

**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**

**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 the electives he or she 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.

Gregory Benson, Psy.D.  
Director of Psychology Training

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

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

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

Beata Geyer Beaudoin, Ph.D.  
Assessment Director

Stacie Shivers, Psy.D.  
Intern Liaison

**Psychology Interns 2021-2022**

	<u>Track</u>	<u>Phone,</u>	<u>Room #</u>
Victoria Atzl, M.A.	Child	2-5574	C-1446
Danna Bismar, M.S.	Child	2-4290	C-1449
Jessica Elliott, M.A.	Child	2-5570	C-1448
Alexis Ferguson, M.S.Ed.	Child	2-5571	C-1447
Caitlin Ferrer, M.S.Ed.	Adult	2-9423 2-4869	C-1452 E-1522
Conor Hogan, M.A.	Correctional/Forensic	2-9423	C-1452*
Kathleen Jones, M.A.	Correctional/Forensic	2-9319	C-1450*
Brooke Joplin, M.A.	Correctional/Forensic	2-9319	C-1450*

Note: From outside the university all phone extensions follow the prefix 9- 1 (973) ...  
All voicemail should be originally set at your room # and then the last 2 digits of the year;  
**Please reset this when you begin**

\*Note: 2 Correctional/Forensic Interns share an office; another Correccetional/Forensic Intern shares a C-level office with the Adult Intern, who also has an office on the E-level.

## Training Committee

Gregory Benson, Psy.D.  
[bensongr@ubhc.rutgers.edu](mailto:bensongr@ubhc.rutgers.edu)

E1534, 2-9308  
E1420

Paula Iudica-Costa, Psy.D.  
[iudicapn@ubhc.rutgers.edu](mailto:iudicapn@ubhc.rutgers.edu)

C1418, 2-6141

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

UBHC-UCHC

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

C1420, 2-5573

Stacie Shivers, Psy.D.  
[staciedshivers@gmail.com](mailto:staciedshivers@gmail.com)

## 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. This 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 and sometimes the Assistant Director of Training on a weekly basis. 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 (the "report cards"), 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 2021-2022**

**Special Note for 2021-22 Training Year:** The following manual reflects the longstanding structure and expectations for this program. Given the current COVID-19 health crisis, adjustments will be made to the program structure as needed. As of July 1, 2021, RUBHC continues to provide the majority of its services remotely, using telehealth platforms, with most staff currently working a hybrid schedule, partly from home, and partly onsite. Within UCHC, staff are onsite every day. Similarly, all supervisions and didactics are currently being held remotely, with use of video platforms. Over the coming month(s), it is anticipated that RUBHC will transition to significantly increased onsite services and activities. In this process, efforts to maintain staff and client safety will be prioritized and the practice of recommended health practices carefully monitored. Interns will be expected to be fully engaged in this transition process, following the same procedures as RUBHC staff, as communicated by the internship to program. Interns will have the same options to request medical or personal leaves, as do all RUBHC staff.

**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; 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 6-9 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) 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. To this end, the spring semester supervisor signs that the Intern has completed at least two treatment plans with minimal corrections. While in the outpatient rotation, Child Interns also participate in co-leading an increased acuity IOP group program (the “School of Success”), with assigned members of the outpatient clinical staff.

As part of outpatient rotations, Interns receive one hour of individual supervision per week from the primary supervisor and participate in a weekly, 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.

Accompanied by identified staff members, all Child Interns are expected to conduct at least two home visits and at least two school visits to patients they are treating during the course of the year. (If necessary, the Intern can conduct three of one type of visit, and one of the other). 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 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. Within UBHC, supervision on the Child unit is provided by Drs. Paula Iudica-Costa and Beata Geyer Beaudoin, both licensed psychologists in New Jersey. Dr. Lara Aunio provides supervision for the SOS groups in Child. Supervision on the Adult unit is provided by Dr. Gregory Benson, also licensed in New Jersey.

Correctional/Forensic Interns complete their outpatient rotations at Northern State Prison (NSP), Edna Mahan Correctional Facility for Women (EMCFW), or at the Adult Diagnostic and Treatment Center (ADTC). 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. Nicholas Tolchin, Guillermo Parra, Andrew Greenberg, and James Cassidy, all licensed psychologists in New Jersey.

**b. Partial Hospital Services or Inpatient – Child: half year, 1.5-2 days/week; --Adult full year, 1-1.5 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. (note: Milieu activities occur when program is running onsite, but not remotely.)

For Adult Track Interns, primary responsibilities are to co-facilitate at least 2 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.

Correctional/Forensic Track Interns fulfill their partial hospital/inpatient requirement at University Correctional Health Care, at either Northern 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 briefer 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 one of the licensed psychologists on staff, including Drs. James Cassidy, Nick Tolchin, and Guillermo Parra, all licensed psychologists in New Jersey.

**NOTE:**

1. *Interns are expected to carry a total of about 12 treatment cases at any one time, across all of their core and elective rotations, depending on the frequency of planned sessions.*
2. *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 members of the Department of Psychiatry of NJMS. At the Crisis and EISS units, supervision is provided by Ruby Vales, LCSW and Kim McCartney, LCSW, both licensed screeners.

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 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; 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 their primary supervisor during an intake process. The general adult track Intern fulfills this requirement through the Adult Outpatient Services, in conjunction with the outpatient supervisor, after first "shadowing" staff Intake Clinicians. 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 director 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) or at UBHC, with adult or child patients, on a referral basis as needed by treating clinicians or psychiatrists. Assessment of children and/or adults at UBHC is often requested to assist with diagnosis and treatment planning. It typically includes general cognitive and social-emotional assessment, but can also include neuropsychological issues. Interns can request age ranges and presenting complaints on which to focus. When available, this rotation also includes a rotating "on call" schedule for adult inpatient psychological evaluation consultations (2021: 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 count 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.

**Core Rotation Grid for UBHC Interns**

	<i>Ferrer</i>	<i>Atzl</i>	<i>Bismar</i>	<i>Elliot</i>	<i>Ferguson</i>
<b>OPS Fall</b>	Benson	Geyer Beaudoin	Iudica Costa	Iudica Costa	Geyer Beaudoin
<b>OPS Spring</b>	Benson	Iudica Costa	Geyer Beaudoin	Geyer Beaudoin	Iudica Costa
<b>Partial</b>	Full year – Attaway	Fall - Millar	Spring - Millar	Fall - Millar	Spring - Millar
<b>ER/Crisis/EISS</b>	Mid Nov- End Jan	Mid Apr - Late June	Mid-Nov – End Jan	Begin Feb - Mid Apr	Begin Sep - Mid Nov
<b>Intake</b>	Fall, AOPS	Mid-Jan – May	Aug - Mid-Jan	Mid-Jan – May	Aug - Mid-Jan
<b>SOS (IOP)</b>	N/A	Spring- Aunio	Fall- Aunio	Spring- Aunio	Fall- Aunio

**Core Rotations for UCHC Interns:**

*Hogan:* Fall: ADTC- Outpatient

Spring: Northern State Prison- Inpatient

*Jones:* Fall: EMCFW- Inpatient

Spring: Northern State Prison- Outpatient

*Joplin:* Fall: Northern State Prison- Inpatient

Spring: EMCFW- Outpatient

**3. Teaching Experience**

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

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

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

- 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 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. **Children of Violence**: Interns will carry one treatment case in this project. Children seen in this program are referred specifically because of histories of victimization by or witnessing violence. These include histories of sexual or physical abuse, witnessing domestic violence or community violence, or surviving the homicide of a family member. Weekly group supervision, Paula Iudica, Psy.D., 1.5 hours per week (spring only).
- 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. 2021: Availability of this 4<sup>th</sup> day is limited, due to current COVID-19 related restrictions.) Supervision is concurrent to the experience.
- E. **FXB**: The FXB Clinic provides medical services for children and young adults who are HIV+ through maternal transmission. Interns may see individual clients and co-lead groups for children seen in this clinic. Weekly supervision is provided by a licensed clinical social worker, Heidi Haiken, LCSW
- F. **Medication Assisted Treatment (MAT)**: Rounding University Hospital, in conjunction with psychiatric attendings, fellows and medical students, Interns may participate in a consult service, treating patients with opiate addictions. Supervision is provided by Erin Zerbo, M.D.
- G. **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.
- H. **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.
- I. **School Placement**: Interns may provide services within the Newark Public Schools, under the supervision of licensed School Psychologists.
- J. **Woman's Trauma Group**: Interns may elect to co-lead a twice monthly woman's trauma unit run at Adult Outpatient Services. The group provides psychoeducation, peer support, and coping skills. Supervision is provided by Clarita Hipol-Ligot, Ph.D.
- K. **Youth Consultation Services**: Child track Interns participate in group and dyadic treatment of mothers with substance abuse histories and their babies, as well as outpatient treatment of infants and toddlers. A didactic component is included. Weekly supervision is provided by a licensed psychologist on the YCS staff. This is an off-site placement, and use of a car is necessary.

## 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. 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 or Assistant Director of Training; if several people are out on the same day, we may decide to change the date of the class in question.

One of the hallmarks of our program is for Interns to be active participants in the didactic process, either as co-facilitators of discussion modules, such as in diversity seminar, or in case presentations in testing. 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 participate in two afternoons of visiting various neighborhoods and agencies servicing the community. There may also be visits to DCP&P and courts on a different date to introduce Interns to these systems.

**Testing Seminar:** summer as scheduled, Sept – May Wednesdays, (2021-22: 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:** weekly, September – May, Wednesdays 9:30-11:00 AM; required.

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

**Group Supervision:** As scheduled on Orientation Schedule for July and August; Wednesdays 11:30-12:30pm, Sept-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 (2021-22: time is 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.

**Grand Rounds:** September-June, Thursdays, 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.

**Prison Lecture Series:** September-May, 1<sup>st</sup> Wednesday of the month, 1:30-3PM; required for correctional/forensic track Interns, or Interns taking prison electives; highly encouraged for others. University Correctional Health Care sponsors a series located at UBHC, to cover issues of treatment and assessment related to forensics and the prison population.

## **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 problems are noted, an adjustment to the training plan may be made. Interns are given the opportunity to write a written response, particularly if any discrepancies are noted. More serious problems are addressed through due process procedures (see Due Process and Grievance Procedures for Interns below).
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 (the "report card").
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, along with the final numerical ratings for each competency (the "report card").



## Understanding of Role of Intern/Supervisor

- The Intern is a student completing doctoral requirements.
- Interns are also human beings, needing to maintain self-care and balance. This must be maintained as a priority alongside the demands made during this challenging year, and conflicts must be made known, and boundaries recognized. Reactions and frustrations are normal, but need to be dealt with as constructively and professionally as possible. Compassion fatigue is also common when dealing with the extent of trauma faced by families and individuals in Interns' care. This also needs to be recognized, discussed, and worked through.
- In ongoing supervision, the Intern recognizes and discusses their role in a complex and changing system, and the need to adapt to changes that occur. The Intern maintains a professional and respectful decorum to all staff and fellow trainees, and addresses any conflicts first through supervision. If this is not successful, the Intern works through the training committee for mediation, followed by any needed grievance procedures described in greater detail later in this document.
- The ultimate responsibility for the treatment rests with the supervisor. If there are emergency issues related to patient care (e.g., DCP&P reporting; suicidal ideation), the Intern **must** consult with the **supervisor** immediately (prior to the patient leaving the facility), even through emergency contact information, and if that person is unavailable, they should consult the *covering psychologist or an administrator* on duty. **In addition, the treating psychiatrist** should be contacted. If the covering psychiatrist is unavailable, the Intern must contact the *psychiatrist on duty (P.O.D.)*. This is essential, particularly since the patient will receive better care if the psychiatrist calls the ER in advance of the patient coming there. Remember, even experienced clinicians need to seek consultation to behave in the most well-informed, ethical way.
- Similarly, any contact with attorneys, or addressing any legal matter raised in treatment, must be discussed with the supervisor, before any action is undertaken.
- The supervisor should be identified to each client (including group and UCHC clients) in writing by name and title, and a phone number of the supervisor should be provided. Wherever possible, the Intern should arrange for the supervisor to meet the client.
- The Intern will discuss and share with the supervisor all information discussed with the client. The supervisor will review and approve all treatment plans, as well as all progress notes. The Intern should always consult with the supervisor and treatment team prior to making disposition plans, and prior to discussing identifying information or other specifics of the case with others.
- The Intern will make videos 4 sessions and/or arrange for sessions to be observed by the supervisor (two each semester). The use of audiotaping will be given consideration as well. Consent for making videos should be obtained from the client. (note: DCP&P does not allow making videos for any children under DCP&P supervision; the prisons also do not allow audio or videotaping. Therefore, direct observation of these clients will occur, rather than taping.)
- As developing psychologists working with a marginalized population, displaying high standards of professionalism is a priority. This includes punctuality, timely completion of paperwork, respect for privacy, and the dress and presentation of the psychologist. The Psychology Intern is an ambassador of the profession as well as our program. Dress codes are enforced within UBHC and certainly in the prisons. Dress should be even more conservative and safe when conducting inpatient consultations and in the prisons (ie. Avoid heels, loose long hair, revealing clothing etc).
- Though not formalized, and not universal through rotations, supervisors tend to go by our last names when working on the internship. This is mainly done to reinforce the nature of the working relationship. We go by first names around other staff, housekeeping etc.
- As an ambassador for psychology and honoring the training role, texting and cell phone etiquette must be observed. Talking on cell phones and texting **MUST NOT** be conducted during courses or in hallways, and certainly never in any presence of clients. The use of cell phones should be confined to the privacy of your office or lounge areas.

- Also to build on the ambassador role, it is deeply hoped that Interns will broadly seek out feedback and/or information that will demonstrate their openness to growth.
- As Psychology Interns, didactics and training should be prioritized to the highest degree, including presentation, punctuality, and not scheduling other responsibilities during didactic or core rotation time.
- If an Intern from any track has an outpatient appointment, the front desk staff **MUST** be alerted beforehand, and have recorded the appointment in Insight (the scheduling software).
- The following information is to be given to each client assigned to the Intern for treatment (please do not utilize the form on the following page; the Training Director will provide the official form):

**(SAMPLE- DO NOT USE)**

*(Please use version with Rutgers logo;  
Dr. Benson can provide form)*

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

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Patient)

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

## Therapy Case Formulation

Case Number: \_\_\_\_\_

Intern: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Psychodynamic

Behavioral

Cognitive Behavioral

Family Systems

Other: \_\_\_\_\_

Write a formulation of no more than 300 words that provides your understanding of the nature of the client's difficulty from within the chosen perspective. Utilize concepts from the perspective, but explain specifically how they apply to the history, current circumstances, and diversity identity of this particular client, including providing scientific/empirical bases for the use of this approach.

## Educational/Teaching Experience

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

Interns present at least two trainings, of at least one hour in length, about a body of psychological knowledge to a target audience. The first, to be planned and scheduled by the end of October, should be a presentation to unit staff or mental health professionals inside UBHC/UHC, on a topic of expertise by the Intern. The second, to be planned and scheduled by March 15th, must cover some aspect of diversity to a Newark-area community audience. Possible audiences include a school, a shelter, a local community organization, or any group serving the population of Newark. The topic of the presentation should cover some aspect of diversity. For example, the presentation could include a discussion of racial and ethnic disparities in behavioral healthcare, or issues in the treatment of Latino and African-American individuals and families, or the some aspect of the role of spirituality, LGBTQ issues, gender issues, ability/disability issues, ageism, or issues of socioeconomic class. Interns can work together on presentations, but each Intern should have responsibility for an identifiable aspect of the training, and each Intern should conduct an independent presentation that lasts at least one hour. Interns should administer and collect evaluations from the target audience and submit a self-evaluation of the project with suggestions for changes in the presentation in the future.

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

Evaluation Form for Psychology Intern Educational Presentation

Program Title: \_\_\_\_\_

Program Date: \_\_\_\_\_

Code: A = Excellent

B = Good

C = Fair

D = Poor

E = N/A

- \_\_\_\_\_ Knowledge and expertise of subject
- \_\_\_\_\_ Presented material in a clear and orderly fashion
- \_\_\_\_\_ Geared the material to a level appropriate to the audience
- \_\_\_\_\_ Responded to questions and needs of the audience
- \_\_\_\_\_ Maintained the participant's interest
- \_\_\_\_\_ Appropriateness of teaching strategies
- \_\_\_\_\_ Effective use of teaching tools
  
- \_\_\_\_\_ Overall, I found the learning experience

In the space below please add any additional comments

## Case Competency Assessment Goals and Learning Objectives

1. Goals
  - a. Develop ability to present treatment of a patient in an organized, standardized, written format that utilizes a consistent theoretical model for assessment, intervention, and evaluation of effectiveness.
  - b. Develop ability to engage a reflective defense of treatment decisions.
  - c. Preparation for independent practice, some licensing exams, as well as for ABPP.
  - d. Process serves as capstone assessment of competencies that have been developed throughout the internship year.
  
2. Preparation and Practice Throughout the Year.
  - a. Interns will be assigned treatment cases throughout the year.
  - b. Interns will submit to their supervisors a formulation on each case. Each formulation must be based upon a theoretical perspective. Interns are encouraged to practice using different theoretical perspectives throughout the year. (See Therapy Case Formulation form above.)
  
3. Selection of a case.
  - a. The case should be selected from your core rotations, not from any of your elective experiences.
  - b. The decision about which case will be selected should be discussed with your fall semester supervisor and finalized by mid-October. Interns are encouraged to select a case which can be treated, using a consistent theoretical model.** (Choice of a more Integrative model is acceptable, provided the Intern sufficiently explains the reasons for the use of varying perspectives. Pending supervisory availability, it may be possible to present on an assessment case.)
  
4. Write-up of theoretical orientation, formulation, and initial assessment.
  - a. The supervisor should receive an initial write-up of these sections by mid-November.
  - b. The first 2 sections as approved by your fall supervisor and finalized are due by mid-January.
  
5. Process of submission.
  - a. Drafts of the written study should be presented to the Fall supervisor for review. The first full and completed draft, which also includes course of treatment (Interventions) and fuller elaboration on applicable research, cultural and contextual factors, ethics, updated assessment, prognosis, and plan should be submitted by the end of February.
  - b. You should expect to do several revisions of the document, in response to feedback from your Fall supervisor, who will continue to supervise the document, even if the client is supervised by a different supervisor during the spring semester. The number of drafts may vary.
  - c. However, regardless of how much revision may still be recommended, the final draft is due at the end of March. The final draft should be approved by the Fall supervisor, and then submitted to the Assistant Director of Training.
  - d. The Assistant Training Director will appoint the two-member assessment committee and schedule the oral examination.
  - e. The Assistant Training Director will send copies of the paper to two individuals who will serve as the assessment committee, at least two weeks prior to the case competency assessment. One of the committee will probably be from UBHC and the other will probably be an outside examiner. Neither of the examiners will have supervised you on the case you are presenting.

6. Case competency assessment.
  - a. Assessments will be scheduled in late April or early May.
  - b. The oral presentation component typically lasts for one hour.
  - c. Interns should come to the assessment prepared to present a brief summary of the case (no more than 10 minutes).
  - d. The examiners will ask questions and engage in a discussion.
  - e. At the completion of the assessment, the examiners will submit to the Director of Training their written evaluation of the Intern.
  - f. The Director of Training and Assistant Director of Training will meet with the Intern, discuss the process, and review the written feedback from the examiners.
  - g. The written feedback will also be shared with the Intern's Fall supervisor, for discussion and review.
  - h. While no Interns will fail the exam, if deemed necessary by the Training Committee, an additional remedial assignment may be required. Receiving any score from the oral examiners of 1 ("poor"), or 2 or more scores of 2 ("marginally competent") will automatically trigger a review by the Training Committee.



## Outline of Treatment Report for Case Competency Assessment

The report should be no less than 15 and no more than 20 double-spaced pages and 12-point type size, with standard margins. Confidentiality should be preserved by using initials or pseudonyms, and omitting reference to addresses, names of schools, or other identifying information.

### **Data:**

**Assessment:** – Each point should be very brief (can be a sentence at times).

- Identifying information including age, gender, race/ethnicity, residential situation, school or work status, referral source, reason for referral, significant history
- Methods by which you assess needs (include copies of any testing instruments in an appendix; de-identify all material), and examination of effectiveness and limitations of your methods.
- Chief complaint in words of patient and/or family;
- Present history: Should include a description of when the problem described above started, as well as any explanation offered by the patient/family as to their understanding of the cause of the problem.
- Intake Mental Status - Appearance, behavior, speech, affect, thought (processes and content), cognition (attention/concentration, memory, judgment, intelligence, insight), hallucinations, delusions, suicidal and homicidal ideation. This should be a description of how patient was when treatment began.
- History:

Past Psych – Can include a description of all previous episodes of treatment, including when and where they occurred, the reason for those episodes of treatment, what type of treatment was given, and the reported outcome of the treatments. Also include history of substance abuse and treatment.

Family History – Can include historical information about parents and siblings that may be relevant to the problem. Particular attention should be paid to past family history of psychiatric/psychological problems, substance use and abuse, intra-familial violence and abuse, and significant medical problems.

Other Past History - Can include whatever is relevant in the client's developmental history, history of living arrangements, school, peer relationships, medical issues, sexual history, work history, history of intimate relationships, religious/spiritual issues, cultural issues – always include culture.

- Initial diagnostic formulation

**Theoretical Orientation** - In a brief statement of no more than two pages, describe the theoretical orientation upon which you based your work with this client, the reasons for utilizing this orientation, and your understanding (briefly) of how it compares and contrasts with one other theory. Include brief discussion of the relevant empirical research which supports the use of this orientation and the interventions in this case.

**Psychological formulation** – This is your integrated understanding of the presenting problems. This formulation should be stated within the theoretical approach you are using, but should also account for and make reference to biological, individual, interactive, motoric, language, social, and developmental issues that

are present. Be sure to include strengths of the individual/family, as well as problems. Also integrate your understanding of the role of cultural and diversity factors in the formulation.

**Ethical Issues:** A discussion of points at which ethical questions came up and how you resolved them. This discussion should consider both inherent ethical issues and any incidents of potential ethical violation.

**Diversity Issues:** A discussion on how diversity issues played a role in the process of the assessment and/or the treatment. Ideally, this section is not separate, but these concepts are woven into the conceptualization and intervention sections above.

**Interventions:**

- Treatment Plan – This is a description of the initial treatment plan goals, and subsequent updates, under which you planned to operate. You should identify the major goals and objectives of treatment, and relate these to the way you understand the case theoretically. Identify the treatment modalities that will be employed.
- Course of Treatment/Interventions to Date - The significant interventions you made with the particular client, significant decisions that you made during the course of contact with the client that particularly altered or advanced the course of your work, the theoretical and/or practical reasons that led you to make these interventions and decisions. If there are empirically supported treatments that are available for this particular problem and you did not make use of them, please identify them and explain why you made this decision. This section should not be a session by session description, but is probably best organized as stages or phases in the course of the treatment, that may be marked by shifts in the client, changes in the client’s mental status, or shifts in the focus of treatment. You should discuss particular interventions that are examples of how you worked with the client, and the rationale for these interventions should be consistent with your theoretical approach. You should also discuss changes in your diagnostic formulation and in the treatment planning which occurred during the course of treatment.

**Effectiveness, Prognosis, and Plan:** A description of the current status of the client.: This should include current mental status, as well as progress (or lack of progress) toward goals. Should also include plans for future treatment and follow-up. Any assessment done at the beginning should be updated here. Then provide a brief discussion of how well your services worked in this case, and what might be expected and planned for the client’s care moving forward.

In an Appendix (not counted in page limit):

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

## Case Competency Exam Feedback Form

Name of Student: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Name of Examiner: \_\_\_\_\_

Rate each of the following on the following scale (with newly licensed individuals as the comparison group), and provide comments to explain the ratings:

- 1: Poor
- 2: Marginally Competent
- 3: Competent
- 4: Highly Competent
- 5: Exceptionally Competent

\_\_\_\_\_ 1. Writing (organization, clarity of writing)

Comments:

\_\_\_\_\_ 2. Theoretical understanding (ability to utilize theory in assessment, formulation, and intervention in written report)

Comments:

\_\_\_\_\_ 3. Oral presentation (organization, clarity of oral presentation)

Comments:

\_\_\_\_\_ 4. Assessment skills (ability to use range of techniques to assess case)

Comments:

\_\_\_\_\_ 5. Understanding of diagnostic issues

Comments:

\_\_\_\_\_ 6. Ability to discuss own theoretical perspective

Comments:

\_\_\_\_\_ 7. Ability to compare own theoretical perspective with others

Comments:

\_\_\_\_\_ 8. Intervention skills (extent of repertoire of intervention techniques)

Comments:

9. Integration of Empirically Based Strategies in the formulation, diagnosis and/or interventions

Comments:

\_\_\_\_\_ 10. Understanding of ethical issues

Comments:

\_\_\_\_\_ 11. Sensitivity to cultural/diversity issues

Comments:

\_\_\_\_\_ 12. Awareness of/utilization of other resources/referrals/systems

Comments:

General comments:

## Key Deadlines for Internship Program

July 16	Initial Self-Evaluation and Training Goals: Training Director
July 16	Complete Web-Based Training: Certificates to Training Director
July 12 - 23	Training Plan Meeting: Training Director
July 26 - 30	Review tentative training plan with primary supervisors for potential conflicts
August 13	Training Plan Due: Training Director
Sept. 10	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. 11-15	Individual Progress Meetings with All Supervisors
Oct. 18-22	Supervisory Feedback Experience: Review October Formative Evaluations
Oct. 25- Nov. 1	Deadline for Case Selection for Case Competency Assessment
Oct. 29	First Teaching Experience due (unit-wide)
December 3	First Draft of Theoretical Orientation and Assessment Sections of Case Competency Assessment
December 3	Distribute Mid-Year Evaluations
December 10	Second Videotape/Live Supervision Completed
December 31	Mid-year Self-Evaluations due; Mid Year Evaluations of Interns by Supervisors due
January 3-7	Individual Progress Meetings with All Supervisors
January 7	Sign-off Sheet for fall requirements submitted to Training Director
January 14	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 7-11	Spring semester formative feedback from supervisors beginning January

Rotations

- March 18 Final Teaching Experience planned (community)
- March 31 Final written case competency assessment due to supervisor, then to Assistant Director (Dr. Iudica)
- April 8 Third videotape/live observation completed
- Apr 11-  
May 6 Case Competency Assessments Scheduled
- May 1 Distribute End Year Evaluations  
May 27 Outlines/Materials/Evaluations due for all Teaching Experiences
- May 31 Evaluations of Interns by supervisors due; final self-evaluations due
- June 7 4<sup>th</sup> videotape session/live observation completed
- June 13 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 & Assistant Director

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

Intern: \_\_\_\_\_

**Fall Completion Sign-Off Sheet (Due Jan 7, 2022)**

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

Pt initials, ID# (s) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Supervisor)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Signature of Supervisor)

\_\_\_\_\_  
(Date)

3. In-house educational presentation completed

Title \_\_\_\_\_

\_\_\_\_\_  
(Signature of TD)

\_\_\_\_\_  
(Date)

4. Three psychological evaluations completed and test data scanned

\_\_\_\_\_  
(Signature of Testing Supervisor)

\_\_\_\_\_  
(Date)

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

Pt initials, ID# (s) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Supervisor)

\_\_\_\_\_  
(Date)

6. 250 clinical hours logged

\_\_\_\_\_  
(Signature of Assistant TD)

\_\_\_\_\_  
(Date)

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

Pt initials, ID# (s) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Supervisor(s))

\_\_\_\_\_  
(Date)

Intern: \_\_\_\_\_

**Intern Completion Requirements- Sign-Off Sheet (end-year)**

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

Pt initials, ID# (s) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Supervisor) (Date)

2. Formal case written report (case competency) approved

\_\_\_\_\_  
(Signature of Supervisor) (Date)

3. Two intake assessments completed with minimal corrections

\_\_\_\_\_  
(Signature of Supervisor) (Date)

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

\_\_\_\_\_  
(Signature of Supervisor) (Date)

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

\_\_\_\_\_  
(Signature of Testing Supervisor) (Date)



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

Pt initials, ID# (s) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Supervisor(s))

\_\_\_\_\_  
(Date)

7. Teaching experiences completed.

Date	Location (unit)	Topic

\_\_\_\_\_  
(Signature of Director of Training)

\_\_\_\_\_  
(Date)

8. Case competency assessment completed

\_\_\_\_\_  
(Signature of Director of Training)

\_\_\_\_\_  
(Date)

9. Accrued 600 clinical hours and 2000 total hours

\_\_\_\_\_  
(Signature of Assistant Director of Training)

\_\_\_\_\_  
(Date)

10. Oral feedback to supervisors/program/ checklist completed

\_\_\_\_\_  
(Signature of Director of Training)

\_\_\_\_\_  
(Date)

**OUTLINE OF BENEFITS POLICY FOR PSYCHOLOGY INTERNS  
JUNE 2021**

(Please confirm specifics with Human Resources)

**1. MEDICAL COVERAGE**

**Start of Coverage.** Begins 60 days from date of employment. For Interns who start 7/1/20, medical benefits begin 9/1/20.

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

**Termination of Coverage.** Medical benefits automatically extend to the end of the month in which termination occurs **plus** one additional month. For Interns who resign effective 6/30/22, medical benefits automatically extend through the month of July, i.e., through 7/31/22.

**Optional Extension of Coverage at Termination.** At the end of the training year (i.e., prior to June 30, 2022), Interns receive COBRA notification which gives the option of continuing medical coverage by paying for it. There are restrictions on the type of coverage that can be purchased, and Interns who wish to exercise this option should check on these restrictions well in advance.

**2. SICK DAYS**

**Accrual:** Interns accrue sick days as per UBHC policy. Submission of sick days must be in accordance of all Rutgers and UBHC policies.

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

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

**3. VACATION DAYS**

**Accrual and Start Date:** Interns earn vacation days as per UBHC policy. Interns can start to use vacation days after 2 months have passed, i.e., in September 2021; exceptions are made in extenuating circumstances with special permission

**Procedure for Scheduling Vacation Days:**

- a. Schedule in Advance. Submit appropriate form to obtain the Training Director's /Asst Training Director's (Dr. Iudica) approval at least 2 weeks in advance. Vacation, and scheduled sick time must be approved in advance, or it can be denied. Requests are not guaranteed to be approved, but generally will be approved.
- b. Designate "back-ups" for coverage, and provide them with necessary information.
- c. Inform appropriate supervisors, secretarial staff, and administrators on each rotation about your plans and backup arrangements.

#### **4. REGULAR PAID HOLIDAYS**

Interns are entitled to the same regular paid holidays as RBHS employees.

#### **5. CONFERENCE TIME, DISSERTATION ACTIVITIES, JOB/POSTDOC INTERVIEWS**

Interns may use their allotted personal and administrative days for conferences and other professional activities. Interns request these days in the same way that vacation and scheduled sick time is requested, but the request must be accompanied by a copy of the conference brochure, where applicable.

#### **INTERNSHIP HOURS**

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

#### **7. LOGGING IN/OUT:**

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

#### **8. FINAL NOTE AND CAVEAT**

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

# RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE POLICY

**Section:** 32-31-50-80:00

**Section Title:** Special Administrative

**Policy Name:** Professional Appearance/Dress Code

**Responsible Party:**

**Originally Issued:** 2010

**Revisions:** 6/7/11; 6/1/12, 5/21/13

**Reason for Policy:** University Behavioral Health Care (UBHC) believes that the work attire should complement an environment that reflects a professionally operated organization. This policy is intended to define appropriate casual business attire for staff members.

**Who Should Read This Policy:** All University Behavioral Health Care employees.

Related Documents None

**Policy:** It is the policy of UBHC that each employee's dress, grooming, and personal hygiene should be appropriate to the work situation.

**Below are examples of attire that are suitable:**

- Blazers, suits or sport coats
- Slacks, Chinos, or Dockers
- Capri's • Dresses, skirts
- Polo shirts with collars
- Dress shirts, oxford button-down shirts
- Sweaters and cardigans
- Dress shoes, loafers

**Below are examples of unacceptable attire:**

- Jeans, which includes jean/denim jackets, or other denim clothing
- Leggings, spandex or tight-fitting apparel
- Mini-skirt/dresses (2 or more inches above the knees)
- Dresses or shirts with necklines that reveal cleavage
- Shorts and skorts
- Halter-neck, strapless, spaghetti strap or tank-top garments
- Sheer clothing
- Sweat pants and shirts
- Tee shirts
- Sneakers
- Flip flops/beach sandals
- Headwear (unless as a part of a uniform or are part religious headwear)

Staff who wear a uniform are required to adhere to the uniform dress code standards.

**Procedure:**

1. Clothes/uniforms must be clean, neat, and free of frays, tears, and wrinkles.
2. Footwear must be clean, in good condition, and appropriate for work functions.
3. Staff must strictly adhere to department-specific policies and infection control standards regarding clothing, footwear, hair and fingernail grooming, jewelry, and accessories (i.e., belts, scarves).
4. Employee identification cards are to be worn and clearly visible while on University premises.
5. Perfumes and colognes should be worn in moderation, so as not to overwhelm consumers, visitors, and colleagues during interactions.

If approved by the program supervisor, exceptions can be made for special events outside the facility/program locations.

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

**July 2021**

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

**RETENTION OF RECORDS**

The program documents and permanently maintains accurate records of the Interns' training experiences, evaluations, and certificates of internship completion for evidence of the Interns' progress through the program as well as for future reference and credentialing purposes.

**THE EVALUATION PROCESS**

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

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

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

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

On a quarterly basis, the Training Director and/or Assistant Directors provide each Intern with a verbal summary of the supervisors' impression of the Intern's progress in the program. Based on the evaluations, the Training

Director, Assistant Directors, and the Intern may modify the Intern's training plan or the program itself to better meet the Intern's training needs.

Twice during the year (December and May), more in-depth, summative written evaluations of Interns are completed by each supervisor, and Interns are asked to submit self-evaluations at this time as well. Differences between Interns' and supervisors' appraisals are expected to surface in these meetings, and in most cases are resolved. After the meeting, the supervisor and Intern sign the written evaluation and forward it to the Training Director. The Training Director may obtain additional evaluation data through consultation with supervisors by phone or in person and may speak with other professional staff who have had significant contact with Interns. A final narrative describing each Intern's experience and providing a summary evaluation is prepared at the end of the year by the Director of Psychology Training, in collaboration with the Assistant Director for the Intern's track. This final narrative is kept on file for subsequent reference.

## **COMMUNICATION WITH INTERNS' HOME GRADUATE PROGRAMS**

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

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

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

## **DUE PROCESS IN EVALUATION AND REMEDIATION**

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

1. All Interns receive a written statement of program expectations for professional functioning.
2. Evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions for making decisions about problematic performance or conduct are outlined in written statements given to all interns.
4. Graduate programs are informed about difficulties with interns.

5. Remediation plans are instituted for identified inadequacies, and they include time frames for remediation and specify consequences for failure to rectify the inadequacies.
6. All Interns receive a written description of procedures they may use to appeal the program's actions, and procedures they may use to file grievances.
7. Interns are given sufficient time to respond to any action taken by the program.
8. Decisions or recommendations regarding the Intern's performance or conduct are based on input from multiple professional sources.
9. Program actions and their rationale are documented in writing to all relevant parties.

## **DEFINITION OF PROBLEMATIC PERFORMANCE AND/OR CONDUCT**

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

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

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

## **MINIMAL STANDARDS FOR GRADUATION**

Interns must meet minimal standards for both conduct and performance.

Performance assessment: Evaluation forms use a scale of 1-5 with scores of 1 representing pre-practicum level of competencies, 2 representing practicum level, 3 representing beginning internship level competencies, 4 representing advanced internship level competencies, and 5 representing post-doctoral level competencies. Twice each year, following the mid-year and end-year evaluation submissions, the scores are weighted and averaged

across goal domains to generate a score for each Intern on each item. The scores are weighted as follows, based primarily on time spent in the rotations: Core treatment rotations: at least 0.6, assessment, didactic participation, and group supervision: 0.2, and electives and auxiliary internship experiences, such as educational requirements: 0.2. A passing score for graduation requires an average score of **4.0** or more in all competency goal domains.

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

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

## **PROCEDURES FOR RESPONDING TO PROBLEMATIC PERFORMANCE AND/OR PROBLEMATIC CONDUCT**

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

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

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

1. Review and restructuring of training plan



2. Increased supervision, either with the same or other supervisors.
3. Change in the format, emphasis, and/or focus of supervision.
4. A recommendation that personal therapy or Employee Assistance Services be undertaken with a clear statement about the manner in which such contacts will be used in the Intern evaluation process.
5. Recommendation of a leave of absence where indicated.

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

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

### **FAILURE TO CORRECT PROBLEMS**

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

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

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

## **INTERN CHALLENGE AND GRIEVANCE PROCEDURES**

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

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

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

The Internship Executive Director and President will then make a final decision regarding actions to be taken.

5. Once a final and binding decision has been made, the Intern, sponsoring graduate program and other appropriate individuals will be informed in writing of the action taken.

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

### **STAFF ALLEGATION OF INTERN VIOLATION OF STANDARDS**

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

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

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

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

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

1. Direct supervisor for the specific clinical rotation in which the student is located.
2. Assistant Director of Psychology Training for the particular track (Adult or Child or Correctional/Forensic) in which the student is placed.
3. Director of Psychology Training.
4. Psychology Internship Executive Director.
5. CEO and President of UBHC.
6. Association of Psychology Postdoctoral and Internship Centers (APPIC), [www.appic.org](http://www.appic.org) Chair, APPIC Standards and Review Committee, 17225 El Camino Real, Suite #170, Houston TX 77058, Phone: (832) 284-4080, E-Mail: [appic@appic.org](mailto:appic@appic.org)
7. American Psychological Association, **Office of Program Consultation and Accreditation (OPCA)** Commission on Accreditation (CoA), 750 1st Street NE, Washington, DC 20002, Phone: (202) 336-5979, Fax: (202) 336-5978, E-mail (General): [APAAccred@apa.org](mailto:APAAccred@apa.org); Web: <http://www.apa.org/ed/accreditation>

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

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

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

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

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

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

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

1. Harassment: The Associate Vice President for Affirmative Action/EEO of RBHS handles all formal complaints of sexual harassment, as well as any other type of harassment based on issues of race, ethnicity, religion, sexual orientation, or disabling conditions. The phone number for that office is: 973-972-4855.
2. Corporate Compliance: The Office of Business Conduct of RBHS oversees the University's compliance with all governmental regulations. Employees who believe there is an issue related to such regulations can

register that concern with that office. The phone number for that office is: 973-972-8093. There is also a Corporate Compliance Hotline at: 800-215-9664.

3. HIPAA compliance: HIPAA compliance is monitored by UBHC's Privacy Officer. Concerns about HIPAA violations can be brought to this officer at 732-235-4278, or to the UBHC Ombudsperson: 732-235-3921.
4. Confidentiality and safeguarding electronic records: Governs electronic storage. Interns must learn this policy, and a form attesting such must be signed by each Intern prior to seeing patients.
5. Research integrity: All research proposals are reviewed by the Institutional Review Board. Concerns about research issues should be brought to the IRB at 973-972-3608. Concerns about scientific misconduct should be reported to the Committee on Research Integrity. The mechanism for doing this is described on the RBHS website in the "Research" section.

### **Statement of Nondiscrimination**

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

Interns are required to complete the following web-based courses by the third week of July and to give copies of their certificates of completion of these courses to the Director of Training.

ALL TRAINING MUST BE LOGGED IN EACH INTERN'S CONTINUING EDUCATION RECORD, found in the internal UBHC web, under training, under "UBHC staff continuing education records" unless designated otherwise

2021: Please find the current Mandatory Training List at:

### UBHC Training

(Training Director will review current mandatory trainings in person. And as above, please review and complete all trainings listed on your continuing education records.)

---

### **(PREVIOUS LIST from 2018)**

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

etc. Found in the UBHC intranet in Training/UBHC Orientation Program, or can be obtained from Ravi Maharajh

12. Columbia- SSRS: UBHC intranet in Training/self-study
13. Crisis Prevention Intervention training: live and scheduled by training committee
14. Emergency Preparedness: live and conducted by training committee or unit administration
15. Tobacco training
16. Alcohol and substance abuse training
17. Cultural Sensitivity
18. Influenza- Your Role

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

Rutgers University Behavioral Health Care  
Mid-semester Psychology Intern Report

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate each area with:

S Strength

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

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

+ Showing good effort in working on this area

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

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

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

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

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

\_\_\_\_\_ Professionalism and Ethics (punctuality, responsibility, thoroughness, boundaries)

\_\_\_\_\_ Collaboration with others (relationships with other staff, peers)

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

\_\_\_\_\_ Communication skills (oral presentations, written work)

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

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

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



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

Request for formal review by Training Committee: Yes No

Signature of Supervisor: \_\_\_\_\_

Comments by Intern:

Signature of Intern: \_\_\_\_\_

# Rutgers School of Biomedical and Health Sciences: Rutgers UBHC / UCHC—NEWARK: Intern Evaluation Form

- Psychology intern's name: \*
- Who is completing form? \*
- Time of year \*

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

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

2+ = above practicum level

3- = slightly below beginning internship level

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

3+ = above beginning internship level

4- = slightly below advanced internship level

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

4+ = above advanced internship level

5- = slightly below post-doc level

5 – Post-doc level of functioning: Individuals are ready for independent practice. They know their areas of competence, treat and assess complex cases without assistance in these domains, and know when further supervision or consultation is needed in areas outside their

competence. Individuals practice ethically on a consistent basis. They diagnose competently on all Axes. They are ready to begin supervising others, though they may still benefit from mentorship around this, and are available for consultation in their areas of competence. Individuals monitor their own reactions, behavior, and personhood within the context of the therapy or assessment. They are confident in handling problems, even in unfamiliar situations. They navigate systems well, and are appreciated as a colleague.

**PLEASE NOTE: RATINGS OF 4 AND ABOVE AT THE END OF THE INTERNSHIP YEAR (OR AT THE END OF THE ROTATION) INDICATE THAT YOU BELIEVE THE INTERN IS READY FOR THE POST-DOCTORAL LEVEL OF PRACTICE IN THIS AREA. PLEASE COMMENT ON ANY AREAS THAT ARE BELOW EXPECTATIONS (BELOW 3+).**

- **FOUNDATIONAL COMPETENCIES**

- **Goal # 1 The Intern demonstrates professionalism in behavior and comporment consistent with the values of psychology, integrity, and responsibility**

- Objective 1.1: Intern demonstrates competence to behave honestly and with personal responsibility and adherence to professional values

*As evidenced by:*

Communicates professional values & adheres to them  
 Identifies situations that challenge professional values  
 Seeks faculty / supervisor guidance as needed, to correct situations in conflict with professional values

- Objective 1.1: Intern demonstrates competence to behave honestly and with personal responsibility and adherence to professional values

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 1.2 Intern demonstrates professional deportment.

*As evidenced by:*

Shows awareness of impact of behavior on client, public & profession  
 Communicates appropriately to the professional context, including challenging interactions  
 Maintains appropriate boundaries with clients & other professionals

- Objective 1.2: Intern demonstrates professional deportment.

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 1.3 Intern demonstrates accountability and reliability.

*As evidenced by:*

Completes required case documentation promptly & accurately  
 Accepts responsibility for meeting deadlines  
 Demonstrates punctuality & notifies others of lateness/ absences  
 Acknowledges errors & utilizes supervision to strengthen effectiveness of practice  
 Holds self accountable for & submits to external review of quality service provision

- Objective 1.3: Intern demonstrates accountability and reliability.

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 1.4 Intern is concerned for and protects the welfare of others

*As evidenced by:*

Demonstrates compassion & sensitivity to individuals' experiences & needs while retaining professional demeanor  
 Demonstrates respect in interpersonal interactions with clients  
 Respectful of beliefs/ values of colleagues even if inconsistent with personal beliefs/ values  
 Demonstrates actions that benefit the welfare of others, especially those in need

- Objective 1.4: Intern is concerned for and protects the welfare of others

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 1.5 Intern has a beginning understanding of self as professional - "thinking like a psychologist"

*As evidenced by:*

Attends colloquia, workshops, conferences  
 Consults literature relevant to client care  
 Contributes to the development & advancement of the profession and colleagues  
 Demonstrates integration of science in professional practice

- Objective 1.5: Intern has a beginning understanding of self as professional, "thinking like a psychologist"

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Ratings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

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

- Objective 2.1 Intern has self-awareness and is willing and able to engage self-reflection regarding professional practice

*As evidenced by:*

Recognizes impact of self on others  
 Demonstrates frequent congruence between own & others' assessments & seeks to resolve incongruities  
 Monitors & evaluates attitudes, beliefs, and values towards diverse others  
 Describes how others experience him/her & identifies roles one might play in a group  
 Responsively utilizes supervision to enhance reflectivity  
 Effectively monitors & adjusts professional performance in action as situation requires  
 Recognizes & addresses own problems consistently, with minimal interference, competence & professionalism  
 Demonstrates a commitment to lifelong learning and self-examination

- Objective 2.1: Intern has self-awareness and is willing and able to engage self-reflection regarding professional practice

Pre-practicum	Practicum	2+	3-	Beginning	3+	4-	Advanced	4+	5-	Post-doc
---------------	-----------	----	----	-----------	----	----	----------	----	----	----------

	level (1)	level (2)			internship (3)			internship (4)			level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
- Objective 2.2 Intern has an accurate self-assessment of competence in all competency domains, and integrates that into practice

*As evidenced by:*

Identifies areas of competence accurately

Assesses own strengths & weaknesses & seeks to ameliorate impact on professional functioning

Identifies learning objectives & knows when improved competencies are required for practice

- Objective 2.2: Intern has an accurate self-assessment of competence in all competency domains, and integrates that into practice

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
- Objective 2.3 Intern demonstrates attention to personal health and well-being

*As evidenced by:*

Anticipates and self-identifies disruptions in functioning and intervenes early with some supervisory support

Models self-care, & balances this well with responsibilities

- Objective 2.3: Intern demonstrates attention to personal health and well-being

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- **Goal # 3 The Intern demonstrates understanding of research, research methodology, cognitive-affective bases of behavior, and development across the lifespan. Intern demonstrates respect for scientifically derived knowledge.**

- Objective 3.1 Intern values and understands scientific foundations and methods

*As evidenced by:*

Accesses scientific knowledge appropriately & habitually, with some supervisory support  
 Articulates, in supervision and case conference, literature-supported issues  
 Demonstrates advanced knowledge of & respect for scientific knowledge of the bases for behaviors

- Objective 3.1: Intern values and understands scientific foundations and methods practice

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 3.2 Intern applies scientific foundations and methods to professional practice

*As evidenced by:*

Applies scientific knowledge appropriately & habitually, with some supervisory support  
 Applies evidence-based concepts in practice  
 Reviews scholarly literature related to clinical work & applies knowledge to cases  
 Compares evidence-based practice approaches w other theories & interventions in treatment planning & formulation

- Objective 3.2: Intern applies scientific foundations and methods to professional practice

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 3.3 Intern is able to conduct research and program evaluation

*As evidenced by:*

Devises and conducts research projects, with understanding of scientific method  
 Contributes to scholarly literature  
 Demonstrates ability to plan a research project that evaluates program efficacy  
 Applies scientific principles in conducting and evaluating performance and quality improvement projects

- Objective 3.3 Intern is able to conduct research and program evaluation

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning Internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Goal # 4 The Intern relates effectively and meaningfully with individuals, groups, and communities**

- Objective 4.1: Intern develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, professionals from other disciplines, and organizations and communities.

*As evidenced by:*

Forms effective working alliances with clients  
 Works cooperatively with peers.  
 Engages with supervisors to work effectively.  
 Maintains respectful & caring relationships with community organizations & interdepartmental staff

- Objective 4.1: Intern develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, professionals from other disciplines, and organizations and communities.

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+



- Objective 4.2 Intern negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively

*As evidenced by:*

Seeks clarification in challenging interpersonal communications  
 Negotiates conflictual & complex relationships well, including with those that differ significantly from self  
 Demonstrates understanding of diverse views, accepting, evaluating, & implementing feedback  
 Utilizes and appropriately incorporates supervisory feedback

- Objective 4.2: Intern negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

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

- Objective 5.1 Intern understands self as shaped by individual and cultural diversity and context

*As evidenced by:*

Independently articulates, understands, & monitors own cultural identity in relation to work with others  
 Regularly uses knowledge of self to monitor and improve effectiveness as a professional  
 Critically evaluates feedback & initiates consultation when uncertain about diversity issues

- Objective 5.1: Intern understands self as shaped by individual and cultural diversity and context

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
- Objective 5.2 Intern understands others as shaped by individual and cultural diversity and context

*As evidenced by:*

Independently articulates, understands & monitors cultural identity in work with others  
 Regularly uses knowledge of others to monitor & improve effectiveness as a professional  
 Critically evaluates feedback & initiates supervision when uncertain about diversity issues with others

- Objective 5.2: Intern understands others as shaped by individual and cultural diversity and context

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
- Objective 5.3 Intern recognizes the interaction of self and others as shaped by individual and cultural diversity and context

*As evidenced by:*

Articulates, understands & monitors multiple cultural identities in interactions with others  
 Uses knowledge of culture in interactions to monitor & improve effectiveness as a professional  
 Critically evaluates feedback and initiates supervision about diversity issues with others

- Objective 5.3: Intern recognizes the interaction of self and others as shaped by individual and cultural diversity and context

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 5.4: Intern applies knowledge, skills, and sensitivity regarding intersecting and complex dimensions of diversity.

*As evidenced by:*

Adapts behavior in a culturally sensitive manner improving client outcomes & avoiding harm  
 Demonstrates awareness of effects of oppression and privilege on self and others  
 Seeks supervision regarding addressing individual and cultural diversity as needed  
 Uses culturally relevant best practices & uses culturally appropriate flexible techniques

- Please comment, PARTICULARLY on any score below 3+

- Objective 5.4 Intern applies knowledge, skills, and sensitivity regarding intersecting and complex dimensions of diversity.

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Objective 6.1 Intern has knowledge of ethical, legal, and professional standards and guidelines

*As evidenced by:*

Commands & applies APA Ethical Principles/ Code/ other relevant standards & discusses implications  
 Spontaneously & reliably identifies complex ethical/ legal issues & actively consults with supervisor  
 Recognizes and discusses limits of own ethical and legal knowledge  
 Articulates understanding of ethical-legal standards with supervisors and peers  
 Is aware of rights as an intern at UBHC/UCHC

- Objective 6.1: Intern has knowledge of ethical, legal, and professional standards and guidelines

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 6.2: Intern demonstrates commitment to the integration of ethics knowledge into professional work and demonstrates ethical conduct

*As evidenced by:*

Applies relevant ethical principles & standards in professional writings, journals & presentations  
 Applies ethics & professional concepts in teaching and training activities  
 Articulates several perspectives in an ethical decision-making model in discussing clinical work  
 Adheres to UBHC/UCHC policies and codes of conduct  
 Spontaneously discusses intersection of personal & professional ethical & moral issues  
 Demonstrates that ethical-legal-standards competency informs & is informed by all foundational competencies

- Objective 6.2: Intern demonstrates commitment to the integration of ethics knowledge into professional work and demonstrates ethical conduct

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

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

- Objective 7.1: Intern demonstrates knowledge of the shared and distinctive contributions of other professions

*As evidenced by:*

Articulates a working knowledge of differing worldviews, professional standards & contributions across contexts  
 Demonstrates an ability to articulate the role that others provide in service to clients

- Objective 7.1: Intern demonstrates knowledge of the shared and distinctive contributions of other professions

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 7.2 Intern understands how participation in interdisciplinary collaboration/consultation enhances outcomes

*As evidenced by:*

Identifies and articulates the benefits of interdisciplinary collaboration

- Objective 7.2: Intern understands how participation in interdisciplinary collaboration/consultation enhances outcomes

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 7.3 Intern functions well in multidisciplinary and interdisciplinary contexts, including having respectful and productive relationships with individuals from other professions

*As evidenced by:*

Communicates effectively with individuals from other professions  
 Appreciates and integrates perspectives from multiple professions  
 Works with interdisciplinary professionals to incorporate psychological information into team planning and implementation  
 Displays ability to work successfully on interdisciplinary team  
 Systematically collaborates successfully with other relevant partners

- Objective 7.3: Intern functions well in multidisciplinary and interdisciplinary contexts, including having respectful and productive relationships with individuals from other professions

	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- **FUNCTIONAL COMPETENCIES**

- **Goal # 8: The Intern is competent in assessment and diagnosis of problems**

- Objective 8.1: Intern demonstrates understanding of assessment measurement and psychometrics, and of demands of test selection

*As evidenced by:*

Selects appropriate tests to answer referral questions

Is aware of the strengths and limitations of traditional assessment and related technological advances

Demonstrates awareness of culturally sensitive instruments & norms, and selects tests in manner respectful of diverse individuals, families, & context

Routinely consults with supervisor regarding selection of assessment measures

Demonstrates ability to adapt environments & materials to client needs (e.g., lighting, privacy)

Adjusts assessment to address developmental delays, learning deficits or multicultural issues

- Objective 8.1: Intern demonstrates understanding of measurement and psychometrics, and of demands of test selection

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 8.2: Intern works collaboratively to establish rapport for assessment and to effectively refine referral questions

*As evidenced by:*

Demonstrates ability to establish rapport and elicit cooperation in testing situations

Demonstrates skills in collaboration with referral source/ client/ family to establish purpose & to clarify and refine referral questions

- Objective 8.2: Intern works collaboratively to establish rapport for assessment and to effectively refine referral questions

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 8.3: Intern demonstrates ability to perform competent psychological assessment

*As evidenced by:*

Is able to accurately administer, score and interpret psychological tests and assessments  
 Collects accurate and relevant data from interview and mental status exams

- Objective 8.3: Intern demonstrates ability to perform competent psychological assessment

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 8.4: Intern makes accurate and comprehensive diagnoses

*As evidenced by:*

Competently identifies problems & differential dx, with accurate and comprehensive DSM codes  
 Accounts for developmental & lifespan features & clinical symptoms as applied to presenting questions  
 Justifies diagnosis & conceptualization, incorporates results, theory & case material

- Objective 8.4: Intern makes accurate and comprehensive diagnoses

	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 8.5: Intern communicates written findings clearly, constructively, accurately, and collaboratively.

*As evidenced by:*

Writes report that is effective, client-accessible, culturally sensitive & considers the audience  
 Writes with appropriate grammar and phrasing  
 Writes recommendations fully supported by data & captures implications of all results  
 Provides understandable & useful feedback that is responsive to client need  
 Recommendations lead to the development of appropriate treatment/educational plan

- Objective 8.5: Intern communicates written findings clearly, constructively, accurately, and collaboratively.

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 8.6 Intern provides effective assessment feedback and articulates appropriate and comprehensible recommendations to testee and clients

As evidenced by:

Provides clear, useful, and collaborative verbal results and recommendations to clients and families

- Objective 8.6: Objective 8.6 Intern provides effective assessment feedback and articulates appropriate and comprehensible recommendations to testee and clients

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 8.7: Intern assesses risk proactively and maximizes client safety

As evidenced by:

Demonstrates proficiency in risk assessment, including interviews for risk of suicidal and/or behavioral acting-out

Demonstrates ability to manage crises with clients, including referrals for psychiatric hospitalization or management

Demonstrates ability to establish and monitor client safety plans

- Objective 8.7: Intern assesses risk proactively and maximizes client safety

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+



- **Goal # 9: The Intern is competent in designing and implementing interventions to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations**

- Objective 9.1 Intern demonstrates and applies knowledge of scientific, empirical, and contextual bases of intervention

*As evidenced by:*

Demonstrates ability to select from a repertoire of interventions for different problems & populations  
Writes case summaries & treatment plans incorporating elements of evidence-based practice  
Examines literature related to problems & client need & presents empirically-supported rationale for interventions

- Objective 9.1: Intern demonstrates and applies knowledge of scientific, empirical, and contextual bases of intervention

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 9.2 Intern formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation.

*As evidenced by:*

Accurately assesses present issues with respect to larger life context, including diversity  
Articulates at least one theory/rationale of change & identifies interventions  
Writes understandable case conceptualization formulations & collaborative treatment plans  
Demonstrates competency in a repertoire of group psychotherapeutic interventions  
Identifies problems in group formats & works toward their resolution

- Objective 9.2: Intern formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation.

Pre-practicum	Practicum	2+	3-	Beginning	3+	4-	Advanced	4+	5-	Post-doc
---------------	-----------	----	----	-----------	----	----	----------	----	----	----------

	level (1)	level (2)			internship (3)			internship (4)			level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 9.3: Intern utilizes case formulation and diagnosis for intervention planning, in the context of stages of human development and diversity factors

*As evidenced by:*

Competently identifies problems for intervention  
 Accounts for diversity factors, developmental & lifespan features, and clinical symptoms in formulation of plans  
 Creates reasonable and measurable treatment plans

Objective 9.3: Intern utilizes case formulation and diagnosis for intervention planning, in the context of stages of human development and diversity factors

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced Internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 9.4 Intern utilizes competent clinical skills and judgment

*As evidenced by:*

Develops rapport & relationships with variety of clients, including those who challenge them  
 Uses good judgment in unexpected issues/crises & consults supervisors/psychiatrists/administrators  
 Effectively delivers interventions  
 Collaborates effectively with other providers and/or systems of care  
 Implements interventions with fidelity to empirical models & flexibility to adapt where appropriate  
 Terminates treatment successfully

- Objective 9.4: Intern utilizes competent clinical skills and judgment

Pre-practicum	Practicum	2+	3-	Beginning	3+	4-	Advanced	4+	5-	Post-doc
---------------	-----------	----	----	-----------	----	----	----------	----	----	----------

	level (1)	level (2)			internship (3)			internship (4)			level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
- Objective 9.5 Intern evaluates treatment progress and modifies planning as indicated, utilizing established outcome measures, or even in the absence of such measures.

*As evidenced by:*

Assesses & documents treatment effectiveness and efficiency  
 Critically evaluates own performance in the treatment role, including in video/live supervision  
 Describes instances of lack of progress & actions taken in response, including altered treatment plans

- Objective 9.5: Intern evaluates treatment progress and modifies planning as indicated, utilizing established outcome measures, or even in the absence of such measures.

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
- **Goal # 10: The Intern is competent in consultation: providing expert guidance or professional assistance in response to a client’s needs or goals**

- Objective 10.1 Intern demonstrates knowledge of the consultant’s role, and shifts into this role based on unique features of the setting

*As evidenced by:*

Articulates common and distinctive roles of consultants  
 Recognizes situations in which consultation is appropriate, and notes that in treatment plan

- Objective 10.1:

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 10.2 Intern provides effective assessment feedback and articulates appropriate recommendations in professional and systems settings

*As evidenced by:*

Prepares clear, useful, and collaborative consultation reports & verbal recommendations to referring clinicians, agencies and systems  
 Identifies interventions based on consult findings and relevant literature  
 Provides verbal feedback to consultee of results & offers appropriate recommendations  
 Feedback is clear, constructive, accurate, and as collaborative as possible, in a conceptually appropriate manner.

- Objective 10.2: Intern provides effective assessment feedback and articulates appropriate recommendations in professional and systems settings

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

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

- Objective 11.1 Intern demonstrates knowledge of didactic learning strategies

*As evidenced by:*

Articulates concepts to be taught and related research/empirical support  
 Identifies appropriate strategies to convey materials and concepts  
 Differentiates factors for implementing particular teaching methods  
 Demonstrates knowledge of outcome assessment techniques (to assess teaching effectiveness)

- Objective 11.1: Intern demonstrates knowledge of didactic learning strategies

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+

- Objective 11.2 Intern demonstrates teaching skills and applies them in multiple settings and contexts

*As evidenced by:*

Demonstrates clear communication skills in teaching contexts  
 Modifies teaching strategies according to developmental and individual differences  
 Introduces innovation/creativity into application of teaching method  
 Demonstrates accommodation to diverse others and contexts

- Objective 11.2: Intern demonstrates teaching skills applies them in multiple settings and contexts

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please c
- 
- omment, PARTICULARLY on any score below 3+

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

- Objective 12.1 Intern demonstrates knowledge of supervision process and models

*As evidenced by:*

Identifies roles/responsibilities of the supervisor and supervisee  
 Articulates a model of supervision & reflects how applied in practice  
 Considers contextual, legal, and ethical perspectives in supervision, with awareness of possible conflicts  
 Identifies goals and tasks of supervision related to developmental progression  
 Demonstrates knowledge about diversity, oppression, and privilege in supervision  
 Seeks supervision & feedback to improve performance & integrates feedback into performance  
 Reflects on supervision process, areas of strength and those needing improvement  
 Demonstrates beginning ability to provide thoughtful and constructive supervisory feedback

- Objective 12.1: Intern demonstrates knowledge of supervision process and models

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
- Objective 12.2 Intern is responsive to management hierarchy, is aware of basic principles of resource allocation and oversight, and promotes constructive organizational change

*As evidenced by:*

Responds appropriately to managers, colleagues, and subordinates  
 Identifies responsibilities, challenges, and processes of management  
 Intern responds promptly to organizational demands  
 Articulates approved organizational policies, procedures, & rationale  
 Completes reports & other assignments promptly/complies with record-keeping guidelines  
 Communicates appropriately to parties at all levels in the system  
 Recognizes agency/department missions & purpose & its connection to goals/objectives  
 Identifies strengths and weaknesses of management and leadership/organization  
 Provides constructive criticism & suggestions regarding management & leadership

- Objective 12.2: Intern is responsive to management hierarchy, is aware of basic principles of resource allocation and oversight, and promotes constructive organizational change

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
- Objective 12.3 Intern promotes advocacy, and targets the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level

*As evidenced by:*

Identifies barriers to client improvement (eg. finances), & assists client in developing self-advocacy plans  
 Intern develops alliances with relevant individuals & groups in institutions, community, or society  
 Engages with groups with differing viewpoints around issues to promote change  
 Demonstrates understanding of appropriate boundaries & times to advocate on behalf of client

- Objective 12.3: Intern promotes advocacy, and targets the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please comment, PARTICULARLY on any score below 3+
  
- Strongest areas for this intern ACROSS ALL GOALS AND OBJECTIVES \*
  
- Areas for growth ACROSS ALL GOALS AND OBJECTIVES: \*