



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

RUTGERS UNIVERSITY CORRECTIONAL HEALTH CARE (UCHC)

**Psychology Internship Program Manual
2026-2027**

Psychology Internship Program Accredited by:

Office of Program Consultation and Accreditation (OPCA) American Psychological Association Commission on Accreditation (CoA), 750 1st Street NE, Washington, DC 20002, Phone: (202) 336-5979, Fax: (202) 336-5978, E-mail (General): APAAccred@apa.org, Web: <http://www.apa.org/ed/accreditation> (next site visit 2029)



We welcome you to the Psychology Internship Program at Rutgers Health in Newark, New Jersey.

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

Psychology Interns are provided with a common core program, to insure the acquisition and development of competence in primary selected areas. However, each Intern also has a unique experience determined by which electives the Intern selects. The faculty and supervisory staff urge you to make the most of the year—take risks, do something different from what you already know- ask questions, ask questions, ask questions! The answers you receive may be different depending upon whom you ask, and this makes the process that much more interesting.

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

Shoshana Sperling, Psy.D.
Training Director, Psychology Internship-Newark

Mihiri Williams, Psy.D.
Assistant Training Director, Psychology Internship-Newark

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

Beata Geyer, Ph.D.
Assessment Supervisor

Conor Hogan, Ph.D.
Intern Liaison

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

Training Committee

The Training Committee, which meets on a regular basis, is chaired by the internship's Training Director, and includes program faculty that are in leadership positions. It functions as an advisory group to the program, and assists in developing policies and standards, in monitoring the progress of Interns, and in addressing issues pertaining to clinical staff as well as Intern training. On occasion, the Committee is called upon to mediate problems when issues or conflicts that are not resolved at the local level arise.

Committee Members



Shoshana Sperling, Psy.D.
ss3943@ubhc.rutgers.edu

Mihiri Williams, Psy.D.
impath@ubhc.rutgers.edu

Mitch Abrams, Psy.D.
abramsmi@ubhc.rutgers.edu

Beata Geyer, Ph.D.
bb694@ubhc.rutgers.edu

Stephanie Marcello, Ph.D.
marcelsc@ubhc.rutgers.edu

Psychology Internship

Program Planning, Support, and Supervision

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

Halfway through orientation, 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 Training Director. This plan will be submitted to the Intern's school. 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 will be informed as to the Intern's planned program for the year.

Following the 2–3-week orientation, 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 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 Assistant Training Director. Our supervisors generally have an 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. The mid-semester evaluations are designed to be formative in nature, providing feedback to better understand strengths and weaknesses, and helping Interns focus their efforts for the remainder of a given semester; these evaluations are typically not used for reporting back to doctoral training programs. The end of semester evaluations include numerical ratings of Interns' competencies, which are shared with Interns' home programs. All evaluation experiences are structured to protect Interns from retaliation while simultaneously helping them learn to overcome the anxiety associated with receiving direct feedback. The policy on Intern evaluation, grievances, and management of problematic performance or conduct is provided later in this manual.

Internship Tracks 2026-2027

Adult Track: 1 intern

The adult track intern meets core requirements in both the Adult Acute Partial Hospital Program and the Adult Outpatient Services units of Rutgers University Behavioral Health Care (UBHC) in Newark. The adult track intern is expected to have some experience with the entire adult age range during the course of the program. The adult intern may participate in elective rotations of an adult or child focus, at UBHC, UCHC, or at University Hospital.

Within the Adult Track, there is a heavy emphasis on working with seriously and persistently mentally ill adults, as well as clients who have histories of trauma. Interns learn about the multiple psychological, medical, and social needs of this population, and work with clients across the continuum of care.

The adult track intern participates in the full didactic program, along with interns from the other tracks.

Child Track: 2 interns

Child track interns focus on work with children, adolescents, and families. The child track interns are expected to have clinical experiences across the child and adolescent age span in the course of the program. Core requirements are met in Child and Adolescent Outpatient Services of Rutgers University Behavioral Health Care (UBHC) at Newark. Elective rotations may be taken in adult and child programs at UBHC, UCHC, or at University Hospital.

Within the child track, there is a heavy emphasis on working with the multiple systems that affect the lives of children in our community. Interns learn to work with the school system, the legal system, the child protective system, and the public child behavioral health system.

The child track intern shares year-long didactic experiences with interns from the other tracks and participates in a monthly child seminar.

School-Based Track: 1 intern

This program is a unique collaboration between Rutgers UBHC and Dover School District, a small, suburban community in a culturally diverse school district in northern New Jersey. The program is funded through a collaboration between Department of Children and Families grant money and the school district, which allows for the students to receive mental health services within the school at no cost to them. This allows individuals who would otherwise not seek services to receive quality mental health therapy.

This opportunity allows the intern to see students in the setting where they spend the majority of their day and provides them access to a number of individuals that play a significant role in the child's life - teachers, counselors and child study team. This position is not a typical school counseling internship in that the intern is not on the child study team. It is a highly clinical role where the intern will work with the most at-risk students within the school, providing individual, group and family counseling, as well as participating in crisis assessments for individuals presenting as suicidal, homicidal or actively psychotic.

Additional Services provided by interns include: evaluation and assessment; multidisciplinary team participation; faculty and parent training, consultation with other mental health staff; and participation in school and community



advocacy groups. The intern will be predominantly located within the Dover High School. Every effort is made to provide the intern with a culturally, clinically and socioeconomically diverse caseload.

Correctional Track: 4 interns

Correctional track interns meet their core requirements at Rutgers University Correctional Health Care (UCHC), a subsidiary of UBHC. Rutgers UCHC operates all mental health services in the state prison system. Settings for the correctional track internship (or for correctional electives) include Northern State Prison (NSP, for men) in Newark, Edna Mahan Correctional Facility for Women in Clinton (EMCFW), the Adult Diagnostic and Treatment Center (ADTC, for sex offenders) in Avenel, and New Jersey State Prison (NJSP) in Trenton. If ADTC is a selected rotation, it is typically for a half-year, and the other six months would be completed at NSP or EMCFW.

The four correctional track positions are reserved for interns with a particular interest in working with clients within the correctional system, and offers opportunities to work with the full range of behavioral difficulties in both male and female populations. Interns develop a first-hand appreciation of the interface of psychology and correctional issues, and how these impinge on both clients and staff in this setting. Working in the prisons for 3 days per week, correctional track interns complete a half-year outpatient experience, and a half-year partial hospital/inpatient experience, which includes a sub-rotation at acute crisis/stabilization unit, where there are frequent opportunities to assess for suicide. Intake assessments are conducted at inpatient rotations.

Correctional interns also have copious opportunities to complete the majority of their testing requirements at UCHC. Common assessments include full psychological batteries with treatment recommendations, the assessment of malingering, and risk assessment (for sexual violence, suicide, and civil commitment).

Correctional interns can also take additional elective rotations at Rutgers UBHC in Newark.

While the correctional track interns are required to complete the bulk of the core experience within UCHC, interns from the other tracks may take some elective experiences at UCHC as well.

Because of the locations of these facilities, interns who take core or elective experiences in these settings must have access to their own cars. Correctional interns must also be able to tolerate shared workspace and louder working conditions. They must be able to type notes and reports, and lift up to 15 pounds at one time, principally related to the weight of the entry doors.

Important Note: Applicants to this track must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible. Please note that we accept applications from international trainees for the Adult, Child, and School-Based tracks.

Integrated Primary Care (IPC) Track: 6 interns

The six positions within this track are funded by a Health Resources and Services Administration (HRSA) grant. Interns within this track will complete their major rotations at the New Jersey Medical School (NJMS) Ambulatory Care Center (ACC) which offers primary care services to the community of Newark, New Jersey or the Student

Health Services at Doctors Office Center in Newark, New Jersey. Trainees interested in working with a multidisciplinary team of healthcare providers in primary care medical settings, who also have interest in pediatric care, or substance use disorder treatment, will be a good match for this track. The Interns on the IPC track will provide behavioral medicine interventions for patients in primary care. Consults will include care for depression, anxiety, trauma, sleep disorders, substance use, chronic health conditions such as diabetes, and lifestyle management (e.g., changes to health behaviors such as nutrition and physical exercise). Interns on this track will train in settings with other disciplines including physicians, nurses and advance practice nurses, physician assistants, social workers and psychiatrists.

Minor rotations for the IPC track: All Psychology Interns on this track will complete their minor rotation in a track providing strong opportunities for either **pediatric/adolescent treatment** or **substance use disorder treatment**. Possible minor rotation sites include (1) NJMS Medicine-Pediatrics (Med-Peds) (2)UBHC Child/Adolescent Outpatient Department (3) Plainfield Addiction Center.

Important Note: Because the Integrated Primary Care Track is funded by HRSA, applicants to this track must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible. Please note that we accept applications from international trainees for the Adult, Child, and School-Based tracks.

Internship Requirements 2026-2027

Special Note for 2026-2027 Training Year: The following manual reflects the longstanding structure and expectations for this program. As of July 1, 2023, RUBHC continues to provide the majority of its services in-person, on-site. However, a hybrid schedule, utilizing a teletherapy platform, may be utilized at the department's discretion. It should be noted that all clinical experiences are expected to take place on-site and the use of a hybrid schedule or teletherapy platform should be determined by the Intern's clinical supervisor and Internship Program leadership.

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

1. **Core Treatment Rotations**

a. **Outpatient Services**

Child track: full year, 8-10 hours/week

School track: full year, 8-10 hours/week

Adult track: full year, 8-10 hours/week

Correctional/forensic track: 1 semester, 3 days/week

Integrated Primary Care (IPC) track: full year, 3 days/week

*minimum 1 hour/week individual supervision

In this rotation, Interns carry 7-10 treatment cases to total at least 5 hours weekly of face-to-face time. The ages of the identified patients span the age range of 3-21 (in Child OPS), 14-21 (in School Based), 18+ (in UCHC, Adult OPS), and across the lifespan (Integrated Primary Care). 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.

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 one hour to one and a half hours in length. Adult, IPC, and Correctional/Forensic Interns should plan to attend the same team meetings as their assigned supervisor. Child Interns should plan to participate in the weekly Team meeting during which high-risk cases are discussed with the multidisciplinary team. School Track Interns are also required to attend clinical team meetings, meetings to communicate high-risk issues as relevant. School Track interns are also required to attend clinical team meetings, IEP meetings, etc. as needed.

Correctional Interns complete their outpatient rotations at Northern State Prison (NSP), Edna Mahan Correctional Facility for Women (EMCFW), New Jersey State Prison (NJSP) or at the Adult Diagnostic and Treatment Center (ADTC). Within the prisons, “outpatient” refers to working with inmates who are housed in general population and have been placed on the Special Needs Roster, which signifies that they meet criteria to receive mental health services

b. Partial Hospital Services or Inpatient –

Child track: half year, 1 day/week (partial)

Adult track: Spring semester, 1 day/week (partial)

Correctional/Forensic: half year, 3 days/week (inpatient)
minimum 1 hour/week individual supervision

* School Track Interns can complete this as an elective

* This is not required for IPC Track Interns

Child Track Interns fulfill this by carrying one-two cases from the child/adolescent partial hospital services, depending on needs of the unit, and participating in the milieu program for the equivalent of 1 day per week, for one semester. 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.

For Adult Track Interns, this requirement is fulfilled within the Adult PHP program. Primary responsibilities are to co-facilitate 2-4 groups, and then optimally assume the lead role for all groups as the year progresses. Program groups cover a large range of topics and orientations, including dual diagnosis, relapse prevention, illness management and recovery, psychoeducation (such as orientation to the treatment day), spirituality, DBT-skills, and MICA groups. Individual treatment is less common in this program.

Correctional Track Interns fulfill their partial hospital/inpatient requirement at University Correctional Health Care, at either Northern State Prison, New Jersey State Prison, or Edna Mahan Correctional Facility for Women. In the prison system, seriously mentally ill inmates are treated at the inpatient unit (the combined RTU/TCU), which is separated from the general population of inmates. The RTU and TCU provide structured psychosocial rehabilitation and psycho-educational programs, with individual and group counseling, supportive therapeutic activities, and psychiatric and medication monitoring. Inmates in the RTU suffer from severe and persistent psychiatric disorders and typically are admitted for more than a year; the Transitional Care Unit is more akin to brief Partial Hospitalization Programs, where the focus is on transitioning inmates back to general population. Within this experience, Interns may carry individual cases, participate in case management, co-lead groups, and complete all relevant documentation. Participation in the milieu is a central aspect of the experience, which includes participation in weekly community meetings, close coordination with custody staff, treatment team meetings, and direct involvement in treatment. Differential diagnosis for new admissions is carefully investigated, and more aggressive treatment is conducted. The treatment responsibilities for the inpatient unit on average are: 4-8 individual cases, and 1 to 2 groups.

NOTE:

- 1. Interns are expected to carry a total of at least 12 treatment cases at any one time, across all 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. Interns are strongly encouraged to 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 across a range of ages. Interns who were admitted as adult track should obtain some experience with adults over 65 years old. This age distribution can be met in core experiences or electives.*

2. Psychological Assessment

a. Acute/Crisis Evaluations

All tracks: 10 weeks, one half-day/week

Correctional/Forensic Interns will conduct acute assessment in the prison setting (Stabilization Unit of Northern State or New Jersey State Prison) supervision is concurrent to the experience

*Not required for IPC Track Interns

This rotation affords Interns the important experience of learning how to assess and intervene in a psychiatric crisis, and to develop a level of confidence in their ability to manage such situations. Interns in both

the Adult and Child tracks select to work in any one of 4 settings: the Psychiatric Emergency Department housed in University Hospital, the Crisis unit (child clients) at UBHC, Consultation/Liaison (C/L) 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.

School Track Interns obtain experience with crisis assessment in the school setting.

Correctional Interns obtain experience with crisis assessment in the prison setting, completing a mandatory rotation at the Stabilization Unit (SU) of Northern State Prison or New Jersey State Prison. 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 track: 1 morning per week at Child and Adolescent Outpatient for 4 months

Adult track: 1 morning per week at Adult Outpatient for 4 months

School track: at designated school for full year

Correctional track: on designated inpatient units for sufficient time period.

IPC track: at designated primary care clinic for full year

*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 meetings.

For Adult and Child Track Interns, intake assessments begin at the start of the assigned semester, by sitting in with UBHC staff during an intake process. School Interns fulfill this requirement in the school setting that they are assigned to. Correctional 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

All tracks: full year, approximately ½ day per week; minimum 1 hour/week individual or dyadic supervision, in addition to weekly group supervision in testing seminar

Interns will be expected to demonstrate basic competency in testing. Interns will participate in video or live supervision with the testing supervisor when they begin their rotation to assess and bolster their skills in administration, scoring, and interpretation of basic instruments. For Interns who require more training or experience in developing these basic skills, that experience will be provided through the basic testing experience, with emphasis on intensive practice of skills during the summer months.

Assessments will either be conducted in the prisons (for UCHC Interns), at UBHC, or within a UBHC-contracted school-based program, with adult or child patients, on a referral basis as needed by treating clinicians or psychiatrists. Assessment of children and/or adults at UBHC is often requested to assist with diagnosis and treatment planning. It typically includes general cognitive and social-emotional assessment but can also include neuropsychological issues. Interns can request age ranges and presenting complaints on which to focus. Within the prisons, the focus of assessments is generally on diagnostic clarification, risk assessment, and identification of possible malingering. Interns may elect to have experiences with the assessment of individuals who are outside the Intern's developmental specialization.

By the end of the year, Interns are expected to complete at least *eight full batteries*, including two reports with minimal corrections. On rare occasions, exceptionally complex assessments may be counted as more than one battery, when so reviewed and approved by the Training Committee. Interns are expected to devote a half-day per week to these activities for the duration of the internship year. Assessments can be of both inpatients and outpatients. *For correctional/forensic Interns, 2 risk assessments are considered equal to 1 full assessment battery and count towards a maximum of 3 of the required 8 assessments.*

3. Teaching Experience

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

The first training should be done as early as possible in the Fall but should be planned no later than the end of October, and Interns should present an area of relative expertise to their primary unit staff. The second training should partially cover some aspects of diversity and should be planned as early as August. 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.

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 Assistant Training Director and Training Director:

- 1) an outline of the trainings, including any materials used in the presentation, along with an identification of the target audience;
- 2) a self-reflection, including a summary of the results of the satisfaction surveys and a brief self-evaluation identifying areas for change/improvement if the presentation were to be given again;
- 3) either Qualtrics record of evaluations or scanned copies of the evaluations received from the audience. (See below for the evaluation form.)

Interns can work together on presentations (maximum of 2) if each intern is giving a concurrent hour-long presentation to a different population within the same site. For example, one intern presents to parents while the other intern provides a child-focused presentation at a family site, or each intern has their own focused presentation. 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 Training Director.

Subsequently, the Intern will provide 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. During this oral review, students will be asked about the case presented and are subsequently provided with written feedback about their performance.

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

Almost all of the services described as part of the core program are also available as elective rotations, 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.

Minor rotations for the IPC track: All Psychology Interns on this track will complete their minor rotation in a track providing strong opportunities for either **pediatric/adolescent treatment** or **substance use disorder treatment**. Possible minor rotation sites include (1) NJMS Medicine-Pediatrics (Med-Peds) (2) UBHC Child and Adolescent Outpatient Services (3) APN (4) Child Group Therapy (5) PEACE Clinic (6) Plainfield Addiction Center.

In addition, electives are available in the following service areas for the other four tracks:

- A. **APN Elective:** The Child APN elective offers group therapy to children ages 5–12 needing higher-level care for maladaptive behaviors at home or school. The program is divided into two age groups (5–9 and 9–12), each attending group therapy twice a week—one 1-hour and one 2-hour session. Interns will co-facilitate group sessions with the lead APN clinician on relevant topics and may tailor content to support home and school behavior improvements. Interns can also attend school visits with the APN mental health specialist for additional collaboration. As part of a multidisciplinary team, interns work closely with APN staff to support each youth’s progress, with treatment length based on individual goals and team input.
- B. **Child Group Therapy:** Interns co-lead a group in the Child Outpatient Services, either with a staff member or another Intern. Groups may focus on specific age ranges, diagnostic categories, skill development, or content areas. Interns might also develop a group for a selected population of their interest. Supervision will be provided weekly and will be provided by the staff member who is the co-therapist, or by an assigned supervisor, if Interns lead a group together.
- C. **Co-Occurring Relapse Prevention Group:** Interns may elect to co-lead a twice monthly co-occurring relapse prevention group run at Adult Outpatient Services. The group provides psychoeducation, peer support, and mindfulness exercises. Supervision is provided by Clarita Hipol-Ligot, Ph.D.
- D. **Consultation/Liaison:** Interns consult 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. Eric Rutkowski and Dr. Douglas Opler, both Division of Psychiatry.
- E. **Correctional Elective:** Interns may elect to work in performing psychotherapy or assessments in one of the correctional facilities available (Edna Mahan, New Jersey State Prison, Northern State, ADTC), under the supervision of licensed UCHC psychologists. (Correctional track Interns may choose to work a 4th day in a prison setting, but this day should be scheduled at a different facility from their concurrent core placement. Supervision is concurrent to the experience.
- F. **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.
- G. **School Placement:** Interns may provide services within the Public Schools of Newark or other surrounding communities, with whom RUBHC has contracts to provide mental health services.

Interns conduct individual treatments, run group therapies, and conduct assessments, all under the supervision of licensed School Psychologists. Supervision is provided by Suzi Millar, Psy.D.

- H. **Women’s Trauma Group:** Interns may elect to co-lead a twice monthly woman’s trauma group run at Adult Outpatient Services. The group provides psychoeducation, peer support, and DBT-based coping skills. Supervision is provided by Clarita Hipol-Ligot, Ph.D.
- I. **Student Health Services:** As part of an integrated health initiative, this elective at Student Health Services offers interns the opportunity to conduct psychosocial intake assessments and provide short-term counseling to graduate students from the New Jersey Medical School and the School of Graduate Studies. Interns will also develop and deliver wellness seminars on topics relevant to the graduate student population and will have the option to facilitate wellness groups. As members of an interdisciplinary team, interns will collaborate closely with family medicine providers, psychiatrists, and social workers to support student wellness in a holistic, coordinated manner.
- J. **Monitoring Autism Spectrum Disorder in Children Elective:** This course will provide a comprehensive introduction to autism spectrum disorder (ASD) in children to clinical psychology interns. Participants will learn about the key landmarks in Autism phenomenology and become familiar with the methods and procedures relevant to determining Autism epidemiology. Participants in this course will learn about the current approach to differential diagnostics related to children with ASD and will be exposed to the operations and strategies of the 2024 cycle of ASD monitoring by the New Jersey Autism. This course will include supervised and mentored exposure to the child diagnostic process through the Rutgers-New Jersey Medical School and Department of Pediatrics/Division of Developmental & Behavioral Pediatrics

6. **Didactic Program**

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

Your in-person attendance and active participation is required at these classes, unless otherwise arranged. Training seminars are considered “sacred” time, and no rotations are permitted to conflict with them. Unless you are out of the office for the day, you will be expected to attend. Staff members and outside speakers donate their time and work hard to prepare materials. If there are assigned readings, you are expected to complete them. If you know you will be absent on the day of a class, please notify the Training Director and Assistant Training Director in advance; if several people are out on the same day, we may decide to change the date of the class in question. We are unable to allow virtual participation for didactics scheduled as in-person meetings. If you fall ill and cannot participate in didactics in person, we ask that you request to take a sick day.

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 (see schedule); required, except as noted.

- a. **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 (Epic), and in Crisis Prevention Intervention (CPI). Interns are required to complete all necessary web-based trainings by the end of July, and to provide evidence of this completion by submitting the completion forms to the Training Director and Assistant Training Director.
- b. **Introduction to the Internship Program:** this includes overviews of all required and elective experiences.
- c. **Introduction to the Newark Community:** Interns will visit various neighborhoods and agencies servicing the community. There may also be visits to DCP&P and courts on a different date to introduce Interns to these systems.

Testing Seminar: summer as scheduled, July–May Wednesdays, (2026-2027: time TBD) (with additional summertime slots), required. The class covers testing practice and protocol, ethics, conducting feedback, as well as review of specific tests.

Issues in Diversity: monthly, September – May, Wednesdays (2026-2027: time TBD) required. Covers issues associated with racial, ethnic, religious, gender, sexual orientation, age, and ability differences. Interns may participate in coordinating the presentations.

Group Supervision: As scheduled on Orientation Schedule for July and August; September - June Wednesdays (2026-2027: time TBD); required. The primary focus of group supervision will be placed on case presentations, where Interns will be asked to present and discuss their own treatment cases. Other topics will include ethics, for which ethics journals are written once per month and sent to the AD, most of which may be focused on a particular topic of ethical interest. The group supervision will also include discussion about troubleshooting, professional development and cover topics such as practice, licensure, registry, employment issues, as well as current events in psychology. 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.

(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 (2026-2027: time TBD); EBMH covers empirically-based practices for adult and child patients. Visiting speakers present evidence-based practices for a range of issues, disorders, and approaches.

Prison Lecture Series: September-May, 1st Wednesday of the month (2026-2027: time TBD) University Correctional Health Care sponsors a series located at UBHC, to cover issues of treatment and assessment related to forensics and the prison population. Required for correctional track interns. Optional for non-correctional track interns.



Child Seminar: August – May, One Wednesday per month (2026-2027: time TBD) Seminar dedicated to child-specific interventions, including introduction to play therapy and working with parents. Presented by Dr. Williams with occasional guest speakers. Required for child track interns. Optional for all other tracks.

Supervision of Supervision: September – May, One Wednesday per month (2026-2027: time TBD) Seminar aimed at increasing skills in providing supervision for psychotherapy. Required for all interns.

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

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 the end of 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 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.
 - 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 by the Intern to their supervisors. These are used by supervisors in their supervisory work with Interns.
3. First Quarter Review:
 - a. Supervisors hold monthly meetings to review Interns' progress.
 - b. Any difficulties noted are discussed with Interns during individual supervision.
 - c. By the middle of the fall semester rotations (typically mid-October), the supervisor of each rotation provides qualitative, formative feedback to the Intern using the form below. If significant concerns are noted, an adjustment to the training plan may be made. Interns are given the opportunity to write a written response, particularly if any discrepancies are noted. More serious concerns are addressed through due process procedures (see Due Process and Grievance Procedures for Interns below).
4. Mid-Year Review:
 - a. Formal written evaluations are prepared and reviewed with each Intern by each supervisor in December or early January. These evaluations include numerical ratings for each competency area. Interns are given the opportunity to write a written response, particularly if any discrepancies are noted.
 - b. Interns complete mid-year self-evaluations in late December.
 - c. The Training Director 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. Upon request from the graduate program, an evaluation is sent to the graduate program describing the student's progress.
5. Third Quarter Review:
 - a. Interns who begin new core and elective experiences in January have a written review with new supervisors by late March to give 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 to 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 Training Director 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 Training Director 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 program.

Understanding of Role of Intern/Supervisor

- The Intern is a student completing doctoral requirements.
- The Intern is expected to complete written tasks independently, without the use of AI, to demonstrate their skills and knowledge related to the task. For all other tasks, Interns are expected to follow APA guidelines around the use of AI <https://www.apa.org/about/policy/statement-artificial-intelligence.pdf> .
- 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 with 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**), including use of 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 of 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
- 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 Epic (the electronic medical record).
- 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):



Internship in Clinical Psychology
Rutgers University Behavioral Health Care - Newark

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/UCHC, on a topic of expertise by the Intern. The second, to be planned and scheduled as early as August, 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 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 2 weeks prior to the presentation:
 - 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 in 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.)

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 Director of Training.
 - d. The Training Director will appoint the two-member assessment committee and schedule the oral examination.
 - e. The 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. 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 Training Director will provide the Intern with 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

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

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 the 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 includes 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 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 refer 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 during 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

End of July	<p>Initial Self-Evaluation, Training Goals, and Training Plan to Training Director</p> <p>Training Plan Meeting with Training Director</p> <p>Complete Web-Based Training: Certificates to Assistant Training Director and Training Director</p> <p>Review tentative training plan with primary supervisors for potential conflicts</p>
August	<p>Begin to inquire/conduct assessments</p>
End of August	<p>Identify unit training and community presentations and send plan to AD and TD</p>
End of Sept.	<p>First Videotape/Live Supervision Completed</p> <p>Community Presentations Completed</p>
October	<p>Distribute October Formative Evaluations</p> <p>Individual Progress Meetings with All Supervisors</p> <p>Supervisory Feedback Experience: Review October Formative Evaluations with TD and ATD</p>
End of Oct.	<p>Deadline for Case Selection for Case Competency Assessment</p>
November	<p>First Teaching Experience due (unit-wide)</p>
December	<p>First Draft of Theoretical Orientation and Assessment Sections of Case Competency Assment</p> <p>Distribute Mid-Year Evaluations</p> <p>Second Videotape/Live Supervision Completed</p> <p>Mid-year Self-Evaluations due; Mid-Year Evaluations of Interns by Supervisors due</p>
January	<p>Individual Progress Meetings with All Supervisors</p> <p>Sign-off Sheet for fall requirements submitted to Training Director</p>



RUTGERS HEALTH

January	First Two Sections of Case Competency Finalized and Approved by Fall Supervisor. Mid-Year Progress Meetings with Training Director Begin Spring semester rotations
February	First Full Draft of Case Competency Assessment: Fall Primary Supervisor
March	Distribute Mid-Semester Evaluations Spring semester formative feedback from supervisors beginning January Rotations Final written case competency assessment due to supervisor, then to Training Director
April	Third videotape/live observation completed
Apr – May	Case Competency Assessments Scheduled
May	Distribute End Year Evaluations Outlines/Materials/Evaluations due for all Teaching Experiences Evaluations of Interns by supervisors due; final self-evaluations due May 29 4 th videotape session/live observation completed
June	Begin end of year program meetings
TBD	Graduation
<u>Check-out:</u>	
Late May	Supervisory Feedback Experience
June	Final program & Intern evaluations completed & reviewed
June	Final Evaluation Meetings with Training Director
Late June	Internship Completion Requirements Form: Training Director

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



Intern: _____

Fall Completion Sign-Off Sheet

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 Director of Training) (Date)

4. Community educational presentation completed

Title _____

(Signature of Director of Training) (Date)

5. Three psychological evaluations completed, and test data scanned

(Signature of Testing Supervisor) (Date)

6. Background and initial assessment sections of case competency written and

reviewed Pt initials, ID# (s) _____

(Signature of Supervisor) (Date)

7. 250 clinical hours logged

(Signature of Assistant Director of Training) (Date)



Intern: _____

Intern Completion Requirements- Sign-Off Sheet (full-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. Teaching experiences completed.

Date	Location (unit)	Topic

(Signature of Director of Training)

(Date)

7. Case competency assessment completed

(Signature of Director of Training)

(Date)

8. Accrued 600 clinical hours and 2000 total hours

(Signature of Assistant Director of Training)

(Date)

9. Oral feedback to supervisors/program/ checklist completed

(Signature of Director of Training)

(Date)

Procedure for Scheduling Vacation Days:

- a. Schedule in advance. Submit an appropriate form to obtain the Training Director's 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.

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 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. 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).

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 2025

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 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

By 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 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 Training Director and Assistant Training Director.

The internship supervisors provide monthly feedback about the progress of interns and meet quarterly. The internship Training Committee meets once monthly and likewise reviews the progress of Interns;

On a quarterly basis, the Training Director provides 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, 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 Training Director. This final narrative is kept on file for subsequent reference.

COMMUNICATION WITH 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 concerns, 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 to 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 or their clinical performance and/or

movement toward competencies; his or her or their relationships with peers, supervisors, or other staff; or his or her or their 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 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:

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 not appropriate 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 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 *Acknowledgment 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/conduct.
 - b. Specific recommendations for rectifying the problems.
 - c. A time frame for the probation during which the problem is to be addressed.
 - 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.
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 concerns 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 *Acknowledgment 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 or their 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/their 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 and 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. In rare and the most unusual circumstances, when an Intern's conduct presents a threat to client safety or impairs the Intern's ability to provide ethical care, the Intern may be dismissed immediately. 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 they are 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 or their 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 or their 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 or they are 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 Chair, APPIC Standards and Review Committee, 17225 El Camino Real, Suite #170, Houston TX 77058, Phone: (832) 284-4080, E-Mail: appic@appic.org
7. American Psychological Association, **Office of Program Consultation and Accreditation (OPCA)** Commission on Accreditation (CoA), 750 1st Street NE, Washington, DC 20002, Phone: (202) 336-5979, Fax: (202) 336-5978, E-mail (General): APAAccred@apa.org; Web: <http://www.apa.org/ed/accreditation>

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

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

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.

1. **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.
2. **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.
3. **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.
4. **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.



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	Practicum		Beginning			Advanced			Post-doc	
	level (1)	level (2)	2+	3-	internship (3)	3+	4-	internship (4)	4+	5-	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	○	○	○	○	○	○	○	○	○	○	○

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 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 2.2 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	Practicum	Beginning		Advanced			Post-doc			
	level (1)	level (2)	2+	3-	Internship (3)	3+	4-	internship (4)	4+	5-	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 checked="" 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/UHC

- 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 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 9.3: 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	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+

- 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
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- omment, PARTICULARLY on any score below 3+



RUTGERS HEALTH

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: *