

INTERNSHIP HANDBOOK

**RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE
PREDOCTORAL PSYCHOLOGY INTERNSHIP**

**Edward Barrett, Ph.D.
Director of Internship Training
Rutgers University Behavioral Health Care**

**671 Hoes Lane West
Piscataway, New Jersey 08807**

732-235-4627 or 732-235-4325 (secretary)

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INSTITUTIONAL SETTING

The Rutgers University Behavioral Health Care pre-doctoral Psychology Internship Training Program is sponsored by University Behavioral Health Care (UBHC). We further function in conjunction with the Robert Wood Johnson Medical School's (RWJMS) Department of Psychiatry and University Correctional Health Care (UCHC). All three entities are components of Rutgers Biomedical and Health Sciences. Rutgers Biomedical and Health Sciences is the division of Rutgers University composed of all programs formerly affiliated with the University of Medicine and Dentistry of New Jersey (UMDNJ). UMDNJ was merged with Rutgers by the NJ State Legislature in July 2013. The clinical tracks of the internship are primarily set within UBHC, but offered settings are also available within UCHC and RWJMS.

UBHC is the statewide mental health service delivery system of RBHS. It has two major hubs, one in Piscataway and one in Newark, as well as multiple satellite facilities. As one of the largest mental health service delivery systems in the country, UBHC focuses on providing a full spectrum of mental health services. We have a particular focus on service provision to the underserved public sector populations of New Jersey. Our traditional services include outpatient through inpatient levels of care. Developmentally, we serve infant through geriatric age groups. Additionally, we maintain a number of robust, innovative, grant-funded programs which provide services to target niche populations. These would include our multiple School-based Programs, our Schizophrenia First Episode Clinic and our Early Intervention Support Services program, as examples. We also have more entrepreneurial programs, such as our Employee Assistance Programs, which provides brief EAP services to businesses and municipalities in our geographic zone. UBHC has three clinical divisions: Children's Services, Acute Services and Outpatient Services. In 2005, UBHC assumed responsibility for the behavioral health services within the New Jersey Prison System, under the aegis of UCHC.

UBHC also has a Behavioral Research and Training Institute division (BRTI). It is within this division that the internship is positioned organizationally. BRTI's mission is broad and comprehensive. It includes: helping schools, businesses and other community groups develop and implement research validated interventions; helping to develop research based community mental health initiatives geared toward improving access, quality and outcomes of treatment; developing a current evidence based continuing education program for UBHC and community healthcare providers.

MISSION

The Aspiration Statement of RBHS states; "RBHS aspires to be recognized as one of the best academic health centers in the United States, known for its education, research, clinical care and commitment to improving access to health care and reducing health care disparities. This will be achieved through dedication to elevated standards of excellence and innovation, inter-professional collaboration and integration, and deep engagement of the community." Following from these institutional aspirations, UBHC's mission statement is: "University Behavioral Health care is dedicated to excellence in providing behavioral health services to

the people of New Jersey, We are committed to being a leader in the delivery of effective, compassionate and accessible care that is informed by research and education.”

In turn, the mission of our internship is to provide broad-based and experiential clinical training in Health Service Psychology. We focus on development of a broad range of clinical competencies that are reflective of the profession-wide competencies required by the Commission on Accreditation. These include: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation and inter-professional/interdisciplinary skills. We aim to train interns, through immersion in clinical health service delivery, to become competent psychologists. We are particularly committed to evidence based practice, responsiveness to the community, inter-professional collaboration and cultural competence.

PROGRAM TRAINING MODEL

The RBHS University Behavioral Health Care pre-doctoral Psychology Internship program emphasizes the development of intermediate to advanced level clinical competence, through intensive supervised clinical experiences in the application of theoretical and empirical psychological knowledge. The program provides interns with a continuum of clinical training opportunities within a broad range of multidisciplinary clinical settings. Our training curriculum strives to be relevant to the current demands of practicing psychologists and the populations they serve. The activities of the internship are designed to teach and develop professional competence, through modeling, practical experience and supervision. The internship emphasizes the provision of service to culturally diverse communities, including the treatment of underserved, marginalized and disenfranchised populations

The Internship supervision experience is sequentially structured through observation, co-facilitation, directed observation by supervisors, autonomous practice using audio/videotape, and verbal case presentation. Interns will be expected to assess cases and develop interventions based on matching clinical presentation to theory and evidence based treatment. Our program is largely CBT based. Interns will be expected to understand and articulate the assumptions and limitations of their interventions, as well as implement modified practices that redress the problems they encounter. Psychology interns start the year with fewer cases and gradually increase their responsibilities as their skill levels develop.

We offer two adult and three child tracks, each of which is tied to a specific primary clinical rotation site. This primary rotation will span 3 days per week. These rotations are described later in the handbook. In addition the intern chooses one minor rotation. This will account for an additional per week. All tracks have been developed to provide consonant training opportunities for the interns, despite their divergent clinical population foci. Within all rotations (major and minor), the intern will be paired with a senior psychologist, who works within that clinical setting. This supervising psychologist will be responsible for fully orienting the intern to the practices and policies of that unit. The supervising psychologist will serve as a role model and mentor, supervising the intern for the range of psychological services provided by the intern within the setting. Supervisors review with interns the

general and specific competencies they must develop as an ongoing function of supervision. They provide frequent and ongoing formative feedback in addition to participating in a summative evaluation process at 4 months, 8 months, and 12 months.

PROGRAM GOALS & OBJECTIVES

In keeping with our mission and philosophy, the following Goals and Objectives have been designed by the Training faculty to prepare interns for the practice of Health Service Psychology within the practitioner-scholar model. Our 91 specific competencies are subsumed under the below Goals and Objectives. The goals, objectives and competencies are presented in our Intern Clinical Competency Evaluation and Testing Competency Evaluation. Interns will have experience within both their major and minor tracks, by which their attainment of these competencies will be formally evaluated. Our formal Goals and Objectives are:

Goal 1: Interns demonstrate the ability to critically evaluate and disseminate research in support of clinical activities.

Objective 1.1: The intern is able to present pertinent research literature.

Objective 1.2: The intern is able to critically evaluate research literature

Goal 2: Interns are able to effectively and autonomously follow the Psychologists' Code of Ethics.

Objective 2.1: The intern demonstrates a keen awareness of ethical principles.

Objective 2.2: The intern operates within ethical guidelines.

Goal 3: Interns are able to knowledgeably and effectively work with a range of diverse individuals and groups.

Objective 3.1: The intern demonstrates awareness of their own cultural background and values.

Objective 3.2: The intern demonstrates awareness and understanding of cultural issues impacting their clients.

Goal 4: Interns are able to function professionally and independently as psychologists.

Objective 4.1: The intern demonstrates professional attitudes and behaviors.

Objective 4.2: The intern understands and follows organizational/unit standards.

Objective 4.3: The intern is self-reflective about personal/professional functioning.

Objective 4.4: The intern effectively uses supervision.

Goal 5: Interns are able to communicate effectively in professional situations.

Objective 5.1: The intern effectively manages professional relationships.

Objective 5.2: The intern possesses strong communication skills.

Goal 6: Interns demonstrate skills required to treat clients with behavioral health and multi-systemic problems.

Objective 6.1: The intern can effectively establish, maintain and terminate relationships with clients.

Objective 6.2: The intern demonstrates skill in clinical interviewing.

Objective 6.3: The intern demonstrates competency in case conceptualization and treatment planning.

Objective 6.4: The intern demonstrates competency in evidence based treatment.

Goal 7: Interns are able to conduct comprehensive clinical assessments, utilizing clinical interview, behavioral assessment, psychological testing and psychological inventory.

Objective 7.1: The intern exhibits role effectiveness in psychological assessment.

Objective 7.2: The intern is able to perform competent psychological assessments.

This training model and its goals and objectives, inform the competencies that must be achieved by interns in order to successfully complete the internship. The Intern Evaluation Competency Based Evaluation Form defines the competencies to be rated by supervisors for each Objective. During the first two weeks of the internship, interns self-assess their competencies using the Intern Evaluation Form. This information is reviewed and considered by the Intern and the Director of Training in finalizing their individualized training plan. This information is then reviewed by the supervising psychologist at each rotation. Each supervisor evaluates the interns they supervise using this Intern Evaluation Form at 4 months, 8 months and the end of the year. It is a basis for providing summative feedback at those four month intervals. Interns are expected to attain a final competency level of at least 3 (Intermediate skill level) for 95% of the competencies in order to successfully complete the internship.

INTERNSHIP PROFESSIONAL STRUCTURE

Edward Barrett, Ph.D. is the Director of Internship Training. He is a member of the Training Committee, which is the leadership group responsible for steering and executive decision making regarding the internship. The Training Committee also includes: Stephanie Marcello Duva, PhD, Director of BRTI; Steven Silverstein, PhD, Director of the Division of Schizophrenia Research; Diana Salvador, PsyD, Director of Child Services; Jason Fleming, Psy, D, Clinical Administrator, Jamesburg Training School for Boys; Paul Lehrer, PhD, Professor-RWJMS; Roseanne Dobkin, PhD, Associate Professor-RWJMS, Kelly Walker-Moore, PsyD, Director-Children's Center for Resilience and Trauma Recovery.

All additional staff who directly supervise the interns comprise the Supervisor's Committee. Currently they include: Margaret Chan, PhD; Lynn Clemow, PhD; Jasdeep Hundal, PsyD,

ABPP; Linda Kost, PsyD; Natasha Manning-Gibbs, PhD; John Markey, LPC; Ryo Maruyama, PhD; Suzi Millar, PsyD; Gahan Pandina, PhD; Naomi Pickholtz, PhD; Karen Rentas, PhD; Deborah Riviere, EdD; Scott Roth, PsyD; Nicole Schley, LPC; Michael Selbst, PhD; Deborah Skibbee, PhD; Marc Steinberg, PhD; James Walker, EdD.

In addition, we have 32 other professionals, including psychologists, psychiatrists and licensed clinical social workers who are affiliated with the program. Kerri Kawiecki is our Program Support Specialist.

INTERN SELECTION

Applicants should have completed all the coursework required for the Ph.D. or Psy.D. Degree in an APA-accredited doctoral program in clinical, counseling or school psychology and should have had supervised clinical practicum training. Although we have no minimum cutoff for face to face clinical experience, we have found more successful interns to have had above 600 practicum hours. Applicants should also possess a Masters degree in Psychology and have successfully passed comprehensive or qualifying examinations. Three letters of recommendation should be submitted from supervisors familiar with the applicant's clinical skills and interests. One written work sample is also required, preferably a treatment summary report. Applicants are expected to express interest in one of our five specific major tracks when applying. Practicum experience should at least partially support this major track choice. Applicants should highlight related experience, interest and goals with respect to the track to which they apply. We emphasize that the internship demands maturity, motivation, autonomy and focus. Applicants should apply via the APPIC Application process. In ranking candidates, we are particularly attentive to the match of the applicant's interest focus, cumulative experience and career goals, with our opportunities and resources. We are again, particularly attuned to the match between the intern and her/his choice of major track.

We adhere to all APPIC requirements in meeting, interviewing and considering candidates for our internship program. The following steps are taken from the time the completed application is received through to the final ordering of applicants:

1. The Internship Director and Training Committee read and review all applications. Based on the prospective intern's credentials and our judgment as to goodness of fit, decisions are made regarding extending interview invitations.
2. We prefer candidates who have completed all or almost all requirements for their degree (Ph.D. or Psy.D.), have outstanding letters of recommendations (top third or better of class), have completed at least 2-3 years of practicum experience and are a good match for their track of choice. We invite approximately 60 individuals, out of approximately 150 applications for personal interviews.
3. Selected applicants are invited to attend one of 3 interview dates scheduled in December and January. Each candidate participates in individual interviews with faculty or staff members as well as in a small group interview. The prospective applicants then meet with the

current intern group in order to obtain unencumbered and uncensored feedback from the interns who are immersed in the program. Our interview days run from 8:30-1 p.m.

4. Interviewers complete a rating form describing the applicant's strengths, weaknesses and goodness of fit. All interviewers then meet as a group to share impressions of the candidates and to determine a final ranking.
5. Finally, the Training Committee reviews ranked lists of candidates for inclusion in the computerized match.

REQUIREMENTS FOR COMPLETION OF INTERNSHIP

The following requirements must be met to the satisfaction of the Training Committee to receive satisfactory certification of internship completion:

1. The internship requires a total of 2000 hours. The bulk of this will time will be supervised work in the major rotation, but will also include time in the minor rotation, as approved by the Director of Training. A **minimum** of 500 hours in the provision of direct face-to-face clinical services is required.
2. All rotations must be satisfactorily completed. 95% of competency measures, on all rotations, must be at a level of at least 3 (intermediate skill level) by the completion of the internship.
3. All assigned clinical documentation and administrative record keeping must be completed.
4. Regular attendance within the Didactics Program must occur.
5. At least four Psychological Evaluations with an integrated written report must be completed. Feedback on the results of the evaluation must be provided to the referral source and the individual tested, as well as to family members when appropriate.
6. All supervisor evaluation forms, seminar evaluation forms, and Internship Program Evaluation forms must be completed.
7. Formal case presentations are required.
8. Participation in routine case conferences and meetings required for the major and minor rotations are expected.
9. Participation in a final, formal case presentation is required. This exercise involves an extensive write-up of a treatment case followed by an oral defense before a team of three licensed psychologists.

10. Participation in a research presentation is required. This exercise involves a 5 page write-up of a research topic (dissertation topic if applicable). The intern then presents the research to a team of two licensed psychologists. The intern then transposes their topic into a consumer based training and finally presents it to the Director of Internship Training and their peers within the Didactic Program.

DESCRIPTION OF TRAINING OPPORTUNITIES

The UMDNJ-Piscataway Psychology Internship program provides core advanced training experience within five major tracks. One intern is matched for each of these five tracks. These specialty areas are our Child Therapeutic Day School, Adolescent School-based Services, Adolescent Institutional Forensic Mental Health Services, Adult Outpatient Latino Services and Adult Severe Mental Illness. Interns receive supplemental training and experience in other areas of interest via the inclusion of minor rotations. The 5 primary rotations to which prospective interns apply are:

Following is a description of each of the **Core Tracks**:

Child Therapeutic Day School: This program is located on the Piscataway campus. This unit serves students that are classified by their school district and require out-of-district, therapeutically based treatment. The students range in age from 3 to 13, and are of diverse cultural background. Services provided by the intern include assessment and treatment planning, individual therapy, family therapy, group therapy and milieu therapy. The intern functions as part of a multidisciplinary team. The intern also provides consultation to other mental health staff, as well as non-mental health staff, such as teachers and specialists. There are approximately 25 student clients enrolled within a year.

Edison School Based Program: This program is a collaborative effort between UBHC and the Edison School District. It is located approximately 5 miles from the main campus. Edison is a large, suburban, district in Central Jersey. Services are provided to traditionally underserved, culturally diverse children and families. Services provided by interns include: evaluation and assessment; individual, family and group therapy; multidisciplinary team participation; psychoeducational activities and support groups; consultation with other mental health staff, school staff and community entities around client care issues; participation in school and community advocacy groups. General services are available to cover a population base of approximately 5000 children and their families. There is a yearly need for direct clinical services for a cohort of about 150 students and their families.

University Correctional HealthCare- New Jersey Training School for Boys: This track is located in a secure residential juvenile justice setting, 16 miles from the main campus. Services are provided to incarcerated male juveniles ages 13 to 18 who present with mental health needs. Services provided by the intern at the Jamesburg site include evaluation and treatment planning, individual therapy, family therapy and group therapy. The intern functions as part of a multidisciplinary team. The intern also provides consultation to mental health staff as well as other non-mental health professionals within the sites.

New Brunswick Outpatient Office: This is an outpatient office providing services to the underserved population of New Brunswick (a small city in Central New Jersey) and its surrounding area. The population served is largely seriously and persistently mentally ill and impoverished. Approximately 44% of the population is Latino, many presenting with immigration related issues, often trauma involved. Intern activities include: assessment and evaluation; individual, family and group therapy; multidisciplinary team participation; consultation with other mental health staff and paraprofessionals. Services provided include outpatient and intensive outpatient services for individuals and their families. There are on average, about 1000 active patients at this site, at any point in time.

Division of Schizophrenia Research: Through this department, research-based clinical interventions are provided within one of our adult partial hospitalization programs. The population served is seriously and persistently mentally ill, with about 60% having a primary major mood disorder and 40% having a primary psychotic disorder. About 50% have co-morbid substance abuse issues. Intern activities include: evaluation and assessment; individual and group therapy/skills training; cognitive rehabilitation; consultation with mental health and paraprofessional staff. There are approximately 450 patients who are linked to this program which is led by Steven Silverstein, Ph.D., a nationally renowned researcher in schizophrenia.

Secondary Tracks:

In addition to their core track, each intern spends approximately one day per week within a secondary track. Like the core tracks, the secondary tracks have also been positioned strategically by the Training Committee. Consonant with the core tracks, the secondary tracks have a senior licensed psychologist to serve as supervisor. They also possess sufficiency and variability within the treatment population to allow for adequate experiential exposure, toward meeting internship goals. These potential placements are mostly at UBHC. However, given our collaboration with Robert Wood Johnson Medical School, there are also opportunities to work with licensed psychologists who are RWJMS faculty, on clinically based research projects. There is also opportunity to work in service units affiliated with RWJMS. Interns are encouraged to choose a secondary track (secondary tracks are chosen during orientation) which is divergent from their primary track, and as such will provide a broadening supplementary experience during the internship year. As is the case with the major rotations, intern participation is typically limited to one intern per minor track. The following is a list of currently available secondary tracks, including a description of each:

Acute Psychiatric Services: This emergency service department provides crisis assessment and intervention, both on site and through outreach programs. It services all ages. These services are provided to an average of 325 patients per month from the surrounding urban and suburban community. Activities include crisis assessment of patients and families, interdisciplinary consultation, case disposition and referral including to higher levels of care.

Employee Assistance Program: This track is located in Piscataway, a few miles from the main campus. Services are provided to clients from companies, organizations and municipalities with whom UBHC has contracted to provide services. Clients span the age range from early childhood through later adulthood, and represent the cultural diversity of the surrounding area. Services provided by the intern include evaluation and treatment planning, individual brief therapy, family therapy and referral for longer term treatment when indicated. The intern functions as part of and consults with a multidisciplinary team. The intern also has the opportunity to be involved in trainings provided to organizations which have contracted services with the EAP unit.

University Correctional HealthCare: This minor track is within UCHC. There are multiple locations from which to choose, including a men's facility, a women's facility and a convicted sex offender's facility. All three facilities are within 25 miles of the main campus. Services provided by the intern include evaluation and treatment planning, individual therapy and group therapy. The intern functions as part of and in conjunction with a multidisciplinary team. The intern may also consult with non-mental health employees of the prison system.

Early Intervention Support Services: This minor track is within a grant funded program designed to provide brief but intensive outpatient services to an acute and often severely mentally ill population, who are non-traditional users of services. The population contains many individuals who are at risk for, and often default to hospitalization. Services provided by the intern include evaluation and treatment planning, individual and group therapy. The intern functions as part of and in consultation with a multidisciplinary team. The intern also consults with paraprofessional staff.

Intensive Outpatient Treatment and Support Services: Operated in affiliation with the New Brunswick Outpatient Office, this grant-funded Intensive Outpatient Program focuses on an acute/intensive mentally ill population. It offers medium term services for clients who are both resistant to treatment and at risk of hospitalization/re-hospitalization. Services provided by the intern include evaluation and treatment planning; individual and group therapy; case management. As part of a multidisciplinary team, the intern also consults with professional and paraprofessional staff.

Family Medicine: This minor track is located in a medical clinic in New Brunswick in affiliation with RWJMS. Adolescent and adult medical patients who are deemed by medical personnel to be at potential psychological risk are referred to a psychologist/intern/student team. Services provided by the intern include: evaluation and treatment planning; crisis screening; individual and family therapy. The intern consults with medical staff as well as psychology graduate students.

CBT for Patients with Co-Morbid Depression and Parkinson's Disease: RWJMS faculty member Roseanne Dobkin, Ph.D. conducts ongoing randomized controlled trials of manualized CBT vs. standard care for patients with Parkinson's Disease and co-morbid depression at RWJMS. Patients are ages 35 to 85. Intern activities include assessment, neuropsychological testing, manual-based CBT treatment, and caregiver psycho-education. One hundred patients are to be treated over a five year period. They are referred through the American Parkinson's Disease Association as well as local neurology clinics.

Behavioral Medicine Research with Asthmatics: RWJMS faculty member Paul Lehrer, Ph.D. is working on two clinical studies. In the first, patients are being seen through a grant on biofeedback therapy for asthma. Interns are able to learn and perform biofeedback as part of a large-scale clinical trial. In the second, behavioral treatment of combined asthma and panic is being studied. The intern would be involved in monitoring therapies performed in another setting. Specifically they would be rating SCID interviews to determine diagnosis and listening to process groups to rate cultural relevance of the treatment procedure.

Tobacco Research and Intervention Lab: RWJMS faculty member Marc Steinberg, Ph.D. is working on clinical trials for a CBT based protocol for smoking cessation within a persistently mentally ill population. Interns learn and conduct the manualized CBT treatment for individuals. Interns also consult with a multidisciplinary staff.

Neuropsychology Services: Jasdeep Hundal, Psy.D. is a board certified neuropsychologist for this program under the auspices of RWJMS. Interns are exposed to a neurologically complicated patient population through comprehensive outpatient assessment and evaluation. Interns have opportunity to attend weekly neurology rounds and participate in a range of special procedures. They are able to consult with a multidisciplinary staff.

Childrens Specialized Hospital: In affiliation with RWJMS, this minor rotation offers interns an opportunity to work in an inpatient rehabilitation pediatric hospital who are in need of intensive and comprehensive therapy as a result of brain injury, chronic illness, spinal cord injury, prematurity of infancy and chronic pain syndromes. In addition to individual therapy, interns are able to facilitate groups, conduct psychological testing, work with family members and consult with other disciplines.

Division of Schizophrenia Research: This minor rotation offers interns an opportunity to work in a first episode psychosis outpatient program. Interns are able to do individual, family and group therapy. There are occasional testing needs. Interns also consult with other disciplines including a peer support specialist.

In addition, there are opportunities for interns to design a minor rotation to meet more intern-based internship goals, to the extent that resources allow. As an example, during the 2014-2015 internship year, the Internship Director worked with the forensic intern to design and implement a child testing minor rotation to support her career goals of providing testing for adjudicated youth.

Didactic Training

There are 3 weekly scheduled seminars which account for the final day per week (Wednesdays). The didactic trainings are composed of six distinct modules

The Evidence Based Treatment module focuses on:

- Motivational Interviewing; CBT; DBT; Brief Psychodynamic Therapy; ACT; Stress Management. These modules typically run for 5 to 8 sessions. They begin with a theoretical overview and then drill down to technique. Interns utilize technique in practice and reconvene to discuss and critique experiences in application.
- Briefer modules on treatment with specific populations including: CBT with PTSD; CBT with Psychotic Disorders; Trauma-informed treatment.
- Risk Assessment
- Psychopharmacology
- Case Conferences

The Assessment Seminar focuses on:

- Overviews of neuropsych, intelligence, personality testing with adults, adolescents, children and geriatric patients.
- Training and discussion of specific instruments such as Wechsler scales; MMPI, PAI, Projective tests.
- Behavioral assessment
- Forensic assessment
- Assessment of substance abuse
- Assessment of Autism Spectrum Disorders
- Assessment of ADHD
- Case presentation of integrated batteries

The Cultural Competence Seminar focuses on:

- An ongoing experiential seminar in Cultural Treatment Considerations
- Individual seminars focused on specific cultural groups including African-American clients, Latino clients, Indian-American clients, LGBTQ clients, Arab-American clients and Mixed-race clients.

The Ethics Seminar focuses on:

- Practical application of the Psychologist's Code of Ethics
- Understanding of NJ state specific reporting requirements and systems of care
- HIPPA regulations

The Professional Development Seminar focuses on:

- Career development
- Finding and applying for Post-docs
- Teaching skills

The Supervision Seminar focuses on:

- Understanding the history of supervision as a distinct psychological competency
- Practicum in live peer supervision involving immediate feedback and critique on supervisory competencies and style

In addition to the didactic trainings, interns are required by UBHC to complete a series of mandatory live and on-line trainings that are required of all behavioral healthcare clinicians. Information on these required trainings is reviewed with interns at orientation and completed during the orientation period. Completion of these trainings by interns is monitored by UBHC. In addition supervisory staff are given leave time to attend professional conferences, meetings and trainings. Both UBHC and RWJMS provide a broad range of optional training presentations, conferences and seminars that supervisors and interns are encouraged to attend. These include Grand Rounds which occur twice monthly. In addition interns are able to attend a range trainings offered through BRTI.

SUPERVISION

Supervision is a core component of the internship program that provides interns with guidance and models for professional conduct and activities. Supervision is provided by NJ Licensed Psychologists who are primarily of CBT orientation, but with some variation in orientation and style. Supervisors serve as professional role models. As such they understand and embrace the specific goals, objectives and competencies defined in the program's training model. All of them work closely with the Director of Internship Training, through the Supervisor Committee, to plan, implement, monitor and evaluate the progress of the interns in attaining the required competencies of the Internship Training Program. Supervisors provide ongoing formative feedback as well as summative feedback every four months. This feedback is synthesized by the Director of Internship Training to formulate a mid-year and end of year letter to be sent to the intern's Director of Graduate Studies. Interns will receive a minimum of 200 hours of direct supervision over the internship year, of which at least 100 hours will be individual.

1. Individual Supervision

Each intern receives a minimum of 2-3 hours of individual supervision weekly from their primary supervisors, who are licensed psychologists (one hour minimum with each supervisor). These primary supervisors maintain full responsibility for each intern's work. The primary supervisors are the site supervisors for the interns major and minor rotations.

2. Group Supervision

Interns receive group supervision within their major rotation, as part of an interdisciplinary team. These teams meet at least weekly for case discussion and disposition.

3. Secondary Supervision

Interns are also paired with a secondary supervisor, usually a former intern, now a licensed member of the faculty, who provides additional focal supervision and mentorship. Meetings are approximately twice per month.

4. Testing Supervision

Each intern is paired with a testing supervisor for purposes of supervision on their testing cases.

5. Case Conferences

Interns also receive group supervision, over the course of the year, in didactic scheduled case presentations involving the Director of Internship Training and other guest members of the faculty. These presentations are based on client cases and focus on issues of assessment, treatment planning, intervention, cultural competence and ethics.

6. Supervision Practicum

During the final four months of the year, interns also participate in a live practicum experience in which they provide supervision to each other, followed by discussion and critique by the Director of Internship Training and other interns.

PSYCHOLOGICAL ASSESSMENT

Assessment is an integral part of the internship and all interns must complete a minimum of 4 testing assessments and integrated reports. Referrals for psychological assessment are accepted from UBHC clinical staff. Upon receipt of a testing case, the intern will consult with their testing supervisor and arrange a supervision schedule. Assessment supervisors evaluate the interns using the intern assessment form when the testing is completed. Each intern will be supervised in the following activities of the assessment process:

- Review of medical records (and school records, if applicable)
- Clarification of testing question(s)
- Clinical interviewing with clients and family members
- Test battery selection
- Administration and scoring of psychological and neuropsychological tests
- Interpretation of test results
- Analysis of client behavior during the clinical interview and testing sessions
- Writing of comprehensive reports that integrate medical records (and school records, if applicable), clinical history, behavioral observations during testing, psychological and/or neuropsychological test results, and include recommendations for treatment and/or additional evaluation
- Consultation with client, client's family members, referring physicians/clinicians to communicate evaluation findings and recommendations.

CULTURAL COMPETENCY AND DIVERSITY

As part of our values, at the RBHS and UBHC levels, we have been committed to recruiting and maintaining a diverse professional staff. Likewise, our internship program has been committed to training diverse cohorts of interns who will be optimally prepared to provide mental health services and conduct research, to augment the professional capacity of psychology to address the needs of the diverse population of our surrounding community.

UBHC and the RWJMS Department of Psychiatry serve such a large and varied community. New Jersey is amongst the most diverse states in the country; Middlesex County is amongst the most diverse counties in New Jersey. Although there are slight variations from site to site, the overall cultural demographics of our population base are: African American/Black (19.5%); Asian (6.4%); Caucasian/White (44.4%); Latino/Black (4.2%); Latino/White (15.3%); Latino/Undifferentiated (6.8%); Multiracial/Other (2.6%).

Special attention is paid to differentiation of cultural background, age and diagnosis in making all selections for intern caseloads, such that our interns are exposed to a population that is maximally diverse in terms of ethnicity, religion, culture, sexual orientation, age, socioeconomic status, medical status and psychiatric status. Throughout the Medical School and UBHC, respect for cultural and individual difference is not only expected, but it is a living reality.

Within the internship program itself, 39.7 % of the supervisory staff is of minority status. Over the past 7 years, 65% of interns have been of minority status. We actively embrace and recruit for diversity.

The leadership of the internship program is very mindful of the importance of incorporating understanding of cultural concepts into mental healthcare. The interns are exposed to a broad range of ethnicity, religion, culture and sexual orientation within their caseloads. The internship has developed the Adult Outpatient track to have a preferred focus on work with immigrant Latino populations. The intersection of culture and diversity with assessment and treatment issues is a clear focus of the internship. Cultural issues are routinely addressed in supervision, as well as in the internship's formal didactic seminars. The Behavioral Research and Training Institute within UBHC, provides or sponsors many conferences and workshops devoted to issues of diversity, which interns are encouraged to attend. Hence, within the internship, as well as throughout the Medical School and UBHC, understanding of and respect for cultural and individual difference is not only valued, but it is an objective reality.

EVALUATION OF INTERNS

Our Competency Based Intern Evaluation form is the cornerstone of intern evaluation. Interns self-assess with this form during orientation. Their self-assessments are discussed initially with their supervisors and become a prominent part of ongoing supervision process. Supervisors give ongoing formative feedback. The interns are evaluated by each supervisor at 4 months, 8 months and end-of-year, utilizing the intern evaluation form. This serves as the basis for summative feedback which is provided at the same time points. The evaluations are forwarded to the Intern Director, who also meets at these points with each intern to discuss their progress. The evaluation scores are aggregated and discussed with the Training Committee. If there is a need for a remediation plan this is formalized and discussed with the primary supervisors. Interns who receive ratings below 3 (Intermediate) will be counseled by their Supervisor and Director of Internship Training on ways to improve their level of competency in those areas. When there are areas of concern regarding an intern's performance, the supervisor will indicate these concerns both verbally and in writing. If the corrective action is not effective, the intern's performance will be reviewed by the Training Committee and Internship Director in consultation with the intern to determine if the intern's performance meets the minimum requirements for retention in the program (see Due Process and Grievance Procedures).

All feedback is synthesized by the Internship Director at mid-year and at year's end to provide a letter to the intern's Director of Graduate Studies As stated earlier, 95% of

competencies must be rated at least at a three (intermediate skill) level, by the end of the internship year.

At the end of the internship year, the Final Case Conference presentation is rated by the participating psychologists and provides ancillary feedback regarding the intern's global skill level.

INTERN SUPPORT

The following are key elements of intern support:

- 1) The internship pays a stipend of \$25,000 per year. The stipend is paid out as salary, on a bi-weekly basis. The stipend covers the period from 9/1 through 8/31 of the internship year.
- 2) The internship provides for a total of ten (10) days off per year, in total, for purposes of vacation, sick time or personal use.
- 3) Interns are allowed release time for purposes of off-site training, professional conference attendance/presentation and dissertation requirements.
- 4) Interns are provided with health coverage benefits as per choices listed on the Rutgers website. Note that health coverage benefits do not begin until the third month (November) after intern commencement.
- 5) Interns are provided with dedicated office space both centrally and on rotation sites.
- 6) Interns are provided with full administrative support including, but not limited to, secretarial support, telephone and voicemail, individual desktop computer and internet access, access to Rutgers Libraries of Science and Medicine

INTERN FEEDBACK

As a program, and as part of our ongoing valuation of Quality Improvement, we actively solicit feedback from interns in a range of ways. The Director of Internship Training meets routinely with the interns. One focus of these meetings is feedback from interns, both individually and collectively, as to how their training is proceeding. At the end of the internship year, the Director of Internship training has a more formal meeting with the interns in which he goes through all the components of the program for final summative intern feedback.

As part of the 4 month cycle of evaluations, the interns are also asked to rate their supervisors using a supervisor rating form. The interns rate their supervisors on supervisory competencies which we expect of our supervisors. Aggregated feedback is provided to the supervisors.

In addition and on the same cycle, we ask interns to rate the program using a program rating form. This aggregated data is then presented to the Training Committee as part of our ongoing self-study process.

PROFESSIONAL BEHAVIOR

Interns are expected to behave professionally and ethically. Responsibility and punctuality in staff, client and community interactions are expected. Administrative and clinical documents are to be completed in a timely and accurate manner. UBHC guidelines, policies and procedures are to be followed, and interns are required to attend mandatory orientation and training that is provided to all UBHC staff on a yearly basis regarding safety, infection control, corporate compliance, etc. Interns understand that they must complete all required pre-employment physicals through our Environmental & Occupational Health Sciences Institute at no cost to the intern. Interns use the title of “Psychology Intern” on all clinical records, letters and other documents. Interns need to inform all clients that they are a trainee under supervision. They must procure signed consent from their clients as well as document the disclosure conversation with the client

Interns are expected to contact the Director of Clinical Training and any other relevant supervisor/rotation in the case of absence. Absences may include: illness, vacation time or personal emergency. Interns are eligible for 10 such days off per year. Interns are responsible for contacting and rescheduling their own patients/clients and to reschedule any missed appointment due to an unexpected absence. Time off requests must be cleared through the Director of Training using a request for leave form. Subsequently, interns are expected to notify all of their supervisors of their vacation time.

All interns are required to attend an Orientation Training during the first two weeks of the internship. This training reviews the policies and procedures for all administrative requires of Rutgers and UBHC. The policies and procedures may be found at the following web addresses:

Institutional policies pertaining to Rutgers-Robert Wood Johnson Medical School can be found on the website, www.rutgers.edu.

Institutional policies pertaining to University Behavioral Health Care (UBHC) can be found on the website, www.ubhcweb/ubhcweb_internal/index.htm

Interns also receive training at one-day training on the UBHC electronic medical record and HIPPA requirements. Additionally, there are a number of required on line training offerings.

INTERNSHIP DUE PROCESS & GRIEVANCE PROCEDURES

The procedures for internship due process and grievance are presented in our Due Process and Grievance Policy as an appendix to this handbook.

Extending beyond the internship itself, any staff member of the UBHC, RWJMS, or other RBHS 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. If a staff member who is not affiliated with the internship program determines a need to proceed with such a complaint, the following protocol should occur:

1. The staff member should first report the issue to the Director of Internship Training.
2. The Director of Internship Training will review the complaint with other members of the Training Committee and determine if there is reason to proceed, or whether the behavior in question is being rectified.
3. If the Director of Internship Training and other Training Committee members determine that the alleged behavior cited in the complaint, if proven, would not constitute a serious violation, the Director of Internship Training shall inform the staff member who may be allowed to renew the complaint if additional information is provided.
4. When the Director of Internship Training and other Training Committee members decide that there is probable cause for deliberation by a Review Panel, the Internship 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, Director of Internship Training and the other Training Committee members shall decide whether to proceed with the matter.
5. If the intern is informed of the complaint, the Director of Internship Training 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 Rutgers University, and, as such, are entitled to the avenues open to all employees concerning problems that may come up 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. Director of Internship Training.
3. BRTI Executive Director.
4. CEO and President of UBHC.

In addition, interns may register complaints or concerns about issues in a particular service unit within 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 Behavioral Research and Training.
5. CEO and President of UBHC.

If an intern has a complaint about issues on a rotation in the Department of Psychiatry 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

SUCCESS OF OUR INTERNS

Our interns have had a very high rate of success after leaving our program. Within the past ten years, all of our interns have attained their doctoral degree and work as psychologists. They have moved forward into a range of career paths, including research, clinical practice, teaching and administration. They have been working in a broad array of settings including hospitals, universities, clinical care systems, forensic facilities and private practice. Eleven of our fifty interns within that time frame were hired into our system upon completion of their internship. Others have gone on to such prestigious settings as Brown University, Tulane

University, Yale University, University of Michigan, N.I.H. and U.C.L.A. We have had a very impressive record of post-doctoral placement, with most interns being matched to their first or second choices. Post-doctoral placements have included: University of Pennsylvania, Brown University, Sloane-Kettering and Johns Hopkins University. All of our interns have been successful when seeking licensure.

ACCREDITATION STATUS

The Rutgers University Behavioral Health Care Psychology Internship is accredited by the Commission on Accreditation of the American Psychological Association. Our last site visit was in December 2010. We are fully accredited until 2017.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE • Washington, DC • 20002
Phone: (202)-336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

