Clinical Psychology Internship
at
Pilgrim Psychiatric Center

Accredited by the American Psychological Association
Commission on Accreditation
750 First Street, NE
Washington, D.C. 20002-4242
(800) 374-2721
(202) 336-5979

998 Crooked Hill Road
West Brentwood, NY 11717-1087

Revised: August 2023

Pilgrim Psychiatric Center

12-month Doctoral Internship
in Clinical Psychology

Beginning in late August

Opportunity to work with New York State licensed psychologists, professional clinicians, and a diverse variety of clinical populations, including:

- Major Mental Disorders
- Personality Disorders
- Substance Abuse
- Intellectual Disability
- Forensic (incl. CPL 330.20, CPL 730, 2PC designees)

Includes:

- Salary: approximately $37,965.00 per year
- Plus additional fringe benefits, including:
  - paid vacation
  - health insurance benefits
  - personal, sick, and professional leave
  - optional union membership

Pilgrim Psychiatric Center (PPC)

Pilgrim Psychiatric Center is a facility within the New York State Office of Mental Health (OMH) system. It is a comprehensive network of inpatient and community mental health services, serving over 2,000 adult patients each year in its various programs. The inpatient facility is in West Brentwood, New York; Community Services programs are located throughout Nassau and Suffolk counties.

Pilgrim Psychiatric Center is fully accredited with commendation by the Joint Commission on Accreditation of Healthcare Organizations. In addition, its outpatient programs are certified by the New York State Office of Mental Health. The Center's programs serve as training sites for students from a variety of disciplines, with seasoned professionals on staff providing clinical supervision.

Inpatient programs provide assessment, evaluation, stabilization, treatment, and rehabilitation services with a census of up to 290 patients. Psychologists play key roles in these programs, providing treatment to a severe and persistent mentally ill patient population within a broad spectrum of diagnostic categories, including Schizophrenia, Borderline and other Personality Disorders, Chemical and Substance Abuse, Affective Disorders, Intellectual Disabilities, etc.

Community Services programs serve community residents (including many discharged Pilgrim patients) in need of mental health services. A full continuum of services is

provided to outpatients, and psychologists provide treatment in the clinics and continuing day treatment programs.

Overview of the Program

Pilgrim Psychiatric Center provides four full-time, one-year internship positions in clinical psychology for eligible doctoral candidates. The internship program features experience in a wide range of professional services expected of today's psychologist and is accredited by the **American Psychological Association's (APA) Commission on Accreditation (CoA)**, 750 First Street, N.E., Washington, D.C. 20002-4242 **(800-374-2721 [APA]; 202-336-5979 [CoA])**.

The program's framework is based on an apprenticeship-practitioner model, working with the severe and persistent mentally ill. During the year-long program, interns are exposed to a broad spectrum of training experiences, which include Admissions, Rehabilitation, and specialized treatment programs. These programs serve a diverse and multicultural patient population, with treatment provided by an equally diverse and multicultural staff. Psychology staff provide divergent role models and theoretical orientations, including cognitive-behavioral, psychodynamic, and systems, with numerous sub-foci, including Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and trauma. In addition, interns work with professionals and trainees from other disciplines within a Treatment Team model.

The program strives to meet the intern's professional interests while facilitating opportunities to develop greater levels of mastery in the areas of individual and group psychotherapy, treatment planning, case conceptualization, psychological assessment, and report writing. Interns are viewed as professionals-in-training, and the program prepares them for postdoctoral fellowships and entry-level positions within the profession of psychology. The apprenticeship-practitioner training model relies on the use of self, both in our training and in therapy, as well as strong collaborative relationships with supervisors to draw knowledge and experience that will develop and nurture the intern's professional identity. The supervisory relationship is essential in this model, as is a developmental process of increasing skills and expertise. We believe that learning is a relational and reciprocal process, concentrating more on the process than on the content of learning, with modeling and mentoring as strong components of the internship year. Interns are encouraged to explore and utilize their creativity in providing services to patients. Opportunities to integrate a variety of on-campus resources into treatment exist, including animal-assisted therapy (via our barn), bibliotherapy (library), and horticultural therapy (greenhouse/gardens).

As much as we employ the apprenticeship-practitioner model, we also have a strong commitment to scientific research and evidence-based treatment. Our interns are given the opportunity to practice many different types of empirically-validated treatments and learn about the research behind it. Interns are able to gain exposure to and experience in such third wave therapies as ACT, DBT, trauma-informed approaches to recovery, behavioral treatment for co-occurring disorders such as pica and polydipsia, cognitive stimulation and remediation, and training in multisensory therapy. The interns are provided with scholarly research articles and are trained in the delivery of these interventions. Some of these trainings are conducted in seminar format, while others are taught by supervisors either in supervision or on the unit where the service is being provided. In addition, didactic seminars provide opportunities for study and discussion of

current research and the efficacy of such evidence-based treatments, and OMH webinars are utilized in evidence-based treatment training as well. Interns can apply for access to the New York State Library System, and monthly Journal Club sessions encourage ongoing scholarly inquiry.

Interns acquire a comprehensive understanding of psychological disorders; exhibit competence in administering, scoring, and interpreting psychological tests; and, by the conclusion of the internship, demonstrate the ability to conduct psychotherapy independently while exhibiting sensitivity to and an understanding of the cultural and gender diversity of their patients. Interns are afforded mentorship in following the highest professional and ethical standards and acting as members of an interdisciplinary treatment team. The specific goals of the program address the nine core competencies of professional psychology:

Research	Communication and interpersonal skills
Ethical and legal standards	Assessment
Individual and cultural diversity	Intervention
Professional values and attitudes	Supervision

Consultation and interprofessional/interdisciplinary skills

See Appendix I (pp. 15-16) to review the Internship Competencies and Training Aims

At the beginning of internship, through the use of observation and supervision, as well as examination of practica experiences, interns' competencies are evaluated, and they are assigned tasks and responsibilities based on their level of expertise and comfort. As they demonstrate increased skill (as recorded in quarterly evaluations), interns will be given more responsibilities as the year progresses, until they have attained a level of competence commensurate with that of an entry-level professional psychologist.

Training is structured, sequential and experiential, with exposure to diverse theoretical orientations, methods, and cultural contexts. Supervisors model various modalities, then continually observe and monitor the intern's level of expertise and confidence as they conduct the treatment, assigning a greater number of and more complex/challenging cases commensurate with the intern's demonstrated ability. This progress is assessed through individual supervision contact (both formal and informal), group supervision with the direct supervisor, other supervisors, and the Director of Internship Training, and examination of progress notes, psychological evaluations, and reports generated by the intern. In an apprenticeship format, interns have ample opportunities to assess and treat their patients' disorders. This is accomplished through direct patient contact, with supervision and role modeling from experienced psychologists. In addition, learning occurs in seminar format via our intern seminar and assessment series, through facility- and state-wide trainings, and Grand Rounds held at the facility and via satellite. Every effort is made to schedule the seminars in a sequential manner to provide continuity and structure to the program's goals.

All interns are provided with comprehensive training and supervision in general psychological practice. Training experiences are tailored to the background and goals of every intern. Responsibilities include treatment planning, psychological assessments, clinical interventions, and consultations. Interns treat patients individually and in group settings; each intern is expected to become conversant with a full range of treatment modalities. The primary goal of the internship is to guide the intern toward integrating

these diverse experiences into a well-developed professional identity and personal therapeutic style. Accordingly, supervision is highly valued, both in quantity and quality. Individual supervision is minimally two hours per week, supplemented by two hours of group supervision.

While incoming interns have differing experiences, a strong effort is made to achieve a unified internship program as well as a cohesive group of interns. In order to integrate clinical skills and academic knowledge, the interns attend multiple training seminars. These seminars cover a wide range of topics presented by staff psychologists and other mental health professionals, with an emphasis on evidence-based treatments. Topics may include multicultural issues in mental health, psychoeducational and psychopharmacologic treatment of schizophrenia, DBT, treatment of pica, assessment, gender and social class issues, behavior modification techniques with acting-out patients, forensic evaluations and assessments, violence risk assessment, ethical standards in psychology, and independent practice. In addition, interns will complete a focused single-study Case Review during their internship year, incorporating many of the elements they have acquired into their presentation, write-up, and subsequent work with their client (e.g., assessments [pre-, mid-, post-], intersession homework assignments [such as diary cards], longitudinal behavioral data, etc.).

Sequence of Training

A) Orientation Phase:

The first two weeks of the internship serve as an orientation. During this period, the interns follow a carefully planned schedule of activities, which includes exposure to units and programs. They also participate in discussions which focus on the organization and structure of the facility, policies and procedures, as well as documentation of records. Additionally, interns will receive training in the following areas: Therapeutic Relationships and Universal Safety Training (TRUST), Mental Health Automated Record System (MHARS) and eCare, Health Insurance Portability and Accountability Act (HIPAA), and Sexual Harassment Prevention among others. Pilgrim Psychiatric Center is an Equal Opportunity Employment Agency and welcomes diversity in the workplace.

B) Internship Assignment:

The placement of interns is the responsibility of the Director of Internship Training and Chief of Psychology. Determinations are based, in part, on each intern's skills, experience, training, and interests.

Interns are assigned to **two concurrent** training experiences, an admissions unit and a psychiatric rehabilitation unit, for the one-year period:

Admissions Units: The admissions units at Pilgrim Psychiatric Center receive patients who reside in Nassau and Suffolk counties on Long Island. These patients are admitted from community and short-term psychiatric hospitals, secure psychiatric facilities within New York State, jail or prison, with primary psychiatric diagnoses and the additional requirement of being deemed a danger to themselves and/or others. Admission to these units is essentially for a "short" hospitalization (up to 365 days) where patients are evaluated, treated, and considered for either discharge or transfer to

a psychiatric rehabilitation unit or specialty care unit. There are four co-ed adult admissions units (the newest of which is specifically geared for younger adults [ages 18-30]) and one co-ed geriatric admissions unit.

Psychiatric Rehabilitation Units: This service addresses the needs of patients who could not be adequately stabilized on the admission unit within the allotted timeframe. Patients' core psychiatric symptoms are addressed in-depth and plans for discharge are further developed. Psychological services are of utmost importance on these units and include a wide range of psychological interventions. Placement on these units allows the intern to work with patients for a more extended period of time.

The range of placements available to interns may vary, depending on the unit assignments of licensed psychologists. To date, most interns have been assigned to the training experiences of their choice.

In each placement, interns gradually take on the role and tasks of the unit psychologist under the guidance of their supervisors. This work includes:

- Psychological assessment and report writing
- Direct patient care in the form of individual and group therapy
- Attendance at team meetings and psychiatric consultations, with intern input
- Written documentation of patient progress, including individual, group, and comprehensive notes, and Individualized Service Plans/Reviews (ISPs/ISP-Rs)
- Presentation of focused single-study case review

See Appendix II (pp. 17-18) to review the Internship Performance Requirements

Forensic clients comprise a fair portion of the patient population at Pilgrim Psychiatric Center. These clients range from those who have pled an insanity defense (and were first stabilized in a forensic hospital setting), to those from jail/prison with a mental health and/or substance abuse diagnosis who were transferred to the hospital for further stabilization after finishing their sentence. Interns receive training in working with criminal offenders and the forensic process for commitment. In addition to psychiatric disorders, many of these patients display personality disorders, and there is enhanced opportunity to provide individual therapy as well as group therapy. Interns will be trained on a variety of risk-assessment tools and have the opportunity to conduct psychological evaluations for forensic purposes using these measures. Each intern will also have the opportunity to take part in Pilgrim's Civilian Hospital Adjustment Program (CHAP), by facilitating or co-facilitating select groups specifically geared towards this population. In addition, they will take part in associated research, assisting in the collection and analysis of data pertaining to several outcomes measures used in the program, and preparing and disseminating these results to facility administrators and other state officials.

All interns take part in Pilgrim Psychiatric Center's DBT program. In addition to co-facilitating DBT groups and having the opportunity to apply DBT skills in individual therapy sessions when appropriate, interns also assist in the screening process for patients referred for DBT programs. Interns receive additional training and weekly (group) supervision in this treatment modality throughout the year.

Recovery-Oriented Cognitive Therapy (CT-R) is becoming a major focus of treatment at Pilgrim Psychiatric Center. Through didactics and group supervision, interns will gain an

understanding of underlying theory, learn how to develop a recovery map, and implement CT-R strategies. Interns will have opportunities to co-facilitate CT-R-based groups, participate in statewide research initiatives, help train staff, and engage in consultations with treatment teams. In collaboration with the Beck Institute for Cognitive Behavior Therapy (beckinstitute.org/center-for-recovery-oriented-cognitive-therapy/), interns may choose to be formally assessed for competency in this treatment modality.

The Psychology Training Committee

The Psychology Training Committee establishes policies and procedures for the internship program. This includes coordinating the application and selection process, planning the orientation phase, preparing the intern's program, and scheduling seminars. Should any problems arise for the intern, the Training Committee ensures that the intern will receive support and assistance in resolving the problem.

The members of the Training Committee include the Chief of Psychology, the Director of Internship Training, and a licensed, senior-level psychologist. Other licensed staff psychologists may also sit on the Committee as needed and when interests dictate.

Internship Agreement

Interns agree to complete a twelve-month, full-time internship commencing and terminating in late summer of each year. The current annual stipend for each intern is approximately $37,965. In addition, each intern receives health care benefits as well as holiday, vacation, and sick leave entitlements. The Training Committee may also approve requests for leave time for professional activities, such as attendance at conferences, professional presentations, and dissertation defenses.

Evaluation of Interns

Interns are evaluated by their supervisors on the skills utilized in various clinical contexts. Assessment is both a formal and informal process. Interns are kept informed of their progress in the program by means of clearly identified evaluation sessions, with timing and content designed to facilitate their change and growth. Quarterly written evaluations indicate whether the interns have met minimal performance standards in the areas of research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills. These evaluations are collated by the Director of Internship Training and reports are forwarded to the intern's Director of Clinical Training semi-annually. In addition to the supervisors' assessment of the interns, the Psychology Department assesses the competency of all clinicians in several categories. Post-tests are also conducted at the conclusion of didactic modules throughout the year. In terms of Program Evaluation, the interns are given the opportunity to evaluate their training experiences at Pilgrim Psychiatric Center biannually.

See Appendix III (pp. 19-41) to review the Intern Evaluation document

Grievance Policy

Pilgrim Psychiatric Center's Psychology Internship program has a formal policy to address any grievances that interns may have that cannot be addressed through supervision. In addition, the Chief of Psychology and Director of Internship Training are always available to discuss areas of concern with the interns.

See Appendix IV (pp. 42-47) to review the Due Process/Grievance Policy document

Research Opportunities

In addition to the extant research components of the internship (e.g., formulation/ implementation/data collection pertaining to behavioral interventions; presentation of a single-study case review; programmatic consultation and quantitative evaluation of CHAP group efficacy; pursuit, investigation, and critique of current psychological literature in Journal Club sessions), several staff psychologists are available for consultation or participation in phases of dissertation and other research. Internet access is available at the interns' individual workstations and our department subscribes to select psychology journals. Our interns are also afforded the opportunity to be involved in a growing number of webinars that may be of interest to clinicians. Available community resources include library facilities at the State University of New York at Stony Brook, Hofstra University, and Adelphi University. Also, interns are encouraged to apply for New York State on-line library cards. This database grants free access to numerous journals and articles related to the field of clinical psychology. We also have an online training component which includes web-based training modules in recovery and evidenced-based treatment. This program also gives interns the opportunity to engage in electronic discussions on current practice and research.

Application and Intern Selection Process

We have had a culturally diverse array of interns over the years and welcome applications from all qualified candidates. Applicants should have prior doctoral-level practicum experience and must be currently enrolled in a doctoral program in clinical psychology. Preference is given to students enrolled in programs with accreditation from the American Psychological Association. Students with APA minority status are also afforded preference. Examination of applications is completed by members of the Training Committee and focuses on the following:

1. Prior doctoral practicum experience in working with Serious and Persistent Mentally Ill (SPMI) adult clients (preferably inpatient)
2. Experience in conducting psychoeducational groups (facilitating or co-facilitating a minimum of 3 groups for at least 6 weeks each)
3. Completion of at least 3 fully-integrated psychological evaluations
4. At least 300 hours of doctoral-level practica in intervention and assessment combined
5. Competency in writing skills as evidenced by a submitted psychological evaluation and/or case conceptualization
6. Positive letters of recommendation

Interview location (on-site versus virtual) will be contingent upon Center of Disease Control (CDC) guidance and government regulations pertaining to the pandemic, along with recommendations from APPIC. Even if in-person interviews are permitted, a videoconference option will be made available for applicants with extant health issues and/or other extenuating circumstances. Applicants are contacted to schedule this interview once their completed application has been received/reviewed. The deadline for submission of completed applications is November 15th. As a member of APPIC, Pilgrim Psychiatric Center follows APPIC guidelines and procedures in the selection of interns and abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant prior to the Uniform Notification date (i.e., "Match Day").

The interview process consists of three parts:

1. a brief tour of the facility and an explanation of program goals and expectations with the Director of Internship Training
2. an interview with the Director of Internship Training and a Supervising Psychologist, using a standard set of questions asked of every applicant (to prevent any biases)
3. a Q and A session with a current intern

Final ranking decisions are made by the Director of Internship Training in concert with the Training Committee.

The program begins in late summer and lasts for one full year. Please note that all employees, including interns, must be fingerprinted, and they may incur a charge for this procedure. A physical examination conducted by Pilgrim medical staff is also required prior to the start date.

To Apply:

Submit the online APPIC Application for Psychology Internship (AAPI) and Time2Track (T2T) forms, available on the APPIC Web site: https://www.appic.org/

With the AAPI submit:

- a curriculum vitae
- three letters of recommendation
- an official graduate transcript
- a three- to five-page formal case conceptualization and/or a de-identified psychological assessment (no page limit)

Please submit the above online through the APPIC website. Our Program ID # is: 1497

For further information or assistance call or write
Tel: (631) 761-2399 • Fax: (631) 761-3769 • e-mail: Howard.Delman@omh.ny.gov

See Appendix V (pp. 48-50) to review the Internship Admissions, Support, and Initial Placement Data

COVID Statement

Pilgrim Psychiatric Center is committed to ensuring continuity of care while protecting the safety of both clients and staff during a pandemic. We work with federal, state, and local authorities for guidance on the best practices for maintaining social distancing and disinfection in the inpatient hospital setting.

Although interns are considered essential staff and are expected to be physically present for the duration of their shift, the following precautions have been implemented:

- Staff are required to be vaccinated and are encouraged to be fully boosted against COVID-19.
- Clean, disposable facemasks are available throughout the facility, and it is recommended that these be worn in common areas (e.g., elevators) and on the units at all times. Additional PPE (e.g., gowns, face shields, N95 masks) is provided as necessary.
- Protocols are in place for staff who are not feeling well or believe they have had contact with a COVID-19-infected person.
- During periods of higher transmission/positivity rates, free rapid COVID-19 testing is made available for all staff on a daily basis. Vaccine booster shots are also available (through the Employee Health Clinic) for those who are eligible.
- Interns have their own workspaces and office materials, which are separate from other staff.
- Staff are able to utilize the WebEx conference call platform to hold meetings.
- Individual and/or group supervision may be held over WebEx or FaceTime when necessary or requested to promote social distancing.
- Technology (e.g., internet-equipped big screen TVs, iPads) will be supplied to units so staff can provide select services via Telehealth.
- There are hand sanitizer stations throughout the facility, and staff members are provided small bottles of Purell for personal use.
- Posters and notices promoting hand washing and other infection control practices are prominently displayed throughout the buildings.
- Common surfaces are cleaned and disinfected more thoroughly and more frequently as per Center for Disease Control guidelines.
- The Psychology Department provides disinfectant wipes for sanitizing shared assessment kits.
- A Staff Support Committee is available to help staff members cope with the stress of COVID-19.

SUPERVISING FACULTY AND CONSULTANTS

David Close, Psy.D.

Dr. Close received his doctorate from Long Island University, C.W. Post Campus, with a concentration in working with the Seriously Mentally Ill. Currently an inpatient psychologist on a rehabilitation unit, he also has many years of experience providing outpatient recovery-oriented services. Dr. Close is both a member of Pilgrim's Disaster Mental Health Response Team and a Crisis Intervention Team trainer for the Suffolk County Police Academy. With prior stints in Quality Management and as Deputy Director of OMH's Long Island Field Office, he has extensive behavioral health administrative experience developing and monitoring OMH evidenced-based-, recovery-oriented-, and crisis intervention programs in collaboration with key stakeholders (i.e., DOH, OASAS, OPWDD, and the NYCDOHMH).

Howard Delman, Ph.D.

Dr. Delman received his degree in Biopsychology from The City University of New York. He obtained postdoctoral certification in both Clinical and School Psychology through Hofstra University. He is Principal/Supervising Psychologist, as well as Director of Internship Training for Pilgrim's Internship Program. A research associate for nearly 15 years in the North Shore-LIJ Health System, Dr. Delman's interests include psychopharmacology (especially in the treatment of schizophrenia and resulting movement disorders), psychological assessment, and psychometrics. He is a member of the Hospital Forensic Committee.

Michelle Feinberg, Psy.D.

Dr. Feinberg received her master's degree in Forensic Psychology from the John Jay College of Criminal Justice of the City University of New York and her doctoral degree in Clinical Psychology from William Paterson University in Wayne, NJ. She held positions at various forensic and inpatient facilities and completed her predoctoral internship at Pilgrim Psychiatric Center. She is currently working on a newly established admissions unit and serves as co-coordinator for the Recovery Oriented Cognitive Therapy group partnered with the Beck Institute. Areas of special interest include Cognitive Behavioral Therapy for Psychosis, trauma, and forensic evaluation and treatment.

Michael Finneran, Psy.D.

Dr. Finneran received his doctoral degree in Clinical Psychology from Long Island University - C.W. Post, with a concentration in Family Violence and Developmental Disabilities. Previously employed as an inpatient psychologist at Kingsboro Psychiatric Center, as well as a Mobile Integration Team member and an outpatient clinician at Pilgrim Psychiatric Center, he is currently working as a licensed psychologist on an admissions unit at Pilgrim. Professional interests include cognitive remediation, substance abuse/addiction, trauma, and mood disorder treatment.

Kenneth Herbert, Psy.D.

Dr. Herbert received his doctoral degree in Clinical Psychology from the University of Hartford in Connecticut. Previously a licensed psychologist on an admissions unit and an Associate Director of Quality Management, he is currently Director of Facility Administrative Services at Pilgrim Psychiatric Center. Professional interests include trauma therapies (EMDR), biofeedback, and clinical hypnosis.

Ann Marie Kavanagh, Ph.D.

Dr. Kavanagh received her doctoral degree in Clinical and Forensic Psychology from CUNY – Graduate Center / John Jay College of Criminal Justice. She is currently working as a psychologist on an admissions unit at Pilgrim Psychiatric Center. Professional interests include forensic assessment, sex-offender assessment and treatment, trauma treatment, and personality disorder treatment. She is the coordinator of the CHAP program and is a member of both the Hospital Forensic Committee and Trauma Response Team.

Ellen Keller, Psy.D.

Dr. Keller is a graduate of the Long Island University / CW Post Campus' Clinical Psychology program and holds a master's degree in Applied Psychology from Adelphi University. Prior to coming to Pilgrim, Dr. Keller worked in the nonprofit sector providing community-based services for people with significant behavioral, psychiatric, and cognitive impairments. Dr. Keller's areas of expertise include conducting functional assessments, developing behavioral interventions for people with complex needs, and adapting positive psychology interventions. Dr. Keller has completed post-graduate training in EMDR, DBT and Recovery Oriented Cognitive Therapy.

Azhar Khokhar, M.D.

Dr. Khokhar received his medical degree from Allama Iqbal Medical College and completed a fellowship in Geriatrics. He serves as both Director of ECT and court liaison at Pilgrim Psychiatric Center.

Richard LaMonica, Ph.D.

Dr. LaMonica received his doctoral degree from Hofstra University. He is currently the Chief of Psychology at Pilgrim Psychiatric Center. His professional interests include forensics, neuropsychology, cognitive behavioral treatment, and personality theory. He is certified in Disaster and Trauma Response. In addition to his responsibilities at Pilgrim, he also has a private practice, serving a diverse range of clientele.

Jennifer May, Ph.D.

Dr. May received her doctoral degree and certificate in group psychotherapy from St. John's University in Jamaica, NY. She later obtained post-doctoral training in Dialectical Behavior Therapy from the Zucker Hillside Hospital and Schneider's Children's Hospital. She is currently on the Hospital Forensic Committee and the Trauma Response Team. She is the Dialectical Behavior Therapy Coordinator. Areas of special interest include dialectical behavior therapy (DBT), radically open dialectical behavior therapy (RO DBT), internal family systems, sensorimotor psychotherapy, addiction, trauma, attachment, neuroscience, mindfulness, and spirituality.

Angeliqua Mitra, Psy.D.

Dr. Mitra received her MA and doctoral degrees in Clinical Psychology from the Ferkauf Graduate School of Psychology of Yeshiva University, NY, and a master's degree in General Psychology from New York University. She has training in psychodynamic and cognitive behavioral therapies and has experience with mindfulness-based therapies, including Dialectical Behavior Therapy and Acceptance and Commitment Therapy. She has clinical and administrative expertise in inpatient, outpatient, forensic/correctional and partial hospital settings, and has provided clinical supervision for both adult and child therapists. She also has experience with forensic, personality and neuropsychological assessment, as well as CBT/DBT-focused suicide prevention. She is currently working on an admissions unit.

Louis Mora, Ph.D.

Dr. Mora received his doctoral degree from St. John's University. Previously employed with the Federal Bureau of Prisons and as a bilingual psychologist at Pilgrim Psychiatric Center, he currently works as a clinical psychologist and supervisor at the Veteran Affairs Medical Center in Northport, NY, where he also serves as Multicultural Diversity Committee chair. He also maintains a private practice focused on assessment. Professional interests include neuropsychological-, psychological-, and forensic assessment.

Philip Murawski, Psy.D.

Dr. Murawski received his doctorate in Clinical Psychology from Nova Southeastern University. Following his internship at Pilgrim Psychiatric Center, Dr. Murawski was commissioned as an officer in the United States Army at the rank of Captain and was stationed at Walter Reed National Military Medical Center, where he treated the nation's Wounded Warriors. During his time in the Army, Dr. Murawski received specialized training in Posttraumatic Stress Disorder Forensics, Aeromedicine, National Security Evaluations, and was named a Subject Matter Expert in Substance Abuse by the Department of the Army Inspector General. After transitioning from active duty to the Army Reserves, Dr. Murawski began working in acute rehabilitation settings. At Pilgrim, he is assigned to the Intensive Treatment Unit and is a member of the Hospital Forensic Committee. Areas of special interest include trauma, substance abuse, military psychology, cognitive behavioral therapy, and forensics.

Ioana Radu, Psy.D.

Dr. Radu received her doctoral degree in Clinical Psychology from the University of Hartford in Connecticut. She is currently working as a licensed psychologist on a rehabilitation unit at Pilgrim Psychiatric Center. Professional interests include biofeedback, trauma treatment, and mood disorder treatment.

Anthony Sierra, M.A.

Mr. Sierra received his master's degree in Psychology from Queens College of the City University of New York. He is also certified in Animal Assisted Therapy Facilitation from Mercy College. His responsibilities at Pilgrim include individual and group animal-assisted therapy, providing psychological services on a rehabilitation unit, seminar presentations, and assisting in the care for the animals at Pilgrim's barn. He also works part-time at Queens Center for Change, facilitating mandated parenting, anger management, and sex offender group treatment.

Appendix I

Pilgrim Psychiatric Center
Psychology Internship Competencies and Training Aims

Competency #1: Research
Aim(s) for Competency #1: The intern will demonstrate mastery in research via ongoing scholarly inquiry throughout the year. They will demonstrate an ability to critically evaluate current research literature related to psychiatric disorders and evidence-based treatments. They will demonstrate competence in collecting data to evaluate the effectiveness of therapeutic programs and individual therapy treatments. They will demonstrate competence in disseminating research on a local level (and more widely where appropriate).
Competency #2: Ethical and Legal Standards
Aim(s) for Competency #2: The intern will demonstrate good knowledge of and adherence to the APA's *Ethical Principles of Psychologists and Code of Conduct* and agency/facility rules and operating procedures. They will demonstrate appropriate ethical decision making by recognizing ethical dilemmas as they arise and applying ethical decision-making processes in order to resolve these dilemmas. They will exhibit an ability to maintain appropriate boundaries and confidentiality with patients.
Competency #3: Individual and Cultural Diversity
Aim(s) for Competency #3: The intern will evidence an understanding of and theoretical knowledge about diversity and its significance in various aspects of professional psychology. They will independently monitor and apply knowledge of self, others (patients and staff), and interactions between self and others in assessment, treatment, and consultation.
Competency #4: Professional Values and Attitudes
Aim(s) for Competency #4: The intern will behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, efficiency and time management (accountability), professional identity, and concern for the welfare of others. Self-reflection and supervision will be utilized as additional mechanisms by which their professional identity is established and further refined.
Competency #5: Communication and Interpersonal Skills
Aim(s) for Competency #5: The intern will demonstrate effective interpersonal skills by developing and maintaining productive relationships with a wide range of individuals; providing informative and well-integrated oral, nonverbal, and written communications; and managing difficult communication well.
Competency #6: Assessment
Aim(s) for Competency #6: The intern will demonstrate competence in psychological assessment. This will include making accurate diagnoses using DSM-5 criteria; obtaining pertinent clinical information from all available sources; selecting and administering appropriate instruments; accurately scoring and interpreting psychological tests; and effectively communicating assessment findings and recommendations orally and in writing.

Competency #7: Intervention
Aim(s) for Competency #7: The intern will be able to establish good rapport with clients. In individual therapy, they will be able to plan appropriate evidence-based interventions, effectively deliver interventions, evaluate intervention effectiveness, and modify interventions as needed. They will be able to effectively design and execute behavior plans and/or interventions with patients. They will effectively evaluate, manage, and document patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. In group therapy, they will demonstrate competence in engaging patients, presenting group material, and working with co-leaders.
Competency #8: Supervision
Aim(s) for Competency #8: The intern will display a knowledge of supervision models and practices, and they will apply this knowledge in direct and simulated practice with psychology trainees and/or other health professionals (e.g., externs, Peer Specialists).
Competency #9: Consultation and Interprofessional/Interdisciplinary Skills
Aim(s) for Competency #9: The intern will learn to function as a member of an interdisciplinary Treatment Team and be able to work collaboratively with peers, supervisors, administrators, community organizations, and staff from other disciplines. When requested, they will provide guidance in a consultative role as it applies to patients' treatment and recovery.

Appendix II

Pilgrim Psychiatric Center
Psychology Internship Performance Requirements

- Interns will attend a minimum of 80% of scheduled didactic seminars, Journal Club sessions, and group supervisions, respectively, and have acceptable attendance at case conferences, presentations, and department meetings.

- Interns will attend formal weekly supervision sessions – both individual (2 hours) and group (2 hours); additional informal meetings can also be arranged as needed.

- Interns will attend selected trainings offered by the facility which address issues of sensitivity and diversity, such as Sexual Harassment Prevention, Cultivating a Respectful Environment (CARE), and Cultural Competence.

- Interns will complete a minimum of three Individualized Service Plan Reviews (ISP-R), which integrate the patient's strengths, resources, and needs, and includes their Individual Crisis Prevention Plan (ICPP).

- Interns will conduct individual therapy for a minimum of four patients during their internship year. This may include multisensory therapy sessions.

- Interns will, as part of a team, respond to on-unit psychiatric emergencies and discuss procedures and outcome in supervision.

- Interns will have opportunities to provide treatment to diverse adult and geriatric populations, including clients with SPMI, intellectual disabilities, LGBTQIA+ issues, and legal cases.

- Interns will lead or co-lead at least six therapeutic groups weekly.

- Interns will administer, score, interpret, and write up at least six assessment batteries during the course of the internship year (with recommendations for suitability for privileges and discharge, where applicable), components of which may include cognitive/intellectual, personality, suicide, and violence-risk assessment.

- Interns will share admission responsibilities with their supervisor conducting intake screenings and mental status examinations.

- Interns will attend Special Release meetings for cases in which they conducted the assessments. Clients may also request that the intern be present if individual therapy was provided.

- Interns will attend a minimum of 80% of all Clinical and Treatment Team Meetings held on their units.

- Interns will attend seminars on Ethical Standards in the Practice of Psychology and will abide by these principles throughout the year in the work they conduct during internship.

- Interns will follow all agency, facility and profession rules and operating procedures.

- Interns will maintain professional decorum throughout the internship year.

- Interns will present a focused Case Review (single-case study) to the Psychology Department, integrating recommendations into the subsequent write-up, and utilizing some of these suggestions in further work with their client.

- Documentation of these requirements will be collected through Monthly Report and Supervision logs submitted by each intern, in conjunction with their supervisors' quarterly evaluations.

Appendix III

PSYCHOLOGY DEPARTMENT
INTERN EVALUATION FORM

R. LaMonica, Ph.D., Chief of Psychology
H. Delman, Ph.D., Director of Internship Training

Trainee _____ Supervisor _____ Period from: _____ to _____

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ Direct Observation
_____ Review of Raw Test Data
_____ Case Presentation
_____ Review of Written Work
_____ Discussion of Clinical Interaction
_____ Comments from Other Staff

COMPETENCY RATINGS DESCRIPTIONS

NA **Not applicable for this training period/Not assessed during training period**

A **Advanced - Skills comparable to autonomous practice at the licensure level**
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.

HI **High Intermediate - Occasional supervision needed**
A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.

I **Intermediate - Should remain a focus of supervision**
Common rating throughout internship and externship. Routine supervision of each activity.

E **Entry level - Continued intensive supervision is needed**
Most common rating for externship. Routine but intensive supervision is needed.

R **Needs remedial work**
Requires remedial work if trainee is in internship or post-doc.

Competency I: Research

NA **AIM: CRITICAL EVALUATION OF RESEARCH LITERATURE**
Demonstrates the ability to locate and critically evaluate current research literature related to psychiatric disorders and evidenced-based treatments. Can discuss the validity of clinical studies based on the manner in which research methods were applied. Can propose viable ideas for future research based on gaps in current research.

A Regularly reads and discusses current research related to psychiatric disorders and evidenced-based treatments. Demonstrates excellent knowledge of research methods and how they can best be applied in psychological studies. Can critically evaluate and discuss the validity of a research study based on their choice of research methods and statistics. Can propose viable ideas for future research based on gaps in current research.

HI Often reads and discusses current research related to psychiatric disorders and evidenced-based treatments. Demonstrates good knowledge of research methods and how they can best be applied in psychological studies. Often detects flaws in research studies and proposes improvements that could be made in future research.

I When encouraged, is open to reading and discussing current research related to psychiatric disorders and evidenced-based treatments. Has fair knowledge of research methods and statistics. Can sometimes point out the pros and cons of research studies based on their chosen research methods. Occasionally able to think of future directions for similar research. Benefits from supervisory guidance in this area.

E Inconsistently reads research studies and journal articles suggested by supervisors. Has limited knowledge of research methods and difficulty critically evaluating studies based on their application of research methods. May think published studies are valid (or not) based on superficial factors or personal opinions. May not have an opinion about future directions in research or may propose plans with limited utility or viability.

R Chooses not to read research studies and journal articles suggested by supervisors. Has limited knowledge or interest in research and exhibits reduced or irrelevant involvement in research- related discussions.

NA **AIM: PROGRAM EVALUATION**

Plans evaluations appropriate for treatment-based interventions and programs (e.g., CHAP). This includes understanding methods of evaluation, as well as ability to choose type of evaluation fitting the intervention or program. The intern will also develop skills in the area of designing evaluations.

A Demonstrates a thorough knowledge of program evaluation theory, including justifications for selecting specific approaches and evaluation methods for a program (e.g., CHAP). Independently and efficiently collects, organizes, and analyzes data from program participants.

HI Demonstrates a general knowledge of program evaluation theory, including justifications for selecting specific approaches and evaluation methods for a program (e.g., CHAP). Independently collects, organizes, and analyzes data from program participants with only occasional need for assistance.

I Demonstrates a fair knowledge of program evaluation theory. With some assistance and reminders, is willing to participate in data collection, organization, and analysis. May have difficulty understanding the main objectives of the research project and requires periodic explanations.

E Demonstrates limited knowledge of program evaluation theory and the objectives of the current program evaluation project (e.g., CHAP). Inconsistent and unreliable when it comes to data collection, organization, and analysis and requires frequent reminders to do this work.

R Demonstrates significant deficits in understanding of program evaluation concepts. Unwilling to engage in the program evaluation project (e.g., CHAP) despite multiple reminders.

NA **AIM: DISSEMINATION OF RESEARCH - CHAP**

Disseminates research (e.g., CHAP program data) at the local level (facility administration, state officials).

A Takes an independent and active role in disseminating research findings orally or in writing. Takes the initiative in presenting findings to facility administration and/or state officials. May take the initiative to present findings beyond the facility by presenting a poster at a conference or publishing in a peer-reviewed journal.

HI With some supervisory instruction and input, becomes effectively involved in the dissemination of research findings orally or in writing. Assists in sharing findings on a "local" level (i.e., within the hospital).

I Can collaborate with supervisors and/or fellow interns in preparing and disseminating research findings on a local level. Benefits from direct instruction and input.

E Takes a limited role in disseminating research findings on a local level. May make errors in preparing or presenting data orally or in writing that are discovered by peers or supervisors.

R Chooses not to be involved with research projects, including the dissemination of research.

NA **AIM: DISSEMINATION OF RESEARCH - SINGLE-CASE STUDY**

Thoroughly gathers various patient data (e.g., history, behavior, assessment) over the course of individual therapy treatment. Evaluates progress and disseminates findings by presenting them to psychology department staff and treatment teams, when appropriate.

A Independently prepares single case study presentation and disseminates findings it in a clear, coherent, and engaging manner. Includes a comprehensive overview of patient's psychological, medical, trauma, and social history. Describes the quality of clinical progress made over time as demonstrated by assessment and behavioral measures. Appropriately addresses questions from audience and poses relevant questions about future directions for the case and research to the consultants. Open to feedback received from audience and willing to incorporate feedback as appropriate.

HI With some help from supervisor, prepares a single case study presentation and disseminates findings in a relatively clear and coherent manner. Presents many details from the patient's psychological, medical, trauma, and social history but may spent a disproportionate amount of time on this part of the presentation. Describes the quality of clinical progress made over time as demonstrated by assessment and behavioral measures. Can field most questions from the audience but may occasionally struggle with some more challenging questions. Poses relevant questions about future directions for the case and research to the consultants. Open to feedback received from audience and willing to work with supervisor to find ways to incorporate feedback as appropriate.

I Prepares a single case study presentation with supervisory guidance. May initially neglect to gather information from all relevant sources (e.g., medical records, family/staff) in all pertinent aspects of psychosocial and medical history. Benefits from some assistance in organizing assessment or behavioral data so that it is presented in a clear manner. Orally presents the proper scope of information by may over- or under-emphasize certain details or present them in a difficult-to-follow manner. Can field some questions from the audience but struggles with some more challenging questions. Poses general or peripheral questions about future directions for the case and research to the consultants. Open to feedback received from audience and willing to work with supervisor to find ways to incorporate feedback as appropriate.

E Struggles in preparing a single case study presentation and requires much supervisory assistance to adequately gather information, organize data, and prepare questions for the audience. During the oral presentation, may come across as unclear, disorganized, or unable to remember pertinent information. Has difficulty fielding questions. May not follow up with recommendations.

R Has great difficulty in preparing a single case study presentation despite much direct supervisory assistance. The quality of the information, data, and questions developed are far below what is expected at the internship level.

Supervisor Comments:

Competency II: Ethical and legal standards

NA **AIM: KNOWLEDGE OF ETHICS AND HOSPITAL RULES**
Demonstrates good knowledge of and adherence to the APA's *Ethical Principles of Psychologists and Code of Conduct* and agency/facility rules and operating procedures. Consistently applies these appropriately, seeking consultation as needed. Can recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve these dilemmas.

A Spontaneously and reliably identifies complex ethical issues and agency/facility rule infractions, analyzes them accurately, and addresses them proactively. Aware of the need for peers or staff to be confronted regarding ethical problems or rule infractions and goes through the proper channels to handle these situations. Judgment is reliable about when consultation is needed.

HI Generally recognizes ethical issues and potential agency/facility rule infractions. Verbalizes ethical implications of clinical and professional work. Recognizes and discusses limits of own ethical knowledge. Appropriately asks for supervisory input when needed.

I Often recognizes situations where ethical issues and agency/facility rules might be pertinent but benefits from some supervisory guidance in identifying these situations. Is responsive to supervisory input.

E Often unaware of important ethical issues and agency/facility rules.

R Disregards important supervisory input regarding ethics and agency/facility rules.

NA **AIM: ETHICAL DECISION-MAKING**
Commitment to integration of ethics knowledge into professional work.

A Independently and effectively applies applicable ethical principles and standards in all aspects of professional work, including therapy, assessment, clinical writing, and presentations. Seeks consultation or supervision regarding complex ethical dilemmas.

HI Is generally able to perform clinical duties in an ethical manner, including therapy, assessment, clinical writing, and presentations. Readily identifies ethical implications and dilemmas and discusses them appropriately in supervision and practicum settings.

I Is generally able to recognize and apply basic ethical concepts in clinical practice. May sometimes forget or misunderstand a concept, but is open to supervisory feedback.

E Has difficulty identifying and applying ethical concepts to practice on a consistent basis. May require periodic education and reminders from supervisors.

R Often disregards ethics. Appears to consider self above the rules and blatantly acts in a manner that is unethical. Is hostile or resistant toward supervision in this area.

NA **AIM: BOUNDARIES AND CONFIDENTIALITY**
Displays and understands the importance of interacting with patients using appropriate therapeutic boundaries. Has good knowledge of HIPPA laws and can maintain a level of patient confidentiality appropriate for the hospital setting. Understands the role of a psychology intern and does not step outside that role to offer "special" treatment to a patient.

A Consistently maintains confidentiality in accordance with HIPPA laws and explains the limits of confidentiality to patients in ways that they can understand. If patients encourage the intern to step outside of their role to provide special treatment, the intern can explain the rationale behind why they will not do this and will preserve appropriate therapeutic boundaries.

HI Generally maintains appropriate patient boundaries, including confidentiality. Seeks supervision to learn ways to handle difficult situations in which staff or patients behave in ways that make it challenging to maintain boundaries.

I Can usually maintain appropriate patient boundaries, including confidentiality. Occasionally overlooks but is willing to admit to the error in judgment in supervision and work toward correcting it in the future.

E Inconsistently maintains appropriate boundaries and keeps confidentiality. Periodically makes errors in judgment by sharing information with the wrong parties, doing special favors, inappropriately agreeing to keep secrets, or siding with patients against the treatment team. Willing to work on these behaviors when confronted in supervision.

R Has little regard for boundaries and confidentiality and violates them regularly. Becomes defensive when confronted about these behaviors or agrees to change but continues to exhibit them. Requires ongoing close supervision to deal with this issue.

Supervisor Comments:

Competency III: Individual and cultural diversity

NA **AIM: THEORETICAL KNOWLEDGE ABOUT DIVERSITY**

Applies knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity, including the relationship between one's own dimensions of diversity and one's own attitudes toward diverse others to professional work.

A Demonstrates a thorough knowledge of individual and cultural diversity literature and APA policies, including guidelines of practice with diverse individuals, groups, and communities. Articulates an integrative conceptualization of diversity as it impacts clients, self, and others (e.g., organizations, colleagues, systems of care). Demonstrates awareness of effects of oppression and privilege on self and others.

HI Demonstrates good knowledge of literature on individual and cultural differences and APA diversity policies. Verbalizes an understanding of the importance of addressing diversity issues across professional settings and activities. Exhibits an interest of continuing to learn and improve knowledge in this area.

I Exhibits a basic knowledge of literature on individual and cultural differences and APA diversity policies. Needs direct instruction to improve and expand this knowledge, but is open to learning.

E Has limited knowledge of literature on individual and cultural differences and APA diversity policies. Needs much instruction to bolster knowledge. Open to learning and supervision.

R Poor knowledge of literature on individual and cultural differences and APA diversity policies. May have poor insight into why this is important and resist expanding knowledge base.

NA **AIM: SELF AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY**

Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

A Independently articulates, understands, and monitors own cultural identities in relation to working with others. Regularly uses knowledge of self to monitor and improve effectiveness as a professional. Reliably seeks supervision when uncertain about diversity issues.

HI Understands and monitors own cultural identities in relation to work with others. Uses knowledge of self to monitor effectiveness as a professional. Regularly uses supervision to discuss diversity issues. Readily acknowledges own culturally-based assumptions when these are identified in supervision.

I Demonstrates a basic knowledge, awareness, and understanding of their own dimensions of diversity and attitudes toward diverse others. Comfortable with some differences that exist between self and clients and working well with others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.

E Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.

R Has little insight into own cultural beliefs even after supervision.

NA **AIM: OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY**

Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation. Sensitive to the cultural and individual diversity of patients and staff. Committed to providing culturally sensitive services.

A Independently articulates, understands, and monitors cultural identity in work with others. Regularly uses knowledge of others to monitor and improve effectiveness. Recognizes when more information is needed regarding a patient's cultural identity and seeks out information autonomously. Seeks supervision when uncertain about diversity issues with others.

HI Understands multiple cultural identities in work with others and uses this knowledge appropriately in professional interactions. Regularly seeks supervision when uncertain about diversity issues with others. In supervision, recognizes and openly discusses limits to competence with diverse clients.

I Demonstrates a basic knowledge, awareness, and understanding of the way culture and context shape the behavior of other individuals. Has significant lack of knowledge regarding some cultural groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.

E Demonstrates limited knowledge, awareness, and understanding of how culture and context can shape the behavior of others. Open to feedback regarding limits of competence.

R Has been unable or unwilling to surmount own belief system regarding diverse others. Verbalizes blatantly prejudiced or stereotyped beliefs about various diverse individuals and is reluctant to change them even with supervision.

NA **AIM: INTERACTION OF SELF AND OTHERS AS SHAPED BY INDIVIDUAL AND CULTURAL DIVERSITY**

Independently monitors and applies knowledge of self and others as cultural beings during professional interactions.

A Independently articulates, understands, and monitors cultural identity in interactions with others. Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and others in terms of race, ethnicity, culture and other individual difference variables. Openly discusses individual differences with patients when appropriate. Seeks supervision when uncertain about diversity issues in interpersonal interactions.

HI Demonstrates a good understanding of the role of multiple cultural identities in professional interactions with individuals. Is sometimes able to discuss individual differences with patients but benefits from supervisory feedback in terms of the most effective way to do this. Regularly seeks supervision when uncertain about diversity issues in interpersonal interactions.

I Demonstrates a basic knowledge, awareness, and understanding of the way culture and context shape interactions between individuals. Occasionally can address these issues in therapy after receiving supervisory guidance. Strives to fill in gaps of knowledge by seeking supervision.

E Demonstrates limited knowledge, awareness, and understanding of how culture and context can shape interactions between individuals. Not yet comfortable addressing these issues with clients. Open to feedback regarding limits of competence and is receptive to learning.

R Has been unable or unwilling to surmount own belief system regarding interactions with diverse others. Verbalizes blatantly prejudiced or stereotyped beliefs about various diverse individuals and is reluctant to change them even with supervision.

Supervisor Comments:

Competency IV: Professional values and attitudes

NA **AIM: INTEGRITY**

Continually monitors and independently resolves situations that challenge professional values and integrity. Honest in interactions with others. Able to take full personal responsibility for actions.

A Clearly articulates professional values and adheres to them on a consistent basis. Is consistently honest in interactions with staff and patients. Can take responsibility for actions taken. Can take independent action to correct situations that are in conflict with professional values.

HI Demonstrates good knowledge of professional values and adheres to them nearly all the time. Can identify situations that challenge professional values and is willing to address them in supervision. Generally honest in interactions with staff and patients. Can take responsibility for actions taken most of the time, but needs occasional supervisory guidance and encouragement.

I Demonstrates an average level of knowledge of professional values and adheres to them most of the time. Usually honest in interactions with staff and patients, but occasionally bends the truth to cover mistakes or avoid getting in trouble. Generally realizes if a mistake was made and is open to discussing and addressing lapses in adherence of professional values in supervision. Able to take responsibility for missteps with supervisory encouragement and coaching.

E Demonstrates a basic understanding of professional values but needs some guidance in how to apply them across different or more challenging situations. May have difficulty taking responsibility for errors in judgment and may initially become defensive or lie to cover up mistakes. Needs ongoing supervision and direction in this area.

R Limited knowledge or interest in demonstrating integrity. Has little sense of professional or personal values. Often lies or becomes defensive when confronted with a mistake or problem. Resistant to feedback and supervision to make improvements in this area.

NA **AIM: DEPORTMENT**

Consistently conducts self in a professional manner across different settings and situations. This includes appropriate communication and physical conduct, including attire, hygiene, language, and demeanor.

A Verbal and nonverbal communications are consistently appropriate to the professional context including challenging interactions.

HI Verbal and nonverbal communications are generally appropriate to the professional context. May occasionally deviate from appropriate demeanor during challenging interactions but is able to recognize errors and address them in situation.

I Most verbal and nonverbal communications are appropriate to the professional context. May occasionally deviate from a professional deportment by presenting as overly familiar, casual, dominant, provocative, passive, or silly. Is willing to correct these behaviors with reminders from the supervisor.

E/R Verbal and nonverbal communications are inconsistently appropriate to the professional context. Regularly deviates from a professional demeanor by presenting as overly familiar, casual, dominant, provocative, passive, or silly. Needs regular reminders to correct behavior and education about how to behave as a professional.

NA **AIM: EFFICIENCY AND TIME MANAGEMENT**

Engages in efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Gives supervisors advanced notice of scheduled time off and is sensitive to coverage issues. Minimizes unplanned leave whenever possible.

A Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.

HI Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.

I Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.

E Highly dependent on reminders or deadlines to complete work and tend to professional responsibilities.

R Frequently has problems getting work done in a timely fashion. Has problems with tardiness or unaccounted absences.

NA **AIM: PROFESSIONAL IDENTITY**

Consolidation of professional identity as a psychologist. Knowledgeable about issues central to the field and commitment to lifelong learning. Evidence of integration of science and practice.

A Keeps up with advances in the profession by regularly reading up-to-date literature and attending online or in-person colloquia, workshops, and conferences. May belong to professional organizations such as APA. Contributes to the development and advancement of the profession. Demonstrates integration of science in professional practice.

HI Exhibits a positive emerging professional identity as a psychologist-in-training. Periodically uses resources (e.g., supervision, literature, trainings) for professional development. Taking steps toward contributing to the development and advancement of the profession. With some supervisory input, is making strides toward integrating science with professional practice.

I Beginning to understand self as a professional, "thinking like a psychologist." Demonstrates adequate knowledge of the profession and the internship program. Expresses an interest up staying up-to-date in psychology science and practice and is open to learning. Is willing to engage in professional activities (e.g., literature, trainings) to increase knowledge but may need to be guided in the right direction in supervision.

E/R Rudimentary sense of professional identity as a psychologist. Demonstrates some distance or discomfort with the role due to being new in the field, but is open to additional experiences and training opportunities. Does not yet see self as capable of contributing to the development of the profession. Unsure of how to integrate science and practice but is open to supervision.

NA **AIM: CONCERN FOR THE WELFARE OF OTHERS**

Independently acts to safeguard the welfare of others, intervening in a compassionate, professional, and ethical manner.

A Communications and actions consistently convey sensitivity to individual experiences and needs while retaining professional demeanor and deportment. Consistently demonstrates compassion and acts to benefit the welfare of others, especially those in need. Displays respect in interpersonal interactions with others, including those from divergent perspectives or backgrounds. Can appropriately determine when a response to a patient's needs takes precedence over personal needs.

HI Is generally able to demonstrate compassion, sensitivity and respect toward others. Is generally able to offer a timely and appropriate response to patients' needs, demonstrating good boundaries, ethical behavior, and an appropriate level of assistance. Occasionally over- or under-responds to a patient's needs but is open to supervisory input on how best to respond.

I Generally shows compassion, sensitivity, and respect toward others. Exhibits a willingness to help others, but is sometimes tempted to step out of the professional role, do special favors, or put off other work obligations to help or rescue a patient. Conversely, may occasionally delay responding to a patient in need if overwhelmed by work obligations when a timely response would have been desired. Able to discuss more appropriate ways to respond in supervision.

E Inconsistently shows compassion, sensitivity, and respect toward others. May become overly concerned and involved with certain patients and attempt to cross boundary lines, do special favors, or neglect other professional responsibilities in an attempt to help. May favor helping patients they know or like but shy away from helping patients with whom they are less comfortable or familiar. Some responsiveness to supervision in discussing best practices in this area.

R May blatantly violate ethical guidelines and boundaries in an attempt to help or rescue a patient. Conversely, may show little caring or compassion toward patients. May show contempt toward people in need and will not make efforts to help unless given direct instructions. Limited response to supervisory input or guidance in this area.

NA **AIM: SEEKS CONSULTATION/SUPERVISION**

Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

A Consistently engages in supervision by discussing current therapy and testing cases. Comes prepared with information and details about cases. Collaborates well with supervisor in discussing conceptualizations, interventions, and professional development. Consistently receptive to feedback and willing to apply it where needed. Appropriately seeks supervision outside of scheduled supervision times to discuss emergency situations, complex cases, or pertinent issues that arise.

HI Engages in supervision by discussing current therapy and testing cases. Generally comes prepared with information and details about cases. Collaborates well with supervisor in discussing conceptualizations, interventions, and professional development. Generally receptive to feedback and willing to apply it where needed. Appropriately seeks supervision outside of scheduled supervision times to discuss emergency situations, complex cases, or pertinent issues that arise. Occasionally over- or under-estimates need for supervision.

I Engages in supervision by discussing current therapy and testing cases. Usually comes prepared with information and details about cases but occasionally forgets notes, testing data, or other relevant details. Open to discussing conceptualizations, interventions, and professional development but needs encouragement to become immersed in these more deeply. Usually receptive to feedback but occasionally becomes defensive. Alternately, may act as if accepting feedback but not apply it where needed. Sometimes seeks supervision outside of scheduled supervision times to discuss emergency situations, complex cases, or pertinent issues that arise. Sometimes over- or under-estimates need for supervision.

E Needs a lot of direction about what to focus on in supervision. Requires prompting to provide adequate details about therapy and testing cases. Often comes unprepared. Variably responsive to feedback and sometimes becomes defensive or argumentative. May choose not to take notes on feedback and will "forget" to implement suggestions. Has limited awareness of when to seek supervision outside of scheduled sessions. Supervisor may need to initiate informal supervisions because intern cannot tell when it is needed.

R Does not use supervision in an effective manner. Often comes unprepared to discuss clinical matters or may withhold important information. May have a hostile relationship with the supervisor and become argumentative or combative. May be defensive, oppositional, or inflexible and resist important and necessary feedback.

NA **AIM: SELF-REFLECTION**
Demonstrates self-awareness, self-monitoring, and reflectivity in the context of professional practice (reflection-in-action). Can use supervision and other resources to enhance reflectivity. Can appropriately act upon insights gained from self-reflection.

A Independently and effectively monitors his/her professional performance, as well as attitudes, values, and beliefs about diverse others. Exhibits consistently good awareness of countertransference reactions to patients and is open to using them to move the treatment forward. Demonstrates frequent congruence between own and others' assessment. Seeks to resolve incongruities and address issues that arise with minimal interference with competent professional functioning.

HI Regularly monitors his/her professional performance, as well as attitudes, values, and beliefs about diverse others. Exhibits generally good awareness of countertransference reactions to patients and with some guidance can use them to move the treatment forward. Self-assessment generally matches the assessment made by others but there is an occasional mismatch. Makes efforts to resolve incongruities, address issues, and improve personal performance with occasional supervisory input.

I Open to reflecting on his/her professional performance and attitudes about diverse others when encouraged to do so in supervision. Has variable awareness of countertransference reactions to patients. Is generally willing to look at the impact of self on others and make adjustments when given suggestions on how to do so.

E Variably willing to reflect on his/her professional performance and attitudes about diverse others when encouraged to do so in supervision. Limited awareness of countertransference reactions to patients. Sometimes becomes defensive or minimizes issues.

R Generally unwilling to engage in self-reflection. Poor self-insight. Often defensive, hostile, or minimizing of personal issues and their impact on professional performance.

Supervisor Comments:

Competency V: Communication and interpersonal skills

NA **AIM: PROFESSIONAL INTERPERSONAL BEHAVIOR**
Develops and maintains productive, respectful, and effective relationships with a wide range of clients, client family members, supervisors, administrators, treatment team members, ward staff, and peers (i.e., interns). Demonstrates effective interpersonal skills and the ability to manage difficult communication well. Can function appropriately and effectively in a team setting.

A Consistently maintains appropriate interpersonal relationships with various clients and staff. Demonstrates respectful and collegial interactions with those who have different cultural backgrounds, professional models, and perspectives. Any difficulties that arise are resolved swiftly and effectively with minimal supervisory input. Participates actively and helpfully in treatment team meetings.

HI Frequently maintains appropriate interpersonal relationships with various clients and staff. Is respectful of colleagues with different cultural backgrounds, professional models, and perspectives. Can work with supervisors to cope with any rare interpersonal concerns that arise. Participates actively and helpfully in treatment team meetings.

I Generally gets along well with others but may have occasional conflicts or difficulties with certain people. Is generally responsive to supervisory input in how to handle difficult or complex relationships. Making progress on contributing appropriately in a team setting. May occasionally exhibit too much participation (e.g., overstepping bounds, challenging others, side conversations) or too little participation (e.g., not sharing information when it would be appropriate to do so).

E Usually gets along well with others but may have occasional conflicts or difficulties with certain people. Is variably responsive to supervisory input in how to handle difficult or complex relationships; may sometimes become rigid or defensive, which delays interpersonal resolution. Requires periodic supervisory input about appropriate and effective behavior in a team meeting. May periodically exhibit too much participation (e.g., overstepping bounds, challenging others, side conversations) or too little participation (e.g., not sharing information when it would be appropriate to do so).

R Has difficulty getting along with clients and/or staff. Regularly gets involved in conflicts with others and may reportedly engage in hostile, overly confrontational, or insensitive interactions. Exhibits poor interpersonal boundaries. Frequently demonstrates inappropriate behavior in team settings and requires much redirection and counseling.

NA **AIM: ORAL AND WRITTEN COMMUNICATION SKILLS**

Can clearly articulate and express ideas both orally and in writing. Demonstrates a thorough grasp of professional language and concepts. Communications are timely, informative, and well-integrated.

A Consistently engages in oral communication that is clear and comprehensible to the listener, keeping in mind his/her cognitive level, educational background, and level of understanding. Observes the listener for comprehension and responsively reexplains in a different style as needed. Consistently completes all written assignments (e.g., group notes, integrated notes, treatment plans, intakes, assessments) in a timely manner. Produces written documents that contain well-articulated, well-organized, and clearly conceptualized content.

HI Generally engages in oral communication that is clear and comprehensible to the listener. Observes the listener for comprehension and responsively reexplains in a different style as needed. Generally completes all written assignments (e.g., group notes, integrated notes, treatment plans, intakes, assessments) in a timely manner. Documents are generally well-written but benefits from supervisory feedback to further improve wording, organization, or conceptualization. Willing to take steps to amend errors and learn from mistakes.

I Capable of engaging in oral communication that is clear and comprehensible to the listener. Sometimes uses language or phrasing that is difficult for people to follow and requires supervisory input to rephrase to improve the listener's comprehension. Documents are generally completed in a timely manner but occasional oversights and lateness may occur. Documents contain mostly pertinent information, but reminders may be needed to include or exclude certain details. Requires supervisory input to organize and articulate details in a concise, well-articulated manner.

E Variable ability to orally communicate in a clear and comprehensible manner. Has more success communicating with similarly-minded colleagues and patients than people less similar to self. May not realize when the listener does not follow what is being said and additional explanation is needed. Documents are generally timely, but periodic oversights and lateness occurs. Needs much assistance from supervisor to prepare well-written documents. Needs ongoing assistance with content, organization, and grammar.

R Has much difficulty orally communicating in a way that is clear and comprehensible to others. The meaning of the intern's verbal communications are frequently misunderstood by others. Has much difficulty keeping track of assigned documentation and may often neglect to document or document late. Writing skills are considerably below average, and the intern requires ongoing assistance.

Supervisor Comments:

Competency VI: Assessment

NA **TOTAL NUMBER OF ASSESSMENTS COMPLETED THIS EVALUATION PERIOD _____**

NA **AIM: DIAGNOSTIC SKILL**

Demonstrates a thorough working knowledge of current psychiatric diagnostic classification systems, including DSM-5. Utilizes historical, interview, and psychometric data to diagnose accurately.

A Demonstrates a thorough knowledge of psychiatric classification, including DSM-5 diagnoses and relevant diagnostic criteria, which is used to autonomously develop an accurate diagnostic formulation.

HI Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.

I Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.

E/R Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-5 criteria to develop a diagnostic conceptualization.

NA **AIM: CLINICAL DATA GATHERING**

Can do a thorough review of patient records and an effective clinical interview in order to gather pertinent data (e.g., diagnostic, behavioral [functional and dysfunctional], family, social, societal, cultural) to inform a psychological evaluation.

A Consistently examines all available and relevant patient records (e.g., past assessments, treatment plans, clinical summaries, core history, notes) to gather information (e.g., diagnostic, behavioral [functional and dysfunctional], family, social, societal, cultural) about clients. Fills in gaps of missing information by doing a detailed (structured, if appropriate) interview of the patient as well as possibly other sources (e.g., family members, staff with past experience working with this patient). Uses this information as a basis for selecting assessment tools appropriate to the referral question and the patient's individual strengths, weaknesses, and cultural background.

HI Examines most available and relevant patient records (e.g., past assessments, treatment plans, clinical summaries, core history, notes) to gather information (e.g., diagnostic, behavioral [functional and dysfunctional], family, social, societal, cultural) about clients. Sometimes overlooks some important information or gathers too many details about an aspect of the patient's history that is not pertinent to the referral question. May ask the most important questions during a clinical interview, but may forget some details and have to conduct a second interview to obtain them. Is generally able to use this information to select appropriate assessment tools with occasional supervisory input.

I Looks through the current chart to gather information about an assessment client but may need reminders to check past assessments and documents in the electronic record (which are no longer in the chart and filed in medical records). Benefits from supervisory assistance in planning relevant questions for a clinical interview. May sometimes fail to probe or follow-up on certain questions and may have to conduct a second or third interview to get additional information. Is able to use this information to select appropriate assessment tools with supervisory input.

E/R Requires direct instruction on which documents to review in preparation for a psychological assessment and which type of information to gather. Benefits from supervisory assistance in planning relevant questions for a clinical interview. A supervisor might co-interview the patient with the intern to make sure that all relevant information is gathered. Is able to use this information to select appropriate assessment tools with supervisory input.

NA **AIM: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION**

Selects reliable, valid, and culturally sensitive assessment tools that are geared toward the referral question and appropriate for the patient's level of functioning. Administers cognitive and personality measures (objective and projective) in a valid and timely manner.

A Independently selects reliable, valid, and culturally sensitive assessment tools that are geared toward the referral question and appropriate for the patient's level of functioning. Administers cognitive and personality measures (objective and projective) in a valid and timely manner. Creates a cooperative relationship with testing clients and appropriately adapts environment and materials according to client needs (e.g., lighting, privacy, ambient noise).

HI Generally selects reliable, valid, and culturally sensitive assessment tools that are geared toward the referral question and appropriate for the patient's level of functioning. Occasionally benefits from supervisory input regarding test selection or the finer points of administration. Administers cognitive and personality measures (objective and projective) in a valid and timely manner. Generally creates a cooperative relationship with testing clients but occasionally struggles with more challenging or uncooperative individuals. Adapts environment and materials according to client needs (e.g., lighting, privacy, ambient noise).

I Variable ability to select appropriate assessment tools. This may be due, in part, to a lack of familiarity with certain tests that are available for use at PPC. Willing to learn new instruments suggested by supervisor which may be useful during an evaluation. Generally accurate in administering tests with which they are familiar. May make a few errors on tests with which they are less familiar and require additional assistance or supervision.

E/R Test administration is irregular, slow, or often needs to recall patient for further testing sessions due to poor choice of tests administered.

NA **AIM: PSYCHOLOGICAL TEST SCORING AND INTERPRETATION**

Accurately scores measures (cognitive, objective/projective personality) following guidelines provided in the test manuals. Interprets assessment results following current research and professional standards and guidelines. Strives to avoid decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Understands the strengths and limitations of assessment measures while interpreting results.

A Consistently scores psychological measures (cognitive, objective/projective personality) in a timely and accurate manner following guidelines provided in the test manuals. Prepares interpretations of results prior to meeting with supervisor. Consistently provides accurate interpretations of assessment results that follow current research and professional standards and guidelines. Strives to avoid decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Understands the strengths and limitations of assessment measures while interpreting results.

HI Generally scores psychological measures (cognitive, objective/projective personality) in a timely and accurate manner following guidelines provided in the test manuals. May require some supervisory assistance on measures that are less familiar or practiced. Prepares some interpretations of results prior to meeting with supervisor; strengthens and refines some interpretations through supervisory discussions. May need additional assistance on more challenging cases. Strives to avoid decision-making biases and is open to acknowledging and correcting biases noticed by the supervisor. Understands the strengths and limitations of assessment measures while interpreting results.

I Capable of scoring familiar psychological measures in an accurate manner with only occasional "careless" errors. Requires supervisory assistance on measures that are less familiar or practiced. Works with supervisor to formulate interpretations of test data that follow professional guidelines and are free of biases. May occasionally reach inaccurate conclusions or take computer scored data too literally and needs further instruction on how to interpret the information. May have an incomplete awareness of the limitations of some assessment measures when interpreting results. May take longer than preferred to complete scoring and interpretation as a result of being earlier in the learning process.

E Generally provides accurate scoring of simple measures but struggles with longer or more complicated ones. May be familiar with a couple of tests, but requires entry-level instruction to learn other tests. May make errors in scoring due to limited practice on unfamiliar measures, which are discovered by the supervisor. Requires much direct instruction on how best to interpret findings. May come to inaccurate or insupportable conclusions when interpreting tests independently.

R Limited knowledge and experience with scoring and interpreting measures. Requires much direct instruction and supervision. May have difficulty grasping methods and concepts even with supervision.

NA **AIM: COMMUNICATION OF ASSESSMENT FINDINGS**

Communicates assessment findings in writing through the production of a well-organized psychological report. Communicates assessment findings verbally to staff and, when appropriate, the testing client, in a clear and understandable manner. All communications address the referral question and provide useful and feasible recommendations.

A Consistently produces written psychological evaluations that clearly address the referral question, summarize relevant aspects of the patient's history and present level of functioning, describe test findings in a well-organized manner, and yield useful recommendations that are related to the referral question. Can complete testing reports in a timely manner with minimal edits from the supervisor. Consistently verbalizes significant test findings, conclusions, and recommendations to the treatment team (or other relevant staff) in a concise, relevant, and clear manner. Consistently explains results to testing patients in a manner that is understandable to the patient. Report is clear and thorough, follows a coherent outline, and is an effective summary of major relevant findings.

HI Generally produces well-written psychological evaluations in a timely manner. May need some minor editing on certain elements of the report to improve cohesiveness and organization. Generally does well communicating findings and recommendations to staff, but occasionally needs to re-explain or clarify certain findings to facilitate comprehension. Can appropriately explain results to testing patients in a manner that is understandable to the patient with minor supervisory input.

I Cooperatively works with supervisor to produce a well-written psychological evaluation. Benefits from suggestions on elements such as organization, important points to highlight, relevance to the referral question, and recommendations. May need to produce a few drafts before the report is finalized, and this may delay completion of the report. Can appropriately share findings with staff and the testing patient.

E/R Struggles with writing skills and may need several major rewrites before the report can be finalized. In addition to having issues with organization and coherence, may include contradictory details, leave out pertinent information, provide incorrect information, and have multiple grammatical errors. May take several weeks before the report is completed. When sharing results with others, has difficulty organizing thoughts, remembering details, and describing how test findings led to the offered recommendations.

Supervisor Comments:

Competency VII: Intervention

NA **AIM: PATIENT RAPPORT**

Develops rapport and relationships with a wide variety of clients.

A Establishes and maintains effective relationships with almost all patients. Reliably identifies potentially challenging patients and seeks supervision.

HI Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.

I Actively developing skills with new populations. Relates well when has prior experience with the population.

E Has difficulty establishing rapport.

R Alienates patients or shows little ability to recognize problems.

NA **AIM: INDIVIDUAL THERAPY: INTERVENTION PLANNING**

Formulates a useful case conceptualization that draws on theoretical and research knowledge. When developing an intervention plan based on that conceptualization, applies knowledge of evidenced-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences.

A Independently produces well-thought-out case conceptualizations based on theoretical and research knowledge. Open to incorporating insights from orientations with which they are less familiar to enhance case conceptualization. Consistently develops intervention strategies derived from evidenced-based practices that take into account the client's goals and preferences.

HI Produces case conceptualizations based on theoretical and research knowledge with minor assistance from supervisor. Develops intervention strategies derived from evidenced-based practices that take into account the client's goals and preferences with minor assistance from supervisor.

I Collaborates with supervisor to develop an adequate case conceptualization based on theoretical and research knowledge. Collaborates with supervisor to develop intervention strategies derived from evidenced-based practices that take into account the client's goals and preferences.

E Has difficulty developing a clear conceptualization of the case due, in part, to gaps in theoretical knowledge. Shows some improvement in understanding through discussions with supervisor. Has limited awareness of empirically-based treatments, but is receptive to learning more about them and how they could benefit the individual patient.

R Has significant inadequacies in theoretical understanding and case formulation. Has great difficulty in developing treatment plans and strategies. May be uninterested or unwilling to do what is necessary to improve knowledge in this area. Much supervision is needed.

NA **AIM: INDIVIDUAL THERAPY: INTERVENTION IMPLEMENTATION**

Interventions are well-timed and effective. Interventions are informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables.

A Independently and effectively implements a typical range of intervention strategies appropriate for the client and in line with empirically supported treatments. Consistently uses interventions that are informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interventions and interpretations facilitate patient acceptance and change.

HI Most interventions are planned independently and facilitate patient acceptance and change. Benefits from supervisory guidance to refine timing and delivery of more difficult interventions. Generally selects interventions that are informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables.

I Basic interventions are delivered and timed well, but requires supervision to plan and execute more complex interventions. Benefits from guidance in developing interventions that are informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables.

E May be able to establish rapport with a patient, but has difficulty delivering interventions that facilitate acceptance and change. Interventions and interpretations are often not geared toward patient's level of understanding and motivation. Requires ongoing supervision and direct instruction on planning and executing appropriate interventions.

R Has difficulty establishing rapport with patients and delivering appropriate interventions. Many interventions are rejected by the patient. May be "fired" by a patient or asked to discontinue a case by a supervisor due to ongoing difficulties.

NA **AIM: INDIVIDUAL THERAPY: EVALUATION OF INTERVENTION EFFECTIVENESS**

Assesses intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

A Independently assesses the effectiveness and efficiency of individual therapy interventions on an ongoing basis. May employ behavioral anchors and/or objective assessment measures (e.g., BDI, BHS, STAI) to gauge progress. Critically evaluates effectiveness of interventions and strategically changes them as needed. Critically evaluates own performance as a clinician in the treatment role and makes adjustment in interactional style when appropriate. Seeks consultation or supervision as needed.

HI Can assess the effectiveness and efficiency of individual therapy interventions both independently and with supervisory input. May employ behavioral anchors and/or objective assessment measures (e.g., BDI, BHS, STAI) to gauge progress. Critically evaluates effectiveness of interventions and works with supervisor on how to change interventions when needed. Can evaluate own performance as a clinician in the treatment role and benefits from supervisory suggestions on how to adjust interactional style when appropriate.

I Receptive to instructions on how to do an ongoing evaluation of individual therapy interventions. Will follow generally follow through with using behavioral anchors and/or objective assessment measures (e.g., BDI, BHS, STAI) to gauge progress. May make some changes in intervention style with encouragement, but has difficulty trying interventions outside of comfort zone. During supervision, is receptive to reflecting upon own performance as a clinician in the treatment role. Works on adjustments in interactional style when given supervisory guidance.

E/R Reluctant to engage in an evaluation of individual therapy interventions. May not employ any consistent intervention style or execute interventions in an effective way. May need much instruction on how to improve. May need several reminders to follow through with data gathering or administering of assessment measures. Variably receptive to reflecting upon own performance as a clinician in the treatment role. Can become rigid or defensive at times.

NA **AIM: BEHAVIOR PLANS AND INTERVENTIONS**

Effectively designs and executes behavior plans and/or interventions with patients.

A Identifies patients who may benefit from a behavior plan. Clearly and simply targets behaviors that need to be changed and formulates more positive replacement behaviors. Assesses patients for preferred rewards. Establishes feasible criteria for earning rewards. Consistently measures behavioral data daily (or follows up with ward staff who are assigned to do this). Consistently provides reinforcements (or arranges for them to be provided) when criteria are met. Recognizes when plans need to be adjusted and takes action to revise them.

HI Identifies patients who may benefit from a behavior plan. Generally able to identify behaviors that need to be changed and formulate more positive replacement behaviors, but may benefit from supervisory assistance in more complex cases. Assesses patients for preferred rewards and establishes feasible criteria for earning rewards. Generally measures behavioral data daily, but sometimes needs reminders to follow-up with staff or the patient. Provides reinforcements (or arranges for them to be provided) when criteria are met, but occasionally makes exceptions to the rule. Usually recognizes when plans need to be adjusted, but sometimes needs prompting from supervisors or the team to adjust plans. Willing to take action to revise them.

I Willing to work with a patient on a behavior plan when the supervisor or team identify a patient as needing one. Collaborates with supervisor to identify problem behaviors, assess for desired rewards, and establish feasible criteria for earning rewards. Generally measures behavioral data daily, but sometimes needs reminders to follow-up with staff or the patient. Provides reinforcements (or arranges for them to be provided) when criteria are met, but occasionally makes exceptions to the rule. Open to adjusting the plan when prompted by supervisors or the treatment team.

E Has difficulty designing a behavior plan (e.g., may make it too complicated, targeting too many behaviors; may have difficulty identifying useful reinforcers). Can execute a behavior plan designed by the supervisor or another psychologist. Capable of tracking behavioral data, but sometimes needs reminders to follow-up with staff or the patient. May provide/withhold reinforcements inconsistently, not fully adhering to the behavior plan criteria. If the supervisor adjusts the plan, is willing to accept changes.

R Limited ability or willingness to design and execute behavior plans, even with supervisory input. May be inconsistent or delinquent in collecting data or may falsify data. May provide reinforcements independent of the patients' ability to earn them.

NA **AIM: RISK MANAGEMENT AND CRISIS INTERVENTION**

Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Collaborates with the treatment team in an effective manner.

A Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g., reporting them to staff, calling a code) are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plans with patients. Recognizes issues that need to be communicated immediately with the treatment team (i.e., threats of assault, suicide, etc.) and acts upon it.

HI Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.

I Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards, trainee handles them well. Can be trusted to seek consultation immediately if needed. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.

E Delays or forgets to ask about important safety issues. Does not document risk appropriately, but does not leave the site without seeking "spot" supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.

R Makes inadequate assessment or plan, then leaves the site before consulting supervisor. Unable to identify and recognize those issues that are high priority, fails to provide regular communication with their treatment team and teams for which they are providing services. Needs intensive supervision around these issues.

NA **AIM: GROUP THERAPY: SKILLS AND PREPARATION**

Intervenes in group skillfully and attends to member participation, completion of therapeutic assignments, group communication, safety, and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

A Consistently elicits participation and cooperation from all members, confronts group problems appropriately, and independently takes the initiative to prepare material for each session. Exhibits excellent in-depth knowledge of group material and presents it in an engaging and creative manner. Uses evidenced-based treatments whenever possible. Can manage group alone in absence of co-therapist/supervisor with minimal follow-up supervision needed.

HI Generally elicits participation and cooperation from all members, confronts group problems appropriately, and takes the initiative to prepare material for each session. Exhibits good knowledge of group material and generally presents it in an engaging and creative manner. Generally uses evidenced-based treatments. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later as needed.

I Makes efforts to elicit participation and cooperation from all members, but struggles with handling more disruptive, challenging, or overtly psychotic patients. Makes efforts to deal with group problems, but often seeks supervision afterwards to learn better techniques. Prepares material for sessions with some supervisory input. Exhibits fair knowledge of group material. May present material in a basic or concrete manner with occasional creativity. Will make efforts to use evidenced-based treatments when provided with the materials/information and instructions on how to use them. Capable of leading a group alone in absence of co-therapist/supervisor, but may confront some challenges that will later need to be addressed in supervision.

E Manages adequately in well-behaved smaller groups. Finds groups composed of clients who interrupt, challenge, or sleep to be difficult or overwhelming. May struggle to gain control of the group when clients act out. May not prepare for group adequately and may arrive late. Has limited understanding of group material and struggles in presenting it in a way that is engaging and understandable to clients. Has difficulty functioning without a co-leader or supervisor present.

R Limited skills in group therapy. Feels anxious or intimidated by group members or may be easily baited by group members, responding in a hostile or defensive manner. Has difficulty engaging members in a therapeutic manner and maintaining appropriate rules and boundaries. Comes to group unprepared and may arrive late. Finds it extremely difficult to run a group without a co-leader or supervisor present.

NA **AIM: GROUP THERAPY: WORKING WITH CO-LEADERS**

Effectively collaborates with a student or staff co-leader to present psychoeducational material and engage patients.

A Consistently collaborates and demonstrates good interpersonal chemistry with co-leader. They engage in balanced or complimentary roles in the group, mutually anticipating and adapting to each other's interventions within treatment sessions. They monitor and teach each other, functioning as peer supervisors. If any differences arise, they communicate and work them through with minimal outside supervision.

HI Generally collaborates and demonstrates good interpersonal chemistry with co-leader. They usually engage in balanced or complimentary roles in the group, recognizing and adapting to each other's styles and strategies to the benefit of the group. At times, one leader becomes more dominant than the other. They often monitor and teach each other, functioning as peer supervisors. If any differences arise, they can work them through with some supervisory assistance.

I Usually able to collaborate with co-leader. May over- or under-participate as a co-leader. Ongoing conversations may be needed to help balance out roles. Supervision can help co-leaders work through differences in styles, strengths, and weaknesses in order to benefit the group.

E Struggles in collaborating with a co-leader. Tends to over- or under-participate as a co-leader. May have issues or resentments toward co-leader due to different levels of skill or participation. Requires ongoing supervision and occasional observation to help co-leaders work together.

R The co-leader relationship is characterized by poor communication, mistrust, open hostility, or denial of conflict. Mismanagement of co-leadership issues has clearly adverse effects on group functioning. Direct supervision or observation is required to ameliorate situation.

Supervisor Comments:

Competency VIII: Supervision (Supervising Others)

NA **AIM: KNOWLEDGE OF SUPERVISION MODELS AND PHILOSOPHIES**
Understands the complexity of the supervisor role, including ethical, legal, and contextual issues.

A Has an excellent understanding of philosophies or models of supervision and reflects on how these models are applied in practice. Has clear knowledge of the roles and responsibilities of the supervisor and supervisee in the supervision process. Can discuss complex contextual, legal, and ethical issues that may arise in supervision.

HI Has a general understanding of philosophies or models of supervision and reflects on how these models are applied in practice. Has general knowledge of the roles and responsibilities of the supervisor and supervisee in the supervision process. Can discuss complex contextual, legal, and ethical issues that may arise in supervision.

I Has a basic understanding of philosophies or models of supervision. Needs some guidance to see how these models can be applied in practice. Has a basic knowledge of the roles and responsibilities of the supervisor and supervisee in the supervision process. May sometimes identify contextual, legal, and ethical issues that may arise, but benefits from supervisory guidance in this area.

E/R Does not have an understanding of philosophies or models of supervision. Has basic knowledge of the roles and responsibilities of the supervisor and supervisee derived from personal experiences being supervised. Needs guidance in identifying contextual, legal, and ethical issues that may arise.

NA **AIM: SUPERVISORY SKILLS**
Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.

A Demonstrates excellent ability to form an effective supervisory relationship with a supervisee, integrating theory and practice. Identifies relevant goals and tasks of supervision and tracks progress in achieving these goals and setting new goals. Demonstrates excellent ability to use supervisory relationships to leverage development of supervisees and their clients. Engages in professional reflection about clinical relationships with supervisees as well as supervisees' relationships with their clients. Openly acknowledges limits of supervisory competency and develops plans to deal with these areas.

HI Demonstrates good ability to form a supervisory relationship with a supervisee, integrating theory and practice. Identifies relevant goals and tasks of supervision and tracks progress in achieving these goals and setting new goals. Demonstrates good ability to use supervisory relationships to leverage development of supervisees and their clients. While in their own supervision, is open to reflecting on clinical relationships with supervisees as well as supervisees' relationships with their clients. Openly acknowledges limits of supervisory competency and works with supervisor to develop plans to deal with these areas.

I Forms a positive supervisory relationship with a supervisee, but needs some input in integrating theory and practice. Generally identifies relevant goals and tasks in supervision, but sometimes overlooks something important or overemphasizes an unimportant detail. Is able to show progress in using supervisory relationships to leverage development of supervisees and their clients with feedback from supervisor. Sometimes is able to acknowledge limits of supervisory competency. At other times, has limited awareness or becomes defensive about personal limits.

E Can establish an adequate rapport with the supervisee, but needs much "supervision of the supervision." Does not operate from any clear model or theory of supervision. Requires feedback in assisting in the professional development of the supervisee, setting/monitoring supervisory goals, and providing useful feedback about the supervisee's clients.

R Demonstrates inadequate supervisory skills. Unable to provide helpful supervision despite much feedback and assistance.

Supervisor Comments:

Competency IX: Consultation and interprofessional/interdisciplinary skills

NA **AIM: FUNCTIONING IN INTERPROFESSIONAL/INTERDISCIPLINARY CONTEXTS**
Demonstrates general understanding of the common and distinctive roles of other professions. Collaborates effectively with interdisciplinary team members. Appreciates and integrates perspectives from multiple professions and appropriately incorporates psychological information into treatment planning.

A Can accurately describe the role that other disciplines provide in service to clients. Consistently communicates with other disciplines in an effective manner, such as by communicating without psychological jargon, validating and integrating the perspectives of other team members, and dealing effectively with disagreements about diagnosis or treatment goals.

HI Can accurately describe the role that other disciplines provide in service to clients. Generally communicates with other disciplines in an effective manner, such as by communicating without psychological jargon, validating and integrating the perspectives of other team members, and dealing effectively with disagreements about diagnosis or treatment goals. Occasionally requires supervisory guidance on how to deal with more challenging interdisciplinary collaborations.

I Has general knowledge about the role that other disciplines provide in service to clients, but occasionally requires some education or clarification. Generally engages in cooperative and respectful communication with staff from other disciplines but may struggle with more challenging situations. Benefits from ongoing supervisory guidance on how best to deal collaborate with other disciplines.

E Has limited knowledge about the role that other disciplines provide in service to clients. Interacts with staff from a psychology-centric point of view and may have difficulty adjusting communications to accommodate others' level of education or psychological knowledge. May argue that the psychology point of view is the only correct view and may invalidate others' perspectives. Requires ongoing supervisory feedback on adjusting interactional style.

R Has limited or poor knowledge about the role that other disciplines provide in service to clients. Either avoids interactions with other disciplines or pushes a psychology perspective on them while invalidating their points of view. Resistant to changing interactional style despite much supervision.

NA **AIM: CONSULTATIVE GUIDANCE**

Demonstrates knowledge of the consultant's role and its differences from a therapist's role. Selects appropriate means of assessment/data gathering that answers consultants' referral question. Prepares clear, useful written and/or verbal feedback to consultee(s) about the results and offers appropriate recommendations.

A Verbalizes an accurate understanding of a consultant's role and its differences from a therapist's role. Has good familiarity with literature about consultation methods and applies this information in practice. Consistently selects appropriate means of assessment/data gathering that answers consultants' referral question. Consistently prepares clear, useful written and/or verbal feedback to consultee(s) about the results and offers appropriate recommendations.

HI Verbalizes an accurate understanding of a consultant's role and its differences from a therapist's role. Has some familiarity with literature about consultation methods but is open to expanding knowledge. Generally selects appropriate means of assessment/data gathering, but may need occasional supervisory guidance about how to best address the consultants' referral question. Capable of preparing clear, useful written and/or verbal feedback to consultee(s) about the results. May benefit from some assistance in developing recommendations.

I Open to learning about differences between a consultant's role and a therapist's role and engaging in clinical tasks relating to consultation. Benefits from ongoing guidance through the consultation process, including assessment, data gathering, addressing the referral question, and providing feedback and recommendations. Responsive to instruction and feedback and continuing to develop skills.

E Has difficulty understanding differences between a consultant's role and a therapist's role. Often acts more like a therapist than as a consultant during times when consultation is needed. Requires ongoing guidance through the consultation process, including assessment, data gathering, addressing the referral question, and providing feedback and recommendations. May have difficulty focusing the assessment and data gathering on the referral question. May leave out important details or overemphasize unimportant details. May have difficulty providing feedback in a manner that is clear and understandable to other staff members.

R Poor performance in a consultant role in all or most stages of the process (assessment, data gathering, addressing the referral question, providing feedback and recommendations). Requires much hands-on supervision.

Supervisor Comments:

SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS:

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS:

CONCLUSIONS

REMEDIAL WORK INSTRUCTIONS

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Director of Training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

AIM FOR PRACTICUM EVALUATIONS

100% of competency areas will be rated at a level of **E** or higher. No competency areas will be rated as **R**.

AIM FOR INTERN EVALUATIONS DONE AT 3 MONTHS

100% of competency areas will be rated at a level of competence of **E** or higher. No competency areas will be rated as **R**.

AIM FOR INTERN EVALUATIONS DONE AT 6 AND 9 MONTHS

100% of competency areas will be rated at a level of competence of **I** or higher. No competency areas will be rated as **R** or **E**.

AIM FOR INTERN EVALUATIONS DONE AT 12 MONTHS

100% of competency areas will be rated at level of competence of **HI** or higher. No competency areas will be rated as **R**, **E**, or **I**.

_____ The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The trainee HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor _____ Date _____

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern _____ Date _____

Appendix IV

PPC Psychology Internship Due Process / Grievance Policy

The training program has developed a due process model, which focuses on prevention and a timely response to identified problems. This ensures that decisions made by the program concerning interns are neither arbitrary nor personally biased, and requires that the program identify specific evaluative procedures which are applied to all interns. To this end, all notifications and the transcripts and/or "memory notes" of Committee meetings regarding specific intern issues that are created by the Director of Internship Training or designee shall be kept as part of that intern's competency file. Additionally, the program must have appropriate appeal procedures in place so that the intern may challenge the program's decision or action if they so desire. Further, the same guiding principles shall govern the process by which an intern may address a corresponding issue with some aspect of the Training Program or one of its members.

I. Intern Inability to Perform to Competency Standards

Intern inability to perform to competency standards is defined broadly as "an interference in professional functioning that is reflected in one or more of the following ways: (a) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior, (b) an inability to acquire professional skills in order to reach an acceptable level of competency, and (c) an inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning" (Lamb et al, 1987, p. 598). The evaluation process developed to assess an intern's performance is critical to providing the criteria necessary to operationalize this definition.

Problem behaviors are noted when supervisors perceive an intern's behaviors, attitudes, or characteristics as disruptive to the quality of their clinical services, their ability to comply with appropriate standards of professional behavior, and/or their relationships with supervisors and other staff. It is a professional judgment as to when an intern's behaviors become serious enough (i.e., sufficiently impaired) to necessitate remediation efforts, rather than those considered to be expected and/or typical for professionals-in-training. Problems typically become identified as an inability to perform to competency standards when they include one or more of the following characteristics:

A. The intern does not acknowledge, understand, and/or address the problem when it is identified.
B. The problem is not merely a reflection of a skill deficit which can be rectified by academic and/or didactic training.
C. The quality or quantity of services delivered by the intern is sufficiently

negatively affected.

D. The problem is not restricted to one area of professional functioning.
E. A disproportionate amount of attention by training personnel is required.
F. The trainee's behavior does not change as a function of feedback, remediation, and/or time.

With respect to skill competencies, the expected outcomes for interns during the course of the internship year are as follows:

AIM FOR INTERN EVALUATIONS DONE AT 3 MONTHS
100% of competency areas will be rated at a level of competence of **E** or higher. No competency areas will be rated as **R**.

AIM FOR INTERN EVALUATIONS DONE AT 6 AND 9 MONTHS
100% of competency areas will be rated at a level of competence of **I** or higher. No competency areas will be rated as **R** or **E**.

AIM FOR INTERN EVALUATIONS DONE AT 12 MONTHS
100% of competency areas will be rated at level of competence of **HI** or higher. No competency areas will be rated as **R, E** or **I**.

When areas of weakness are observed (i.e., ratings of **R** or **E** [after 3 months])**,** the intern and supervisor will collaboratively address possible avenues of remediation and progress will be monitored and documented regularly. However, should this collaborative effort fail in improving the intern's performance rating, the procedures listed in the PPC Psychology Internship Due Process / Grievance Policy will be followed and the same potential ramifications will be included as noted in the policy.

If an intern demonstrates weakness in any area(s) at the time of the 3rd quarter evaluation, and there is a reasonable possibility that they are in danger of receiving less than 100% of ratings of **HI** in any objective(s) towards the 4th and final quarter, the supervisor will provide additional remedial measures so that the intern will have more individual intervention, practice and time to remedy the deficiency(-ies) before the completion of the internship.

These problems or deficiencies will be addressed through plans of remedial action. The following procedures will be initiated to ensure that the handling of such issues is not arbitrary or personally biased:

A. During a meeting with the intern, the supervisor will address the concerns directly with the intern. If a satisfactory resolution is not reached within a timely manner (i.e., four weeks), the Director of Internship Training will be notified and the intern will be provided with a written summary of the specifications of the notification and a plan of correction.

B. If the matter remains unresolved within the specified timeframe, a meeting will be held with the intern, the supervisor, and the Director of Internship Training. The Director of Clinical Training at the intern's graduate program will be notified at this time and kept apprised of all subsequent steps.
C. If termination of the internship is considered, the matter will be brought to the Training Committee and the facility Clinical Director will be contacted within one working day. The intern will be notified in writing that the Committee has been so convened.
    1. The Director of Internship Training will obtain information from all staff involved with the intern in a teaching or supervisory relationship and from other interns.
    2. All members of the department, including the intern under consideration, will be provided an opportunity to communicate their views directly to the assembled Committee.
    3. The Director of Internship Training will, within three working days, convene the Training Committee to make a final decision.
D. The outcome of the Training Committee's deliberations may be:
    1. No further action is warranted.
    2. The development of a formal plan of corrective action. In this case, possible remedial steps may include (but are not limited to): changes in format or focus of supervision, increasing supervision, recommending and/or requiring personal therapy, reduction of workload, revision of placement assignment, leave of absence, or termination from the internship.
E. Once a decision has been reached, the Director of Internship Training will meet with the intern to notify them of the Committee's decision and review the required remedial steps. The intern may accept the decision reached by the Committee or challenge the Committee's actions.

If a plan of corrective action is implemented, specific criteria for improved performance and mechanisms for continued evaluation of intern performance will be delineated. The intern's academic program will be informed of the plan and asked to provide further assistance.

The above procedures are pre-empted in cases where termination of employment is dictated by OMH policy and procedures, as in the case of patient abuse. Termination of employment constitutes termination of the internship.

If, after a reasonable amount of time (not to exceed a period of more than four weeks), the plan for corrective action does not rectify the problem, or when the intern seems unable or unwilling to alter their behavior, the training program (represented by the Director of Internship Training) and the Clinical Director will take more formal action, including such measures as:

A. Giving the intern a limited endorsement, including specifying those settings in which they could function adequately;

B. Communicating to the intern and academic program that the intern has not successfully completed the internship;
C. Recommending and assisting in implementing a career shift for the intern;
D. Termination of the intern from the training program.

Due to inherent differences in the work involved on the Admissions and Rehabilitation units, it is expected that there will inevitably be some discrepancy between an intern's two supervisors' evaluation of their performance. The Director of Internship Training reviews each evaluation before it is sent to the intern's school and/or becomes part of their permanent file. Should a case of discordance arise such that one supervisor's ratings indicate the need for remediation, while the other supervisor's does not, the Director of Internship Training will meet with both supervisors in an attempt to determine the source(s) of the disparity. During this session, any corroborating evidence warranting each supervisor's set of ratings will be presented. Based on this information, the Director of Internship Training, either alone or in consultation with the Chief of Psychology and/or Training Committee (as indicated), may request that one or both supervisors revise their evaluations. Should it be decided that the discrepant appraisals remain as is, a letter explaining the reason(s) for this will be sent to the intern's school. Both the intern and their school's Director of Clinical Training are invited to contact the Director of Internship Training for further discussion. If a remediation plan needs to be enacted, it will be formulated and implemented according to the above guidelines.

II. INTERN COMPLAINT OR GRIEVANCE ABOUT SUPERVISOR, STAFF MEMBER, TRAINEE, OR THE TRAINING PROGRAM

The training program is one that, of necessity, encourages open and frank communication between the intern and supervisor with regard to all aspects of the facility's various systems; the clinical skill sets which are the foci of the training; the interpersonal relationships among the interns, as well as between interns and supervisors; and the clinical issues related to the treatment of their patients. These communications are occasionally difficult, and the resolution of these problem situations in meetings with supervisors is a significant part of the interns' training. While most of these difficulties are processed to resolution, sometimes there are more serious and durable problems raised by the trainee that require addressing and mediation by the Director of Internship Training and/or Training Committee.

This topic is reviewed during the training and orientation of each new supervisor, and supervisors are subsequently expected to exercise clinical judgment with regard to what can be resolved during supervisory sessions and when the trainee should be advised or even encouraged to request the intervention of the Director of Internship Training and/or Training Committee.

In the event an intern identifies a grievance:

A. They will raise the issue with their supervisor, staff member, other trainee, or Director of Internship Training in an effort to resolve the problem.
B. If a satisfactory resolution is not achieved within four weeks, or if the intern is either uncomfortable or deems it is inappropriate to address the issue with the other individual, the grievance should be submitted directly to the Director of Internship Training.
C. Subsequently, if the issue remains unresolved to the satisfaction of the intern, they may request to present the grievance to the Training Committee. Grievances concerning the Director of Internship Training should be submitted to the Chief Psychologist, and those related to the Chief Psychologist to the facility's Clinical Director.
D. Grievances should be submitted in writing on the Grievance Form, which requests the identification of the nature and duration of the problem, the steps already taken to address the problem, and the intern's thoughts about what would solve the problem at this point. Any other supporting documentation pertinent to the issue should be appended to the Form. If an intern raises a grievance orally, they shall be directed to complete the written Grievance Form.
E. The completed form shall be submitted to the Director of Internship Training or a member of the Training Committee who will then forward it to the Director of Internship Training, Chief Psychologist, or Clinical Director. Upon receipt of the Grievance Form, a preliminary inquiry shall be conducted, and a meeting with all involved parties convened by the Training Committee within three working days. A transcript or "memory notes" of the content of the meeting, including the outcome and the rationale for the decision, shall be maintained by the Director of Internship Training, Chief Psychologist, or designee, together with the Grievance Form.
F. If a resolution cannot be agreed upon at this meeting, the next level of appeal will be pursued: the Director of Internship Training will convene a panel consisting of the Director of Internship Training, Chief Psychologist (if either above the above-mentioned members are the subject of the grievance they shall be replaced by the Clinical Director), and two staff members of the intern's choosing. The panel will have final discretion regarding the outcome, which will be considered binding for all parties concerned.

The above methodologies are designed to be timely and fair, and to be appropriately documented and implemented in ways that are consistent with established appeal procedures. In most cases of identified intern inability to perform to competency standards, it is expected that the outcome of the deliberations will be a plan of corrective action. This is intended to promote optimal growth for the intern, to prevent further failures, and to identify a process and the specific performance criteria for eventual re-evaluation.

The intern, as a Civil Service and union-represented employee, has the right to a

hearing and appeal as per New York State Department of Civil Service employee policy.

Should an intern be the subject of or witness to any inappropriate workplace behaviors (i.e., sexual harassment, discrimination, etc.), they should inform the facility's Affirmative Action Administrator (Michael McCann). The matter will then be addressed through designated PPC policies. If the intern feels comfortable, they should also involve the Director of Internship Training and/or Chief of Psychology to direct them to available PPC resources.

Reference cited:

Lamb, D.H., Presser, N.R., Pfost, K.S., Baum, M.C., Jackson, V.R., & Jarvis, P.A. (1987). Confronting professional impairment during the internship: Identification, due process, and remediation. *Professional Psychology: Research and Practice, 18*(6), 597-603.

Appendix V

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA
Date Program Tables are updated: 8/15/23

Program Disclosures

As articulated in Standard I.B.2, programs may have "admission and employment policies that directly relate to affiliation or purpose" that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices 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
__**X**__ **No**

If yes, provide website link (or content from brochure) where this specific information is presented: **N/A**

Internship Program Admissions

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:

Pilgrim Psychiatric Center is a state hospital which serves severe and persistent mentally ill patients. Our internship offers broad-based, varied training experiences with exposure to a wide range of DSM-5 diagnoses applicable to the SPMI population. Interns learn through a practitioner/apprenticeship process how to provide comprehensive psychological services, which include: individual and group psychotherapy, psychological assessment, and treatment planning. Applicants should have prior doctoral practicum experience in working with Seriously and Persistently Mentally Ill adult clients (preferably inpatient) and experience in conducting psychoeducational groups (a minimum of 3 groups for at least 6 weeks each).

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: **Y** N Amount: *(see below)*
Total Direct Contact Assessment Hours: **Y** N Amount: *(see below)*

At least 300 hours of doctoral level practica in intervention and assessment combined

Describe any other required minimum criteria used to screen applicants:

Completion of at least 3 fully integrated psychological evaluations

Competency in writing skills as evidenced by a submitted psychological evaluation (case conceptualization and/or psychological assessment)

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	**$37,965**	
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)	**144 hours**	
Hours of Annual Paid Sick Leave	**96 hours**	
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

Other Benefits (please describe):

Dental coverage
Vision coverage
Professional Leave time

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-22
Total # of interns who were in the 3 cohorts	12
Total # of interns who did not seek employment because they returned to their doctoral program/are completing their doctoral degree	2

	PD	EP
Academic teaching	0	0
Community mental health center	0	1
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	2	3
Correctional facility	1	1
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	1	0
Other	0	0

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.