APA Accredited

We received word on October 27, 2015 that our program has been awarded Accreditation by the American Psychological Association Committee on Accreditation for seven years. Our next site visit will be in 2022. Our program’s site visit took place on June 22 and June 23, 2015.

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

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: 202-336-5979
Email: apaaccred@apa.org
# TABLE OF CONTENTS

I. The Setting .......................................................................................................................... 3
II. Philosophy of Training ......................................................................................................... 6
III. The Program ......................................................................................................................... 7
    Training Curriculum ............................................................................................................. 7
    Clinical Training Experiences & Goals ................................................................................ 8
    Training Committee ........................................................................................................... 9
    Didactics ................................................................................................................................ 10
    Conferences ....................................................................................................................... 10
    Grand Rounds ...................................................................................................................... 10
    Research Training ............................................................................................................. 10
    Supervision ....................................................................................................................... 10
IV. Program Evaluation ........................................................................................................... 11
V. Major Rotations ................................................................................................................... 11
VI. Minor Rotations .................................................................................................................. 17
VII. Stipends and Benefits ...................................................................................................... 19
VIII. Application Information ................................................................................................. 20
IX. Selection Process ............................................................................................................. 21
X. Training Faculty ............................................................................................................... 22
XI. Due Process ..................................................................................................................... 24
XII. Grievance Policy .............................................................................................................. 26
I. THE SETTING

Baylor Health Care System and Scott & White Healthcare are now one, and the healthcare world will never be the same. This new organization is the largest nonprofit healthcare system in Texas. We are one for knowledge. One for expertise. One for innovation. One for possibilities. And we share one vision: Creating healthier communities in the areas we serve. **Baylor Scott & White Health exists to serve all people by providing personalize health and wellness through exemplary health care, education and research as a Christian ministry of healing.** Baylor Scott & White is affiliated with the Texas A&M University (TAMU) Health Science Center (HSC). TAMU HSC is committed to preparing healthcare workforce that meets the needs of Texans. TAMU HSC training programs provide the competencies vital to staff, design and provide the healthcare needs of the increasingly diverse population of Texans.

Baylor Scott & White in Central Texas is consistently recognized on a national basis, earning the “Top 100 Hospital” designation for the ninth time by Truven Health Analysis (formerly Thompson Reuters). Scott & White Memorial Hospital - Temple, was named one of the best hospitals in the nation by U.S. News & World Report for Texas Prairies and Lakes Region for the third year in a row. Baylor Scott & White now provides for the health care needs of the majority of Central Texans. Using an integrated healthcare model, the system provides 5.3 million patients encounters annually, across 45+ hospitals and 500 patient care sites. Baylor Scott & White Health includes facilities (clinics and hospitals) covering 29,000 square miles of Central Texas, including: a 636-bed specialty care/teaching hospital, Level-I Trauma Center, McLane Children’s Scott & White Hospital – Temple (112 beds including 48 NICU), 50-bed long-term care hospital in Temple, 13 additional hospitals/partners and more than 70 primary care and specialty clinics. Baylor Scott & White employs more than 36,000 employees and more than 6,000 affiliated physicians. The system contributes more than $857 million in community benefit.

Baylor Scott & White Health has two graduate medical education (GME) divisions, one based in North Texas and the other in Central Texas. Baylor Scott & White is uniquely qualified to sponsor such a training program given its national reputation as one of the largest integrated healthcare systems in the United States. Located in the center of Central Texas, Scott & White is dedicated to provision of healthcare services to Texans in rural areas. The Scott & White Psychology Internship Program (PIP) prepares future psychologists to serve aspects of the underserved population and prepare them for continued provision of psychological services to the aforementioned high need consumers of mental health services.

There is a need for training and retention of professional psychologists in the state of Texas, particularly in medically underserved areas. The purpose of the Scott & White Psychology Internship Program is to increase the access to psychological services for Texans in rural and medically
underserved areas within the Baylor Scott & White service area. According to the Texas A&M University’s Southwest Rural Health Research Center, State Offices of Rural Health have identified suicide, stress, depression and anxiety disorders and lack of access to mental and behavioral health care as major rural health issues. Establishment of the program has expanded access to psychological services to those underserved populations.

The mission of the PIP training program is to provide broad-based clinical training. Consistent with our training goals, interns are required to demonstrate competence in professional psychology only. Some specialized training can be arranged appropriately to the interests and training needs of the resident (e.g., clinical child/pediatric psychology, rural mental health psychology and rural health psychology). Interns considering a variety of areas and types of professional psychology practice are prepared for entry-level positions or post-doctoral supervised professional experience generally required for licensure in the areas of: general clinical psychology, primary care psychology, clinical child psychology, and health psychology. Another objective is to develop and refine an intern’s knowledge of normal development, psychopathology and psychosocial problems so that a resident can better assess, diagnose/treat diverse populations across settings.

This professional psychology training program is committed to the development and expansion of competence in the field of professional psychology and pursuit of licensure as a psychologist in the state of Texas. Training takes place in a supportive manner so it becomes an integrated part of the PIP community of professional support. The program allows professional learning to evolve at an optimal pace, by incorporating graduated, sequential training drawn on the scientific basis of psychology. Since interns bring their own unique competencies, the program’s task is to build upon these existing skills.

The internship provides a balanced set of clinical experience. Of special note, the interns have the opportunity to collaborate with professionals from other disciplines including: family medicine, pediatrics, internal medicine, psychiatry, child and adolescent psychiatry, licensed professional counselors, licensed clinical social workers, psychiatry nurses, clinical nurse practitioners, occupational therapists, recreational therapists and certified peer specialists. This illustrates the emphasis on building supportive professional communities and working closely with interns as members of a team.

Scott & White Memorial Hospital - Temple

Scott & White Memorial Hospital – Temple is a 636-bed, not-for-profit facility that offers a full range of medical services, from advanced trauma services to neonatal intensive care to transplant technology. The hospital is a Level 1 Trauma Center and accepts all major insurance plans. The hospital offers advanced imaging, featuring dual definition 128-vice CT, 64-by CT, fix Pat CT, 3T MRI and IMRT. The hospital uses the de Vinci surgical systems, and its NICU is in the world’s top 3 percent for survival rates. The hospital is staffed by the physicians and psychologists of the Baylor Scott & White Health Clinic, the largest multispecialty medical practice in Texas and one of the largest in the nation. All Baylor Scott & White Health physicians and psychologists in the departments of psychiatry & behavioral science, family & community medicine, and pediatrics hold faculty appointments with the Texas A&M College of Medicine. In 1974, Baylor Scott & White Health became the clinical education site to train future physicians and subsequently allied health care providers for the Texas A&M Health Science Center. Baylor Scott & White Health has sponsored residencies for more than 75 years.
McLane Children’s Scott & White Hospital - Temple

The McLane Children’s Scott & White Hospital – Temple offers comprehensive care in 40 pediatric specialty areas right here in Central Texas. The department of pediatrics was established in 1962 by Drs. Robert Meyer and Howard LeBus. McLane’s Children’s Scott & White Hospital - Temple opened Tuesday, October 4, 2011. The hospital is a state-of-the-art facility dedicated to providing a nurturing place for the children of Central Texas to heal and thrive. The facility is focused in every way on children and their families, from the installation of kid-sized equipment to design of family-centered spaces. The hospital includes: 48 private medical/surgical rooms on the fourth and fifth floors; child life activity centers on the fourth and fifth floors that provide a psychologically safe space free from medical exams, procedures and interviews; four advanced pediatric surgery suites and three special procedures suites; advanced diagnostic imaging center with state-of-the-art MRI and a flash CT scanner that takes an image in less than eight seconds; 16-bed pediatric ICU; and 14-bed emergency department. McLane’s Children’s Scott & White Hospital – Temple has put together the right people and the right knowledge. With families across Central Texas, we share a singular focus on getting your child well. The hospital offers educational programs and training opportunities to those pursuing careers in medicine, nursing, research and the allied health sciences. Educational opportunities include medical and graduate education, residencies and fellowships, the allied health professions and continuing education programs. The partnership between Baylor Scott & White Health and the Texas A&M Health Science Center College of Medicine (TAMU HSC COM) has attained national recognition as one of the finest colleges of medicine.

Baylor Scott & White Clinics

Baylor Scott & White has more 60 primary care, specialty and urgent care clinics which range from the Bryan/College Station area in the East, the Waco area in the North, the Round Rock area to the South, and West to San Saba. Clinic locations include: Bellmead, Belton, Brenham, Burnet, Cameron, Cedar Park, College Station, Gatesville, Georgetown, Harker Heights, Hewitt, Horseshoe Bay, Hutto, Killeen, Kingsland, Llano, Marble Falls, Pflugerville, Round Rock, Salado, San Saba, Taylor, Temple and Waco. Psychology Training occurs at the Scott & White Mental Health Center - Temple, McLane Children’s Scott & White Clinic - Temple, Scott & White Clinic – Killeen, Scott & White Mental Health Clinic – Killeen, Scott & White Family Medicine Clinic – Santa Fe, and Scott & White Clinic - Waco.

Scott & White Mental Health Center - Temple

Scott & White Mental Health Center - Temple is the main location of the department of psychiatry and behavioral science. Currently, it houses adult outpatient services. Child and adolescent services are located on the campus of McLane’s Children’s Scott & White Hospital - Temple. The Scott & White Mental Health Center – Temple is staffed by a multidisciplinary group of general psychiatrists, clinical and counseling psychologists, marriage and family therapists, licensed professional counselors and advanced psychiatric nurse practitioners. With advances in psychiatric care throughout the past decade, all of our patients benefit from state-of-the-art approaches to diagnosis, treatment and rehabilitation. A special aspect of clinical practice in our systems of care is that we each have primary responsibility for a large, well-defined population in Central Texas—health plan members, veterans, military personnel and their dependents, retirees and a large indigent population. In addition to our Psychology Internship program, the department of psychiatry has a
post-doctoral psychology fellowship in end of life and health psychology, medical residency program in general psychiatry, and child and adolescent psychiatry fellowship located at the McLane Children’s Scott & White Clinic – Temple.

**McLane Children’s Scott & White Clinic - Temple**

This multispecialty office building opened on the campus of McLane’s Children’s Scott & White Hospital – Temple on February 24, 2014. The division of child psychiatry and child development (i.e. psychology internship program child major rotations) are located next to each other on the fourth floor. A wide range of pediatric specialties are located in this five-story building. Child and adolescent mental health services share a floor of the new building with child development (developmental and behavioral) and child neurology in order to enhance multidisciplinary training and patient care. Child neuropsychology will be joining the array of pediatric specialists in September through the child neurology division.

**II. PHILOSOPHY OF TRAINING**

The mission of the Scott & White Psychiatry Internship Program is to provide broad-based clinical training. Some specializations can be arranged appropriately to the interests and training needs of the intern (e.g., clinical child/pediatric psychology, rural mental health psychology and rural health psychology).

Interns considering a variety of areas and types of professional psychology practice are prepared for entry-level positions or post-doctoral supervised professional experience generally required for licensure in the areas of: general clinical psychology, primary care psychology, clinical child psychology and health psychology. Another objective is to develop and refine the intern’s knowledge of normal development, psychopathology and psychosocial problems so that the intern can better assess, diagnose and treat diverse populations across a variety of settings.

This professional psychology training program is committed to the development and expansion of competence in the field of professional psychology and pursuit of licensure as a psychologist in the state of Texas. Training takes place in a supportive manner so it becomes an integrated part of the PIP community of professional support. The program allows professional learning to evolve at an optimal pace by incorporating graduated, sequential training drawn on the scientific basis of psychology. Since interns bring their own unique competencies, the program’s task is to build upon these existing skills.

The internship provides a balanced set of clinical experience within the Baylor Scott & White Health. Of special note, the interns have the opportunity to collaborate with professionals from other disciplines including: family medicine, pediatrics, internal medicine, psychiatry, child and adolescent psychiatry, licensed professional counselors, licensed clinical social workers, psychiatry nurses, physician assistants, clinical nurse practitioners, occupational therapists, recreational therapists and certified peer specialists. This illustrates the emphasis on building supportive professional communities and working closely with psychology interns as members of a team.

Two of the most underserved populations in need are children and adolescents (highest rate of poverty) and adults who have not served in the military in rural areas of the Baylor Scott & White Health service area. These segments of Texans are not served by the VA psychology internship in Temple or the
Texas A&M University Counseling Center located in College Station. Thus, the majority of individuals in our service area are not able to access psychological services from these internship training programs. PIP also prepares psychologists to serve aspects of the underserved population and prepare them for continued provision of psychological services to the aforementioned high need consumers of mental health services. The PIP is a member of the Association for Psychology Postdoctoral and Psychology Internship Centers (APPIC).

**APA Accreditation Status:**

We received word on October 27, 2015 that our program has been awarded Accreditation by the American Psychological Association Committee on Accreditation for seven years. Our next site visit will be in 2022. Our program’s site visit took place on June 22 and June 23, 2015.

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

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: 202-336-5979  
Email: apaaccred@apa.org

**III. THE PROGRAM**

**TRAINING CURRICULUM**

The overarching goal of training is to provide pre-doctoral psychology interns with the clinical training, supervision, and didactic learning required to prepare them for entry level positions as psychologists. Intern’s clinical training takes place in two major rotations and at least one minor rotation. The initial description of the clinical training goals are presented in general terms to be consistent across the training sites. All interns gain experience using and applying a variety of interviewing, assessment and intervention strategies with a wide range of populations and age levels. Each develops competence in a variety of areas through direct clinical experience, didactic seminars, grand rounds and other site-specific training opportunities.

The intern will be assured of one or two of their major rotation experiences when an offer is extended on match day—by informing the training director of their preferred major rotation training site after completing in-person or phone interviews. In accordance with APPIC guidelines, no ranking information will be solicited or accepted. The remaining major rotations will be determined with input from the incoming intern class and by input from the PIP training committee. The committee takes into account the statement of interest and the applicant’s preferences of major rotation sites. The PIP training committee attempts to provide the best possible match between interns’ training needs and available major rotation training sites.

As part of a paid orientation, interns further clarify their interests, goals and skills. Moreover, a one-week graduate medical education (GME) pre-service orientation provides the intern with information on the organization of not-for-profit hospitals, satellite health clinics, medical school, and community mental health systems. The pre-service meeting also focuses on how psychology fits
into these systems in terms of client needs, administration and psychology’s collaboration with other disciplines and specialties. In conjunction with the intern, the PIP training committee merges the interns’ interests and directs their plan to assist how the facilities, program and supervision will meet these needs.

**CLINICAL TRAINING EXPERIENCES & GOALS**

The program allows the intern the option to gain experience working in a variety of health care and mental health settings. At the present time these include outpatient services for children, adolescents, their families and adults at the Scott & White Mental Health Center - Temple, adult psychiatric inpatient Unit (STC-1), outpatient substance abuse program, outpatient family medicine at Killeen and Santa Fe clinics, outpatient clinic in Waco, outpatient pediatric clinic, Scott & White Memorial Hospital - Temple and McLane Children’s Scott & White Hospital - Temple. Interns have the opportunity to work with child, adolescent, adult, and elderly clients in various training sites such as outpatient, partial hospitalization and a psychiatric inpatient setting.

To accomplish the aforementioned training goals, full time interns spend six months at two primary training settings, participate in common clinical and didactic experiences throughout the year. Interns spend approximately 24 clinical contact hours combined at their major and minor rotation sites with the remaining time split between common didactic, case presentations, individual and group supervision, and research training. Interns participate in a minimum of two hours of didactics, four hours of supervision (two individual and two group), and approximately one half-day for research. The initial description of the clinical training goals is presented in general terms so that they will be useful across rotations and sites. A listing of site specific training goals and objectives can be gained by reviewing the description of the four major rotation sites.

All psychology interns gain experience using and applying a variety of interviewing, assessment and intervention strategies with a wide range of populations and age levels. Each develops basic competence in a variety of areas through direct clinical experience, didactic seminars, attendance of grand rounds and other site-specific training opportunities. The core training goals and objectives are as follows:

**Psychological Assessment:** Psychological assessment is a fundamental professional activity for psychologists. It entails the technical skills of administering, scoring and interpreting commonly used psychological assessment instruments. Assessment also involves integrating the results with other information and observations and producing a psychological report that will be useful to mental health professionals, schools, courts, agencies or other referral sources. Psychological assessment also involves a number of other skills, such as: the development and refinement of intake interviewing skills, conducting mental status evaluations and reviewing and integrating archival information from available records. Scott & White’s electronic medical record system allows for interns to gain a much more comprehensive view of a patient’s strengths and medical fragility. In a larger sense, a psychologist's expertise and training in assessment guide all clinical evaluation activities. Continuous training and supervision occur in diagnostic interviewing, psychological assessment, diagnosis and evaluation. This may include use of the clinical interview, objective personality tests, projective tests, intellectual tests, achievement tests and developmental tests.

**Individual Interventions:** The program provides clinical training with individual psychotherapy interventions. Three levels of psychotherapy and counseling training are targeted. First, interns demonstrate basic competence in conducting long-term (at least six months in duration) psychodynamic
and/or cognitive-behavioral psychotherapy expertise. Interns are also required to demonstrate basic proficiency in short-term individual psychotherapy as well as crisis intervention and management. Evidence based interventions are stressed.

**Group Experiences:** Each intern is expected to participate either as the primary therapist or as a co-therapist in intervention procedures that involve more than one patient, such as group therapy, family therapy, and relationship therapies. This takes place in the outpatient clinic setting and inpatient psychiatric unit.

**Consultation:** Interns participate in professional activities that provide experiences in consulting with other professions (e.g., physicians, educators, nurses, administrators, other human services professionals) and other community service agencies regarding a patient’s mental health status and collaborative treatment planning.

**Professional Ethics:** Ethical considerations are a continuous feature of clinical training. A copy of the APA ethical guidelines and the Texas Psychologists Licensing Act and Rules and Regulations of the Texas State Board of Examiners of Psychologists guidelines for practice are given to all interns. Ethical issues are incorporated into all aspects of the intern’s training, including case discussions and individual supervision.

**Supervision:** Interns gain experience in administration and supervision where possible. For instance, they contribute to the joint training committee meetings, may assist in the selection, training and supervision of certified peer specialists, future psychology interns and post-doctoral psychology fellows, etc. Interns also gain supervision experience from diverse supervisors from the training program including adult and child/adolescent psychiatrists, LCSW and LCPs.

**Teaching:** Interns are required to present one or more of the seminars during their training. Interns regularly present and participate in case presentations. Opportunities also exist for interns to develop skills in the organization and presentation of material to other professional groups such as multidisciplinary case presentations and grand rounds.

**Multi-cultural & Linguistic Competence:** Interns receive clinical training working with diverse populations and underserved minorities and women, including African-Americans, Hispanics, gay, bisexual, lesbian, transgender (LGBT), uninsured and individuals covered by third party payers in the Central Texas area. Cultural diversity and ethnic pluralism also guide topics for discussion and clinical areas of education and services. The certified peer specialists will provide ongoing dialogue with the interns during the training year as well as providing formal seminar presentations on recovery and wellness. For those patients where English is not their primary language, translation services are provided through Baylor Scott & White Health’s interpretive services. The previous interns, training director and associate training director attended the National Multicultural Conference and Summit in Houston, Texas January 16-18, 2013 and the Alternative Conference in Austin in December 2013, funded by the Hogg Foundation for Mental Health.

**TRAINING COMMITTEE**
The standing PIP training committee members include a psychologist from each of the primary training sites, a psychology intern, a certified peer specialist and the training director. The intern is elected by the intern class serving a three or six-month term with a renewable term contingent on the desires of the intern class. Training committee meetings (TCM) occur monthly on the first Tuesday of the month at the noon hour. Joint training committee meetings comprised of all interns, standing members of the training committee and any training staff member who wishes to participate are held three to four times a year.
This gives interns and training staff members an opportunity to voice their opinions in a public forum and gain exposure to the administration of our professional psychology training program. Periodically, the intern and the training director reevaluate the intern’s individual plan to review progress and highlight areas of excellence and areas in need of improvement.

**DIDACTICS**

PIP interns, instructors and supervisors meet weekly as a group for four hours, which includes a seminar, clinical case conference and group supervision. The training sequence consists of a case presentation by a training staff member or intern on a rotating basis followed by group supervision and a two-hour seminar covering issues pertinent to professional practice, such as: professional ethics, recovery and wellness, professional practice, cultural sensitivity, working with under-served or neglected groups, clinical child psychology issues, managed care, empirically supported interventions, working with special populations, health psychology and primary care psychology, pain management, psychopathology, psychopharmacology, supervision, confidentiality, and management of a private practice. Two seminar dates are tailored to the needs of the incoming intern class and each intern presents on a topic of their choosing toward the later part of the training year.

**CONFERENCES**

Interns attend a weekly psychology clinical case conference with key training staff and clinical supervisors. This enables interns, post-doctoral psychology fellows and staff psychologists to present interesting and intriguing cases. The conference lasts for one hour devoted to ongoing, long-term cases or for short-term cases, intakes, ethical issues and diagnostic issues. The conference is also a vehicle through which joint training staff and clinical interviews may take place. Audio, video, and direct observation techniques promote a better understanding of a professional practice. Interns also attend multidisciplinary training conferences associated with their major and/or minor rotations such as the child/adolescent or adult journal club, child/adolescent case conference, consultation-liaison case conference, quality improvement conference and ethics conference.

**GRAND ROUNDS**

Interns are required to attend psychiatry grand rounds and scheduled case conferences. The Grand Rounds conferences occur weekly during the academic year. Beyond the clinical case conference and psychiatry grand rounds, there are other available training options. The PIP attempts to blend selected community opportunities into the didactic training package.

**RESEARCH TRAINING**

Provision is made for interns to spend a small amount of time on dissertation-related research or pilot studies by conducting a research minor, which is overseen by one of the training staff members. Interns have access to the Baylor Scott & White’s personal computers for clinical as well as research purposes.

**SUPERVISION**

Interns are closely supervised in every aspect of the skills pertinent to professional psychology (e.g., ethics, assessment, intervention and consultation). Each intern receives a minimum of four hours per week of clinical supervision of which at least two hours are individual supervision. Group supervision is provided as part of a weekly one-hour clinical case conference attended by all interns and key training staff. The fourth hour of supervision occurs through the weekly group supervision meeting. Additional supervision is provided by intern’s participation in multidisciplinary case presentations, and minor
rotations. Supervision includes discussion of theoretical, conceptual, clinical, ethical and empirical aspects of clinical activities with patients. Supervision allows the intern more independence and self-direction as their skill develops. The use of telemedicine supervision from psychologists from distal sites adds to the diversity of supervision and clinical perspectives.

IV. PROGRAM EVALUATION

Interns’ clinical performance is formally evaluated in writing by their training supervisors and training committee on a quarterly basis and discussed with the intern. Ongoing evaluation and feedback are provided during clinical supervision. Interns also are asked to evaluate the quality of rotations and supervisors at the end of their clinical rotations to determine whether the stated goals and objectives for a given rotation are met. This information is used to refine the training program. Interns are asked to evaluate the quality of the presentations conducted as part of the pro-seminar sequence. A final analysis of the overall program is completed at the end of the year.

The degree to which outcomes concerning the aforementioned goals and objectives are met is determined by the supervisors’ determination whether an intern has demonstrated that they have met or exceed expectations. These determinations are based on the supervisor’s ratings on the PIP intern evaluation rating form that is reviewed with the intern on a quarterly basis with ongoing direct feedback being provided throughout the year. The supervisors’ ratings are based on a combination of various methods of observation including discussion, audiotape, videotape, co-therapy, live supervision, telepsychology supervision, seminar presentations and case material. Ratings, as well as ongoing evaluations of an intern’s performance are reviewed at the training committee meetings. Final decisions concerning intern performance are determined by the consensus of the training committee members.

The PIP will maintain contact with former interns as a means of determining whether former interns obtain employment consistent with the former intern’s interest and training, licensure as a psychologist and other information required for obtaining APA accreditation. The training committee evaluates each rotation site on an annual basis.

V. MAJOR ROTATION SITES

Each psychology intern conducts at least two six-month major rotations and at least one minor rotation during the 12-month training year. There are two adult major rotations and two child major rotations.

Adult Major Rotations
Adult major rotations blend clinical experiences between the inpatient psychiatric unit, outpatient mental health clinic and various medical surgical services at the main campus of Scott & White Memorial Hospital - Temple. The inpatient psychiatric unit (STC-1) is located in the main Scott & Memorial Hospital - Temple. This 21-bed unit serves patients 18 years of age and older. Since STC-1 is located inside a general medical/surgical facility, patients who also have significant medical problems can be
Consultations with other medical services such as internal medicine, neurology, physical therapy and orthopedics can be easily arranged to provide multidisciplinary treatment. Interns are involved in the provision of individual and group therapy as well as requested psychological evaluations and participation in multidisciplinary daily rounds.

The adult mental health services at the Scott & White Mental Health Center - Temple are provided by a multidisciplinary team including general psychiatrists, clinical and counseling psychologists, general psychiatry residents, post-doctoral psychology fellows, licensed professional counselors, clinical social workers, psychiatric nurses, advanced practice psychiatric nurses and physician assistants. Patient population is from 18 years through geriatrics with a wide range of difficulties and high degree of comorbidity. Psychology interns provide the following psychological services in concert with other healthcare professionals at the mental health clinic: psychological evaluations, psychological assessment, individual therapy, group therapy, couples therapy, family therapy, interpersonal therapy, cognitive therapy and dynamic therapy.

**Adult Mental Health Services Major Rotation**

This major rotation offers a blend of adult psychiatric inpatient training experiences and outpatient mental health services. Interns spend the morning on the inpatient unit involved in daily rounds, crisis oriented psychotherapy, some psychological testing and daily group therapy. A sample schedule for this major rotation is listed below.

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>STC1 HOSPITAL</td>
<td>NEW PT/CONSULT</td>
<td>STC1 HOSPITAL</td>
<td>STC1 HOSPITAL</td>
<td>NEW PT/CONSULT</td>
</tr>
<tr>
<td>8:30</td>
<td>STC1 HOSPITAL</td>
<td>NEW PT/CONSULT</td>
<td>STC1 HOSPITAL</td>
<td>STC1 HOSPITAL</td>
<td>NEW PT/CONSULT</td>
</tr>
<tr>
<td>9:00</td>
<td>STC1 HOSPITAL</td>
<td>NEW PT/CONSULT</td>
<td>STC1 HOSPITAL</td>
<td>STC1 HOSPITAL</td>
<td>NEW PT/CONSULT</td>
</tr>
<tr>
<td>9:30</td>
<td>STC1 HOSPITAL ADMIN</td>
<td>STC1 HOSPITAL</td>
<td>STC1 HOSPITAL ADMIN</td>
<td>STC1 HOSPITAL</td>
<td>ADMIN</td>
</tr>
<tr>
<td>10:00</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
</tr>
<tr>
<td>10:30</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
</tr>
<tr>
<td>11:00</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
</tr>
<tr>
<td>11:30</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
<td>STC1 GROUP</td>
</tr>
<tr>
<td>12:00</td>
<td>LUNCH/PD CASE PRES</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>GRAND ROUNDS/RESIDENT MTG</td>
</tr>
<tr>
<td>12:30</td>
<td>LUNCH/PD CASE PRES</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>GRAND ROUNDS/RESIDENT MTG</td>
</tr>
<tr>
<td>13:00</td>
<td>CASE PRESENTATION SUPV W/DR GAMINO</td>
<td>MINOR ROTATION</td>
<td>SUPV W/DR GAMINO</td>
<td>RESEARCH/MINOR ROTATION</td>
<td></td>
</tr>
<tr>
<td>13:30</td>
<td>CASE PRESENTATION SUPV W/DR GAMINO</td>
<td>MINOR ROTATION</td>
<td>SUPV W/DR GAMINO</td>
<td>RESEARCH/MINOR ROTATION</td>
<td></td>
</tr>
<tr>
<td>14:00</td>
<td>GROUP SUPERVISION FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
<td></td>
</tr>
<tr>
<td>14:30</td>
<td>GROUP SUPERVISION FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
<td></td>
</tr>
<tr>
<td>15:00</td>
<td>DIDACTIS</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>15:30</td>
<td>DIDACTIS</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>16:00</td>
<td>DIDACTIS</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>16:30</td>
<td>DIDACTIS</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>17:00</td>
<td>END</td>
<td>END</td>
<td>END</td>
<td>END</td>
<td>END</td>
</tr>
</tbody>
</table>

**Diagnostic Interviews = New Patient Visits, Consultations, Transfer of Care**

**Inpatient Psychiatry STC-1 = Daily Rounds, Psychological Testing, Crisis-Oriented**
Psychotherapy Inpatient Psychiatry STC - 1 Group = Group Therapy
Return Visits = Outpatient Psychotherapy (Individual, Family, Group) Psychological Testing = Test Administration & Scoring
Administration Time = Dictation, Psychological Test Scoring & Interpretation, Paperwork
Grand Rounds = Psychiatry Grand Rounds Series (Sept. – June) Supervision = Individual, Group
Didactics = Seminars
Research = Dissertation, Independent research Project
Minor Rotation = Elective Rotations
**Adult Clinical/Health Consultation Psychology Major Rotation**

This major rotation involves a mixture of outpatient and inpatient consultation services, such as consulting with the palliative care team and other medical services for pain management, neurology, transplant services and surgical services. Interns also provide services for psychiatric patients on an outpatient basis. Listed below is the weekly schedule for this rotation.

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>NEW PT/CONSULT</td>
<td>PALLITIVE CARE TEAM/HOSP</td>
<td>Inpatient Consults/Psychological Testing</td>
<td>FOLLOWUP</td>
<td>NEW PT/CONSULT</td>
</tr>
<tr>
<td>8:30</td>
<td>NEW PT/CONSULT</td>
<td>PALLITIVE CARE TEAM/HOSP</td>
<td>Inpatient Consults/Psychological Testing</td>
<td>FOLLOWUP</td>
<td>NEW PT/CONSULT</td>
</tr>
<tr>
<td>9:00</td>
<td>NEW PT/CONSULT</td>
<td>PALLITIVE CARE TEAM/HOSP</td>
<td>Inpatient Consults/Psychological Testing</td>
<td>FOLLOWUP</td>
<td>NEW PT/CONSULT</td>
</tr>
<tr>
<td>9:30</td>
<td>ADMIN</td>
<td>PALLITIVE CARE TEAM/HOSP</td>
<td>Inpatient Consults/Psychological Testing</td>
<td>FOLLOWUP</td>
<td>ADMIN</td>
</tr>
<tr>
<td>10:00</td>
<td>FOLLOWUP</td>
<td>PALLITIVE CARE TEAM/HOSP</td>
<td>FOLLOWUP</td>
<td>NEW PT/CONSULT</td>
<td>FOLLOWUP</td>
</tr>
<tr>
<td>10:30</td>
<td>FOLLOWUP</td>
<td>PALLITIVE CARE TEAM/HOSP</td>
<td>FOLLOWUP</td>
<td>NEW PT/CONSULT</td>
<td>FOLLOWUP</td>
</tr>
<tr>
<td>11:00</td>
<td>FOLLOWUP</td>
<td>PALLITIVE CARE TEAM/HOSP</td>
<td>FOLLOWUP</td>
<td>NEW PT/CONSULT</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>11:30</td>
<td>FOLLOWUP</td>
<td>PALLITIVE CARE TEAM/HOSP</td>
<td>FOLLOWUP</td>
<td>ADMIN</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>12:00</td>
<td>LUNCH/PD CASE PRES</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>GRAND ROUNDS/RESIDENT MTG</td>
</tr>
<tr>
<td>12:30</td>
<td>LUNCH/PD CASE PRES</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>GRAND ROUNDS/RESIDENT MTG</td>
</tr>
<tr>
<td>13:00</td>
<td>CASE PRESENTATION</td>
<td>FOLLOWUP</td>
<td>SUPV W/DR BLACKBURN</td>
<td>FOLLOWUP</td>
<td>SUPV W/DR BLACKBURN</td>
</tr>
<tr>
<td>13:30</td>
<td>CASE PRESENTATION</td>
<td>FOLLOWUP</td>
<td>SUPV W/DR BLACKBURN</td>
<td>FOLLOWUP</td>
<td>SUPV W/DR BLACKBURN</td>
</tr>
<tr>
<td>14:00</td>
<td>GROUP SUPERVISION</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>14:30</td>
<td>GROUP SUPERVISION</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>15:00</td>
<td>DIDACTIS</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>15:30</td>
<td>DIDACTIS</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>16:00</td>
<td>DIDACTIS</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>16:30</td>
<td>DIDACTIS</td>
<td>FOLLOWUP</td>
<td>MINOR ROTATION</td>
<td>FOLLOWUP</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>17:00</td>
<td>END</td>
<td>END</td>
<td>END</td>
<td>END</td>
<td>END</td>
</tr>
</tbody>
</table>

**MEETING**

4TH MONDAY 12N-1P POST DOC CASE PRESTATION

1st Tuesday 12n-1pm Psychology Internship Training Comm mtg
**Child Major Rotations**

**Clinical Child and Adolescent Psychiatry Major Rotation**

The child and adolescent psychiatry services re-located to the McLane Children’s Scott & White Hospital – Temple campus in February of 2014. Our multidisciplinary team includes the following disciplines: child and adolescent psychiatrists, clinical psychologist, licensed professional counselors, clinical social worker, child psychiatry fellows, general psychiatry residents and medical students. The child and adolescent division has a child and adolescent psychiatry fellowship program which is a two-year program intended to follow completion of three or four years of general psychiatry residency. Our goal is to train competent, caring child and adolescent psychiatrists, psychologists, and physicians who are prepared to practice in a variety of settings in this regional and national mental health shortage area. McLane Children’s Scott & White Clinic - Temple serves the needs of children, adolescents and their families on an outpatient basis. Children are seen from age 2 to 17 years of age along with families as indicated. Range of problems varies from typical outpatient referrals such as ADHD, disruptive behavior disorders, mood and anxiety disorders, PTSD, reactive attachment disorder and developmental spectrum disorders. Multiple therapeutic approaches are utilized including cognitive behavioral therapy, family therapy, play therapy, and supportive therapy. Interns will be involved in comprehensive psychological assessment and individual and family therapies as well as group therapies conducted in concert with the professional counselors. A sample weekly schedule is shown below.

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>NEW PATIENT/CONSULT</td>
<td>PROCEDURE</td>
<td>NEW PATIENT/CONSULT</td>
<td>PROCEDURE</td>
<td>NEW PATIENT/CONSULT</td>
</tr>
<tr>
<td>9:00</td>
<td>NEW PATIENT/CONSULT</td>
<td>PROCEDURE</td>
<td>NEW PATIENT/CONSULT</td>
<td>PROCEDURE</td>
<td>NEW PATIENT/CONSULT</td>
</tr>
<tr>
<td>9:30</td>
<td>ADMIN</td>
<td>PROCEDURE</td>
<td>ADMIN</td>
<td>PROCEDURE</td>
<td>ADMIN</td>
</tr>
<tr>
<td>10:00</td>
<td>followup</td>
<td>ADMIN</td>
<td>followup</td>
<td>ADMIN</td>
<td>followup</td>
</tr>
<tr>
<td>11:00</td>
<td>followup</td>
<td>followup</td>
<td>followup</td>
<td>followup</td>
<td>SUPV W/DR M. CAREY</td>
</tr>
<tr>
<td>11:30</td>
<td>followup</td>
<td>followup</td>
<td>followup</td>
<td>followup</td>
<td>SUPV W/DR M. CAREY</td>
</tr>
<tr>
<td>12:00</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>GRAND ROUNDS</td>
</tr>
<tr>
<td>13:00</td>
<td>CASE PRESENTATION</td>
<td>SUPV W/DR CAREY</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>NEW PATIENT/CONSULT</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>13:30</td>
<td>CASE PRESENTATION</td>
<td>SUPV W/DR CAREY</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>NEW PATIENT/CONSULT</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>14:00</td>
<td>GROUP SUPERVISION</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>ADMIN</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>14:30</td>
<td>GROUP SUPERVISION</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>ADMIN</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>15:00</td>
<td>DIDACTICS</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>followup</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>15:30</td>
<td>DIDACTICS</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>followup</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>16:00</td>
<td>DIDACTICS</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>followup</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>16:30</td>
<td>DIDACTICS</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>followup</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>17:00</td>
<td>END</td>
<td>END</td>
<td>END</td>
<td>END</td>
<td>END</td>
</tr>
<tr>
<td></td>
<td>MEETINGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st Monday 12n-1pm Monthly Dept Mtg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4th Monday 12n-1pm Post Doc Case Presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st Tuesday 12n-1pm Psychology Internship Training Comm mtg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2nd Tuesday 12n-1p C/A Division Mtg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Pediatric Child Development Major Rotation**

The child development clinic is currently located in the McLane Children’s Scott & White Clinic - Temple, which is a multi-pediatric specialty clinic. Interns have involvement with a variety of pediatric specialists. The child development clinic is a multidisciplinary clinic with developmental and behavioral pediatricians and a clinical child/pediatric psychologist which is located on the same floor as child psychiatry. Interns have the opportunity to work with developmental disorders inclusive of autism spectrum disorders, ADHD and learning disabilities. Interns have the opportunity to conduct new patient evaluations, testing and provide cognitive behavioral therapy. Interns are also encouraged to attend pediatric grand rounds. A sample weekly schedule for this major rotation is shown below.

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>NEW PATIENT/CONSULT</td>
<td>SUPV W/DR T. CAREY</td>
<td>NEW PATIENT/CONSULT</td>
<td>PROCEDURE</td>
<td>PROCEDURE</td>
</tr>
<tr>
<td>8:30</td>
<td>NEW PATIENT/CONSULT</td>
<td>SUPV W/DR T. CAREY</td>
<td>NEW PATIENT/CONSULT</td>
<td>PROCEDURE</td>
<td>PROCEDURE</td>
</tr>
<tr>
<td>9:00</td>
<td>NEW PATIENT/CONSULT</td>
<td>PROCEDURE</td>
<td>NEW PATIENT/CONSULT</td>
<td>PROCEDURE</td>
<td>PROCEDURE</td>
</tr>
<tr>
<td>9:30</td>
<td>ADMIN</td>
<td>PROCEDURE</td>
<td>ADMIN</td>
<td>PROCEDURE</td>
<td>PROCEDURE</td>
</tr>
<tr>
<td>10:00</td>
<td>followup</td>
<td>PROCEDURE</td>
<td>followup</td>
<td>ADMIN</td>
<td>ADMIN</td>
</tr>
<tr>
<td>10:30</td>
<td>followup</td>
<td>PROCEDURE</td>
<td>followup</td>
<td>ADMIN</td>
<td>ADMIN</td>
</tr>
<tr>
<td>11:00</td>
<td>followup</td>
<td>ADMIN</td>
<td>followup</td>
<td>SUPV W/DR T. CAREY</td>
<td>followup</td>
</tr>
<tr>
<td>11:30</td>
<td>followup</td>
<td>ADMIN</td>
<td>followup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>GRAND ROUNDS</td>
</tr>
<tr>
<td>13:00</td>
<td>CASE</td>
<td>NEW PATIENT/CONSULT</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>NEW PATIENT/CONSULT</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>13:30</td>
<td>CASE</td>
<td>NEW PATIENT/CONSULT</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>NEW PATIENT/CONSULT</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>14:00</td>
<td>GROUP SUPERVISION</td>
<td>NEW PATIENT/CONSULT</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>NEW PATIENT/CONSULT</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>14:30</td>
<td>GROUP SUPERVISION</td>
<td>ADMIN</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>ADMIN</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>15:00</td>
<td>DIDACTICS</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>followup</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>15:30</td>
<td>DIDACTICS</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>followup</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>16:00</td>
<td>DIDACTICS</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>followup</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>16:30</td>
<td>DIDACTICS</td>
<td>followup</td>
<td>C&amp;L/MINOR ROTATION</td>
<td>followup</td>
<td>RESEARCH/MINOR ROTATION</td>
</tr>
<tr>
<td>17:00</td>
<td>END</td>
<td>END</td>
<td>END</td>
<td>END</td>
<td>END</td>
</tr>
</tbody>
</table>

**MEETINGS**
- 4th Monday 12n-1pm Post Doc Case Presentation
- 1st Tuesday 12n-1pm Psychology Internship Training Comm mtg
- 4th Wed 7:00-8:00am Pediatric Grand Rounds
VI. MINOR ROTATION SITES

Adult Minor Rotations

1. Primary Care Psychology at Scott & White Family Medicine Clinic – Santa Fe
The Scott & White Family Medicine Clinic – Santa Fe in Temple is one of a network of primary care clinics staffed through the department of family medicine. It also is the primary outpatient training clinic for Scott & White Family Medicine Residency Program. Adolescents and adults, many of whom are without insurance or are indigent, are treated at this location. Typically, individuals whose medical maladies include either a psychophysiological component or co-morbid psychiatric complaints, such as anxiety and depression, are referred to the psychology service located within the clinic. The staff psychologist and the intern work closely with Family Medicine physicians and nurses to provide comprehensive care for such patients. Interns may assist in providing differential diagnosis together with consultation, psycho-education and short-term psychotherapies. This setting provides a unique treatment opportunity where interns work side-by-side "in the trenches" with family physicians addressing the diverse array of problems which patients bring to their primary care provider as a first line of defense.

2. Primary Care Psychology at Scott & White Clinic - Waco
This primary care psychology rotation is located in a large multispecialty medical clinic in Waco, Texas where psychology staff provides diagnostic assessment and treatment services for children, adolescents, adults and families in a primary care setting, often reducing the stigma associated with accessing mental health care. A unique feature of the Scott & White Clinic - Waco rotation is the opportunity for interns to work with a blend of child/adolescent and adult cases. Therefore, this minor rotation can be selected by interns from either the adult or child specialties, with caseloads adjusted accordingly. For interns in the child specialty in particular, this arrangement affords the opportunity for experience in a clinical setting apart from a dedicated children’s hospital or specialty pediatric clinic.

As described with the Scott & White Family Medicine Clinic – Santa Fe rotation, the intern works closely with primary care physicians — including family physicians, pediatricians and gynecologists — to provide integrated care. Collaboration can include participation in decisions about the use and selection of psychotropic medication, as well as continued communication about patient response during the course of treatment.

3. Neuropsychology
Scott & White features a neuropsychology program administratively housed under the neurosurgery division of the department of surgery. Located in the Brindley Circles on the main campus, the program has three licensed neuropsychologists, together with several technicians, as well as its own training program for postdoctoral fellows. Interns interested in neuropsychology training can select this minor rotation which enables them to spend one day per week in the program (Wednesdays). Typically, their day includes participation in intake interviews, formal testing, feedback sessions with patients and families, seminars and weekly journal club, all under the guidance of the neuropsychology training
director. The sophistication of the intern, based on prior experience and rate of assimilation, determines the level of direct involvement in test administration, report preparation and interviewing.

4. Alcohol and Drug Dependence Treatment Program (ADDTP)
The Scott & White Alcohol and Drug Dependence Treatment Program (ADDTP) is an outpatient program housed within the department of psychiatry and behavioral science at the Scott & White Mental Health Center on the main campus in Temple. The program is designed to help patients learn how to stop their destructive use of alcohol and other drugs. Outpatient services include individual consultation and therapy as well as an intensive outpatient program (IOP) three evenings a week for 6 weeks. Group therapy is the cornerstone of this recovery-based program. The goal is to help people learn how to enjoy life and cope with challenges without the use of alcohol or drugs. The Scott & White ADDTP staff includes a psychiatrist as program director, a certified chemical dependency counselor (CCDC), a nurse and a paraprofessional. A contractual certified peer specialist also works with the team on themes of recovery and wellness (e.g., WRAP). Interns assist with screening interviews, individual and group therapy, psycho-education and customized interventions, e.g., behavioral therapies and family sessions.

Child and Adolescent Minor Rotations

1. Consultation/Liaison at McLane Children’s Scott & White Hospital - Temple
Interns performing this minor rotation respond to requests for inpatient consultations at McLane Children’s Scott & White Hospital - Temple where they may provide diagnostic interviews, psychological evaluations as well as short-term, problem-focused therapies. These activities occur under the supervision and tutelage of a child and adolescent psychiatrist and give interns additional opportunities for interacting with and consulting with pediatricians, nursing staff, and other members of the integrated health care team at McLane Children’s Scott & White.

2. Health Psychology
Child interns who want some experience with adult cases can also choose a minor rotation in which there are opportunities for inpatient consultation and therapy at Scott & White Memorial Hospital – Temple on the medical-surgical units as well as other health psychology endeavors (similar to some of the activities on the adult clinical/health psychology adult major rotation). Areas of focus may include pain management, neurology, transplant services and surgery. Clinical activity on this minor rotation occurs under the supervision of one of the adult psychologists in the department.

3. Child and Adolescent Group Therapy
Interns gain experience conducting short-term group psychotherapy with children and/or adolescents grouped together based on patient population and age. Groups are ongoing through most of the academic year and are supervised predominantly by therapists in the division of child and adolescent psychiatry. Groups often times have a child therapist as well as a child psychiatry fellow and/or general psychiatry resident along with the participants. Groups are focused on enhancing social skills for autism
spectrum disorder, decreasing problematic ADHD behavior and defiant behavior, bullying and mood disorders.

4. **Child Development Individual and or Family Therapy**
Interns conducting their first major rotation in the department of pediatrics division of child development are able to carry over a select group of patients (e.g. two to six patients depending on frequency of visits) that they have initiated treatment during their first major rotation on through the second major rotation. This minor rotation allows interns to continue working in therapy with patients they have established care with in order to complete a course of treatment with them.

5. **Child and Adolescent Psychiatry Individual and or Family Therapy**
Interns conducting their first major rotation in the department of psychiatry division of child and adolescent psychiatry are able to carry over a select group of patients (e.g. two to six patients depending on frequency of visits) with whom they have initiated treatment during their first major rotation on through the second major rotation. Similar to the child development therapy minor, this minor rotation allows interns to continue working with individual or family therapy patients they have established care with until they have completed a course of treatment.

6. **Child and Adolescent Sleep Disorders Clinic**
Interns conduct this minor rotation work in the Scott & White Sleep Institute to work with children and adolescents with behavioral sleep difficulties. Patients are referred by sleep specialists at the Sleep Institute. The duration of the rotation is generally between four and six months. Interns have the option of working with sleep specialists and rounding with them as well as providing behavioral interventions to select patients deemed to be candidates for behavioral intervention. This rotation is generally an afternoon per week.

**Special Interest Minor**

Interns are encouraged to develop a minor training experience which meets their personal training needs. Examples of recent minor rotations that have been created include the following: headache and pain management and adult health psychology.

**VII. STIPENDS AND BENEFITS**

The stipend for full-time pre-doctoral interns is set at $24,728.00 for a 12-month period. The $24,728.00 will be paid in 24 payments. Full-time interns will receive benefits consistent with the graduate medical education at Baylor Scott & White Health. Benefits include 15 days of vacation, 13 days of sick leave and five days of educational leave, professional liability insurance and health insurance through Scott &
White Health Plan. Additional dependent coverage dental insurance and death and dismemberment insurance are also available.

VIII. APPLICATION INFORMATION

ELIGIBILITY

We received word on October 27, 2015 that our program has been awarded Accreditation by the American Psychological Association Committee on Accreditation for seven years. Our next site visit will be in 2022. Our program’s site visit took place on June 22 and June 23, 2015.

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

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: 202-336-5979
Email: apaaccred@apa.org

The program encourages applications from doctoral psychology candidates (Ph.D., Psy.D. or Ed.D.) enrolled in clinical, counseling or school psychology graduate programs who are U.S. citizens. Preferential status is given to candidates from APA/CPA-accredited programs. It is the policy of the program to provide equal educational opportunity to persons of any race or ethnic background, gender, religion, or creed. Applicants must be U.S. citizens.

Prior to starting the internship year, candidates must have completed all graduate course work, completed all comprehensive examinations, maintained a cumulative graduate grade point average of 3.0, proposed their dissertation/clinical research project, be in good standing as evidenced by their DCT letter of recommendation, completed a minimum of 500 total combined intervention and assessment practicum hours and received their master’s degree by the start of the internship year. In accordance with the PIP belief in an illicit drug free work environment psychology interns accepting an offer from the PIP must pass a urine drug screening and background check prior to formal employment at the beginning of the internship year.

PIP observes all rules and policies established by the Association of Psychology Postdoctoral and Internship Centers (APPIC). PIP is a member of APPIC. APPIC guidelines and applications are provided on the APPIC website (www.appic.org). This internship program 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. PIP has the psychologists, infrastructure, financial and administrative support to gain APA accreditation in a timely manner.
The internship year begins on July 1, 2016. Orientation begins the last week in June.

Applicants who meet the aforementioned eligibility requirements and complete the following are eligible to apply:

1. Registered for the APPIC Match and obtain a unique 5-digit Applicant Code Number to participate in the match.

2. Completed an online APPI (APPIC Application for Psychology Internships) with two sample psychological evaluations with all Private health information (PHI) removed at AAPI Online.

3. All application materials must be submitted through the online AAPI and received by **November 8, 2015**. Completed applications will be reviewed as they are received. No materials will be accepted by e-mail or US mail.

In person and phone interviews are by invitation only. Two in-person interview dates will be held on Monday, January 18, 2016 and Friday, January 22, 2016.

Applicants must register for the APPIC match and select one or both of our internship slots in order to be matched to SWHC PIP. The program 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 applicant.

Learn more about the program [online](#).

**IX. SELECTION PROCESS**

The selection process begins by each completed application being reviewed by a training staff member for goodness of fit with the PIP’s philosophy, mission, goals and program. Applicant’s APPI with an acceptable rating in terms of overall degree of fit with the SWHC PIP remain in the applicant pool. Applicants eliminated during the first phase of the selection process are notified in writing of their removal from the pool as soon as possible.
The remaining applicants may be invited for an in-person or phone interview if distance, travel or program resources preclude an on-site interview. The in-person interview days last approximately 4 1/2 hours and are scheduled for Monday January 18, 2016 and Friday January 22, 2016. The interview day begins with a presentation of the overall program accompanied by a presentation about each of the major rotation training sites. Each applicant receives two individual interviews with two training staff and post-doctoral fellows. At least one of the interviewers is usually from one of the applicant's two preferred major rotation sites. Applicants also have a group interview with the Training Director and a group interview with members of the current intern class. The interview with members of the current intern class is strictly between the applicants and the interns with no information being solicited from the interns concerning applicants, nor do interns' opinions enter into the selection process.

Once the interviews have been conducted, the ratings from the two individual interviewers are averaged and deliberated on by the training committee. Applicants deemed acceptable remain in the applicant pool through match day. Ranking of applicants for extension of offers on match day are based on their mean interview ranking and availability of major rotation sites.

The intern is guaranteed one of their major rotation experiences when an offer is extended through on APPIC Match Day by selecting either the "adult clinical" or "clinical child/pediatric" APPIC Match Program Code Number. In accordance with APPIC guidelines, no ranking information will be solicited or accepted. The remaining major rotation will be determined with input from the incoming intern class prior to the start of the internship year along with input from the training committee. The training committee takes into account intern’s statement of interest and their preferences of major rotation sites. The training committee attempts to provide the best possible match between interns’ training needs and available major rotation training sites. Minor rotations are usually started after the first quarter of the internship year.

X. TRAINING FACULTY AND STAFF

MICHAEL P. CAREY, Ph.D., Training Director (Louisiana State University, 1988), Assistant Professor, Texas A & M University Health Science Center, Clinical Child Psychologist. Interests: Behavior Therapy, Obsessive Compulsive Disorder, Child Psychopathology.

LOUIS A. GAMINO, Ph.D., Program Director, Baylor Scott & White Health Postdoctoral Fellowship Program in Clinical Psychology (University of Kansas, 1980), Professor, Texas A&M University Health Science Center, Psychologist. Interests: Clergy Evaluation & Treatment, Grief & Bereavement,
Marital Therapy, Psychotherapy.

JARED BENGE, Ph.D., ABPP-CN. Neuropsychologist, Program Director, Baylor Scott & White Health Neuropsychology Postdoctoral Fellowship Program. Interests: Neuropsychology.

DAVID BLACKBURN, Ph.D. Psychologist (University of Houston, 1989), Assistant Professor, Texas A&M University Health Science Center. Interests: Cognitive Behavior Psychotherapy, Physical Medicine & Rehabilitation.

TRACY C. CAREY, Ph.D. Psychologist (Louisiana State University, 1989, Interests: Pediatric Psychology & Clinical Child Psychology.

JULIENNE A. CLOWNEY, Psy.D. Family Medicine Psychologist, Interests: Adult mental health, Pediatric mental health services.


NORM FLUET, Psy.D. Psychologist, (Baylor University, 1978). Assistant Professor, Texas A&M University Health Science Center. Interests: Mental Health, Psychotherapy.

HEYWARD GREEN, Psy.D. Psychologist, (Baylor University, 1984). Assistant Professor, Texas A&M University Health Science Center. Interests: Adjustment Disorder, Adolescents & Families, Anxiety & Mood Disorders, Attention Deficit Hyperactivity Disorder, Depression, Marital Therapy, Oppositional Defiant Disorder, Panic Disorder, Phobia – Simple/Specific.

CATHERINE OSBORNE, Psy.D. Psychologist, (Baylor University, 1997). Assistant Professor, Texas A&M University Health Science Center. Interests: Psychotherapy.

DEAN K. PARET, Ph.D. Family Medicine Psychologist. Interests: Adult mental health services, telepsychology.
XI. DUE PROCESS

Interns/fellows whose professional competence or conduct is not satisfactory will be subject to disciplinary action initiated by the program director and endorsed by the division director and/or department chairman.

1. Process

The intern/fellow in question will meet with at least two senior staff members of the department responsible for his/her training. One of the departmental representatives should be the Program director, unless prohibited by extenuating circumstances. During the meeting, a written document including a detailed, itemized description of the issues regarding professional conduct and any prior evaluations of the intern/fellow will be supplied to the intern/fellow. If the issues of concern predate the last scheduled written evaluation, those issues should be documented in that evaluation. The intern’s director of clinical training for their graduate program will also be notified of issues related to professional competence or conduct that is not satisfactory. The written material(s) should describe:

a. Nature of concern about either professional competence or conduct
b. Disciplinary action taken which could include:
   • Remediation
   • Probation
   • Suspension
   • Dismissal
c. Duration of action (if other than dismissal) or effective date (if dismissal)
d. Required remediation (see below) by the intern/fellow, if other than suspension or dismissal

Description of methods and conditions of enhanced monitoring of the intern’s/fellow’s clinical and/or academic activities if his/her performance suggests inability to render an appropriate level of patient care or and/or exhibit appropriate personal or professional conduct. By definition, “enhanced monitoring” should include (1) specific goals/objectives developed for the intern/fellow and (2) periodic, written assessments of the intern/fellow during the specified time period.

Discussions and written documents pertaining to the issues regarding professional conduct should center on specific behaviors. This process constitutes both notice to the intern/fellow of concerns and the opportunity for hearing, i.e., intern/fellow listening to and responding to stated concerns.
A copy of documentation supplied to the intern/fellow shall be marked “CONFIDENTIAL” and forwarded to the BSWH Chief academic officer and the director of graduate medical education. The chief academic officer and/or the director of graduate medical education may initiate a review process of the disciplinary action if the action is felt to be inappropriate. For the review, the chief academic officer and/or director of graduate medical education may appoint a committee that consists of a program director from another program, a department head from a different department, a chief intern from another program, and the GME ombudsperson to review both the merit and the procedures and make recommendations. The role of the Ombudsperson is to ensure fair treatment for the intern/fellow. The committee may request that the intern/fellow, the program director or others involved in the case meet with the committee to discuss the issues before a recommendation is made. The decision of the involved program and the committee recommendations will be reported to the director of GME and the chief academic officer for final approval.

Suspension of the intern/fellow from program activities for the duration of the disciplinary process may be initiated by the program director. Suspension may also be reviewed by the committee described above.

If an intern/fellow is dismissed, he/she will be paid for prorated unused PTO, i.e., if due ten (10) weekdays of annual PTO and he/she has participated in the training program for six (6) months, the intern/fellow would be paid for five (5) weekdays of PTO.

2. Appeal

Within 10 working days of the receipt of written notice either of intent to discontinue the intern/fellow’s employment or to impose conditions of remediation for continued employment, the named intern/fellow may request an ad hoc review committee, composed of the membership of the committee described above, will be appointed by the chief academic officer, who will coordinate the appeal process and function as a non-voting member of the various committees or councils involved. The ad hoc committee will be charged with reviewing the circumstances of the disciplinary action to assess both the merits and the procedures (i.e., the extent to which the action followed appropriate procedures and whether the intern/fellow was treated in a fair manner). The review committee may request related documentation and invite testimony from the intern/fellow and Program Director involved. The ad hoc review committee will make recommendations to the Director of Graduate Medical Education who will review the recommendations of the ad hoc committee and, with agreement from the chief academic officer, take action if necessary. The chief academic officer will serve as the final authority.
XII. Grievance Policy

TAMHSC-COM/Baylor Scott & White Health encourages interns/fellows to bring to the attention of program directors concerns or complaints about work-related conditions. In order to aid in prompt and constructive problem solving, interns/fellows shall be provided with the opportunity to present such information through a formal procedure.

Many problems result from misunderstandings or lack of information and can generally be solved by discussing them with the program director.

If formal discussion with the program director does not result in a satisfactory solution to the issue, the intern/fellow should submit the problem in written form to the program director as soon as possible. The program director will meet again with the intern/fellow to discuss the issue and will present a written reply to the intern/fellow as soon as possible.

If the intern/fellow is not satisfied after receiving the program director’s written reply, the intern/fellow should request a meeting with the department chairman and provide (1) the original description of the issue, (2) the program director’s reply, and (3) a written explanation as to why the program director’s reply was not satisfactory. This process must be accomplished within two weeks from the date of the written program director’s reply. The chairman will respond in writing after interviewing the intern/fellow. The chairman may choose to interview other individuals including the Program Director. If the program director and the chairman of the department are the same individual, then the intern/fellow may pursue further action as described below.

If the issue is not satisfactorily resolved at this point, the intern/fellow may pursue further action by providing copies of all written material and a written response to the chairman’s letter to the director of graduate medical education within two weeks of the chairman’s reply. The director will further evaluate the complaint and, if he/she so chooses form an ad hoc committee of the graduate medical education committee (GMEC). The committee membership should include the intern/fellow Ombudsperson. The committee shall review all pertinent information and conduct interviews necessary to reach a decision about the grievance. The committee’s recommendations will be forwarded to the director of GME and the chief academic officer for final resolution.

There will be no unfavorable action on the part of Baylor Scott & White Health against any intern/fellow as a result of the submission of a complaint or problem. All information concerning an intern/fellow’s problem/complaint should be received in confidence, and the issue should be discussed only with those involved in the process or who can provide necessary information.

Complaints of discrimination or harassment may be addressed through this procedure or by contacting the director of employee relations section of Human Resources.

CONFIDENTIAL GRIEVANCE PROCEDURE

At times, the intern/fellow may have concerns that are outside the program director’s jurisdiction or
for which the intern/fellow wishes to not include the program director or department chairperson. The intern/fellow may communicate these concerns to the ombudsperson who may take the problem directly to the director of GME. The director of GME may follow the aforementioned procedure of choosing an ad hoc committee to review the concerns and reach a solution.