



**INTERNSHIP IN HEALTH SERVICE
PSYCHOLOGY**

**EMORY UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF PSYCHIATRY &
BEHAVIORAL SCIENCES/
GRADY HEALTH SYSTEM**

AND

**EMORY UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF REHABILITATION
MEDICINE/
DIVISION OF NEUROPSYCHOLOGY**

PROGRAM POLICIES AND PROCEDURES

2025-2026



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Accreditation Status

I. American Psychological Association Accreditation

The Emory University School of Medicine internship program is accredited as a doctoral internship in health service psychology by the Commission on Accreditation of the Office of Program Consultation and Accreditation at the American Psychological Association. 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

Web: www.apa.org/ed/accreditation

Intern Recruitment and Selection

I. Recruitment

The internship program recruits interns for 8 positions annually, including 3 for the general track, 1 for the trauma track, 2 for the adult/geriatric neuropsychology track, and 2 for the adult/pediatric neuropsychology track. Information for prospective applicants is found in the internship program's online brochure as well as in the internship program directory at the Association of Psychology Postdoctoral and Internship Centers (APPIC) website. This information is updated annually no later than August of each calendar year. The internship program is strongly committed to recruiting interns from diverse backgrounds.

A. Minimum Requirements for Application

The General Internship Experience (general and trauma tracks) accepts applicants from APA or CPA accredited clinical and counseling psychology programs. The Neuropsychology Track also accepts applicants from APA or CPA accredited clinical and counseling psychology programs that include coursework in neuropsychology. Applicants to all tracks must also have completed a minimum of 3 years of pre-internship graduate training at the time of application for internship. The internship program does not set *a priori* minimums for intervention, assessment, or supervision hours as conditions for application consideration.

B. Application Procedures

Internship applicants must complete the AAPI online application. Three letters of recommendation are required as part of the online application. The program *does not* require supplementary materials (e.g., testing or case report work samples) that are not a part of the regular AAPI online application. Online application instructions and specific application criteria are available from the APPIC website, www.appic.org. The deadline date for completed applications is the first week day in November at 11:59 pm Eastern Time. The actual calendar date for a given recruitment year is specified in the internship program brochure and in the online APPIC internship program directory.

Applicants must specify in the AAPI online application and note prominently in their cover letter the internship experience and track for which they are applying (General or Trauma Track of the General Internship Experience; Adult/Geriatric or Adult/Pediatric Concentration of the Neuropsychology Track). There is a separate match number for each of these tracks. Also, it is permissible for applicants to apply for consideration on more than one track.

II. Selection

A. Initial Application Review

Completed applications submitted via the AAPI online system are reviewed by initial review groups to select applicants who will be invited for interviews. Both applicant credentials as reflected in the application materials *and* degree of match between applicant goals/training experiences and the program of training offered by the internship are considered in this initial review process.

B. Interviews

Approximately 30 - 35 applicants for the general internship experience tracks (general and trauma) and 25 – 30 applicants for the neuropsychology tracks (adult/geriatric and adult/pediatric) are invited for individual in-person or phone interviews. Applicants are notified about their application status in writing via e-mail no later than December 15 of a given calendar year.

C. Match Rankings

Following the interviews, internship faculty participants in the selection process meet to establish a ranking of applicants for each track. This ranking determines the applicant order that is sent to the APPIC Internship Matching Program for the computer match process. The internship program conforms to all APPIC selection policies (please see the APPIC web site at www.appic.org). The internship program agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking related information from any intern applicant.

D. Acceptance of Applicants

In accordance with APPIC policy, the internship program recognizes the match results as an agreement to accept applicants with whom the internship matches. The program e-mails appointment agreements to all matched applicants within seven days of receipt of the match results. These agreements include confirmation of the conditions of the appointment and are copied to the applicants' Directors of Clinical Training.

Required Doctoral Program Preparation and Experiences

I. Doctoral Program Preparation

A minimum of 3 years of pre-internship graduate education at the time of application for internship in an APA or CPA accredited doctoral psychology training program is required for admission into the internship.

II. Required Experiences

The internship program does not set *a priori* minimums for intervention, assessment, or supervision hours as conditions for application consideration or admission into the internship.

Required Hours for Internship Completion

I. Length of Internship

The internship program is structured as a full-time experience that is completed over no fewer than 12 months.

II. Required Hours for Completion and Workload Expectations

Interns are required to complete a minimum of 2,000 hours over 52 weeks. The typical workload that an intern can expect is 45–50 hours per week.

Administrative and Financial Resources and Assistance

I. Administrative Resources

A. Administrative Organization

The internship program's administrative team is comprised of the Director of Psychology Internship Training (Training Director) and Associate Director for the General Internship Experience and the Associate Director for the Neuropsychology Track (Associate Directors). The Chief Psychologist also provides administrative support for the internship program.

B. Administrative Processes

The Training Director oversees implementation of the structural aspects of the internship program, the procurement of programmatic resources, intern recruitment and selection processes, clinical rotation assignments, and intern, supervisor, and program evaluation. In coordination with the Training Director, the Associate Directors are involved in the day-to-day administrative activities of the internship program.

The Training Director consults routinely with training program faculty at scheduled psychology faculty meetings, ensuring that a mechanism for regular communication between program staff and the administrative structure is built into the program's organization. The Training Director, in consultation with the Associate Directors and program faculty, makes any decisions involving programmatic alterations. Alterations in a specific structure within a rotation are made collaboratively between the Training Director, the rotational faculty, and interns.

The Training Director actively coordinates with the Chief Psychologist to ensure that the internship program operates in a manner consistent with the overall psychology programs. This includes administrative activities pertaining to programmatic infrastructure and strategic planning activities regarding psychology training programs in the Emory University School of Medicine.

C. Administrative Support Activities

Administrative support is provided by the School of Medicine departments within which the internship program operates. This includes administrative assistants for the general track interns and the neuropsychology track interns. The administrative assistants provide support for intern onboarding, program recruitment, and day-to-day operations of the internship program. Departmental human resources specialists oversee activities related to intern employment, including stipend payment and benefits enrollment.

II. Financial Assistance

A. Stipend

Interns receive a stipend during the internship training year and are eligible for Emory benefits, including health benefits. Stipend support covers the entire training year and is paid monthly.

B. Education Fund

A psychology education fund provides support for the internship training program, including purchase of equipment, supplies, and educational materials that support the training of interns.

C. Travel Awards

Modest financial support is available for intern travel to a scientific conference for the purposes of presenting scholarly work. While all interns are eligible for consideration for a travel award, a formal application and peer review process conducted by a faculty committee is used to determine travel award recipients. Interns may receive no more than one travel award during the internship year.

Requirements for Successful Internship Performance

I. Competency Domains for Successful Internship Performance

Successful internship performance requires that, by the end of the internship training year, interns demonstrate a developmentally expected level of competence in the following health service psychology domains:

- A. Assessment
- B. Intervention
- C. Consultation and interprofessional/interdisciplinary skills
- D. Supervision
- E. Research
- F. Professional values, attitudes, and behaviors
- G. Communication and interpersonal skills
- H. Individual and cultural diversity
- I. Ethical and legal standards

II. Measuring Successful Internship Performance

A. Intern Performance Measurement Tool

Intern performance is measured using the Trainee Performance Evaluation Form that yields a numerical competence rating using a Likert-type scale for each of the health service psychology competency domains listed in subsection I above. The Trainee Performance Evaluation Form also yields an overall competency rating.

B. Criteria for Determining Successful Internship Performance

By the end of the internship training year, interns must receive a minimum competence rating of 3 (“at expected level of competence”) for *each* item on the Trainee Performance Evaluation Form across health service psychology competency domains. Interns must also receive a minimum competence rating of 3 (“at expected level of competence”) on the *overall* rating component of the Trainee Performance Evaluation Form. These minimal level of achievement ratings reflect a determination that, by the end of internship, interns have attained “Readiness for Entry Level Practice,” encompassing abilities to: (1) independently function in a broad range of clinical and professional activities; (2) generalize skills and knowledge to new situations; and (3) self-assess when to seek additional training, supervision, or consultation.

Intern Performance Evaluation and Feedback

I. Competency Domains Evaluated

Interns receive evaluation and feedback regarding their performance across health service psychology competency domains, including:

- A. Assessment
- B. Intervention
- C. Consultation and interprofessional/interdisciplinary skills
- D. Supervision
- E. Research
- F. Professional values, attitudes, and behaviors
- G. Communication and interpersonal skills
- H. Individual and cultural diversity
- I. Ethical and legal standards

II. Intern Performance Measurement Tool

Intern performance is measured using the Trainee Performance Evaluation Form that yields a numerical competence rating using a Likert-type scale for each of the health service psychology competency domains listed in subsection I above. The Trainee Performance Evaluation Form also yields an overall competency rating. The rating scale is as follows:

- 1 = Significantly below expected level of competence
- 2 = Below expected level of competence
- 3 = At expected level of competence
- 4 = Above expected level of competence
- 5 = Significantly above expected level of competence
- N/A=Not Assessed/Not Applicable

The evaluation form also provides space for written supervisor comments for each of the competency domains as well as for overall comments and training recommendations

III. Evaluation Sources

Intern self-report of clinical activities, review of audio/video recordings, direct or live observation, co-therapy conducted by an intern and supervisor, consultation with clinical team members/staff, review of test data, review of written material, role play or response to vignettes, observation during team meetings, and/or collaboration on scholarly activities. Evaluation of competencies is based, in part, on direct observation of the intern via live observation or review of audio/video recordings.

IV. Evaluation and Feedback Mechanisms

Interns receive supervisory evaluation and feedback throughout the internship year via both formal and informal mechanisms.

A. Formal Trainee Performance Evaluation

1. Individual Supervisor Performance Evaluation and Feedback

A formalized summative feedback process is conducted at specific points in the course of the training year in accordance with rotation schedules to provide interns with input on supervisor perceptions of strengths as well as areas of growth. Supervisors for general internship experience interns (general and trauma track) provide verbal mid-rotation feedback and complete written evaluation forms three times per year at the end of each four-month major rotation. Interns on the neuropsychology track receive written mid-rotation and end-of rotation evaluations at the 3- and 6-month marks of each major and minor rotation. The Trainee Performance Evaluation Form is used for all written evaluations. Supervisors discuss with the intern their numerical ratings across the competency domains as well as any written observations. Interns provide written acknowledgement of having received the evaluation and also have an opportunity to provide written comments on any aspect of the evaluation.

2. Faculty Intern Evaluation Meetings

Intern progress is discussed routinely in faculty meetings throughout the training year. Additionally, faculty meet at the end of each rotation to discuss in detail intern competency performance ratings and develop training recommendations for upcoming rotations. An end-of-year faculty meeting is convened to make final determinations regarding successful completion of internship along with recommendations for ongoing professional development post-internship.

3. Training Director Meetings with Interns

Drawing upon the collective information provided via these evaluation mechanisms, the Training Director (TD) or faculty designee (e.g., Associate Training Director of the Neuropsychology Track or General Internship Experience Track) meets with each intern individually at the end of each rotation to provide integrative summative feedback and make relevant recommendations and suggestions. Both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give her/his feedback regarding the training experience, including feedback about supervisors and the training experience as a whole.

4. Evaluation Feedback to Sponsoring Institution

It is important that in the course of the internship training year the sponsoring institution is kept apprised of the intern's training experience. The TD communicates with the sponsoring institution twice a year regarding the intern's progress. This communication typically takes the form of written mid-year and end-of-year evaluation letters sent to the sponsoring institution's director of clinical training. The mid-year letter summarizes the intern's training experiences for roughly the first half of the internship year and provides an evaluative summary of progress to date. The end of the year letter provides information on training experiences during the last half of the internship year, a summary evaluation of intern performance throughout the internship year, and a statement indicating intern status with respect to successful completion of internship requirements.

Management of Performance Problems, Remediation, Grievance, and Due Process

I. Program Guidelines and Procedures

The internship program has in place guidelines and procedures for management of performance problems, remediation, grievance, and due process. This document, entitled “Emory University School of Medicine Internship in Health Service Psychology Management of Performance Problems, Remediation, Due Process and Grievance Guidelines and Procedures,” describes the responsibilities of the internship program and the rights and expectations of interns enrolled in the training program. It also provides a conceptualization of professional competence and competence problems, and describes due process and grievance guidelines and procedures. This document is posted online at Emory Box in the Emory Internship in Health Service Psychology subfolder entitled Internship Policies and Procedures. Interns are provided with a copy of this document and informed of the availability of the document online and how to access it in Emory Box during orientation on the first day of internship.

II. Intern Acknowledgement of Program Guidelines and Procedures

Interns receive a copy of the document for management of performance problems, remediation, grievance, and due process no later than the first day of internship orientation. An electronic copy of this document is also available online in the internship folder of Emory Box and can be accessed there by interns at any time. At the start of the training year interns provide a signed attestation that they have read the document and agree to abide by its contents. Interns also sign a waiver for internship program faculty to disclose to relevant bodies (i.e., State Boards of Examiners of Psychology, the trainee’s graduate school faculty, and/or internship faculty and staff) information regarding any determinations of serious competence problems or ethical or legal violations by the intern during the internship training year.

Supervision Requirements

I. Internship Supervisors

A. Primary Supervisors

Primary supervisors are doctoral level licensed psychologists with background, training, and expertise in the clinical activities for which the intern is being supervised. They have primary responsibility for supervision of the intern throughout the training year.

B. Secondary Supervisors

Secondary supervisors are appropriately credentialed health care professionals with background, training, and expertise in the clinical activities for which the intern is being supervised. Typically non-psychologist secondary supervisors are faculty physicians in the Emory University School of Medicine with board certification in their medical specialties. Their supervisory activities with the intern both complement and are integrated with the supervisory experiences provided by primary supervisors.

II. Supervision Hours

Interns receive no less than 4 hours a week of regularly scheduled clinical supervision throughout the internship training year. This includes a minimum of 2 hours of individual supervision with primary supervisors. Additional supervision experiences may include individual or group supervision.

Policy on Telesupervision

I. Telesupervision Hours

Of the minimum 4 weekly hours of required supervision, 2 hours (50%) must be provided via in-person supervision while up to 2 hours (50%) may be provided via telesupervision. Of the minimum 2 weekly hours of required individual supervision, 1 hour (50%) must be provided via in-person supervision while 1 hour (50%) may be provided via telesupervision. A minimum of 50% of all individual and group supervision must be provided in-person. For additional supervision hours provided beyond the minimum 4 weekly hours of required supervision, a minimum of 50% must be comprised of in-person supervision.

II. Rationale for Use of Telesupervision

Telesupervision is available as a component of the internship training program to ensure that interns have access to optimal supervisory expertise and oversight for clinical training activities. Experience with receiving telesupervision also helps to prepare interns for a professional environment that is increasingly reliant on use of remote video-based technologies and platforms for professional communication and discourse, including professional learning activities.

III. Consistency of Telesupervision with Overall Program Aims and Outcomes

By increasing the accessibility of access to supervision opportunities, including access to geographically distal supervisors with specialty expertise, the use of telesupervision is consistent with training program aims and outcomes that pertain to the provision of generalist clinical training. This includes opportunities for interns to gain experiences in a range of clinical activities that are facilitative of professional development across the health service psychology competency domains.

IV. Program Self-Assessment of Trainee Outcomes and Satisfaction with Telesupervision

Self-assessment of trainee outcomes regarding use of telesupervision versus in-person supervision is accomplished via the formal intern evaluation process. Satisfaction with telesupervision versus in-person supervision is assessed as part of the written internship evaluation that interns complete as they exit the program at the conclusion of the training year.

V. How and When Telesupervision is Utilized in Clinical Training

Telesupervision is conducted via a secure and HIPAA compliant videoconference system (e.g., Zoom, WebEx). Telesupervision is utilized when it enhances time efficiency and/or accessibility of supervision for interns (e.g., reduces travel burden for interns across training rotation sites, yields opportunities for interns to receive training from off-site or geographically distal supervisors with specialty expertise), and/or when in-person supervision is deemed impractical because of geographic restrictions.

VI. Determination of Intern Participation in Telesupervision

Interns in good standing and whose performance is deemed based on their performance reviews to be at or above expected levels of competence across health service psychology domains are eligible to participate in telesupervision. Interns who at any point during the training year are deemed based on their performance reviews to be functioning below the expected levels of competence in any health service psychology domain or have been placed on a remediation plan may, at the discretion of the TD, be excluded from training activities involving telesupervision when it is determined that close monitoring of their clinical work is best accomplished via in-person supervision.

VII. How the Program Ensures the Establishment of Supervisor-Supervisee Relationships

In the vast majority of cases telesupervision occurs in the context of already established in-person relationships between supervisors and interns. In cases where the supervisor-supervisee relationship is not already established, the TD or primary rotation supervisor facilitates introductions of interns and supervisors prior to the start of telesupervision. This involves ensuring that both parties are aware of the parameters of telesupervision, including policies and procedures.

VIII. Facilitating, Maintaining, and Monitoring the Supervisory Relationship for Ruptures

Given the remote nature of telesupervision, the supervisor devotes special attention to facilitating, maintaining, and monitoring the supervisory relationship for ruptures. The supervisor is intentional about setting a relational tone that is open, respectful, supportive, and collaborative. The supervisor also adopts a stance of cultural humility. The supervisor remains alert for relational cues that might indicate supervisory alliance ruptures and works quickly to acknowledge and repair these.

IX. Responsibility for Clinical Cases, Non-Scheduled Consultation, and Crisis Coverage

Off-site supervisors maintain responsibility for clinical cases under their supervision. All supervisors conducting telesupervision make explicit arrangements for non-scheduled consultation and/or crisis coverage as needed outside of designated supervision times. Additionally, a designated on-site faculty supervisor colleague serves as a point person for supervisors providing telesupervision in the event that direct supervisory intervention is needed on behalf of patients in the clinical service setting, such as instances where interns need direct on-site support for crisis management or emergency intervention.

X. Assuring Privacy and Confidentiality of Clients and Trainees

Privacy and confidentiality of clients and trainees in instances of telesupervision are managed by ensuring that only secure communication devices are utilized for supervisory communications. Interns and supervisors are required to communicate only from remote

locations where confidentiality can be ensured. All telesupervision videoconference platforms are HIPAA compliant.

XI. Technology and Quality Requirements

Phones, computer devices, and videoconference lines used for telesupervision are required to be in good working order (i.e., connection and audio and/or video quality are of good quality and reliable), HIPAA compliant, and designated for professional communications. Information technology staff are available to provide education on the use of these technologies as needed, though this is typically not required given that most interns and supervisors are already familiar with them through routine use.

XII. Supervisor Competency to Provide Telesupervision

Supervisors are required to complete a continuing education or equivalent training in the conduct of telesupervision to ensure they possess the requisite competencies to conduct telesupervision. Supervisors also are required to be familiar with internship program policies and procedures pertaining to telesupervision.

XIII. Circumstances Leading to Change from Telesupervision to In-Person Supervision

A change from use of telesupervision to in-person supervision may be considered under the following circumstances: (a) intern performance falls below expected levels of competence in one or more health service psychology competency domain or an intern is placed on a remediation plan; (b) telesupervision technologies become unreliable or insufficient such that the quality of supervisory process is compromised; (c) confidentiality of the client and trainee cannot be ensured; (d) the complexity of a clinical case warrants in-person supervision to ensure appropriate clinical oversight.

XIV. How Inclusive Excellence and Accessibility Issues are Considered and Addressed

The provision of telesupervision options increases intern access to off-site supervisors with specialty expertise in inclusive excellence in the provision of clinical services. Additionally, the training program ensures that all trainees have access to the requisite technology and equipment to participate in telesupervision. Supervisors adopt a stance of cultural humility in all telesupervision activities. This encompasses but is not limited to: (a) committing to learning about varied worldviews and lived experiences; (b) demonstrating curiosity about the supervisee's ideas and perspectives; (c) inviting consideration of social/societal context in clinical formulation and approach; (d) remaining mindful of power differentials in the supervisory relationship; and (e) showing transparency in acknowledging missteps and/or addressing alliance breaches in the supervisory relationship.

Maintenance of Records

I. Records Maintained

The internship program maintains records pertaining to the intern training year. These records include the intern's online application for internship training, dates of internship, internship track and corresponding rotations, leave time during internship, written evaluation forms, correspondences with sponsoring institutions, and internship completion documentation. If applicable, records pertaining to management of performance problems, remediation, and/or grievance also are maintained.

II. Record Maintenance Duration

Intern records are maintained permanently for purposes of verifying completion of internship in instances where this is required for credentialing, licensure, or board certification.

Leave Requests

I. Leave Benefits

Interns have 10 days of paid vacation leave and 5 days of professional leave. Up to 12 sick days may be taken for illness. Interns also have 11 holidays that are observed by Emory University, including New Year's Day, Martin Luther King, Jr. Holiday, Memorial Day, Juneteenth Holiday, Independence Day (July 4), Labor Day, Thanksgiving Holiday (Thursday and Friday), Christmas Eve, Christmas Day, and New Year's Eve.

II. Leave Request Procedures

A. Planned Leave

Requests for planned vacation or professional leave must be cleared in advance with primary rotation supervisors. Interns also are required to provide advanced notification of planned leave to the Training Director (TD) or faculty designee (e.g., Associate Training Director of the Neuropsychology Track or General Internship Experience Track). The TD or faculty designee keeps a written record of planned leave days for all interns.

B. Sick Leave

Interns must inform their primary rotation supervisors of any unplanned sick leave no later than the start of the clinical work day so that scheduled patients can be informed and rescheduled if needed. Interns must also notify the TD or faculty designee of all sick leave. The TD or faculty designee keeps a written record of sick leave for all interns.

III. Parental Leave

The internship program supports and accommodates parental leave requests. Parental leave can be arranged using a combination of vacation and sick days along with additional leave time agreed upon prior to the beginning of the parental leave period. To ensure that the 2,000 hour internship requirement is met, the internship end date will be extended by the number of parental leave days taken beyond the vacation and sick days offered by the internship program.

IV. Unplanned Extended Leave

Illness or unavoidable life circumstances may result in the need for unplanned extended leave beyond the allocated leave benefit days. When this occurs, the program seeks to support completion of internship by extending the internship end date to ensure that the 2,000 hour requirement for internship completion is met.

Direct Observation of Interns

I. Background

The American Psychological Association Office of Program Consultation and Accreditation Standards of Accreditation in Health Service Psychology stipulate that each intern evaluation be partially based on direct observation of the intern's work. Direct observation includes in-person observation such as in-room or observation via a one-way mirror, live streaming audio-visual observation, or audio-video recording.

II. Policy and Procedures

Direct observation by supervisors should take the form of in-person observation of the intern's professional activities where this is feasible. Thus, in-person observation should be the modal vehicle for direct observation in the majority of clinical settings. In certain instances, however, in-person observation may not be practical or clinically indicated. Examples include situations where the physical environment lacks the needed infrastructure for in-person observation (e.g., absence of one-way mirrors) or specific clinical activities, such as psychotherapy, where in-person observation would be inappropriate or compromise the continuity and quality of clinical service provision.

In such instance, direct observation of the intern's work should take the form of audio-video recording using the secure iPad and microphone systems issued by the Emory University Department of Psychiatry and Behavioral Sciences Information Technology Office. Written voluntary consent should be obtained from service recipients (i.e., patients or clients). This consent should explain that the audio-video recording is to be used for training purposes only, that the only individuals who will view it are clinical supervisor(s), and in instances of group supervision, the trainees who attend the group supervision. The consent also should specify that the audio-video recording will be deleted immediately after it is reviewed by the clinical supervisor.

Use of audio-video recording must not proceed in the absence of written voluntary consent, nor should service recipients be coerced to provide such consent under any circumstances. Furthermore, the provision of a clinical service should not be made contingent on consent for audio-video recording by the service recipient nor should there be any adverse consequences for not providing such consent. Should a service recipient elect not to give consent, the intern should proceed with service provision in accordance with the norms and routines of the setting in which the service is being provided.

Electronic Communication Policy

I. Background

Given the inherent interconnectedness of cyberspace, it is important that interns ensure that their electronic communications containing protected health information are sent only to authorized recipients and exclusively via secure platforms and channels.

II. Policy and Procedures

A. Responsible Use of Electronic Communications Platforms

To protect patient confidentiality, interns should only use secure electronic communication systems when communications involve sharing of protected health information with authorized recipients for the purposes of healthcare collaboration and coordination. These include: (1) messaging and chat functions within authorized electronic medical record platforms for Emory and Emory-affiliated healthcare systems (i.e., Grady Health System, Children's Healthcare of Atlanta), and (2) email systems for Emory University (@emory.edu), Emory Healthcare (@emoryhealthcare.org), Grady Health System (@gmh.edu), and Children's Healthcare of Atlanta (@choa.org). Please note that communications to email addresses outside of these systems are not considered confidential and require express patient authorization to communicate protected health information across these email platforms. Personal text messaging systems or personal e-mail should not be used to communicate about patients and their protected health information.

B. Responsible Representations as Interns in the Psychology Training Program

Psychology interns must clearly identify themselves as such in all professional electronic communications. Interns should format their professional email signature lines in accordance with the following template:

Name and appropriate earned degrees

Psychology Intern*

Department of Psychiatry and Behavioral Sciences (General and Trauma Track Interns) or
 Department of Rehabilitation Medicine (Neuropsychology Track Interns)

**Interns may optionally also specify their track next to their title (i.e., Psychology Intern, General Track; Psychology Intern, Trauma Track; Psychology Intern, Neuropsychology Track)*

Social Media Policy and Guidance

I. Introduction

This document was developed to guide Emory University School of Medicine Psychology faculty and trainees' social media use in the context of institutional and national guidance. This includes social media use by psychology interns. It includes background information about social media, our social media policy, and guidance for the ethical and effective use of social media. While this guidance is intended to apply to all faculty and trainees, special considerations need to be given based on the populations served (e.g., forensics) and the context of the work (e.g., VA).

The presence of this document is not intended to imply that all faculty and trainees within our psychology community, including interns, are expected to use social media for professional purposes. Rather, it is designed to offer guidance to people who after careful reflection choose to use social media in a professional context.

II. Background

For the purposes of this document, “social media” refers to digitally mediated technologies that facilitate creating and exchanging information between people via virtual communities or networks, typically on interactive web-based platforms. This policy and guidance are only relevant to social media use and do not pertain to direct electronic communications (e.g., text messaging, email) or direct service delivery via the internet.

Social media platforms vary in their level of privacy but are never completely private, and their content can be accessed indefinitely. Thus, information posted cannot be controlled and is at risk for potential misuse. In addition, the nature of content shared through social media may include one-on-one or public texts, photos, audio and/or video materials, and various other informational formats such as graphic and tabular data displays.

Social media users post and access content through digital connections to the web, typically through popular apps that connect individuals or groups. Social media content is user-posted, but it is not necessarily user-generated. Because social media content may be modified or selectively edited or reposted by others, end users may be uncertain of its accuracy and authorship, and original authors may be uncertain of all end users. These characteristics of social media present a challenge to psychologists seeking to represent themselves and their work accurately, protect patient confidentiality, operate within the bounds of their competence, and minimize harm.

Social media also can create challenges for the psychologist-patient and psychologist-trainee relationship as it is common for patients and trainees to search for information online about their providers, educators, and institution. In addition, social media and social networking sites are characterized by pervasive incidental contact, inevitable self-disclosure, and unavoidable multiple relationships.

However, when used mindfully, ethically, and with an appreciation of context and culture, social media plays an increasingly vital role in fostering communication and collaboration, educating ourselves, communicating psychological sciences to the public, and providing valuable clinical and community service. Appropriate, professional, and ethical use of social media in an academic health center has many benefits including but not limited to the following:

- Facilitates connections with colleagues, trainees, and the public
- Fosters collegiality and the establishment and maintenance of a professional network
- Increases awareness about diverse people's values, struggles, biopsychosocial-cultural well-being, and resilience so we can better understand, teach, and serve them
- Provides platforms for communicating information quickly with multiple publics (e.g., colleagues, trainees, other health professionals, community at large)
 - Improves public access to information about psychological science, behavioral health, and psychological services
 - Normalize conversations about mental health
 - Reduce mental health stigma
 - Correct misconceptions
 - Educates the public about psychology and increase the visibility of what psychology has to offer the public
 - Translates psychological science to the public
 - Promotes professional and psychologically-informed values
 - Disseminates information and new findings that improve the public's awareness of psychological science, behavioral health, and psychological services
 - Shares accomplishments and receive recognition
- Serves as a vehicle for effective advocacy and organizing in support of shared causes
- Offers an innovative educational platform for teaching or bolstering learning
- Provides a unique vehicle for investigating critical research questions
- Supports personal expression and curating one's professional image

Given the potential ethical challenges as well as professional advantages of social media, the following policy and guidance aim to optimize the effective use of social media and e-professionalism among interns and mitigate the potential personal and professional risks of social media participation. This information should serve as a guide that enhances and protects interns' engagement in all current and future social media platforms and assists people in navigating the complex interface between social media use, the ethical codes of conduct, and the laws that govern professional practice. We hope this guidance promotes the competent, professional, and ethical use of social media in a manner that ensures interns maintain trust with the public as individuals and on behalf of the profession/discipline.

III. Policy

Psychology interns should view social media use as an extension of their professional work and thus the same professional standards, ethics, and laws should apply in the online and offline (digital versus physical) contexts. Therefore, they must adhere to institutional policies (e.g., [Emory University Social Media Guidelines](#)), the American Psychological Association's (APA) Ethical Principles and Code of Conduct, relevant national laws (e.g., Health Information Portability and Accountability Act) and guidelines (e.g., APA Guidelines for the Optimal Use of Social Media in Professional Psychological Practice, 2021; Association of State and Provincial Psychology Boards Guidelines for the Use of Social Media by Psychologists in Practice and by Psychology Regulatory Boards, 2020), state laws and regulations governing the practice of professional psychology with respect to social media, and recommendations from the literature.

Since the APA's current Ethical Principles and Code of Conduct does not directly speak to the use of social media, psychologists' use of social media should be guided by the three applicable ethical principles: beneficence, nonmaleficence, and integrity. These principles undergird APA's Ethical Standard 5.04 (Media Presentations), which advises psychologists to take appropriate precautions regarding disseminating public advice and comments via media including social media. This involves making statements "based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice"; that "are otherwise consistent with this Ethics Code;" and that "do not indicate that a professional relationship has been established with the recipient."

If psychology trainees and faculty act in accord with the pertinent ethics and laws, current state of the literature, and guidance below, as well as weigh the professional and personal risks and benefits, they are welcome to use social media to promote psychological science and evidence-informed practice, education, and advocacy.

IV. Guidance

This guidance aims to promote the thoughtful, effective, and responsible use of social media by psychology interns. It is not designed to be proscriptive; we cannot account for the diversity of the contexts in which practice, teaching, scholarship, and ethical dilemmas occur. Rather, this guidance should serve as a blueprint for conduct related to all social media created or posted on any digital platform, professional or personal. We hope that by following these guidelines interns can optimally utilize social media for the betterment of society. Failure to abide by these guidelines may lead to disciplinary or remedial action. These guidelines are designed to accommodate flexibly new modes of communication and technologies and they will need to be modified in response to changes in technology, communication and professional practices.

Adhere to Institutional Codes of Conduct

- Follow Emory University and associated health system policies, including those related to information security, privacy, and intellectual property rights and laws

- Maintain the confidentiality of the university and associated health system's proprietary and/or protected information
- Show proper respect for the laws governing copyright and fair use of copyrighted material owned by others
 - Do not use the Emory University, School of Medicine, or associated healthcare system logos, images, iconography, trademarks, or proprietary graphics on personal social media sites that would create the appearance you are speaking on behalf of the university or healthcare system
- Avoid anti-trust law violations and in-person solicitations

Be Competent in the Use of Social Media

- Learn how to effectively use social media platforms and stay informed about updates and other changes
- Stay current with information about the benefits and limitations of social media technologies as they evolve and as the landscape changes
- Be familiar with ethical and legal requirements, considerations, implications, and potential risks regarding the use of social media
 - Keep current with the evolving information and privacy policies regarding social media related technologies
 - Stay abreast of and take advantage of security measures
 - Be aware of ways to decommission unused accounts to avoid misrepresentation, hacking, or other potential cyber threats
- Seek expert guidance if you have questions about the appropriateness of materials you plan to disseminate via social media

Protect Confidentiality and Privacy

- Be mindful of the public nature of social media, which does not protect privacy or confidentiality nor expect such protections
 - Have a working knowledge of and use all available privacy settings to reduce risks to confidentiality
 - Be familiar with the privacy settings of your social media site(s) and review regularly due to changes in privacy policies and functionality
 - Select privacy settings to safeguard personal information and professional content to the extent possible, while recognizing these settings do not offer absolute protection
- Be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments
 - Maintain the confidentiality and privacy of patients at all times
 - Ensure the confidentiality of patients' protected health information
 - Refrain from posting any identifiable/potentially identifiable patient information (words, pictures) online
 - Exception – in rare circumstances, a person may sign all pertinent consent forms to allow their information to be shared (e.g., media interview) including on social media (this can only occur when approved by Emory's Office of Communications and Marketing)

and must also be approved by the Director of Psychology Internship Training)

- Prevent unauthorized access to patient information
- Consider the risks, implications, and benefits of using social media to gather information about patients
 - Be intentional about internet searches related to your patients, prioritizing what is in their best interest rather than to satisfy your own curiosity
 - Share with the patient and document as appropriate
- Maintain the confidentiality of trainees, faculty, and staff at all times
 - Consider the risks, implications, and benefits of using social media to gather information about trainees and colleagues
 - Be intentional about internet searches related to your trainees and colleagues, prioritizing what is in their best interest rather than to satisfy your own curiosity
- Be aware of the connections you have through social media and if they represent a multiple relationship that could be potentially harmful, take steps to mitigate the potential harm

Maintain and Convey Appropriate Professional Boundaries

- Be thoughtful and intentional about your boundaries online
 - Maintain appropriate boundaries online with patients/clients and trainees in accord with the APA Code of Ethics
 - Be mindful of the potential consequences of social media contact with current or former patients and make choices accordingly
 - Discuss with patients the challenges of using social media to communicate with you
- Consider creating and sharing a social media policy with your patients if you choose to be active on social media
 - Include extent to which you will interact and use social media with patients - May address issues such as friending, liking/following, interacting, using search engines to gather information (bidirectional), etc.
 - Make clear the limits of social media in the clinical context (e.g., social media is not the platform to share clinical concerns or information)
- Convey that any psychological information that you share is general and does not constitute individualized psychological advice, consultation, or treatment
 - Encourage people to seek crisis or mental health services as needed

Use Good Judgment

- Convey to your patients and students how social media will be used in your work as applicable
- Select your platform(s) wisely
 - Consider using different platforms and/or accounts for professional versus personal activities on social media
- Strive to be professional, accurate, honest, current, and not misleading or deceptive in the information you post
 - Select an appropriate profile picture and choose your images thoughtfully
 - Represent your title, skills, and experience accurately

- Be transparent about who you are, the role(s) you are posting in, and any conflicts of interest
- Indicate the source of information when appropriate
- Make clear you are speaking only for yourself, but recognize that what you say reflects on the profession, institution, healthcare system, training program, etc.
 - You may include a disclaimer that makes clear the views expressed are not necessarily those of Emory University and/or the health system in which you are embedded and that you are speaking for yourself
- Be respectful and thoughtful about your posts and social media interactions and their potential impact on others
 - Think before you post - everything you post online can and will live forever
 - Be attuned to the diverse audiences (e.g., current/former/prospective trainees, colleagues and peers, employers, patients) who may access your posts
 - Do not alienate, harm, or provoke any of these diverse groups or negatively impact you or your professional relationships
 - Strive to protect your reputation, the profession, and the institution(s) within which you work - your social media engagement (e.g., posts, reposts, likes) can be viewed as a reflection of the institution(s) in which you work, the profession, and you as an individual psychologist
 - Listen to online conversations on your preferred platforms to understand what is relevant or of interest to the community before you post
 - Do not post things you would not say in a professional context
 - Be mindful of the potential impact of posts with political content and the acceptability of such posts within your institutional contexts
 - Do not have posts that are threatening, harassing, discriminatory, hateful, or that may be harmful to others
 - Avoid personal attacks and characterizations that question another party's motivations or qualifications (defamation and libel)
- Monitor routinely your own social media presence to ensure to the extent possible the accuracy and appropriateness of the personal and professional information on your site and the content posted about you
 - Correct any misinformation regarding your social media presence and update outdated information

Employ a Thoughtful Communication Strategy

- Select your social media channel(s)
- Identify your target audience(s)
- Determine your objective(s)
- Engage the reader/viewer
 - Use language appropriate for your audience(s), but don't talk down or preach to people
 - Limit your use of jargon
 - Use acronyms with caution
 - Write in the active voice
 - Keep your communications short, conversational and friendly, yet professional sounding

V. Concluding Comments

Social media can be invaluable for psychology professionals. When utilized in an ethical and professional manner, it has countless benefits. However, the ethical and professional use of social media is complex and requires a commitment to both life-long learning and re-evaluation of one's own practices. Interns who embrace the use of social media for professional communication must do so in a manner that does not interfere with their professional commitments and responsibilities.

Documentation of Nondiscrimination Policies and Operating Conditions

I. Overview

The psychology internship program adheres to all Emory University and Emory University School of Medicine policies. This includes nondiscrimination policies and policies pertaining to operating conditions.

II. Emory University Equal Opportunity Statement

Emory is an equal opportunity employer, and qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, protected veteran status or other characteristics protected by state or federal law. Emory University does not discriminate in admissions, educational programs or employment, including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits and training. Students, faculty and staff are assured of participation in university programs and in the use of facilities without such discrimination. Emory University complies with Section 503 of the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Assistance Act and applicable executive orders, federal and state regulations regarding nondiscrimination, equal opportunity, and affirmative action (for protected veterans and individuals with disabilities). Inquiries regarding this policy should be directed to the Emory University Department of Equity and Civil Rights Compliance, 201 Dowman Drive, Administration Building, Atlanta, GA 30322. Telephone: 404-727-9867 (V) | 404-712-2049 (TDD).

Emory University is committed to providing reasonable accommodations to qualified individuals with disabilities upon request. To request this document in an alternate format or to request a reasonable accommodation, please contact the Department of Accessibility Services at 404-727-9877 (V) | 404-712-2049 (TDD). Please note that one week's advance notice is preferred.

III. Emory University Equal Opportunity and Discriminatory Harassment Policy

The psychology internship program adheres to the [Emory University Equal Opportunity and Discriminatory Harassment Policy](#). This policy is housed online in the "Shared Internship Documents and Resources" folder in the Emory Internship in Health Service Psychology OneDrive file sharing system under the subfolder entitled "Internship Policies and Procedures." Interns are informed of the availability of this document and how to access it in Emory OneDrive during orientation on the first day of internship.

IV. Emory University Health and Safety Policies

The psychology internship program adheres to the Emory University health and safety policies, including [Tobacco Free Environment](#) and [Workplace Health and Safety](#) policies. These policies are housed online in the “Shared Internship Documents and Resources” folder in the Emory Internship in Health Service Psychology OneDrive file sharing system under the subfolder entitled “Internship Policies and Procedures.” Interns are informed of the availability of this document and how to access it in Emory OneDrive during orientation on the first day of internship.

V. Emory University Standards of Conduct Policy

The psychology internship program adheres to the Emory University [Standards of Conduct](#) policy. This policy is housed online in the “Shared Internship Documents and Resources” folder in the Emory Internship in Health Service Psychology OneDrive file sharing system under the subfolder entitled “Internship Policies and Procedures.” Interns are informed of the availability of this document and how to access it in Emory OneDrive during orientation on the first day of internship.

VI. Emory University Statement of Confidentiality Policy

The psychology internship program adheres to the Emory University [Statement of Confidentiality](#) policy. This policy is housed online in the “Shared Internship Documents and Resources” folder in the Emory Internship in Health Service Psychology OneDrive file sharing system under the subfolder entitled “Internship Policies and Procedures.” Interns are informed of the availability of this document and how to access it in Emory OneDrive during orientation on the first day of internship.