

**ANKA BEHAVIORAL HEALTH  
NORTHERN CALIFORNIA  
DOCTORAL INTERNSHIP  
INTERN MANUAL**

# Table of Contents

<b>Program Description/Foundational Competencies .....</b>	<b>3-7</b>
<b>Clinical Experiences/Training Curriculum .....</b>	<b>8-10</b>
<b>Job Description .....</b>	<b>11-12</b>
<b>Due Process Agreement .....</b>	<b>13-14</b>
<b>Appeals / Grievance Process .....</b>	<b>15-16</b>
<b>Orientation Schedule .....</b>	<b>17-18</b>
<b>Core Competency Class Example .....</b>	<b>19-20</b>
<b>Psychodynamic Case Conference Schedule (Example) .....</b>	<b>21-22</b>
<b>CBT Case Conference Schedule (Example) .....</b>	<b>23-25</b>
<b>Case Conference Case Presentation Format .....</b>	<b>6</b>
<b>Didactic Training Schedule (Example) .....</b>	<b>27-30</b>
<b>Selection and Academic Preparation Requirements Policy.....</b>	<b>31-32</b>
<b>Diversity and Non-Discrimination Policy.....</b>	<b>33</b>
<b>Salary, Benefits and Resources.....</b>	<b>34</b>
<b>Intern Evaluation, Retention, and Termination Policy.....</b>	<b>35</b>

# PROGRAM DESCRIPTION

The Anka Behavioral Health, Inc. Northern California Doctoral Psychology Internship is an intensive, comprehensive, and competency-based training program. The overarching goal is to provide Interns with the tools and guidance necessary for the achievement of competency expected at this level of training.

## GOALS

The following Competency Areas and Behavioral Anchors have been recommended by the Assessment of Competency Benchmarks Work Group (2007). They establish the expected level of competency to have been achieved by the completion of the Doctoral Internship year. The goal of Anka’s Doctoral Internship is for Interns to acquire the level of competency expected of a clinician ready to enter practice as exhibited through the Behavioral Anchors:

### FOUNDATIONAL COMPETENCIES

<i>Competency Area</i>	<i>Behavioral Anchors</i>
<b>Reflective Practice</b>	<ul style="list-style-type: none"> <li>• Demonstrates awareness of individual strengths and areas in need of improvement</li> </ul>
<b>Self-Assessment and Self-Care</b>	<ul style="list-style-type: none"> <li>• Monitors internal states and behavior</li> <li>• Assesses own strengths and weaknesses and seeks to ameliorate impact on professional functioning</li> <li>• Consistently recognizes problems and addresses them so as not to interfere with service delivery</li> </ul>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• Keeps up with advances in profession</li> <li>• Contributes to the development and advancement of profession and colleagues</li> </ul>
<b>Scientific Mindedness</b>	<ul style="list-style-type: none"> <li>• Independently accesses and applies scientific knowledge and skills</li> <li>• Willingness to present work for scrutiny by others</li> </ul>
<b>Scientific Knowledge</b>	<ul style="list-style-type: none"> <li>• Demonstrates knowledge and respect for scientific knowledge of bases of behavior and incorporates into practice</li> </ul>
<b>Scientific Foundations</b>	<ul style="list-style-type: none"> <li>• Reviews scholarly literature related to clinical work and applies to case conceptualization</li> <li>• Applies Evidence Based Practice concepts into work</li> <li>• Compares and contrasts EBP with other theoretical perspectives and interventions in case conceptualization and treatment planning</li> </ul>

<b>Interpersonal Relationships</b>	<ul style="list-style-type: none"> <li>• Negotiates conflictual, difficult, and complex relationships</li> <li>• Maintains satisfactory relationships with clients, peers, professionals and the public</li> </ul>
<b>Affective Skills</b>	<ul style="list-style-type: none"> <li>• Seeks clarification in interpersonal communications</li> <li>• Demonstrates understanding of diverse viewpoints</li> <li>• Accepts and implements feedback from others</li> </ul>
<b>Intradisciplinary Respect</b>	<ul style="list-style-type: none"> <li>• Adheres to ethical standards and institutional policies and procedures</li> <li>• Participates in local and national professional organizations</li> </ul>
<b>Ethical/Legal Knowledge</b>	<ul style="list-style-type: none"> <li>• Spontaneously and reliably identifies complex ethical and legal issues, analyzes them, and proactively addresses them</li> <li>• Aware of potential conflicts and seek to prevent problems and unprofessional conduct</li> <li>• Awareness of the obligation to confront peers and or organizations regarding ethical issues and to deal proactively with conflict</li> </ul>
<b>Awareness and Application of Ethical Decision-Making Model</b>	<ul style="list-style-type: none"> <li>• Student uses an ethical decision-making model in discussion of cases in supervision</li> </ul>
<b>Individual/Cultural Diversity and Self Awareness</b>	<ul style="list-style-type: none"> <li>• Independently able to articulate, understand, and monitor own cultural identity in relation to work with others</li> <li>• Able to regularly use knowledge of self to monitor and improve effectiveness as a professional</li> <li>• Able to critically evaluate feedback and initiate consultation or supervision when uncertain about diversity issues</li> </ul>
<b>Diversity Applied Knowledge</b>	<ul style="list-style-type: none"> <li>• Articulates an integrative conceptualization of diversity as it impacts clients, self and others</li> <li>• Habitually adapts one's professional behaviors in a culturally sensitive manner, as appropriate to the needs of the client</li> <li>• Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors</li> <li>• Seeks consultation when relevant</li> </ul>

<b>Interdisciplinary Systems</b>	<ul style="list-style-type: none"> <li>• Able to articulate the role that others provide in service to client</li> <li>• Demonstrates ability to work successfully on interdisciplinary team</li> <li>• Able to incorporate psychological information into overall team planning and implementation</li> <li>• Systematically collaborates with other relevant partners</li> <li>• Communicates effectively with individuals from other professionals</li> <li>• Appreciates and integrates perspectives from multiple professions</li> </ul>
<b>Diagnosis</b>	<ul style="list-style-type: none"> <li>• Treatment Plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem</li> <li>• Independently prepares reports based on actual client materials</li> <li>• Administers, scores and interprets test results</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Awareness of and ability to use culturally sensitive instruments and norms</li> <li>• Seeks consultation as needed</li> <li>• Limitations of data clearly reflected in reports</li> </ul>
<b>Interview</b>	<ul style="list-style-type: none"> <li>• Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams</li> <li>• Reports reflect data that has been collected via interview</li> <li>• Interview and report lead to the development of appropriate treatment plan</li> <li>• Seeks consultation as needed</li> </ul>
<b>Tests/Measurements</b>	<ul style="list-style-type: none"> <li>• Selection of assessment tools reflects a flexible approach to answering diagnostic questions</li> <li>• Reports include discussion of strengths and limitations of measures</li> <li>• Seeks supervision as needed</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>• Independently selects tools that reflect awareness of the population served</li> <li>• Seeks supervision as needed</li> </ul>
<b>Communication of Results</b>	<ul style="list-style-type: none"> <li>• Writes a comprehensive report</li> <li>• Communicates results verbally</li> <li>• Seeks supervision as needed</li> </ul>
<b>Integrated Skills</b>	<ul style="list-style-type: none"> <li>• Interprets results accurately taking into account limitations of method</li> <li>• Provides meaningful, understandable and useful feedback</li> <li>• Seeks supervision as needed</li> </ul>

<b>Intervention-Knowledge</b>	<ul style="list-style-type: none"> <li>• Presents rationale for strategy that includes empirical support</li> <li>• Demonstrates sufficient expertise to implement strategy</li> <li>• Case Summary incorporates elements of evidence-based practice</li> </ul>
<b>Intervention Planning</b>	<ul style="list-style-type: none"> <li>• Accurately assesses presenting problem taking into account the larger context of the client's life</li> <li>• Conceptualizes case independently and accurately</li> <li>• Independently selects an intervention(s) appropriate to the presenting problem(s)</li> </ul>
<b>Intervention Implementation</b>	<ul style="list-style-type: none"> <li>• Independently and effectively implements a typical range of intervention strategies appropriate to setting</li> <li>• Independently recognize and manage special circumstances</li> <li>• Able to terminate successfully</li> <li>• Able to collaborate effectively with other providers or systems of care</li> <li>• Self-care</li> </ul>
<b>Intervention Progress Evaluation</b>	<ul style="list-style-type: none"> <li>• Independently assess treatment effectiveness and efficiency</li> <li>• Critically evaluates own performance in the treatment role</li> <li>• Aware of need for consultation</li> </ul>
<b>Intervention Skills</b>	<ul style="list-style-type: none"> <li>• Develops rapport and relationships with wide variety of clients</li> <li>• Uses good judgment about unexpected issues</li> </ul>
<b>Consultation</b>	<ul style="list-style-type: none"> <li>• Able to gather information necessary to answer referral question</li> <li>• Able to clarify and refine referral question based on analysis</li> <li>• Recognizes situations in which consultation is appropriate</li> <li>• Demonstrates capability to shift functions and behavior to meet referral needs</li> <li>• Able to prepare useful consultation reports and communicate recommendations in a clear and precise manner to all appropriate parties</li> </ul>
<b>Research/Evaluation</b>	<ul style="list-style-type: none"> <li>• Engages in systematic efforts to increase the knowledge base of psychology</li> <li>• Uses methods appropriate to the research question</li> <li>• Evaluates the progress of their research activities and uses this information to improve their effectiveness</li> </ul>

<p><b>Supervision</b></p>	<ul style="list-style-type: none"> <li>• Articulates a philosophy or model of supervision and reflects on how this model is applied to practice</li> <li>• Clear articulation of how to use supervisory relationships to leverage development of supervisees and their clients</li> <li>• Demonstrates adaptation of one’s professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it</li> <li>• Evidence of identification of impact of aspects of self in therapy and supervision</li> <li>• Evidence of providing supervision to less advanced students, peers and other service providers</li> <li>• Spontaneously and reliably identifies complex ethical and legal issues in supervision</li> <li>• Awareness of potential conflicts in complex ethical and legal issues that arise in supervision</li> </ul>
<p><b>Teaching</b></p>	<ul style="list-style-type: none"> <li>• Demonstrates strategy to evaluate teaching effectiveness of targeted skill sets</li> <li>• Articulates concepts to be taught and research/empirical support</li> <li>• Demonstrates evaluation strategy to assess learning objectives are met</li> </ul>
<p><b>Management/Administration</b></p>	<ul style="list-style-type: none"> <li>• Ability to develop system for evaluating supervisees, staff, and/or employees</li> <li>• Communicates appropriately to parties at all levels in the system</li> <li>• Capable of providing direction to others</li> <li>• Identifies opportunities for quality improvement</li> <li>• Capable of providing others with face to face and written direction</li> </ul>

## CLINICAL EXPERIENCES

The goal of Anka's clinical training program is to provide interns with the skills and competency level expected at the intern level, which includes the acquisition of skills in a range of modalities, theories and client populations. All interns are assigned to a minimum of two different program sites where they achieve competence providing individual long and short term psychotherapy, long and short term group psychotherapy, crisis assessment and intervention, and clinical diagnostic assessment. One rotation will generally focus on short term intensive work while the other will focus on longer term treatment. Every effort is made to also provide interns with the experience of working in an outpatient as well as a residential setting. A demonstration of multicultural competency in all of the above disciplines is mandatory. Client populations may include individuals and families experiencing homelessness; individuals with a developmental disability; individuals with serious and persistent mental illness; individuals with substance abuse or co-occurring disorders.

The clinical training curriculum consists of several components:

1. Didactic Training two hours per week: Training covers a range of topics pertinent to the acquisition of knowledge and skills in the field of psychology, including training on individual and group psychotherapy from various theoretical perspectives, client populations, field issues, and role training (e.g., clinician as consultant). Also included are interventional modalities such as CBT for Substance Abuse, Trauma Informed Care, Forensic Mental Health-Moral Reconciliation Therapy, and Treatment Considerations Working with LGBTQ populations.
2. Case Conference/Group Supervision two hours per week: Interns participate in either a psychodynamic case conference or CBT case conference, each of which provide an intensive focus on treatment from a specific theoretical viewpoint. Each case conference continues for 6 months and then the students switch groups, offering them an opportunity to conceptualize cases from the other theory's perspective. In addition to comprehensive case write ups that include theoretical formulations, interns are assigned a variety of readings that encompass increasingly complex theoretical issues.
3. Core Competencies Classes one hour per week: Foundational skills such as Differential Diagnosis/DSM, Psychopharmacology, Law and Ethics and Evidence Based Practice, are assigned in series format. Interns are required to

demonstrate competency at the completion of each series of classes by completing a written or oral examination.

4. Two Program Sites - Interns are assigned to two different program sites in order to provide breadth of experience. One of the programs is geared specifically to short term individual and group therapy while the other provides experience in longer-term individual and group psychotherapy. Over time, interns are expected to utilize increasingly sophisticated assessment and interventional strategies.
5. Supervision - Interns are provided a minimum of two clinical supervisors and a minimum of 4 hours in supervision. 2 hours are individual supervision with a licensed psychologist and 2 hours are in group supervision. Students are expected to review and sign a supervisor agreement at the start of supervision. Additionally, interns may be provided with a post-doctoral mentor to assist the intern.
6. Service Breakdown – Full-time Interns will serve 1,880 hours for the twelve-month year. They will contribute/train forty hours per week, broken down as follows:

Direct Services

Individual/Group Psychotherapy	13 hours
Intake/assessment/crisis intervention/treatment planning/milieu	12 hours
Peer Supervision/Mentoring	1 hour

Indirect Services

Paperwork	4 hours
-----------	---------

Supervisory Training

Individual Supervision	2 hours
Group Supervision	2 hours
Didactic Training	2 hours
Core Competence	1 hour
Interdisciplinary Mtgs.	3 hours

7. Diversity Seminar- Interns participate in a monthly seminar focused on continually increasing their level of self-awareness, knowledge, and skills working with diverse clients and settings competently, and ethically. The seminar utilizes an applied knowledge approach to exploring and learning about diversity. Students will be asked to share and process their reactions to their clinical work regarding (but not limited to) issues like race, ethnicity, culture, religion, class, age, gender, sexual orientation, marital status, learning abilities, and physical differences. The goal/objective of the seminar is for interns to develop and sharpen the following skills:
  - Self-Awareness and reflection of one's own assumptions, biases, values, strengths and limitations, and the role they play in relationships with clients
  - Openness to exploring and acquiring knowledge of cultural and individual differences of particular clients
  - Sensitivity to diversity issues and their impact on treatment
  - Ability to use supervision to explore any personal reactions or issues related to cultural or individual differences that may arise in clinical work
8. Teaching - Over the course of the training year interns present clinical trainings to support staff, peers, and clinicians on topics relevant to their program sites. Interns all prepare a two hour didactic training that becomes part of the didactic training schedule towards the end of the training year.
9. Interdisciplinary Meetings: Interns begin their training year as a participant in staff shift meetings one-two hours per week. They are expected to improve and increase their leadership skills over time.
10. Evaluation: Interns are evaluated both on an ongoing basis as well as at mid-year and year end. A variety of evaluation measures are gathered including: Supervisor Reports, Core Competency Course grades, Case Conference Presentations, and Teaching Presentations. A formal summary of the evaluative findings are presented in terms of the individuals' competency level and behavioral anchors as outlined by the Benchmarks group. Supervisors and intern discuss these outcomes at both mid-year and year end. Interns are also provided the opportunity to evaluate the program and supervisors at both mid-year and year end.

## JOB DESCRIPTION

**TITLE:** Doctoral Psychology Intern

**STATUS:** Temporary Full Time

**SITE:** Various sites

**BENEFITS:** No Benefits

**CORPORATION:** Anka is a private non-profit agency providing community mental health services. Services include crisis, transitional and long term residential treatment, day rehabilitation, assisted and independent living, vocational rehabilitation and employment services, multi-service centers and a shelter for the homeless. Corporation services are provided throughout California.

**The Mission of Anka BHI is to eliminate the impact of behavioral health problems for all people.**

**PROGRAM DESCRIPTION:** The Doctoral Internship Program is a 1 year organized training program for Doctoral psychology interns. A minimum of 1880 hours are required to complete the program. Services are provided in a variety of residential, crisis, homeless and outpatient programs.

**DEFINITION:** Under the supervision of the Regional Supervisor, and the Director of Clinical Training, the intern is responsible for program services and programming offered to participants. Responsible for implementation of program and all services offered to participants referred to the program. Responsible for quality assurance of charting, documentation of all services, and provision of services.

### **DUTIES & RESPONSIBILITIES:**

1. Provide individual and family psychotherapy to clients in the facility as directed by clinical supervisor.
2. Attend clinical meetings, individual supervision, case conferences and didactic trainings.
3. Possess knowledge of psychotropic medications (use and side effects).
4. Possess understanding of family dynamics and child development issues.
5. Have an understanding of how physical, dual (M.I. and D.D.) and secondary (alcohol and substance abuse) diagnoses can exacerbate the psychiatric diagnosis.
6. Possess an understanding of the DSM as a basis for diagnosis.
7. Coordinate care and arrange for appropriate discharge plans and follow up care.
8. Protect rights and maintain confidentiality of persons served.
9. Maintain professional demeanor at all times and remain aware of negative dynamics that may emerge.
10. Maintain a professional relationship with clinical supervisors, program administrators and support staff.
11. Adhere to established ethical guidelines and California law as it applies to the provision of mental health services.
12. Provide services only as directed by supervisor within the confines of the program.
13. Comply with the ANKA policy requirement to submit proof of valid CDL, maintain good driving record, and submit proof of auto insurance for current period of coverage.
14. Assure compliance with all local, state, and federal regulations, and Anka Policies and Procedures.
15. Perform all other duties and responsibilities as assigned by supervisor.

Job descriptions are subject to change without notice based on the needs of Agency/Program.

Employment is contingent upon proof of eligibility to work, 21 years of age, verification of degree/credentials, satisfactory health exam and tuberculosis testing, fingerprint clearance, submit proof of valid California Driver's License, good driving record (must meet insurability requirements of Anka carrier), submit proof of auto insurance for current period of coverage (employees who drive to and from work and on agency business), successful completion of CPR and First Aid training, and agree to uphold all Anka Behavioral Health, Inc. Policies and Procedures, 7.10 Policy on Confidential Information, 8.26 Policy on Outside Employment, 8.32 Policy on Prohibiting/Preventing Workplace Violence, 8.4 Policy to Prohibit Harassment in the Workplace, 8.9 Policy on Ethics, agree (by signature) to adhere to 15.0 Drug-Free Workplace Policy, 16.0 & 16.1 Policy on Abuse Reporting, compliance with Workplace Injury and Illness Prevention Policies, and compliance with 28.0 HIPAA Rules and Regulations. 23.0 Email and Privacy, 26.0 Use of Information, Equipment and Technology. 29.0 Code of Conduct Policy. 40.0 Sex Offender Lifetime Registration – Applicant Tenant. 42.0 Policy on Nondisclosure.

### **ANKA BEHAVIORAL HEALTH, INC. IS AN EQUAL OPPORTUNITY EMPLOYER**

Anka Behavioral Health, Inc. does not discriminate on the basis of race, color, creed, sex, age, religion, national origin, ancestry, citizenship, marital status, sexual orientation, medical condition, gender identity, disability (physical/mental), veteran status, or any other characteristic protected by state or federal law.

# Intern Due Process Agreement for Clinical Training

Although Anka Behavioral Health, Inc. (the “Corporation”) aims to foster a spirit of cooperation and teamwork, it also intends to reserve its legal right to terminate employment and/or traineeships at will. All employment at the Corporation is “At Will” (please refer to the Anka Employee Handbook).

If an Intern fails to meet the Corporation’s standards of conduct and performance, an effort will be made to correct the conduct or improve performance. The Intern’s primary clinical supervisor and the Director of Clinical Training will notify the intern that problematic behavior has been identified.

Step 1: It is a professional judgment as to when an issue becomes a problem that requires remediation. When a supervisor believes that an intern’s behavior is becoming problematic, the first step is to raise the issue with the intern directly, and as soon as feasible, in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. This process should be documented in writing and discussed with the Director of Clinical Training.

For more significant deficiencies or the repetition of minor deficiencies previously discussed with the intern, expectations and improvements may sometimes involve the Intern receiving a written warning. When such an action has been determined to be necessary, the intern’s school will be contacted by the Director of Clinical Training to discuss the situation:

Step 2: If an intern’s problem behavior persists, following an attempt to resolve the issue informally (Step 1), or if an intern receives a rating below a “3” (“meets expectations”) on any competency on a supervisory evaluation, the following process is initiated within 10 working days:

- The supervisor will discuss with the Director of Clinical Training about creating a written, formal, Performance Improvement Plan or Plan of Correction where the expectations will be clearly stated. This will be discussed with the intern and the intern will be given 30 days to make the improvements outlined in the plan. All parties will sign the plan and it will be kept in the intern’s file.
- The intern will have the opportunity to provide a verbal and/or written statement related to his/her response to the problem.
- The Training Director at the intern’s graduate institution will be notified of the plan at this time

Step 3: If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern’s placement may be terminated. The decision to terminate an intern’s placement would be made by the Director of Clinical Training and the Director of Human Resources and would represent a discontinuation of participation by the intern within the training program. The determination would be made within 10 working days of the end of the 30 days outlined in Step 2. In the event of dismissal, APPIC and the Training Director at the intern’s home doctoral program would be contacted within 5 working days of the decision.

To be certain that the procedures used for resolving disciplinary matters are followed in a way that provides fairness to all parties involved, appeals processes for students are provided. An appeal is an independent review of the process used to reach the original finding. An appeal is not a re-hearing of a case. All appeals must be in writing.

Please note that, if the intern believes the due-process decision making process was in error, the burden of proof will be up to the intern to demonstrate that the due-process procedure was flawed. The Director of Human Resources and Director of Clinical Training will investigate the facts of the case, as appropriate, and shall communicate in writing (with attention to confidentiality of the issues involved) the results of the investigation, the decision and supporting reasons to the intern within 10 days. The Director of Human Resources and Director of Clinical Training will determine if one or more of the following conditions exist:

- Procedural Error
- Unsupported Conclusion
- Disproportionate Sanction
- New Information

The decision of the Directors will be final.

#### Appeals Process Outcomes

After reviewing all available and relevant information, the Directors who have reviewed the appeal may elect to:

- Support the original finding and sanction
- Support the finding and modify the sanction
- Remand the case for a new hearing
- Dismiss the case

In some circumstances, however, the Corporation may determine that such efforts will not be made. No experience with the Corporation including, but not limited to, oral statements, salary increases, or application of disciplinary procedures may be regarded as implicitly changing the At Will policy of the corporation. In the event such action is taken, the Anka Director of Clinical Training will notify the Intern's school of the action.

Additionally, under some circumstances such as an event of gross negligence or breach to ethics or legal codes, reports may be filed with the Board of Psychology by the supervising psychologist.

I have read and understand the due process and At Will provisions described in this document.

---

Signature

---

Date

## **Grievance Procedure**

The grievance procedure is the means by which the interns may seek adjustment of work-related complaints including violations of established policies and procedures, working conditions or job relations, or the complaint of one intern against another intern or employee. There is an obligation on the part of the aggrieved intern to make known the complaint and the facts pertaining thereto on the same day of the incident or at least the earliest possible date afterwards (before 30 days pass) so efforts can be made as soon as possible through the adjustment procedures to resolve differences and promote harmonious relationships. All grievances must be in writing.

Steps of the grievance process are as follows:

### **STEP 1**

Informal review between the intern and the immediate supervisor shall take place in an attempt to resolve the problem. The conference shall be confined to those immediately concerned. This review should be scheduled within 14 days of receipt of the complaint. After examination of the facts, the supervisor will attempt to reach a satisfactory resolution of the concern. The supervisor's summary or resolution must be put in written form and shared with the grieving party within 10 days.

### **STEP 2**

If the problem has not been resolved by the immediate supervisor, or if the intern does not want to discuss the concern with the supervisor, the intern may raise his/her concern with the Regional Administrator (in the event the direct supervisor is the Regional Administrator, the intern should proceed to STEP 3). This complaint must be in writing (includes email) and shall include a concise statement of the complaint and the act or condition on which it is based along with the course of action followed. The complaint must be submitted within 10 days. The summary or resolution must be put in written form and shared with the grieving party within 10 days.

### **STEP 3**

If the problem has not been resolved by the supervisor or Regional Administrator, the intern may raise his/her concern with the Director of Human Resources and Director of Clinical Training. The complaint must be in writing and shall include a concise statement of the complaint and the act or condition on which it is based along with the course of action followed. The Director of Human Resources and Director of Clinical Training will investigate the facts of the case, as appropriate, and shall communicate in writing (with attention to confidentiality of the issues involved) the results of the investigation, the decision, and supporting reasons to the intern within 10 days. In the event the grievance concerns the intern's ability to function competently within the program the Senior Vice President of Northern California will be notified of the complaint and consulted regarding the actions to be taken.

### **STEP 4**

If the problem has not been resolved by the Director of Human Resources, the intern may raise his/her concern with the Senior Vice President of Northern California. The complaint must be in writing and shall include a concise statement of the complaint and the act or condition on which it is based along with the course of action followed. The Senior Vice President of Northern California will investigate the facts of the case, as appropriate, and shall communicate in writing (with attention to confidentiality of the issues involved) the results of the investigation, the decision and supporting reasons to the intern, and if appropriate, the Director of Quality Management.

# INTERN ORIENTATION (example)

## AGENDA

### MONDAY

- 8:30 — 9:30            Introductions
- 9:30 — 12:00        Complete Corporate Paperwork  
                              Anka Human Resource Department
- 12:00 — 1:00        Lunch (provided)
- 1:00 — 2:00        Confidentiality, Reporting and HIPPA
- 2:00 — 2:15        Break
- 2:15 — 3:00        Confidentiality, Reporting and HIPPA (continued)
- 3:00 — 4:30        Supervisor Meet and Greet  
                              Complete Supervision Paperwork

### TUESDAY

- 9:00-10:00        Basic introduction to EHR system
- 10:00-11:00      The Culture of Homelessness
- 11:00-11:30      Ethics and Code of Conduct
- 11:30- 12:30     Suicide Assessment and Intervention
- 12:30-1:30        Lunch
- 1:30-2:30        Assessing Danger to Others and Grave Disability
- 2:30 — 3:30        Therapeutic Boundaries & Difficult Situations
- 3:30 – 4:30        Anka Panel

### THURSDAY: ProAct Training

Time	Group A (Last names A-L)	Group B (Last names M-Z)
8:30-12:00	ProAct training	ProAct training
12:00-1:00	Lunch	Lunch
1:00-4:30	ProAct training	ProAct Training

**FRIDAY: ProAct Training**

Time	Group A (Last names A-L)	Group B (Last names M-Z)
8:30-12:00	ProAct training	ProAct training
12:00-1:00	Lunch	Lunch
1:00-4:30	ProAct training	ProAct Training

**MONDAY: CPR training**

	Group A (Corporate)	Group B (Norcal)
8:30 — 11:00	First Aid & Bloodborne Pathogens	First Aid & Bloodborne Pathogens
11:00 — 11:30	Lunch	Lunch
11:30 — 3:00	CPR	CPR
3:30 — 4:00	Certification	Certification

## **Core Competency Class Topics (Example)**

Differential Diagnosis/DSM

Psychopharmacology

Law/Ethics

Evidence Based Practices

Crisis Assessment and Intervention

# CORE COMPETENCY CLASS

## Psychopharmacology (Example)

1. OVERVIEW OF NEURONS/SYNAPTIC FUNCTIONS
2. NEUROTRANSMITTERS
3. ANTI-DEPRESSANTS (Mechanism of action, symptom target, dosing schedule/amount)
  - 3.1. SSRI'S
  - 3.2. NSRI'S
  - 3.3. SIDE-EFFECT PROFILES
4. ANTI-DEPRESSANTS-CONT.
  - 4.1. ATYPICAL
  - 4.2. TRICYCLIC
  - 4.3. MAOIS
  - 4.4. SIDE-EFFECT PROFILES
5. ANTI-PSYCHOTICS
  - 5.1. TYPICAL
  - 5.2. ATYPICAL
6. SIDE EFFECTS OF ANTI-PSYCHOTICS
7. MOOD STABILIZERS
  - 7.1. GENERAL
  - 7.2. ANTI-MANIA
  - 7.3. SIDE-EFFECT PROFILES
8. ANXIOLYTICS
  - 8.1. BENZODIAZEPINES
  - 8.2. NON-BENZODIAZEPINES
  - 8.3. SIDE-EFFECT PROFILES
9. PSYCHOSTIMULANTS
  - 9.1. AMPHETAMINE BASED
  - 9.2. NON-AMPHETAMINE BASED
  - 9.3. SIDE-EFFECT PROFILES
10. MEDICATIONS/DIAGNOSIS REVIEW
11. EVALUATION

# PSYCHODYNAMIC CASE CONFERENCE SCHEDULE

## (Example)

The case conference series will provide the opportunity to develop and/or refine professional level case evaluations and presentation skills, provide group supervision and peer review, and expand theoretical knowledge. The format of the conference will be:

1. Check-in
2. Presentation of any urgent/problematic case issues
3. Clinical Questions
4. Review of Readings
5. Case Presentation
6. Presentation Q+A and Discussion

January	Introductions Initial reading assignments
January	Review reading-Mitchell and Black (chapters 1-3)
January	Review reading-Mitchell and Black (chapters 4-6)
January	Joint Case Conference
February	Review reading-Mitchell and Black (chapters 7-9)
February	Review reading-McWilliams (chapters 1-3)
February	Review reading-McWilliams (chapters 4-6)
February	Joint Case Conference
March	Review reading-McWilliams (chapters 7-9)
March 8	Review reading-McWilliams (chapters 10-12)
March	Review reading-McWilliams (chapters 13-15)
March	Case Presentation
March	Joint Case Conference

April Case Presentation

April Case Presentation

April Case Presentation

April Joint Case Conference

May 3 Review Watchtel and Ogden

May 10 Review Wachtel and Ogden

May 17 Case Presentation

May 24 Case Presentation

May 31 Joint Case Conference

June 7 Case Presentation

June 14 Case Presentation

June 21 Graduation

June 28 Joint Case Conference

### READINGS

Mitchell, S & Black, M. (1995). *Freud and Beyond*. New York: Basic Books.

McWilliams, N. (1994). *Psychoanalytic Diagnosis*. New York: The Guilford Press.

Ogden, T. (1982). *Projective Identification & Psychotherapeutic Technique*. New York: Jason Aronson.

Wachtel, P. (2008). *Relational Theory and the Practice of Psychotherapy*. New York: The Guilford Press.

## CBT Case Conference (example)

July: Introductions, Format & Expectations

July: Persons Chapter 2: Cognitive Theories and Their Clinical Implications

From “The Case Formulation Approach to Cognitive Behavioral Therapy” by Jacqueline Persons

July : Persons Chapter 1: What Is the Case Formulation Approach to Cognitive-Behavior Therapy?

From “The Case Formulation Approach to Cognitive Behavioral Therapy” by Jacqueline Persons  
AND

Article: A Case Formulation Approach to Cognitive Behavioural Therapy by Eoin Stephens, M.A.

August: Read Article “Chapter 4: Case Conceptualization and Treatment Planning”  
Create a Mock CBT case formulation for Eric.

August: Formal case Presentation

August: Formal Case Presentation

August: Formal Case Presentation

August: Joint case conference

September: Formal Case Presentations

September: ACT

Twohig, M.P.(2012, online). Acceptance and Commitment Therapy: Introduction. Cognitive and Behavioral Practice ACT assessment/case formulation process  
&  
Outline of ACT Assessment/Case Formulation Process

September: Multicultural

Padesky, C.A. (1989). Attaining and maintaining positive lesbian self-identity: A cognitive therapy approach. *Women & Therapy*, 8 (1, 2),

OR

Ceri Evans (2007) Cognitive-behavioural therapy with older people *APT* 13:111-118;

OR

Hays, P.A. (2009) Integrating Evidence-Based Practice, Cognitive–Behavior Therapy, and Multicultural Therapy: Ten Steps for Culturally Competent Practice. *Professional Psychology: Research and Practice*, 40(4), 354-360.

September: Joint case conference

October: DBT

Cedar R. Koons (2008): Dialectical Behavior Therapy, *Social Work in Mental Health*, 6:1-2, 109-132

OR

Wagner, A.M., Rizvi, S.L., Harned, M.S. (2007). Applications of Dialectical Behavior Therapy to the Treatment of Complex Trauma-Related Problems: When One Case Formulation Does Not Fit All. *Journal of Traumatic Stress*, Vol. 20, No. 4, pp. 391–400

October: Multicultural/Other

Hinton, D.E.; Rivera, E.I.; Hofmann, S.G.; Barlow, D.H.; Otto, M.W. (2012). Adapting CBT for traumatized refugees and ethnic minority patients: Examples from culturally adapted CBT (CA-CBT). *Transcultural Psychiatry*, Vol.49,Iss.2;p.340 – 365

OR

Propst, L.R., Ostrom,R., Watkins, P., Dean, T., & Mashburn, D. (1992). Comparative Efficacy of Religious and Nonreligious Cognitive-Behavioral Therapy for the Treatment of Clinical Depression in Religious Individuals. 60(1), 94-103

Or

Padesky, C.A. & Mooney, K.A. (2012). Strengths-Based Cognitive Behavioral Therapy: A Four Step Model to Build Resilience. *Clinical Psychology and Psychotherapy*, 19, 283-290.

October: Anxiety

Boschen, M.J. & Oei, T.P.S. (2008). A cognitive behavioral case formulation framework for treatment planning in anxiety disorders. *Depression and Anxiety*, 25, 811-823

OR

Lu et al (2009). Cognitive-Behavioral treatment of PTSD in Severe Mental Illness: A pilot study replication in an ethnically diverse population. *American Journal of Psychiatric rehabilitation*, 12, 73-91

OR

CBT for PTSD: Gonzalez-Prendes & Resko Chapter 2 Cognitive behavioral Theory (and PTSD)

October: Joint case conference

November: Psychosis

Case formulation of Delusions and Hallucinations Chapters 9 & 10

November: Depression:

Watson, J.C. (2010). Case Formulation in EFT. *Journal of Psychotherapy Integration*, 20(1), 89-100.

OR

Mansell, M. (2007) *An Integrative Formulation-Based Cognitive Treatment of Bipolar Disorders: Application and Illustration*

OR

Wenzel, A., Brown, G.K., & Beck, A.T. (2008) Chapter 7: Cognitive Case Conceptualization of Suicidal Acts

November: Formal case Presentation

November: Formal case Presentation

November: Joint case conference

December: Formal Case Presentations

December: Formal Case Presentations

# CASE CONFERENCE CASE PRESENTATION FORMAT

Case presentations should be typewritten with sufficient copies to distribute to all members of the case conference. Client names should not be used in the presentation. At the completion of the presentation, all copies need to be collected and shredded. Please use the following format for your presentation and write-up.

- Consultation question
- Identifying Information: *Brief description of the client including demographic information, reason for referral, and treatment setting, mental status*
- Presenting problem
- Psycho-social History: *Include family of origin, significant relationships, school and job history, and history of mental health problems.*
- Alcohol and Drug History: *Include frequency and duration of use for all drugs of abuse, and periods of sobriety.*
- Medications: *All psychotropic medications and other medications that the client is currently taking, including dosage, their perceived efficacy, and side effects. If known include past medications.*
- DSM Diagnosis
- Multicultural/Diversity Issues
- Case Formulation
- Treatment Plan and Course of Treatment: *What are the main goals of treatment and how do you plan to accomplish these goals? What progress has been made? What were the significant accomplishments and failures? How have you made modifications as the treatment progressed?*

## **INTERNSHIP DIDACTIC TRAINING SCHEDULE**

**(EXAMPLE)**

**Corporate Office**

**Wednesdays 3:30-5:30**

<b>Date</b>	<b>Topic</b>
July 7	<i>Psychoeducational Groups-Coping Skills, Social Skills, and Anger Management Adults and Adolescents</i>
July 14	<i>Process Groups with Individuals who have a Serious and Persistent Mental Disorder</i>
July 21	<i>Short-Term Process Groups in Acute Settings</i>
July 28	<i>Groups-AOD</i>
August 4,	<i>Trauma in the African American Community</i>
August 11	<i>Early Intervention for Young Adults at Risk of Mental Illness</i>
August 18	<i>Using CBT in the Treatment of Depression and Anxiety</i>
August 25	<i>Drugs of Abuse</i>
September 1	<i>Models of Substance Abuse Treatment and Motivational Interviewing</i>
September 8	<i>Motivational Interviewing (continued)</i>
September 15	<i>Integrating the 12 Steps into Substance Abuse Treatment</i>
September 22	

September 29	<i>Treating Individuals with co-occurring Substance Abuse and Mental Illness</i>
	<i>Substance Abuse and Pregnancy</i>
October 6	<i>Cognitive Therapy of Schizophrenia-Overview</i>
October 13	<i>Anti Human Trafficking</i>
October 20	<i>Drama Therapy</i>
October 27	<i>Culture and Psychosis</i>
November 3	<i>Unique needs of LGBTQ clients</i>
November 10	<i>Cognitive Therapy of Schizophrenia-Working with Delusions and Hallucinations</i>
November 17	<i>Eating Disorders-Overview</i>
December 1	Beyond the MMSE: Evaluating Cognition, Modern Mental Status Testing for the Non Neuropsychologist
December 8	<i>Treatment of Eating Disorders-Adolescents</i>
December 15	<i>Diverse Career as Psychologist</i>
December 22	<i>Break`</i>
January 5	

January 12	<i>Treatment Considerations working with “Trans” youth</i>
January 19	<i>Forensic Mental Health- Moral Reconation Therapy</i>
January 26	<i>Solution Focused Therapy</i>
February 2	<i>Codependency in Clinical Practice</i>
February 9	<i>Domestic Violence</i>
February 16	<i>Attachment Theory</i>
February 23	<i>Working with Sex Offenders</i>
March 2	<i>Trauma Informed Care for Persons Experiencing Homelessness</i>
March 9	<i>Anti-Social Personality Disorder</i>
March 16	<i>Psychologist as Consultant</i>
March 23	<i>Continuum of Care for Clients in Crisis</i>
March 30	<i>Trauma in the African American Community</i>
April 6	<i>Vicarious Trauma</i>
April 13	<i>Working with Individuals with Developmental Disabilities</i>

April 20	<i>Matrix Model of Treatment for Stimulant Abuse Disorders</i>
April 27	<i>Intern Presentation</i>
May 4	<i>Intern Presentation</i>
May 11	<i>Intern Presentation</i>
May 18	<i>Intern Presentation</i>
May 25	<i>Intern Presentation</i>
June 1	<i>Intern Presentation</i>
June 8	<i>Intern Presentation</i>
June 15	<i>Intern Presentation</i>
June 22	<i>Intern Presentation</i>
June 29	<i>Program Evaluations</i>
	<i>Graduation</i>

---

## Selection and Academic Preparation Requirements Policy

### Intern Applicant Eligibility

Eligible applicants:

- Must be enrolled in an accredited doctoral psychology program
- Must be certified as ready for internship by their doctoral programs.
- Academic coursework to be completed by the end of the academic year preceding the start of internship

In addition to the requirements outlined above, preference will be given to applicants who:

- Demonstrate interest in community mental health and working with severe and persistent mental illness
- Demonstrate a commitment to the study and application of community-based and multicultural practice
- Demonstrate a passion for working with a diverse, marginalized clientele in a context where socio-economic disparity, stigma, and lack of resources are typical.

### Application and Selection Process

There are 9 full time openings for Doctoral psychology interns. All applications must be submitted using the standard APPIC Application for Psychology Internships (AAPI) and match system by the deadline given. All submitted applications are reviewed by the Director of Clinical Training. We are particularly interested in applicants who share our passion in working with traditionally underserved and disenfranchised populations. Anka Behavioral Health, Inc. and its Doctoral Psychology Internship Program are committed to the recruitment of culturally and ethnically diverse interns. We encourage inquiries and applications from all qualified individuals.

Based on the quality of the application and the goodness of fit between the applicant's training goals and the internship program, applicants are invited for an interview. Offers for interview will be extended by email, and we will notify all applicants of their interview status if they submitted a complete application by the interview notification deadline specified in the APPIC Directory OnLine. Candidates who are offered an interview are invited to an onsite group interview in Concord, CA.

Following the completion of the interviews, the final rank order of applicants will be submitted in accordance with APPIC Match Policy and Deadlines. 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.

Following the results of the APPIC Match, a letter confirming the match with Anka Behavioral Health, Inc. will be sent to all incoming interns who match with us, with a copy to the DCT of their program.

More specific information can be found online on the APPIC website at: [www.APPIC.org](http://www.APPIC.org).

If you have any further questions about our program or the application process, please feel free to contact the Director of Clinical training, Jessica Apfel, PsyD at [japfel@ankabhi.org](mailto:japfel@ankabhi.org).

## **Accreditation Statement**

Anka Behavioral Health, Inc. Doctoral internship program is not currently accredited by the American Psychological Association (APA). We are currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the California Psychology Internship Council (CAPIC).

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  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

All other questions about the internship program may be directed to:

Jessica Apfel, PsyD  
Director of Clinical Training  
Anka Behavioral Health, Inc.  
1850 Gateway BLVD, Suite 900  
Concord, CA 94520  
Email: [japfel@ankabhi.org](mailto:japfel@ankabhi.org)

## **Diversity and Non-Discrimination Policy**

Anka Behavioral Health, Inc. is committed to a policy of providing opportunities to all qualified students and welcomes applicants from diverse backgrounds. We strongly value diversity and believe in creating a safe and inclusive environment. Diversity among interns, supervisors, and staff enriches and strengthens the community, workplace, and training program. We do not discriminate on the basis of race, color, religion, gender identity, pregnancy, sex, marital status, socioeconomic status, beliefs, age, national origin, sexual orientation, physical or mental disability or any other legally protected category. This policy applies to all employment practices.

Every effort is made to create a climate in which staff and interns feel respected, comfortable, and safe. A focus on social justice is interwoven throughout the training experience. Regular discussions and trainings are geared towards increasing awareness, confronting biases, and growing comfort with multicultural experiences and topics. There is an expected competency in diversity awareness and multiple experiences are provided throughout the year to be sure that interns are both personally supported and well-trained in this area.

## Salary, Benefits and Resources

### Stipend

Anka Behavioral Health, Inc. currently has 9 doctoral internship positions budgeted. The current stipend for the internship year (July 1 through June 30) is \$18,000.

### Health Benefits

As a nonprofit, unfortunately we do not have resources to provide comprehensive health insurance benefits, but we do provide help in directing interns to the proper places to obtain coverage through the Affordable Care Act or Medi-cal as needed. We also will help provide any necessary documents (e.g. letter of employment) and are flexible with time off to attend to any medical needs.

### Scheduling of Hours of Work

Most internship hours are completed sometime between 8:30 am and 6pm. Some placements may require one weekend day. However all scheduled hours fall within a 40 hour work week either Sunday through Thursday, Monday through Friday, or Tuesday through Saturday.

### Vacation and released time

Interns have 3 weeks of personal time (vacation and sick) during the internship year (July 1-June 30), in addition to designated Anka Behavioral Health, Inc. holidays. If an intern needs additional time off for some reason, the required hours can be made up/completed after the June 30<sup>th</sup> date.

### Additional Resources:

Interns have access to our outlook work email, our EHR system, computers, work spaces, and our internal shared documents which includes Group therapy manuals, program specific documents, online trainings, etc.

## **Intern Evaluation, Retention, and Termination Policy**

Anka Behavioral Health, Inc. requires that interns demonstrate minimum levels of achievement across all competencies and training elements. The Competency Areas and Behavioral Anchors used have been recommended by the Assessment of Competency Benchmarks Work Group (2007). They establish the expected level of competency to have been achieved by the completion of the Doctoral Internship year. The goal of Anka's Doctoral Internship is for Interns to acquire the level of competency expected of a clinician ready to enter practice. Interns are formally evaluated by their primary supervisor, in conjunction with their delegated supervisor and any other program or clinical staff involved with the intern, twice annually, at the midpoint and end of the internship year.

Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' strengths and areas for growth. The evaluation form includes information about the interns' performance regarding the expected training competencies. During the evaluation review, all the people involved with the intern and the evaluation process meet with the student and the Director of Clinical Training in a group format to go over the evaluation, leaving opportunity for discussion and intern feedback.

A minimum level of achievement on each evaluation section is defined as a rating of "3". The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1-Significantly below Expectations, 2-Below Expectations, 3-Expected Competence, 4-Exceeds Expectations, 5-Significantly above Expectations. If an intern receives a score less than 3 on any training element, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures and/or a corrective action plan may be initiated. The Due Process and Grievance guidelines can be found in the Intern Handbook.

Additionally, all interns are expected to complete 1880 hours of training, with 10 percent of hours in supervision, during the internship year. Meeting the hour requirement and obtaining sufficient ratings on evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations, supervision agreements, certificates of completion, and any other applicable internship training documents are maintained indefinitely by the Director of clinical training in a locked file cabinet.

Intern evaluations and any other relevant feedback to the interns' home doctoral program is provided at minimum at the mid-point and end of the internship year. In addition to the evaluations described above, interns complete an evaluation of their supervisor and a program evaluation semi-annually, in order to provide feedback that will inform any changes or improvements in the program. Interns are also encouraged and invited to provide ongoing formative feedback to supervisors/trainers and to the Training Director in regards to the internship program overall.