

# Psychology Doctoral Internship Training Manual 2024-2025



**Western New York Children's  
Psychiatric Center**



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## APPIC Membership

The Psychology Doctoral Internship Training Program at Western New York Children's Psychiatric is an APPIC member.

## APA Accreditation Status

The Psychology Doctoral Internship Training Program is not currently accredited by the APA. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

### Office of Program Consultation and Accreditation

American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## Contact Information

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Western New York Children's Psychiatric Center  
Psychology Doctoral Internship Training Program

### Director of Psychology Internship Training:

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**National Matching service number:** 256711

# Western New York Children’s Psychiatric Center

Western New York Children’s Psychiatric Center (WNYCPC) is a New York State Office of Mental Health facility that provides compassionate and comprehensive care for children, adolescents, and their families. Our children and adolescents present with significant psychiatric illness frequently alongside other behavioral disturbances. Our mission is to provide effective culturally competent treatments which support hope and recovery for children and adolescents with significant psychiatric and behavioral challenges. WNYCPC strives to provide treatment that is comprehensive and individualized. Our discharge planning ensures that our children and adolescents are capable to function safely and successfully and that they are discharged to the least restrictive and most clinically appropriate setting in a timely manner. The facility’s mission underscores its commitments to the highest standard of patient care and excellence in clinical training.

WNYCPC’s programs include Inpatient Hospitalization, Day Treatment, Outpatient Clinic, Mobile Integration Team, Mobile Mental Health Consultation Team and Health Home Care Management. WNYCPC cares for children and adolescents between the ages of 4 through 18 years throughout the 19 counties of the Western New York area. WNYCPC receives referrals through acute care hospitals and residential facilities in the community, local family courts and other community providers. Our patient population experiences depression, anxiety, psychosis, suicidality, self-injurious behaviors, poor school performance and poor family relationships.

## 2022 patient demographic data:

American Indian/White	0	1	1	0.2%
Asian	2	4	6	1.5%
Asian/Black	0	1	1	0.2%
Asian/White	0	1	1	0.2%
Black	17	30	47	11.6%
Black/White	1	4	5	1.2%
Hispanic	0	0	0	0.0%
Hispanic/American Indian/Other	0	2	2	0.5%
Hispanic/Black	1	7	8	2.0%
Hispanic/Other	6	14	20	5.0%
Hispanic/Unknown	0	1	1	20.0%
Hispanic/White	1	9	10	2.5%
Hispanic/White/Other	0	1	1	20.0%
Other	10	19	29	7.1%
Unknown	1	10	11	2.7%
White	68	193	261	64.3%
White/Other	1	1	2	0.5%

Approximately 59% were male, 41% are female. WNYCPC provides services regardless of family’s financial or immigration status.

During the calendar year 2022, Western New York Children’s Psychiatric Center provided care to 406 children and teens, parents/caregivers. WNYCPC is a Family Driven organization. Family Therapy and psychoeducation are an integral part of WNYCPC services.

The Western New York Children's Psychiatric Center Psychology Doctoral Internship Training Program provides training in both inpatient and outpatient settings for children and adolescents with severe and persistent mental illness/emotional disturbance along the developmental spectrum from children to transitioned age youth. The internship is comprised of two settings Inpatient Facility and the Day Treatment program (Community Services site).

## Clinical Services

### Inpatient Treatment

Western New York Children's Psychiatric Center's inpatient program is designed to treat children and adolescents with serious emotional and psychiatric disturbances who require a highly structured and supervised inpatient level of care. WNYCPC is an intermediate care facility that accepts referrals primarily from acute hospitals in the community. The children and adolescents cared for at WNYCPC have typically been unable to stabilize at a lower level of care. The length of stay varies according to individual needs of the child/adolescent. Children and adolescents are typically placed on the inpatient unit that is most compatible with their age and overall level of functioning and treatment needs. The inpatient teams consist of professionals from a variety of disciplines, including psychiatrists, pediatricians, nurses, social workers, psychologists, teachers, recreation therapists, and direct care staff to assure an integrated approach to the therapeutic environment. In addition, WNYCPC maintains its own school, provides routine medical services, and extensive therapeutic recreation services. Teachers work closely with home school districts to encourage educational progress. All children and adolescents admitted to the hospital receive a comprehensive psychiatric, medical, psychological, psychosocial, and educational assessment. Professional staff work closely with parents, involved outside agencies and practitioners to develop an individualized treatment plan based on the findings of the assessments. Family participation in the inpatient treatment is strongly encouraged and in many cases is a key factor in a successful course of inpatient hospital treatment. Therapeutic modalities include individual, family, group, and active treatment.

The inpatient program at WNYCPC houses three inpatient co-ed units (46 bed capacity). The overall population is racially, ethnically and socially diverse. Each unit has its own multidisciplinary team. Treatment modalities on all units include medication management, individual, family and group therapies, and daily educational and recreational programming. The Children's Unit provides services to children ages 4-11. This unit provides psychoeducation and teaches skills related to the Mind Up program. The Adolescent Unit primarily serves ages 12-18 but it can be adjusted depending on individual needs. The Adolescent Unit primarily utilizes the evidenced based practice of Trauma Focused CBT. The Intensive Treatment Unit serves youth 10-18 with a higher patient to staff ratio. The Intensive Treatment Unit primarily follows a Dialectical Behavior Therapy treatment approach.

### Outpatient Community Treatment

Western New York's community-based programs are as follows:

#### **WNYCPC Day Treatment**

Ages Range 12-17  
575 Alberta Drive Suite 2  
Amherst, NY 14226

#### ***Day Treatment Program***

WNYCPC Day Treatment Program in cooperation with Erie 1 Board Cooperative Educational Services (BOCES) districts and Buffalo Public Schools provides comprehensive day treatment services/school based mental health services in Amherst, NY. Day treatment Programs are the most clinically intensive, community based mental

health/educational service for children and adolescents residing at home or in community-based residential alternatives. This is a collaborative program with Erie 1 BOCES and Buffalo Public School. There is a 6:1:1 teacher to student ratio along with a full interdisciplinary complement of mental health staff including psychologists, social workers and psychiatrists. The collaborative clinical and educational staffing ensures an intensive educational/therapeutic experience on a daily basis for children and adolescents who require a smaller, therapeutically based setting to assist them in managing their emotional and behavioral disturbances. Approval by the school district as well as by the joint Erie 1 BOCES/BPS and WNYCPC screening team is necessary prior to admission. Children and adolescents receive individual therapy, group and family therapy as deemed clinically appropriate. Treatment modalities may include CBT, DBT, TF-CBT, CBT-SP, and a family systems approach. Clinicians also provide case management, coordination of services and educational consultation. Daily transportation to the program site is provided for by the home school district.

## **Mobile Mental Health Consultation Team (MMHCT)**

The MMHCT provides assessment services to community referral sources primarily in Erie, Niagara, Wyoming, Cattaraugus, Chautauqua and Allegany counties. In local Family Courts, clinicians provide mental health evaluations and/or violence/sexual risk assessments, at the request of Family Court Judges, to children and adolescents who are involved with court-related matters and who may require mental health services as part of their legal disposition. Evaluations are also requested by county probation departments, outpatient mental health agencies or schools. Upon completion of the evaluation, the evaluator will make treatment recommendations to the Court/referral sources, and to the family.

## **Outpatient Clinic (OPC)**

New York Children's Psychiatric Center (WNYCPC) Outpatient Clinic (OPC) is a certified Clinic Treatment program operated and overseen by the New York State Office of Mental Health (NYS OMH). The OPC provides an array of clinic treatment services. We have a clinic located in Amherst, NY and a satellite clinic in Gowanda, NY. We are also partnering with the Say Yes collaborative providing clinic services to students in two Buffalo Public Schools (International School 45 and Bilingual Center PS 33).

OPC clinic treatment is intended to reduce symptoms and improve the patient's functioning. Providing recovery oriented services and treatment focusing on stabilizing children and adolescents in their natural home and community environments. Thereby supporting the family's integrity and functioning. Ongoing support to the patient and relevant collaterals during the course of clinic treatment will be provided.

The primary goal of OMH is to create an environment where person-centered services are provided to individuals and their families. WNYCPC's Outpatient Clinic provides the following services and is consistent with youth/family's needs: Assessment and Treatment Planning, Symptom Management, Health Screening and Referral, Medication Management Therapy and Education, Peer Support, Recovery Oriented Services, and Discharge planning and linkage.

## **Mobile Integration Team (MIT)**

The WNYCPC MIT team is designed to provide the clinical intervention and support necessary for youth with serious emotional disturbances to not only remain in the community, but also to fully participate in school activities and community & family life. The underlying principles of every MIT service is that youth and their families are resilient and there is hope for their future. MIT is a multidisciplinary team, including youth and family peers, dedicated to partnering with youth living with serious emotional disturbance and their families to keep them healthy while living in their communities. The team will bring services to youth and their family. Participant expectations include support, immediate access, enhanced skills and knowledge and connection to programs and services. The WNYCPC MIT provides services in 10 counties in the WNY area.



## Care Management

The Health Homes model is a service model designed to ensure effective coordination and management of care leading to positive health outcomes for the youth, including minimizing preventable emergency department and hospital stays. Health Home services are provided to Medicaid beneficiaries with complex chronic health and/or behavioral health needs. The Health Home care manager works with the youth and family members to develop and maintain a comprehensive plan for accessing and using services and supports necessary for the youth's health. These services and supports are provided through a network of organizations. In addition to OMH, a HHCM is overseen by a lead Health Home and Department of Health.

The network not only includes a healthcare provider but other social and community supports essential to a person's overall health. This program provides care management services to children and youth between the ages of 4 and 21 who reside in Chautauqua and Erie County and are considered Seriously Emotionally Disturbed (SED), have complex trauma, or a serious mental illness. Case Managers see children and families in their homes, schools or other community locations to help relieve difficulties they are experiencing and reduce the possibility of out-of-home placement. A crisis response system is in place for 24-hour, seven-days-per-week basis. Program capacity is 24. Access is through a lead health home or community agencies in coordination with the WNYCPC Care Manager's Program Coordinator.

## Western New York Children's Psychiatric Center Mission

Western New York Children's Psychiatric Center (WNYCPC) is a New York State Office of Mental Health facility that provides compassionate and comprehensive care for children, adolescents, and their families. The WNYCPC mission is to provide effective treatments which support hope and recovery for children and adolescents with significant psychiatric and behavioral challenges. The facility's mission underscores its commitments to the highest standard of patient care and excellence in clinical training. WNYCPC strives to honor our values and principles by providing: youth guided and family driven treatment, data driven quality improvement, healing supported by culture, traditions and beliefs; a therapeutic environment that is non-coercive, trauma sensitive and violence free. The Psychology Discipline of WNYCPC is committed to providing the highest professional standards in the performance of all services provided.

## Internship Aims

The aim of our internship training is to provide Interns with comprehensive clinical training in the delivery of empirically based, culturally competent, individualized clinical services to children, adolescents, families, and communities. The Western New York Children's Psychiatric Center Psychology Doctoral Internship Training Program aligns with the mission of WNYCPC, to deliver the best clinical practices within a safe and therapeutic setting.

WNYCPC is committed to working with children and adolescents with severe psychiatric illness by providing comprehensive care; this encompasses the emotional, social and academic needs of each child/adolescent at the hospital. WNYCPC works closely with the individual child/adolescent, their families and the school districts to best meet each individual's needs and to help them to sustain their gains when returning to the community as they step down from the intensive therapeutic setting of the hospital. Our interns function within all of these systems including working both inpatient and outpatient, with families, school districts and community agencies. The WNYCPC Psychology Doctoral Internship training objectives include enhancing professional development under supervision of a Licensed Psychologist and to provide a means for each intern to develop and mature in their professional identity as a clinician and as a member of a clinical team. By the end of the internship year, interns

are capable of providing the full range of services needed to work as clinical psychologists treating children and adolescents with complex, multilayered difficulties across both inpatient and outpatient populations.

WNYCPC is an ideal location for interns to achieve the training aim of participating in comprehensive clinical training in the delivery of empirically based, culturally competent and individualized clinical services to children, adolescents, and families. WNYCPC provides both inpatient and outpatient treatment and assessment of children and adolescents with severe and persistent mental illness/emotional disturbance along the developmental spectrum from age 4 through 18 years.

The WNYCPC Psychology Doctoral Internship Training Program is committed to providing interns with exposure to a broad range of patient populations across culture, age and socioeconomic status experiencing severe psychiatric illness. The WNYCPC Psychology Doctoral Internship Training Program is designed to offer interns the opportunity to develop as clinicians and professionals with a strong emphasis on treatment modalities for children, adolescents and their families, further understanding of cultural and developmental processes, etiology of emotional disturbance, clinical decision making, assessing and measuring outcomes, individualized treatment planning and development of skills in the area of psychological evaluations of children and adolescents based on research and empirically based data. Unique to our site, Interns have the opportunity to work with children/adolescents and their families for an extended period of time, over the course of their internship year.

Given the complexity of the population that we serve at WNYCPC, interns are afforded the opportunity to enhance their interpersonal development on a multidisciplinary treatment team and to develop their professional identity while maintaining empathy and dedication to this population. As treatment team members, interns present cases and discuss psychological evaluations at morning rounds, develop treatment plans based on collaboration with other team members, participate in team and unit meetings, as well as participating in individual, group and family treatment.

Interns participate in all aspects of treatment planning and as part of their training, will work closely with school districts, participating in meetings with the Committee for Special Education and while closely supervised, help determine appropriate placement upon discharge. Interns are also exposed to and will interact with a variety of community resources, in order to support and help the children and adolescents maintain and further their treatment gains in the community.

As part of the breadth of experiences to interns, they may have the opportunity to work with children and adolescents remanded to the hospital from the courts. They may be part of the evaluation team (e.g., completing a psychological battery, functioning as the primary therapist) that assesses and makes recommendations to the court for the child/adolescent who is remanded to the facility. Recommendations may include but are not limited to conversion to minor voluntary status or return to court with highly specific recommended treatment and disposition options. The day treatment program offers interns the experience of working with children of a different age range and within the school/community setting. Our interns participate in all aspects of treatment planning, from admission to discharge.

The inpatient and outpatient settings of WNYCPC affords the interns the opportunity to achieve the aim of comprehensive clinical training in the delivery of empirically based, culturally competent and individualized clinical services to children, adolescents, and families. By the end of the internship year, interns are capable of providing the full range of services needed to work as clinical psychologists treating children and adolescents with complex, multilayered difficulties across both inpatient and outpatient populations.

# Psychology Department

The Psychology Discipline of WNYCPC provides patients, the hospital and the community with psychological services, including diagnostic and cognitive evaluation, treatment, training and consultation. WNYCPC's psychologists and students of psychology are committed to the highest personal and professional standards in the performance of these services. We are accountable to our patients, our employer, our profession, and ourselves, to utilize our professional skills in the most conscientious, beneficial and ethical manner.

The Western New York Children's Psychiatric Center Psychology Department is comprised of six psychologists. The Western New York Psychology Doctoral Internship Training Program began in 2023 with two internship positions. The WNYCPC Psychology Department also has a longstanding externship program with graduate psychology programs.

## Psychology Internship Supervisors and Faculty

Program Supervisors have the responsibility for the teaching and direct supervision of the intern's clinical work. Each intern will receive four hours of supervision per week. Two hours of individual supervision will be provided by the intern's primary supervisor. The remaining two hours will consist of group supervision. Most importantly, WNYCPC has an open-door policy, with additional supervision provided as needed. Our Intern supervisors also serve as our core faculty members, providing weekly didactic and case seminars in psychotherapy, psychological assessment and other special topics.

### Psychology Internship Supervisors:

Kimberlee Hubbard, PsyD.

Jennifer Toomey-Starr, Ph.D.

Jilynn Eagen, Ph.D.

Scott Ruppert, Psy.D.

## The Psychology Internship Training Committee

Our core supervisors are also members of the Psychology Internship Training Committee. The Training Committee is committed to providing interns with ethical care and consideration of all issues. The Psychology Training Committee establishes policy and procedures for the training program. This includes coordinating the application and selection process, planning the orientation phase of internship, preparing intern's program and scheduling seminars. The Psychology Intern Training Committee meets weekly to discuss intern progress. The Training Committee may also convene on an as needed basis to discuss support and assistance for interns as well as for issues related to intern due process, grievances or problematic behaviors/conduct.

### Training Committee Members:

Kimberlee Hubbard, PsyD.

Jennifer Toomey-Starr, Ph.D.

Jilynn Eagen, Ph.D.

Scott Ruppert, Psy.D.

## Psychology Department Members

Psychologists who hold a supervisory role at Western New York are noted below. However, all department members are available for consultation and mentorship by appointment.

**Kimberlee Hubbard, PsyD.**

Director of Psychology Internship Training  
Office of Mental Health Title: Principal Psychologist

**Jennifer Toomey-Starr, Ph.D.**

Supervising Psychologist  
Office of Mental Health Title: Licensed Psychologist

**Jilynn Eagen, Ph.D.**

Supervising Psychologist  
Office of Mental Health Title: Licensed Psychologist

**Scott Ruppert, Psy.D.**

Supervising Psychologist  
Office of Mental Health Title: Licensed Psychologist

## Internship Training Model: Practitioner-Scholar-Model

The Psychology Doctoral Internship Training Program at Western New York Children's Psychiatric Center is designed to further clinical development in keeping with the Practitioner-Scholar Model. The internship places careful emphasis on research-based practices with children/adolescents with severe and persistent mental illness. The WNYCPC Internship provides gradually increasing learning opportunities in which Interns can acquire the knowledge, experience, professional orientation and identity which will enable them to function as competent clinical psychologists.

## Structure of the Training Program

The Psychology Doctoral Internship Training Program at Western New York Children's Psychiatric Center (WNYCPC) was created in order to provide interns with a comprehensive, productive and diverse experience with children and adolescents across a broad range of psychopathology, child/adolescent development, gender and cultural diversity. This extensive experience provides interns a solid foundation in which they may hone their skills and determine possible areas of specialization.

The WNYCPC Internship begins the last Thursday in August and continues for a full calendar year, finishing on the last Wednesday in August. Interns generally work 40 hours a week with one late evening to accommodate families. Interns complete a 6 month rotation at the inpatient facility in West Seneca, NY and a 6 month rotation in the WNYCPC Day Treatment Program in Amherst, NY. Interns will be assigned to one rotation (inpatient or Day Treatment Program) at a time and then switch rotations at the six month mark.

## Inpatient Rotation

After a comprehensive facility orientation and department specific orientation with the Principal Psychologist, interns are assigned to a treatment team/living unit. Each intern works under the supervision of and in conjunction with a unit psychologist and functions as a member of the treatment team. The following are a brief description of the inpatient units. Each Intern is assigned to one of these units, to be determined, based on interest and training goals. The assigned unit will be the interns primary home base during the inpatient rotation. Interns will also have experiences on the other living units, including psychodiagnostic and cognitive testing, as well as group therapy.

**Inpatient- Unit 805:** Adolescent Unit, co-ed, ages 10-18.

**(Inpatient- Unit 806:** Children's Unit, co-ed, ages 4-10—*not currently open*)

**Inpatient- Unit 807:** Intensive Treatment Unit, co-ed, ages 10-18.

**Primary Therapist:** At the start of internship interns will learn the basic tasks of the primary therapist role and will acclimate to the daily procedures of the living unit. Under close supervision, interns will learn documentation requirements within a Joint Commission accredited hospital setting. Interns will initially shadow their supervisors and will be observed in clinical tasks. Interns will work alongside their supervisor on up to four assigned individual primary therapist cases. This will include provision of individual and family therapy. Over the course of the rotation interns will increasingly gain more autonomy with the clinical cases (i.e. individual/family sessions). As part of their responsibilities, interns communicate directly with families and provide family consultation and therapy where clinically appropriate.

**Therapy Group:** Interns will co-facilitate therapy groups, including Dialectical Behavior Therapy (Unit 807) and/or Cognitive Behavior Therapy (Unit 805). In addition to their assigned units, interns have the opportunity to provide group psychotherapy on the other living units. Psychoeducational groups are provided on weekends, which cover a range of social skills and coping skills.

**Assessment:** Psychological assessment, report writing, and diagnostic presentations are an essential component of the WNYCPC Internship. The unit psychologist is directly responsible for the supervision of the intern's functioning regarding psychological assessment (to be included in the two hours of weekly supervision). In order to assure a breadth of experience, Interns may be assigned Psychological Evaluations across all WNYCPC programs, ensuring that they will have experience with a variety of patients and interact across all multidisciplinary teams for diagnostics and case consultations. A cognitive assessment (review of records, brief IQ test, recommendations) is completed for every admitted patient. In addition, psychodiagnostic assessments are completed upon request from the unit psychiatrist. Interns will initially shadow their supervisors and will be observed while completing test administration, scoring and interpretation. Interns may complete assessments on their assigned unit and will have the opportunity to complete these assessments on the other units/programs. Interns may present findings to the respective treatment teams, family, and patient as therapeutically indicated. Interns could complete, at minimum, 20 psychological assessments (cognitive/psychodiagnostics) per year.

The intern will participate in 10-12 hours per week of face-to-face clinical experience. For example, an intern's schedule for direct clinical contact might include:

- **Individual/Family Therapy:** 6-8 hours per week
- **Group Therapy:** 1-2 hours per week
- **Assessment:** 3-4 hours per week

**Supervision:** The unit psychologist is directly responsible for the supervision of the intern's functioning within the team and meet with the intern for a minimum of two hours per week for supervision (i.e., reviewing all documentation as well as supervising all psychotherapy cases and group work and one to two hours of weekly supervision for assessment cases). Interns co-lead up to twice weekly group therapy, provide case management,

participate in interdisciplinary treatment team meetings and attend daily morning meetings to discuss patient progress. Interns also meet once weekly with the Director of Psychology Internship Training/Principal Psychologist for group supervision. Interns will have opportunities to engage in peer supervision experiences with interns in their cohort through the use of group supervision.

## Day Treatment Program Rotation

The WNYCPC Day Treatment Program is a self-contained program under the combined auspices of Western New York Children's Psychiatric Center, Buffalo Public Schools, and the 19 school districts comprising Erie 1 Board of Cooperative Educational Services (BOCES). The program provides psychiatric and educational services on a twelve-month-per-year basis to students in grades six to twelve for both Buffalo Public Schools and Erie 1 BOCES. Referrals are made through the Committee on Special Education of the respective school district. The program has a capacity of 48 students, who are all in classrooms with no more than six students. The program is housed in the WNYCPC Community Services building in Amherst, NY (about 25 minutes from the inpatient facility). Interns are supervised by the DTC licensed psychologist. The intern has access to a comprehensive database of evidence based treatments for children and adolescents. The intern will have an opportunity to be involved in a variety of learning opportunities, including the following:

**Primary Therapist:** At the start of the rotation interns will learn the basic tasks of the primary therapist role and will acclimate to the daily procedures of the living unit. Under close supervision, interns will learn documentation requirements within a Joint Commission accredited behavioral health setting. Interns will initially shadow their supervisors and will be observed in clinical tasks. Interns will work alongside their supervisor on up to four assigned individual primary therapist cases. This will include provision of individual and family therapy. Over the course of the rotation interns will increasingly gain more autonomy with the clinical cases (i.e. individual/family sessions). As part of their responsibilities, interns communicate directly with families and provide family consultation and therapy where clinically appropriate.

**The Primary Therapist responsibilities include:** initial comprehensive assessment; treatment planning and communication with a multidisciplinary team; individual and family therapies; case management; safety planning, and discharge planning. The Primary Therapist works as a member of the interdisciplinary treatment team which includes: psychiatry; psychology; social work; nursing; and special education. Interns will attend weekly staff meetings, treatment team meetings and be involved in the milieu therapy program.

**Psychoeducational Social Skills Group:** Interns will co-facilitate the Social Skills groups that are conducted on a daily basis. The Social Skills groups cover a wide range of social skills and cognitive-behavioral coping skills.

**Assessment:** Interns will complete IQ testing as needed for students. In addition, interns will complete psychodiagnostics assessments as requested by the psychiatrist/NP. Results from testing are provided to the treatment team, student and families. The goal of assessment is to inform treatment planning and assist with discharge planning needs.

# Focus on Diversity

An essential foundation of the WNYCPC Doctoral Internship Training Program is the respect and understanding of cultural and individual differences. The WNYCPC Doctoral Internship Training Program upholds the belief that diversity amongst clinicians and interns creates an enriching educational experience. Diversity amongst clinicians and Interns also informs the provision of services to a diverse group of children and adolescents in our care.

Interns at WNYCPC have the opportunity to gain clinical experience with a diverse population across psychopathology, ethnicity, socioeconomic and gender. Our patient population experiences depression, anxiety, psychosis, suicidality, self-injurious behaviors, poor school performance and poor family relationships. Our patient population is diverse in relation to gender identity, including individuals that identify as transgender and gender nonbinary. WNYCPC provides services regardless of family's financial or immigration status. Our patient population may be diverse in relation to language. Interpreters are made available on site or via telehealth, as needed so that therapists may provide services to their patients.

The Psychology department at WNYCPC is committed to fostering ongoing cultural competence both within the department and throughout the facility. Psychologists regularly engage in self-study regarding the intersections of race/ethnicity/gender identity and sexual orientation and clinical practice.

The psychology clinicians at Western New York make every effort to increase awareness and comfort with multicultural, socioeconomic and diverse gender experiences. In addition, the psychology clinicians are committed to reflecting and attempting to understand our biases and how they influence us as individuals and providers. All aspects of training and supervision include a focus on understanding the impact of social justice issues on the assessment and treatment of marginalized populations. Cultural competence is fostered not only by example, but through ongoing exploration in supervision and during all didactic seminars, not just those specifically geared towards such discussion.

WNYCPC as a whole strives to build a staff that is comprised of individuals who represent the diversity of the children and adolescents with whom we work in terms of culture, ethnicity and sexual/gender orientation. WNYCPC's commitment to a representative workforce extends to its recruitment of psychology interns. Additional consideration is given to internship candidates who have a clear commitment to working within a diverse population and who have sought the experiences and training necessary to display a high competence in doing so. WNYCPC works with a diverse population across race, ethnicity, gender and socioeconomic status. Awareness and sensitivity to cultural issues is an intrinsic portion of the work we do.

# Assessment

Psychological assessment, report writing, and diagnostic presentations are an essential component of the WNYCPC Internship. Interns will administer full diagnostic assessments, score, integrate data, write up results and then participate in and present findings to the treatment team and family as appropriate. These assessments are completed upon written request from the treating psychiatrist/treatment team. Interns will complete, at minimum, 20 psychological assessments per year. Interns will also complete a brief cognitive assessment with each patient admitted to the unit. Opportunities may be available to complete Functional Behavioral Analysis.

Psychological Evaluations contribute to the diagnostic process and can assist with diagnosis, differential diagnosis and discharge planning. Psychological evaluations include history and test indications of trauma, neglect, physical/sexual abuse, history of substance abuse, and impediments to learning and communication. The evaluations assess for the presence or absence of suicidal and homicidal ideation, discuss personality structure, diagnostic impressions, and treatment and discharge recommendations that are supported by test data. Assessments may also include a discussion of pertinent social, cultural, gender, and spiritual issues. Psychological Evaluations may involve a review of the patient's previous testing, review of their Individualized Educational Plan (IEP), and a psychological interview of the child/adolescent.

# Referral Process for Psychological Evaluation

Requests for a psychological evaluation are generated by the unit psychiatrist in consultation with the unit psychologist. All testing and written reports based on referrals for psychological evaluation will be completed within 30 calendar days following the referral and will include the content areas discussed below. Any circumstances which would result in a longer time for completion, such as hospitalization for medical reasons or cognitive limitations that necessitate short assessment sessions over a longer period of time would require prior approval from the Principal Psychologist or designee. The assessment will be completed on the “Psychological Evaluation” report section in MHARS, and a print out of the completed protocol will be placed in the individual’s Case Record. Patients refusing psychological evaluation or patients that are not sufficiently stable to be tested will be reassessed to ensure proper evaluation and treatment. The psychologist will enter a Progress Note specifying the patient’s refusal and efforts made to reengage the patient in the process.

Upon completion of these psychological evaluation procedures, a Psychological Assessment Report will be prepared for incorporation into the patient’s case record. Each report shall include the following components:

- Listing of procedures utilized and the reason for referral
- Relevant History, including previous test findings Behavior observations and statement of validity
- Test results for all measured used
- Diagnosis and/or clinical conceptualization
- Recommendations for treatment

## Outline and Documentation Procedures for Psychological Evaluations

Psychological Evaluations may be conducted for a variety of purposes, including differential diagnosis, treatment and discharge planning, and diagnostic rule out. Certain essential information is obtained in multiple content areas. The data is documented in the Psychological Evaluation section of MHARS.

**Purpose/Reason for the Evaluation** This section contains the referral question as well as all currently pertinent information that would clarify or define why the testing was requested.

**Previous Test Findings** This section includes a summary of prior psychological test results, as applicable, as well as any relevant historical information. This would include, but not be limited to:

- Circumstances surrounding admission
- Possible precipitating factors
- Relevant details of past treatment modalities and response
- History of psychiatric disorders in other family members (refer to social assessment details)
- Brief summary of personal history (developmental, educational, social, work)

**Behavioral Observations** This section would detail direct observational data, such as patient behavior during interview that has a bearing on the results to be reported.

**Tests** This section contains the bulk of the reportage of the instruments used and the results obtained. Data included would vary from particular test administration to particular test administration, because of the variety of assessment types, but might include:

- List of tests used
- Current problems in cognitive, emotional, physical and interpersonal functioning, (include the identification of negative as well as positive symptomatology)



- Evaluation of impulse control and defenses
- Suicide/homicide risk
- Developmental disabilities
- Results of any current psychological testing
- Psychological formulations about psychiatric condition

Treatment Needs/Recommendations contains the treatments needs or specific recommendations that follow from the obtained testing results, in reference to the referral question.

## **Additional Comments Regarding Psychological Evaluations**

Psychological testing is perhaps the most specialized professional activity of psychologists in the psychiatric center. The clinical psychologist is highly trained in the administration and interpretation of psychological tests and psychological testing is recognized as the psychologist's unique contribution to patient assessment and treatment planning.

Psychological tests differ widely as to type of test, what is measured by the test and the level of training needed to administer and interpret the test. It is the province of the team psychologist to decide which tests or tests, within his or her area of competence, will be most useful in supplying the information requested. In the psychiatric center setting; psychological testing is usually requested to supply information in such areas as: intellectual level and cognitive functioning, differential diagnosis, personality traits, psychodynamics, neuropsychological deficits, and the quantification of illness specific symptomatology.

Requests for psychological testing are made by the unit psychiatrist to the unit psychologist. It is recommended that in all referrals for psychological testing, the psychologist should discuss the request with the referring individual in order to determine a) what specific kinds of information are needed about the patient, b) whether or not limitations exist (physical or psychological) which may affect the choice of tests, and c) whether or not testing is actually necessary in the case at hand.

The psychological test report should be formulated in a concise, organized and unambiguous manner, with the reader who requested the evaluation in mind. The report should be entered into MHARS as noted above, and a printout placed in the patient's chart. A copy of the report should be sent to the referring party and a copy of the report should be retained by the psychologist who performed the evaluation. In all cases, the psychologist, following submission of the written report, will directly contact the referring party to ensure that clinical questions are answered, and the recommendations are considered for incorporation into the treatment plan.

The Psychology Department maintains an extensive collection of psychological testing instruments and is updating and adding materials to remain current in all manner of assessments.

## **Security of Confidential Material**

Testing devices and data from psychological assessments will be maintained in a secure manner consistent with professional standards and with OMH regulations. All testing instruments will be kept in the psychologist testing room in a location that does not allow unauthorized access. Raw data and the psychological measurements which are generated from them will be shared only with appropriate staff. Assessments may be shared with significant other persons, such as parents, at the direction of the psychologist, but only with adequate interpretation to guard against misuse or distortion. Raw data will be maintained as prescribed by the OMH Office of General Services directive. Records will be retained at least six years from the date of testing or three years past date of majority, whichever is the greater length of time.

# Supervision

Supervision of interns is the foundation of the Psychology Doctoral Internship Training Program at Western New York Children's Psychiatric Center. Interns are regarded as trainees and the aim of our internship program is to provide a growth mindset, enriching learning environment. Individual and group supervision are considered fundamental for learning, collaboration and growth, with an emphasis on the development of the interns as an emerging professional. Western New York's supervision is guided by the nine profession-wide competencies and encourages Interns to demonstrate increasing independence and competence in each of these areas. Interns to be evaluated twice a year by their supervisors (See: Intern Evaluation Form, Appendix A).

Supervisors are clinically responsible for their cases. Supervisors will co-sign all documents entered into the Electronic Medical Record or entered into the paper chart (i.e. progress notes, treatment plans, safety plans, psychological evaluations). Supervisors will co-sign documents with signature, title, date and time noted.

Interns are provided with face to face supervision, at minimum, four hours weekly. Two hours weekly are provided by a supervising psychologist who directly oversees Interns' work on the units/program to which they are assigned. Given the breadth and depth of testing cases, interns will receive one to two hours weekly supervision for assessment assignments. In addition, interns are provided at least one hour of group supervision weekly with the Director of Psychology Internship Training. Most importantly, Western New York has an open-door policy, with additional supervision provided as needed.

Interns will have the opportunity to provide feedback about their supervisory experiences both formally and informally. Twice yearly, interns will complete a Supervisor Assessment Form (See: Supervisor Assessment Form, Appendix B).

Our core supervisors are also members of the Psychology Intern Training Committee. The Psychology Intern Training Committee meets at least twice a month to discuss intern progress. This commitment to Intern training helps identify any issues or concerns as they arise.

## Telesupervision Policy

WNYCPC may not provide telesupervision under typical circumstances. However, the Training Committee may implement telesupervision via videoconferencing applications in extreme circumstances where in person supervision is not feasible.

All WNYCPC videoconferencing occurs over a secure network using site-administered videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the Office of Information Technology Help Desk.

The individual format is used to for individual supervision, since interns may be dispersed across separate sites or sheltering-in-place. Intern and supervisor meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio.

WNYCPC recognizes the importance of supervisory relationships. It is expected that the foundation for these supervisory relationships will be cultivated initially during the WNYCPC orientation and maintained ongoing, such that interns will have formed relationships with their supervisors prior to engaging in video conference supervision. These measures are in line with the WNYCPC Internship Program aim, to provide empirically based, culturally competent, individualized clinical services to children, adolescents, families, and communities.

# Maintenance of Records

All interns will have two hard copy files created upon hire. One is maintained by Human Resources and has copies of their hire letter, pre-employment background checks, all relevant personnel information and letters of recommendation. The second file will be kept by the Director of Psychology Internship Training, in a secure locked file cabinet, and will have all the information above as well as copies of the intern's midyear and final evaluations. Additionally, an electronic file is also maintained. Included in this file is the Intern's application, match letter, evaluations, disciplinary action (where applicable), and any formal correspondence with the intern's graduate program. Upon completion of the internship, a copy of each intern's certificate of completion is kept in their respective file and forwarded to their program. Records are maintained on a secure server utilized by WNYCPC and paper copies of the Interns evaluations, certificate of completion as well as the training manual are kept indefinitely. The secure digital file can be accessed only by the Director of Psychology Internship Training. Any intern grievances are kept in a separate file.

Minutes and attendance for each monthly Psychology Department Staff Meeting are maintained in a separate electronic file that includes attendance at said meeting, topics addressed, and outcomes. These minutes are sent electronically to staff in the psychology department, along with members of executive leadership.

# Didactic and Educational Requirements

Didactics are a series of topics aimed at providing skills/information to interns to enhance development of skills needed to be a competent psychologist. The didactic seminar series is a mix of presentations provided by the psychology faculty at WNYCPC as well as local professionals, participation in training videos with robust discussion, participation in grand rounds and patient care monitoring conferences. Interns participate in 2 hours per week of Didactics in areas such as Psychological Assessment, Psychotherapy Techniques, and psychotropic medication. Interns can participate in 2 hours of additional educational learning per week through Treatment Team Meetings and Statewide Grand Rounds.

## Intern Didactics

Intern didactics are a series of presentations given by core faculty and invited speakers, along with clinical video trainings and discussion. Seminars begin the first week of internship and run through the end of August. Early presentations are designed to orient interns to the facility and include introduction to services, milieu treatment, charting and discharge planning. Topics will then focus on challenges working with children, adolescents and their families. The didactic calendar will work to meet the core competencies needed by professional psychologists. Towards the end of the year, seminars will focus on termination and life after internship. (See: Intern Didactics, Appendix C) .

## Intern Didactic

Mondays 1pm-3pm; Weekly, Year-Long; Optional Grand Rounds on Fridays; Patient Care Monitoring (PCM).

## Statewide Grand Rounds

Statewide Grand Rounds are held monthly. Faculty, as well as researchers and professionals present on a variety of topics in psychology and psychiatry that are relevant to the evaluation and treatment of adults and children/adolescents with serious and severe psychopathology.

# Teaching and Mentoring

Psychology Interns will have the opportunity to teach and mentor when available. The psychology interns will work closely with the psychology externs (if applicable), co-leading one group weekly, with psychology intern as the lead facilitator for the group. Psychology Interns also provide support and information to the psychology externs. Interns will also conduct psychological testing and have the opportunity to present results of these evaluations to the Treatment Team.

## Profession Wide Competencies

### I. Research

WNYCPC trains interns to critically evaluate and apply relevant scholarly materials to clinical practice. Interns must demonstrate increasing independence to inform practice.

### II. Ethical and Legal Standards

WNYCPC trains interns to utilize knowledge and application of ethical principles in a consistent and appropriate manner, seeking consultation when needed. Interns must demonstrate knowledge and behave in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.

### III. Individual and Cultural Diversity

Interns must maintain sensitivity to the cultural and individual diversity of patients and commit to providing culturally sensitive patient care. Over the course of the Internship, interns will develop a better understanding of their own identity and its impact on the provision of services to others. Interns will demonstrate knowledge of current theories related to cultural differences and diversity.

### IV. Professional Values, Attitudes and Behavior

Interns are trained to engage in behaviors that reflect professionalism, integrity and empathy for others.

### V. Communication and Interpersonal Skills

Interns will communicate productively with team members both verbally and through written communications, complete work in a timely manner, utilize effective boundaries for self and others, and enhance their professional demeanor, even in the event of a challenging situation. Interns will strive to develop and maintain well organized and efficient relationships with others.

### VI. Assessment

Interns will develop and utilize skills to properly administer, assess and complete psychological evaluations. They will communicate integrative results in a manner that accounts for family, social and cultural issues and demonstrates a comprehensive understanding of diagnosis and relevant theory. Interns will learn to provide appropriate therapeutic recommendations based on the results obtained.

## **VII. Diagnosis and Therapeutic Interventions**

Interns will establish and maintain effective therapeutic relationships with patients, effectively assess relevant information, and create informed theory regarding diagnoses. Intern will formulate comprehensive case conceptualizations to help inform appropriate interventions based on theory and research. Interns will assess and reevaluate intervention effectiveness as needed.

## **VIII. Supervision**

Interns will demonstrate knowledge of theories of supervision and apply this consistently, seeking supervision as needed. Interns will demonstrate the ability to accept and utilize feedback. Competency of this skill is also developed informally, through peer consultation and diagnostic conferences.

## **IX. Consultation and interprofessional/interdisciplinary skills**

Interns will demonstrate interpersonal professionalism through consultation with team members, patients, families and direct care staff. Interns will demonstrate openness and respect for all team members and gain an understanding of the importance of all perspectives in a team. Treatment at WNYCPC works within an interdisciplinary team and interns will learn to navigate the intricacies of the team and develop professional relationships with other team members.

# **Evaluation, Retention and Termination Policy**

The Psychology Intern Evaluation form is organized around the American Psychological Association CoA Standards of Accreditation Profession-Wide Competencies:

- I. Research
- II. Ethical and legal standards
- III. Individual and cultural diversity
- IV. Professional values, attitudes and behavior
- V. Communication and interpersonal skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and interprofessional/interdisciplinary skills

At their initial Psychology Intern Orientation, interns will receive a copy of the Intern Evaluation Form (See: Intern Evaluation Form, Appendix A). This form will serve as a written statement of program expectations for professional functioning. Evaluation procedures will be clearly stipulated including how and when evaluations are conducted. All interns will also receive a written description of procedures they may use to appeal any supervisory decisions. At initial orientation, clinical, assessment and administrative issues are all addressed. Interns will receive at least four hours of supervision per week with various members of the training committee. This level of supervision assures that any areas of difficulty in which interns do not perform at expected level will be easily identified.

In addition to ongoing communications between interns, supervisors, and the Director of Psychology Internship Training, interns will be formally evaluated twice a year. The Director of Psychology Internship Training and supervisors will meet mid-year (February) and at the end of the year (August) to complete a Mid-Year Intern Evaluation Form and Year-End Intern Evaluation Form, respectively. This will enable all supervisors to share

information regarding individual intern progress. The Evaluation Forms are then completed by the supervising psychologists, who rate the interns' level of competencies as delineated above. The form is then presented to the interns for their review, feedback and signatures. Finally, it is reviewed, countersigned by the Director of Psychology Internship Training and information is communicated to the respective doctoral programs.

The evaluation process can be based on direct observation, review of written documentation, review of assessment data, clinical discussions and supervisory interactions. Interns may enter our program with varying degrees of competency across skill sets. It is the view of the program that all Interns, even exceptional ones, will benefit from intense supervisory experience to help prepare them for their professional practice. Formal evaluations may serve to identify problems that require attention; however, it is the primary supervisors' responsibility to identify any substantial concerns that may be present prior to this formal evaluation.

Minimum level of achievement for interns at the Mid-Year Evaluation will be a competency rating of 3 or higher attained in each learning element. A minimum level of achievement for Interns as measured by the Intern Evaluations by the conclusion of Internship will be a competency rating of 4 or higher attained in each learning element.

On the rare occasion in which an intern falls below a 2 on any learning elements, the due process procedures will be initiated.

**The following is a description of Competency Ratings:**

<b>Description of Competency Ratings:</b>	
Minimum level of achievement for interns at the Mid-Year Evaluation will be a competency rating of 3 or higher attained in each learning element. A minimum level of achievement for Interns as measured by the Intern Evaluations by the conclusion of Internship will be a competency rating of 4 or higher attained in each learning element	
<b>5— Advanced Competence</b>	Rare rating for internship; Competency is commensurate with that of psychology staff; however, as an unlicensed trainee, supervision is required while in training status.
<b>4— Proficient Competence</b>	Anticipated rating at completion of the internship. Ready for entry level practice.
<b>3— Intermediate Competence</b>	Expected level of competence for an intern by mid-point of training program; routine or minimal supervision required on most cases
<b>2— Beginning/Developing Competence</b>	Expected level of competence pre-internship; close supervision required on most cases
<b>1— Remedial</b>	Significant skill development required; remediation necessary

## Program Evaluation

Twice over the course of the year, interns will be asked to evaluate their supervisors and the overall training program. At the end of the year, Interns will participate in an exit interview. In addition to the information from the interviews and the comments on the Evaluation of the Internship Forms, Internship Outcome Survey data will be collected from interns and are used as a basis to make any changes in the training that might strengthen and enhance the Internship (See: Program Evaluation Form, Appendix D).

# Completion of Internship

Completion of Internship with two main criteria, meeting required hours 2000 hours over the course of one calendar year, and by receiving the requisite competency ratings across all evaluations. Minimum level of achievement for interns at the Mid-Year Evaluation will be a competency rating of 3 or higher attained in each learning element. A minimum level of achievement for Interns as measured by the Intern Evaluations by the conclusion of Internship will be a competency rating of 4 or higher attained in each learning element.

Upon successful completion of internship hours and competency ratings, the home doctoral program and Director of Clinical Training will be informed of the completion of the program. Interns will also receive a certificate of completion.

Interns that do not meet minimum requirements may not be eligible to obtain substantiation from the Training Director that they have met the requirements for internship training.

# Code of Ethics

In providing psychological services, the Intern must reliably be cognizant, careful and thoughtful to the consequences of decisions and recommendations, confidentiality and other matters pertaining to the legal and civil rights of the children/adolescents and their families receiving services. Interns must not devalue or violate the legal and civil rights of the children/adolescents and their families receiving treatment. Interns will show concern for the many implications of data and other information obtained in the course of providing psychological services.

Interns to be familiar with the Office of Mental Health's "Principles and Policies for Insuring Citizen Rights" and will uphold these standards at all times. They will remain informed of new legal rulings in this area and their implications for the provision of psychological services. Interns must be familiar with and adhere to the most current revision of, Ethical Standards of Psychologists, Standards for Providers of Psychological Services, Standards for Educational and Psychological Tests, and Ethical Principles in the Conduct of Research with Human Participants, (American Psychological Association [APA], 2003) and are to be aware of any Addenda released.

In their overall responsibilities and delivery of psychological services, interns must conform to relevant statutes of federal, state, and local governments. They shall also be informed about state agency regulations which relate to the provision of psychological services.

Interns will safeguard the welfare of individuals to whom they provide services by undertaking only those professional activities for which they are qualified by virtue of their training and experience. They will not provide services for which they have not been adequately trained, including the use of particular psychological instruments or techniques.

Interns providing services to persons of culturally diverse backgrounds shall have training and experience which render them competent in understanding such persons. All interns shall undertake to increase their knowledge and awareness of the special needs of different religious, racial, ethnic, sexual and economic groups.

The WNYCPC psychology department abides by the APA Ethical Principles and Code of Conduct. WNYCPC maintains an ethics committee that meets quarterly at a minimum. Interns are oriented to the Ethical Principles and Codes at the outset of the internship year. Ethical issues that arise throughout the training year are examined during individual supervision, as well as during group supervision. Over the course of the year, Interns are encouraged to attend at least one Ethics Committee meeting. As part of the mid-year and year-

end evaluation, Interns are evaluated on their understanding and consistent display of ethical behavior and practices. All interns are expected to abide by these principles and regulations. For a copy of these codes and regulations, please see the APA Ethical Principles and Code of Conduct at [www.apa.org/ethics/code/](http://www.apa.org/ethics/code/) or consult with the Director of Psychology Internship Training who will provide a copy.

## Diversity and Nondiscrimination Policy

WNYCPC is a welcoming leaning environment for all interns, including those from diverse and underrepresented communities. Our staff strive to model acceptance and respect for all people to create an environment of safety and nurturance. A foundational belief of the program is that a diverse group of clinicians and Interns enriches the educational experience and the subsequent delivery of services to the children and adolescents we care for. Understanding our individual biases and how they influence us as individuals and psychologists is an integral part of the work we do, both as providers and as educators. Topics surrounding diversity and nondiscrimination that arise throughout the training year are examined during individual supervision, as well as during group supervision. Over the course of the year, Interns are also trained in this area through seminars and clinical training experiences with a diverse population. As an internship, WNYCPC endeavors to consider current practices and strives to improve our training program with regard to diversity.

WNYCPC abides by the New York State policy on nondiscrimination: “New York State (NYS) is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.” If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate at WNYCPC, please contact the Director of Psychology Internship Training to initiate this process.

## Orientation to the Facility

Psychology Interns will receive the following training prior to being assigned to a work site to ensure that interns are current with regard to policies and practices.

### 2-Day Annual Mandatory Facility Orientation

The intern will attend two full days of New Employee Orientation at the inpatient facility. For this portion of the training, Interns will have policy review and live or video presentations of the following materials:

1. Sexual Harassment in the Workplace, Personnel Policy, No 415
2. Rules of Conduct, Personnel Policy, No. 1005
3. Respect and Respectful Environment, PR-12
4. Patients’ Rights, PR-8
5. Violence Awareness Prevention & Response, ES-19
6. Domestic Violence Awareness & Response, ES19A
7. Employee Patient Relationships, PC-1-15
8. Internet Acceptable Use Policy, OMH Policy P08-004
9. Organizational Ethics, PR-1



10. Safe Patient Handling, PC-I-1A
11. Cell phone Usage, ES-22
12. Employee Injury Reports, ES-18
13. Smoking and Tobacco Use, ES-1
14. Utilization of State Vehicles & Mobile Phones, ES-4
15. Advance Directive, PR-10 (including organ donation)
16. Death Policy, ES-E-5 (including organ donation)
17. Assessment Protocol of High Risk & Suicidal Patients, PC-A-6
18. Emergency Medical Services System
19. Falls Prevention
20. Fire Safety Procedures
21. Interim Life Safety Measures
22. Building Security
23. Cultural Competency Training
24. Emergency Medical Services
25. National Patient Safety Goals/TJC Survey Readiness
26. COVID-19 Protocols
27. HIPAA/Confidentiality
28. Employee/Patient Relationships

## **4-Day YES Training:**

The YES program is a therapeutic approach intended to increase positive behavioral growth. The goal is to guide staff in positive communication that supports and enhances a trauma informed therapeutic treatment milieu. YES focuses on positive teaching interactions that can be support the children and adolescents in their behavioral and emotional growth (e.g., effective praise, proactive teachings, and positive correction). It also focuses on the de-escalation tools needed when a child or adolescent is headed towards or in emotional crisis to prevent the situation from escalating and moving towards physical interventions. When all else fails, YES teaches proper Defensive techniques and Restrictive techniques such as manual restraints to prevent injury to the children/adolescents and staff.

## Orientation to the Department of Psychology

Interns will be provided with an orientation to the general operation of the department, covering the topics listed below, and will also be given the Department of Psychology Manual, which has all the pertinent policies, for review.

- Professional Conduct, Ethics, and Confidentiality
- Orientation to the facility, work site and psychology department
- Requirements for individual, group and family therapy; psychological assessment and supervisory sessions
- Quality Improvement Activities- Key Performance Indicators (KPI)
- Medical Record/Uniform Case Record - Policy and Procedure
- Psychology department requirements; department manual, policies, APA code of ethics, Department Meetings, Internship guidelines and assignments
- Competency Assessment Process for Psychology, competency assessment forms
- Employee handbook and policy manual
- Schedules for supervision with supervisor
- Intern evaluation forms/Evaluation of Internship form
- Orientation to the Specific Work Site

Once an Intern is assigned to a unit, orientation to the policies and procedures specific to that unit will be provided.

- Daily Rounds
- Clinical Team Meetings
- Treatment Planning
- Supervision by the Supervising Psychologist
- Medical Record Requirements
- Time and Attendance Policy
- Psychiatric Emergency Alarm System

# Formal Due Process Procedures for Psychology Interns

The Psychology Intern Training Committee meets on a regular basis to discuss interns' progress. The Training Committee may also convene on an as-needed basis for any and all issues related to intern performance, probation and termination procedures. WNYCPC follows due process guidelines to ensure that decisions about intern performance are as objective as possible. All interns are evaluated by the same metrics and an appeals procedure is in place so that an intern may challenge a program decision.

During their initial orientation, interns will receive a written statement of program expectations and a copy of the Intern Evaluation Form (See: Intern Evaluation Form, Appendix A). Evaluation procedures will be carefully delineated, including frequency and manner in which evaluations will be conducted. Sample of Intern Evaluation Form to be distributed within policy and procedure manual. This written statement will also include procedures for supervisory decision-making regarding performance issues. Interns will also receive a description of procedures they may use to appeal any decisions made by the internship program. Interns to sign that they received and understood the Intern Evaluation Form.

## Due Process Procedures

Due process procedures are utilized when a supervisor, faculty or staff member express concerns about the performance and functioning of an Intern. WNYCPC's Due Process follows a carefully delineated procedure in which levels of intervention are graded based on persistence, complexity and level of disruption of problem behaviors.

The following policy is intended as a set of instructions and guidelines so that interns to receive the support and assistance necessary to remediate any concerns. These procedures are meant as a safeguard for both interns and the WNYCPC Doctoral Internship Program.

## Psychology Interns at the Western New York Children's Psychiatric Center

Interns have the right to be treated respectfully, professionally and ethically. It is the responsibility of the intern to engage with the training program in a way that is respectful, professional and ethical. Interns should be afforded every reasonable opportunity to remediate problems or issues. The intern has the right to participate in Due Process procedures; to have their viewpoint heard at each step of the process and to appeal decisions in which there is disagreement based on the instructions and guidelines of this policy. Interns should make every reasonable attempt to remediate competence and behavioral concerns.

## Western New York Children's Psychiatric Center

WNYCPC has the right to be treated respectfully, professionally and ethically. It is the responsibility of the staff at WNYCPC to engage with the Interns in a way that is respectful, professional and ethical. It is the responsibility of the WNYCPC Internship program to make every reasonable effort to support interns to the extent possible in successfully completing the training program and to support Intern in remediating behavioral and competency concerns. WNYCPC has the right to implement Due Process procedures as delineated below. WNYCPC has a right to make decisions related to remediation for an intern. This includes probation, suspension and termination, within the guidelines of this policy.

## Definition of a Problem

Problems are defined as follows:

- When an intern is unable or unwilling to behave in a professional manner; these attitudes or characteristics threaten the quality of clinical services or ability to meet minimum acceptable standards of internship program and interfere with professional functioning.
- When an intern cannot gain the necessary skills to reach an acceptable level of competency; these attitudes or characteristics threaten the quality of clinical services or ability to meet minimum acceptable standards of internship program and interfere with professional functioning.
- When an intern cannot control personal stress, excessive reactivity or psychological dysfunction; these attitudes or characteristics threaten the quality of clinical services or ability to meet minimum acceptable standards of internship program and interfere with professional functioning.

It is the professional judgment of the WNYCPC Training Committee to determine when a problem behavior requires remediation. The following are identified as problems that will require remediation

- The intern cannot identify, reflect upon or understand the problem behavior.
- The problem behavior is not a skill deficit which can be addressed by additional supervision or clinical and didactic training.
- The problem behavior is negatively impacting the intern's ability to provide adequate services
- The problem behavior is generalized to different areas of functioning
- The training committee is taxed by the amount of time necessary to support the Intern
- After receiving feedback and time, the behavior does not change.
- The problem behavior may have ethical or legal ramifications if not addressed
- The problem behavior may negatively impact the public view of WNYCPC
- The problem behavior may negatively impact the other interns at WNYCPC
- The problem behavior may cause harm to a patient.
- The problem behavior may create difficulty with appropriate communication with Western New York staff.

## Informal Review

In a situation where a supervisor or other faculty/staff believes that an intern's behavior is becoming problematic or that the intern is not performing at the expected level, either clinically or administratively, the issue should be raised with the intern directly and immediately in an attempt to resolve the issue. Resolution may be attained using the following methods:

- Increase of supervision
- Increase in didactic training
- Increase in structured readings.

The direct supervisor or faculty/staff member that raised the concern should monitor the outcome.

## Formal Review

If the intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern cannot meet the minimum level of achievement of a "3" on all learning elements during the mid year supervisory evaluation, the following process to be initiated:

## Notice

Intern to be notified in writing that the problem behavior has been raised to a formal level of review; a hearing to be held within 10 business days of issuing a Notice of Formal Review.

## Hearing

The supervisor/faculty/staff member will hold a hearing with the Director of Psychology, Intern and the Training Committee to discuss the problem and determine actions necessary to address the issue. If the Director of Psychology is also the supervisor who raised the concern, another faculty member who has worked directly with the intern will also participate in the hearing. The hearing will determine the appropriate next steps to assist the intern in resolving the issue.

## Outcome and Next Steps

The results of the hearing will be determined by the Director of Psychology and the Training Committee. The outcome of the hearing will be communicated in writing to the intern within 5 business days of the hearing.

The following may occur as a result of the hearing:

- 1) The Director of Psychology and Training committee may issue, in writing an "Acknowledgment Notice." This notice will delineate the following:
  - The Director of Psychology Internship Training and the Training committee are aware and concerned with the problem.
  - The Intern has been made aware of the problem
  - The supervisor and /or Training Committee will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
  - This problem is not significant enough to warrant additional action at this time.
- 2) The intern may be placed on a "Remediation Plan." This plan defines, in writing, the problem behavior, what the intern is required to do to address, change or improve the behavior or skill deficit and the time in which it will be monitored. Remediation indicates a change in status for the Intern and their status at the program will be "Probation Status." The timeframe for the status to be determined on gradation of problem behavior and will be determined by the Director of Psychology Internship Training and the Training Committee. The written remediation plan to be shared with intern and with the intern's home doctoral program. The written remediation plan to include the following:
  - A definition of the behavior or skill deficit that is causing deficits in Interns functioning.
  - The specific plan to be implemented to rectify or improve this problem
  - A specific time frame for which this problem to be resolved or ameliorated.
  - Procedures designed to determine whether the problem has been appropriately remediated.

Probationary status to be reviewed weekly by the Director of Psychology Internship Training, direct supervisor and Intern. Please note that at the end of the stated time frame, the Director of Psychology Internship Training to document if the issue has been satisfactorily ameliorated. This written document will be placed in the Intern's permanent file and to be shared with the interns home doctoral program. If the problem has been resolved, Intern's status to be removed from "probation status." If the problem has not been resolved, the Director of Psychology Internship Training may choose to

- a) Extend the remediation plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.
  - b) Move to step 3
- 3) The intern may be placed on "Suspension Status." During a specified period of time, the intern would be removed from all clinical work. During this hiatus, the intern may receive additional support through increased supervision, mentorship, didactics or be engaged in another method of remediation. The timeframe for the status to be determined on gradation of problem behavior and will be determined by the Director of Psychology Internship Training and the Training Committee. The written remediation plan to be shared with intern and with the intern's home doctoral program. The written remediation plan to include the following:
- A definition of the behavior or skill deficit that is causing deficits in Interns functioning.
  - The specific plan to be implemented to rectify or improve this problem
  - A specific time frame for which this problem to be resolved or ameliorated.
  - Procedures designed to determine whether the problem has been appropriately remediated.

Suspension status to be reviewed weekly by the Director of Psychology Internship Training, direct supervisor and Intern. Please note that at the end of the stated time frame, the Director of Psychology Internship Training to document if the issue has been satisfactorily resolved or ameliorated. This written document will be placed in the Intern's permanent file and to be shared with the interns home doctoral program. If the problem has been resolved, Interns status to be removed from "Suspension Status." This will indicate that Intern may resume clinical activities. Within this framework, the written document may recommend that the Intern be placed on "Probationary Status" with a Remediation Plan. In this case, the process for step 2 to be followed. If the problem has not been resolved, the Director of Psychology Internship Training may choose to move to step 4.

- 4) The Intern may be terminated from the Internship Program. If the intern's problem is not resolved or ameliorated through the above processes, or if the problem represents gross misconduct or ethical violations that may cause harm, the Intern may be terminated. Termination would be defined as the discontinuation of participation of the intern with any aspect of the training program. This decision would be made by the Director of Psychology Internship Training, the Training Committee and a representative from the Human Resources Department. The decision to terminate to be determined within 10 working days of the previous step completed. The Director of Psychology Internship Training may decide to suspend the intern's clinical activities during this ten-day period when the final decision is being made. The Director of Psychology Internship Training to notify, in writing, APPIC and the intern's home doctoral program of the decision.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

# Unethical or Illegal Behavior

It is the professional responsibility of any person aware of any unethical or illegal behavior by an intern to report to the Director of Psychology Internship Training immediately. The Director of Psychology Internship Training will discuss issues with the Executive Director of the Facility and the Intern's Director of Psychology. If the infraction may be remediated, an immediate plan of action will be put into place. All parties will be informed via written communication of said infraction and corrective plan.

If the infraction directly involves patient care, direct contact with patients will be suspended immediately until the investigation and resolution are concluded. The intern may also be subjected to review by the Justice Center or Child Protective Services. In cases of extreme infractions (to be determined by facility), the intern may be barred access to the facility until the investigation and resolution is concluded. If an infraction is founded, consequences may include probation, suspension or immediate termination of internship. Final decisions will be made with the approval of the Executive Director of the Facility and the Director of Psychology Internship Training. The Director of Clinical Training from the intern's doctoral program as well as APPIC will be informed immediately, both verbally and in writing.

# Appeal Procedures

An intern has the right to appeal any decisions made during Due Process Procedures. If the intern wishes to challenge a decision made at any step in the Due Process procedures, the intern may request an Appeals Hearing before the Training Committee.

The intern must submit a written letter to the Director of Psychology Internship Training appealing the decision made within 5 working days of notification regarding the decision with which the intern is dissatisfied.

Upon receipt of a written appeal, the Director of Psychology Internship Training will form a committee made up of two staff members chosen by the Director of Psychology Internship Training and two staff members chosen by the intern. The Director of Psychology Internship Training will then chair a hearing. The Appeals Hearing will be held within 10 working days of receiving the intern's request. The review panel will review all written materials and have an opportunity to interview those involved. The committee will then vote by majority to either uphold the original decision or modify the decision, decisions made by the review panel will be shared with the intern and the intern's home doctoral program. The committee will also provide the Director of Human Resources with this report.

If the intern is dissatisfied with the decision of the review panel, the intern has an additional five working days to seek further review by submitting a written request to the Executive Director and the Director of Human Resources. This request must include an explanation of appeal, the specific concerns regarding due process and the settlement that is being requested. The committee must also submit a written report of its initial decision.

The Executive Director and the Director of Human Resources will review all documentation and render a written decision within five business days of the Intern's request. The Executive Director and the Director of Human Resources may accept the committee's decision, reject the committee's decision and provide an alternative response or refer the matter back to committee for further review. If the matter is referred to the committee, the committee will then report back to the Executive Director and the Director of Human Resources within five business days. The Executive Director and the Director of Human Resources will make a final decision regarding actions to be taken. The final decision will be delivered in writing within five business days of receipt of the appeal and will be entered into the intern's personnel file and be shared with the intern's home doctoral program.

# Grievance Procedures

Grievance Procedures are implemented in situations in which a psychology intern may have a concern or complaint about a supervisor, faculty member, trainee or any portion of the internship training program. Interns who pursue honest and sincere grievances will not be penalized in any way. During their initial orientation, interns will receive a written description of the procedures they may use to file grievances.

## ***Informal Review***

Interns will be encouraged to discuss any concerns with the individual(s) that is(are) involved. However, if after an informal discussion the issue is not resolved, or the intern does not believe that the issue was resolved satisfactorily, the following steps are to be taken.

## ***Formal Review***

If the matter cannot be resolved using informal means, the intern may submit a formal grievance, in writing to the Director of Psychology Internship Training. If the Director of Psychology Internship Training is the subject of the grievance, the issue should be submitted to the Executive Director or designee. The individual being grieved will be asked to submit a written response to the grievance. The Director of Psychology Internship Training (or the Executive Director or designee, if appropriate) will meet with the intern and the individual being grieved within 10 business days. Upon review of the complaint, the Director of Psychology Internship Training may determine that the intern and individual being grieved will require separate meetings; these meetings to occur within 10 business days.

In the event that the grievance is related to the training program (and not any particular individual), the Director of Psychology Internship Training and Executive Director or designee to meet with the intern together. The goal of this meeting is to develop and implement a plan of action to resolve or ameliorate the matter. The plan should specifically identify the problem, steps to resolve the problem and ways to identify that the problem has been solved. If the situation involves a direct supervisor, this plan of correction may include assigning an additional supervisor, reassigning a supervisor or modifying interns' responsibilities. If the situation involves other interns or employees in the facility, modifications to assignments or other appropriate actions may be implemented. Neither training goals nor patient care will be compromised.

The plan of action to include:

- 1) The Director of Psychology Internship Training to document process and outcome of the meeting.
- 2) The intern and individual being grieved (if applicable) to report back, in writing, to the Director of Psychology Internship Training within 10 business days to ascertain if the issue has been adequately ameliorated or resolved.
- 3) In the event that the matter is not resolved, the Director of Psychology Internship Training to convene a review panel within 10 business days. This review panel to consist of the Director of Psychology Internship Training and two other members of the training faculty. The intern may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate the agency's due process procedures.

If the intern's grievance is inappropriate for the Training Committee to resolve within the internship or is related to unprofessional or unethical behavior by a supervisor or faculty member, the matter will be referred to the Director of Human Resources. The Director of Psychology Internship Training will report the incident to the



Director of Human Resources and the complaint will be investigated. If founded, the Director of Psychology Internship Training and Director of Human Resources to inform the Facility's Executive Director and confer about the next course of action. The supervisor may require counseling and/or disciplinary procedures in accordance with the guidelines of the hospital

Psychology interns can also be members of the Professional Employees Federation (PEF), the Union for NYSOMH facilities. Interns will be given a PEF guidelines facility handbook when beginning employment.

## Salary, Benefits and Resources

The internship is a full-time, 12-month commitment beginning in late August 2024. The current salary for interns is at least \$37,965 per year plus benefits, commensurate with other full-time employees at the agency.

Interns are entitled to all holidays given to New York State employees. In addition, Interns will receive the following:

- **Personal Leave:** 5 personal days that may be used at any time
- **Professional Leave:** up to 3 days during the internship year for attendance at professional conferences, job interviews, or dissertation defense.
- **Vacation:** 12 days of vacation time during the training year are accrued at the rate of one day a month.
- **Sick Leave:** 12 days of sick leave are accrued during the training year at the rate of one day a month.

Interns are expected to be on site for the entire year for successful completion of the internship. However, interns may use accrued vacation or personal time to complete the internship up to one week early, with prior approval of the Director of Psychology Internship Training and active supervisors and if all responsibilities and requirements have been met.

WNYCPC provides interns with office space, computer, phone with voicemail, basic office supplies and internet connection. A shared office space has a copy machine, scanner and fax. Interns have access to a secure server in which to write and store clinical documents. Interns are further provided with access to a broad variety of testing materials for psychological assessment. Refrigerators and microwaves are available to Interns. Additional electronic items require approval from maintenance staff before being utilized in the facility.

# Selection of Interns

The program accepts applicants who are eligible to participate in the Match and Post Match Vacancy Service (PMVS). Applicants must have three years of graduate training, preferably with prior practicum experience working with children and adolescents and a minimum of 325 Intervention hours as well as 75 assessment hours. Applicants with fewer than preferred numbers due to COVID-19 pandemic restrictions are encouraged to apply. Preference is given to applicants with clinical experience with children and adolescents, express interest in working inpatient & outpatient, demonstrate interest working with families, have experience with psychological assessment with children and adolescents, demonstrate maturity and professionalism and have skills and sensitivity regarding multicultural issues. Interns with these qualities will have experience in line with our program's aim. Applications will be screened by the Director of Psychology Internship Training and the training committee and appointments will be made for an in-person interview. All application requirements as outlined by AAPI must be completed in order to the student to be considered for Internship. WNYCPC seeks to identify and select a diverse group of interns who will benefit from our program.

# Application Process

Applications will be accepted through the APPIC online portal only. The following application materials are to be provided consistent with the APPIC AAPI online

- A completed Online AAPI (APPIC's standard application)
- Cover letter (as part of AAPI)
- Curriculum Vitae (as part of AAPI)
- Three Standard Reference Forms (as part of AAPI)
- AAPI verification from Director of University attesting to applicant's readiness for internship
- De-identified psychological report

All applications are carefully reviewed by the Director of Psychology Internship Training. Applicants are notified by email on or before deadline date if they have been chosen for an interview. Interviews take place in January. In person and virtual interviews are offered. Applicants can expect the interview process to last approximately 2.5 hours. Applicants will participate in two interview sessions. One interview will consist of two inpatient psychologists and the second interview will consist of the Director of Psychology Internship Training and the Day Treatment psychologist. Applicants are encouraged to meet with current interns and discuss practical questions about the WNYCPC internship program. Upon completion of interviews, the Director of Psychology Internship Training and other clinical staff review and rank applicants. Ranks are submitted with the National Matching System in accordance with APPIC deadlines and processes.

**Please Note:** *Candidates that match to the Internship Program at Western New York Children's Psychiatric Center are subject to background checks as a condition of employment with the New York State Office of Mental Health.*

## Specific checks include:

- Screening through the Staff Exclusion List (SEL), which is maintained by the Justice Center for the Protection of People with Special Needs. Persons whose names appear on the SEL as having been found responsible for serious or repeated acts of abuse or neglect will be barred from appointment.
- Screening through the Statewide Central Register of Child Abuse and Maltreatment (SCR). Among the Western New York Children's Psychiatric Center Employment papers that interns receive after matching to

the internship is the Statewide Central Register Database Check Form which will need to be completed and returned along with a money order for \$25 made out to the NYS Office of Children and Family Services. If an intern candidate is indicated, they must authorize the indicated report to be released to Western New York Children's Psychiatric Center. Once a copy of the indicated report is received from the Office of Children and Family Services (OCFS), it will be evaluated on its own merits, consistent with Social Services Law and OCFS recommended guidelines to determine risk to vulnerable persons. The responsibilities of the intern may be modified, or the internship offer withdrawn.

## **For Additional Information**

Please feel free to contact:

Kimberlee Hubbard, PsyD  
Director of Psychology Internship Training  
(716) 832-0720 x6867  
Kimberlee.Hubbard@omh.ny.gov Appendices

# Appendix A

## Intern Evaluation Form

### Western New York Children's Psychiatric Center Department of Psychology Intern Evaluation Form

*To be completed by supervisor*

NAME: \_\_\_\_\_ SUPERVISING PSYCHOLOGIST: \_\_\_\_\_

DATE: \_\_\_\_\_ RATING PERIOD:  Mid-point  End (12 months)

The following Psychology Intern Evaluation form is organized around the American Psychological Association CoA Standards of Accreditation Profession-Wide Competencies These nine competencies include:

- I. Research
- II. Ethical and legal standards
- III. Individual and cultural diversity
- IV. Professional values, attitudes and behavior
- V. Communication and interpersonal skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and interprofessional/interdisciplinary skills

Interns will enter our program with varying degrees of competency across skills areas. On occasion, an exemplary intern might be rated as competent on all areas of training at the beginning of the training year. However, it is the policy of our program that all interns are in need of supervised experiences to prepare them for professional practice.

#### **Methods of Evaluation:** (please check all that apply)

- Direct Observation/Co-Therapy
- Review of Written Documentation
- Review of Audio/Video
- Review of Assessment/Test Data
- Case Presentation
- Supervision
- Feedback from other staff
- Other (please specify): \_\_\_\_\_

## Description of Competency Ratings

Minimum level of achievement for interns at the Mid-Year Evaluation will be a competency rating of 3 or higher attained in each learning element. A minimum level of achievement for Interns as measured by the Intern Evaluations by the conclusion of Internship will be a competency rating of 4 or higher attained in each learning element

### **5— Advanced Competence**

Rare rating for internship; Competency is commensurate with that of psychology staff; however, as an unlicensed trainee, supervision is required while in training status.

### **4— Proficient Competence**

Anticipated rating at completion of the internship. Ready for entry level practice.

### **3— Intermediate Competence**

Expected level of competence for an intern by mid-point of training program; routine or minimal supervision required on most cases.

### **2— Beginning/Developing Competence**

Expected level of competence pre-internship; close supervision required on most cases.

### **1— Remedial**

Significant skill development required; remediation necessary.

## Competency I

### Interns will achieve competence in the area of: **Research**

1. Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
2. Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**

## Competency II

### Interns will achieve competence in the area of: **Ethical and Legal Standards**

3. Knowledge of Ethics and Law: Demonstrates knowledge of and commitment to the current version of the APA Ethical Principles of Psychologists and Code of Conduct.
4. Demonstrates knowledge of and commitment to relevant laws and/or regulations as well as rules and policies governing psychology at the organizational, local, state, regional and federal levels.

5. Knowledgeable and acts in accordance with relevant professional standards and guidelines
6. Consistently applies such standards appropriately, seeking consultation as needed. Judgment is reliable about when consultation is needed. Able to discuss active or potential ethical dilemmas with some supervisory support and guidance.
7. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas
8. Conducts self in an ethical manner in all professional activities.

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**

## Competency III

### Interns will achieve competence in the area of: Individual and Cultural Diversity

9. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself.
10. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity.
11. Discusses and explores individual differences with patients in a manner that maintains and/or enhances the therapeutic alliance. Acknowledges and respects differences that exist between self and patients in terms of race, ethnicity, culture and other individual difference variables. Aware of own limits to expertise
12. Applies a framework for working effectively with areas of individual and cultural diversity
13. Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles.
14. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**

## Competency IV

### Interns will achieve competence in the area of: Professional Values and Attitudes

15. Behaves in ways that reflect the values and attitudes of Psychology.
16. Engages in self-reflection regarding the development of professional identity and personal functioning.
17. Exhibits awareness of any personal and professional problems. Has insight into the impact of stressors on professional functioning, seeks supervisory input to minimize this impact
18. Engages in activities to maintain and improve performance, well-being and professional effectiveness.
19. Responds professionally in increasingly complex situations with a greater degree of independence as progress is made across levels of training.
20. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**

## Competency V

### Interns will achieve competence in the area of: **Communication and Interpersonal Skills**

21. Professional Interpersonal Behavior: Interacts professionally and appropriately with treatment teams, peers, supervisors, and associated professionals and support staff.
22. Demonstrates capacity to communicate (oral, nonverbal, and written) with others regarding difficult and sensitive topics. Can produce and comprehend oral, nonverbal and written communications. .
23. Demonstrates effective interpersonal skills and the ability to manage difficult communication well with treatment teams, peers, supervisors and associated professionals and support staff.

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**

## Competency VI

### Interns will achieve competence in the area of: **Assessment**

**Total Number of Assessments Completed this Evaluation Period:** \_\_\_\_\_

24. Demonstrates knowledge of diagnostic classification system and functional and dysfunctional behaviors
25. Demonstrates understanding of Human Behaviors within its context .
26. Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
27. Selects and applies assessment methods that draw from the best available empirical literature
28. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
29. Interprets assessment results to inform case conceptualization, classification and recommendations.
30. Communication of Assessment Results: Communicates orally and in written documents the findings and implications of assessment in an accurate and effective manner.

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**

## Competency VII

### Interns will achieve competence in the area of: **Intervention**

31. Therapeutic Interventions: Consistently achieves and maintains an effective therapeutic relationship with patients.
32. Develop evidence-based intervention plans specific to the service delivery goals
33. Implements interventions informed by the current scientific literature
34. Draws on theoretical and scientific research literature to inform clinical decision making.
35. Modifies and adapts evidence-based approaches effectively.
36. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**



## Competency VIII

### Interns will achieve competence in the area of: **Supervision**

- 37. Applies overall knowledge of supervision in direct or simulated supervision with psychology trainees or other health professionals
- 38. Applies the supervisory skill of observing in direct or simulated practice
- 39. Applies the supervisory skill of evaluating in direct or simulated practice
- 40. Applies the supervisory skill of giving guidance and feedback in direct or simulated practice

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**

## Competency IX

### Interns will achieve competence in the area of: **Consultation and Interprofessional/Interdisciplinary Skills**

- 41. Applies knowledge about consultation in direct consultation with the multidisciplinary team
- 42. Demonstrates knowledge and respect for the roles and perspectives of other professionals

**Average Score for Broad Area of Competence** \_\_\_\_\_

**Comments:**

**Summary of Strengths:**

**Areas in need of additional development including recommendations:**

**Overall Rating (average of broad competence area scores)** \_\_\_\_\_

**Trainee comments regarding competency evaluation (optional):**

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

Interns Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix B

## Supervisor Assessment Form

### Western New York Children’s Psychiatric Center Supervisor Assessment Form

NAME: \_\_\_\_\_ SUPERVISING PSYCHOLOGIST: \_\_\_\_\_

DATE: \_\_\_\_\_ RATING PERIOD:  Mid-point  End (12 months) NAME: \_\_\_\_\_

**Instructions:** This Supervisor Evaluation is to be completed by intern at each evaluation period (concurrent with intern evaluation) and discussed with supervisor during intern evaluation meeting

This Supervisor Evaluation is utilized by WNYCPC to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively. Additionally, you are encouraged to provide your name at the end of this form so that you may discuss this rating with the Director of Psychology Training. Every effort will be made to provide you with confidentiality; however, that cannot be guaranteed depending on the specifics of the problems encountered with the supervisor.

### Rating Scale

**1 Significant Development Needed:** Significant improvement is needed to meet intern needs

**2 Development Needed:** Improvement is needed to meet intern needs

**3 Meets Intern Needs and Expectations**

**4 Exceeds Expectations:** Above average experience

**5 Significantly Exceeds Expectations:** Exceptional experience

**N/A:** Not Applicable/Not Observed/Cannot Say

### General Characteristics of Supervisor

Is accessible for discussion and questions	
Treats intern with respect and courtesy	
Supports the intern's successful completion of the internship program	
Presents as a positive professional role model consistent with the program's aims	
Schedules supervision meetings and is available at the scheduled time	
Allots sufficient time for supervision	
Keeps sufficiently informed of case(s)	
Is interested in and committed to supervision	
Sets clear objectives and responsibilities throughout supervised experience	

Is up-to-date in understanding of clinical populations and issues	
Maintains appropriate interpersonal boundaries with patients and supervisees	
Provides constructive and timely feedback on supervisee's performance	
Encourages appropriate degree of independence	
Feedback provided is timely, accurate, and useful and covers both competencies and deficiencies	
The supervisor encourages exploration of ethical issues	
Demonstrates concern for and interest in supervisee's progress, problems, and ideas Communicates effectively with supervisee	
Interacts respectfully with supervisee	
Maintains clear and reasonable expectations for supervisee	
Provides a level of case-based supervision appropriate to supervisee's training needs	

### Development of Clinical Skills

Assists in translation of conceptualization into techniques and procedures	
Is effective in providing training in behavioral health intervention	
Assists in coherent conceptualization of clinical work	
Is effective in providing training in assessment and diagnosis	
Supports intern in navigating and responding to clients' cultural and individual differences Is effective in helping to develop short-term and long-range goals for patients	
Promotes clinical practices in accordance with ethical and legal standards	
Promotes intern's general acquisition of knowledge, skills, and competencies	
Supervision of assessment includes thoroughly addressing issues pertaining to selection and administration of assessment methods, interpretation, communication of findings, and ethical issues inherent in the assessment and consultation process.	

### Summary

Overall Rating of Supervision with this Supervisor	
Describe how the supervisor contributed to your learning	
Describe how the supervisor experience could be enhanced	
Any other suggestions/feedback for your supervisor	

Intern Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Appendix C

## Intern Didactics 2023-2024 –Needs to be updated

The following are the Didactics offered during the 2023-2024 year.

DATE	LOCATION	TOPIC	PRESENTER
8-24-23	1010	New Employee Facility Orientation	Mary Mucha
8-25-23	1010	New Employee Facility Orientation-YES	Mary Mucha
8-28-23	1010	Psychology Department Orientation	Dr. Kimberlee Hubbard
9-4-23	Holiday	Labor Day Holiday	Holiday
9-11-23	575	Assessment of Personality in Adolescents	Dr. Drew Nelson
9-18-23	575	Use of Rorschach to Detect Thought Disorder	Dr. Drew Nelson
9-25-23	1010	Cognitive Assessment	Dr. Jennifer Toomey-Starr
10-2-23	1010	LGBTQ+ 101	Dr. Scott Ruppert
10-9-23	Holiday	Holiday	Holiday
10-16-23	575	Treatment Planning/Core History/Chart	Dr. Kimberlee Hubbard
10-23-23	1010	Family Therapy for Inpatients	Dr. Jilynn Eagen
10-30-23	575	CBT for Anxiety	Dr. David Pratt
11-6-23	1010	CBT/Social Skills instruction for Autism	Dr. Jennifer Toomey-Starr
11-13-23	Webex	Substance Abuse Disorders/Evaluations	Dr. Charles Pierson
11-20-23	575	Crisis prevention and Intervention	Dr. Amanda Nickerson
11-27-23	575	Psychotropic Medication Basics	Dr. Maria Oliveira
12-4-23	1010	Assessment and Treatment of Psychosis	Amanda Bartoszek
12-11-23	575	CBT for DMDD/Bipolar Disorder	Dr. David Pratt
12-18-23	575	Suicide Risk Assessment and Support	Dr. Amanda Nickerson
12-25-23	Holiday	CHRISTMAS DAY HOLIDAY	HOLIDAY
1-1-24	HOLIDAY	NEW YEAR'S DAY HOLIDAY	HOLIDAY
1-8-24	575	CBT for OCD	Dr. David Pratt
1-15-24	HOLIDAY	MARTIN LUTHER KING JR HOLIDAY	HOLIDAY
1-22-24	575	Medication management of behavioral disorders	Dr. Jill Frodey
1-29-24	575	Physical Health Causes of Psychiatric Symptoms	Dr. Maria Oliveira
2-5-24	1010	Personality Disorders	Kristy Barber LCSW
2-12-24	575	Bullying as Form of Trauma	Toni Torcha
2-19-24	HOLIDAY	PRESIDENT'S DAY HOLIDAY	HOLIDAY
2-26-24	575	Assessment of Violence Risk	Michelle Clark and Jill Glowniak
3-4-24	575	Acute Triage and Medication Management	Dr. Mike DiGiacomo
3-11-24	575	Assessing and promoting social-emotional strengths/competencies	Dr. Amanda Nickerson
3-18-24	1010	Discharge Planning & Community Resources	Catherine Heimback-Murdie
3-25-24	575	Mobile Integration Team & Care Management	MIT/CM
4-1-24	575	Cultural Competence	Dr. Amy Reynolds

**Psychology Doctoral Internship Training Program**

DATE	LOCATION	TOPIC	PRESENTER
4-8-24	575	Adjusting treatment and supports to account for neurodiversity (ADHD, Autism spectrum)	Karen Herdzik, Ph.D.
4-15-24	1010	OT/RT Services	Melissa Wachala & Jody Bialaszewski
4-22-24	575	Common Sense Parenting	Barb Pericozzi
4-29-24	575	Differential Diagnosis	Dr. Diana Sanderson
5-6-24	575	Autism Assessment	Dr. Toomey Starr
5-13-24	575	Mindfulness	Karla Priester, RN 2 Comm
5-20-24	575	Play therapy as a developmental approach	Karen Herdzik, Ph.D
5-27-24	HOLIDAY	MEMORIAL DAY HOLIDAY	HOLIDAY
6-3-24	575	Family engagement and support: clinical issues and considerations	Karen Herdzik, Ph.D.
6-10-24	1010	OCD Part 1	Dr. Alex Cogswell
6-17-24	HOLIDAY	JUNETEENTH HOLIDAY	HOLIDAY
6-24-24	1010	OCD Part 2	Dr. Alex Cogswell
7-1-24	575	Community Systems	Andrea Russell, LSMW II
7-8-24	1010	Trauma Focused CBT	Dr. Catherine Heimback-Murdie
7-15-24	575	Adolescent problematic/illegal sexual behaviors	Michelle Clark, MA
7-22-24	575	Solution Focused Treatment	Jill Glowniak LCSW
7-29-24	575	Helping Families work with Schools	Jill Glowniak LCSW
8-5-24	575	TBD	Jordan Platek, LMSW
8-12-24	1010	FBA/BIP	Dr. Jilynn Eagen
8-19-24	1010	Self Care in Mental Health	Yvona Nestorowicz, NP
8-21-24	575	Final Evaluations/Exit Interviews	Dr. Kimberlee Hubbard

# Appendix D

## Program Evaluation Form

### Western New York Children's Psychiatric Center Program Evaluation Form

NAME: \_\_\_\_\_ SUPERVISING PSYCHOLOGIST: \_\_\_\_\_

DATE: \_\_\_\_\_ RATING PERIOD:  Mid-point  End (12 months)

<p><i>Your evaluation of the internship program is very important in order for us to work on continuous program improvement. Please take a few minutes to provide us with feedback and what we could do to improve your experience and internship. Thank you.</i></p>	
<p><b>Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent</b></p>	
<p><b>Overall Internship Experience</b></p>	
Overall quality of training	
Opportunities for professional socialization with intern cohort	
Breadth of clinical intervention and assessment experience	
Satisfaction with number of client contacts	
Clarity of expectations and responsibilities for intern	
Case load was appropriate to meet educational needs	
Please provide any additional comments/feedback about your experience and provide explanations for any "poor" or "fair" ratings:	

<b>Weekly Group Training Opportunities</b>	
Weekly Didactic Seminar	
Group Supervision	
Please provide any additional comments/feedback about your experience and provide explanations for any "poor" or "fair" ratings:	
<p><b>Overall Quality of Training Within Required Competency Areas</b></p> <p>For the following items, please rate the quality of the training you have received in each. Please consider your experience with didactic seminars, professional development opportunities, and supervision, as well as direct clinical experiences and other experiential training.</p> <p><b>Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent</b></p>	
<b>Research</b>	
Quality of Training	
Comments:	
<b>Ethical and Legal Standards</b>	
Quality of Training	
Comments:	
<b>Individual and Cultural Diversity</b>	
Quality of Training	
Comments:	
<b>Professional Values, Attitudes, and Behaviors</b>	
Quality of Training	
Comments:	

<b>Communication and Interpersonal Skills</b>	
Quality of Training	
Comments:	
<b>Assessment</b>	
Quality of Training	
Comments:	
<b>Intervention</b>	
Quality of Training	
Comments:	
<b>Supervision</b> (recall that, for the purposes of this evaluation, you are rating the training you received in this required area of competence, NOT the supervision you received)	
Quality of Training	
Comments:	
<b>Consultation and Interprofessional/Interdisciplinary Skills</b>	
Quality of Training	
Comments:	
Please provide additional comments/feedback about the overall training in the major areas of professional functioning:	



<b>Please answer the following question regarding your experiences with supervision.</b>	
Helpfulness of supervision	
Availability of supervisors	
Frequency of supervision	
Supervisors as professional role models	
Effectiveness of teaching	
Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:	
Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship:	
Please provide any feedback that you think would help improve this program evaluation survey:	

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Intern's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Psychology Doctoral Internship Training Program



**Western New York Children's  
Psychiatric Center**