

**RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE (UBHC)
of NEWARK and
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 minors 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.

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.

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Introductory letter

Dear Applicant:

Thank you for your interest in the Rutgers University Behavioral Health Care (UBHC) Doctoral Psychology Internship Program in Newark. We invite you to explore our program brochure and the resources available throughout this website to learn more about our APA-accredited internship, specialty training tracks, clinical experiences, and application process. We hope these materials provide a comprehensive overview of our program and help you determine whether Rutgers UBHC is the right fit for your professional training goals. Rutgers UBHC is the mental health service delivery component of Rutgers Biomedical and Health Sciences (RBHS). It is also one of the largest and most comprehensive mental health service delivery systems in the country.

Our internship focuses on the advanced development of clinical skills among our trainees (referred to as “Psychology Interns” or “Psychology Residents”). We provide outstanding opportunities for training with a wide variety of client populations receiving services in a wide variety of treatment settings. Our training is primarily CBT based.

Our five major rotation tracks include:

- Adult General Track (one trainee)
- Correctional Track (four trainees)
- Child Track (two trainees)
- School-Based Track (one trainee)
- Integrated Primary Care Track (six trainees*)
- Total – fourteen trainees

*Please note that because the Integrated Primary Care track positions are supported by a grant from the US Health Resources and Services Administration, applicants must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible for these HRSA-supported positions. We are happy to accept applications from international trainees for the other tracks.

Psychology Interns will spend three days per week in their major rotation (i.e., one of the five tracks listed above) and one day per week in a minor rotation. The fifth day will be spent attending our didactics program, working on assessments, and participating in group supervision. Our Psychology Interns receive an annual stipend of \$38,480. We adhere to APPIC requirements and participate in the APPIC Internship Matching Program. We therefore ask that you complete the APPI Internship application, obtain an Applicant Agreement Package from the National Matching Services, and register for the Matching Program.

Along with the APPI Internship application, please include your CV and three (3) letters of recommendation from individuals who are in a position to evaluate your clinical skill and to comment on your strengths and weaknesses. We also request an official graduate school transcript as part of the APPI Internship application. In addition, please provide two (2) written work samples, one in the form of a treatment summary and one in the form of a de-identified assessment report.

When applying, please note that the Rutgers UBHC Internship in Newark is independent of the Rutgers UBHC Internship in Piscataway. We will schedule only VIRTUAL interviews for December and January. This decision was initially made because of continued uncertainties regarding variants of COVID-19 and how this could influence travel, and we are continuing this decision because of our commitment to equity. Flying around the country to go to interviews is expensive and may be physically and emotionally difficult, which

may cause qualified applicants to apply to fewer programs. We hope by offering only virtual interviews, we can contribute to a more equitable system.

Applications may be submitted until November 1st, 2026. The top applicants will be invited to a required virtual interview. We will not conduct any in-person interviews or visits for the reason explained above. These virtual interviews will be scheduled in December and January. On the next three pages you will find information regarding program admissions, post-internship positions, and accreditation status.

If you have any additional questions about our internship program, please feel free to contact me. I appreciate your interest in Rutgers University Behavioral Health Care and look forward to reviewing your application.

Sincerely,

Shoshana Sperling, Psy.D.
Training Director, Doctoral Psychology Internship Program,
Clinical Psychologist, Student Health Services,
Rutgers University Behavioral Health Care – Newark
ss3943@ubhc.rutgers.edu

Internship Program Admissions

Date Program Tables are Updated: 8/2026

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Rutgers University Behavioral Health Care in Newark is seeking psychology interns who are dedicated to careers working with diverse populations in urban community mental health, correctional, and hospital settings. We seek interns who are trained in evidence-based practices, and who are open to engaging with our supervisors, in a challenging and constructive year. Our program will most benefit interns who wish to develop into well-rounded clinical psychologists.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	N	Y	Amount: 400
Total Direct Contact Assessment Hours	N	Y	Amount: 50

Describe any other required minimum criteria used to screen applicants: N/A

Master's Degree by ranking deadline; Comprehensive exams passed and dissertation proposal approved by ranking deadline

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$38,480	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	15 days	
Hours of Annual Paid Sick Leave	12 sick days	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2023-2026	
Total # of interns who were in the 3 cohorts	23	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Academic teaching	PD = 0	EP = 0
Community mental health center	PD = 2	EP = 0
Consortium	PD = 0	EP = 0
University counseling center	PD = 1	EP = 0
Hospital/Medical Center	PD = 0	EP = 0
Veterans Affairs Health Care System	PD = 0	EP = 0
Psychiatric facility	PD = 1	EP = 1
Correctional facility	PD = 0	EP = 4
Health maintenance organization	PD = 0	EP = 0
School district/system	PD = 0	EP = 0
Independent practice setting	PD = 9	EP = 0
Other	PD = 3	EP = 1

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	☒ Yes ☐ No
If yes, provide website link (or content from brochure) where this specific information is presented:	
https://ubhc.rutgers.edu/education/psychology-internship-(newark)/overview.xml	

ACCREDITATION STATUS

The Rutgers University Behavioral Health Care psychology internship program is accredited by the Commission on Accreditation of the American Psychological Association. The program's last site visit was in 2019. We received 10-year reaccreditation. Our next site will occur in 2029.

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

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002
☎ 202-336-5979
✉ apaaccred@apa.org
🌐 <http://www.apa.org/ed/accreditation/>

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Setting and Facilities

Rutgers, The State University of New Jersey, is a leading national research university and the state's preeminent, comprehensive public institution of higher education. Rutgers is dedicated to teaching that meets the highest standards of excellence; to conducting research that breaks new ground; and to providing services, solutions, and clinical care that help individuals and the local, national, and global communities where they live.

Founded in 1766, Rutgers teaches across the full educational spectrum: preschool to precollege; undergraduate to graduate; postdoctoral fellowships to residencies; and continuing education for professional and personal advancement. Rutgers has a student body of 65,000 with 24,400 faculty and staff.

The Psychology Internship Program in Newark is embedded within Rutgers Biomedical and Health Sciences (RBHS), which was developed from the integration of the University of Medicine and Dentistry of New Jersey (UMDNJ), which had been established by the State legislature in 1970 as the state's university of the health sciences. The internship was run under the auspices of UMDNJ until the integration with Rutgers in 2013.

As the sole comprehensive public research university in the state's system of higher education, Rutgers, The State University of New Jersey, has the threefold mission of **(1) Providing for the instructional needs of New Jersey's citizens** through its undergraduate, graduate, and continuing education programs; **(2) Conducting the cutting-edge research** that contributes to the medical, environmental, social, and cultural well-being of the state, as well as aiding the economy and the state's businesses and industries; and **(3) Performing public service** in support of the needs of the citizens of the state and its local, county, and state governments.

Rutgers facilities are distributed across the State at three primary locations, Newark in the north, Piscataway/New Brunswick in central New Jersey, and Camden in the south. The facilities of RBHS include many schools of health sciences: two medical schools, a dental school, a graduate school of biomedical sciences, a school of health-related professions, two nursing schools, a school of pharmacy, an institute of environmental and occupational health sciences, and a school of public health. RBHS also houses the Cancer Institute of New Jersey, the Center for Advanced Biotechnology and Medicine, as well as the Institute for Health, Health Care Policy and Aging Research. Additionally, RBHS maintains extensive health care facilities that include teaching hospitals and Rutgers University Behavioral Health Care, a statewide mental health service delivery system with two full-service mental health centers and regional satellites.

University Behavioral Healthcare's mission states: University Behavioral Health Care is dedicated to excellence in providing behavioral health services to the people of New Jersey. We are committed to being a leader in the delivery of effective, compassionate and accessible care that is informed by research and education.

In addition, our values include:

- Accessibility of services to the people of New Jersey, especially those who are the most ill, disadvantaged, and in need.
- Treatment approaches that have demonstrated effectiveness.
- The promotion of research and innovative programming that occurs in an open-minded spirit of inquiry.
- The education of professionals and students through clinical training and the

development of academic programs and courses.

- Our obligation to the larger community through primary prevention, outreach, consultation and training activities, and through efforts to ensure collaboration and continuity of care among all service providers.
- Respect and honor for all cultures and diversity of the people we serve, and support the viability and integrity of the communities in which they live.

Rutgers University Correctional Health Care administers the delivery of physical and mental health care services to the inmates in New Jersey's state prison system, and is run through Rutgers University Behavioral Health Care and Rutgers Biomedical and Health Sciences.

The Newark RBHS campus is a major regional center for research, teaching and training, and specialized diagnosis and treatment. Newark is located 13 miles southwest of midtown Manhattan. The campus is served by an excellent transportation network and may be reached easily by public transportation or car. It is within a half-hour drive of New York City and provides easy access for local community residents and persons from nearby suburban areas. For directions to the medical school, adjacent to Rutgers University Behavioral Health Care: http://njms.rutgers.edu/about_njms/directions.cfm

Newark is New Jersey's largest city, with a population of approximately 277,000, and is also the third oldest city in the United States, with more than 350 years of history. Newark today is experiencing a renaissance and is again asserting its position as a dynamic city with a bright future ahead. New development is popping up throughout the downtown area, and businesses are moving back to the city. The Prudential Center is a landmark in the center of the city, hosting concerts, other performances, as well as the New Jersey Devils Hockey Team. The Red Bull Arena hosting the Red Bulls Soccer Team on the Newark waterfront in Harrison, NJ, just across the river. The Newark Museum on Washington Street hosts world-famous collections such as American Paintings and Sculpture, the Decorative Arts, and the Arts of Africa, the Arts of Asia, including one of the largest Tibetan collections in the Western Hemisphere. The New Jersey Performing Arts Center (NJ PAC) is the city's newest and largest cultural center and houses two beautiful theaters: Prudential Hall and the Victoria Theater. NJ PAC has hosted national and international artists, and provides a center stage for New Jersey's finest performers as well. You can find more information about Newark on the city's website at: <http://www.ci.newark.nj.us/>

Rutgers University Behavioral Health Care (UBHC) is the primary sponsor of the psychology internship program. Statewide, UBHC has approximately 1000 employees, including a multidisciplinary clinical staff composed of psychiatrists, advanced practice nurses, psychologists, social workers, and counselors. UBHC provides the full-range of behavioral health services to individuals throughout the life span. Located on two primary campuses (Newark and Piscataway) and at several satellite clinics, it has two clinical divisions, Acute Treatment and Extended Treatment, each with its own Vice President, as well as a system-wide Children's Services Division. The Newark hub of UBHC primarily serves residents of Newark and surrounding areas, and is a major player in New Jersey's public mental health system. It provides psychology interns seeking to become culturally competent psychologists with excellent training opportunities and experience working with an underserved population with a significant percentage of people from Black and Latinx communities. UBHC also has the Behavioral Research and Training Institute (BRTI). BRTI located in Piscataway, coordinates UBHC research, training, and consultation activities both

within UBHC and statewide. Return to the main UBHC page for a full description: [Rutgers University Behavioral Health Care \(UBHC\)](#).

The internship program at Rutgers Biomedical and Health Sciences, UBHC in Newark is also co-sponsored by the [Department of Psychiatry](#) and benefits from the resources and training opportunities of a large academic health sciences center and medical school which provides diverse, comprehensive training. At our disposal is a unique combination of services, clinics, and personnel that includes distinguished faculty and staff, innovative specialty programs, and extensive community linkages. Interns participate with psychiatry residents, social work students, as well as medical students in a wealth of training opportunities and may take advantage of elective clinical rotations at [University Hospital](#).

Consistent with Rutgers UBHC's mission statement, our internship program is committed to multiculturalism and diversity. The program emphasizes excellence in training and the provision of the highest quality psychological services to individuals. The internship program provides an educational and training experience within a challenging and respectful environment that values diversity among faculty, staff, students, clients, and community. In valuing diversity, we affirm and celebrate differences inclusive of, but not limited to, age, ethnicity, gender, mental and physical abilities, race, color, spiritual beliefs, sexual orientation, language, and social and economic status. Thus, we are committed to engendering an attitude of social responsibility in students who identify and effectively address the needs and concerns of people of color and fostering the creative application of a broad range of research and scholarly approaches to the development of psychological knowledge.

Training Model, Philosophy, and Goals

Rutgers University Behavioral and Correctional Health Care (UBHC/UCHC) in Newark is dedicated to responding to the specific behavioral health needs of historically underserved groups across the lifespan. The Psychology Internship Program is committed to ***the mission of training professional psychologists in an environment that supports, promotes and implements a multicultural perspective to mental health services, as well as contributing to the provision of culturally responsive and effective services to the population of Newark.*** The program prepares students to work using evidence-based practices in multiple professional roles with clients from different age groups within changing health care environments and is particularly dedicated to the training of psychologists to meet the needs of underserved communities who experience a wide variety of environmental challenges. The program seeks to train culturally responsive psychologists in the specific behaviors, attitudes, and policies that recognize, respect, and value the uniqueness of individuals and groups whose cultures are different from those often associated with mainstream America.

Cultural competence as a service delivery approach can be applied to systems that serve people representing diversity along a variety of dimensions, including those related to gender, age, income level, geographic region, neighborhood, sexual orientation, religion, physical disability, race and immigration status. Researchers in the field have found that the ability of mental health workers to increase the effectiveness and utilization of mental health services is closely associated with cultural competence and attention to diversity. Our internship program's clinical and didactic experiences guide students to become more culturally competent psychologists who are aware and respectful of the importance of values, beliefs, traditions, customs, and parenting styles of the people they serve. Students will also have the opportunity to become more aware of the impact of their own culture on the therapeutic relationship they develop with clients and take all these factors into account when planning and delivering services for children, adolescents, and adults with mental health problems.

The program prepares students from accredited professional psychology doctoral programs to practice as professional psychologists who deliver psychological services in a variety of contexts, and prepares students for leadership roles in which they can develop and direct the delivery of services, as well as provide education and training to others. We seek to develop a set of core competencies in assessment and treatment, with particular focus on either children or adults, and to build upon specialty interests and skills through elective experiences. Multi-disciplinary experiences are central to our internship, so that students learn how to work with professionals in a variety of disciplines. Finally, we expect students to make use of their research and critical thinking skills in the service of program development and evaluation, thus developing the ability to understand and think about service delivery systems in critical ways. Our philosophy is that students who have skills at multiple levels will have greater marketability as psychologists, will be in a better position to compete with mental health professionals from other disciplines, and will be most able to respond to the changing face of health care delivery in the 21st century. Our model of the "ideal" professional psychologist is one who, in addition to being an excellent clinician, is also able to implement service improvements- someone who knows how to deliver services that are effective and efficient for diverse types of clients.

The program identifies itself as a scholar-practitioner clinical internship and accepts students from graduate programs with both practitioner-scholar and scientist-practitioner models in clinical psychology. In addition, however, we strongly consider applications from students in counseling psychology programs if the student's prior training and goals for the year are sufficiently clinically-oriented.

There is a dual emphasis in this scholar-practitioner program. First, students are expected to achieve core competencies in the delivery of professional psychological services to either children or adults with a wide range of behavioral and emotional difficulties and levels of functioning, within a public facility, targeting high need, underserved populations. Second, students are provided with opportunities to develop and expand upon particular interests and specializations. The core competencies as well as the specialized areas of expertise are based upon empirical and scholarly work in the science of psychology. We align most closely with scholar-practitioner graduate programs, though we also value and support the strengths and contributions of students coming from scientist-practitioner programs. Our own program follows a scholar-practitioner model, as we emphasize the practice of psychology in the context of empiricism, by modeling and teaching the critical consumption of up-to-date research, as well as by researching interventions and measuring outcomes to guide more effective service delivery and instruction.

Students are expected to enter the program from their graduate training with core skills in assessment, treatment, and research design, as well as with nascent specialty interests as reflected in their choices of practicum, volunteer, work, professional, and research and scholarly activities. However, we recognize that there is a substantial range in the skills that students bring from their doctoral programs, and our commitment is to ensure that all students leave the internship with the necessary core skills for independent practice. The model of training used to achieve the above objectives is based on the following principles.

- The internship program contains core requirements that are seen as essential to the development of professional competency in providing psychological services to clients with a wide range of difficulties and levels of functioning in the identified developmental age range, with particular focus on services for underserved people from non-dominant ethnic and racial groups.
- The intern's program is individualized to fit his or her needs and interests. Even within required rotations, there is flexibility that allows students to make choices.
- The intern's caseload is designed to maximize learning. Interns carry a moderate number of clients with an emphasis on the quality of care rather than volume, at the same time as meeting pre-licensure requirements.
- The intern is provided with plentiful and diversified supervision.
- The program has a strong didactic component and offers a wide variety of seminars that integrate theory, empirical research, and scholarly inquiry with clinical practice.
- Interns are encouraged to feel they are part of a professional community that respects their work, fosters clinical and research skills, and enhances personal development.

- Interns learn to evaluate the service delivery system and to design and implement system-level interventions that improve the quality of services.
- Interns learn to work collaboratively and cooperatively with each other, engaging in joint projects, mutual support, and peer feedback and supervision.

The internship program has the following **goals** for students in the program:

- To promote competence in professionalism and commitment to values, ethics, and client welfare
- To encourage ongoing professional self-development and identity, including in the roles psychologists can play in multiple settings in the changing field of psychology
- To promote clinical skills that are based on empirically based principles and well-articulated theories of practice
- To develop competence in effective understanding, advocacy, and empowerment of clients regarding the multiple systems that impact them
- To promote competence in and reinforce commitment to working with individuals from urban populations of color
- To promote competence in ethical practice and professionalism
- To promote skills in working collaboratively with other disciplines
- To develop professional competence in methods of diagnosis and assessment for either children or adults, with a particular focus on urban populations of color, and high need populations
- To develop professional competence in methods of psychotherapeutic intervention for either children or adults, with a particular focus on underserved, urban populations of color, and high need populations
- To develop professional competence in methods of consultation and assessment for either children or adults, with a particular focus on underserved, urban populations of color, and high need populations
- To promote competence in conveying psychological knowledge, including in community outreach
- To promote skills in program and health-care system analysis, intervention, leadership, and advocacy

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 minor rotation 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 minor 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 minor 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 minor 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 at 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 Requirements 2026-2027

Special Note for the 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

Correctional/forensic track: 3 days/week

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

Integrated Primary Care (IPC) track: full year, 8-10 hours/week

*Minimum 1 hour per week of individual supervision

In their core 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.

The Interns on the Integrated Primary Care (IPC) track will provide behavioral medicine interventions for patients in primary care settings. 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 including nutrition and physical exercise). IPC Interns will train in settings with other disciplines including physicians, nurses as well as advance practice nurses, physician assistants, and social workers. The core rotation clinical placements for Interns will be at (1) New Jersey Medical School (NJMS) Ambulatory Care Center (ACC) which offers primary care services to the community of Newark, New Jersey, (2) Rutgers Student Health, Department of Family Medicine which offers medical and psychiatric care to a diverse student body located in Newark, New Jersey, and (3) Metropolitan Family Health Network (MFHN), a Federally

Qualified Health Center which provides primary and specialty care services to the community of Jersey City, New Jersey. IPC interns must complete their minor rotation in a track providing strong opportunities for either **pediatric/adolescent treatment** or **substance use disorder treatment**. **Because the IPC track is federally funded, interns of this track must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible.**

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



b. Partial Hospital Services or Inpatient

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

Correctional/Forensic: half year, 3 days/week (inpatient)

Minimum 1 hour per week of individual supervision

*School and Adult Interns can complete this as a minor

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 per week, must review treatment plans for their clients, and maintain regular contact with the treatment team.

Correctional/Forensic Track Interns fulfill their partial hospital/inpatient requirement at University Correctional Health Care, at either Northern State Prison, New Jersey State Prison, or Edna Mahan Correctional Facility for Women. In the prison system, seriously mentally ill inmates are treated at the inpatient unit (the combined RTU/TCU), which is separated from the general population of inmates. The RTU and TCU provide structured psychosocial rehabilitation and psycho-educational programs, with individual and group counseling, supportive therapeutic activities, and psychiatric and medication monitoring. Inmates in the RTU suffer from severe and persistent psychiatric disorders and typically are admitted for more than a year; the Transitional Care

Unit is more akin to briefer Partial Hospitalization Programs, where the focus is on transitioning inmates back to general population. Within this experience, Interns may carry individual cases, participate in case management, co-lead groups, and complete all relevant documentation. Participation in the milieu is a central aspect of the experience, which includes participation in weekly community meetings, close coordination with custody staff, treatment team meetings, and direct involvement in treatment. Differential diagnosis for new admissions is carefully investigated, and more aggressive treatment is conducted. The treatment responsibilities for the inpatient unit on average are: 4-8 individual cases, and 1-2 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 minor 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 minor 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 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 minors.*

2. **Psychological Assessment**

a. **Acute/Crisis Evaluations**

All tracks: 10 weeks, one half-day/week depending on availability of supervision

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

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 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 and IPC track Interns obtain experience with crisis assessment in their respective core rotation settings.

Correctional/Forensic 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 2 months

Adult track*: 1 morning per week at Adult Outpatient for 2 months

School track: at designated school for sufficient time

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

Interns must be available for scheduled intake slots for duration of above periods

Supervision is included in Intern's unit supervision, as well as in unit team meetings.

Integrated Primary Care track: throughout the day as needed

*Interns from child and adult tracks complete a minimum of 10 intakes, and a maximum of 16 intakes. For interns in the other tracks, completing intakes is recommended; however, the specific number is determined by the individual training site.

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 and IPC Interns fulfill this requirement in the setting that they are assigned to. Correctional/forensic Interns fulfill this requirement in one of the inpatient prison settings in UCHC, where they complete regular 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 per week of 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), integrated care setting (for IPC interns), at UBHC, or within a UBHC- contracted school-based program, with adult or child patients, on a referral basis as needed by treating clinicians or psychiatrists. Assessment of children and/or adults at UBHC is often requested to assist with diagnosis and treatment planning. It typically includes general cognitive and social-emotional assessment but can also include neuropsychological issues. Interns can request age ranges and presenting complaints on which to focus. When available, this rotation also includes a rotating "on call" schedule for adult inpatient psychological evaluation consultations (2026: not currently available). Within the prisons, the focus of assessments is generally on diagnostic clarification, risk assessment, and identification of possible malingering. Interns may elect to have experience 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 **seven 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 7 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 Latinx and African American individuals and families; the role of spirituality; LGBTQIA+ 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 interns per presentation) if each intern is giving a concurrent 30-45 minute 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 February 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 one or two psychologists between April and May. These one or 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. **Minor Rotations** – one semester or full year (5-8 hours/week)

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

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

In addition, minor rotations are available in the following service areas:

- A. **APN Minor:** The Child APN minor 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 requires one full day per week. Concurrent supervision is provided by Dr. Eric Rutkowski and Dr. Eric Jarmon, both Division of Psychiatry.
- E. **Correctional/Forensic Minor:** 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. **University Hospital Bedside Psychotherapy Minor:** In collaboration with Consultation–Liaison (C–L) Psychiatry and Acute Inpatient Psychiatry (G–Yellow). This minor provides psychology Interns the opportunity to work on multidisciplinary treatment teams and adapt psychotherapy skills to the context of inpatient and hospital-based bedside psychotherapy (average length of patient stay: 7–14 days). Interns will utilize modular, flexible intervention approaches tailored to patients on the inpatient psychiatry unit or those receiving medical care at University Hospital. Supervision is provided by attending inpatient psychiatrists.
- 
- 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. **The HUBB Arts & Trauma Center:** Interns may gain experience working with at-risk youth (ages 13–24) in a community-based, trauma-informed setting that uses the arts to promote healing and resilience. They participate in and help facilitate the center’s flagship My Thoughts Out Loud restorative justice circles, conduct individual wellness check-ins, and develop social-emotional learning group workshops. This placement offers exposure to therapeutic arts programming, mentorship, and community-focused interventions. Interns attend one afternoon per week for one semester and are supervised by an LCSW.
- J. **Minor rotations for the IPC track:** All Psychology Residents 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):** Interns training at Med-Peds will have the opportunity to provide behavioral medicine interventions for pediatric patients in primary care settings.



2. **NJMS Addiction Medicine Clinic:** At the NJMS Addiction Medicine Clinic, Interns will provide behavioral medicine interventions for patients with substance use disorders.
3. **Rutgers UBHC Specialized Addiction Treatment Services (SATS):** Interns training at SATS will have the opportunity to provide individual and group therapy using various evidence-based treatment modalities, including CBT, ACT, and DBT.
4. **Rutgers UBHC Child and Adolescent Partial Hospitalization Program (PHP):** At the UBHC Child and Adolescent PHP, Interns will facilitate psychotherapy groups. Interns will participate in milieu therapy and weekly team meetings.

5. **Rutgers UBHC Child and Adolescent Outpatient Department:** Interns working at the UBHC Child and Adolescent Outpatient department will provide individual and family therapy; conduct parent management training, complete treatment plans and reviews; coordinate support services; and maintain on-going contact with psychiatrists about medication management.

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 are 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 mid 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 minor experiences.

- c. Introduction to the Newark Community: Interns will visit various neighborhoods and agencies servicing the community.

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-May on 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. 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.

Evidence-Based Mental Health (EBMH): as scheduled, September – May, Wednesdays; 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; 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 Series: September-May, 1st Wednesday of the month; The Child Seminar Series includes presentations on evidence-based practices for a range of childhood disorders, clinical issues, and approaches to working with children, adolescents, and families. These seminars are designed to enhance interns' knowledge of best practices while strengthening their clinical skills across diverse child-focused settings.

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.

Other Policies, Procedures, and Forms

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 minor 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 minor 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, (i.e., Avoid heels, loose long hair, revealing clothing, etc.). When on-site at a UBHC location, Interns should avoid wearing casual clothing (including but not limited to leggings, shorts, and jeans).

- 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:

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 coursework 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/guardian)

(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 minor 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. Process of submission.
 - a. 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.
 - b. However, regardless of how much revision may still be recommended, the final draft is due at the end of February. The final draft should be approved by the Fall supervisor and then submitted to the Director of Training.
 - c. The Training Director will appoint the two-member assessment committee and schedule the oral examination.
 - d. The Intern 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.
5. Case competency assessment.
 - a. Assessments will be scheduled in March.
 - b. The oral presentation component typically lasts for 30 minutes.
 - 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 during the remaining time.
 - 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.

The Case Competency Assessment Document

The report should be approximately 10 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.

Reason for Referral

- Identifying information including age, gender, race/ethnicity, referral source, and reason for referral.
- Suggested length: No more than 2-3 sentences.

Intake

- List the methods by which you assess needs (include copies of any testing instruments in an appendix; de-identify all material).
- Provide brief overview of any questionnaires used.
- Suggested length: 4-5 sentences

Chief Complaint

- The client's complaint, in their own words (and/or words of their support network)
- Suggested length: No more than 2 sentences.

Background and History

Background

- Discuss current symptoms, stressors, complaints, etc. in more detail
- Suggested length: 5-6 sentences

Past Psychological/Psychiatric History

- Discuss relevant psychological and psychiatric history
- Can include a description of all previous episodes of treatment, including when and where they occurred, the reason for those episodes of treatment, what type of treatment was given, and the reported outcome of the treatments. Also includes history of substance abuse and treatment.
- Suggested length: 4-5 sentences

Familial History/Medical/Other History

- Can include historical information about parents and siblings that may be relevant to the chief complaint(s). Particular attention should be paid to past family history of psychiatric/psychological problems, substance use and abuse, intra-familial violence and abuse, as well as relevant medical conditions.
- 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.
- Suggested length: 4-5 sentences

Initial Diagnostic Formulation

Theoretical/Psychological Formulation

- This is your integrated understanding of the chief complaint(s). 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.
- This is a good section where students can connect their understanding of the client and why they chose a particular orientation. Support your conceptualization with 2-3 empirical citations.
- At the end of this section, provide a DSM-5-TR diagnosis or diagnoses
 - Note: The information presented in this section as well as the above sections should naturally lead to the diagnosis/diagnoses provided.
- Suggested length: 8-10 sentences
 - a. **Note:** The supervisor should receive an initial write-up of these sections by the end of October and should be approved by your fall supervisor and finalized by December.

Interventions

Interventions to Date and Course of Treatment

- **Interventions to Date:**
 - Specific examples of interventions utilized
 - Should be in line with the psychological formulation
 - Emphasize how you tailored interventions to the client's needs, and why
- **Course of Treatment:**
 - Discuss how treatment has progressed
 - Examples: Changes in scores on measures (e.g., PHQ-9, BAI, etc.), client attendance/engagement, client self-report, changed client behaviors, your own observations as the clinician
- Suggested length: 8-10 sentences

Ethical and Diversity Considerations

Ethical Considerations:

- A discussion of points at which ethical considerations came up and how you resolved them. This discussion should consider both inherent ethical considerations, any potential ethical violations, and how these were resolved.
- Relevant portions of the APA ethics code should be discussed and cited.
- Suggested length: 7-8 sentences

Diversity Considerations:

- A discussion on how diversity considerations played a role in the process of assessment and treatment. Ideally, in addition to this section, these considerations are woven into the conceptualization and intervention sections above.
- Suggested length: 7-8 sentences

Effectiveness, Prognosis, and Plan

Effectiveness:

- 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.
- Support the stated effectiveness with relevant information (e.g., reduction in PHQ-9 scores, client's own statements, changed behaviors, etc.)

Prognosis:

- A description of how you expect the client's status to progress in the future, inside or outside of treatment
- Justify your prognosis with relevant clinical and empirical evidence

Plan:

- Discuss plans for future treatment and follow-up.
- Any assessment and goal setting done at the beginning of treatment should be revisited
- Suggested length: 14-15 sentences

Reflection

- Discuss your own reflections on this case
 - What might you have done differently, and why? Why do you think you may not have done those initially?
 - What initial impressions and assumptions did you have toward the client, and what impressions and assumptions may they have had toward you?
 - What internal and external reactions did you notice having toward the client, and what reactions do you think (and possibly know) the client had toward you?
 - How did these impressions, assumptions, and reactions influence treatment, whether that be in terms of rapport, diagnostic impressions, boundary setting/maintenance, or clinical interventions used?
 - How did your own personal experiences, values, and triggers influence your work with this client?
 - Discuss how you utilized supervision and consultation while working with this client
 - What are your takeaways from this case?
- Suggested length: 14-15 sentences
- **Note:** 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 January.
- In an Appendix (not counted in page limit): **References** - A brief listing of relevant research or theoretical literature that supports your treatment decisions for the client and supports the appropriateness of the methods employed.

Case Competency Exam Feedback Form

Name of Student: _____ Exam Date: _____

Name of Examiner: _____

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

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

_____ 1. Writing (organization, clarity of writing)

Comments:

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

Comments:

_____ 3. Oral presentation (organization, clarity of oral presentation)

Comments:

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

Comments:

_____ 5. Understanding of diagnostic issues

Comments:

_____ 6. Ability to discuss own theoretical perspective

Comments:

_____ 7. Ability to compare own theoretical perspective with others

Comments:

_____ 8. Intervention skills (extent of repertoire of intervention techniques)

Comments:

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

Comments:

_____ 10. Understanding of ethical issues

Comments:

_____ 11. Sensitivity to cultural/diversity issues

Comments:

_____ 12. Awareness of/utilization of other resources/referrals/systems

Comments:

General comments:

Key Deadlines for Internship Program

July 13	Initial Self-Evaluation, Training Goals, and Training Plan to Training Director
	Training Plan Meeting with Training Director
July 17	Complete Web-Based Training: Certificates to Assistant Training Director and Training Director
July 24	Review tentative training plan with primary supervisors for potential conflicts
	Begin to inquire/conduct assessments
August 18	Identify unit training and community presentations and send plan to AD and TD
	Outlines/Materials/Evaluations due for all Teaching Experiences
Sept. 30	First Videotape/Live Supervision Completed
Sept. 30	Community Presentations Completed
Oct. 1	Distribute October Formative Evaluations
Oct. 5	Deadline for Case Selection for Case Competency Assessment
Oct. 12-16	Individual Progress Meetings with All Supervisors
Oct. 19-23	Supervisory Feedback Experience: Review October Formative Evaluations with TD and ATD
October 30	First Draft of Theoretical Orientation and Assessment Sections of Case Competency Assessment
Nov. 23	First Teaching Experience due (unit-wide)
December 1	Distribute Mid-Year Evaluations
December 7	Second Videotape/Live Supervision Completed
December 14	First Two Sections of Case Competency Finalized and Approved by Fall Supervisor.
December 31	Mid-year Self-Evaluations due; Mid-Year Evaluations of Interns by Supervisors due



January 4-8	Individual Progress Meetings with All Supervisors
January 4	Sign-off Sheet for fall requirements submitted to Training Director
January 11	First Full Draft of Case Competency Assessment: Fall Primary Supervisor
Late-January	Mid-Year Progress Meetings with Training Director
January 19	Begin Spring semester rotations
March 1	Distribute Mid-Semester Evaluations
March 8-12	Spring semester formative feedback from supervisors beginning January Rotations
March	Case Competency Assessments Scheduled
April 5	Third videotape/live observation completed
May 3	Distribute End Year Evaluations
May 21	Evaluations of Interns by supervisors due; final self-evaluations due
May 21	4 th videotape session/live observation completed
June	Begin end of year meetings
June 16	Graduation
Check-out:	
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.

Procedure for Snow Days:

Interns are expected to follow the snow procedures of their assigned site on the day of a snowstorm. Interns assigned to work in the prison will be expected to report to work or use a vacation day if unable to do so. Interns assigned to a minor rotation that operates in person during a snowstorm will be expected to work in person as well.

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 2026

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 minor 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 minors 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 *Acknowledgement Notice* that formally states the following:
 - a. The committee is aware of and concerned about the negative evaluation.
 - b. The evaluation has been brought to the Intern's attention and the committee or other supervisors will work with the Intern to rectify the problem within a specified time frame.
 - c. The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.

3. Alternatively, the committee may issue a *Probation Notice*, which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor for a specific length of time, the degree to which the Intern addresses, changes, and/or otherwise improves the problem behaviors. The *Probation Notice* is a written statement to the Intern that includes the following items:
 - a. A description of the problematic performance/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 comportment 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

- 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											

- ☐ 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

- ☐ 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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

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

- ☐ 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**



lifespans. 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											

- 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											

- 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											

- ☐ 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											

- ☐ 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											

- ☐ 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											

- 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											

- ☐ 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											

- ☐ 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											



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

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

As evidenced by:

Commands & applies APA Ethical Principles/ Code/ other relevant standards & discusses implications

Spontaneously & reliably identifies complex ethical/ legal issues & actively consults with supervisor

Recognizes and discusses limits of own ethical and legal knowledge

Articulates understanding of ethical-legal standards with supervisors and peers

Is aware of rights as an intern at UBHC/UCHC

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

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

- 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											

- 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											

☐ 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											

☐ 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										

☐ 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											

- 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											

- 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											

- 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										

- 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											
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- ☐ 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 appropriateand 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											

- ☐ 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											

- ☐ 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											

- ☐ 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											
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☐ 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											

☐ 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 level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
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Rating	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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☐ Please comment, PARTICULARLY on any score below 3+

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

As evidenced by:

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

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

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

☐ 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

☐ 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											

- 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											

- 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											

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

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

- Objective 12.1 Intern demonstrates knowledge of supervision process and models

As evidenced by:

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

improvement Demonstrates beginning ability to provide thoughtful and constructive supervisory feedback

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

	Pre-practicum level (1)	Practicum level (2)	2+	3-	Beginning internship (3)	3+	4-	Advanced internship (4)	4+	5-	Post-doc level (5)
Rating	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

- ☐ 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

- ☐ 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											

- 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: *