Telehealth Institute:

1. All staff are prohibited from entering into sexual, romantic, social, employer, employee, or business associate relationships with current clients of the Telehealth Institute.
2. Telehealth Institute employees and practicum students are prohibited from receiving ongoing counseling services from Telehealth Institute staff members concurrently with the period of employment/training at the Telehealth Institute.
3. Employees (including interns) who request psychotherapy, professional assistance with a personal crisis, remediation of dysfunctional behavior, or academic, career, or personal growth counseling will be referred to the TAMU Employee Assistance Program or community resources.
4. Applications from current or former Telehealth Institute clients to become Telehealth Institute trainees will be processed in the same manner as all applications. A trainee applicant's current or former counselor shall not communicate with any staff member about the trainee applicant in any way that would divulge privileged information.
5. A Telehealth Institute trainee may not be supervised by their former Telehealth Institute counselor or the counselor's supervisor.
6. Counseling records of a trainee who was a previous Telehealth Institute client will be protected from access by staff that are or could become involved in the supervision/training of the trainee. Electronic records will be protected through access restrictions based on "need to know."
7. Former Telehealth trainees who become Telehealth Institute clients shall not be counseled by anyone who was involved in their supervision.
8. It is unethical, and therefore prohibited, for a Telehealth Institute professional staff member or trainee to develop a romantic relationship with a potential or current supervisee/supervisor. The Ethics Code of the American Psychological Association states; "Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority" (7.07 Sexual Relationships With Students and Supervisees).
9. Test interpretation by Telehealth Institute staff for personal use is not permitted. Academic, career, and non-clinical instruments may be given as part of training,

team building, or continuing education. Employees and trainees are permitted to use the resources of the Telehealth Institute, such as reading materials and computerized educational programs. However, they may not enter counseling relationships with one other. It is recognized that multiple relationship problems can develop when a close friend, significant other, or family member of a Telehealth Institute staff member or trainee receives counseling at the Telehealth Institute. A primary concern is protecting confidential information. If any person anticipates or experiences such problems, the person should consult with the Executive Director so that arrangements can be made to prevent or resolve the problem. Counseling records of close friends, significant others, and family members of Telehealth Institute staff members or trainees will be protected as described above.

10. If a staff member anticipates or experiences a problem from a multiple relationship at the Telehealth Institute, the staff member should attempt to deal with the problem by following APA ethical guidelines. The staff member should use discretion and attempt to resolve the issue by communicating directly with the other individual involved. If this is not successful, the staff member should attempt to gain resolution by consulting with his/her immediate supervisor or a higher supervisor if the problem is with the immediate supervisor.
11. Telehealth Institute trainees should not engage in social media relationships with senior staff members or clients of the Telehealth Institute.
12. If a staff member believes a multiple relationship between two other people at the Telehealth Institute is problematic, the staff member should attempt to deal with the problem by following APA ethical guidelines. In this case, the staff member should use discretion and first attempt to resolve the issue by communicating directly with the individual involved in the questionable relationship who holds the more senior position at the Telehealth Institute. If the issue is not resolved at this level, the staff member should consult with the Director about the matter.
13. Exceptions to these guidelines may be made only by the approval of the Telehealth Institute Executive Director.

Diversity & Inclusion

Texas A&M University Office for Diversity

<https://diversity.tamu.edu/>

Current Diversity Plan & Accountability Reports:

<https://diversity.tamu.edu/Plan>

TAMU Health Diversity and Inclusion:

Diversity & Inclusion at Texas A&M Health (tamu.edu)

Baylor, Scott, & White Diversity and Inclusion

Diversity and Inclusion at Baylor Scott & White Health (bswhealth.com)

Non-Discrimination Policies

Texas A&M University

<https://orec.tamu.edu/>

<https://www.tamus.edu/legal/policy/policy-and-regulation-library/>

<https://employees.tamu.edu/employee-relations/eeo.html>

Baylor, Scott, & White

<https://www.bswhealth.com/privacy-policies-and-patient-rights/notice-of-non-discrimination>

<https://jobs.bswhealth.com/us/en/diversity>

<https://www.mybswmedicare.com/dei/>