

**RUTGERS BIOMEDICAL AND HEALTH SCIENCES
(RBHS)
OF RUTGERS UNIVERSITY**

**RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE (UBHC)
of NEWARK**

RUTGERS UNIVERSITY CORRECTIONAL HEALTH CARE (UCHC)

**Doctoral Psychology Internship Program
ORIENTATION MANUAL**

Psychology Internship Program Accredited by:

Office of Program Consultation and Accreditation (OPCA) American Psychological Association Commission on Accreditation (CoA), 750 1st Street NE, Washington, DC 20002, Phone: (202) 336-5979, Fax: (202) 336-5978, E-mail (General): APAAccred@apa.org, Web: <http://www.apa.org/ed/accreditation> (next site visit 2019)

We welcome you to the Doctoral Psychology Internship Program at RBHS at Newark.

The internship year is a pivotal point in your development as a psychologist. It represents the integration and culmination of your graduate training, and serves as your apprenticeship as a professional psychologist. The faculty and staff of the training program take the internship experience very seriously and are committed to your development. We actively protect and support your training time, whether in didactics or supervision, and we encourage you to make the most of the diversity of experiences available to you.

The interns are provided with a common core program, to insure the acquisition and development of competence in selected areas. However, each intern has a unique experience determined by the electives he or she chooses. The faculty and supervisory staff urge you to make the most of the year—take risks, do something different from what you already know, ask questions, ask questions, ask questions. The answers you receive may be different depending upon whom you ask, and this makes the process that much more interesting. In this era of increasing demand and pressure on all health professionals, make the most you can of this experience, as you may not have the luxury of this flexibility again.

Please feel free to discuss any questions you may have with us. We look forward to an exciting and productive year together.

Gregory Benson, Psy.D.
Director of Psychology Training

Stephanie Marcello Duva, Ph.D.
Executive Director, Internship Programs

Paula Iudica-Costa, Psy.D.
Assistant Director of Psychology Training

Richard Cevasco, Ed.D. and Mitch Abrams, Psy.D.
Correctional/Forensic Track

Rinku Arora, Psy.D.
Clinician Supervisor, Child Services
Assistant Director of Psychology Training

Evelyn Orozco, Psy.D.
Clinician Administrator

Erin Williams, Ph.D.
Intern Representative

Interns 2015-2016

	<u>Track</u>	<u>Phone,</u>	<u>Room #</u>
Deborah Chu, M.S.	Child	2-5570	C-1448
Janice Delgado, M.A.	Child	2-4290	C-1449
Jennie Fretts, M.A.	General Adult	2-9423	C-1452
Katlin Knodel, M.A.	Child	2-5574	C-1446
Anthony McMahon, M.A.	Correctional/Forensic	2-1713	C-1454*
Casey O'Brien, M.S.	Child	2-5571	C-1447
Erica Rojas, M.Phil.	Correctional/Correctional/Forensic	2-9319	C-1450*
Tanya Watson, M.S.	Correctional/Correctional/Forensic	2-9319	C-1450*

Note: From outside the university all phone extensions follow the prefix 1 (973)
 All voicemail should be originally set at your room # and then the last 2 digits of the year;
 Please reset this when you begin

*Note: the 3 Correctional/Forensic interns share 2 offices. To be fair, every 4 months, one intern will change offices so that each person will have the "solo" office for a time.

Primary Training Staff

Gregory Benson, Psy.D.
bensongr@ubhc.rutgers.edu

E1534, 2-9308
C1420, 2-5573

Paula Iudica-Costa, Psy.D.
iudicapn@ubhc.rutgers.edu

C1418, 2-5513

Steve Silverstein, Ph.D.
silvers1@ubhc.rutgers.edu

151 Centennial Avenue, Piscataway

Rich Cevasco, Ed.D.
cevascrp@uchc.rutgers.edu

UBHC-UHC
NJ Dept. of Corrections
Whittlesey Rd.
PO Box 863
Trenton, NJ 08625-0863
(609) 984-6474

Mitch Abrams, Psy.D.
mabrams589@aol.com

UBHC-UHC

Rinku Arora, Psy.D.
arorari@ubhc.rutgers.edu

C 1406, 2-4317

Erin Williams, Ph.D.
willae9@uchc.rutgers.edu

UBHC – Clinician III
Northern State Prison

Evelyn Orozco, Psy.D.

C 1405, 2-6976
orozcoev@ubhc.rutgers.edu

Doctoral Psychology Internship

Program Planning, Support, and Supervision

The program requirements for the year for all interns are outlined in the next section. The program consists of core requirements and elective experiences. There is also some opportunity for choice within the core experiences. However, the general schedule each of the interns' core experiences has been set and is included in this manual. During July and August, staff and faculty from the various elective rotations will meet with the interns to describe the experiences available in their services.

By mid-July, each intern will complete a self-evaluation. This self-evaluation will assist in the identification of strengths and areas for further growth and development, and will be shared with supervisors. The self-evaluation and the introduction to the core and elective rotations will serve as the basis for the development of a training plan, agreed upon by the intern and the Director of Psychology Training, in the context of the intern's stated goals for the internship year. By the first or second week of August, interns are expected to be participating in their core experiences, as well as have selected any major rotations. By the first week in August, interns are expected to develop and submit to the Director of Training a training plan, and two sample weekly full schedules, one for the fall semester, and one for the spring semester. Training plans are generally followed through the year, but can be altered in response to the needs of the interns, as further identified by the intern and/or supervisory staff. By September, each intern's graduate program Training Director will be informed as to the intern's planned program for the year.

All interns will receive a minimum of two hours of individual supervision per week. This supervision will be provided by their supervisor within their core rotation/outpatient services and by the testing supervisor. However, most interns will receive substantially more supervision, as supervision is also provided within each required and elective rotation. Some supervisory experiences occur in an individual or group format, while others are more of an apprenticeship experience. In addition, interns participate in group supervision with the Training Director and the Assistant Directors of Training on a weekly basis. Our supervisors generally have a very open-door policy, and you should feel free to ask for assistance as needed. In this way, you will also likely get more supervision than specifically allocated in your weekly schedule. While we make every effort to provide a safe and constructive venue for supervision, please understand that supervision is not confidential, and that program supervisors regularly share information and impressions that are relevant to training, to better identify and target intern strengths and areas for growth.

The program has an on-going evaluative process which involves intern input, and strives to help interns develop the ability to provide and receive constructive feedback. Interns are required to engage in several structured supervisory feedback experiences: at each mid-semester point, and the end of each semester (sequentially by mid-October, mid-December, mid-March, and Mid-June). The mid-semester evaluations are designed to be formative in nature, providing feedback to better understand strengths and weaknesses, and helping interns focus their efforts for the remainder of the semester; these evaluations are typically not used for reporting back to doctoral training programs. All evaluation experiences are structured to protect interns from retaliation while simultaneously helping them learn to overcome anxiety associated with receiving direct feedback. The policy on intern evaluation, grievances, and management of problematic performance or conduct is provided later in this manual.

Requirements for Internship Year Doctoral Program in Psychology 2014-2015

1. Core Treatment Rotations

- a. **Outpatient Services** – child track - full year, 5-8 hours/week; correctional/forensic track: 1 semester; adult track: full year, 4-8 hrs/week

In this rotation, interns carry treatment cases to total about 6 hours weekly of face-to-face time; this can range from 4-9 cases. Interns fulfill the outpatient requirement within UBHC or UCHC. The ages of the identified patients span the age range of 3-21 (in Child OPS) and 18+ (in UCHC, Adult OPS), but interns may request more of one age than another. In addition, there may be some parents/caretakers of child clients who can be assigned as individual treatment cases. Interns are responsible for treatment, case management, and maintenance of appropriate documentation, including periodic treatment plans. By the end of the year, interns are expected to be able to prepare their last set of treatment plans with minimal corrections. To this end, the spring semester supervisor signs that the intern has completed at least two treatment plans with minimal corrections. While in the outpatient rotation, Child interns also participate in co-leading a 10 week IOP group, with a member of the outpatient clinical staff.

As part of outpatient rotations, interns receive one hour of individual supervision per week from the primary supervisor and participate in a weekly team meeting that is 1-1.5 hours in length. Adult and Correctional/forensic interns should plan to attend the same team meetings as their assigned supervisor. Child interns should plan to participate in one of Monday, Tuesday or Thursday morning intakes; the “top-off” person will be the supervisor for the intake, and will review and finalize the core assessment. Variations on this schedule may be considered if electives require intern’s attendance on certain days. Child Track interns are required to attend team meetings during the time they are on their intake rotation; at other times, interns are required to attend meetings to communicate high-risk issues as relevant. At any other time, your attendance is optional but encouraged.

Interns are to introduce themselves as students to patients, identify the supervisor to patients, and obtain permission for videotaping sessions or having live supervision, from patients at the **initial** session. If patients are uncomfortable with this arrangement, the assignment of the case can be changed. Each UBHC intern presents in supervision at least two videotapes or live therapy sessions per semester (total of four) to his/her primary supervisor of a core rotation (videotaping is not conducted at UCHC; instead, live therapy observation is used). The primary supervisor each semester signs that two videotapes or live case sessions have been reviewed.

All Child interns are expected to conduct at least two home visits and at least two school visits to patients they are treating during the course of the year. These visits should be accompanied by identified staff members. The supervisor signs that the visits have occurred. Interns are strongly encouraged to conduct home and school visits more frequently, and to begin coordinating these visits as early in the year as possible. To this end, interns should coordinate schedules with unit drivers, and should make note of all school year vacations, when families are often more available for daytime visits. One child outpatient case should be shared with a psychiatry trainee, and cross-disciplinary supervision is given.

Correctional/Forensic interns complete their outpatient rotations at Northern State Prison (NSP), Edna Mahan Correctional Facility for Women (EMCFW), or at the Adult Diagnostic and Treatment Center (ADTC).

At ADTC, approximately 20% of sexually-offending inmates are identified as being in need of mental health services. Thus, in addition to their history of sexually offending behavior, these clients also bring a range of other difficulties which are addressed. Individual caseloads range from 3-6, and most groups are co-led. These groups include Orientation, Process, Psychoeducation, and Mental Health. Supervision is provided by Drs. Nicolas Tolchin, Guillermo Parra, Pamela Dengrove, and James Cassidy, all licensed psychologists in New Jersey.

b. Partial Hospital Services or Inpatient – Child: half year, 2 days/week; --Adult full year, 1-1.5 days/week (mixture of acute/extended cases); --Correctional/Forensic (inpatient- half year, 2-3 days/week)

Child Track interns fulfill this requirement by carrying two cases from the children's partial hospital services, and participating in the milieu program for the equivalent of two days per week, for five-six months. Two-four hours of treatment time per week will be devoted to the individual client in individual and/or family therapy. Child interns participate in a weekly team meeting that is 1 hour in length, participate in milieu treatment 1 day/week for 3.5 hours, and must review treatment plans for their clients and maintain regular contact with the treatment team. Attendance at family night is also required. Supervision on these cases is provided by Dr. Lolalyn Clarke, under, licensed psychologist in New Jersey. Fall-rotation interns will be asked to pick up cases in July, and begin in the milieu by August.

For Adult Track interns, primary responsibilities are to co-facilitate at least 1 group, and then optimally assume the lead role for all groups as the year progresses. Program groups cover a large range of topics and orientations, including dual diagnosis, relapse prevention, illness management and recovery, psychoeducation (such as orientation to the treatment day), spirituality, DBT-skills, and MICA groups. The Adult Partial Hospital Program also has a MICA Track for clients presenting with severe and persistent mental illnesses and co-morbid substance use disorders. Clients may participate in 12 step-oriented groups as well as dual diagnosis groups, which provide integrated treatment approaches to address mental illness and addiction concerns. Treatment integrates psychiatric and daily partial care with the twelve-step model used in Alcoholics Anonymous and Narcotics Anonymous meetings. Supervision will have an emphasis on ethics and cultural diversity, and is provided by Dr. Nicole Attaway, licensed psychologist in New Jersey.

Correctional/Forensic Track interns fulfill their partial hospital/inpatient requirement at University Correctional Health Care. In the prison system, seriously mentally ill inmates are treated at the inpatient unit (the combined RTU/TCU), which is separated from the general population of inmates. The RTU and TCU provide structured psychosocial rehabilitation and psycho-educational programs, with individual and group counseling, supportive therapeutic activities, and psychiatric and medication monitoring. Inmates in the RTU suffer from severe and persistent psychiatric disorders, and typically are admitted for more than a year; the Transitional Care Unit is more akin to brief Partial Hospitalization Programs, where the focus is on transitioning inmates back to general population. Within this experience, interns may carry individual cases, participate in case management, co-lead groups, and complete all relevant documentation. Participation in the milieu is a central aspect of the experience, which includes participation in weekly community meetings, close coordination with custody staff, treatment team meetings, and direct involvement in treatment. Differential diagnosis for new admissions is carefully investigated, and more aggressive treatment is conducted. The treatment responsibilities for inpatient, on average are: 6 individual cases, and 1 to 2 groups. Supervision is provided by one of the licensed psychologists on staff, including James Cassidy, Psy.D., Nick Tolchin, Ph.D., and Guillermo Parra, Ph.D., as well as assessment supervision by Pamela Dengrove, Psy.D., who is not yet licensed in New Jersey.

NOTE:

1. *Interns are expected to carry a total of about 12 treatment cases at any one time, across all of their core and elective rotations, depending on the frequency of planned sessions.*
2. *All interns must co-lead at least one group during the course of the year. Group experiences are possible in many of the core and elective settings.*
3. *It is our intention that interns gain experience with a diversity of age groups, though that can be subject to patient availability. Interns who applied for the child track should obtain some experience with children under age 5. Interns who were admitted as adult track should obtain some experience with adults over 65. This age distribution can be met in core experiences or electives.*

2. Psychological Assessment - twelve months, 1 day/week

- a. Acute/Crisis Evaluations (10 weeks, one whole or two half-days per week for Adult and Child; Correctional/Forensic interns will conduct acute assessment in the prison setting (Stabilization Unit of Northern State or Edna Mahan Correctional Facility for Women):**

Interns in both General Adult and Child tracks spend time working in the Psychiatric Emergency Room housed in University Hospital. Individuals of all ages are seen in this unit for evaluation of possible admission to inpatient psychiatric units. Working alongside psychiatry residents and fellows, interns participate in the assessment of clients who walk in or are brought into the facility in a crisis state. In this context, decisions are made as to whether psychiatric hospitalization is required, whether the client should be seen for several sessions in the Crisis Clinic at UBHC, or whether the client should be referred for outpatient services. Adult interns will see predominantly adult patients; child interns will see both adult and child clients, but as most clients are adult, will be specifically called when there are children to be seen in the ER. This rotation affords interns the important experience of learning how to assess and intervene in a psychiatric crisis situation, and to develop a level of confidence in their ability to manage such situations.

Correctional/Forensic interns obtain experience with crisis assessment in the prison setting, completing a rotation at the Stabilization Unit of Northern State Prison or Edna Mahan Correctional Facility for Women. In the prison-based SU rotation, interns spend a total of 30-40 hours on the rotation. Interns participate in conducting initial interviews with the unit psychologist, in coordination with psychiatry, as the bulk of treatment is a combination of medication management along with understanding and resolving the environmental issues that contributed to the need for a crisis placement. Each inmate on the SU must be seen every day (6 days/week) until they are discharged; the intern is thus responsible for a partial contribution toward their care. Also, learning to complete disciplinary evaluations is often covered.

In all settings, interns observe the work of more experienced clinicians, gradually assuming more responsibility for direct assessment and intervention in the presence of these clinicians. Supervision is provided both in-vivo and individually as needed.

b. Intake Assessments-child: 4 months, 1 morning per week; adult: as needed to build caseload, or as available in partial and AOPS; correctional/forensic: on designated units for equivalent time.

Intake assessments begin for child UBHC interns in the summer, once to twice per week, with four to six weeks of observation behind a one-way mirror. This is mandatory for child interns, while attendance is voluntary but encouraged for the general adult intern. During the first set of meetings, staff members conduct intake interviews, while interns sit in and write drafts of the intake evaluations. In the second set of meetings, interns conduct the interviews, while staff members sit in; interns again write drafts of the intake evaluations. The group of interns discuss each interview and give feedback regarding interviewing techniques. Subsequently, interns will conduct initial psychosocial and diagnostic assessments in Child or Adult Services, as well as mental status examinations, on new patients in one of these services. Supervision will be available on a scheduled basis from the unit supervisors. The general adult track intern fulfills this requirement in the UBHC Adult Partial Hospitalization Service or through the Adult Outpatient Services. Correctional/Forensic adult interns fulfill this requirement in one of the prison settings in UCHC. In prison inpatient settings, interns complete regular comprehensive intakes as part of their rotation. In outpatient settings, intakes are generally less formal, but new cases assigned require a psychosocial assessment that helps serve as the basis for subsequent treatment planning. Supervision is initially conducted in an apprentice fashion, where interns observe and participate in intakes with senior staff.

c. Psychodiagnostic Testing- full year, ½ day per week

Interns will be expected to demonstrate basic competency in testing. Interns will participate in videotaped or live supervision with the testing director when they begin their rotation to assess and hone their skills in administration, scoring, and interpretation of basic instruments. For interns who require more training or experience in developing these basic skills, that experience will be provided through the basic testing experience, with clients in the age group of interest to the intern.

Assessments will either be conducted in the prisons (for UCHC interns) or at UBHC, with adult or child patients, on a referral basis as needed by treating clinicians or psychiatrists. Assessment of children and/or adults at UBHC is often requested to assist with diagnosis and treatment planning. It typically includes general cognitive and social-emotional assessment, but can also include neuropsychological issues. Interns can request age ranges and presenting complaints on which to focus. This rotation also includes a rotating “on call” schedule for adult inpatient psychological evaluation consultations. Within the prisons, the focus of assessments is generally on diagnostic clarification, risk assessment, and clarification of possible malingering. Interns may elect to have experiences with the assessment of individuals who are outside the intern’s developmental specialization, and non-correctional/forensic track interns may elect to have some experience in the prison setting.

By the end of the year, interns are expected to complete at least eight full batteries, including two reports with minimal corrections. Interns are expected to devote a half-day per week to these activities for the duration of the internship year. Half of the Psychodiagnostic Testing rotation requirement may be met by conducting Neuropsychological testing, supervised by the testing director, as part of core UBHC testing experience. These assessments can be of both inpatients and outpatients, primarily of individuals with known organic conditions. In addition, several of the electives have didactics associated with them; these will be described further when the elective supervisors present to the interns. For correctional/forensic interns, 2 risk assessments are considered equal to 1 full assessment battery, and as many as 3 of the 8 batteries may be accounted for by risk assessments.

Core Rotation Grid for UBHC interns

	Fretts	Knodel	Delgado	Chu	O'Brien
OPS Fall	Benson	Iudica Costa	Petry	Arora	Parker
OPS Spring	Benson	Petry	Arora	Parker	Iudica Costa
Partial	Full year – adult: Attaway	Spring – Clarke	Spring – Clarke	Fall – Clarke	Fall – Clarke
ER/Crisis	Mid Nov- end Jan	Mid Nov-end Jan	Begin Sept- mid Nov	Mid Apr- Late June	Begin Feb – mid Apr
Intake	Rolling, partial or AOPS	Sept- mid-Jan	Sept- mid Jan	Mid-Jan-mid-Apr	Mid-Jan-mid- Apr
IOP	N/A	Fall	Fall	Spring	Spring

UCHC Interns: McMahon: Fall: Northern State Prison- Outpatient; Spring: NSP- Inpatient
 Rojas: Fall: Edna Mahan Corr. Facility for Women- Inpatient; Spring: NSP- Outpatient
 Watson: Fall: Northern State Prison- Inpatient; Spring: ADTC- Outpatient

3. Teaching Experience

Interns present two trainings, of at least one hour in length each, about a body of psychological knowledge to a target audience. All trainings should be discussed with the training committee/representatives for approval.

The first training should be done as early as possible in the fall, but should be planned no later than the end of October, and interns should present an area of relative expertise to their primary unit staff (adult OPS or PHP, primary UCHC unit, or partial/child full unit).

The second training should partially cover some aspect of diversity, and should be planned no later than mid-March. It should benefit the population we serve in Newark and/or the immediate community. The talk may be given directly to laypersons, or those serving the immediate Newark community, such as teachers, parents, DCP&P workers, etc. This presentation could cover many topics, including: a discussion of racial and ethnic disparities in behavioral healthcare; the treatment of Latino and African-American individuals and families; the role of spirituality; GLBT issues; gender issues; ability/disability issues; ageism; and issues of socioeconomic class.

Audiences for the trainings can be mental health professionals inside UBHC, UCHC, or University Hospital, or professionals or non-professionals who have requested training from UBHC (e.g., teachers, a church group, DCP&P workers). Interns can work together on presentations (maximum of 2), but each intern

should have clearly defined responsibility for an identifiable aspect of the training, and each intern should conduct an independent presentation that lasts at least one hour.

Interns administer and collect evaluations from the target audience and submit a self-evaluation of the project, with suggestions for changes in the presentation in the future. At the conclusion of the training experience, students will submit to the Director of Training, or to the Assistant Director of Training: 1) an outline of the trainings, along with an identification of the target audience; 2) a copy of any materials distributed at the training; 3) a summary of the results of the satisfaction surveys and a brief self-evaluation identifying areas for change/improvement if the presentation were to be given again.

4. Case Competency Assessment

Each intern prepares a comprehensive formal written case study based on a treatment he/she has conducted over the course of the year. The written report must be finalized by the end of March in accordance with an outline provided to the student at the beginning of the year. It must be submitted to the supervisor who oversaw the treatment, for review and approval. The outline for the write-up generally follows the former requirement for the oral portion of the NJ licensing examination. After it is approved by the supervisor, the final written version is submitted to the Assistant Director of Training.

Subsequently, the intern will conduct an oral presentation of the case to two psychologists between mid-April and mid-May. During this oral review, students will be asked about the case presented, and are subsequently provided with written feedback about their performance.

5. Elective Rotations - number of months vary (5-8 hours/week)

Almost all of the services described as part of the core program are also available as elective rotations. Students already scheduled for these experiences may choose to spend more than the minimal time or take on more than the minimal number of cases. For example:

- Interns may spend more time completing outpatient intakes.
- Interns in each track may elect to conduct intakes in the other developmental specialty.
- Interns may pick up more outpatient cases.
- Interns may pick up more than the minimally required experience in the partial programs.
- Interns may spend more time involved in formal testing experiences, and/or select more than one formal testing rotation.

In addition, electives are available in the following service areas:

- Autism Clinic**: Interns may consult to child patients on the autism spectrum in need of brief psychological assessment and/or intervention, with doctors from the Departments of Psychiatry and Pediatrics. This rotation is requires one afternoon per week. Supervision provided by Tolga Taneli, M.D., and Janice Pronnicki, M.D.
- Child Consultation/Liaison**: Interns may consult to child hospital patients in need of brief psychological assessment and/or intervention, with doctors from the Department of Psychiatry. This rotation is requires one afternoon per week. Supervision provided by Tolga Taneli, M.D., and Sabina Mushtaq, M.D.

- C. **Child Group Therapy**: Interns co-lead a group in the Child Outpatient Services, either with a staff member or another intern. Groups may be focused on particular age ranges, particular diagnostic categories, particular skills, or particular content areas. Interns might also develop a group for a selected population of their interest. Supervision will be provided by the staff member who is the co-therapist, or by an assigned supervisor, if interns lead a group together.
- D. **Children of Violence**: Interns will carry one treatment case in this project. Children seen in this program are referred specifically because of histories of victimization by or witnessing violence. These include histories of sexual or physical abuse, witnessing domestic violence or community violence, or surviving the homicide of a family member. Group supervision, Paula Iudica, Ph.D., 1.5 hours per week (spring only).
- E. **Consultation/Liaison**: Interns consult to diverse hospital patients in need of brief psychological assessment and/or intervention. This is a major elective and requires one full day per week. Supervision is provided by Dr. Rashi Aggarwal and Dr. Douglas Opler, both of the Division of Psychiatry.
- F. **Correctional/Forensic Elective**: Interns may elect to work in performing psychotherapy or assessments in one of the correctional facilities available (Edna Mahan, Northern State, ADTC), under the supervision of licensed UHC psychologists.
- G. **DBT Project**: Interns may elect this program, within Child Outpatient Services, which provides both individual and group therapy, utilizing a Dialectical Behavior Therapy model, for adolescents with complex trauma histories and associated symptomatology. Staff involved in the program rotate being available by beeper 24 hours/day, 7 days/week. Supervision will be provided by Drs. Eric Parker and Rinku Arora. This project is planned to re-start in September, as they usually break for the summer.
- H. **FXB**: The FXB Clinic provides medical services for children who are HIV+ through maternal transmission. Interns may see individual clients and co-lead groups for children seen in this clinic. Supervision is provided by a licensed clinical social worker in the program, Heidi Haiken, LCSW
- I. **Jamesburg Juvenile Justice Center**: Interns may elect to spend one day a week for the year seeing incarcerated juveniles at the New Jersey Training School for Boys, under the supervision of Dr. Jason Fleming.
- J. **Parent-Child Interaction Therapy**: Interns may elect to learn the empirically supported intervention Parent-Child Interaction Therapy. This is a dyadic therapy approach in which the therapist's interventions are targeted at the caretaker's behavior, and the treatment is conducted through a one-way mirror, utilizing bug-in-the-ear technology. There will be group supervision of this elective, that will include a didactic component. Dr. Rinku Arora will supervise.
- K. **Primary Care Consultation**: Working with Dr. Donald Ciccone, interns may assess and provide direct services to medical patients at a primary care clinic, as well as perform brief screening assessments. Emphasis is placed on providing cognitive therapy in a medical setting, while learning to use Rational Emotive Therapy.
- L. **Quality Improvement (QI)**: Interns may choose to participate in a small quality improvement project, which can take one of two forms: joining an ongoing formal QI project on a given unit, or conducting an original project in independent groups. Unit projects would eventually be presented at the system-wide QI fair. Independent projects would be presented at a unit staff meeting in the spring. QI projects should

not be designed and carried out on one's own, but rather must be approved and conducted in coordination with the supervisors and administrators of the unit where they are performed. Supervision/guidance will be provided by supervisors on the unit where the project is conducted, with support from Training Committee members.

- M. **Student Wellness / Employee Assistance Program (EAP)**: Interns may elect to carry 2-4 cases of medical students and employees in advanced psychodynamic psychotherapy. Supervision provided by Mark Chernin, Ph.D.
- N. **Substance Abuse Intensive Outpatient Program**: Interns carry 1-2 substance abuse outpatient cases and participate in the Intensive Outpatient Program (IOP) in Adult Outpatient Services. The IOP team consists of three clinicians who run three groups per week for patients presenting with a range of alcohol and other substance use disorders and addictions. Interns may co-facilitate some groups. Supervision is one hour per week and will be provided on an individual basis by Dr. Frank Baffige.
- O. **Termination of Pregnancy Grief Group**: Interns may elect to co-lead grief groups for couples who have suffered from termination of pregnancy for medical reasons. Supervision is jointly provided by a social worker (Ms. Gisela Rodriguez) with considerable experience in this field, and an on-site psychologist.
- P. **Violence Institute**: Interns may elect to do some work on ongoing violence intervention programs in the schools or community. Past projects have included consulting or implementing programs for teen dating violence prevention. Supervision is provided by, Dr. Douglas Boyle.
- Q. **Youth Consultation Services**: Child track interns participate in group and dyadic treatment of mothers with substance abuse histories and their babies, as well as outpatient treatment of infants and toddlers. A didactic component is included. Dr. Eileen Torres and Dr. Diane Squadron are the supervisors. This is an off-site placement, and use of a car is necessary. This elective will offered in the spring semester only.

7. DIDACTIC PROGRAM

The didactic program described below was developed by the training staff specifically to meet the needs of interns. Some of the classes also involve psychiatry residents and other students.

Your attendance and active participation is required at these classes, unless otherwise stated. Training seminars are considered “sacred” time, and no rotations are permitted to conflict with them. Unless you are out of the office for the day, you will be expected to attend. Staff members and outside speakers work hard to prepare materials. If there are assigned readings, you are expected to complete them. If you know you will be absent on the day of a class, please notify the Director or Assistant Director of Training; if several people are out on the same day, we may decide to change the date of the class in question.

One of the hallmarks of our program is for interns to be active participants in the didactic process, either as co-facilitators of discussion modules, such as in diversity seminar, or in case presentations in testing, or in the evidence-based mental health seminar. Interns will also be rated on some of these presentations, just as they are rated on educational and community presentations. This allows for a greater development for each intern’s competencies in teaching and leadership. In addition, this promotes a sense of co-ownership for the program, and the training interns receive, as well as a feeling of support and safety among the cohort.

Summer Orientation Program: July-August (see schedule); required, except as noted.

1. Rutgers and UBHC Orientation: this includes the formal RBHS and UBHC orientations, as well as required web-based trainings (compliance, HIPAA, sexual harassment), training in the computer-based documentation system (Vista), and in Crisis Prevention Intervention (CPI). Interns are required to complete all necessary web-based trainings by the third week in July, and to provide evidence of this completion by submitting the completion forms to the Director of Training.

2. Introduction to the Internship Program: this includes overviews of all required and elective experiences.

3. Introduction to the Newark Community: interns will meet for a discussion of the history of Newark, and will participate in two afternoons of visiting various neighborhoods and agencies servicing the community. There may also be visits to DCP&P and courts on a different date to introduce interns to these systems.

Basic Skills Overview: July-September (see schedule); required as specified

Classes will include such topics as intake assessments, treatment planning and documentation, assessment of homicidality/suicidality, and psychopharmacology. Some classes may also include child residents.

Testing Seminar: summer as scheduled, Sept – May Wednesdays, 8:30-9:15 AM (time may be altered), required. The class covers testing practice and protocol, ethics, conducting feedback, as well as review of specific tests.

Issues in Diversity: weekly, September – May, Wednesdays 9:15-10:45 AM; required.

Covers issues associated with racial, ethnic, religious, gender, sexual orientation, age, and ability differences. Modules are led by non-supervisory adjunct faculty, and interns participate in the presentations.

Group Supervision: As scheduled on Orientation Schedule for July and August; Wednesdays 11-12 AM Sept-June; required. Group supervision includes ethics week (1st week of month), for which ethics journals are written once per month, most of which may be focused on a particular topic of interest. These journal entries are due by the first Wednesday of each month. The second week is internship group supervision/internship troubleshooting. Other group supervision weeks are professional development (3rd week), covering topics such as practice, licensure, registry, employment issues, as well as current events in psychology. The 4th week is a group case discussion, wherein interns take turns presenting one of their own treatment cases, when available on video. The schedule may be accommodated for special speakers of professional interest and development, and intern requests and needs are taken into account to the degree possible. UCHC interns also participate in a separate monthly group supervision with Dr. Abrams.

Evidence-Based Mental Health: weekly, September – May, Wednesdays 12 12:15 – 1:15PM; required. Covers empirically-based practices for adult and child patients. Speakers will present during the integrated therapy weeks, and interns will rotate case presentations together with residents and fellows during the evidence-based mental health weeks.

Grand Rounds: September-June, Fridays, 11-12:30; optional.

Two times per month, the Department of Psychiatry sponsors lectures, some by nationally and internationally known authorities. Attendance is voluntary but encouraged.

Prison Lecture Series: August-May, 1st Wednesday of the month, 1:30-3PM; required for correctional/forensic track interns, or interns taking prison electives; encouraged for others.

University Correctional Health Care sponsors a series located at UBHC, to cover issues of treatment and assessment related to forensics and the prison population.

8. **DEPARTMENT MEETINGS:**

Interns are expected to attend department and team meetings as scheduled by their core rotations. All Child interns on site are *required* to attend Educational Component Meetings on the 2nd Friday of each month from 11AM-1PM, located in the adolescent partial room, unless they check with the training committee if it is not relevant to their scope of practice. All *child* interns are *required* to attend the unit meetings on the 4th Friday of each month from 11-12 PM, and other interns on site may be asked to attend if there are special trainings during this time. Child interns are asked to choose one of the team meetings to attend consistently each week when they are on intake or have a high-risk case to discuss based on supervisor input or needing to confer with the treating psychiatrist (either Tuesday or Thursday 1-2:15). *The team must be attended to mark the case “high risk” for scheduling priority/communication.* It is preferable to attend the team meeting attended by the intern’s outpatient supervisor, but an alternative meeting should be chosen if this is not possible. All other services will announce the time of their required meetings.

Policies and Procedures Governing Intern Performance Evaluation, Feedback, and Advisement

1. Informal mutual evaluation and feedback is an on-going process that occurs in the context of individual and group supervision. The Training Committee and all supervisors are available, whenever needed, to discuss issues related to intern evaluation and advisement.
2. Initial Assessment and Plan:
 - a. Interns complete a self-evaluation by mid-July.
 - b. An assessment of the intern's formal testing skills begins in July, or as appropriate clients, who can be videotaped, are identified.
 - c. Interns prepare a proposed training plan for the year, outlining their elective rotations.
 - d. Interns meet with the Director of Training in late July or the first week of August to review their self-evaluations and training plans. The plans are modified as necessary, and then approved. Copies of the plans are sent to the intern's graduate Training Director.
 - e. Copies of the intern's self-evaluation and application materials (CV's, writing samples, list of tests administered and interpreted), as appropriate, are distributed to the intern's supervisors. These are used by supervisors in their supervisory work with interns.
3. First Quarter Review:
 - a. Supervisors meet monthly to review interns' progress.
 - b. Any difficulties noted are discussed with interns during individual supervision.
 - c. By the middle of the fall semester rotations (typically mid-October), the supervisor of each rotation provides qualitative, formative feedback to the intern using the form below, on p. 46-47. If significant problems are noted, an adjustment to the training plan may be made. Interns are given the opportunity to write a written response, particularly if any discrepancies are noted. More serious problems are addressed through due process procedures (see Due Process and Grievance Procedures for Interns below, p. 41-44).
4. Mid-Year Review:
 - a. Formal written evaluations are prepared and reviewed with each intern by each supervisor in December or early January. Interns are given the opportunity to write a written response, particularly if any discrepancies are noted.
 - b. Interns complete mid-year self-evaluations in late December.
 - c. The Director of Training meets with each intern individually to review the intern's self-evaluation, the supervisor evaluations, and the status of the training experience. Interns are encouraged to give feedback about the program as well. The intern's goals for the remainder of the training year are discussed and adjusted, as necessary.
 - d. A letter is sent to the graduate Training Director informing that individual of the student's progress.
5. Third Quarter Review:
 - a. Interns who begin new core and elective experiences in January have a written review with new supervisors by late March to give formative feedback as to progress and identify any problem areas. Interns are given the opportunity to write a written response, particularly if any discrepancies are noted.
 - b. Supervisors continue to meet monthly throughout the year and discuss student progress.
 - c. Again, adjustments in the training plan can be made, as needed.
6. Final Review:
 - a. Formal written evaluations are prepared and reviewed with each intern by each supervisor in late May/early June. Interns are given the opportunity to write a written response, particularly if any discrepancies are noted.
 - b. Interns complete self-evaluations by late May/early June.

- c. The Director of Training reviews all the evaluation materials (supervisors' evaluations, self-evaluation, feedback from mock orals, report of research project, reports of educational experiences) and prepares a final narrative, summarizing the intern's experience and evaluating the intern's performance.
- d. The Director of Training meets with each intern individually in June to review the final narrative and the data on which it is based. The final narrative is signed by the student and sent to the graduate training director.

Understanding of Role of Intern/Supervisor

- The intern is a student completing doctoral requirements.
- Interns are also human beings, needing to maintain self-care and balance. This must be maintained as a priority alongside the demands made during this challenging year, and conflicts must be made known, and boundaries recognized. Reactions and frustrations are normal, but need to be dealt with as constructively and professionally as possible. Compassion fatigue is also common when dealing with the extent of trauma faced by families and individuals in interns' care. This also needs to be recognized, discussed, and worked through.
- In ongoing supervision, the intern recognizes and discusses their role in a complex and changing system, and the need to adapt to changes that occur. The intern maintains a professional and respectful decorum to all staff and fellow trainees, and addresses any conflicts first through supervision. If this is not successful, the intern works through the training committee for mediation, followed by any needed grievance procedures described in greater detail later in this document.
- The ultimate responsibility for the treatment rests with the supervisor. If there are emergency issues related to patient care (e.g., DCP&P reporting, suicidal ideation), the intern **must** consult with the **supervisor** immediately (prior to the patient leaving the facility), even through emergency contact information, and if that person is unavailable, they should consult the *covering psychologist or an administrator* on duty. **In addition, the treating psychiatrist** should be contacted. If the covering psychiatrist is unavailable, the intern must contact the *psychiatrist on duty (P.O.D.)*. This is essential, particularly since the patient will receive better care if the psychiatrist calls the ER in advance of the patient coming there. Please note that public safety has a non-emergency and patient transport number (x4491 and x4492 respectively) so they can escort patients to the ER if needed. Remember, even experienced clinicians need to seek consultation to behave in the most well-informed, ethical way.
- Similarly, any contact with attorneys, or addressing any legal matter raised in treatment, must be discussed with the supervisor, before any action is undertaken.
- The supervisor should be identified to each client (including group and UCHC clients) in writing by name and title, and a phone number of the supervisor should be provided. Wherever possible, the intern should arrange for the supervisor to meet the client.
- The intern will discuss and share with the supervisor all information discussed with the client. The supervisor will review and approve all treatment plans, as well as all progress notes. The intern should always consult with the supervisor and treatment team prior to making disposition plans, and prior to discussing identifying information or other specifics of the case with others.
- The intern will videotape 4 sessions and/or arrange for sessions to be observed by the supervisor (two each semester). The use of audiotaping will be given consideration as well. Consent for videotaping should be obtained from the client. (note: DCP&P does not allow videotaping for any children under DCP&P supervision; the prisons also do not allow audio or videotaping. Therefore, direct observation of these clients will occur, rather than taping.)
- As developing psychologists working with a marginalized population, displaying high standards of professionalism is a priority. This includes punctuality, timely completion of paperwork, respect for privacy, and the dress and presentation of the psychologist. The psychology intern is an ambassador of

the profession as well as our program. Dress codes are enforced within UBHC and certainly in the prisons. Dress should be even more conservative and safe when conducting inpatient consultations and in the prisons (ie. Avoid heels, loose long hair, revealing clothing etc).

- Though not formalized, and not universal through rotations, we tend to go by our last names when working on the internship. This is mainly done to reinforce the nature of the working relationship. We go by first names around other staff, housekeeping etc.
- As an ambassador for psychology and honoring the training role, texting and cell phone etiquette must be observed. Talking on cell phones and texting **MUST NOT** be conducted during courses or in hallways, and certainly never in any presence of clients. The use of cell phones should be confined to the privacy of your office or lounge areas.
- Also to build on the ambassador role, it is deeply hoped that interns will broadly seek out feedback and/or information that will demonstrate their openness to growth.
- As psychology interns, didactics and training should be prioritized to the highest degree, including presentation, punctuality, and not scheduling other responsibilities during didactic or core rotation time.
- The front desk staff **MUST** receive a copy of your schedule weekly, to find you in case of emergencies. You *must* also communicate your schedule with unit administration, particularly during shifts in your rotations, such as which days you will be doing intakes. This includes notifying relevant administrators of absences and changes in your schedule.
- The following information is to be given to each client assigned to the intern for treatment (utilize the form on the following page):

Doctoral Internship in Clinical Psychology
Rutgers University Behavioral Health Care - Newark
Rutgers New Jersey Medical School - Department of Psychiatry

I understand that my assigned therapist, _____,
is a psychology intern. Psychology interns have master's degrees in psychology and have completed all necessary courses for a doctoral degree. The supervisor for the intern is a licensed psychologist. The supervisor is an employee of UBHC. My therapist's supervisor is:

Name: _____

Title: _____

Phone: _____

I have been offered an opportunity to meet the supervisor in person.

I understand that the intern will meet weekly with the supervisor and will discuss and share with the supervisor all information discussed with me and/or my child. The supervisor will review and approve all treatment plans, as well as all progress notes. I understand that the intern is required to videotape some sessions and/or arrange for sessions to be observed by the supervisor.

(Patient)

(Parent)

(Date)

(Witness)

Therapy Case Formulation

Case Number: _____

Intern: _____

Supervisor: _____

Indicate the theoretical perspective you are using to formulate this case:

Psychodynamic

Behavioral

Cognitive Behavioral

Family Systems

Other: _____

Write a formulation of no more than 200 words that provides your understanding of the nature of the client's difficulty from within the chosen perspective. Utilize concepts from the perspective, but explain specifically how they apply to the history and current circumstances of this particular client.

Educational/Teaching Experience

1. Goals and Objectives
 - a. To develop ability to translate academic knowledge into language understandable to others
 - b. To contribute to the development of psychological knowledge in a target population
 - c. To increase the value of the internship program to internal customers (UBHC staff, University Hospital staff) or to increase the value of UBHC to external customers (the local community served by UBHC).

Interns present at least two trainings, of at least one hour in length, about a body of psychological knowledge to a target audience. The first, to be planned and scheduled by the end of October, should be a presentation to unit staff or mental health professionals inside UBHC/UCHC, on a topic of expertise by the intern. The second, to be planned and scheduled by March 15th, must cover some aspect of diversity to a Newark-area community audience; ideally, this would be a school or community organization, but it can also be a non-UBHC/UCHC professional or non-professional group serving the population of Newark. Audiences can also be University Hospital, or professionals or non-professionals who have requested training from UBHC (e.g., teachers, a church group, DCP&P workers). For example, this could include a discussion of racial and ethnic disparities in behavioral healthcare. Or it could address issues in the treatment of Latino and African-American individuals and families; the role of spirituality; GLBT issues; gender issues; ability/disability issues; ageism; issues of socioeconomic class. Interns can work together on presentations, but each intern should have responsibility for an identifiable aspect of the training, and each intern should conduct a presentation that lasts at least one hour each. Interns administer and collect evaluations from the target audience and submit a self-evaluation of the project with suggestions for changes in the presentation in the future.

2. With input from the Training Committee Representative, for each presentation, each intern identifies:
 - a. a target audience
 - b. a topic useful to that target audience
 - c. a mentor for the teaching experience
3. The intern prepares an outline for the teaching experience that is approved by the mentor.
4. The intern collects satisfaction surveys, and tallies them.
5. The intern submits the following to the Director of Training by May 25th:
 - a. Titles of presentations
 - b. Target audience
 - c. Goals of presentations
 - d. Outlines of presentations
 - e. Copies of any handouts
 - f. Summary of satisfaction surveys
 - g. Self-evaluation of presentation, including plans for change/improvement if presentation were given again

Case Competency Assessment
Goals and Learning Objectives

1. Goals
 - a. Develop ability to present treatment of a patient in an organized, standardized, written format that utilizes a consistent theoretical model for assessment, intervention, and evaluation of effectiveness.
 - b. Develop ability to engage a reflective defense of treatment decisions.
 - c. Preparation for independent practice, some licensing exams, as well as for ABPP.
 - d. Process serves as capstone assessment of competencies that have been developed throughout the internship year.
2. Preparation and Practice Throughout the Year.
 - a. Interns will be assigned treatment cases throughout the year.
 - b. Interns will submit to their supervisors a formulation on each case. Each formulation must be based upon a theoretical perspective. Interns are encouraged to practice using different theoretical perspectives throughout the year. (See Therapy Case Formulation form above.)
3. Selection of a case.
 - a. The case should be selected from your core rotations, not from any of your elective experiences.
 - b. The decision about which case will be selected should be discussed with your fall semester supervisor and finalized by mid-October.
4. Write-up of theoretical orientation, formulation, and initial assessment.
 - a. The supervisor should receive an initial write-up of these sections by mid-November.
 - b. The first 2 sections as approved by your fall supervisor and finalized are due by mid-January.
5. Process of submission.
 - a. Drafts of the written study should be presented to the fall supervisor for review. The first full and completed draft, which also includes course of treatment (Interventions) and fuller elaboration on applicable research, cultural and contextual factors, ethics, updated assessment, prognosis, and plan should be submitted by the end of February.
 - b. You should expect to do several revisions of the document, in response to feedback from your fall supervisor, who will continue to supervise the document, even if the client is supervised by a different supervisor during the spring semester. The number of drafts may vary.
 - c. However, regardless of how much revision may still be recommended, the final draft is due at the end of March. The final draft should be approved by the Fall supervisor, and then submitted to the Assistant Director of Training.
 - d. The Assistant Training Director will appoint the two-member assessment committee and schedule the oral examination.
 - e. The Assistant Training Director will send copies of the study to two individuals who will serve as the assessment committee, at least two weeks prior to the case competency assessment. One of the committee will probably be from UBHC and the other will probably be an outside examiner. Neither of the examiners will have supervised you on the case you are presenting.
4. Case competency assessment.
 - a. Assessments will be scheduled in late April or early May.
 - b. The oral presentation component typically lasts for one hour.
 - c. Interns should come to the assessment prepared to present a brief summary of the case (no more than 10 minutes).

- d. The examiners will ask questions and engage in a discussion.
- e. At the completion of the assessment, the examiners will submit to the Director of Training their evaluation of the intern.
- f. The Director of Training will give the intern the feedback from the examiners.

Outline of Treatment Report for Case Competency Assessment

The report should be no more than 20 double-spaced pages and 12-point type size, with standard margins. Confidentiality should be preserved by using initials or pseudonyms, and omitting reference to addresses, names of schools, or other identifying information.

Theoretical Orientation - In a brief statement of no more than two pages, describe the theoretical orientation upon which you based your work with this client, the reasons for utilizing this orientation, and your understanding (briefly) of how it compares and contrasts with one other theory.

Data:

- Assessment:** – Each point should be very brief (can be a sentence at times), with most emphasis on formulation
- Methods by which you assess needs (include copies of any testing instruments in an appendix; de-identify all material), and examination of effectiveness and limitations of your methods.
 - Identifying information including age, gender, race/ethnicity, residential situation, school or work status, referral source, reason for referral, significant history
 - Chief complaint in words of patient and/or family;
 - Present history: Should include a description of when the problem described above started, as well as any explanation offered by the patient/family as to their understanding of the cause of the problem.
 - Intake Mental Status - Appearance, behavior, speech, affect, thought (processes and content), cognition (attention/concentration, memory, judgment, intelligence, insight), hallucinations, delusions, suicidal and homicidal ideation. This should be a description of how patient was when treatment began.
 - Past psych history– Can include a description of all previous episodes of treatment, including when and where they occurred, the reason for those episodes of treatment, what type of treatment was given, and the reported outcome of the treatments. Also include history of substance abuse and treatment.
 - Family History – Can include historical information about parents and siblings that may be relevant to the problem. Particular attention should be paid to past family history of psychiatric/psychological problems, substance use and abuse, intrafamilial violence and abuse, and significant medical problems.
 - Past History - Can include whatever is relevant in the client's developmental history, history of living arrangements, school, peer relationships, medical issues, sexual history, work history, history of intimate relationships, religious/spiritual issues, cultural issues – always include culture.
 - Diagnostic formulation (5 axis differential).
 - Psychological formulation - Your integrated understanding of the presenting problems. This formulation should be stated within the theoretical approach you are using, but should also account for and make reference to biological, individual, interactive, motoric, language, social, and developmental issues that are present. Be sure to include strengths of the individual/family, as well as problems.

Interventions:

- Treatment Plan – This is a description of the initial treatment plan, and subsequent updates, under which you are currently operating. You should identify the major goals and objectives of treatment, and relate these to the way you understand the case theoretically. Identify the treatment modalities that have been employed.

- **Course of Treatment/Interventions to Date** - The significant interventions you made with the particular client, significant decisions that you made during the course of contact with the client that particularly altered or advanced the course of your work, the theoretical and/or practical reasons that led you to make these interventions and decisions. If there are empirically supported treatments that are available for this particular problem and you did not make use of them, please identify them and explain why you made this decision. This section should not be a session by session description, but is probably best organized as stages or phases in the course of the treatment, that may be marked by shifts in the client, changes in the client's mental status, or shifts in the focus of treatment. You should discuss particular interventions that are examples of how you worked with the client, and the rationale for these interventions should be consistent with your theoretical approach. You should also discuss changes in your diagnostic formulation which occurred during the course of treatment.
- **Current Status of Client:** This should include current mental status, as well as progress (or lack of progress) toward goals. Should also include plans for future treatment and follow-up. Any assessment done at the beginning should be updated here

Relevant Research: Studies from the theoretical or research literature that support your interventions

Ethical Issues: A discussion of points at which ethical questions came up and how you resolved them.

Diversity Issues: A brief discussion on how diversity issues played a role in assessment and/or treatment

Effectiveness, Prognosis, and Plan: A description of how well your services worked in this case, and what might be expected and planned for the client's care moving forward.

In an Appendix (not counted in 20 page limit):

References - A brief listing of relevant research or theoretical literature that supports your treatment decisions for the client and supports the appropriateness of the methods employed.

Key Deadlines for Internship Program

- July 17 Initial Self-Evaluation: Training Director
July 24 Complete Web-Based Training: Training Director
- August 4-5 Training Plan Meeting: Training Director
August 6-7 *Review tentative training plan with primary supervisors for potential conflicts
August 11 Training Plan Due: Training Director
- September 1 Program Development/Outcome Assessment Project Plan: Asst Director (Dr. Iudica)
Registration of Program Development/Outcome Assessment Project with Quality Improvement Department (*if applicable*).
- September 14 Identify unit training presentation, to be completed by next month:
Asst Director (Dr. Arora)
- October 1 First Videotape/Live Supervision Completed
October 1 Supervisory Feedback Experience: Distribute October formative evaluations
October 12-16 Individual Progress Meetings with All Supervisors
October 16 Deadline for Case Selection for Case Competency Assessment
October 30 First Teaching Experience due (unit-wide): Asst Director (Dr. Arora)
- November 17 First Draft of Theoretical Orientation and Assessment Sections of Case Competency Assessment Progress Review, Quality Improvement Project: Assistant Director (Dr. Iudica)
- December 16 Oral Status Report on Program Development/Outcome Assessment Project: Assistant Director (Dr. Iudica)
December 18 Second Videotape/Live Supervision Completed
Dec 24-31 Supervisory Feedback Experience
December 31 Mid-year Self-Evaluations due
Evaluations of Interns by Supervisors
- Late-January Mid-Year Progress Meetings with Training Director
January 15 Sign-off sheet for fall requirements submitted to Training Director
*note: failure to submit this on time will result in an automatic remediation notice and plan, shared with home training program
January 15 First Two Sections of Case Competency Finalized and Approved by Fall Supervisor.
- Mid-Late Feb. Quality Improvement Fair – internal UBHC
February 26 First Full Draft of Case Competency Assessment: Primary Supervisor
- March 14 Final Teaching Experience planned (community): Asst Director (Dr. Arora)
March 14-18 Spring semester formative feedback from supervisors beginning January Rotations
March 31 Final written case competency assessment due to supervisor, then to Assistant Director (Dr. Iudica)

April 4	3rd videotape/live observation completed
April 13	Quality Improvement Write-up due to Assistant Director (Dr. Iudica)
April 18-May 13	Case Competency Assessments Scheduled
May 13	Begin end of year self-evaluations
May 25	Outlines/Materials/Evaluations for Teaching Experiences: Dr. Arora
June 1	Begin end of year program/supervisor evaluations; Evaluations of interns by supervisors; interns provide feedback to supervisors
June 12	4 th videotape session/live observation completed
June 15	Graduation (tentative)
Check-out:	
Late June	Internship Completion Requirements Form: Training Director
Late June	Supervisory Feedback Experience
Late June	Final program & intern evaluations completed & reviewed
Late June	Final Evaluation Meetings with Training & Assistant Director

COMPLETE END-OF-YEAR CHECKOUT PROCEDURES AS PER GUIDESHEET TO BE DISTRIBUTED

Fall Completion Checklist (due Jan 15)

1. Two videotapes/live therapy sessions from core rotation reviewed by primary supervisor, Fall

Pt initials, ID# (s) _____

(Signature of Supervisor)

(Date)

2. All brief case formulations on open cases written and reviewed

(Signature of Supervisor)

(Date)

3. In-house educational presentation completed

Title _____

(Signature of Assistant TD)

(Date)

4. Three psychological evaluations completed and test data scanned

(Signature of Testing Supervisor)

(Date)

5. Background and initial assessment sections of case competency written and reviewed

Pt initials, ID# (s) _____

(Signature of Supervisor)

(Date)

6. 250 clinical hours logged

Pt initials, ID# (s) _____

(Signature of Assistant TD)

(Date)

7. One home and one school visit done (child interns only)

Pt initials, ID# (s) _____

(Signature of Supervisor(s))

(Date)

Intern Completion Requirements (end-year)

Name of Intern: _____

1. Two videotapes/live therapy sessions from core rotation reviewed by primary supervisor, Spring

Pt initials, ID# (s) _____

(Signature of Supervisor) (Date)

2. Formal case written report (case competency) approved

(Signature of Supervisor) (Date)

5. Two intake assessments completed with minimal corrections

(Signature of Supervisor) (Date)

6. Two treatment plans completed with minimal corrections (Spring)

(Signature of Supervisor) (Date)

7. Two psychological evaluations completed with minimal corrections; 8 total

(Signature of Testing Supervisor) (Date)

8. Two home and two school visits completed (child track)

Pt initials, ID# (s) _____

(Signature of Supervisor(s)) (Date)

9. Teaching experiences completed.

Date	Location (unit)	Topic

(Signature of Assistant TD) (Date)

10. Written report of QI project submitted

Title _____

(Signature of Assistant Director of Training) (Date)

11. Case competency assessment completed

(Signature of Assistant Director of Training) (Date)

12. Oral feedback to supervisors/program/ checklist completed

(Signature of Director of Training) (Date)

UBHC CLINICAL RECORD DOCUMENTATION GENERAL RULES

Revised April 12, 2004

These deadlines are essential, both in providing competent, professional service as well as for billing/reimbursement

NAME OF REPORT	OUTPATIENT	PARTIAL HOSPITAL-EXTENDED	PARTIAL HOSPITAL-ACUTE	INPATIENT
INITIAL EVALUATION	AT THE TIME OF EVALUATION BUT NO LATER THAN 14 DAYS AFTER ADMISSION	AT THE TIME OF EVALUATION BUT NO LATER THAN 14 DAYS AFTER ADMISSION	WITHIN 72 HOURS	WITHIN 72 HOURS
INITIAL TREATMENT PLAN	AT THE TIME OF EVALUATION BUT NO LATER THAN 14 DAYS AFTER ADMISSION	AT THE TIME OF EVALUATION BUT NO LATER THAN 14 DAYS AFTER ADMISSION	BY DAY 4	BY DAY 4
TREATMENT PLAN-UPDATE	EVERY 3 MOS. FOR 1 ST YEAR AND EVERY 6 MOS. THEREAFTER	EVERY 3 MOS.	EVERY 14 DAYS	AT LEAST WEEKLY
PROGRESS NOTES	IMMEDIATELY BUT NO LATER THAN ONE DAY AFTER THE SERVICE IS PROVIDED	AT LEAST WEEKLY	AT LEAST WEEKLY	AT LEAST WEEKLY
DISCHARGE/TERMINATION SUMMARY	WITHIN 15 DAYS OF THE FINAL SESSION FOR SCHEDULED TERMINATIONS. WITHIN 3 MOS. OF THE FINAL SESSION FOR UNSCHEDULED TERMINATIONS	WITHIN 15 DAYS OF THE FINAL SESSION FOR SCHEDULED TERMINATIONS. WITHIN 3 MOS. OF THE FINAL SESSION FOR UNSCHEDULED TERMINATIONS	WITHIN 15 DAYS OF DISCHARGE	WITHIN 15 DAYS OF DISCHARGE

MEDICAID & MEDICARE EVALUATION PROTOCOLS

Current as of October 11, 2006

ADMISSION TYPE	PAYOR	ORDER OF CONTACT	SERVICE CODE	NOTES
New Registration to UBHC	Medicaid	MD/APN/PhD then Clinician or Clinician then MD/APN/PhD with both having to occur on the 1 st day; MD must be scheduled to see patient within 10 days	<ul style="list-style-type: none"> • MD/APN/PhD: 8001 • Clinician: 8114 	<ul style="list-style-type: none"> ▪ MD/APN/PhD must see pt on 1st day ▪ Clinician need not be licensed; however they must have a master's degree in a mental health discipline and can only see the patient as a member of the evaluation team. ▪ TxPlan at time of evaluation but no later than 14 days after admission (signed by physician)
New Registration to UBHC	Medicare	MD then Clinician or Clinician then MD with both having to occur on the 1 st day.	<ul style="list-style-type: none"> • MD: 8001 • Clinician: 8114 	<ul style="list-style-type: none"> ▪ MD must see patient on 1st day ▪ Clinician need not be licensed; however they must have a master's degree in a mental health discipline and can only see the patient as a member of the evaluation team. ▪ TxPlan at time of evaluation but no later than 14 days after admission (signed by physician)
Transfer from UBHC Program— New Patient and old patient	Medicaid	1st MD/APN/PhD 2nd Clinician	<ul style="list-style-type: none"> • MD : 8104 • Clinician: 8113 	<ul style="list-style-type: none"> ▪ Not permitted to bill 8001 ▪ New TxPlan is not required if there is no change in level of care (e.g., OP to OP)
Transfer from UBHC Program— New Patient and old patient	Medicare	1 st MD 2 nd Clinician	<ul style="list-style-type: none"> • MD: 8104 • Clinician: 8113 	<ul style="list-style-type: none"> ▪ Not permitted to bill 8001 ▪ New TxPlan is not required if there is no change in level of care (e.g., OP to OP)

**OUTLINE OF BENEFITS POLICY FOR PSYCHOLOGY INTERNS
JUNE 2014**

1. MEDICAL COVERAGE

Start of Coverage. Begins 60 days from date of employment. For interns who start 7/1/15, medical benefits begin 9/1/15.

Scope of Coverage. Coverage extends to the intern and his/her immediate family (spouse and children).

Termination of Coverage. Medical benefits automatically extend to the end of the month in which termination occurs **plus** one additional month. For interns who resign effective 6/30/16, medical benefits automatically extend through the month of July, i.e., through 7/31/16.

Optional Extension of Coverage at Termination. During the exit interview (occurring on or about June 30, 2016), interns receive COBRA notification which gives the option of continuing medical coverage by paying for it. There are restrictions on the type of coverage that can be purchased, and interns who wish to exercise this option should check on these restrictions well in advance.

2. SICK DAYS

Accrual: Interns are given 12 sick days at the beginning of the year; if more sick days are taken than are available, interns may lose pay.

Termination: There is no credit for any days off accrued at the time of termination.

PLEASE NOTE: Sick days are not vacation days, and you are entitled to them only if you are sick or have a scheduled doctor's appointment. Sick days are scheduled in advance only for doctor's appointments. They should not be appended onto vacation time; if you call in sick before or after scheduled vacation time, you may be asked to produce a doctor's note.

3. VACATION DAYS

Accrual and Start Date: Interns are given their vacation days at the beginning of the year. However, interns can start to use vacation days after 2 months have passed, i.e., in September 2015; exceptions are made in extenuating circumstances with special permission

Procedure for Scheduling Vacation Days/Float Holidays:

- a. Schedule in Advance. Submit appropriate form to obtain the Training Director's /Asst Training Director's (Dr. Iudica) approval at least 2 weeks in advance. Float holidays, vacation, and scheduled sick time must be approved in advance, or it can be denied.
- b. Designate "back-ups" for coverage, and provide them with necessary information.
- c. Inform appropriate supervisors, secretarial staff, and administrators on each rotation about your plans and backup arrangements.

4. REGULAR PAID HOLIDAYS AND FLOAT HOLIDAYS

Interns are entitled to the same regular paid holidays as RBHS employees. In addition, you accrue “Float Holidays” at the rate of one every two months. You must take your first three Float Holidays by December 31st, so that you do not lose them. The second three can be taken anytime between January and June.

5. CONFERENCE TIME AND SUPPORT

The internship program will allow each intern five conference days per year. Interns request these days in the same way that vacation and scheduled sick time is requested, but the request must be accompanied by a copy of the conference brochure.

If you wish to attend a full-day or half-day training scheduled by UBHC in Newark or any other campus, such attendance is taken as “training” time and not “conference” time. However, you must also complete the same form in advance.

6. TIME FOR DISSERTATION ACTIVITIES, JOB INTERVIEWS, AND GRADUATION

Interns should use float holidays, vacation days, or conference days for these activities. No separate time is allocated for these activities.

INTERNSHIP HOURS

As an intern, you are expected to accrue 2000 hours to ensure successful completion of your internship, as internship administrators need to be able to sign off on any state’s licensure forms. Vacation, sick time, and holidays do not apply towards your 2000 hour total. However, you may document time spent at home doing internship duties (e.g., writing testing reports, preparing the mock oral write-up, and preparing your educational presentations, etc). It is also required that you will accrue at least 600 face-to-face clinical hours on internship, while even more is desirable. You must document your internship time (both total and face-to-face) on the weekly sign-in sheets, and must submit a monthly total to the assistant training director (Dr. Iudica). This submission should include both your face-to-face and total hours for the past month, and your cumulative totals of both for the year thus far. Face-to-face hours include any time spent with clients, any time spent making collateral or phone contacts, and any time writing assessment reports (including for G-Yellow or Risk Assessments).

7. LOGGING IN/OUT:

It is essential that you sign in/out on the intern sign-in sheets next to the support staff area, even for days you are off-site (log your hours the next day you are on-site). This includes time you spent on weekends/home for specific activities related to internship paperwork, and you **MUST** log the purpose on your time sheet with realistic time estimates. This includes reasonable allocations of time for “professional” activities such as: writing testing reports, completing case documentation, preparing the case competency write-up, and preparing your educational presentations. This does **NOT** include activities considered “training,” such as learning new test administration and scoring, completing background reading or assignments, reviewing videotapes, or preparing for didactics.

8. FINAL NOTE AND CAVEAT

The information summarized above is provided for your convenience. Although accurate to the best of our knowledge, be aware that university personnel policies are complex and intricate, and they change over time. Accordingly, it is possible that some of the above information is incorrect or outdated.

PSYCHOLOGY INTERNSHIP PROGRAM
POLICY ON INTERN EVALUATION, GRIEVANCES, AND MANAGEMENT
OF PROBLEMATIC PERFORMANCE OR CONDUCT

June 2015

This document sets forth guidelines for evaluation of interns, the management of problematic performance of conduct, and grievance procedures for interns. The guidelines are consistent with accreditation standards of the American Psychological Association and also incorporate human resources policies of Rutgers University. The guidelines emphasize due process and assure fairness in the program's decisions about interns, and they provide avenues of appeal that allow interns to file grievances and dispute program decisions.

THE EVALUATION PROCESS

Toward the end of the first month of the internship, each intern will complete a self-evaluation. This self-evaluation will assist in the identification of strengths as well as areas for further growth and development.

Interns will use the self-evaluation and their experience during the program orientation and the elective rotations to develop a proposed training plan. The training plan is then reviewed with the Director of Training, in the context of the intern's originally stated goals for the internship year, and approved or amended. The plans are also reviewed with primary supervisors to review any potential scheduling or other conflicts. Training plans are generally followed through the year, but can be altered in response to the needs of the interns, as further identified by the intern and/or supervisory staff. After completion, the graduate program training director will be informed as to the intern's planned program for the year.

There is an on-going process of mutual informal evaluation throughout the internship year. By mid-October, each supervisor is asked to complete and review with the student a brief rating form indicating whether the intern is making satisfactory progress or whether there are any areas of concern; this form is submitted to the Director of Training.

The internship supervisors meet monthly to review the progress of interns. The internship Training Committee meets twice monthly and likewise reviews the progress of interns; interns are invited to attend this meeting once per quarter, to ask questions and/or make suggestions re: the internship overall.

On a quarterly basis, the Training Director and/or Assistant Directors provide each intern with a verbal summary of the supervisors' impression of the intern's progress in the program. Based on the evaluations, the Training Director, Assistant Directors, and the intern may modify the intern's training plan or the program itself to better meet the intern's training needs.

Twice during the year (December and May), more in-depth, summative written evaluations of interns are completed by each supervisor, and interns are also asked to submit self-evaluations at this time as well. Differences between interns' and supervisors' appraisals are expected to surface in these meetings, and in most

cases are resolved. After the meeting, the supervisor and intern sign the written evaluation and forward it to the Training Director. The Training Director may obtain additional evaluation data through consultation with supervisors by phone or in person and may speak with other professional staff who have had significant contact with interns. A final narrative describing each intern's experience and providing a summary evaluation is prepared at the end of the year by the Director of Psychology Training, in collaboration with the Assistant Director for the intern's track. This final narrative is kept on file for subsequent reference.

COMMUNICATION WITH INTERNS' HOME GRADUATE PROGRAMS

The Training Director typically communicates with each intern's sponsoring graduate program about the intern's activities and progress three times during the year. Early in the year, the home graduate program receives information about the intern's training activities and training plan. At mid-year, the home program is advised of the intern's general progress. And at the end of the internship year, the home program receives the narrative summary that describes the intern's training experiences and provides an evaluative statement of the intern's performance. That summary indicates whether the intern has successfully completed the internship, and also provides recommendations for further training experiences.

At any time, if problems arise, which cast doubt on an intern's ability to successfully complete the internship program, the Training Director will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems. The home program may also be contacted by the Training Director to develop a better understanding of the strengths and weaknesses the intern brings to the internship year, even if the problems do not rise to a level that the intern possibly will not successfully complete the program.

The training program maintains an open door policy with respect to the home programs and welcomes visits or phone contacts by faculty from the home program at any time during the internship year. If additional evaluation forms are required by the graduate program, these are completed as requested by the Director of Psychology Training.

DUE PROCESS IN EVALUATION AND REMEDIATION

The training program follows due process guidelines to ensure that decisions about interns are not arbitrary or personally-based. The program uses the same procedures to evaluate all trainees, and it has appeal procedures that permit any intern to challenge program decisions. The due process guidelines include the following:

1. All interns receive a written statement of program expectations for professional functioning.
2. Evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions for making decisions about problematic performance or conduct are outlined in written statements given to all interns.
4. Graduate programs are informed about difficulties with interns.
5. Remediation plans are instituted for identified inadequacies, and they include time frames for remediation and specify consequences for failure to rectify the inadequacies.
6. All interns receive a written description of procedures they may use to appeal the program's actions, and procedures they may use to file grievances.
7. Interns are given sufficient time to respond to any action taken by the program.

8. Decisions or recommendations regarding the intern's performance or conduct are based on input from multiple professional sources.
9. Program actions and their rationale are documented in writing to all relevant parties.

DEFINITION OF PROBLEMATIC PERFORMANCE AND/OR CONDUCT

Problem behaviors are said to be present when supervisors perceive that: a trainee's behaviors, attitudes, or characteristics are disrupting the quality of his or her clinical performance and/or movement toward competencies; his or her relationships with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when an intern's problem behaviors are serious enough to fit the definitions of problematic performance or conduct rather than merely being typical problem behaviors often found among trainees.

The program defines *problematic performance* and *problematic conduct* as present when there is interference in professional functioning that renders the intern: unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning. More specifically, problem behaviors are identified as *problematic performance* and/or *problematic conduct* when they include one or more of the following characteristics.

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
3. The quality of services delivered by the intern is significantly negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

MINIMAL STANDARDS FOR GRADUATION

Interns must meet minimal standards for both conduct and performance.

Performance assessment: Evaluation forms use a scale of 1-5 with scores of 1 representing pre-practicum level of competencies, 2 representing practicum level, 3 representing beginning internship level competencies, 4 representing advanced internship level competencies, and 5 representing post-doctoral level competencies. Twice each year, following the mid-year and end-year evaluation submissions, the scores are weighted and averaged across goal domains to generate a score for each intern on each item. The scores are weighted as follows, based primarily on time spent in the rotations: Core treatment rotations: 0.6, assessment, didactic participation, and group supervision: 0.2, and electives and auxiliary internship experiences, such as educational requirements: 0.2. A passing score for graduation requires a score rounded to "4" or more in all competency goal domains.

If any domain is rounded to a “2.5” or less at midyear, a remediation plan will be put into place. A remediation process will also be triggered if paperwork is late (i.e. sufficient hours not being logged, less than 3 of the 8 testing reports are completed by mid-year, case competency paper is not in progress, etc.).

Conduct: Interns must follow all applicable laws, Rutgers and Psychology ethics, and participate willingly in committee-recommended remediation if there are low competencies or progress in any goal areas.

PROCEDURES FOR RESPONDING TO PROBLEMATIC PERFORMANCE AND/OR PROBLEMATIC CONDUCT

The program has procedures to guide its response to interns with problematic performance or problematic conduct. When supervisors' evaluations indicate that an intern's skills, professionalism, or personal functioning are inadequate for an intern in training, or if an intern is in danger of not passing the internship year as per the graduation requirements above, the Training Committee, with input from other relevant supervisory staff, initiates the following procedures: First, the negative evaluations will be reviewed and a determination made as to what action needs to be taken to address the problems. Second, the intern will be notified in writing that a review is occurring and that the Training Committee is ready to receive any information or statement that the intern wishes to provide with reference to the identified problems. Third, after reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action.

1. The committee may elect to take no further action.
2. The committee may issue an *Acknowledgement Notice* that formally states the following:
 - a. The committee is aware of and concerned about the negative evaluation.
 - b. The evaluation has been brought to the intern's attention and the committee or other supervisors will work with the intern to rectify the problem within a specified time frame.
 - c. The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
3. Alternatively, the committee may issue a *Probation Notice*, which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the problem behaviors. The *Probation Notice* is a written statement to the intern that includes the following items:
 - a. A description of the problematic performance or conduct.
 - b. Specific recommendations for rectifying the problems.
 - c. A time frame for the probation during which the problem is expected to be ameliorated.
 - d. Procedures to assess whether the problem has been appropriately rectified.

If the Training Committee deems that remedial action is required, the identified problems in performance or conduct must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

1. Review and restructuring of training plan
2. Increased supervision, either with the same or other supervisors.
3. Change in the format, emphasis, and/or focus of supervision.

4. A recommendation that personal therapy or Employee Assistance Services be undertaken with a clear statement about the manner in which such contacts will be used in the intern evaluation process.
5. Recommendation of a leave of absence where indicated.

Following the delivery of an *Acknowledgment Notice* or *Probation Notice*, the Training Director will meet with the intern to review the required remedial steps. The intern may elect to accept the conditions or may challenge the committee's actions as outlined below. In either case, the Training Director will inform the intern's sponsoring graduate program, and indicate the nature of the inadequacy and the steps taken by the Training Committee. The intern shall receive a copy of the letter to the sponsoring graduate program.

Once the Training Committee has issued an *Acknowledgement Notice*, the problem's status will be reviewed within three months time, or the next formal evaluation, whichever comes first. In the case of a *Probation Notice*, the problem's status will be reviewed within the time frame set by the notice.

FAILURE TO CORRECT PROBLEMS

When a combination of interventions does not rectify the problematic performance or problematic conduct within a reasonable period of time, or when the trainee seems unable or unwilling to alter his or her behavior, the training program may need to take more formal action. If an intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the *Probation Notice*, the Training Committee will conduct a formal review and then inform the intern in writing that the issues have not been adequately addressed in the probationary period. The committee may then elect to take any of the following steps, or other appropriate action.

1. It may continue the probation for a specified time period.
2. It may suspend the intern with or without pay whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the problem behaviors in question have been rectified.
3. The Training Director may request a review by outside, non-supervising psychologists if there is a question regarding the intern's successful completion of the internship.
4. It may inform the intern, the intern's sponsoring graduate program, the Executive Director of Internship Training of University Behavioral Health Care and President & Chief Executive Officer of University Behavioral Health Care that the intern will not successfully complete the internship if his/her behavior does not change. If by the end of the training year, the intern has not successfully completed the training requirements, the Training Committee may give the intern only limited certification, or no certification at all. The Committee may specify those settings in which the intern can or cannot function adequately. The intern and the intern's home department will be informed that the intern has not successfully completed the internship.
5. It may inform the intern that the Committee is recommending to the Executive Director of Internship Training of University Behavioral Health Care and the President & Chief Executive Officer of University Behavioral Health Care that the intern be terminated immediately from the internship program, and with the Executive Director of Internship Training and President's approval, terminate the intern.

All the above steps will be appropriately documented and implemented in ways that are consistent with due process procedures, including opportunities for interns to initiate grievance proceedings to challenge Training Committee decisions. The intern may still engage in a challenge of the Training Committee's decision even if they have been terminated.

INTERN CHALLENGE AND GRIEVANCE PROCEDURES

Interns who receive an *Acknowledgment Notice* or *Probation Notice*, and/or otherwise disagree with any Training Committee decision regarding their status in the program, are entitled to challenge the Committee's actions by initiating a grievance procedure. This is done independently of the Training Committee's actions as described in the Failure to Correct Problems section above.

If the recommendation is made that the intern be terminated, it is at the discretion of the Training Committee whether the intern would be terminated immediately or after a period of suspension. An appeals process could take place either during the suspension or following termination. Within 5 working days of receipt, the Training Committee's notice or other decision, the intern must inform the Training Director in writing that he or she is challenging the Committee's action. The intern then has 5 additional days to provide the Training Director with information as to why the intern believes the Training Committee's action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the intern's challenge, the following actions will be taken.

1. The Training Director will convene a Review Panel consisting of two staff members selected by the Director and two staff members selected by the intern. The intern retains the right to hear all facts and the opportunity to dispute or explain his or her behavior.
2. The Training Director will conduct and chair a review hearing in which the intern's challenge is heard and the evidence presented. The Review Panel's decisions will be made by majority vote. Within 5 days of completion of the review hearing, the Review Panel will prepare a report on its decisions and recommendations and will inform the intern of its decisions. The Review Panel will then submit its report to the Executive Director of Internship Training of University Behavioral Health Care and the President & Chief Executive Officer of University Behavioral Health Care.
3. Once the Review Panel has informed the intern and submitted its report, the intern has 5 working days within which to seek a further review of his or her grievance by submitting a written request to the Executive Director of Internship Training of University Behavioral Health Care and the President & Chief Executive Officer of University Behavioral Health Care. The intern's request must contain brief explanations of the grievance and of the desired settlement he or she is seeking, and it must also specify which policies, rules, or regulations have been violated, misinterpreted, or misapplied.
4. The Executive Director of Internship Training of University Behavioral Health Care and the President & Chief Executive Officer of University Behavioral Health Care will then conduct a review of all documents submitted and render a written decision. They will render their decision within 5 working days of receipt of the Review Panel's report, and within 5 working days of receipt of an intern's request for further review if such request was submitted. The Internship Executive Director and President may either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The panel will report back to the Internship Executive Director and President within 5 working days of the request for further deliberation. The Internship Executive Director and President will then make a final decision regarding actions to be taken.
6. Once a final and binding decision has been made, the intern, sponsoring graduate program and other appropriate individuals will be informed in writing of the action taken.

The above grievance procedure can also be enacted for significant and intransigent supervisory disagreements, when all other avenues of mediation have been unsuccessful, including consultation with the Training Director and the Training Committee.

STAFF ALLEGATION OF INTERN VIOLATION OF STANDARDS

Any staff member of the RUBHC, University Hospital, NJMS, or other Rutgers unit may file a written complaint against an intern for the following reasons: (a) unethical or legal violations of professional standards or laws; (b) failures to satisfy professional obligations and thereby violate the rights, privileges, or responsibilities of others.

1. The staff member should first report the issue to the Training Director.
2. The Training Director will review the complaint with other members of the Training Committee and determine if there is reason to go further or whether the behavior in question is being rectified.
3. If the Training Director and other Training Committee members determine that the alleged behavior cited in the complaint, if proven, would not constitute a serious violation, the Training Director shall inform the staff member who may be allowed to renew the complaint if additional information is provided.
4. When the Training Director and other Training Committee members decide that there is probable cause for deliberation by a Review Panel, the Training Director shall notify the staff member and request permission to inform the intern. The staff member shall have 5 days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within 5 days, or permission to inform the intern is denied, the Training Director and the other Training Committee members shall decide whether to proceed with the matter.
5. If the intern is informed of the complaint, the Training Director and Training Committee make a recommendation as outlined in the “Procedures for Responding to Problematic Performance and/or Problematic Conduct.” The intern has the opportunity to follow full Challenge and Grievance Procedures as previously outlined. However, the Review Panel would include 2 internship staff selected by the Complainant and 2 internship staff selected by the intern. The Review Panel will respond as previously outlined.

INTERN COMPLAINT OR GRIEVANCE ABOUT SUPERVISOR, STAFF MEMBER, TRAINEE, OR THE TRAINING PROGRAM

Interns are employees of RBHS, and, as such, are entitled to the avenues open to all employees concerning problems that may emerge during their internship year. In general, employees are encouraged to discuss concerns, complaints, and grievances with their immediate supervisors, and to take those concerns up the supervisory chain of command if the situation is unresolved after discussion with the immediate supervisor.

In the case of the internship program, interns may individually, or as a group, use the following supervisory chain of command that exists for interns regarding their experience as interns:

1. Direct supervisor for the specific clinical rotation in which the student is located.
2. Assistant Director of Psychology Training for the particular track (Adult or Child or Correctional/Forensic) in which the student is placed.
3. Director of Psychology Training.
4. Psychology Internship Executive Director.
5. CEO and President of UBHC.

6. Association of Psychology Postdoctoral and Internship Centers (APPIC), www.appic.org Chair, APPIC Standards and Review Committee, 17225 El Camino Real, Suite #170, Houston TX 77058, Phone: (832) 284-4080, E-Mail: appic@appic.org
7. American Psychological Association, **Office of Program Consultation and Accreditation (OPCA)** Commission on Accreditation (CoA), 750 1st Street NE, Washington, DC 20002, Phone: (202) 336-5979, Fax: (202) 336-5978, E-mail (General): APAAccred@apa.org; Web: <http://www.apa.org/ed/accreditation>

In addition, interns may register complaints or concerns about issues in a particular service in UBHC with the following individuals:

1. Clinician Supervisor of the unit.
2. Clinician Administrator of the unit.
3. Vice President (UBHC) of the level of service involved.
4. Executive Director of Psychology Internship Training.
5. CEO and President of UBHC.

If an intern has a complaint about issues on a rotation in the Department of Psychiatry (e.g., Neuropsychology or Consultation-Liaison Services), the intern may register concerns with the following individuals:

1. Supervisor or Administrator of the unit
2. Vice Chair of the Department of Psychiatry for Clinical Services
3. Chair of the Department of Psychiatry

Interns may also discuss concerns about a particular service with the Assistant Director of Training for the intern's track or with Director of Training, prior to lodging a complaint with supervisors of a service unit.

While usage of the supervisory chain of command is usually the best course of action, it is sometimes necessary to skip one or more steps. Interns' concerns are important to us and we never want interns to feel that any avenues of access are closed. Interns are free to consult with the Training Directors in their home institutions, with outside official or unofficial mentors, with other supervisors, or with anyone else whom the intern feels would be helpful.

The University recognizes that employees may have more difficulty bringing complaints through the normal chain of command in certain cases, and has offices in charge of certain types of issues, which employees may access directly. At the beginning of the internship year, interns will be expected to complete several web-based trainings that educate students about their rights and obligations in this respect. Specifically:

1. Harassment: The Associate Vice President for Affirmative Action/EEO of RBHS handles all formal complaints of sexual harassment, as well as any other type of harassment based on issues of race, ethnicity, religion, sexual orientation, or disabling conditions. The phone number for that office is: 973-972-4855.
2. Corporate Compliance: The Office of Business Conduct of RBHS oversees the University's compliance with all governmental regulations. Employees who believe there is an issue related to such regulations can register that concern with that office. The phone number for that office is: 973-972-8093. There is also a Corporate Compliance Hotline at: 800-215-9664.
3. HIPAA compliance: HIPAA compliance is monitored by UBHC's Privacy Officer. Concerns about HIPAA violations can be brought to this officer at 732-235-4278, or to the UBHC Ombudsperson, Dr. Janet Faust, 732-235-3921.

4. Confidentiality and safeguarding electronic records: Governs electronic storage. Interns must learn this policy, and a form attesting such must be signed by each intern prior to seeing patients.
5. Research integrity: All research proposals are reviewed by the Institutional Review Board. Concerns about research issues should be brought to the IRB at 973-972-3608. Concerns about scientific misconduct should be reported to the Committee on Research Integrity. The mechanism for doing this is described on the RBHS website in the “Research” section.

Statement of Nondiscrimination

The Psychology Internship retains a policy of conducting admissions, educational, and all related and supporting services in a manner which does not discriminate unlawfully because of a person's race, color, creed or religion, sex, national origin, sexual orientation, gender identity, disability, or other characteristics which lawfully cannot be a basis for the administration of such services. The Internship is committed to encouraging applications from minority students, to identify and correct the effects of any past discrimination in the provision of educational and related services.

Interns are required to complete the following web-based courses by the third week of July and to give copies of their certificates of completion of these courses to Tonya Wright or the Director of Training. ALL TRAINING MUST BE LOGGED IN EACH INTERN'S CONTINUING EDUCATION RECORD, found in the internal UBHC web, under training, under "UBHC staff continuing education records" unless designated otherwise
*Please note: Some of the following web addresses may change due to the Rutgers integration

1. Preventing Sexual Harassment <http://training.newmedialearning.com/pwh/rbhs/index.htm>
2. State Mandated Ethics Training
<http://www.state.nj.us/lps/ethics/>
3. Compliance Education (go to "My Apps" at the Portal, click on "Mandatory Compliance Training"); not on Continuing Education Report- enter as "other."
4. HIPAA (go to "My Apps" at the Portal, click on "Mandatory Compliance Training"); not on Continuing Education Report- enter as "other."
5. RBHS Code of Conduct General Training and Attestation:
Located on Rutgers portal under myapps/Mandatory Compliance Training
NOTE: Does not need to be entered into the Continuing Education Record
6. Fire Safety Training: there is a self study module on the UBHC website under Self Study (in Word)
7. Medication Education (there are versions for both adults and children): this is available on the UBHC website as a video &/or audio recording under Training-Self Study
8. Blood borne Pathogens and Universal Standard Precautions (Infection Control; includes Influenza training): this is available on the UBHC website as a video &/or audio recording under Training-Self Study
9. Spirituality and Client Care: this is available on the UBHC website as a video &/or audio recording under Training-Self Study
10. Electronic Medical Record Training: this is a live 1-day training in the electronic medical record, given in Piscataway
11. All modules for new employees, including Environment of Care Case Studies, Patient Bill of Rights, etc. Found in the UBHC intranet in Training/UBHC Orientation Program, or can be obtained from Sharon Eaton or Bob Ford
12. CASE suicide assessment training: UBHC intranet in Training/self study
13. Crisis Prevention Intervention training: live and scheduled by training committee
14. Emergency Preparedness: live and conducted by training committee or unit administration

Some web-based trainings are added throughout the training year, and you must complete them as specified by administration.

Rutgers University Behavioral Health Care
Mid-semester Psychology Intern Report

Intern: _____ Supervisor: _____

Rate each area with:

S Strength

E Working at expected levels (approaching level of graduating intern)

G Growing Edge (room for growth/ earlier internship level)

+ Showing good effort in working on this area

Please add comments in relevant sections below; this is a formative evaluation, designed to give feedback to the intern for direction for growth

_____ Assessment skills (history taking, diagnosis, formulation, risk assessment, test administration)

_____ Therapy skills (rapport with clients/families, repertoire of techniques, tx planning)

_____ Systems skills (recognition of need for referrals, use of referral sources, negotiation of systems)

_____ Cultural competence (awareness of diversity, ability to relate to diverse clients)

_____ Professionalism and Ethics (punctuality, responsibility, thoroughness, boundaries)

_____ Collaboration with others (relationships with other staff, peers)

_____ Responsiveness to supervision (comes prepared, accepts and incorporates feedback)

_____ Communication skills (oral presentations, written work)

_____ Commitment to own growth (seeks and accepts challenges, initiates literature searches)

_____ Personal adjustment (manages stress, recognizes own difficulties and triggers)

_____ Ability/willingness to examine own reactions and behavior in interactions with clients

Comments on any areas of concern, including plans for correction:

Request for formal review by Training Committee: Yes No

Signature of Supervisor: _____

Comments by Intern:

Signature of Intern: _____

UNIVERSITY OF MEDICINE & DENTISTRY OF NJ: UBHC / UCHC—NEWARK
PSYCHOLOGY INTERN PERFORMANCE EVALUATION FORM

Intern: _____ Supervisor: _____

Date: Intern Initial Self-Evaluation _____ Date: Mid-Year Evaluation _____ Date: End of Year Evaluation _____

Dates covered by evaluation: From _____ To _____

Location/Name of Rotation: _____

Describe the activities in which the intern has participated, and for which you have supervised him/her:

Frequency of Supervision:

Supervision was provided in the following way(s):

Individual supervision for _____ hours/week for _____ weeks, for
total of _____ hours in this period.

Group supervision for _____ hours/week for _____ weeks, for a
total of _____ hours in this period.

Scale 1=Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

1 – Pre-practicum level of functioning: Students may be open and/or bright, but they do not have a firm grasp of ethics, theory, or diagnosis. Knowledge is seriously lacking, and student is in great need of further instruction or supervision.

2 – Practicum level of functioning: Students may have beginning-level ideas about theory and applying it to clinical work, but still need considerable supervision, and still need significant instruction across most areas. Treatments and assessment as tailored to patients of specific groups of certain populations and cultures needs significant instruction.

3 – Beginning internship level of functioning: Students have good knowledge of theory, but still need a fair amount of supervision to know when to apply it well to certain populations and cultures. Students may be able to manage straightforward cases well, but need much guidance around complex and subtle issues, including integration of nonverbals and systems issues. Diagnostic appreciation is firm, though differentials may be uncertain at times. Basic knowledge of crisis intervention is present, but such situations evoke strong anxiety and guidance. They appreciate the contribution of culture, though may not always recognize how it plays out. Knowledge of tests is good, though there may be uncertainty as to when and for whom to use them appropriately.

4 – Advanced internship level of functioning: Students have firm understanding of theory and when to apply it. Ethical appreciation is strong and is integrated well with the student's value system, and is applied consistently. Interns appreciate and navigate differentials in diagnosis well, and know about the limitations and applicability of tests with populations, and are able to interpret and integrate them coherently. Interns appreciate the limitations in their expertise, and know when to seek supervision for complex issues. Interns can manage basic crises competently. They know how to solve many problems independently, and work well within systems and teams. They still may need some assistance in managing complex cases. Students appreciate that they have a contribution to the therapeutic and assessment situation, although they may need some more practice to recognize how it plays out in the context of the client's history, culture, and expectations.

5 – Post-doc level of functioning: Individuals are ready for independent practice. They know their areas of competence, treat and assess complex cases without assistance in these domains, and know when further supervision or consultation is needed in areas outside their competence. Individuals practice ethically on a consistent basis. They diagnose competently on all Axes. They are ready to begin supervising others, though they may still benefit from mentorship around this, and are available for consultation in their areas of competence. Individuals monitor their own reactions, behavior, and personhood within the context of the therapy or assessment. They are confident in handling problems, even in unfamiliar situations. They navigate systems well, and are appreciated as a colleague.

NA - No opportunity to engage in this activity.

PLEASE NOTE: RATINGS OF 4 AND ABOVE AT THE END OF THE INTERNSHIP YEAR (OR AT THE END OF THE ROTATION) INDICATE THAT YOU BELIEVE THE INTERN IS READY FOR INDEPENDENT PRACTICE IN THIS AREA. PLEASE EXPLAIN THE DIFFICULTIES ENCOUNTERED FOR ANY AREA RATED 1 OR 2. RATINGS OF 1 OR 2 INDICATE AT THE END OF THE INTERNSHIP YEAR (OR ROTATION) INDICATE THE INTERN STILL REQUIRES SUPERVISION IN THIS AREA.

DOMAIN: FOUNDATIONAL COMPETENCIES

Goal # 1 The Intern demonstrates professionalism and ethical behavior in behavior and comportment consistent with values and ethics of psychology, integrity, and responsibility

Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

Objective 1.1 Intern demonstrates competence to behave honestly and with personal responsibility and adherence to professional values.	
a. Intern communicates professional values and adheres to them.	1 2 3 4 5
b. Intern identifies situations that challenge professional values.	1 2 3 4 5
c. Intern seeks faculty/supervisor/consultative guidance as needed, to correct situations in conflict with professional values.	1 2 3 4 5
Objective 1.2 Intern demonstrates professional deportment.	
a. Intern demonstrates awareness of the impact of behavior on client, public, and profession.	1 2 3 4 5
b. Intern communicates verbally and nonverbally appropriate to the professional context, including in challenging interactions.	1 2 3 4 5
e. Interns maintains appropriate boundaries with clients and other professionals.	1 2 3 4 5

Objective 1.3 Intern demonstrates accountability and reliability.	
a. Intern completes required case documentation promptly and accurately.	1 2 3 4 5
b. Intern accepts responsibility for meeting deadlines.	1 2 3 4 5
c. Intern demonstrates punctuality, and notifies others of lateness or absences.	1 2 3 4 5
d. Intern acknowledges errors and utilizes supervision to strengthen effectiveness of practice	1 2 3 4 5
e. Intern holds self accountable for and submits to external review of quality service provision.	1 2 3 4 5
Objective 1.4 Intern is concerned for and protects the welfare of others	
a. Intern demonstrates compassion and sensitivity to individual experience and needs while retaining professional demeanor and deportment	1 2 3 4 5
b. Intern demonstrates respect in interpersonal interactions with clients	1 2 3 4 5
c. Intern is respectful of beliefs and values of colleagues even when inconsistent with personal beliefs and values.	1 2 3 4 5
c. Intern demonstrates actions that benefit the welfare of others, especially those in need	1 2 3 4 5
Objective 1.5 Intern has a beginning understanding of self as professional, “thinking like a psychologist”	
a. Interns attends colloquia, workshops, conferences	1 2 3 4 5
b. Intern consults literature relevant to client care	1 2 3 4 5

c. Intern contributes to the development & advancement of the profession and colleagues	1	2	3	4	5
d. Intern demonstrates integration of science in professional practice	1	2	3	4	5
Comments:					

Goal # 2: The Intern conducts practice with personal and professional self-awareness of reflection; with awareness of competencies; with appropriate self-care.

Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

Objective 2.1 Intern demonstrates reflection and self-awareness regarding professional practice					
a. Intern recognizes impact of self on others, and demonstrates frequent congruence between own and others' assessment and seeks to resolve incongruities	1	2	3	4	5
b. Intern models self-care, and balances this well with responsibilities	1	2	3	4	5
c. Intern monitors and evaluates attitudes, beliefs, and values towards diverse others	1	2	3	4	5
d. Intern describes how others experience him/her and identifies roles one might play within a group	1	2	3	4	5
e. Intern responsively utilizes supervision to enhance reflectivity.	1	2	3	4	5
f. Intern systematically and effectively monitors and adjusts professional performance in action as situation requires	1	2	3	4	5
g. Intern recognizes and addresses own problems consistently, minimizing interference with competent professional functioning	1	2	3	4	5
h. Intern demonstrates a commitment to lifelong learning and self-examination	1	2	3	4	5
Objective 2.2 Intern has an accurate self-assessment of competence in all competency domains, and integrates that into practice					
a. Intern identifies areas of competence accurately.	1	2	3	4	5
b. Intern assesses own strengths and weaknesses and seeks to prevent or ameliorate impact on professional functioning	1	2	3	4	5
c. Intern identifies learning objectives, and knows when improved competencies are required for effective practice	1	2	3	4	5

Objective 2.3 Intern demonstrates attention to personal health and well-being	
a. Intern anticipates and self-identifies disruptions in functioning and intervenes at an early stage with some support from supervisors.	1 2 3 4 5
b. Intern models self-care.	1 2 3 4 5
<i>Comments:</i>	

<p>Goal # 3 The Intern demonstrates understanding of research, research methodology, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.</p> <p>Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc</p>	
Objective 3.1 Intern values and applies scientific foundations and methods to professional practice.	
a. Intern accesses and applies scientific knowledge and skills appropriately and habitually, with some support / direction from supervisors.	1 2 3 4 5
b. Intern articulates, in supervision and case conference, support for issues derived from the literature.	1 2 3 4 5
c. Intern demonstrates advanced knowledge of and respect for the scientific knowledge of the bases for behaviors	1 2 3 4 5
d. Intern applies evidence-based concepts in practice	1 2 3 4 5
e. Intern reviews scholarly literature related to clinical work and applies knowledge to case conceptualization	1 2 3 4 5
f. Intern compares and contrasts EBP approaches with other theoretical perspective and interventions in the context of case conceptualization and treatment planning	1 2 3 4 5

Goal # 4 The Intern relates effectively and meaningfully with individuals, groups, and communities Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc					
Objective 4.1 Intern develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, professionals from other disciplines, and organizations and communities.					
a. Intern effectively negotiates conflictual, difficult and complex relationships, including those with individuals and groups that differ significantly from oneself.	1	2	3	4	5
b. Intern forms effective working alliances with clients	1	2	3	4	5
c. Intern works cooperatively with peers.	1	2	3	4	5
d. Intern engages with supervisors to work effectively.	1	2	3	4	5
e. Intern maintains respectful and caring relationships with community organizations and interdepartmental staff	1	2	3	4	5
Objective 4.2 Intern negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively.					
a. Intern seeks clarification in challenging interpersonal communications	1	2	3	4	5
b. Intern demonstrates understanding of diverse viewpoints, accepting, evaluating, and implementing feedback from others.	1	2	3	4	5
<i>Comments:</i>					

Goal # 5: The Intern has awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. (incl those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status.

Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

Objective 5.1 Intern understands self as shaped by individual and cultural diversity and context	
a. Intern independently articulates, understands, and monitors own cultural identity in relation to work with others	1 2 3 4 5
b. Intern regularly uses knowledge of self to monitor and improve effectiveness as a professional	1 2 3 4 5
c. Intern critically evaluates feedback and initiates supervision or consultation when uncertain about diversity issues.	1 2 3 4 5
Objective 5.2 Intern understands others as shaped by individual and cultural diversity and context	
a. Intern independently articulates, understands, and monitors cultural identity in work with others	1 2 3 4 5
b. Intern regularly uses knowledge of others to monitor and improve effectiveness as a professional	1 2 3 4 5
c. Intern critically evaluates feedback and initiates supervision when uncertain about diversity issues with others	1 2 3 4 5
Objective 5.3 Intern recognizes the interaction of self and others as shaped by individual and cultural diversity and context.	
a. Intern articulates, understands, and monitors multiple cultural identities in interactions with others	1 2 3 4 5
b. Intern regularly uses knowledge of the role of culture in interactions to monitor and improve effectiveness as a professional	1 2 3 4 5
c. Intern critically evaluates feedback and initiates supervision about diversity issues with others	1 2 3 4 5
Objective 5.4 Intern applies knowledge, skills, and sensitivity regarding intersecting and complex dimensions of diversity	
a. Intern habitually adapts behavior in a culturally sensitive manner that improves client outcomes and avoids harm.	1 2 3 4 5
b. Intern demonstrates awareness of effects of oppression and privilege on self and others	1 2 3 4 5
c. Intern seeks supervision regarding addressing individual and cultural diversity as needed.	1 2 3 4 5
d. Intern uses culturally relevant best practices, and uses culturally appropriate flexible alternate skills and techniques and behaviors.	1 2 3 4 5
<i>Comments:</i>	

Goal # 6: The Intern applies ethical concepts and is aware of legal issues regarding professional activities with individuals, groups, and organizations.

Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

Objective 6.1 Intern has knowledge of ethical, legal, and professional standards and guidelines	
a. Intern has routine command and application of the APA Ethical Principles and Code of Conduct, and other relevant standards and guidelines of the profession, and discusses ethical implications of professional work.	1 2 3 4 5
b. Intern spontaneously and reliably identifies complex ethical & legal issues, and actively consults with supervisor regarding action	1 2 3 4 5
c. Intern recognizes and discusses limits of own ethical and legal knowledge.	1 2 3 4 5
d. Intern adheres to UBHC/UCHC policies and codes of conduct.	1 2 3 4 5
e. Intern is aware of their rights as an intern at UBHC/UCHC.	1 2 3 4 5
Objective 6.2 Intern demonstrates commitment to the integration of ethics knowledge into professional work	
a. Intern applies applicable ethical principles and standards in professional writings, journals, and presentations	1 2 3 4 5
b. Intern applies ethics and professional concepts in teaching and training activities.	1 2 3 4 5
c. Intern articulates several perspectives in an ethical decision-making model when discussing clinical work.	1 2 3 4 5
Objective 6.3 Intern demonstrates ethical conduct	
a. Intern articulates understanding of ethical-legal standards in discussions with supervisors and peers about ethical issues.	1 2 3 4 5
b. Intern spontaneously discusses intersection of personal and professional ethical and moral issues	1 2 3 4 5
c. Intern demonstrates awareness that ethical-legal-standards policy competency informs and is informed by all foundational competencies	1 2 3 4 5
<i>Comments:</i>	

Goal # 7: The Intern has knowledge of key issues and concepts in related disciplines. The intern identifies and interacts constructively with professionals in multiple disciplines

Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

Objective 7.1 Intern demonstrates knowledge of the shared and distinctive contributions of other professions	
a. Intern articulates a working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems	1 2 3 4 5
b. Intern demonstrates an ability to articulate the role that others provide in service to clients.	1 2 3 4 5
c. Intern displays ability to work successfully on interdisciplinary team.	1 2 3 4 5
Objective 7.2 Intern functions well in multidisciplinary and interdisciplinary contexts	
a. Intern demonstrates skills in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation.	1 2 3 4 5
Objective 7.3 Intern understands how participation in interdisciplinary collaboration/consultation enhances outcomes.	
a. Intern systematically collaborates successfully with other relevant partners.	1 2 3 4 5
Objective 7.4 Intern has respectful and productive relationships with individuals from other professions.	
a. Intern communicates effectively with individuals from other professions.	1 2 3 4 5
b. Intern appreciates and integrates perspectives from multiple professions.	1 2 3 4 5

DOMAIN: FUNCTIONAL COMPETENCIES

Goal # 8: The Intern is competent in assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations

Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

Objective 8.1 Intern demonstrates understanding of measurement, psychometrics, engagement, and consultation.	
a. Intern demonstrates an ability to establish rapport and elicit client cooperation in testing situations.	1 2 3 4 5
b. Intern demonstrates skills in consultation with referral sources and client/family to establish purpose of evaluation and nature of the referral question(s).	1 2 3 4 5
c. Intern selects appropriate test instruments to address referral questions, in ways that are responsive to and respectful of diverse individuals, families, couples, groups, and context.	1 2 3 4 5
d. Intern demonstrates awareness of culturally sensitive instruments, norms	1 2 3 4 5
e. Intern routinely consults with supervisor regarding selection of assessment measures	1 2 3 4 5
f. Intern demonstrates ability to adapt environments and materials according to client needs (e.g., lighting, privacy, ambient noise)	1 2 3 4 5
g. Intern adjusts an assessment to address developmental delays, learning deficits or multicultural issues.	1 2 3 4 5
Objective 8.2 Intern demonstrates ability to perform competent psychological assessment; is aware of the strengths and limitations of traditional assessment and related technological advances.	
a. Intern is able to accurately administer, score and interpret psychological tests and assessments.	1 2 3 4 5
b. Intern collects accurate and relevant data from interview and mental status exams	1 2 3 4 5
Objective 8.3 Intern utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity.	
a. Intern readily identifies problem areas, and makes a competent differential diagnosis, with full awareness of multiaxial DSM codes	1 2 3 4 5
b. Intern articulates relevant developmental/lifespan features and clinical symptoms as applied to presenting question.	1 2 3 4 5
c. Intern writes recommendations that are fully supported by the data, and capture the implications of all results gathered.	1 2 3 4 5
d. Intern justifies diagnosis and conceptualization incorporating results, theory, and case material.	1 2 3 4 5

Objective 8.4 Intern communicates findings clearly verbally, and in written form, constructively, accurately, and as collaboratively as possible in a conceptually appropriate manner.	
a. Intern writes an effective comprehensive report, in a manner that is client-accessible, culturally sensitive, and in a manner that considers the audience.	1 2 3 4 5
b. Intern effectively engages the client/family in as collaborative a manner as possible in communicating about the findings	1 2 3 4 5
c. Intern writes with appropriate grammar and phrasing.	1 2 3 4 5
d. Intern provides meaningful, understandable and useful feedback that is responsive to client need, and leads to the development of appropriate treatment/educational plan.	1 2 3 4 5
Objective 8.5 Intern assesses risk proactively and maximizes client safety.	
a. Intern demonstrates proficiency in risk assessment, including performing clinical interviews that assess risk of suicidal and/or behavioral acting-out.	1 2 3 4 5
b. Intern demonstrates ability to effectively manage crisis situations with clients, including referrals for psychiatric emergency services and/or initiating psychiatric hospitalization in coordination with other professionals.	1 2 3 4 5
c. Intern demonstrates ability to establish and monitor client safety plans.	1 2 3 4 5
Comments:	

Goal # 9: The Intern is competent in <u>designing and implementing interventions</u> to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations	
Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc	
Objective 9.1 Intern demonstrates and applies knowledge of scientific, theoretical, empirical, and contextual bases of intervention, including theory, research, practice, and client preferences	
a. Intern writes case summaries and treatment plans incorporating elements of evidence-based practice.	1 2 3 4 5
b. Intern demonstrates the ability to select from a repertoire of interventions for different problems and populations related to settings and culture.	1 2 3 4 5
c. Intern investigates existing literature related to problems and client issues, and presents rationale for intervention with empirical support.	1 2 3 4 5

Objective 9.2 Intern formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	
a. Intern accurately assesses presenting issues taking into account the larger life context, including diversity issues.	1 2 3 4 5
b. Intern articulates at least one theory/rationale of change and identifies interventions to implement change.	1 2 3 4 5
c. Intern writes understandable case conceptualization formulations and collaborative treatment plans	1 2 3 4 5
d. Intern demonstrates competency in a repertoire of group psychotherapeutic interventions, identifies therapeutic problems, and works toward their resolution in therapy.	1 2 3 4 5
Objective 9.3 Intern utilizes competent clinical skills and judgment.	
a. Intern develops rapport and relationships with wide variety of clients, including those who challenge them.	1 2 3 4 5
b. Intern uses good judgment about unexpected issues and crises and consults supervisor/admiministrators/psychiatrists.	1 2 3 4 5
c. Intern effectively delivers interventions.	1 2 3 4 5
d. Intern collaborates effectively with other providers and/or systems of care.	1 2 3 4 5
e. Intern implements interventions with fidelity to empirical models and flexibility to adapt where appropriate	1 2 3 4 5
f. Intern terminates treatment successfully.	1 2 3 4 5
Objective 9.4 Intern evaluates treatment progress and modifies planning as indicated, utilizing established outcome measures, or even in the absence of such measures.	
a. Intern assesses and documents treatment effectiveness and efficiency	1 2 3 4 5
b. Intern critically evaluates own performance in the treatment role, including in videotaped/audiotaped/live supervision.	1 2 3 4 5
c. Intern describes instances of lack of progress and actions taken in response, including altered treatment plans.	1 2 3 4 5
<i>Comments:</i>	

Goal # 10: The Intern is competent in <u>consultation</u>: providing expert guidance or professional assistance in response to a client's needs or goals					
Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc					
Objective 10.1 Intern demonstrates knowledge of the consultant's role, and shifts into this role based on unique features of the setting					
a. Intern articulates common and distinctive roles of consultants.					1 2 3 4 5
b. Intern recognizes situations in which consultation is appropriate, and notes that in treatment plan					1 2 3 4 5
Objective 10.2 Intern demonstrates ability to perform competent psychological assessment; is aware of the strengths and limitations of traditional assessment and related technological advances.					
a. Intern implements effective and systematic approach to data collection in a consultative role.					1 2 3 4 5
b. Intern clarifies and refines referral question based on analysis/assessment of question					1 2 3 4 5
Objective 10.3 Intern identifies literature and applies knowledge to effective assessment feedback and to articulate appropriate recommendations.					
a. Intern prepares clear, useful consultation reports and recommendations to all appropriate parties					1 2 3 4 5
b. Intern identifies appropriate interventions based on consultation assessment findings and relevant literature, meeting consultee goals.					1 2 3 4 5
c. Intern provides verbal feedback to consultee of results and offers appropriate recommendations.					1 2 3 4 5
Comments:					

Goal # 11: The Intern is competent in teaching: providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology

Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

Objective 11.1 Intern demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences

a. Intern demonstrates knowledge of outcome assessment techniques (teaching effectiveness)

1 2 3 4 5

b. Intern demonstrates clear communication skills

1 2 3 4 5

Objective 11.2 Intern applies teaching skills in multiple settings/ modifies strategies accordingly.

a. Intern identifies and differentiates factors of implementing particular teaching methods.

1 2 3 4 5

b. Intern articulates concepts to be taught and research/empirical support

1 2 3 4 5

c. Intern introduces innovation/creativity into application of teaching method

1 2 3 4 5

d. Intern demonstrates accommodation to diverse others and context

1 2 3 4 5

Comments:

Goal # 12: The Intern is competent in leadership and advocacy roles: developing knowledge of supervision, management, and promoting change at the level of individual (client), institution, and/or systems

Scale 1 =Pre-practicum 2=Practicum 3=Beginning Internship 4=Advanced Internship 5=Post-Doc

Objective 12.1 Intern demonstrates knowledge of supervision process and models	
a. Intern identifies roles and responsibilities of the supervisor and supervisee in the supervision process	1 2 3 4 5
b. Intern articulates a philosophy or model of supervision and reflects how models can be applied in practice, including contextual, legal, and ethical perspectives.	1 2 3 4 5
c. Intern identifies goals and tasks of supervision related to developmental progression	1 2 3 4 5
d. Intern demonstrates knowledge about the impact of diversity, oppression, and privilege on all settings and supervision participants	1 2 3 4 5
e. Seeks supervision to improve performance, presenting work for feedback, and integrating feedback into performance	1 2 3 4 5
f. Reflects on supervision process, areas of strength and those needing improvement	1 2 3 4 5
g. Recognizes ethical and legal issues in clinical practice and supervision, with awareness of possible conflicts.	1 2 3 4 5
Objective 12.2 Intern is responsive to management hierarchy, is aware of basic principles of resource allocation and oversight, and advocates for constructive change regarding organization.	
a. Intern responds appropriately to managers, colleagues, and subordinates	1 2 3 4 5
b. Identifies responsibilities, challenges, and processes of management	1 2 3 4 5
c. Intern responds promptly to organizational demands	1 2 3 4 5
d. Articulates approved organizational policies, procedures, and rationale	1 2 3 4 5
e. Completes reports and other assignments promptly/complies with record-keeping guidelines	1 2 3 4 5
f. Intern demonstrates the ability to plan a simple research design and consider issues in methodology for a research project that evaluates programmatic efficacy.	1 2 3 4 5
g. Intern evaluates the progress of quality improvement project, and uses this information to improve service delivery/outcomes.	1 2 3 4 5
h. Intern communicates appropriately to parties at all levels in the system.	1 2 3 4 5
i. Recognizes agency/department missions and purpose and its connection to goals/objectives.	1 2 3 4 5
j. Identifies strengths and weaknesses of management and leadership/organization	1 2 3 4 5
k. Provides appropriate input, constructive criticism, and suggestions regarding management and leadership	1 2 3 4 5
Objective 12.3 Intern promotes advocacy, actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.	
a. Intern identifies specific barriers to client improvement (eg. lack of resources), and assists client in development of self-advocacy plans	1 2 3 4 5

b. Intern develops alliances with relevant individuals and groups at the level of institutions, community, or society	1	2	3	4	5
c. Intern engages with groups with differing viewpoints around issue to promote change.	1	2	3	4	5
d. Intern demonstrates understanding of appropriate boundaries and times to advocate on behalf of client	1	2	3	4	5
Comments:					

Content adapted from the APPIC Competency Benchmarks Document (Fouad et al., 2009)

Supervisor's Signature

Date

Intern Signature

Date

