

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

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

**RUTGERS UNIVERSITY CORRECTIONAL HEALTH CARE (UCHC)**

**Psychology Internship Program  
ORIENTATION MANUAL  
2023-2024**

**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](mailto:APAAccred@apa.org), Web: <http://www.apa.org/ed/accreditation> (next site visit 2029)

We welcome you to the 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.

Psychology Interns are provided with a common core program, to insure the acquisition and development of competence in primary selected areas. However, each Intern also has a unique experience determined by which electives the Intern selects. 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.

Schenike Massie-Lambert, Ph.D.  
Training Director, Psychology Internship-Newark

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

Mitch Abrams, Psy.D.  
Correctional Coordinator-Forensic Track

Beata Geyer, Ph.D.  
Assessment Supervisor

Conor Hogan, Ph.D.  
Intern Liaison

## **Training Committee**

Schenike Massie-Lambert, Ph.D.  
[massiess@ubhc.rutgers.edu](mailto:massiess@ubhc.rutgers.edu)

Mitch Abrams, Psy.D.  
[abramsmi@ubhc.rutgers.edu](mailto:abramsmi@ubhc.rutgers.edu)

Beata Geyer, Ph.D.  
[bb694@ubhc.rutgers.edu](mailto:bb694@ubhc.rutgers.edu)

Conor Hogan, Ph.D.  
Intern Liaison  
[cph80@ubhc.rutgers.edu](mailto:cph80@ubhc.rutgers.edu)

## 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 of each of the Interns' core experiences has been set and is included in this manual. In July, 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 and will write a list of goals for the training year. This self-evaluation and goals list will assist in the identification of strengths and areas for further growth and development and will be shared with the Intern's assigned supervisors. The self-evaluation, goals list, and the introduction to the core and elective rotations will collectively serve as the basis for the development of a training plan, agreed upon by the Intern and the Director of Psychology Training. This plan will be submitted to the Director of Training during the first 2 weeks of August, along with 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, Training Committee, 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.

By no later than the first week of August (probably much earlier), Interns are expected to be participating in their core experiences. All Interns will receive a minimum of two hours of individual supervision per week. The supervision will be provided by their supervisor within their core treatment rotation and by the testing supervisor. However, most Interns will receive substantially more supervision, as supervision is also provided within each required and elective rotation. Most 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. Our supervisors generally have a highly 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-January, 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 a given semester; these evaluations are typically not used for reporting back to doctoral training programs. The end of semester evaluations include numerical ratings of Interns' competencies, which are shared with Interns' home programs. All evaluation experiences are structured to protect Interns from retaliation while simultaneously helping them learn to overcome the 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 2023-2024**

**Special Note for 2023-2024 Training Year:** The following manual reflects the longstanding structure and expectations for this program. As of July 1, 2023, RUBHC continues to provide the majority of its services in-person, on-site. However, a hybrid schedule, utilizing a teletherapy platform, may be utilized at the department's discretion. It should be noted that all clinical experiences are expected to take place on-site and the use of a hybrid schedule or teletherapy platform should be determined by the Intern's clinical supervisor and Internship Program leadership.

Please Note: During **the initial session** with patients, Interns are to introduce themselves as students to patients, identify the supervisor to patients, and obtain permission for making videos or having live supervision. If patients are uncomfortable with this arrangement, the assignment of the case can be changed. Each UBHC Intern presents in supervision at least two videos or live therapy sessions per semester (a 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 for each semester signs that two videotapes or live case sessions have been reviewed.

## **1. Core Treatment Rotations**

- a. Outpatient Services – child track - full year, 8-10 hours/week; school track- full year, 8-10 hours/week; correctional/forensic track: 1 semester, 3 days/week; adult track: full year, 8-10 hours/week; minimum 1 hour/week individual supervision**

In this rotation, Interns carry 7-10 treatment cases to total at least 5 hours weekly of face-to-face time. The ages of the identified patients span the age range of 3-21 (in Child OPS), 14-21 (in School Based) and 18+ (in UCHC, Adult OPS). Interns may request cases from a given age range, and efforts will be made to meet such requests; however, Interns are expected to accept all cases that have been reviewed by their supervisors as appropriate for training. 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. While in the outpatient rotation, Child Interns also participate in co-leading an increased acuity IOP group program (the "School of Success"), with assigned members of the outpatient clinical staff.

As a part of outpatient rotations, Interns receive one hour of individual supervision per week from the primary supervisor and participate in a weekly, or twice monthly, team meeting that is a half-hour to 1 hour 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 the intake meetings, which focus on the review and assignment of new cases. Child Track Interns are also required to attend meetings to communicate high-risk issues as relevant. School Track interns are also required to attend clinical team meetings, IEP meetings, etc. as needed.

Accompanied by identified staff members, all Child Interns are expected to conduct at least two home and/or school visits to patients they are treating during the course of the year. Interns should only visit clients for whom they are the assigned primary clinician. The core supervisor must approve each visit beforehand and then signs that the visits have occurred. Interns are strongly encouraged to conduct home and/or 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 identified accompanying unit staff, and should make note of all school year vacations, when families are often more available for daytime visits. Supervision for the School Track is provided by Dr. Suzi Millar, licensed psychologist. Within UBHC, supervision on the Child unit is provided by Drs. Shoshana Sperling and Schenike Massie-Lambert, both licensed psychologists in New Jersey. Ms. Debra Waksberg and Ms. Brittany Coleman provide supervision for the SOS groups, intakes, and operational concerns in the Child outpatient department. Supervision on the Adult unit is provided by Dr. Clarita Hipol-Ligot, also licensed in New Jersey.

Correctional/Forensic Interns complete their outpatient rotations at Northern State Prison (NSP), Edna Mahan Correctional Facility for Women (EMCFW), New Jersey State Prison (NJSP) or at the Adult Diagnostic and Treatment Center (ADTC). Within the prisons, "outpatient" refers to working with inmates who are housed in general population and have been placed on the Special Needs Roster, which signifies that they meet criteria to receive mental health services. Supervision is provided by Drs. Brittany Bertani, Andrew Greenberg, Harry Green, Jonathan Riley, Joshua Avondoglio, Lyubov Rafalson, and James Cassidy, all licensed psychologists in New Jersey.

**b. Partial Hospital Services or Inpatient – Child: half year, 1.5-2 days/week; --Adult/School half year, 1 days/week; --Correctional/Forensic (inpatient- half year, 3 days/week); minimum 1 hour/week individual supervision**

Child Track Interns fulfill this requirement by carrying two cases from the child/adolescent partial hospital services, and participating in the milieu program for the equivalent of two days per week, for five-six months. Two to four hours of treatment time per week will be devoted to 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, and must review treatment plans for their clients and maintain regular contact with the treatment team. Supervision on these cases is provided by Dr. Suzi Millar, 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 2-4 groups, 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. Individual treatment is less common in this program. Supervision is provided by Dr. Nicole Attaway, licensed psychologist in New Jersey. School Track Interns will need to participate in one of the Partial Hospital Services 1 day per week to fulfil this requirement. They may choose between Child Partial and Adult Partial.

Correctional/Forensic Track Interns fulfill their partial hospital/inpatient requirement at University Correctional Health Care, at either Northern State Prison, New Jersey State Prison, or Edna Mahan Correctional Facility for Women. 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: 4-8 individual cases, and 1 to 2 groups. Supervision is provided by Drs. Brittany Bertani, Andrew Greenberg, Harry Green, Jonathan Riley, Joshua Avondoglio, Lyubov Rafalson, and James Cassidy, all licensed psychologists in New Jersey.

**NOTE:**

1. *Interns are expected to carry a total of at least 12 treatment cases at any one time, across all of their core and elective rotations, depending on the frequency of planned sessions.*
2. *Interns are expected to have about 15 hours of scheduled clinical contacts per week.*
3. *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.*
4. *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 half-day per week for all Interns; Correctional/Forensic Interns will conduct acute assessment in the prison setting (Stabilization Unit of Northern State or Edna Mahan Correctional Facility for Women); supervision is concurrent to the experience**

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. Interns in both General Adult and Child tracks select to work in any one of 3 settings: the Psychiatric Emergency Department housed in University Hospital, the Crisis unit (child clients) at UBHC, or the EISS (adult clients) unit of UBHC. Individuals of all ages are seen in the ED for evaluation of possible admission to inpatient psychiatric units, and at Crisis/EISS for intake, brief treatment/management, and general disposition. In the ED, 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/EISS at UBHC, or whether the client should be referred for treatment at a different level of care. At Crisis/EISS, Interns work with an interdisciplinary staff to conduct intakes of walk-in, scheduled, and acute clients. In the ED, supervision is provided by Najeeb Hussein, M.D., of the Department of Psychiatry of NJMS. At the Crisis and EISS units, supervision is provided by Ruby Valles, LCSW and Kelsie Tieman Overbey, LCSW, both licensed screeners.

School Track Interns obtain experience with crisis assessment in the school setting. Correctional/Forensic Interns obtain experience with crisis assessment in the prison setting, completing a mandatory rotation at the Stabilization Unit of Northern State Prison or New Jersey State Prison (or less frequently at the Edna Mahan Correctional Facility for Women). 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 this setting.

In all settings, supervision for this rotation is provided both in-vivo and individually as needed.

b.

**Intake Assessments- child: 1 morning per week at Child and Adolescent Outpatient for 4 months; adult: at AOPS for sufficient time period; school track: at designated school for sufficient time; correctional/forensic: on designated inpatient units for sufficient time period. Interns must be available for scheduled intake slots for duration of above periods; Interns from all tracks complete a minimum of 10, and a maximum of 16 intakes. Supervision is included in Intern's unit supervision, as well as in unit team meeting settings.**

For Child Track Interns, intake assessments begin at the start of the assigned semester, by sitting in with UBHC staff during an intake process. The general adult track Interns fulfill this requirement through the Adult Outpatient Services, in conjunction with the outpatient supervisor, after first "shadowing" staff Intake Clinicians. School Interns fulfill this requirement in the school setting that they are assigned to. Correctional/forensic Interns fulfill this requirement in one of the inpatient prison settings in UCHC, where they complete regular comprehensive intakes of inmates newly admitted to the units. Supervision is provided by on site supervisors.

**c. Psychodiagnostic Testing- full year, approximately ½ day per week; minimum 1 hour/week individual or dyadic supervision, in addition to weekly group supervision in testing seminar**

Interns will be expected to demonstrate basic competency in testing. Interns will participate in video or live supervision with the testing supervisor when they begin their rotation to assess and bolster 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 emphasis on intensive practice of skills during the summer months.

Assessments will either be conducted in the prisons (for UCHC Interns), at UBHC, or within a UBHC-contracted school based program, 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. When available, this rotation also includes a rotating "on call" schedule for adult inpatient psychological evaluation consultations (2023: not currently available). Within the prisons, the focus of assessments is generally on diagnostic clarification, risk assessment, and identification of possible malingering. Interns may elect to have experiences with the assessment of individuals who are outside the Intern's developmental specialization.

By the end of the year, Interns are expected to complete at least *eight full batteries*, including two reports with minimal corrections. On rare occasions, exceptionally complex assessments may be counted as more than one battery, when so reviewed and approved by the Training Committee. Interns are expected to devote a half-day per week to these activities for the duration of the internship year. Assessments can be of both inpatients and outpatients. 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.

### **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. 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; LGBTQ issues; gender issues; ability/disability issues; ageism; and issues of socioeconomic class. Prior to making this presentation, the topic should be reviewed by a member of the training committee.

Interns administer and collect evaluations from the target audience, and then use these to 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: 1) an outline of the trainings, including any materials used in the presentation, along with an identification of the target audience; 2) a self-reflection, including 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; 3) either Qualtrics record of evaluations or scanned copies of the evaluations received from the audience. (See below for the evaluation form.)

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. As such, each Intern should hand out separate evaluation forms to the audience.

### **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 broadly 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 Director of Training.

Subsequently, the Intern will conduct an oral presentation of the case to two psychologists between mid- April and mid-May. These two psychologists will not have previously supervised the Intern. In most cases, one will be a UBHC/UHC supervisor, and one will be from the community. During this oral review, students will be asked about the case presented, and are subsequently provided with both written and oral feedback about their performance, which the Intern will review with the Training Director.

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, pending supervisor and unit availability. 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:

- A. **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 weekly and will be provided by the staff member who is the co-therapist, or by an assigned supervisor, if Interns lead a group together.
- B. **Co-Occurring Relapse Prevention Group**: Interns may elect to co-lead a twice monthly co-occurring relapse prevention group run at Adult Outpatient Services. The group provides psychoeducation, peer support, and mindfulness exercises. Supervision is provided by Clarita Hipol-Ligot, Ph.D.
- C. **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. Concurrent supervision is provided by Dr. Rashi Aggarwal and Dr. Douglas Opler, both of the Division of Psychiatry.

- D. **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 UCHC psychologists. (Correctional track Interns may choose to work a 4<sup>th</sup> day in a prison setting, but this day should be scheduled at a different facility from their concurrent core placement. Supervision is concurrent to the experience.
- E. **PEACE Clinic (Child Psychosis)**: As part of a research project within the Department of Psychiatry, Interns participate in the assessment and treatment of children who present with symptoms of psychosis. Supervision is provided by Anthony Deo, M.D.
- F. **Quality Improvement (QI)**: Interns may choose to participate in a small quality improvement project, which can take one of several forms: joining an ongoing formal QI project on a given unit, or conducting an original project in independent groups, or joining a larger system-wide project, if available. 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.
- G. **School Placement**: Interns may provide services within the Public Schools of Newark or other surrounding communities, with whom RUBHC has contracts to provide mental health services. Interns conduct individual treatments, run group therapies, and conduct assessments, all under the supervision of licensed School Psychologists. Supervision is provided by Suzi Millar, Psy.D.
- H. **Women's Trauma Group**: Interns may elect to co-lead a twice monthly woman's trauma group run at Adult Outpatient Services. The group provides psychoeducation, peer support, and DBT-based coping skills. Supervision is provided by Clarita Hipol-Ligot, Ph.D.
- I. **Student Health Services**: As part of an integrated health initiative, Interns will conduct psychosocial assessments and will provide short term counseling with graduate students at the Rutgers Biomedical and Health Sciences (RBHS) Student Health Services Center. Interns will prepare for and present wellness seminars on topics of interest to medical and biomedical students. Interns will be part of an interdisciplinary team, collaborating closely with family practice/internal medicine providers. Supervision is provided by Shoshana Sperling, Ph.D.

## 7. **DIDACTIC PROGRAM**

The didactic program described below was developed by the training staff specifically to meet the needs of Interns.

Your attendance and active participation is required at these classes, unless otherwise arranged. 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 donate their time, and 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 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. 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 (e.g., compliance, HIPAA, sexual harassment), training in the computer-based documentation system (vxVista), and in Crisis Prevention Intervention (CPI). Interns are required to complete all necessary web-based trainings by the end of the second 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 visit 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.

**Testing Seminar:** summer as scheduled, July – May Wednesdays, (2023-2024: time TBD) (with additional summer time slots), required. The class covers testing practice and protocol, ethics, conducting feedback, as well as review of specific tests.

**Issues in Diversity:** bi-weekly, September – May, Wednesdays (2023-2024: time TBD) required. Covers issues associated with racial, ethnic, religious, gender, sexual orientation, age, and ability differences. Interns participate in coordinating the presentations.

**Group Supervision:** As scheduled on Orientation Schedule for July and August; Wednesdays (2023-2024: time TBD), July-June; required. Group supervision is divided into four rotating weekly topics per month (The order is subject to year-by-year arrangement). The topic for the first week is ethics, for which ethics journals are written once per month, most of which may be focused on a particular topic of ethical interest. These journal entries are due by the first Wednesday of each month. The second week is internship group supervision/internship troubleshooting. The third group supervision week is professional development, covering topics such as practice, licensure, registry, employment issues, as well as current events in psychology. The 4<sup>th</sup> 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.

(For reference when writing ethics journals, please refer to the *APA Ethical Principles of Psychologists and Code of Conduct*: <http://www.apa.org/ethics/code/>)

**Evidence-Based Mental Health (EBMH):** as scheduled, September – May, Wednesdays (2023-2024: time TBD); EBMH covers empirically-based practices for adult and child patients. Visiting speakers present on evidence-based practices for a range of issues, disorders, and approaches.

**Prison Lecture Series:** September-May, 1<sup>st</sup> Wednesday of the month, (2023-2024: time TBD) University Correctional Health Care sponsors a series located at UBHC, to cover issues of treatment and assessment related to forensics and the prison population.

**Grand Rounds:** September-June, Tuesdays, 9-10:30; optional. Two times per month, the Department of Psychiatry sponsors lectures, some by nationally and internationally known authorities. Attendance is voluntary but encouraged.

## **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 recorded by video 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. The finalized plans are sent to the Intern's graduate program Training Director.
  - e. Copies of the Intern's self-evaluation, goals, 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 hold monthly meetings 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. If significant concerns 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 concerns are addressed through due process procedures (see Due Process and Grievance Procedures for Interns below).
4. Mid-Year Review:
  - a. Formal written evaluations are prepared and reviewed with each Intern by each supervisor in December or early January. These evaluations include numerical ratings for each competency area. 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 describing the student's progress, and including their ratings for all competencies.
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 qualitative, formative feedback as to progress, as

well as to 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, reports of educational experiences) and prepares a final narrative, summarizing the Intern's full experience and evaluating the Intern's overall 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.

### **Key Deadlines for Internship Program**

July 15	Initial Self-Evaluation and Training Goals to Training Director
July 15	Complete Web-Based Training: Certificates to Training Director
July 11 - 22	Training Plan Meeting: Training Director
July 25 - 29	Review tentative training plan with primary supervisors for potential conflicts
August 1	Begin to inquire/conduct assessments
August 5	Training Plan Due: Training Director
Sept. 9	Identify unit training presentation, to be completed by next month: Training Director
Sept. 30	First Videotape/Live Supervision Completed
Oct. 1	Distribute October Formative Evaluations
Oct. 10-14	Individual Progress Meetings with All Supervisors
Oct. 17-21	Supervisory Feedback Experience: Review October Formative Evaluations
Oct. 31	Deadline for Case Selection for Case Competency Assessment

Nov. 11 First Teaching Experience due (unit-wide)

December 2 First Draft of Theoretical Orientation and Assessment Sections of Case Competency Assessment

December 2 Distribute Mid-Year Evaluations

December 9 Second Videotape/Live Supervision Completed

December 31 Mid-year Self-Evaluations due; Mid Year Evaluations of Interns by Supervisors due

January 2-6 Individual Progress Meetings with All Supervisors  
January 6 Sign-off Sheet for fall requirements submitted to Training Director

January 13 First Two Sections of Case Competency Finalized and Approved by Fall Supervisor. Late-January Mid-Year Progress Meetings with Training Director

January 17 Begin Spring semester rotations

February 28 First Full Draft of Case Competency Assessment: Fall Primary Supervisor

March 1 Distribute March Formative Evaluations  
March 6-10 Spring semester formative feedback from supervisors beginning January Rotations

March 17 Final Teaching Experience planned (community)

March 31 Final written case competency assessment due to supervisor, then to Training Director

April 7 Third videotape/live observation completed

Apr 10-  
May 5 Case Competency Assessments Scheduled

May 1 Distribute End Year Evaluations  
May 26 Outlines/Materials/Evaluations due for all Teaching

Experiences May 31 Evaluations of Interns by supervisors due;  
final self-evaluations due

June 6 4<sup>th</sup> videotape session/live observation completed

June 12 Begin end of year program meetings

June (14-23) Graduation (Exact date TBD- *Do not make plans for these dates without checking with program*)

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 Director

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

**ADDITIONAL QUESTIONS? CONTACT US:**

Schenike Massie-Lambert, Ph.D.

Training Director- Psychology Internship Program (Newark)

massiess@rutgers.edu