



Guam-PIC Brochure for the  
**2025-2026 Training Year**

[www.guam-pic.org](http://www.guam-pic.org)

## Accreditation & Membership Status

The Guam Psychology Internship Consortium (Guam-PIC) is not accredited by the American Psychological Association (APA). Guam-PIC's self-study was submitted in February 2023. The site visit recently occurred in December 2024 (from December 11-13, 2024). Questions specifically related to the program's accreditation status should be directed to the Commission on Accreditation.

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Guam-PIC is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship program agrees to abide by all APPIC member policies including match policies that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.



## Guam

The Island of Guam is an unincorporated territory of the United States and the largest of the Marianas Islands in the western Pacific Ocean. The island dates to the Latte Period of 2000BC, a period of Ancient CHamoru life before a Spanish expedition led by Ferdinand Magellan, a Portuguese explorer, arrived on March 6, 1521. The island's history spans the ancient CHamoru era, the Spanish era, the American period, and Japanese WWII occupation.

Guam is known for beautiful pristine beaches, a relaxed island lifestyle, CHamoru villages, and its ancient latte stone pillars. These pillars are capped by a hemispherical stone with the flat side facing up. It was used as a building support by the ancient CHamoru people, and they can be found throughout most of the Mariana Islands. In modern times, the latte stone is seen as a sign of CHamoru identity and is used in many different contexts. Guam is most widely celebrated for its native CHamoru culture and pride. The island has a multi-ethnic and cultural population (e.g., CHamoru, Filipino, Federated of Micronesian States and Asian). The island's population, as of 2021, was over 168,000.

Traveling to Guam entails 8 flight hours from Hawaii or 4 hours from Japan. Guam's time zone is CHamoru Standard Time (ChST) and is 17 hours ahead of the United States' west coast (i.e., Pacific Standard Time).



## Sponsoring Institutions

### Guam Behavioral Health and Wellness Center



#### History

In 1983, Guam established the Department of Mental Health and Substance Abuse (DMHSA), in CHamoru, Dipattamenton Salut Hinasso Yan Abuson Amot. Prior to that date, the Guam Memorial Hospital provided all mental health services. The Department of Mental Health and Substance Abuse later changed its name to **Guam Behavioral Health and Wellness Center (GBHWC)**, which is accredited by Commission on Accreditation of Rehabilitation Facilities (CARF).

#### Mission

Our mission is to lead and foster culturally respectful and inclusive quality behavioral health services that strengthen the wellbeing of our community.

#### Vision

Our vision is to have a safe, supportive and holistically healthy community.

#### Values

- **Cultural Humility** - We will understand and embrace the diverse cultures of our clients, their families, and our partners.
- **Achievement** - We will provide evidence-informed and person-centered services.
- **Respect** - We will treat our clients, their families and our partners with respect and dignity.
- **Engagement** - We will engage and collaborate with our partners to benefit the clients we serve.

#### GBHWC

GBHWC is the only community mental health facility in the Western Pacific providing comprehensive public behavioral health services to children, adolescents, and adults. Consumers across the lifespan can access inpatient, outpatient, day treatment and residential, case management, counseling, and assessment services. Drug and alcohol medically assisted services are also available for adults. GBHWC also provides services from 24-hour Suicide Hotline (988), Community Crisis Counseling, and Mobile Crisis Services to 24-hour intake services. GBHWC also has comprehensive prevention programs (e.g., PEACE). The GBWHC-PEACE program provides the Guam community and Guam's agencies' prevention trainings for suicide, alcohol/drugs, and tobacco use. All Guam behavioral health services offered are provided regardless of the person's ability to pay, and GBHWC accepts most medical insurances.

GBHWC offers high quality of care via its main facility in Tamuning, as well as satellite offices in the J&G Commercial Center in Hagatna, and group homes in Asan, Agat, and Dededo. Services offered at the main facility in Tamuning include pharmacy services, adult mental health case management, rape crisis and evidentiary services, medication clinic, adult and



child inpatient, drug/alcohol medically assisted inpatient, 24-hour intake/mobile crisis services, medical clinic (psychiatric/nursing services), psychological services (therapy and assessment), and adult counseling. Mental health satellite services at the J&G Commercial Center in Hagatna include New Beginnings (drug and alcohol) and I’Famagu’on-ta (children’s outpatient). GBHWC has several adult, drug and alcohol, and children residential group homes in various Guam villages.

In 2022 (the most recent information available), GBHWC served a total of 4,119 consumers compared to the 3,360 consumers in 2020 and 3,790 consumers in 2021. Of the 4,119 consumers, 3,711 were seen on an outpatient basis and 795 individuals were seen for inpatient services. There were 1,330 individuals whom were seen for intake as walk-ins; 1, 119 people were seen via the mobile crisis response team, and there were 8,437 calls to the Guam 988 Suicide and Crisis Lifeline. Fifty eight percent of GBHWC consumers were male, 40% were female, and .8% identified as other. The top three ethnicities included (1) 68.3% Native Hawaiian and/or Pacific Islander (including CHamoru, Filipino, Federated States of Micronesia, and Commonwealth of Northern Marianas); (2) 21.1% Asian (Japanese, Korean and Chinese); and (3) 7.7% White. Over 46% of GBHWC consumers are aged 25 to 44, with the second highest population aged between 45 and 64 at 20.9%. Children aged 0 to 12 were 4.7% of the consumer population with adolescents (aged 13 to 17) totaling 9.9% of the total consumers. GBHWC consumers have a wide range of diagnoses, covering virtually all major categories of the DSM. Among the most common diagnoses on Guam are bipolar and mood disorders, schizophrenia and other related diagnoses, and substance use disorders.

## GBHWC @ Guam Department of Corrections



The Guam Department of Corrections provides general management of detained individuals of Guam (e.g., pre-trial, federal and immigration detainees) and adjudicated minimum, medium, and maximum-security convicted individuals. The Guam DOC is comprised of its main facility, the Adult Correctional Facility (ACF) in Mangilao, and the Hagatna Detention Facility in Hagatna. Mental health services for Guam DOC are provided by GBHWC. The mission of Guam DOC is to protect the public from the destructive actions of law offenders through control and rehabilitation.

The ACF is a 602-bed facility, which includes the Women’s Facility, the Community Corrections Center (C3), and a residential substance abuse treatment program (RSAT). The ACF also holds the overflow of detainees from the Hagatna Detention Facility. The Women’s Facility is Guam’s sole facility for women and houses all detainee and inmate types. C3 houses inmates classified as minimum-out and therefore eligible for work credit, work release, and educational release. RSAT is a 100% federally funded Relapse Prevention and Recovery Program available to all inmates to attain a healthier and drug free lifestyle upon release. The Hagatna Detention Facility, a 130-bed facility in Hagatna, houses local pre-trial detainees, immigration, and federal detainees.

The correctional institution prepares those that are imprisoned for reentry into society and addresses the root causes of their difficulties to reduce recidivism. The Diagnostic Treatment Services Division (DTSD) at ACF primarily deals with the changing of perspectives towards criminal attitudes through counseling and programming services. It acts as a linkage in maintaining the relationships of consumers with their families and the community. The Forensic/Mental Health Unit is responsible for performing diagnostic services and treatment for consumers with serious mental and behavioral health concerns and provides for the care and control of consumers to prevent suicide, including 24-hour crisis services. In addition to these functions, consumers are offered educational, vocational rehabilitation, inmate labor work, and religious programs. Consumers are also offered programs in substance use prevention, conflict resolution, anger management, emotional control, domestic violence, family re-integration, relapse prevention, personality modification, parenting, human sexuality, and pardon/commutation planning. Medication management for consumers is also provided.



As of July 2024, Guam DOC inmate population totaled 943. Of those 943, 56% were pre-adjudicated detainees, 41% were convicted inmates, 2.2% were Federal inmates, and less than 1% were Immigration and Naturalization Service (INS) detainees. The top three ethnicities included (1) CHamoru, (2) Chuukese, and (3) Filipino. About 93% of the consumers were male while 7% were female. The primary language is English.

## Guam Psychology Internship Consortium Program Overview

The Guam Psychology Internship Consortium (Guam-PIC) represents the collaborative effort of two agencies – Guam Behavioral Health and Wellness Center (GBHWC) and Guam’s Department of Corrections (DOC). Guam-PIC provides a diversified and generalist training program for doctoral psychology interns with a focus on providing culturally relevant and competent services for Guam’s diverse and often underserved population. Guam-PIC provides a range of clinical and didactic

experiences and training opportunities representing the necessary depth and breadth required for future professional practice in psychology, including a focus on public behavioral health, rural and underserved populations, and the shared experiences and demands of this region along with common treatment barriers. Guam-PIC firmly believes that all forms of diversity serve to enhance the training environment and professional growth of interns and faculty alike, as well as allow the diverse range of patients served to see themselves in their providers. To this end, Guam-PIC recruits applicants from diverse backgrounds.

Guam-PIC has partnered with the Western Interstate Commission for Higher Education's Behavioral Health Program (WICHE-BHP) in the development of the internship to provide consultation and support. The WICHE-BHP has the building of the behavioral health workforce in the western United States as a central tenant to its mission and a track record of assisting in the development of successful and accredited psychology internship programs and consortia in 10 other western states and territories (e.g., Alaska, Hawaii, Nevada, Idaho, Oregon).

## Program Structure

Guam-PIC is a 12-month fulltime internship program offering two positions with a \$40,841.00 stipend. Interns are eligible for health insurance and receive benefits including paid leave (vacation and sick leave, holidays). The program begins on September 1 and ends on August 31 each year (unless otherwise specified, e.g., a later start date can be arranged when interns are gained through the Post-Match Vacancy Service). Guam-PIC offers generalist training with the opportunity for specialized training that varies across training sites. Across the training year, interns conduct psychological evaluations and assessments; provides individual, group, and/or family therapy; and provides crisis intervention as needed. Interns also participate in daily rounds and treatment team meetings. Guam-PIC internship prepares interns for entry level practice in clinical psychology.

Training hours are Monday through Friday from 8am to 5pm. Intern do not provide on-call services. Interns are considered employees of GovGuam/Department of Administration and GBHWC. As employees, interns are eligible for health insurance, retirement, life insurance, and receive additional benefits such as paid holidays and paid leave.

Across the training year, at least 25% (about 500 hours) of the interns' time is spent in direct service delivery (e.g., delivering clinical interventions, conducting assessments). This equates to approximately 10 hours per week (of 52 weeks). **To meet this requirement, interns should aim to complete 15 hours of direct client contact per week.**

Interns receive individual and group supervision. Interns will have one primary individual supervisor for the first 6-months and then will switch to another primary individual supervisor for the latter 6-months. Interns will also participate in Program Director Supervision for about 1-hour each week. Interns will participate in two hours of group supervision per week with alternating psychologists. Interns also have weekly, 2-hour didactic training focused on relevant and developmentally appropriate topics for advanced psychology trainees. Additional training opportunities may be offered throughout the year, both cohort-wide and at individual sites. Interns will present three, 90-minute case presentations throughout the training year. Interns also participate in the Prevention and Training Branch of GBHWC by providing outreach and prevention to meet the needs of Guam's rural and diverse population. Some of the prevention and outreach activities include psychoeducational workshops, committee work, mental health awareness month, screening days, and other activities. Interns also participate in intern

cohesion activities (e.g., orientation activities, process group, quarterly retreats).

Guam-PIC's overarching goal is to produce generalist child, adolescent, and adult psychology practitioners who have demonstrated the capacity to function autonomously and responsibly and who are well-prepared to acquire and maintain licensure. More specifically, Guam-PIC's training is based on the Practitioner-Scholar model. Guam-PIC prepares psychology interns to be clinical psychologists who are effective consumers of research and who utilize scholarly inquiry to inform their practice. We view the internship year within the overall context of doctoral psychological training and emphasize professional growth and development. Building upon interns' prior learning, we facilitate their transition from the role of student to that of professional psychologist. Therefore, an initial, collaborative assessment between supervisor and intern is completed at the beginning of the year. This assessment pertains to assessing the intern's strengths, weaknesses, existing knowledge/skill base, specific training needs, and areas of professional interest. It sets the tone for and the amount of supervision an intern receives at the beginning of the training year.

All training experiences are planned and coordinated such that as interns demonstrate increased competency, they gain increased autonomy in professional service delivery and are assigned increasingly complex learning tasks. Thus, our training approach is sequential, cumulative, and graded in complexity.

Interns are formally evaluated, using the Intern Evaluation Form, at the 4, 8, and 12-month marks with minimal levels of achievement of 2 (for PWCs and corresponding LEs) at 4 months, 3 at 8 months, and 4 at 12 months. Interns are also formally evaluated using the Case Presentation Evaluation Form and must meet an minimal level of achievement of 3 by the end of the training year.

To successfully complete the program, interns are expected to complete the 12-month, fulltime, training year. At minimum, interns must accrue the number of hours required for licensure in the state/territory, in which they intend to become licensed following internship if that number is greater. For Guam, (b) The applicant must have completed two (2) years of internship, of which at least one (1) year must be after receiving the doctorate (per 10 Guam Code Annotated, Health and Safety, Chapter 12 Medical Practices, Part 2, Article 12, Clinical Psychology). In all, meeting the 12-month fulltime requirement, attending required training experiences (e.g., didactic seminar, cultural retreats), achieving competence in each APA profession-wide competencies (PWCs) and associated learning elements (LEs) and one program-specific competency (i.e., public behavioral health) and associated learning elements, achieving competency in Case Presentations, and thus obtaining sufficient ratings on all evaluations demonstrates the intern has progressed satisfactorily through and completed the internship program.

## Training Sites

Interns gain experiences across GBHWC and DOC, involving children, adults, incarcerated adults, and families on an out and inpatient basis. Services occur across departments, including Child and Adolescent Services, Adults Services Division, and Drug and Alcohol Services. Adult Services Division is located at GBHWC's main facility in Tamuning. Outpatient drug and alcohol services and outpatient children and adolescent services is located in the J&G Commercial Center in Hagatna. The primary training site for DOC is the Adult Correctional Facility in Mangilao.

### **Adult Services Division**

The Adult Services Division (ASD) offers individual, family, and group behavioral health inpatient,



outpatient, and residential treatment opportunities at several locations throughout Guam for individuals ages 18 and older experiencing a variety of life, emotional, and mental health issues from adjustment to life stressors to serious mental illness. Interns learn to practice as generalist psychologists across the continuum of care, addressing the needs of a rural and diverse community. Adult consumers are seen via scheduled in person or telehealth appointments. The Adult Services Division also serves individuals in group homes. GBHWC has five group homes (three of the homes are for adults diagnosed with SMI and two homes are for adults diagnosed with a co-occurring SMI and Developmental Disability (DD)). Additionally, interns assist the Adult Inpatient Unit, a structured crisis stabilization program consisting of 16 beds for individuals who present an imminent threat to themselves or others or are gravely disabled.

### **Children and Adolescent Services**

Children and Adolescent Services provides child and adolescent behavioral health services (ages 5 to 18 years) through individual, group, and family therapies for inpatient, outpatient, and residential care placements. The Child Inpatient Unit (CIU) provides structured crisis stabilization services (e.g., via Trauma-Focused Cognitive Behavioral Therapy [TF-CBT]) to children and adolescents presenting an imminent danger to themselves and/or others. Children and Adolescent Services works to assess and treat childhood onset emotional, behavioral, or mental disorders; substance use disorders; or developmental disorders through comprehensive cognitive, achievement, and behavioral testing. Children and Adolescent Services works collaboratively with multiple agencies (e.g., Child Protective Services, Guam Department of Education, Guam Superior Courts) and incorporates a System of Care philosophy and adheres to the Wraparound Fidelity Model.

### **Drug and Alcohol Services**

Drug and Alcohol Services provides inpatient, outpatient, residential, and medically assisted substance-use treatment for adults who are at risk or diagnosed with a substance use disorder. Assessments are conducted using the American Society of Medicine (ASAM) placement criteria and administering psychological assessments to identify co-occurring disorders. Evidenced based practices like motivational interviewing and Dialectical Behavioral Therapy for Substance Users (DBT-S) are utilized. Drug and Alcohol Services also supports the Medically Assisted Treatment Unit (MAT), which provides structured detoxification and rehabilitation services. The MAT unit has 16-beds and provides 24-hour medical, psychiatric, psychological, and counseling services.

### **Department of Corrections**

GBHWC provides psychological and psychiatric service, including crisis intervention, to those incarcerated in the Guam Department of Corrections. Individuals served have diagnoses pertaining to serious mental illness, personality disorders, and/or malingering. The Crisis Stabilization Unit (CSU) Program provides structured crisis stabilization services in a locked unit for inmates and/or detainees presenting as an imminent danger to self or others. Consultation is regularly provided to consumers, family members, medical providers, correction officers, program coordinators, and members of the client's multidisciplinary team concerning the psychological dimensions of the consumer.

## **Required Major Training Emphases**

The following are Guam-PIC training emphases.

### **Behavioral Health Intervention**

Interns spend approximately 10-15 hours per week in activities related to behavioral health

intervention. Interns work with a diverse range of underserved consumers within a variety of therapeutic modalities, including individual, group, family, and/or couples therapy treatments. Consumers served range widely in age, race, ethnicity, and diagnostic presentation.

### **Psychological Assessment**

Interns spend approximately 5-15 hours per week in activities related to assessment. Interns, with supervisor support will administer, interpret, and provide written synthesis of psychological test batteries. Assessments may include record reviews, clinical interviews, intellectual, achievement, personality, risk assessment, drug assessments, and/or competency-based measures. Interns will write reports and make recommendations that convey meaningful information to prescribers, treatment teams, consumers, and families.

### **Consultation and Systems Collaboration**

Interns spend approximately 6-8 hours per week in activities related to consultation and systems collaboration, learning to consult with a variety of other providers and stakeholders. Collaborative opportunities include working within an interdisciplinary treatment team, providing psychological consultation to other disciplines, and partnering with community social service, medical and legal services. Opportunities for consultation and systems collaboration vary by site.

## **Training Faculty**

### **GBHWC Administration**

Carissa Pangelinan, GBHWC Director

James Cooper-Nurse, PhD, GBHWC Assistant Director

### **DOC Administration**

Fred Bordallo, Jr., DOC Director

### **Guam-PIC Administration**

Dr. Mary Fegurgur, Guam-PIC Co-Program Director and Primary Supervisor

Dr. Ericia Leeper, Guam-PIC Co-Program Director, Group Supervisor, Mentor & Tiered Supervisor, WICHE consultant

### **Guam-PIC Faculty**

Dr. Angela Laygo, Supervisor

Dr. Neal Bowen, Supervisor

Dr. Mary Parrish, Resident Member, Process Group Leader

Dr. Monica Tuason, Resident Member, Process Group Leader

### **Guam-PIC Adjunct Faculty**

Athena Duenas, MA, CSAC III, LPC, Adjunct Faculty/Site Consultant

James Cooper-Nurse, PhD, GBHWC Assistant Director, Guam-PIC Adjunct Faculty

### **Guam-PIC Support Staff**

Lorriane Solang, Administrative Assistant

Dennis Mohatt, WICHE Behavioral Health Director

Vanessa Gonzalez, WICHE Technical Support

# Guam-PIC Aim and Competencies

## Aim

The aim of Guam Psychology Internship Consortium's (Guam-PIC) is to prepare, train, and retain psychologists to provide culturally competent collaborative health care for the underserved and diverse people of Guam.

## Profession Wide Competencies and Learning Elements

Guam-PIC's foundation is based on interns developing the profession wide competencies (PWCs) identified by the American Psychological Association (APA; as replicated below) with an added competency of public behavioral health. As such, Guam-PIC prepares psychology interns to be effective consumers of research and who utilize scholarly inquiry to inform their practice. Interns will be exposed ethical decision making also conduct themselves ethically and in accordance with APA's ethics code as well as local laws, regulations, rules, and policies governing health service psychology at all levels. Through training at Guam-PIC and through guided exposure, supervised practice, and didactic presentations, interns increase knowledge and proficiency in the application of psychological principles and psycholegal issues, in the generalization of core clinical skills to persons with varying degrees of mental health concerns and severe and persistent mental illness, and in the practice of psychology in a public behavioral health, rural setting. Interns learn how to competently conduct individual therapy and other interventions as well as psychological assessments in the context of this culturally diverse, island setting, where signs and symptoms of mental illness present differently than is typically seen in American cultural on the continental United States. Additionally, Guam-PIC supervisors demonstrate and model cultural humility, integrity, accountability, lifelong learning, and concern for the welfare of others, allowing interns to effectively learn these important values and attitudes of psychology. Supervisors also model collegial, supportive, effective and open communication and interpersonal skills, again allowing interns to observe, develop, and integrate these skills into their practice. Interns observe and develop themselves with knowledge of and respect for other professions and with that the ability to effectively consult with others including treatment team members.

It is expected that by the conclusion of the internship year, interns will have achieved competence demonstrating that they are prepared for entry level independent practice and licensure in the following areas:

1. Research
  - a. Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentations, publications);
  - b. Disseminates research and other scholarly activities (e.g., case conference, presentations, publications) at the local, regional, or national level; and
2. Ethical and Legal Standards
  - a. Be knowledgeable and act in accordance with each of the following:
    - i. the current version of the APA Ethical Principles of Psychologists and Code of Conduct
    - ii. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, territorial, and federal levels; and
    - iii. relevant professional standards and guidelines
  - b. Recognizes ethical dilemmas as they arise and apply ethical decision-making processes

- in order to resolve the dilemmas
    - c. Conducts self in an ethical manner in all professional activities
- 3. Individual and Cultural Diversity
  - a. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases affects how one understands and interacts with people different from themselves
  - b. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
  - c. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles
  - d. Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity
  - e. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
- 4. Professional Values, Attitudes, and Behaviors
  - a. Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
  - b. Engages in self-reflection regarding one's personal and professional functioning, engages in activities to maintain and improve performance, well-being, and professional effectiveness
  - c. Actively seeks and demonstrates openness and responsiveness to feedback and supervision
  - d. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training
- 5. Communication and Interpersonal Skills
  - a. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
  - b. Demonstrates a thorough grasp of professional language and concepts; produces, comprehends, and engages in written, verbal, and non-verbal communications that are informative and well-integrated
  - c. Demonstrates effective interpersonal skills and the ability to manage difficult communication well
- 6. Assessment
  - a. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
  - b. Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)
  - c. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including the context to the assessment and/or diagnostic process
  - d. Selects and applies assessment methods that draw from the empirical literature and that reflects the science of measurement and psychometrics; Collects relevant data

using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient

- e. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
  - f. Communicates the findings and implications of the assessment in an accurate and effective manner to a range of audiences.
7. Intervention
- a. Establishes and maintains effective relationships with the recipients of psychological services
  - b. Develops evidence-based intervention plans specific to the service delivery goals
  - c. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
  - d. Demonstrates the ability to apply the relevant research literature to clinical decision making
  - e. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
  - f. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation
8. Supervision
- a. Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples include, but are not limited to, role-played supervision with others, and peer supervision with other trainees
  - b. Applies the supervisory skill of observing in direct or simulated practice
  - c. Applies the supervisory skill of evaluating in direct or simulated practice
  - d. Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.
9. Consultation and Interprofessional/Interdisciplinary Skills
- a. Demonstrates knowledge and respect for the roles and perspectives of other professions
  - b. Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior
10. Public Behavioral Health
- a. Demonstrates understanding of the public behavioral health system
  - b. Demonstrates understanding of and sensitivity to the specific social and environmental stressors of underserved client populations by appropriately considering these factors in assessment, diagnosis, and treatment planning
  - c. Demonstrates knowledge of organizational, local, and state policies, regulations, and statutes and their impact on the profession of psychology and the delivery of services
  - d. Demonstrates the ability to critically evaluate the system of care, including strengths, challenges, and impacts on persons served.

## Intern Evaluation

Guam-PIC interns are required to demonstrate minimum levels of achievement (MLA) across all profession wide competencies and associated learning elements. Informal evaluation is ongoing throughout the year, and supervisors are expected to provide interns with routine feedback on strengths and areas for growth, such that formal evaluation feedback does not come as a surprise. Interns are formally evaluated by their primary supervisor three (3) times per year, at the 4-month, 8-month, and 12-month marks.

Evaluations are conducted using the Guam-PIC Intern Evaluation Form, which includes a Likert Scale and comment spaces for qualitative feedback regarding the intern's performance progress. The evaluation form includes ratings on all nine APA profession-wide competencies and a Guam-PIC program-specific competency (Public Behavioral Health) and their associated learning elements. Supervisors are expected to carefully review the evaluations with interns during scheduled supervision. Interns are encouraged to ask for clarification and express concerns as indicated. The evaluation is signed by both the intern and supervisor and the intern receives a copy. A copy is also submitted to the Co-Program Directors who maintains this in the intern's electronic record indefinitely. A copy is also provided to the Director of Clinical Training (DCT) at the intern's graduate program.

The minimum level of achievement (MLA) on all competencies assessed by the intern evaluation increases over the course of the year to reflect expected growth in competence. The MLA for each of the three (3) evaluations is as follows:

4-month evaluation: "2" (Some Development Needed)

8-month evaluation: "3" (Nearing Competence of Element)

12-month evaluation: "4" (Competence of Element)

If an intern receives a score lower than the MLA on any competency, or if supervisors have reason to be concerned about an intern's performance or progress, the Intern Due Process procedures may be initiated. The Intern Due Process and Grievance Procedures may be found at the end of this handbook. To successfully complete the training program, interns must receive a rating of 4 or above on all learning elements and profession-wide competencies and complete the 12-month fulltime training year, of which 25% (about 500) must be direct service hours. *Please see the Intern Evaluation policy for additional details.*

In addition to the Intern Evaluation Form, interns must complete a self-evaluation form at the beginning and end of the internship. This evaluation is the same as the form used by supervisors and are conducted to guide training plans, progress, and goals. Low scores on Self-Evaluations do not trigger due process.

## Program Evaluation

Guam-PIC engages in data collection for quality improvement purposes on an ongoing basis, and the Program Director and Assistant Program Director review these data for purposes of performance improvement. *Please see the Program Evaluation policy for additional details.*

Interns evaluate supervisors via the Supervisor Evaluation Form three (3) times per year, at the 4-month, 8-month, and 12-month marks. This evaluation schedule ensures supervisors receive formal

feedback/evaluation throughout the training year.

Interns complete the Program Evaluation Form, which provides comprehensive feedback that informs any changes or improvements in the training program, at the mid- and endpoint of the training year. Interns forward their completed forms to the Co-Program Directors.

Interns complete a Didactic Evaluation Form weekly following each didactic presentation and submit it to the Co-Program Directors. This feedback will also be shared with the didactic presenter.

The Program Director will send an Alumni Survey to each intern annually for two years post-internship completion. The survey assesses information related to professional roles and accomplishments as well as impressions of the intern about how well they believed Guam-PIC prepared them for professional practice in psychology.

All supervisor evaluations are reviewed by the Co-Program Directors. Program evaluations and didactic evaluation forms are reviewed by the Training Committee and used to inform necessary changes to the training program. All evaluation forms are maintained indefinitely by the co-Program Directors.

## Additional Training Requirements and Related Information

### Case Presentations

Interns are expected to complete three (3), 90-minute case presentations during their training year. Interns present therapy or assessment cases. The presentation should be 60 minutes, leaving up to 30 minutes for discussion of consultation questions. Feedback is given to interns by members of the Training Committee using the Intern Case Presentation Rating Form. Interns must achieve a minimal level of achievement of 3 on their last (third) case presentation. The following information reflects the format for the case presentations.

#### 1. Identification

- a. Identifying information includes basic demographic information (age, sex, marital status, occupation, legal status).
- b. Presenting problem or chief complaint. Why is the person here? What is the reason for assessment or treatment? Legal Status?

#### 2. Personal/Family/Psychosocial History

- a. Family history
- b. Childhood and adolescent problems
- c. Past employment, education, relationships
- d. Substance abuse history
- e. Pertinent medical history

#### 3. History of Presenting Problem

- a. Events leading to current admission
- b. When the illness first manifested itself
- c. Pattern and course of symptoms over time
- d. Previous treatments
- e. Co-morbidities (Other Diagnoses, Substance Abuse)

4. Course of Current Treatment/Hospital Course (3-6 months)
5. Mental Status on Interview (e.g., appearance, behavior, thought processes, speech, attitude)
6. Assessment (if presenting an assessment case)
  - a. Testing and data
  - b. Integration of other data with testing results
5. Treatment (if presenting a treatment case)
  - a. Need/rationale for treatment
  - c. Goals (yours, the treatment team's, and the client's)
  - d. Treatment modality or approach and why that approach was selected
  - e. Client response to therapy
  - f. Client progress and frustrations (yours & the client's)
6. Diagnoses and Formulation
7. Recommendations
8. Consultation Questions for Discussion (or questions you would like answered)

Be brief! Sections 1-4 should take approximately 30 minutes with an additional 30 minutes devoted to a discussion of assessment and/or treatment issues as well as a description of the consultation questions. The remaining time will be devoted to case discussion with the faculty.

Consider relevance - Not all information you know about the individual is relevant. Consider what to include and what to skip. You will have additional time to elaborate during discussion. Attempt to present information that frames the question or supports themes relevant to your presentation. Prepare - Know what you plan to say and what questions you wish to raise. Avoid rambling and being tangential. Lengthy and detailed handouts or slides are discouraged, as much of the information provided should already be familiar to you and easily described to the faculty.

Try to avoid defending yourself - Be open to feedback and alternative perspectives. Remember that the goal of the case presentation is to seek consultation for client care and learn from others regarding a complex case.

\*Remember that ethical, legal, and client diversity issues should be addressed throughout the relevant sections of your presentation. Consider aspects of Hays's ADDRESSING Model throughout your presentation.

### **Didactic Series**

Guam-PIC faculty strive to embody the spirit of life-long learners and view professional development as a continuous process with no fixed endpoint. The didactic series are one way in which the value on education is put into practice. Interns are exposed to a variety of speakers through a comprehensive didactic series throughout the training year. Didactics focus on a range of relevant topics, designed to build upon and enhance prior knowledge and experiences, as well as complement the direct service/experiential training provided during internship. Didactics prepare interns to face a wide variety of professional issues and circumstances that they are likely to encounter throughout their careers. All



didactics are expected to be professional grade presentations with evidence-based citations and references as indicated. Seminars are also expected to attend to individual and cultural diversity factors. Didactics are held in person weekly for two hours in person. Attendance at didactics and all other scheduled group training activities is mandatory for all interns and is required for successful completion of the internship. Attendance at these scheduled activities take priority over other site obligations each week with some exceptions (e.g., clinical emergency). A didactic calendar is distributed during orientation and may be updated throughout the year. *Please see the Didactic and Intern Group Attendance and Etiquette Policy for additional details.*

### **Individual & Group Therapy**

Interns are expected to carry a caseload of individual consumers and co-facilitate group therapies, both to be assigned by an intern's primary supervisor. The number of consumers and groups will be determined by the training needs of the intern and consumer need.

### **Intern Cohesion**

The Guam-PIC Training Committee faculty are in a unique position to understand and appreciate the personal and/or professional isolation that may come with working as a psychologist in a rural area. In response, the Training Committee is committed to establishing a cohesive internship learning community focused on inclusivity, connection, and respect.

Interns begin the training year attending Guam-PIC orientation in-person together at GBHWC's main facility. Orientation includes a comprehensive introduction to the internship with a thorough review of the Guam-PIC Intern Handbook, which includes descriptions of the program, the various training opportunities and requirements, intern and program evaluation procedures, and the program's policies and procedures.

During this time, interns have the opportunity to establish relationships and connections with each other and the training faculty. These relationships are deepened throughout the course of the training year through shared weekly training activities (i.e., group supervision, didactics, case presentations). Interns are encouraged to exchange contact information and connect at any time, as needed and/or desired.

In addition to orientation and the weekly structured learning activities, each intern serves as the Intern Representative for 6 months and attends the beginning of each Training Committee meeting to discuss any feedback. *Please see the Intern Representative policy for additional details.*

Lastly, a group graduation celebration occurs at the end of the training year.

### **Intern Representative**

Each intern will have the opportunity to pursue a leadership role in their cohort by participating as an Intern Representative. Intern Representatives serve 6-month terms. The Intern Representative gathers any concerns, questions, program feedback (positive or constructive), requests, or suggestions from the cohort and presents them to and discusses them during monthly Training Committee meetings.

### **Intern Title**

Interns are referred to as "psychology interns" during all interactions. Therefore, during the initial contacts with consumers, interns are required to introduce themselves to consumers as psychology interns and describe its meaning/their role (i.e., attending graduate school, working towards their

doctorate degree in psychology, being supervised by a licensed psychologist). Interns must also provide the name and credentials of their primary supervisor, who co-signs all written documentation as an additional layer of oversight and responsibility.

### **Supervision**

Interns participate in at least four hours of supervision per week, including 2 hours of individual supervision with their supervisor and 2 hours of group supervision. Interns may also receive supervision from adjunct faculty/site consultants.

#### ***Individual Supervision***

Interns will receive supervision from at least two licensed psychologists throughout the training year - one supervisor per each six months. Interns receive a minimum of two (2) hours of individual supervision each week from their primary supervisor. Individual supervision focuses on direct client services and professional development. Supervisors hold primary responsibility for all cases/individuals the intern is involved with. Supplemental weekly individual supervision is provided as needed. This supplemental supervision may be provided by their primary supervisor or other adjunct faculty/site consultants. All training sites and supervisors subscribe to an informal "open door" policy. Interns are encouraged and welcomed to seek consultation and supervision as needed. Interns will also participate in weekly Program Director supervisor for administrative and clinical supervision.

#### ***Group Supervision***

Group supervision is led by alternating supervising psychologists and is conducted with all interns in person, with the option of video conferencing, if needed. Group supervision may focus on legal/ethical issues, professional development topics, and/or clinical concerns.

#### ***Peer Process Group***

Interns meet one (1) hour monthly for peer process group. Guam-PIC encourages interns to support one another through shared experience and knowledge and through feedback necessary for growth and success in a reciprocal process. Process group is facilitated by a GBHWC staff member.

### **Other Training Opportunities**

Additional training opportunities occur throughout the year (e.g., training/conferences sponsored by Guam Psychological Association, webinars, peer to peer review sessions). Interns are welcome to attend conferences and webinars with prior primary supervisor/Co-Program Director(s) approval.

## Quick Reference for All Training Requirements

### *General Requirements*

- Complete Time 2 Track weekly and email to primary supervisor
- Complete and submit a weekly didactic evaluation form to Co-Program Directors
- Complete Supervisor Evaluation forms at the 4, 8, and 12-month marks. Once reviewed and signed by the intern and supervisor, evaluations are be submitted to the Co-Program Directors.
- Intern Evaluations Forms are completed by your primary supervisor at the 4, 8, and 12-month month marks. Once reviewed and signed by the intern and supervisor, evaluations are submitted to the Co-Program Directors.
- Complete and submit the Program Evaluation Form at the mid- and endpoints of the training year to the Co-Program Directors.

### *Clinical Requirements*

- Complete a 12-month fulltime internship program with a minimum of 25% direct client contact hours
- Maintain a caseload of individual consumers, as assigned
- Provide group therapy & psychoeducational groups, as assigned
- Complete psychology assessments and evaluations, as assigned
- Complete three (3), 90-minute case presentations

### *Supervision Requirements*

- Attend 2-hour weekly individual supervision with primary supervisor
- Attend 2-hour weekly group supervision
- Attend 1-hour weekly Program Director supervision

### *Training Requirements*

- Attend 1-hour monthly peer process group
- Attend 2-hour weekly didactic seminars

# Guam-PIC General Information

## Accommodations

Guam-PIC welcomes interns from diverse backgrounds. The training program believes a diverse training environment contributes to the overall quality of the program. Guam-PIC provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other factor that is irrelevant to success as a psychology intern. If an intern requires accommodations, please do not hesitate to contact Human Resources or the Co-Program Directors.

## Access to Psychological Testing

Interns have full access to the Psychology Department's psychological testing measures. During Guam-PIC's orientation, interns will be provided with a list of available testing measures. There are several testing cabinets located in a psychology office at GBHWC's main facility.

## Benefits

All interns receive health benefits as well as paid time off. Questions regarding specific benefits packages can be directed to the Human Resource Office. Interns receive 4 hours of vacation and 4 hours of sick time per pay period. Interns also receive 12 paid Guam government holidays (please see the Guam Government Observed Holiday calendar for dates). If interns are unable to fulfill training responsibilities within the year due to extended illnesses or other reasons, arrangements will need to be made for the intern to work beyond the 12-month period without pay to complete training requirements.

## Code of Conduct

Guam is a small island. While interns' lives outside of GBHWC will not be micromanaged by the Training Committee, interns will be seen by community members, which may include GBHWC consumers and their families, other GBHWC employees and GBHWC administration, GovGuam employees and GovGuam administration, etc. For these reasons, interns should be mindful of their behavior and conduct when not at GBHWC. Even when in the community, interns should remember they are representatives of GBHWC and their graduate program, and therefore, should please act accordingly. It is expected that interns follow the Guam-PIC Code of Conduct at all times during the training year. Failure to meet these requirements may result in the initiation of the Guam-PIC Due Process Procedures.

## Communication with Graduate Program

Formal communication begins after an intern successfully matches or accepts a position with Guam-PIC with their graduate program's Director of Clinical Training being included in the match/confirmation letter. Written communication with feedback regarding intern progress is also provided by the Guam-PIC Program Director at each formal evaluation mark (4, 8, and 12-month marks). The final contact includes confirmation that the intern successfully completed internship. If successful completion comes into question at any point during the internship, or if an intern enters into the formal review step of the Due Process Procedures, the home graduate program is contacted within two (2) weeks. The program is also notified of any further action that may be taken by Guam-PIC, up to and including termination from the program.

## Computer Use & Remote Work

Interns have access to GBHWC-issued computers. It is expected that interns use computers responsibly. Access to the internet is provided for work purposes only. Furthermore, e-mail accounts are provided for communicating with colleagues about work matters. GBHWC computers may be used by interns to work on dissertations to the extent approved by supervisors. Additionally, interns will be granted remote access to their workstation to facilitate telecommuting on an as needed basis. Interns are allowed to use their personal computers for GBHWC access, if they so choose.

## Co-Signed Notes & Medical Record Requirements

All medical record entries such as progress notes and psychological reports must be co-signed by the licensed psychologist who assumes clinical responsibility for the cases being supervised. Standards for progress notes and psychological assessment and evaluation reports are clearly outlined in GBHWC policies. Interns must adhere to these standards. If interns have questions about medical record entries, they should seek guidance from their supervisor prior to making an entry. GBHWC uses an electronic medical record, named AWARDS. Interns will be provided an in-service about proper use and appropriate documentation.

## Dissertation & Administrative Leave

Interns will be granted some time, within reason, for dissertation defense as well as administrative leave. Dissertation work/defense requests must be approved by the Co-Program Directors. Administrative leave for outside training activities is also available and, again, must be approved by the Co-Program Directors. Considerations for educational leave requests include interference with clinical duties and commitments, internship training requirements, etc.

## Intern Confidentiality

Interns do not have complete confidentiality while on internship with Guam-PIC given the ongoing evaluative relationship. However, interns can expect a reasonable level of privacy. Information disclosed by an intern may be disclosed to other supervisors, the ITC, or the Program Director(s) at the involved training committee member's discretion. Disclosing information to the great ITC or Program Directors should be considered when the information becomes pertinent to intern progress, patient contact, observed deficits or areas of growth, or problematic conduct. Open and collaborative discussions about how, when, and to whom to disclose the information will be discussed with the intern.

## Outside Employment

Internship training can be rigorous and will require extensive commitment from interns. Furthermore, the Psychology Department is responsible for the clinical training and supervision of interns throughout the year. For these reasons, outside clinical work of any kind is not generally permitted for interns. Approval for other types of non-clinical work may be granted but must be in writing from the Co-Program Directors.

## Project ECHO

When encountering complex cases and the need for additional consultation occurs, interns, through their supervisors, can contact [Project ECHO](#), present the case details (de-identified), and receive consultation from subject matter experts. This service is made available through the University of New

Mexico Psychiatry Residency Program, Rural Focus Area, which has a rotation on Guam at Guam Behavioral Health and Wellness Center. In short, the ECHO Model provides medical rounds with a virtual community for support and guidance and for discussion, feedback, and recommendations consistent with best practices.

## Social Media

Training Committee members and interns should not engage in any social media relationship until after internship (or postdoc residency) is completed. The Training Committee appreciates the inherent power differential and evaluative role of its members and the potential for blurred roles and boundaries.

### **WhatsApp**

GBHWC and Guam-PIC uses WhatsApp has a professional social media platform to expedite faculty and intern communication about happenings at GBHWC, Guam-PIC, and Guam (e.g., changes to GBHWC processes, schedule changes, island activities). Professionalism and adhering to Guam-PIC's Code of Conduct is expected during related communications.

## Time & Attendance & Telehealth

All leave time must be submitted in writing and pre-approved by the intern's supervisor and Guam-PIC Co-Program Directors. The intern is responsible for notifying supervisors and consumers of any anticipated absences and for making arrangements for group coverage. For sick time, interns must follow GovGuam Policies notifying supervisors and Co-Program Directors.

There are opportunities to provide telehealth services. GovGuam policy permits 5 hours of telework per month and must be approved by direct supervisor prior to starting telework. A GBHWC HRO Telework form has to be submitted and approved prior to using telework.

## Time 2 Track

Interns track their internship training hours using Time 2 Track. Overseeing tracked hours helps to ensure interns receive adequate supervision, receive a variety of training activities, and ensure adequate hours of direct client contact are being accrued. Hours are submitted weekly to the primary supervisor and Co-Program Directors before the scheduled weekly supervision time. The Time2Track instructions are located in Guam-PIC's One Drive, Time 2 Track folder.

## Wellness Program

GBHWC has a Wellness Program that all interns are encouraged to participate in. With this program, interns can use up to three, 1-hour, time blocks to engage in a wellness activity (e.g., going to the gym, talking a walk outside, taking an exercise class, etc.).



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