

Mission

The Doctor of Behavioral Health (DBH) program is an international education and training program designed to develop future leaders in integrated primary behavioral health care. DBH graduates develop, deliver, and evaluate programs that effectively transform healthcare systems. We are measured by the success of our innovative and entrepreneurial Doctors of Behavioral Health who employ and promote evidence-based, efficient, and cost-effective models of accountable care delivery that achieve the Triple Aim while reducing unnecessary medical and behavioral care utilization.

Clinical Vision

The Doctor of Behavioral Health program strives to be a healthcare industry leader and partner. We seek to train graduates who are leaders in the healthcare marketplace, utilizing the latest evidence-based approaches to integrated care. We aspire to have graduates who demonstrate the knowledge and skill necessary to respond to an evolving healthcare market, with the hopes that the behavioral health workforce is trained (or re-trained) to supply every primary care clinic and integrated medical setting with a robust behavioral health staff who can utilize population-based approaches to achieve the Triple Aim.

Management Vision

The Doctor of Behavioral Health program strives to be a healthcare industry leader and partner. We seek to train graduates who are leaders in the healthcare marketplace and have the knowledge and skills necessary to respond to an evolving healthcare market. We aspire to have our management graduates understand the critical importance of integration of the healthcare system, and to create programs that employ evidence-based process improvement practices to achieve the Triple Aim.

Course Number: IBC 684

Course Title: Clinical Internship

Credits: 1-3 credit hours

Required Prerequisites

- ***Summer enrollment in IBC 684 is limited to continuing student interns who have completed a previous semester of internship***
- Graduate student (degree-seeking)
- Students must have a minimum 3.0 GPA to enroll in the internship course
- Students should have completed the following courses in preparation for performing the internship duties and responsibilities
 - IBC 601 - Models of Integrated Primary Care
 - IBC 603 - Brief Interventions in Primary Care
 - IBC 614 - Quality & Performance Improvement and Measurement
 - IBC 793 - Culminating Project (1st credit, pre-requisite)
- The Pre-Internship task requirements must be completed and approved on MyDBH before the student is enrolled in the course
 - Official License Verification (from state licensure board prior to first internship semester) and License Acknowledgement form (prior to each internship semester)
 - Intent to Register for Internship
 - Internship Site Application approval (if new proposing site)
 - Internship Completion Plan
 - Background Check Acknowledgement
 - Identification of internship Site Liaison and Medical Preceptor
 - Internship Site Profile and Contacts Agreement
 - Site Preparation Requirements
 - Fully executed Student Placement Agreement between the internship site and ASU

Recommended Prerequisites

It is strongly recommended that the student should have completed or be concurrently enrolled in the following courses to enhance their ability to perform the internship duties and responsibilities

1. IBC 604 - Clinical Pathophysiology

2. IBC 608 - Psychopharmacology for the Behavioral Care Provider
3. IBC 610 - Behavioral and Psychological Assessment in Primary Care
4. IBC 611 - Population-based Health Management (2nd semester student interns only - completion and approval of Culminating Project proposal needed to collect project data during internship course)

Internship Management

Name C. R. Macchi, Ph.D.
Clinical Associate Professor
Associate Chair of Internship Programs
Office MC 9020, Health South, Room 454
500 N. 3rd Street
Phoenix AZ 85004-2135
Phone (602) 496-1355
Email crmacchi@asu.edu
Office hours arranged via e-mail

Name Maddie Christus
Internship Support Coordinator
Office Health North, 550 N. 3rd Street, Phoenix, AZ 85004
Phoenix AZ 85004-2135
Phone (602) 496-2561
Email Madeline.Christus@asu.edu

Catalog Description

The goal of this course is to enhance students' academic training by providing structured opportunities for the application of evidence supported psychotherapeutic and behavior change interventions to patients within the context of integrative behavioral healthcare settings.

Course Overview

A Faculty Associate who serves as a Clinical Consultant provides program oversight, guidance, and resourcing to student interns. In groups no larger than six students, they discuss patient cases and assist them in the application of evidence-based approaches used in integrated behavioral healthcare settings. Students are required to actively participate as interns in an agency that meets the requirements of the DBH Program. The role of the student intern includes consultation with physicians and allied health professionals; accepting referrals of patients; employing appropriate assessment tools; presenting treatment plans to the referring medical practitioner or team members; participating in treatment team rounds or meetings; utilizing treatment outcome measures; utilizing internet, eHealth, or mHealth resources as an adjunct to treatment; and conducting psychoeducational groups and/or participating in disease management activities.

Learning Outcomes

Course Learning Objectives	SLOs
1. Demonstrate the ability to communicate verbally and via medical record documentation with physicians and other medical practitioners utilizing proper medical terminology, demonstrating knowledge and understanding of clinical pathophysiology, neuropathophysiology, and pharmacology	C01, C02, C03, C04, C05
2. Utilize evidence-based behavioral care interventions for primary care/medical settings, including methods of initial assessment, diagnosis, and brief interventions appropriate to the clinical setting	C06
3. Formulate and present clinical case presentations that include the results of assessment, diagnosis, psychosocial/case-mix variables, and planned intervention(s), based on demonstrated knowledge of evidence-based practice	C02
4. Utilize measures of treatment outcome, such as clinical status questionnaires, patient satisfaction surveys, treatment alliance measures, and repeated administrations during the course of treatment	C06, C07

Course Learning Objectives	SLOs
5. Demonstrate the ability to modify intervention(s) based on outcomes data from repeated measures	C08, C09, C10
6. Refer patients to online health management resources and follow up to review the potential effects of patients' use of adjunctive resources to support health outcomes	C01
7. Design, implement, and evaluate the effects of an internship project that employs a population-based health approach to disease management that is intended to improve patient health outcomes	C01, C07, C10, C11

Topic Outline

- Application of evidence-based methods in integrated behavioral health settings
- Consultation regarding the application of other evidence-based methods in integrated health care settings
- Methods for formulating and presenting clinical cases
- Administration and interpretation of patient evaluation measures for the purpose of increasing patient improvement
- Measuring and applying practice-level integration to perform quality improvement processes
- Employ eHealth and/or mHealth tools to support patient outcomes
- Consultation regarding the utilization of group protocols in primary care settings
- Consultation regarding the development and implementation of a disease management program

Methods of Instruction

This course uses Canvas for the facilitation of communications between faculty and students, submission of assignments, and posting of grades. The course site can be accessed at <http://my.asu.edu>

Activities in this course will primarily consist of case discussion/presentations. They may also include supplemental readings; video recordings and short lectures; individual and group activities; and case scenarios. The class will meet once a week using Zoom conferencing system utilizing both video and auditory inputs. Attendance in a synchronous fashion is required. Punctuality is expected.

Assigned Readings

Required Textbook: None

Required Articles: As assigned by the Clinical Consultant on an ad hoc basis

Course Requirements

- Successfully pass the course quiz to gain access to available course resources (this must be accomplished within the first week of the course)
- Regular, timely attendance and participation (synchronous) in the weekly meeting with no more than two unexcused absences per semester (an excused absence is to be presented to and approved by the Clinical Consultant prior to the day of the scheduled class)
- Use of Zoom from a desktop or laptop computer with a hardline connection (not Wi-Fi) to the internet including video (webcam) and audio (headset or earbuds)
- Completion of Community Forum posts and group learning activities as assigned
- Completion of periodic reports in MyDBH
- Recordings and presentations of clinical cases
- Obtain approval for all outcome measurement tools (e.g. PHQ-9, GAD-7, AUDIT, DUKE) used during the internship
- Completion of My Own Health Report (MOHR) review, submission of MOHR Agreement, and/or obtain approval to use alternative online or hardcopy health management resources
- Consistent patient referrals to internet, eHealth, or mHealth resources to support treatment planning and interventions. Examples include:
 - Referring patients to use the MOHR online assessment (See MOHR section below)
 - Referring patient to an internet health information website such as WebMD <http://www.webmd.com/>, Mayo Clinic, <http://www.mayoclinic.com/health-information/>, and the American College of Lifestyle Medicine <http://www.lifestylemedicine.org/>

- Use of site-approved secure, HIPAA-compliant email, text chat, or internet chat room, to communicate with patient(s)
- Completion of a mid-semester individual consultation with the Clinical Consultant to review student progress
- Submission of one internship project plan at the beginning of the semester. Development, implementation, and evaluation of one internship project. Submission of an internship project summary report by the end of the final internship course (see Internship Projects section below).
- Submission of end-of-semester evaluations

Course Recommendations Related to Culminating Project

Students are encouraged to use their internship placement to collect data for their Culminating Project. This requires that students complete an approved Culminating Project Proposal during cohort 2, prior to collecting data during the internship placement.

Methods of Evaluation

Please refer to the internship-scoring guide below for a description of the final grade determination. All reports are to be submitted through completing online forms or uploading documents to MyDBH.

Category	Activity	Number in Course	Total Point Value
Consultation Group	Attendance and participation	--	20
	<i>Clinical Case Presentations</i>	5	45
Practice Integration Profile (PIP)	<i>PIP Analysis Report</i>	1	15
Internship Project	<i>Internship Project Report – Plan OR Summary</i>	1	10
	<i>Internship Project Report – Update OR Summary</i>	1	10
Performance Evaluation	<i>Consultant Evaluation of Student Intern</i>	1	100
TOTAL COURSE POINTS			200

Grading Procedure/Methods of Evaluation

This course is designed to evaluate core competencies based on the program curriculum. This is a Pass/Fail course. To pass this course, students must have an 80% of the total points and complete all internship tasks in MyDBH resulting in a green alert. The internship program evaluation is based on the following:

1. Student completion of Course Requirements above
2. Clinical Consultant meets individually with the student, three times at a minimum:
 - a. Beginning of the semester to review the Student Training Plan
 - b. Mid-semester to evaluate student progress to review Mid-Semester Reviews - Consultant & Site Liaison
 - c. End of the semester for a final review of all evaluations to review Evaluations - Site Liaison, Medical Preceptor, Consultant, and Student Self-Assessment
3. Clinical Consultant evaluates
 - a. Student participation in course meetings, including case formulations and presentations, use of outcomes to modify treatment, role-play exercises, interactions with intern student peers, and use of feedback
 - b. Student performance metrics, including weekly activity logs, assessment and outcome measures, student internship evaluation forms, and the required group treatment intervention or population health management program
 - c. Student performance at internship site is based upon consultation with internship Site Liaison

The Clinical Consultant will consolidate, review, and evaluate the intern performance information to determine that the student has reached proficiency in his or her ability to practice integrated behavioral care. The pass or fail grade will be based on a balanced evaluation of both qualitative (e.g., participation in weekly webinars) and quantitative (evaluation forms and MyDBH status) data.

Student Intern Core Competencies

The DBH program focuses on the development of BH core competencies that are related to team-based care and specialized integrated behavioral health assessments and interventions. The internship program is designed to provide student interns with opportunities to develop the clinical and interprofessional skills needed to work effectively in integrated healthcare settings. The learning process entails a series of experiences that range in depth and intensity from exposure to skill development to competent practice.

Currently there is no consensus on a common set of core competencies needed to provide effective integrated BH healthcare. The core competencies for the internship program (see Table 1) were developed based upon the available categories and descriptions proposed by each of the following:

- *Competencies for Psychology Practice in PC - Interorganizational workgroup* (McDaniel et al., 2014)
- *Core competencies for integrated behavioral health and PC* (SAMHSA, 2014)
- *Provider-Level Competencies for Integrated Behavioral Health in PC* (AHRQ, 2015)
- *BHC Core Competency Tool* (Robinson & Reiter, 2015)

The awareness, knowledge, and skills related to BH core competencies are focused on achieving the Triple Aim of greater patient satisfaction, improved patient outcomes, and reduced healthcare costs. Student interns are expected to address the clinical, operational, and financial dimensions that are related to each core competency. The list of core competencies is divided into four broad categories:

- **Conceptual and professional development** – reflect the practitioner’s ability to effectively address multiple levels of a health care system and adapt approaches used within the specific healthcare settings
- **Clinical skills/practice** – reflect the practitioner’s ability to deliver effective healthcare that addresses the broadest array of patient populations using healthcare data to support evidence-based approaches
- **Practice management** – reflect the practitioner’s ability to effectively perform the administrative tasks and responsibilities that support integrated healthcare
- **Collaboration** - reflect the practitioner’s ability to effectively engage with the medical team to support team-based care aimed at improving patient medical outcomes

Table 1
DBH Student Intern Core Competencies

CONCEPTUAL & PROFESSIONAL DEVELOPMENT	PRACTICE MANAGEMENT
Systems orientation	Documentation
Primary care culture	Time management
Cultural adaptation	Resource management
Professionalism	Compliance with clinic policies and protocols
Practice-based learning	
Biopsychosocial orientation	
Quality improvement	
CLINICAL SKILLS/PRACTICE	COLLABORATION
Screening & assessment of behavioral health issues related to medical conditions	Communication with providers and patients
Population-based approaches	Interprofessional relationships
Evidence-based interventions	Care coordination
Informatics & data	Identifies and supports medical team shared goals
	Supports patient engagement on care team

Internship Site and Representative Requirements

The internship site must be a setting specific to integrated behavioral healthcare management. Examples include hospitals and clinics, health plans and managed care organizations, or other agencies or organization with a dedicated unit or department focused on integrated behavioral care or dedicated integrated behavioral health projects

within the healthcare setting.

Securing an Internship Site

Students enrolled in the DBH program are responsible for identifying and securing their own clinical host site in which they may perform their internship duties. In MyDBH, the DBH program maintains a roster of clinical facilities and healthcare systems that have hosted DBH student interns in the past. Students may wish to consult our roster as they begin their search for a host agency. Formal approval of the host clinical site by the DBH program is required the semester before a student may begin clocking contact hours. Internship sites agreeing to serve as DBH host clinics must meet the following rigorous standards:

1. On-site provision of *medical* healthcare services including: primary healthcare physician offices or clinics (such as family care medical offices or clinics, or pediatric services), comprehensive specialty care services (such as obstetrics and/gynecology, internal medicine, or emergency departments), and specialty services that serve medically diverse populations (such as chronic pain treatment facilities, and some oncology services)
2. Assignment of a designated Site Liaison (see Site Liaison section below for a description of duties) to serve as the primary point of contact between the DBH Internship Program and the internship site
3. Engagement with DBH student intern in ongoing interactions and constructive feedback at least twice per semester
4. Authorize student to collect and report, as part of their academic training, HIPAA-compliant and confidential patient-level information for purposes of program evaluations and clinical presentations

Site Liaison

The site will designate a liaison for each student. The Site Liaison provides oversight of the student's orientation, practice and performance, and functions as a primary point of contact between the site and the DBH program faculty. The internship Site Liaison must be in a management position in the internship site. Examples include supervisors, managers, or medical directors. The internship Site Liaison will sign an agreement that specifies their role and responsibilities as an internship liaison for the DBH internship program.

The Site Liaison requirements, characteristics, and performance expectations include the following:

- A staff member who is involved in an administrative or clinical capacity within the agency, with sufficient authority to perform the required duties
- Facilitate orientation to company policies and procedures, HR, confidentiality and security, and related topics
- Introduce the student intern to the staff members with whom he/she will be interacting during the internship rotation
- Assist the student in obtaining the necessary resources to perform his or her role
- Assist in the development of a *Student Training Plan* to guide student's learning and activities at the site
- Assist with any conflicts that may arise
- Provide timely information to the DBH Internship Coordinator of any difficulties that may arise regarding student performance or the agency's ability to provide an educational opportunity
- Submit a student evaluation at the end of each semester

Medical Preceptor

The student intern will identify a medical provider who will serve as a preceptor with whom they will work closely during their direct patient contacts. The focus of the student intern's relationship with the preceptor is engagement in collaboration and team-based care. Since DBH student interns have previous, foundational training and experience with providing direct-patient care, *this is not a supervisory relationship*. The preceptor will assist in the development of a *Student Training Plan* to guide student's learning and activities at the site. The preceptor will also provide a written evaluation of the student intern's performance at the end of the semester.

Professional Insurance Coverage

Students beginning the internship program are often required to provide proof of liability insurance that covers their work at the internship site.

Students with a professional license typically have a professional liability insurance policy that is required by their licensing boards (i.e. Psychology, MFT, Professional Counseling, Social Work, Occupational Therapy, Physical

Therapy, Dental Hygienist). Some internship sites may require the student to add the site as a covered entity in their policy. Questions about adding a site to a policy should be directed to the insurance carrier. Once it is determined that the active policy satisfies all requirements, the student intern should provide a copy to the internship site and upload a copy of the policy to MyDBH prior to beginning the internship.

Students who are not license-eligible are covered by the ASU comprehensive general liability insurance coverage. Student interns required by the internship site to provide proof of insurance can request a copy at the following site: <https://cfo.asu.edu/ehs-insuranceservices-certificate>

Once the student has received a copy of the policy, it should be submitted directly to the internship site.

Billing and Reimbursement

The ability to submit bills and receive reimbursement for clinical services provided by DBH student interns will vary based on the types of insurance coverage or other payment agreements maintained by your site. We support and will offer resources to receive reimbursement consistent with the site billing policy and procedure.

Internship Hours and Duration

Each DBH student will spend approximately 12-16 hours per week at the internship site, with a minimum of 8 hours and a maximum of 20 hours depending on the semester (fall, spring, and summer) and reflected on the individual student's completed Internship Completion Plan. Student's time at the internship site should be spent in direct, face-to-face patient contact, providing individual assessments and treatments, group treatments, disease management/ outreach, and quality improvement activities. Students are required to complete one Internship Project by the end of the final internship semester.

We encourage each student to spend at least two consecutive semesters in an internship placement to offer adequate continuity of care for patients and to minimize student turnover at the internship sites. Students are required to document 400 internship hours to obtain their DBH degree of which at least 40% of the student's time should be spent in direct contact with patients. Service hours at the internship site are to be documented by each student using the online *Weekly Activity Record* available in MyDBH.

Clinical Consultation

Each DBH student intern receives 90 minutes per week of group consultation by a DBH Clinical Consultant who is a doctoral level clinician (i.e. PhD, DBH, PsyD). The consultation consists of synchronous webinar attendance using an HD, HIPAA-compliant videoconferencing system. Students are required to present cases for discussion and consultation. The format for these case presentations is specified in the Case Presentation Guidelines, template, and rubric that are available in the course shell.

Practice Integration Profile (PIP, 2015) - Measuring Practice-level Integration**

A unique, web portal has been developed for the DBH Internship Program to an online tool for use with internship sites. The [Practice Integration Profile \(PIP\)](#) is an organizational, self-assessment survey that operationalizes the ideas and Defining Clauses in the Lexicon of Collaborative Care (AHRQ, 2013).

The Lexicon defines integration as:

The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of healthcare utilization.

The PIP is a free tool for clinics to measure practice-level integration that incorporates items addressing each of the following six domains:

- Workflow - This domain focuses on protocols for identifying patients, tracking patients with known BH needs, coordinating care, referrals to specialty services, and documenting self-management goals.
- Clinical services - This domain documents the relative presence of BH clinicians in the practice and the variety of BH services that are available.
- Workspace - This domain focuses on the physical location of BH clinicians in the primary care practice and the sharing of documentation in patients' charts.

- Integration methods - This domain evaluates the exchange of patient information between BH and medical clinicians in addition to their joint participation in educational activities and opportunities to interact with each other.
- Identification of need - This domain focuses on the screening routines implemented in the primary care practice, specifically the use of screening approaches to identify patients with unmet behavioral health or health behavior change needs.
- Patient engagement - This domain focuses on the engagement and retention of patients in behavioral health services in addition to training in patient engagement approaches for the entire primary care team.
- PIP Aggregate score - This is a composite score that aggregates the mean scores of all the domains described above.

Student interns will provide the internship site with the following link to directly access the online measure:
http://www.uvm.edu/~pip/pip_dhb.php

It is recommended that the practice be rated both by the Medical Director and a Senior Behavioral Health Clinician. The PIP takes about 10 minutes to complete and has two purposes. First, it is meant to help practices to assess where they are with their integration efforts. Second, the PIP development team will use the results to improve the survey itself. All information will be analyzed and reported in a form that does not identify the respondent or the practice. Responding to all questions is extremely important.

In return for answering all questions in the survey, the respondent will receive a graph of the practice profile for each of the dimensions of this measure. There is no cost to the respondent or the practice for participation. You can choose whether to participate. The Practice Integration Profile is still under development and the PIP development team does not guarantee that the practice's performance on the survey corresponds to evidence-based practice or improved patient outcomes.

**Macchi, C. R., Kessler, R., Auxier, A., Hitt, J., Mullin, D., van Eeghen, C., & Littenberg, B. (2016). Describing and measuring levels of integrated behavioral healthcare: Improving quality, improving research. *Families, Systems & Health, 34*(4), 334-341.

**Kessler, R., Auxier, A., Hitt, J., Macchi, C. R., Mullin, D., van Eeghen, C., & Littenberg, B. (2016). Development and validation of a measure of primary care behavioral health integration. *Families, Systems & Health, 34*(4), 342-356.

Internship Project

Each student intern completes one internship project some time during the during the 400 internship hours. In coordination with the site, the student is to identify, design, and deliver one of the following types of projects:

Group Treatment Intervention

DBH interns are specially trained to conduct brief screenings and assessments that lead to immediate treatment in individual or group treatment programs designed to fit the primary care setting. The DBH Student Intern may develop specialized medical and behavioral group treatments with specialized algorithms to determine where to begin treatment with each patient. Examples of group treatment programs include:

SAMPLE GROUP TREATMENT APPROACHES

Chronic Disease	Psychiatric Conditions	Addictive/Habitual Behavior
Asthma	Depression	Alcohol and illicit drug use
Diabetes	Anxiety/Panic	Prescription medication abuse
Hypertension	ADHD	Obesity

Group treatment approaches are designed to provide treatment for the behavioral components of each medical condition, patient self-management of chronic conditions, and relapse prevention. The group culture itself is used to propel the patients effectively and efficiently toward improved health outcomes.

In addition, all the groups are designed in a modular format so that key topics can be mixed and matched to best

meet the specific needs of your patients. Some of the key modules include: relaxation techniques; stress management; pain management; social support; self-management (e.g., monitoring physical or behavioral symptoms); homework, exercise and activity, diet and nutrition.

OR

Population Health Management (PHM)

DBH interns will conduct screenings and assessments to identify and conduct outreach for patients who need treatment but have not successfully engaged in treatment. The goal is to engage patients with chronic conditions to improve adherence with treatment recommendations and improve health outcomes.

OR

Clinical Pathway

DBH interns will develop a clinical pathway by 1) identifying behavioral health services for priority patient population with a co-occurring physical and behavioral problems, 2) identifying one or more evidence-based practices that addresses the co-occurring conditions, 3) collaborating with the medical team to define outcomes measurement strategies, and 4) developing a process for evaluating expected patient outcomes. (Robinson & Reiter, 2015)

Outcomes Management

Research has demonstrated that the systematic collection and review of patient outcomes feedback by clinicians during behavioral treatment has positive effects on treatment outcomes. The key premise of using outcomes measures is that reviewing outcomes in real time allows the clinician to adjust the treatment plan for patients who are deteriorating or not making expected progress in treatment. A series of studies by Lambert using the OQ-45 showed that outcomes feedback (versus no feedback) yielded an effect size of 0.40, deterioration rates decreasing from 21% to 13% and clinically significant change increasing from 21% to 35%. In addition, and critical for this chapter, feedback resulted in more cost-effective delivery of services. Most patients making expected progress attended significantly fewer sessions in the outcomes feedback versus no feedback condition, whereas the minority of patients at risk for deterioration attended more sessions, resulting in a net decrease in utilization. Research on the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) demonstrated that outcomes and treatment alliance feedback resulted in a significant improvement in clinical effectiveness with the overall effect size increasing from 0.37 at baseline to 0.79 at completion and demonstrated improved treatment retention.

Measures

Each student is required to complete at least one approved outcome measure with at least 65% of all the patients seen during initial and follow-up visits. This will be verified by reviewing the Weekly Activity Records reporting the number of patients administered measures as a percentage of the total number of direct patient contacts. It is highly recommended that students administer the same outcome measure(s) at each subsequent session to determine the level of patient progress that is intended to result from the treatment provided.

Validated measures that are appropriate for use in primary care settings are listed under the following categories in MyDBH:

- Anxiety
- Depression
- Diabetes
- Dietary/eating
- Employment
- Medication adherence
- Mood
- Multidimensional
- Pain
- Readiness to change
- Sexual health
- Sleep
- Stress
- Substance use

Examples of brief, valid, and reliable outcome measures appropriate for use in primary care include:

- Alcohol Screening Questionnaire (AUDIT)
- Cigarette Dependence Scale (CDS)
- Diabetes Distress Scale (DSS)

- Duke Health Profile (DUKE)
- Insomnia Severity Index (ISI)
- Patient Health Questionnaire Suite (PHQ-2, PHQ-9, GAD-7, PHQ-A)
- Post-traumatic Stress Disorder, Primary Care (PSTD-PC)
- Workplace Outcomes Suite (WOS)

Workplace Outcome Suite (Chestnut Global Partners)

(<http://www.chestnutglobalpartners.org/ResearchTools/Tools/WorkplaceOutcomeSuite>) provides a five-item scale that measures the impact of a patient's personal problems on workplace productivity related to the following five domains:

1. Absenteeism - time away from the workplace
2. Presenteeism - reduced productivity while in the workplace
3. Work Engagement - investment in work responsibilities
4. Life Satisfaction - general life satisfaction
5. Workplace Distress - overall perception of workplace

This brief, validated measure enables clinicians to monitor the impact of clinical interventions and outcomes on patients' workplace productivity. Administering the measure pre/post provides empirical data that reflects the potential cost offset of improved productivity related to the services provided.

The DBH Program has established an agreement with Chestnut Global Partners

(<http://www.chestnutglobalpartners.org/ResearchTools/Tools/WorkplaceOutcomeSuite>) to allow student interns to administer the Workplace Outcome Suite (WOS) to patients. The hardcopy of the measure is available as a PDF in MyDBH.

Outcome Measures Approval Process

Prior to reporting the use of an outcome measure on the Weekly Activity Record, the student intern is required to complete and submit the Outcome Measure Approval Form via MyDBH. Completing the form provides the student intern with an opportunity to describe the rationale for proposing the measure and the plan for using the results. The form asks the student to address the following:

- Evaluate the measure's fit with the patient population seen at the site and the common behavioral health issues
- Develop a protocol for administering the measure to patients
- Describe how you will evaluate the results of the measure
- Describe how you will incorporate the information into the treatment process
- Describe how you will evaluate patient outcomes
- Attach validation article

Patient Self-Management Resources

Each student is required to refer to at least one resource to at least 25% of all the patients seen during initial visits and ask those patients about the use of the resource during follow up visits. This will be verified by reviewing the Weekly Activity Records reporting the number of patients referred resources as a percentage of the total number of direct patient contacts.

Student interns are required to refer patients to available online and hardcopy resources that serve as an adjunctive to the treatment they receive during their medical visit. Examples of patient resources include: online Health Risk Assessments (HRAs), fliers and brochures on specific clinical topics, and referrals to support groups or other community resources.

My Own Health Report (MOHR)

Unhealthy behaviors such as smoking, excessive drinking or poor diet, play an important causal role in illness. But few medical providers can ask in-depth questions about such behaviors during the brief time allotted an average office visit with a patient. As a result, an important opportunity for prevention may be lost.

The *My Own Health Report (MOHR)* project aims to give doctors and other providers the information they

need. MOHR helps primary care providers to effectively collect data and monitor health behaviors and risk factors during their patient's health care visit. Currently piloted by 18 medical clinic sites nationwide under the supervision of six leading universities, including UCLA, MOHR project participants use both paper and electronic tablet survey forms to ask their patients about health behaviors such as how many fruits and vegetables they consume or whether they smoke or drink soda. The information collected (typically before seeing their provider) can become part of the patient's electronic health record, and allows doctors to pinpoint high-risk behaviors, helps prioritize health care needs, discuss preventative care, and monitor progress toward specific health goals.

Such patient-centered projects are a key part of health care reform because they take into account the impact of biological, environmental, behavioral and cultural factors on a person's health. They also encourage prevention efforts that could stop a negative health behavior before it becomes dangerous – and costly. The project's results will be evaluated after a year and could lead to wider implementation.

MOHR is funded by the National Cancer Institute, the Agency for Healthcare Research and Quality (AHRQ) and the NIH Office of Behavioral and Social Sciences Research (OBSSR). It is coordinated by the Virginia Commonwealth University.

<http://healthpolicy.ucla.edu/programs/health-economics/projects/mohr/Pages/default.aspx>

When you refer patients to MOHR, please provide the following web link: <https://secure.myownhealthreport.org>

Additional Patient Resources

There are several other patient resources that are available in online and hardcopy formats. Examples include:

1. WebMD <http://www.webmd.com/>
2. Mayo Clinic, <http://www.mayoclinic.com/health-information/>
3. American College of Lifestyle Medicine <http://www.lifestylemedicine.org/>
4. Dietary and physical activity records
5. Mood rating journals

Broad categories of resources that are available to patients include:

- Anger management
- Anxiety
- Crisis services
- Depression
- Diabetes
- Diet/weight loss
- Grief
- Hypertension
- MOHR
- Mood
- Overall health
- Pain
- Stress
- Substances
- Tobacco cessation

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a model of care that has been recognized as an effective, evidence-based approach to addressing substance misuse and abuse in the medical population. Student interns who are interested in using this model with their patients are required to complete a qualified training program and submit a certificate of completion. Available trainings include:

DBH courses

IBC 598 – *Motivational Interviewing*

IBC 610 – *Assessment of Behavioral and Psychological Disturbance in Primary Care*

IBC 670 – *Integrated Behavioral Health Interventions for Substance Abuse*

Online SBIRT training programs offered by:

Addiction Technology Transfer Center Network - <http://www.attcnetwork.org/regional-centers/content.aspx?rc=pacificsouthwest&content=STCUSTOM7>

SAMHSA Ideas Exchange - <https://www.ideas-exchange.net/user/register>

Weekly Activity Records

Student interns report weekly internship hours in an online form available in MyDBH. Reporting is divided into time spent in direct patient care i.e., individual patients, family members and patient groups) and performing administrative duties (e.g., preparing for sessions, interacting with members of the medical team, and documenting session notes). *Those continuing internship placement after the end of the regular semester can use the Optional Weekly Activity tasks available in MyDBH to report hours.*

Direct Patient Contact Hours

Recording the time spent in direct patient contact entails entering the following information into the patient record of the Weekly Activity Report:

1. *Patient Identifier* = Consists of a combination of a gender code followed by a unique number
 - a. Male = 1, Female = 2
 - b. Unique Number (develop a list of three-digit sequential numbers from which you assign to each patient and leave the list at the internship site – e.g., 001, 002, 003, etc.)
 - c. *NOTE: If you are listing the time for a group meeting, provide the name of the group in this field (e.g., Stress Mgmt. Group, Diabetes Mgmt. Group)*
2. *Initial Evaluation* = Number of minutes in new patient evaluation session
3. *Follow-up Session* = Number of minutes in session(s) with patient after an initial evaluation
4. *Group Session* = Number of minutes in therapy group, psychoeducation group, etc. (only report the time for the group; do NOT report the time for each patient)
5. *Patient Outreach* = Number of minutes spent in telephone contact with patient, time spent reading and corresponding with patients through email messages (*only use a secure, HIPAA-compliant email account*)
6. *Approved Measure (1 & 2)* = Enter the name of the measure you administered to the patient (e.g., PHQ-9, GAD-7, AUDIT)
7. *Value (1 & 2)* = Enter the patient's score corresponding with the measure listed
8. *SBIRT* = Select Yes to indicate if SBIRT was used with the patient during the reported visit (previous approval SBIRT Training Verification is required)
9. *Patient Resource* = Select the name of the resource referred to the patient
10. *Add more entries* = Select this button to add additional patients to your report

NOTE: Consultant approval is required prior to reporting the use of a measure or resource.

Administrative hours

Recording the time spent in administrative work entails entering time related to one or more of the following activities in the Weekly Activity Report:

1. *Training and education*
 - a. *IBH Presentation* = provide training on BH topic to medical or management team
 - b. *Site orientation* = attend training that reviews site policies, procedures, and protocols or provides required certification
2. *Inter-professional interactions/Teambuilding*
 - a. *Medical Team Huddles* = medical team review of the patient cases scheduled that day
 - b. *Networking* = ad hoc conversations with providers or administration about shared work responsibilities and IBH approaches
 - c. *Warm Handoffs* = ad hoc patient referral made and completed during the same patient visit
 - d. *Weekly Team Meetings* = discussions among the practice medical team and staff about policies, workflows, etc.
3. *Patient Care Planning*
 - a. *Case Consultations* = medical team meeting to discuss and strategize a shared treatment, resourcing, and referral approach to a complex/difficult patient case
 - b. *Communication* = develop patient group marketing brochure or patient handout
 - c. *Medical records* = reviewing records in preparation for patient visits

- d. *Preparing Patient Groups* = development of materials and presentations and debriefing prior to and following patient treatment group meetings
 - e. *Research* = information about a diagnosis or available patient resources
4. *Data Management*
- a. *Collecting/Analyzing Patient Data* = planning, extraction, and analysis of data from patient medical records system
 - b. *Entering Medical Reports* = data inputted into hardcopy or online medical records

Internship Clinical Consultant and Site Contacts Performance Evaluation Ratings

The internship evaluation forms are designed to evaluate core competencies based on the program curriculum. The Clinical Consultant is to complete a mid-semester evaluation. The Clinical Consultant, Site Liaison, and Medical Preceptor are to complete evaluation forms at the conclusion of each semester internship course. The Clinical Consultant reviews the results of each evaluation with the student. Student interns are responsible for meeting with each contact to review their performance, obtaining the proper signatures on each of the internship performance evaluation forms, and submitting the completed forms in MyDBH.

Performance Metrics

Student interns are required to achieve the following performance metrics:

- Direct patient contact must consist of
 - Total internship hours – at least 40%
 - Target average contact time – 30 minutes or less
- Administer outcome measures to
 - Percentage of all patients seen – at least 65% of initial and follow up visits
 - Target number administered to patients – 1.0 average
- Provide patients with referrals to self-management resources
 - Percentage of all patients seen – at least 25% of initial and follow up visits

Weekly Course Schedules

Two course schedules are listed in the grid below. One column is for students who are enrolled in the internship course for the first time. The second column is for students who are enrolled for a second or other subsequent semester (some students enroll in more than two semesters).

In addition to the activities and assignments listed in the semester schedule of this syllabus, each Clinical Consultant may assign Community Forum and group learning activities that require student participation and posting. These assignments will be incorporated into the Canvas schedule and course announcements.

Summer Semester Schedule (New and Continuing Student Interns)

For the requirements and due dates of specific assignments, please see the items listed in *Canvas course shell*

Module	Week (Fall/Spring)	Week (Summer)	1 st SEMESTER Topics/Lessons	2 nd /3 rd SEMESTER Topics/Lessons	Webinar Activities	Assignments Due
1	1, 2	1	Orientation: Review of syllabus and requirements	Orientation: Review of syllabus and requirements	WEEKLY CONSULTATION WEBINAR (10-15 MINUTES) TO TEST ZOOM VIDEOCONFERENCING SOFTWARE	<i>Weekly Activity Record</i> Review <i>Workplace Outcome Suite (WOS)</i> website Review <i>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</i> online resources and trainings
2	3, 4	2	Orientation: Review of syllabus and requirements Case Presentations <i>Outcome Measures Approval</i> <i>Workplace Outcome Suite (WOS)</i> MOHR <i>Practice Integration Profile (PIP)</i> CP Proposal	Orientation: Review of syllabus and requirements Case Presentations <i>My Own Health Report (MOHR)</i> <i>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</i> Internship Project CP data collection	WEEKLY CONSULTATION WEBINAR Clinical Consultant review of course syllabus Discuss how to obtain approval for reporting administration of outcome measures Discuss how to use <i>Workplace Outcome Suite (WOS)</i> Discuss how to login and use MOHR Discuss the use of SBIRT Discuss how to login and use PIP Review student plans for conducting group or population health intervention Review process for presenting clinical cases	<i>Weekly Activity Record</i> Submit <i>Student Training Plan</i> Submit <i>Outcome Measures Approval</i> form Login to MOHR, complete <i>Health Risk Assessment (HRA)</i> , and explore one additional patient resource on MOHR website Submit <i>SBIRT Training Verification</i> form Complete online <i>Practice Integration Profile (PIP)</i> Case Presentation Groups Consultant Contact of Medical Preceptors
3	5, 6	3	International Center for Clinical Excellence (ICCE) <i>Practice Integration Profile (PIP)</i>	International Center for Clinical Excellence (ICCE)	WEEKLY CONSULTATION WEBINAR Discuss how to interpret common outcome measures data Review of student experiences using MOHR Discuss ways to use MOHR with patients Discuss results of PIP reports Review student plans for developing Culminating Project (CP) proposal/completing data collection during internship Discuss ICCE resources and professional networking	<i>Weekly Activity Record</i> Submit <i>MOHR Agreement & HRA Report</i> Submit <i>Alternative Resource Approval</i> (if needed) Submit <i>Internship Project Plan</i> Register for access to ICCE Online Community Submit <i>PIP Practice-level Integration Analysis</i> <i>Case Presentation Groups</i>
4	7, 8	4	Outcome measures	Outcome measures Progress on CP data collection	WEEKLY CONSULTATION WEBINAR Student Case Presentations Review of student experience using outcome measures Discuss CP data collection plans	<i>Weekly Activity Record</i> 2nd/3rd Semester students begin CP data collection Consultant Contact of Medical Preceptors <i>Case Presentation Groups</i>
5	9, 10	5	Mid-semester Clinical Consultant-Student meetings Outcome measures	Mid-semester Clinical Consultant-Student meetings Outcome measures	WEEKLY CONSULTATION WEBINAR Student Case Presentations Review of second and subsequent administrations of patient outcome measures	<i>Weekly Activity Record</i> Complete mid-semester Consultant-Student Intern review Upload Mid-semester reviews <i>Student and Site Contact Reports</i> received from Consultant <i>Case Presentation Groups</i>

Module	Week (Fall/Spring)	Week (Summer)	1 st SEMESTER Topics/Lessons	2 nd /3 rd SEMESTER Topics/Lessons	Webinar Activities	Assignments Due
6	11, 12	6	Use of patient internet resources	Use of patient internet resources	WEEKLY CONSULTATION WEBINAR Student Case Presentations Review online information sources for patients (e.g., WebMD, Mayo Clinic)	<i>Weekly Activity Record</i> Student to recommend internet page to patient(s) <i>Distribute Internship Evaluations to Site Liaison and Medical Preceptor Case Presentation Groups</i>
7	13, 14	7	Use of patient internet resources	Use of patient internet resources	WEEKLY CONSULTATION WEBINAR Student Case Presentations Review online information sources for patients (e.g., WebMD, Mayo Clinic)	<i>Weekly Activity Record</i> Student to recommend internet page to patient(s) Submit <i>Clinical Internship Project Summary Case Presentation Groups</i>
8	15, 16	8	End-of-semester Clinical Consultant-student meetings	End-of-semester Clinical Consultant-student meetings	WEEKLY CONSULTATION WEBINAR Discuss CP Proposals	<i>Weekly Activity Record</i> <i>End-of-Semester Activity Record</i> <i>Upload Consultant Evaluation of Student Intern</i>

Communicating with the Instructor

This course uses a policy for student to faculty communications. When questions arise during this class, please remember to check the sources below for an answer **BEFORE** emailing your instructor:

1. Course Syllabus
2. Announcements in Canvas accessed via the left side navigation
3. The Community Forum discussion board
4. Course schedule for any due dates

Check for Announcements, Community Forum, and your ASU email daily. If you cannot find an answer to your question, please first post your question to the Community Forum. This forum will display your questions and the faculty answers for the benefit of all students. In addition to communicating with your instructor, the Community Forum area allows you to interact with other students who may be able to help you with your question(s).

This policy will help you to potentially identify answers before the instructor can get back to you and it also keeps your instructor from answering similar questions or concerns multiple times. **Please note that faculty will respond to your e-mails or questions within 48 hours on business days.**

Online Course

This is an online course and there will not be any in-person face-to-face class sessions. All assignments and course interaction will utilize internet technologies.

Computer Requirements

This course requires that you have access to a computer that can access the internet. You will need to have access to, and be able to use the following hardware and software packages:

1. Web browsers: Firefox (best option), Chrome, Safari
2. Adobe Acrobat Reader (free)
3. Adobe Flash Player (free)
4. Zoom (free)
5. Webcam
6. Microphone
7. Speakers
8. Direct connection to internet (Ethernet)
9. Microsoft Office (Word, Excel, PowerPoint, etc.)
10. Scanner

You are responsible for having a reliable computer and internet connection throughout the course. Computer difficulties and limited internet access are not acceptable excuses for delay or inability to turn in assignments (Computer Specifications Policy).

Please find more specifics at the following URL: <https://mydbh.health.asu.edu/StudentOrientation/TechSupport>

Technology Troubleshooting

Steps to take if you experience a technical difficulty.

1. **Shut down and restart your computer**
This is an easy to do step and often has great results. Some technologies can "disturb" your computer's memory system and shutting down and starting again will clear up these kind of issues.
2. **Try a different browser.**
Firefox is usually the best option for all the technologies used in the program. However, if it is not working, try different browsers.
3. **Clear your browser cache.**
To find out how, google "clear cache" followed by the name of your browser for a list of web sites with step-by-step instructions.
4. **Disable your browser's pop-up blocker.**
To find out how, google "disable pop-up blocker" followed by the name of your browser. You will get a list of sites with step-by-step instructions specific to your browser.
5. If the issue is in Canvas, sign out using the "log out" button in the upper right corner and then sign back in. (Do not just close the browser window.)
6. If, after trying all the above, you still experience technical issues, **gather the information listed below.** The person who is helping you troubleshoot will be able to help you more successfully and quickly when you provide as much of the information below as possible.

- a) name of the technology you were using
- b) URL of the page you were accessing
- c) screenshot of an error message (if you received one)
- d) screenshot of browser and/or technology you were issue showing the issue
- e) names of the browsers (and their version numbers) that you tried
- f) type of computer you are using and OS you are using. For example: PC/Windows 10; Mac/OS Mojave.
- g) date and time the issue occurred
- h) a written description of what occurred with as much detail as possible

For help with Canvas and Zoom issues, contact the ASU Help Desk 24/7 via chat, email and phone. Each course shell has a "Technical Support" section where you can find the ASU Help Desk contact information.

For help with other technologies, each course shell has a "Troubleshooting Steps" area that provides contact information for the different technologies the program uses.

Email and Internet

ASU e-mail is the official means of communication among ASU's students, faculty, and staff. **Students are required to check their ASU email daily.** Students bear the responsibility of missed messages.

All instructor correspondence will be sent to your ASU e-mail account. Forwarded emails to and from your ASU to a personal account is not recommended as often course related emails are "lost" in cyberspace. ASU faculty will not respond to any e-mail address other than ASU account addressed e-mails. As noted above, students bear the responsibility of missed messages.

Campus Network or Canvas Outage

When access to Canvas is not available for an extended period (greater than one entire evening), you can reasonably expect that the due date for assignments will be changed to the next day (assignment still due by 11:59pm AZ time).

When a student is unable to turn in an assignment on time due to technical difficulties, a screenshot of the website with the error message must be submitted to the instructor with the request for possible credit for the late submission.

To monitor the status of campus networks and services, please visit the System Health Portal.

<http://syshealth.asu.edu/>

Course Procedures

This is an online course; each week you are asked to:

1. Read course announcements at the course website daily.
2. Read all course e-mail messages daily. Promptly respond to emails from faculty and group members.
3. Complete any pre-class preparation assignments and readings.

How to Succeed in this Course

- 1 Check your ASU e-mail daily.
- 2 Log in to the course website daily.
- 3 Communicate with your instructor and classmates as needed.
- 4 Create a study and/or assignment schedule to stay on track.

Attendance/Participation

Preparation for class means reading the assigned content and reviewing all information required for that week. Students hold the responsibility for completing all class content. Class *participation* means knowledge of assignments and pertinent class contributions through course assignments. If students do not participate in online class activities, they will not earn the full amount of points.

Attendance refers to students participating in the weekly webinar when possible. If unable to attend in person, students are responsible for viewing the recorded webinar prior to the next week. Students will be held accountable for the content of the webinars.

Studying and Preparation Time

This course requires that you spend time preparing and competing assignments. A three-credit course requires approximately 135 hours of student work (based on Arizona Board of Regents requirements). Expect to spend approximately 18 hours a week preparing for and actively participating in the courses with the 7.5-week format. For courses with the 15-week format, expect to spend approximately nine hours per week performing these course related activities.

Late or Missed Assignments

Please notify your instructor, and obtain approval, **BEFORE** an assignment is due if an urgent situation arises and the assignment will not be turned in on time. Extensions will be granted at the discretion of the instructor. Published assignment due dates (based on the Arizona time zone) are firm. For all written assignments, late submission will result in a reduction of 10% of the grade for each day late. If you need an accommodation for religious practices or will miss an assignment due to University-sanctioned activities, please follow the appropriate University policies.

Rewrites

In some courses, instructors will allow students to submit papers early for feedback. This policy is at the discretion of the instructor. Papers/assignments must be received at least five days prior to the due date for the instructor to review them and give feedback. No opportunities for rewriting assignments are allowed following the posted due date.

Submitting Assignments

All assignments, unless otherwise announced by the instructor, **MUST** be submitted via Canvas. Each assignment will have a designated place to submit the assignment. ***Do not submit an assignment via e-mail.*** Submitting an assignment in the wrong location will result in a “0” on the assignment.

Drop and Add Dates/Withdrawals

There is limited opportunity to either drop or add courses. Please check with ASU’s Academic Calendar regarding add/drop/withdrawal dates as these dates are firm. Follow this link for ***add/drop*** policy:

<http://www.asu.edu/aad/manuals/ssm/ssm201-03.html>

If you need to drop the course after the drop/add date, you may receive a W. If you have extraordinary medical or personal difficulties that make it impossible to continue the class or complete assignments, you may request a medical/compassionate withdrawal.

Grade Appeals/Grievance Procedure

The University has a policy for Student Appeal Procedures on grades. If you have a grievance that you believe has not been satisfactorily addressed by discussing the situation with the instructor, you may contact your advisor to seek a resolution.

Student Conduct Statement

ASU expects and requires all its students to act with honesty and integrity and respect the rights of others in carrying out all academic assignments and interactions. Students are required to adhere to the behavior standards listed in the Student Code of Conduct and Student Disciplinary Procedures, Computer, Internet, and Electronic Communications policy, ASU Student Academic Integrity Policy, and as outlined by the Office of Student Rights and Responsibilities. <https://eoss.asu.edu/dos/srr>

Students are entitled to receive instruction free from interference by other members of the class. If a student is disruptive, an instructor may ask the student to stop the disruptive behavior and warn the student that such disruptive behavior can result in withdrawal from the course. An instructor may withdraw a student from the course when the student’s behavior disrupts the educational process per Instructor Withdrawal of a Student for Disruptive Classroom Behavior policy.

Appropriate online behavior is defined by the instructor and includes keeping course discussion messages focused on the assigned discussion topics. Students must maintain a cordial atmosphere and use tact in expressing differences of opinion. Inappropriate Community Forum messages may be deleted by the instructor. Students may be notified privately that their posting was inappropriate. If necessary, a student may be withdrawn for disruptive behavior with a mark of *W* or *E*.

The Office of Student Rights and Responsibilities accepts incident reports from students, faculty, staff, or other persons who believe that a student or student organization may have violated the Student Code of Conduct.

Academic Integrity

ASU expects and requires all its students to act with honesty and integrity and respect the rights of others in carrying out all academic assignments. Students are expected to adhere to the ASU Academic Integrity policy. Anyone in violation of this policy is subject to sanctions. Please refer to departmental and university policies regarding these matters and other courses of action that may be taken.

ASU uses a plagiarism checker in Canvas. Department policy is that scores must be no greater than 25% for all assignments, except for the Culminating Project. For the Culminating Project, the score must be no greater than 75%.

Prohibition of Commercial Note Taking Services

In accordance with ACD 304-06 Commercial Note Taking Services, the copyright protection of spoken words rests in common law. Copyright regarding notes or other written or recorded works is statutory.

<http://usenate.asu.edu/motion18/0910>

End of Course and Faculty Evaluations

All students are expected to complete the End of Course Evaluation. Student feedback provides valuable information to the instructor and the college and will be used to improve student learning. Students will be notified when the online evaluation forms are available.

Syllabus Disclaimer

The syllabus is a statement of intent and serves as an implicit agreement between the instructor and the student. Every effort will be made to avoid changing the course schedule, but the possibilities exist that unforeseen events will make syllabus change necessary. Please remember to check your ASU email and the course site daily.

Accessibility Statement

In compliance with the Rehabilitation Act of 1973, section 504, and the Americans with Disabilities Act of 1990, professional disability specialists and support staff at the Disability Resource Centers (DRC) facilitate a comprehensive range of academic support services and accommodations for qualified students with disabilities. Qualified students with disabilities may be eligible to receive academic support services and accommodations. Eligibility is based on qualifying disability documentation and assessment of individual need. Students who believe they have a current and essential need for disability accommodations are responsible for requesting accommodations and providing qualifying documentation to the Disability Resource Center (DRC). <https://eoss.asu.edu/drc>. The DRC will make every effort to provide reasonable accommodations for qualified students with disabilities. Qualified students who wish to request an accommodation for a disability should contact the Disability Resource Center (DRC) for their campus.

Title IX

Title IX is a federal law that provides that no person be excluded based on sex from participation in, be denied benefits of, or be subjected to discrimination under any education program or activity. Both Title IX and university policy make clear that sexual violence and harassment based on sex is prohibited. An individual who believes they have been subjected to sexual violence or harassed based on sex can seek support, including counseling and academic support, from the university. If you or someone you know has been harassed on the basis of sex or sexually assaulted, you can find information and resources at <http://sexualviolenceprevention.asu.edu/faqs/students>.

Downtown Phoenix Campus and ASU Online

<http://campus.asu.edu/downtown/DRC>

University Center Building, Suite 160

602-496-4321 (Voice)

602-496-0378 (TTY)