

2018-2019 Training Year

Doctoral Internship In Clinical Psychology

Buffalo Psychiatric Center
400 Forest Ave.
Buffalo, NY 14213



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INTRODUCTION

This training manual is one way that the Internship Training Faculty (Training Faculty) and its Executive Training Committee (Training Committee), under the leadership of the Director of Psychology Training (Training Director), provide you with the policies and procedures that we have formulated in regard to our doctoral internship in clinical psychology. This manual will be reviewed with you at the start of your internship year and you should refer to it as needed. We hope that this manual will answer, or at least start to answer, whatever questions you might have. Please feel free to talk with the Training Director or any member of the Training Faculty if you have any additional questions related to policies or procedure.

BUFFALO PSYCHIATRIC CENTER

The Buffalo Psychiatric Center (BPC) is a comprehensive, community-based mental health system serving Western New York. BPC provides both inpatient and outpatient mental health services to moderately and severely mentally ill adults. BPC Inpatient Services is located within the Strozz Building on our main campus. BPC has six inpatient units currently providing mental health treatment to 156 patients. It also provides adult outpatient services at six clinic settings. All services are under the auspices of the New York State Office of Mental Health. A wide variety of specialized rehabilitative, social, and supportive housing programs, including wellness programs and vocational services, augments the therapeutic services. The broad range of adult outpatient and rehabilitation programs serves a population with a full range of psychiatric disorders.

INTERSHIP TRAINING FACULTY

The primary faculty of the internship consists of members of the Buffalo Psychiatric Center Psychology Department (four licensed psychologists). All faculty members possess doctoral degrees and provide direct psychological services at their worksites. The faculty members reflect a wide range of interests and orientations to clinical work with a commitment to evidence-based treatment. The program also utilizes adjunct faculty, comprised of psychologists and other behavioral health professionals. Our current primary faculty members are as follows:

Dr. Peter Kost
Dr. Bill Reynolds
Dr. Martha Totin
Dr. Amber Marcucci

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

Training Philosophy

The Buffalo Psychiatric Center doctoral internship in Clinical Psychology is designed to systematically further development of the core skills of clinical psychology. Our internship program is based on a scientist-practitioner model that emphasizes the application of relevant assessment technologies and empirically-supported clinical interventions for individuals with severe mental illness e.g., Schizophrenia, Borderline and other Personality Disorders, and Co-occurring Disorders. We promote functional and foundational competencies in an ethically

competent and culturally sensitive way, applied within a community-based system of public mental health services.

The internship is a function of the BPC Psychology Department and its Training Faculty. Although all Licensed Psychologists within the Training Faculty are not simultaneously involved in direct teaching or supervision of interns, all are available for such purposes. Program policy is formulated by the Training Committee under the leadership of the Training Director.

Program Goals and Objectives

The primary goal of the BPC Doctoral Internship in Clinical Psychology is to prepare individuals to become competent entry level psychologists. We employ a scientist-practitioner model in order to ensure all objectives are met.

Required Competencies

Interns are expected to achieve competence in the nine required areas of Profession Wide Competency, as described in the American Psychological Association's Standards of Accreditation. Intern achievement within each competency area is measured utilizing our intern evaluation materials, which are completed quarterly and reviewed with the intern.

The required areas of competency within which interns will be evaluated are as follows:

Profession Wide Competencies

1. **Assessment:** The intern will demonstrate an intermediate to advanced level of competence in the area of Assessment
2. **Intervention:** The intern will demonstrate an intermediate to advanced level of competence in the area of Intervention
3. **Consultation and Interprofessional/Interdisciplinary Skills:** The intern will demonstrate an intermediate to advanced level of competence in the area of Consultation and interprofessional/interdisciplinary skills
4. **Ethical and Legal Standards:** The intern will demonstrate an intermediate to advanced level of competence in the area of Ethical and legal standards
5. **Individual and Cultural Diversity:** The intern will demonstrate an intermediate to advanced level of competence in the area of Individual and cultural diversity
6. **Professional Values and Attitudes:** The intern will demonstrate an intermediate to advanced level of competence in the area of Professional values and attitudes
7. **Communication and Interpersonal Skills:** The intern will demonstrate an intermediate to advanced level of competence in the area of Communication and interpersonal skills
8. **Research:** The intern will demonstrate an intermediate to advanced level of competence in the area of Research
9. **Supervision:** The intern will demonstrate an intermediate to advanced level of competence in the area of Supervision

These required competencies are primarily achieved through didactic seminars and clinical experiences on rotations. These are described below.

Structure of the Training Program

The Doctoral Internship in Clinical Psychology is designed to provide advanced training in the core skills of clinical psychology as they are applied in a comprehensive system of mental

health services including both community-based and forensic settings. BPC has originated a series of internship experiences based upon broad areas of interests.

Interns select primary and secondary clinical rotations from available rotations on BPC's inpatient services. Interns spend roughly 80% of the week, or 32 hours, at their primary rotation and roughly 20%, or 8 hours, at their secondary rotation throughout the training year. Interns select their rotations from a variety of treatment settings serving a diverse inpatient population. Given the use of a primary and secondary rotation system, interns are typically able to secure some degree of experience on their choice of rotation(s). On-site supervision is emphasized throughout the internship and in all rotation experiences. Staffing patterns, the need for adequate supervision, the need for licensed supervisors, and demand for a particular rotation may at times require negotiation. Based on interns' training needs and desires, the operational needs of particular services, and the availability of on-site supervision, interns may develop a rotation experience that best serves their personal training needs. The rotation structure provides interns with an extensive and intensive experience in their primary area of interest as well as the opportunity to receive more broad exposure to other clinical populations, clinical problems, or treatment modalities.

The selection of each intern's rotation unit is based on the intern's own formulated objectives as reviewed with the Training Director. Each intern further discusses with his/her supervisor the types of experiences he or she wishes to have, and the objectives to be met by the rotation. To enable the intern to make an informed choice within the framework of longer-term goals, the first two weeks of the year are spent in a comprehensive tour of the Buffalo Psychiatric Center, including not only potential rotations but also other elements of the support network. Ultimately, the goal is to develop 10 hours of weekly face-to-face experience with our patients that best serve the training needs of our interns. For example, an intern could look forward to engaging in approximately 3 – 4 hours of group therapy, 4 – 5 hours of individual therapy, and 1 – 3 hours of assessment per week.

Based on their clinical training interests and needs, Interns have the opportunity to maintain or change their primary and secondary rotations after their initial six-month rotation.

The internship is structured to gradually allow each intern to function with increasing independence over the course of the year. In the beginning on each rotation, interns are closely supervised as they familiarize themselves with the rotation setting and expectations. This may involve observation of the supervisor (for example in groups or intakes) and assuming clinical responsibilities with close consultation with the supervisor. As the year progresses, the intern is gradually able to assume clinical tasks with less reliance on supervision and the supervision may gradually become more consultative in nature. By the end of the year it is expected that the intern will be ready to assume the independent clinical functioning that would be expected of an entry-level professional in this setting. Interns also participate in our didactic seminar series which is designed to enhance knowledge, skills, personal and professional growth, and conceptual integration to augment and enhance their clinical experiences. The Training Director and other faculty meet with the interns in a series of seminars on professional issues, including ethics, codes of professional conduct, current legal developments affecting professional practice, standards for delivery of psychological services, and credentialing processes. Multi-cultural issues are also a part of the core curriculum of this seminar series.

Adjunctive Experiences – Each intern also is able to identify additional activities that they would like to add to their experience. The options include research program evaluation, staff training, consumer involvement, and additional clinical areas of focus (e.g., developing a new group,

specific assessment strategies, outcome measures, etc.). These adjunctive experiences can be developed in conjunction with the primary supervisor and the Training Director.

Interns are exposed in the Department and on their rotations to a variety of role models and are urged to discuss issues related to their professional development with supervisors at the work site. Interns assume a position of responsibility in relation to the training program. They are vitally involved in the process of evaluating the program. They participate in the interview process for the next class of interns. Finally, every attempt is made to establish the intern at the rotation site as a fully participating member of the interdisciplinary team rather than as a student or assistant to the staff psychologist.

ROTATION OPTIONS

Note: Rotations may not be available on each individual worksite based on staffing issues and other factors. However, a variety of settings within our inpatient services will always be available.

I. BPC INPATIENT SERVICE

Adult Inpatient Services consist of six units located in the Strozzi Building. Each of the units has a specific function and role in the overall facility, although there is significant overlap in client population. The BPC inpatient program emphasizes treatment and rehabilitation services, designed to assist residents in attaining psychiatric stability as well as skill and resource development necessary for successful community living. Populations served include the following:

Available Rotations:

Unit 5 South (75--Admissions Unit) is a 26-bed unit serving adult men and women age 18 and older. The Unit has a multidisciplinary team consisting of various disciplines including psychiatry, medicine, nursing, psychology, social work, occupational therapy, recreation therapy, nutrition, and mental health therapy aids. The unit provides active treatment for individuals diagnosed with a serious and persistent mental illness. Principle treatment modalities include assessment, medication management, individual/group therapy and therapeutic programming to assist each person in their recovery process.

Unit 6 South (76--Men's Unit) is a 26-bed inpatient unit serving adult men age 18 and older. Team members represent the disciplines of psychiatry, medicine, nursing, psychology, social work, education, rehabilitation counseling, occupational therapy, recreation therapy and nutrition. The unit provides active treatment for individuals diagnosed with a serious and persistent mental illness. Principle treatment modalities include assessment, medication management, individual therapy, group therapy, family involvement and therapeutic programming to assist each person in the recovery process.

Unit 6 North (66--BRITE Program) is a 26-bed unit serving adult men and women age 18 and older. The Unit has a multidisciplinary team consisting of various disciplines including psychiatry, medicine, nursing, psychology, social work, occupational therapy, recreation therapy, nutrition, and mental health therapy aids. The BRITE Program rotation offers Interns a variety of experiences associated with the development and maintenance of an intensive behavioral rehabilitation program, based extensively on the Social Learning Approach of Dr. Gordon Paul. These experiences would include participation in a variety of group training

classes and groups, participation in Team reviews and Treatment Planning meetings, and the assessment of individual behavioral problems and functional skills.

Additional Clinical Training Opportunities on Other Inpatient Units

Additional training opportunities may be available on the following units consisting of individual therapy cases, group therapy, or assessments.

Unit 7 South (77--Women's Unit) is a 26-bed inpatient unit serving adult women age 18 and older. Team members represent various disciplines including psychiatry, medicine, nursing, psychology, social work, education, rehabilitation counseling, occupational therapy, recreation therapy and nutrition. The unit provides active treatment for individuals diagnosed with a serious and persistent mental illness. Principle treatment modalities include assessment, medication management, individual therapy, group therapy, family involvement and therapeutic programming to assist each person in the recovery process.

Unit 7 North (67--Co-Ed Unit) is a 26-bed inpatient unit serving adult men and women age 18 and older. Team members represent the disciplines of psychiatry, medicine, nursing, psychology, social work, education, rehabilitation counseling, occupational therapy, recreation therapy and nutrition. The unit provides active treatment for individuals diagnosed with a serious and persistent mental illness. Principle treatment modalities include assessment, medication management, individual therapy, group therapy, family involvement and therapeutic programming to assist each person in the recovery process. This unit also specializes in serving Forensic and Criminal Procedure law populations.

Unit 5 North (65--Geriatric Unit) is a 26-bed unit serving adult men and women. The unit is organized to accommodate older and often more medically compromised patients. The Unit has a multidisciplinary team consisting of various disciplines including psychiatry, medicine, nursing, psychology, social work, occupational therapy, recreation therapy, nutrition, and mental health therapy aids. The unit provides active treatment for individuals diagnosed with a serious and persistent mental illness. Principle treatment modalities include assessment, medication management, individual/group therapy and therapeutic programming to assist each person in their recovery process. The unit also specializes in medically frail and elderly populations.

DIDACTIC SEMINAR SERIES

The didactic seminar series is required for all interns. Seminars meet for two hours per week for a specified number of sessions. Seminars are held on Tuesdays which gives all interns the opportunity to spend one day a week together, furthering intern interaction and socialization. This combination of seminars and rotation experiences provides the vehicle by which interns acquire and practice the application of psychological concepts and scientific knowledge to the professional delivery of psychological services. In addition to the didactic seminars offered at BPC, interns may attend Grand Rounds offered by the Psychiatry Department at State University of NY at Buffalo, Satellite Grand Rounds offered by the NYS Office of Mental Health, and weekly CME series offered by the Psychiatry Services at BPC.

Didactic Seminars may include such topics as:

- Differential Diagnosis
- Transference & Countertransference
- Introduction to Treatment Planning
- The Neuropsychological Examination
- Introduction to Psychoactive Medications

BPC - DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

- Medical Co-Morbidity in a Psychiatric Hospital
- Suicide Risk Assessment
- Safety Planning for At-Risk Patients
- Social and Emotional Aspects of Hearing Impairments
- Involuntary Admissions and Criminal Procedure Law
- Introduction to Ethical Forensic Practice with PWDD/ID
- Women, Schizophrenia, and Relationships
- Self-care
- CBT for Psychosis
- Dialectical Behavioral Therapy
- Acceptance & Commitment Therapy
- Mental Health Response to Emergency/Disaster Situations
- Multicultural Issues in Mental Health Treatment
- Outpatient Mental Health and Case Management
- Psychiatric Treatment of Children and Adolescents
- Introduction to Recipient Supports
- The Function of Occupational Therapy in Psychiatric Rehabilitation
- Careers for Psychologists in Administration
- Traumatic Brain Injury
- Person-Centered Framework of Risk and Support for PWDD
- Autism
- Mindfulness with PWDD
- Introduction to Forensic Psychology
- Couples and Family Therapy
- The Role of Assertive Community Treatment (ACT) for Psychiatric Patients
- Dual Diagnosis

PROGRAM RESOURCES

Interns have access to a variety of computerized psychological assessment materials including: Rorschach (RIAP 4), MMPI-2, MMPI-A, PAI, and MCMI. The Psychology Department maintains a supply of frequently used assessment instruments which interns and staff can access. Interns also have access to audio equipment and it is possible to audio tape sessions in accord with facility policies pertaining to such. In addition, interns can have access to the University at Buffalo Library Resources NETWORK and the New York State Library. At the Psychology Department and on all units, telephones, fax machines, and photocopying equipment are available. All interns have access to individual voice mail and e-mail accounts.

ADDITIONAL RESOURCES

The Education & Training Department of BPC is not only responsible for meeting the training needs of the Center staff but also provides educational services to the community in relation to topics involving mental health. Its resources include classroom space and a library. These resources are available to interns who may wish to undertake a project in staff or community education.

INTERN EVALUATION OF INTERNSHIP PROGRAM

In addition to evaluating interns' progress, the training program itself needs to be involved in self-evaluation. This is accomplished through a couple of approaches:

1. Evaluation forms are also completed regarding each didactic seminar the intern attends. These evaluations are reviewed by the Training Director and each didactic seminar leader. Information gathered from these formal written evaluations is also used by the Training Committee in its regular reviews of policies, procedures and content of the training program.
2. At the end of each rotation, interns complete a Rotation Assessment Form (see Appendix). The Training Director uses this form, along with reports from supervisors at the Training Committee meetings, to determine if the student is meeting quantitative requirements of the internship, e.g., exposure to a diversity of clients, clinical problems, treatment settings and treatment modalities; and completion of the required number of psychological assessments. The amount and quality of supervision received by the intern on each rotation is evaluated, the intern's perception of the extent to which his/her goals for each rotation are being met is reviewed.

The Training Director collects all the available evaluation data and provides feedback to the Training Committee about the training program and interns at a regularly scheduled meeting.

At the end of the year, each intern is asked to complete a general evaluation survey. Interns then meet with the Training Director to discuss their feedback, areas of particular importance (positive or negative), and to recommend changes. The Training Director and Training Committee use this feedback loop in planning for the internship direction.

POLICY AND PROCEDURES FOR CONDUCT OF INTERNSHIP TRAINING

Governing Principles

- A. Policies and procedures formulated in regard to internship training will be consistent with criteria for Standards for the Providers of Psychological Services and the Ethical Standards of Psychologists of the American Psychological Association and promulgated by the Association of Psychology Postdoctoral and Internship Centers.
- B. The Training Director and Chief Psychologist (in consultation with the Training Faculty) of the Department of Psychology at Buffalo Psychiatric Center will be responsible for administration of the internship program.

Training Faculty

Administrative Staff

Peter Kost, Ph.D., Chief Psychologist

Bill Reynolds, Psy.D., Training Director

Psychology Department Staff:

Amy Brook, Ph.D.

Patricia Roy-Petrick, Ph.D.

Christopher Keller, Psy.D.

Barbara Roos, Ph.D.

Katherine Neely, Ph.D.

Martha Totin, Psy.D.

Sarah Marchand, Ph.D.

Jennifer Schwenkbeck, Ph.D.

Amber Marcucci, Psy.D.

Amy Beth Taublieb, Ph.D.

- A. The Training Faculty will be composed of:
 - 1. Intern supervisors and seminar instructors
 - 2. Other members of the Psychology Department who are interested in making a contribution to the internship program.
- B. Training Faculty meetings will be open to all BPC and affiliated agency psychologists. Members of other disciplines may attend as invited guests. Voting will be restricted to current members of the Training Faculty.
- C. Criteria for Intern Supervisors - supervisors will be Licensed Psychologists. Generally, supervisors will be at BPC for at least six months before being scheduled as a primary intern supervisor (exceptions may be considered by the Training Director, Chief Psychologist, and the Training Faculty if significant familiarity with the program or supervisory experience warrants). Every effort will be made to ensure that intern supervisors have had some previous supervisory experience before being assigned the role of intern supervisor and all new supervisors will be provided supervision of supervision by the Training Director.
- D. The Training Faculty will meet once a year (in May) to discuss the upcoming training year. The Training Director will schedule additional meetings of the Training Faculty as needed. The Training Faculty will be co-chaired by the Chief of Psychology and the Training Director, and will be an advisory body to the Training Director and the Training Committee.
- E. Ultimate responsibility and authority for matters concerning the internship will rest in the hands of the Training Director.
- F. Standing Committees. The Training Faculty will have two standing committees.
 - 1. The Executive Training Committee (Training Committee) that is comprised of the Training Director, Chief Psychologist, and at least two other members of the Training Faculty.

The Training Committee will meet at least quarterly and will review and approve major policy changes initiated by the Training Director, other members of the Training Committee or other members of the Training Faculty. It will also consider major issues that arise during the training year.

The Training Committee by majority vote can implement a major training policy change. Members of the Training Faculty are encouraged to submit items for consideration to the Training Committee, and will be invited to attend the Training Committee meeting at which their agenda item is being considered. Except for those instances the Training Committee will meet in closed sessions. The Training Director will be responsible for the routine management of the internship and will inform the Training Committee of issues and decisions as they arise.

2. The Internship Selection Committee (Selection Committee) that is comprised of the Training Director, Chief Psychologist, and at least two other members of the Training Faculty.

The Selection Committee will meet at least monthly during the application period, from November to February, to review applications, conduct interviews, determine rankings, and review selection processes each year after the match to determine necessary changes for the next year.

- F. Ad Hoc Committees: will be appointed by the Training Director as needed.
- G. Amendment of Policies and Procedures. The policies and procedures for the conduct of the Internship Training Program can be amended by a majority vote of the Executive Training Committee. The Training Director will review these procedures annually and if necessary will recommend amendments to the By-Laws. Any member of the Training Faculty can also make recommendations for amendment of the By-Laws.

Maintenance of Intern Records

Intern records are maintained in a locked file cabinet located in the Director of Training's office. The Director of Training and Chief Psychologist have access to intern records. The following records are maintained indefinitely:

- Certificates of completion for all interns
- All intern evaluations
- Description of training experience (training goals forms and a copy of the handbook for their training year)

GLOSSARY

2 PC	Admission status: involuntary per certification of 2 physicians that it is necessary
ACT team	Assertive Community Treatment (Team based in-home services, including MD)
AOC	Administrator On Call (nights and weekends)
AOT	Assisted Outpatient Treatment (per Kendra's law) Mandatory court ordered outpatient adherence
CPEP	Comprehensive Psychiatric Emergency Program (a "psych ER")
CPL	Criminal Procedure Law (relates to forensic patients who have been arrested for a crime)
CPL 330.20	Used for patients found not guilty by reason of insanity (NGRI). Number refers to statute.
CPL 730	Used for patients discharged from jail or forensic hospital for "final order of observation" or restoration of competency
CYS	Children and Youth Services (Children are 12 and under, Youth 13-18)
DOCS	Department of Corrections (NY State)
OPWDD, DDSO, DSO	Office for People with Developmental Disabilities (formerly Developmental Disabilities Services Office)
DTS/DTO	Dangerous to self/Dangerous to others
GOMPS	Part of a Treatment Plan or Individual Service Plan (Goals, Objectives, Methods, Problems, Strengths)
ICM	Intensive Case Manager
ISP	Individual Service Plan (The Outpatient version of a Treatment Plan)
MHARS	Electronic medical record used here (Mental Health Automated Record System)
MHLS	Mental Hygiene Legal Services (free to patients, for mental hygiene law only)
NA	Nurse Administrator
NAOD	The nurse administrator on duty (e.g. evenings/weekends when there is only one at BPC)

GLOSSARY^{con't}

OCFS	Office of Children & Family Services (juvenile justice) [Formerly Division for Youth – DFY]
OD	The on-call physician (stands for officer of the day or on duty)
OT	Occupational Therapist, Occupational Therapy
PSOL	Psychologist, Psychology dept.
PT	Primary Therapist or Physical Therapist, Physical Therapy
RT	Recreational Therapist, Recreational Therapy
RTC	Residential Treatment Center for children/adolescents
RTF	Residential Treatment Facility – like an RTC but for youths with more serious needs; a higher level of care than an RTC
SISO	Sign in- Sign out sheet – you will complete one sheet each week
SO	Special Observation status – SO1 is Constant (eyes on), 1:1, and within arm's length and SO2 is Constant (eyes on), 1:1, but not necessarily within arm's length
SOCR	State Operated Community Residence – Grant St, Olmsted, Strozz, Waterfront
SRO	Single Room Occupancy - Residence with some supervision, meals, medication
TA / MHTA	Mental Health Therapy Aide
T & A	Time and Accrual Sheet – each sheet covers 4 weeks (4 SISOs)
TOO	(court-ordered) inpatient Treatment Over Objection
TP, TPR	Treatment Plan, Treatment Plan Review
TTL	Treatment Team Leader

THE COMMUNITY AND SURROUNDING AREA

Metropolitan Buffalo area has a population of approximately 1,135,509 inhabitants. Buffalo is a city on the shores of Lake Erie in western upstate New York. Its fine neoclassical, beaux arts and art deco architecture speak to its history as an industrial capital in the early 20th century. Its landmarks include the Frank Lloyd Wright-designed open-plan Darwin D. Martin House and the Albright-Knox Art Gallery, a Greek Revival museum with works by Picasso and Warhol. Other attractions include the Theodore Roosevelt Inaugural National Historic Site, the emerging “Canalside” waterfront district, Elmwood Village, a vibrant theatre district, and more than 400 independently owned restaurants (serving our famous chicken wings and more). Niagara Falls and Canada are within easy driving distance.

There are several state parks, hiking trails, and other recreational activities including several ski resorts. For sports fans, Buffalo offers major league football and hockey with the Buffalo Bills and Buffalo Sabres. In addition, Buffalo offers Triple A baseball with the Buffalo Bisons and lacrosse with the Buffalo Bandits.

In addition, long distance bus companies, as well as regional companies, service the area, as does Amtrak. Niagara Falls and Toronto Canada are easily within a one-day automobile drive.

The area is served by many television stations, and numerous AM and FM radio stations. A major Buffalo newspaper, plus weekly alternative papers also serve the area. The Buffalo area offers a wide variety of houses, apartments, and townhouses in an affordable price range.

APPENDIX

Intern recruitment and selection

APPLICATION REQUIREMENTS

Buffalo Psychiatric Center offers 2 full-time internship positions. Applicants should be students in good standing in a doctoral program in Clinical or Counseling Psychology.

Buffalo Psychiatric Center (and the New York State Office of Mental Health) is an affirmative action equal opportunity employer and abides by all laws pertaining to fair employment practices. Established policies regarding race, color, religion, creed, age, gender, national origin, ancestry, marital status, physical or mental disability, veteran status or sexual orientation are in place to ensure equitable treatment of all employees and applicants. Policies also have been established which ban sexual harassment and/or intimidation, including verbal harassment or abuse, demands or subtle pressure for sexual activities or favors. The Psychology Department and Internship Training Program are committed to respecting and understanding cultural and individual diversity in its admission and training policies and the program is committed to the recruitment of culturally and ethnically diverse interns. Inquiries and applications are encouraged from all qualified individuals.

APPLICATION PROCESS

The following application materials are to be provided consistent with the APPIC AAPI online process:

1. A completed Online AAPI (APPIC's standard application)
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI). Please submit no more than three SRFs.
5. Official transcripts of all graduate coursework

BPC will abide by APPIC guidelines for internship selection. The deadline for all applications is **NOVEMBER 16, 2018**

Buffalo Psychiatric Center agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. BPC will be participating in the APPIC Internship Matching Program.

All applicants must obtain an Applicant Agreement Package from National Matching Services, Inc. (NMS) and register for the matching program in order to be eligible to match to BPC You can request an Applicant Agreement package from NMS through the Matching Program web site at www.natmatch.com/psychin or by contacting NMS at either of the addresses, phone or fax numbers shown below:

National Matching Services, Inc. National Matching Services, In.
595 Bay Street P.O. Box 1208
Suite 301, Box 29 Lewiston, NY 14092-8208
Toronto, Ontario, Canada Telephone: (716) 282-4013
M5G 2C2 Fax: (716) 282-0611
Telephone: (416) 977-3431 Fax: (416) 977-5020 E-mail: psychint@natmatch.com

SELECTION OF INTERNS

Application Screening and Interview Processes

The Internship Program will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. A minimum of 20 intervention hours;
2. A minimum of 20 assessment hours;
3. Dissertation proposal defended;
4. Some experience or special interest in working with diverse populations;
5. Practicum experience in psychological assessment of adults
6. Current enrollment and good standing in an APA-accredited doctoral program.

All applications will be screened by the Training Committee, using a standard Application Rating Scale, and evaluated for potential goodness of fit with the internship program. The Training Committee will hold a selection meeting to determine which applicants to invite for interviews based upon the results of this screening process. If applicants are invited to interview, they will be notified by email on or before **December 15, 2018**. Interviews will be scheduled in December and early January and will occur in person with the entire Training Committee. Telephone interviews are considered on a case by case basis. In Phase I, a personal interview is much preferred as it provides more data for both parties to make their decision. Interviews will be conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as appropriate. Personal interviews will consist of individual meetings with the Training Director and at least one psychologist. Interviewees will also have the opportunity to meet with the current Intern Class. Up to four intern applicants may be scheduled at each interview time.

Participation in the APPIC Match

The Training Committee will hold a meeting within two weeks of the final interviews being completed, in order to determine applicant rankings. The full application package and information gleaned from the interview process will be utilized in determining applicant rankings.

As a member of APPIC, the Internship Program will participate in the national internship matching process by submitting its applicant rankings to the National Matching Service. The Internship Program agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions regarding any part of the selection process or the Internship Program's academic preparation requirements may be directed to the Training Director.

All interns who match to the Internship Program must provide proof of citizenship or legal residency and must successfully pass a fingerprint-based background check before beginning employment. Interns also must provide results from a tuberculosis (TB) screening test from the previous 12-months. Instructions for providing this information or completing the background check and TB screening will be sent out to all who match after the match process is complete.

ADMINISTRATIVE AND FINANCIAL ASSISTANCE

Internship Training Year:

You are expected to be here for the entire year. If you will be taking a job at the end of the internship, potential employers should be informed of this commitment ahead of time so that they understand your availability. However, you may use your accrued vacation leave time to leave BPC up to two weeks early, with prior approval of the Training Director and your supervisors.

You are expected to be at your rotation site or the Psychology Department Monday through Friday, 8:00 a.m. to 4:30 p.m., unless your rotation schedule is otherwise noted. Tuesdays are typically seminar days. When seminars are not scheduled, you are expected to be at one of your rotation sites or within Buffalo Psychiatric Center facilities. **Working at home during business hours is not allowed.**

As a professional, you must always dress in a manner appropriate for the clinical activities that you will be engaged in.

Training Period and Salary:

The internship year is 2,000 hours from August 2, 2018 to July 31, 2019.

The current salary for interns at BPC is \$33,500 per year.

Holidays:

You are entitled to all holidays given to New York State employees. You may have the option taking the holiday on the day given, or accruing the holiday for future use. You may also opt to receive monetary compensation for the holiday. Because of the way interns are paid (and the inability to use Vacation Leave for the first 6 months), it is to your advantage to take the holiday time rather than the monetary compensation.

Personal Leave:

You have five personal leave days that may be used at any time (including the first six months and the final week of employment).

Professional Leave:

You may take up to three days during the internship year for attendance at professional conferences, job interviews, or dissertation defense. Under special circumstances, additional days may be granted at the discretion of the Training Director. Requests must be submitted one week in advance of departure dates.

Vacation:

You will accrue 12 days of vacation time during the training year at the rate of one day a month. **You may not use vacation leave during the first six months of employment.** You may not use more vacation leave than you have accrued. It is advisable not to schedule your vacation

during the first week of a new rotation. You must request vacation at least one week prior to your departure. Time-off requests are available from your supervisor. Please indicate on the Time Off request that you have gotten the approval of your rotation supervisor(s) before giving it to the Training Director for final approval. It is your responsibility to make professional arrangements to cover any responsibilities during your time away.

Sick Leave:

You will accrue 12 days of sick leave during the training year at the rate of one day a month. As with vacation leave, you may only use sick leave after it is accrued and you may not use more sick leave than you have earned. To do so will result in Leave Without Pay Status. As a professional, you are expected to use these days for illness only. Be sure that your supervisor is informed of patient responsibilities that will need to be covered during your illness. You should call or text your rotation supervisor and the Training Director to report that you will not be into work. Please also ask your supervisors how call-ins are handled on your work units.

Comp Time:

Comp time is not accrued or used at BPC by psychology interns.

Mailboxes:

Your mail can be picked up at the Psychology Department. The formal mailing address is Buffalo Psychiatric Center, 400 Forest Avenue, Buffalo, NY 14213.

Communication:

You will be set up with an e-mail account. It is your responsibility to check your e-mail frequently. The majority of communication within Buffalo Psychiatric Center is done via e-mail. You will have one voice mail account. It is your responsibility to set up and check your voice mail regularly.

Parking:

Parking is free. In general, you may use any parking lot at BPC available to staff. Please make sure your parking pass is visible on the forward-facing side of your rear view mirror.

Paychecks/Direct Deposit Stubs:

Paychecks are distributed every two weeks on Thursdays. If you have elected to have your paycheck deposited directly into your account, you will still need to sign for your direct deposit stub from the Business Office. All paychecks and direct deposit stubs are to be picked up and signed for no later than Thursday at 4:00 p.m. At that time, remaining checks will be returned to the Business Office.

Please note: New York State employees are paid on a lag basis of between 10-15 work days. Therefore, your first salary check will not be received until approximately three to four weeks after your starting date.

Weekend and After-hours Access to the Strozzi Building:

If you have a need to enter the Strozzi Building after hours or on the weekend, you will need to notify the Safety Department when entering the building; failing to do so may trigger a silent alarm system.

Keys:

You will be issued keys for the Strozzi Building. Keys for some rotations sites will also be provided through the Psychology Department. However, keys for most rotations will need to be ordered and/or issued by the rotation site. **All keys must be turned in to the Psychology Department in August before you leave the internship.** (The BPC termination/separation paperwork includes a space for a representative from “*Plant Operations*” to sign off that keys have been returned – however, the Training Director or Chief of Psychology can and will sign off that keys have been returned.)

End of Internship:

At the completion of the internship in August, you will be expected to return all materials that are BPC materials (this includes testing materials, books, etc.). *You will also need to turn in a list of the patients that you have seen throughout the year at BPC.* At the beginning of July, you will be given a checklist of things that need to be done before you may leave the internship that will include turning in to the department at least three work samples: Testing reports with patient identifiers redacted.

Policy on Social Media and Answering Machines:

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to "private" and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, Buffalo Psychiatric Center and the New York State Office of Mental Health has an interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, that information may result in disciplinary actions by Buffalo and/or the internship program. As a preventive measure, interns (and faculty) are advised to approach social media carefully. In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>

The Office of Mental Health (OMH) and Buffalo Psychiatric Center (BPC) encourage its' work force to use the Internet in support of work responsibilities. The Internet offers a valuable resource for employees and can provide benefits to OMH. Limited personal use of the Internet during lunch and break times will be permitted provided it does not interfere with official duties or consume excessive resources. Such use should be limited in frequency and duration of use. Use of OMH Internet access to accomplish job responsibilities must always have priority over personal use.

OMH Internet access **misuse** includes, but is not limited to, accessing web-based personal email accounts (e.g., Gmail, hot mail, yahoo mail, etc.). Like all Buffalo employees, psychology interns must comply with the facility's Internet Use Policy

Requirements for successful internship performance

For successful completion of the doctoral internship training program at Buffalo Psychiatric Center, the intern will be expected to:

1. Work 40 hours per week for one year, not including holiday, vacation, and sick leave. Time off requests must be signed by the Training Director. Any deviation from the regular 40-hour work weeks must be approved by rotation supervisors and the Training Director. Interns are required to track their hours in the Monthly Internship Tracking form (or similar means such as Time2Track) and to hand them in to the Training Director at the end of each month.
Note: Successful completion of this internship requires 2000 hours.
2. Attend and participate in Internship Orientation. Attend all training sessions mandated by the Buffalo Psychiatric Center and the State of New York. This training includes diversity, advocacy, HIPAA, information security, ethics, trauma, CPR, Therapeutic Communication, Preventing and Managing Crisis Situations (PMCS), and risk management. Additional NY State and OMH training mandates may arise over the course of the training year and psychology interns are expected to comply with those mandates – e.g., those within the Statewide Learning Management System (SLMS).
3. In conjunction with the interns' supervisor, complete the Intern Rotation Contract for all rotations.
4. Complete all required forms concerning the evaluation process. These include but may not be limited to, evaluation of seminars, both individually and as a whole, evaluation of supervisors and rotations, and evaluation of the complete internship experience.
5. Successfully complete all clinical rotations and meet objectives of each Intern Rotation Contract.
6. Attend scheduled weekly seminars. Attendance at seminars is required of all interns, unless prior arrangements have been made with the particular seminar leader(s) and the Training Director. Interns will comply with minimum standards set by every seminar leader for successful completion of that seminar. This should include minimum attendance standards, completion of assigned work, and participation in the seminar. These criteria should be as specific and quantified as the content and form of a given seminar will allow. The Training Director and Training Committee will be involved in defining seminar curriculum, scope and requirements.
7. Participate in additional professional education opportunities such as Grand Rounds, in-service programs, seminars, workshops, etc., as available during the year.
8. Attend weekly individual supervision provided by the clinical supervisor on each rotation. Supervision requirements include two hours per week of supervision per rotation, totaling at least four hours of supervision weekly.

9. Complete all assigned psychological assessment batteries with written reports. Over the course of the training year, the intern will complete a minimum of 6 psychological assessments (the minimal standard of which is a written report integrating the results from more than one psychological test, along with the patient history and behavioral observations/interview data). However, it is expected that each intern will do more than the minimum. The total number of psychological assessments will be dependent upon skill level and training needs of the intern as well as the clinical demands of the rotation. Draft psychological assessment reports are completed as Word Documents and stored in each intern's folder on the HIPAA compliant network drive. After final supervisor approval, these are then pasted into the MHARS Psychological Evaluation form in the patient's record and confirmed.
10. Assist in the selection of the next internship class.
11. Conduct him/herself in accordance with the Ethical Principles of the American Psychological Association and with the policies and procedures of the New York State Office of Mental Health, and Buffalo Psychiatric Center.
12. Achieve competence within each of the internship program's required competency areas.

Supervision

Supervision is seen as a core component of the internship experience. Therefore, interns are regarded as trainees and their direct service responsibilities are always assigned with particular attention to their individual training needs. Interns receive three hours of individual face to face supervision in addition to one hour of group supervision each week. In addition, each intern receives in-depth supervision on psychological assessment batteries. Supervisors hold ultimate professional responsibility for the clinical services provided by interns.

Interns are also responsible for presenting one case to the Case Conference Seminar in which other interns and seminar leaders provide group supervision. The therapeutic orientations and supervisory styles among the training staff are varied and an attempt is made to match supervisors with the particular needs and preferences of each intern. Supervision is typically based on intern report, direct observation, audiotapes, videotapes and/or progress notes of each session. The Psychology Department's model of supervisory training encourages the growth of each intern, provides quality professional role models, and emphasizes the development of the psychologist as an emerging professional.

All interns will have sufficient supervision with licensed psychologists to meet the requirements for licensure within New York State.

Evaluation of Intern Performance

The BPC internship program has the responsibility to continually evaluate and provide feedback to each intern. The primary purpose of this assessment is to facilitate professional and personal growth. This assessment is provided on a continual and timely way. Each intern's performance is formally evaluated at regular three-month intervals by their supervisors utilizing a standard form (see Appendix). At each evaluation period, each intern supervisor is asked to comment on the progress of each intern on specified areas. The Training Director compiles the evaluations and reports these findings to the Training Committee. This information is used to revise and improve the training program.

The Intern Evaluation Form allows supervisors to rate the interns' performance within each of the program's nine required areas of competency (see Profession Wide Competencies above.) Each of the Competencies is rated on a 5-point scale which provides anchors for each of the ratings. For intern evaluations done prior to the completion of the internship, it is expected that the intern will be rated at a level of competence of **3** (intermediate) or higher. By the end of the internship it is expected that at least 80% of the competency areas will be rated at level of competence of **4** (high intermediate) or higher, and that no area of competency will be rated below a 3, as the intern is then expected to demonstrate the level of competence expected of an entry level professional. Any rating below a 3 on any formal evaluation will result in implementation of the Due Process procedures in order to facilitate remediation and to promote intern success. Interns also are asked to evaluate their own competencies using this format at the beginning and end of the year.

It is expected that the evaluation process will be collaborative and will involve meeting with the intern to review feedback and any recommended changes to the intern's contract and/or activities. The last section of this form includes room for a global evaluation in narrative form, an overall rating regarding achieved expectations, signatures, and dates for both intern and supervisor. The Training Director provides a midyear and final evaluation narrative report to the intern's graduate training program based upon feedback from each intern's immediate supervisors.

How to complete the Monthly Intern Time Tracking Sheet

The spreadsheet is designed to be **updated often (e.g., weekly)**. To do this, you need only input data into the **grey** fields in the spreadsheet for each month - the data will be aggregated into the monthly totals on each sheet and the yearly summary sheets

If you've been lax in updating the sheet regularly and need to account for your activities long after the fact, you have several options depending on the level of precision in your capacity to recall/reconstruct your activities over the year:

1) If you have sufficient other documentation and/or are otherwise capable of recalling and reconstructing a **week-by-week** account of your internship activities (broken down into rather specific categories), do so by inputting the data into the **grey** fields in the spreadsheet for each month - this data will be aggregated into the monthly totals on each sheet and the yearly summary sheets. [Print out and hand in each monthly sheet (Landscape orientation) and Year Sum A (Portrait orientation).] *(I would think this pretty much impossible if you haven't been keeping very close track of things all along the way. If you have, via time-to-track or similar service, you need only print out the monthly and yearly summaries from that program and hand those in and don't bother with the spreadsheet.)*

2) If you have sufficient other documentation and/or are otherwise capable of recalling and reconstructing a **month-by-month** account of your internship activities (broken down into rather specific categories), do so by inputting the data into the **yellow** fields in the spreadsheet for each month - this data will be aggregated into the monthly totals on each sheet and the yearly summary sheets. [Print out and hand in each monthly sheet (Landscape orientation) and Year Sum A (Portrait orientation).] *(To me, this seems only marginally less daunting than option 1 if you have waited a long time since last updating the spreadsheet.)*

3) If you have sufficient other documentation and/or are otherwise capable of recalling and reconstructing a **month-by-month** account of your internship activities (broken down into more **general categories**), do so by inputting the data into the **red** fields in the spreadsheet for each month - this data will be aggregated into the monthly totals on each sheet and the Year Sum B sheet. [Print out and hand in each monthly sheet (Landscape orientation) and Year Sum B (Portrait orientation).]

4) If you can, in good conscience, reasonably guesstimate the amount of time you've spent in each of the specific activities identified **over the course of the year**, input these numbers into the **yellow fields in Year Sum A** [Print out and hand in only Year Sum A (Portrait orientation).]

If you can't do options 1 or 2 (which are preferred) but can do either option 3 or 4, please do option 4.

Please do not hesitate to approach the Training Director with any questions.

BPC - DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Buffalo Psychiatric Center Doctoral Internship In Clinical Psychology: Intern Evaluation

Intern: _____ Supervisor: _____ Date of Evaluation: _____

Methods used in evaluating competency:

____ Direct Observation ____ Review of Audio/Video ____ Case Presentation ____ Documentation Review ____ Supervision
 ____ Peer Review Recipient/ Family Feedback ____ Self-Assessment (specify) ____ Other

Scoring Criteria: 1 Needs Remedial Work 2 Entry Level 3 Intermediate	4 High Intermediate 5 Advanced N/A--Not Applicable/Not Observed/Cannot Say
--	--

Profession-Wide Competency Area:	Intervention
Establishes and maintains effective relationships with recipients of psychological services	
Develops evidence-based intervention plans	
Implements interventions informed by the current scientific literature	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches	
Evaluates intervention effectiveness and adapts intervention goals and methods with ongoing evaluation	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	
Profession-Wide Competency Area:	Research
Demonstrates the substantially independent ability to critically evaluate research.	
Demonstrates the substantially independent ability to disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level.	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	
Profession-Wide Competency Area:	Ethical and Legal Standards
Demonstrates knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct	
Demonstrates knowledge of and acts in accordance with all organizational, local, state, and federal laws, regulation, rules and policies relevant to health service psychologists	
Demonstrates knowledge of and acts in accordance with all professional standards and guidelines.	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them.	
Conducts self in an ethical manner in all professional activities.	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	

Profession-Wide Competency Area:	Assessment
Demonstrates knowledge of current diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
Demonstrates understanding of human behavior within its full context (e.g. family, social, societal, and cultural)	
Applies the knowledge of client strengths and psychopathology to assessment and/or diagnostic process with sensitivity to cultural and individual differences	
Selects and applies assessment methods that draw from the best available empirical literature	
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 client	
Interprets assessment results to inform case conceptualization, classification, and recommendations	
Communicates findings in an accurate and effective manner	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	
Profession-Wide Competency Area:	Professional Values, Attitudes, and Behaviors
Behaves in ways that reflect the values and attitudes of psychology	
Engages in self-reflection regarding personal and professional functioning	
Demonstrates openness and responsiveness to feedback and supervision.	
Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training.	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	
Profession-Wide Competency Area:	Interprofessional and Interdisciplinary Consultation
Demonstrates knowledge and respect for the roles and perspectives of other professions.	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	

BPC - DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Profession-Wide Competency Area:	Cultural and Individual Diversity
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity	
Integrates knowledge of individual and cultural differences in the conduct of professional roles	
Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.	
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may differ from their own.	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	

Profession-Wide Competency Area:	Supervision
Demonstrates knowledge of supervision models and practices	
Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals.	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	
Profession-Wide Competency Area:	Communication and Interpersonal Skills
Develops and maintains effective relationships with a wide range of individuals	
Produces and comprehends oral, nonverbal, and written communications	
Demonstrates effective interpersonal skills	
AVERAGE SCORE FOR PROFESSION WIDE COMPETENCY	#DIV/0!
Comments:	

OVERALL RATING (average of PWC scores)	#DIV/0!
Comments on Intern's overall performance:	

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern Signature _____ Date _____

Supervisor's Signature _____ Date _____

Buffalo Psychiatric Center APPLICANT FILE RATING FORM

Rating System: 1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Exceptional

Applicant's Name _____ University/Degree _____
Accredited Doc Program? Y/N _____ Reviewer's Name _____
Convictions or disciplinary items noted? Yes _____ No _____

Letters/Samples/Essays

Cover Letter _____ 1 2 3 4 5
Letters of Reference _____ 1 2 3 4 5
Sample Report _____ 1 2 3 4 5
Case Conceptualization _____ 1 2 3 4 5
Essay 1- Autobiography _____ 1 2 3 4 5
Essay 2- Theoretical Perspective _____ 1 2 3 4 5
Essay 3- Diversity _____ 1 2 3 4 5
Essay 4- Research _____ 1 2 3 4 5

Experience – Practicum/Program Sanctioned Work Experience

Dissertation Proposal Complete? Y/N _____ Dissertation Defense Complete? Y/N _____

Individual Hours – Adult _____ Child/Adolescent _____ Total Hours _____ #Clients _____ 1 2 3 4 5
Group Hours – Adult _____ Child/Adolescent _____ Total Hours _____ #Groups _____ 1 2 3 4 5
Family Hours - # Hours _____ # Families _____ 1 2 3 4 5
Couples - # Hours _____ # Couples _____ 1 2 3 4 5
Medical/Health Related - # Hours _____ # Clients _____ 1 2 3 4 5
Intake- # Hours _____ # Clients _____ 1 2 3 4 5
Substance Abuse - # Hrs _____ # Clients _____ 1 2 3 4 5
Consultation- # Hrs _____ # Clients _____ 1 2 3 4 5
Other Interventions- # Hrs _____ # Clients _____ 1 2 3 4 5
Testing Hours _____ 1 2 3 4 5

Supervision of Other Students? Yes _____ No _____

Outreach Experience? Yes _____ No _____

Integrated Reports _____ 1 2 3 4 5
Total Intervention and Assessment Hours _____ 1 2 3 4 5
Experience w/ Diverse Populations _____ 1 2 3 4 5
Overall fit for this Site: _____ 1 2 3 4 5

NOTES:

Diverse populations:

Anticipated Practicum Experience:

Other Relevant Clinical Experience:

Additional Comments:

Buffalo Psychiatric Center SUPERVISOR EVALUATION FORM

To assure a quality psychology training program, it is necessary to receive periodic feedback on the quality of supervision. This form is designed to elicit this type of information. Please make your own evaluations; do not discuss this with other students. Upon completion of this form please return it to the Director of Psychology Training.

Supervisor's Name: _____

Supervision Quarter (circle one) August – October November – January
 February – April May – July

Please rate your supervisor's performance in each of the following areas.
 Try not to let your rating in one category influence your rating in another category.

5 = Outstanding 4 = Exceeds Expectations 3 = Satisfactory 2 = Needs Improvement 1 = Poor

	Outstanding				Poor
Shows Enthusiasm	5	4	3	2	1
Generates Enthusiasm	5	4	3	2	1
Provides Professional Instruction	5	4	3	2	1
Maintains Supervision Schedule	5	4	3	2	1
Motivates Quality Experience	5	4	3	2	1
Communicates Freely	5	4	3	2	1
Preparation for Supervision	5	4	3	2	1
Respect for Other Viewpoints	5	4	3	2	1
Availability/Accessibility	5	4	3	2	1
Stimulates Discussion	5	4	3	2	1
Puts One at Ease	5	4	3	2	1
Serves as a professional role model	5	4	3	2	1
Encourages timely and successful completion of the internship program	5	4	3	2	1
Supports navigation of issues related to cultural and individual diversity	5	4	3	2	1

Overall Rating (Sum of Scores/14) _____

Positive Qualities _____

Improvements that could be made _____

Other comments (use back of sheet if needed) _____

9. Attitude of unit to interns (i.e., comfort level)

10. General satisfaction level (i.e., would you repeat your choice?)

Other Comments

Training Director Review Date: _____

BPC Internship Program Due Process and Grievance Procedures

Rights and Responsibilities

The following Grievance and Due Process procedures are a protection of the rights of both the interns and the training program, and also carries responsibilities for both.

Interns: The intern has the right to be afforded with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive. The intern has the right to be treated in a manner that is respectful, professional, and ethical. The intern has the right to participate in the Due Process procedures by having his/her viewpoint heard at each step in the process. The intern has the right to appeal decisions with which he/she disagrees, within the limits of this policy. The responsibilities of the intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Internship Training Program: The program has the right to implement these Due Process procedures when they are called for. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an intern, including probation, suspension, and termination, within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

Grievance Procedures

Difficulties and conflict may arise for various reasons during the course of the internship year. These situations are typically resolved by the intern addressing the issue with the person directly involved.

It is the intern's first responsibility to attempt to address the issue informally and directly with the person involved. If resolution is not achieved informally with the person involved, the intern will formally contact his/her direct unit supervisor with a written statement of their grievance and documentation of their attempt to resolve the issue informally. The direct unit supervisor will arrange a meeting within 10 business days of receipt of the formal grievance. The meeting will be with the persons involved in order to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the conflict. If the meeting is not successful, the Training Director is given the relevant information in writing by the direct unit supervisor. If the grievance is with the direct unit supervisor and attempts at resolving the problem with the direct unit supervisor have not been successful, the intern will submit a formal written grievance go to the Training Director that describes their grievance and documentation of their attempt to resolved the issue with their direct unit supervisor. If the grievance is with the training program or the agency, the intern should submit a formal written grievance directly to the Training Director describing the grievance.

The Training Director may first propose a solution to the conflict that will be implemented only if agreed to by all persons involved. If such a solution is not found, the Training Director will review the information and appoint and chair a three-member group chosen by the Training Committee to study the issue:

1. This group will be responsible for reviewing information gathered by the supervisor as well as any actions taken by the intern and/or the supervisor in efforts to resolve the conflict. The group may recommend actions to be taken including modification in the training assignment.

If the intern remains in the rotation, actions may be recommended to the intern or supervisor, usually both, and documented evidence of these actions will be expected within a stated time frame.

If a change of assignment is recommended, the intern will be responsible for contacting a new supervisor and working out an arrangement with him/her to be reviewed by the Training Committee by a specific date. The Training Director will assist in these negotiations.

2. The group's findings will be given to the Training Director.

If the grievance is against the Training Director, and if resolution cannot be affected by direct discussion with that person, the intern will contact the Training Committee who will implement the above procedures.

The intern's position, the supervisor's position and the Training Committee's recommendations will be recorded and placed in the intern's file.

Due Process Procedures for Problematic Behavior or Failure to Meet Competency Standards

The Internship program at BPC has developed a due process model that focuses on prevention and a timely response to identified problems. Due process ensures that decisions made by programs concerning interns are not arbitrarily or personally based and requires that programs identify specific evaluative procedures that are applied to all interns. Additionally, the program must have appropriate appeal procedures in place so that the intern may challenge the program's decision or action if he or she so desires.

Determining the Need for Due Process

For purposes of this document, a problem requiring Due Process is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: (1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; (2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or (3) an inability to control personal stress, psychological, and/or excessive emotional reactions which interfere with professional functioning. This policy addresses situations that typically include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality or quantity of services delivered by the intern is sufficiently negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.

6. The trainee's behavior does not change as a function of feedback, remediation, and/or time.
7. the problem has potential for ethical or legal ramifications if not addressed;
8. the intern's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problem potentially causes harm to a patient; and/or,
11. the intern's behavior violates appropriate interpersonal communication with agency staff.

As indicated previously, evaluations of intern performance are conducted regularly throughout the year to identify strengths as well as potential areas of concern that each individual intern possesses.

The below procedures are designed to be timely and fair and need to be appropriately documented and implemented in ways that are consistent with established appeal procedures. In most cases of identified intern problem, it is expected that the outcome of the deliberations will be a plan of correction action. This plan is intended to promote optimal growth for the intern, to prevent further failures and to identify a process for eventual reevaluation.

Informal Review

When a supervisor or other faculty/staff member believes that an intern's behavior is becoming problematic or that an intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a "3" on any competency on a supervisory evaluation, the following process is initiated:

- A. The intern will be NOTIFIED in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
- B. The supervisor or faculty/staff member will hold a HEARING with the Training Director (TD) and intern within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the intern will be included at the Hearing. The intern will have the opportunity to present his/her perspective at the Hearing and/or to provide a written statement related to his/her response to the problem.
- C. The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the intern in writing within 5 working days of the Hearing:
 - 1) Issue an "Acknowledgement Notice" which formally acknowledges:
 - a) that the faculty is aware of and concerned with the problem;

- b) that the problem has been brought to the attention of the intern;
- c) that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
- d) that the problem is not significant enough to warrant further remedial action at this time.

2) Place the intern on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the intern. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Remediation Plan will be shared with the intern in writing and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated; and,
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file.

3) Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Suspension Plan will be shared with the intern in writing and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated; and,
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation place the intern on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the intern's permanent file.

- D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within the internship program may be terminated. The decision to terminate an intern's position would be made by the Training

Committee and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend an intern's clinical activities during this period prior to a final decision being made, if warranted.

APPEAL Process

If the Intern wishes to challenge a decision made at any step in the Due Process procedures, he or she may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of him/herself (or another supervisor, if appropriate) and at least two other members of the training faculty who work directly with the intern. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the intern's request. 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 may uphold the decisions made previously or may modify them.

If the intern is dissatisfied with the decision of the review panel, he/she may appeal the decision, in writing, to the Executive Director. The Executive Director has final discretion regarding outcome.

RETURN TO CASHIER'S OFFICE
Human Resources Department – Separation Information

Identification Badges and Personal Alarm Devices

Identification Badges and personal alarm devices (where applicable) must be returned to the Human Resources Department prior to your last working day.

Keys

Any keys issued must be returned to the Work Control Center prior to your last working day.

Health Insurance

Your health insurance coverage continues for 28 days from the end of the payroll period in which employment ends. Continued coverage (COBRA) is offered directly through the NYS Department of Civil Service, which administers the NYS Health Insurance Program. That department will contact you directly via mail.

Retirement Contributions

If you were a member of Tier 3 or Tier 4 retirement plans, you may withdraw contributions, if not vested having less than 5 years membership. If you were a member of the retirement system between 5 and 10 years you may also withdraw your membership and contributions, but in doing so waive all rights and benefits including a future retirement allowance. The form required to do this may be obtained from the Human Resources Department. It takes approximately 3 to 4 months for this to be forwarded to you by the NYS Retirement System.

If you were a member of Tier 5 or Tier 6 retirement plan, you may withdraw your contributions, if not vested having less than 10 years membership. By withdrawing your contributions and membership, you waive all rights and benefits including a future retirement allowance. The form required to do this may be obtained from the Human Resources Department. It takes approximately 3 to 4 months for this to be forwarded to you by the NYS Retirement System.

Final Paycheck

Your final paycheck will be available 4 to 6 weeks after your last workday, depending upon when during the payroll period your separation occurred. You must complete the Authorization to Release Final Paycheck Form and return it to the Cashier's Office. That form is available from the HR Department or on the web.

Lump Sum Vacation Payments/ 5-Day Salary Withholding

If you have been employed greater than 6 months and have vacation accruals at the time of separation, you will be compensated for unused vacation up to a maximum of 30 days. That compensation will be sent to you in a separate check approximately 6 weeks after the last payroll period in which you worked.

In order to process this in a timely manner, your final Time and Attendance Records must be on file in the Human Resources Department. (Please note: Employees who retire from service are processed differently)

Union Benefit Questions

A number of benefits are provided through the employee organization that represents your bargaining unit. You should refer any questions to your union benefit fund at:

CSEA 1-800-323-2732
PEF 1-800-342-4306
NYSCOBA 1-888-484-7279

HIPPA / Confidentiality Obligations

Please be aware that under Federal Law (HIPPA) patient information obtained during the course of your employment must be maintained as confidential. Former employees who make disclosure of personal health information could subject themselves to criminal prosecution under HIPPA.

W-2 Forms

This will be mailed to your address of record at the end of January. If you change addresses following your separation, please be sure to change your forwarding address with the Human Resources Department.

Immunization Records

Departing employees may wish to consider obtaining a copy of their immunization record on file from the BPC Medical Clinic. This will provide a record of immunizations, any blood work, and PPD's. This information may be needed in future employment settings or for your personal physician.

Please note: Any facility property that may have been issued to you must be returned prior to your last scheduled day at work.

**Human Resources Department
400 Forest Avenue
Buffalo NY 14213-1298**

Telephone: (716) 816-2016
Confidential Fax: (716) 816-2554

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 7, 2018

Internship Program Admissions

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

The BPC Doctoral Internship Program (BDIP) currently offers 2 internship slots. It is our expectation that interns come prepared with the requisite counseling skills commensurate with a doctoral level candidate starting in a doctoral internship program. BDIP bases its selection process on a holistic review of the potential intern's application, including the AAPI, cover letter, CV, standardized reference forms, graduate transcripts, and writing sample. Applicants with a minimum of 20 intervention hours, minimum of 20 hours of experience with assessment, and who have defended their dissertation proposal are preferred. In addition, BDIP prefers applicants who have some experience of special interest in working with the severely mentally ill population.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	Y	Amount: 20
Total Direct Contact Assessment Hours	N	Y	Amount: 20

Describe any other required minimum criteria used to screen applicants:

Financial and Other Benefit Support for Upcoming Training Year¹

Annual Stipend/Salary for Full-time Interns: \$33,500

Annual Stipend/Salary for Half-time Interns: N/A

<u>Program provides access to medical insurance for intern?</u>	Yes	No
<u>If access to medical insurance is provided</u>		
<u>Trainee contribution to cost required?</u>	Yes	No
<u>Coverage of family member(s) available?</u>	Yes	No
<u>Coverage of legally married partner available?</u>	Yes	No
<u>Coverage of domestic partner available?</u>	Yes	No

Hours of Annual Paid Personal Time off (PTO and/or Vacation): 144

Hours of Annual Paid Sick Leave: 104

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?

Yes No

¹ Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

BPC - DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

Other Benefits (please describe):

Initial Post-Internship Positions
(Aggregated Tally for Preceding 3 cohorts)²

Date Range (e.g. 2015-2018):

Total # of interns who were in the 3 cohorts:	5	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		3
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		1
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		1

² Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.