

# Doctoral Internship in Health Service Psychology

## BROCHURE 2019-2020 Internship Year

Central New York Psychiatric Center



**Office of  
Mental Health**

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## **About Central New York Psychiatric Center**

Central New York Psychiatric Center (CNYPC) operates under the direction of the Division of Forensic Services, which oversees the forensic mental health services provided by the New York State (NYS) Office of Mental Health (OMH). CNYPC is a comprehensive mental health service delivery system providing a full range of care and treatment to persons incarcerated in the NYS and county correctional systems, individuals who are civilly confined for sex offender treatment, and persons in need of psychiatric hospitalization who are deemed at high risk of imminent and serious harm to others. Recipients of care include men and women aged 17 and over from diverse backgrounds and with varied psychiatric, medical, and behavioral issues. The mission of CNYPC is to “provide a continuum of behavioral health services for individuals with serious mental illness and/or significant behavior disorders who reside in secure environments.” CNYPC has three branches: Forensic Inpatient Operations, Corrections-based Operations (CBO), and the Sex Offender Treatment Program (SOTP). All staff at the inpatient and SOTP sites, and mental health staff in the CBO units, are CNYPC employees. CNYPC is responsive to the myriad mental health needs of its patients and residents and collaborates with state and county correctional institutions, the courts, community mental health providers, and consumer and family advocacy groups. CNYPC is fully accredited by The Joint Commission.

### **I. Forensic Inpatient Operations**

Forensic Inpatient Operations is housed within a 221-bed maximum-security forensic hospital in Marcy, NY. It is the only psychiatric facility that serves individuals in the custody of the NYS Department of Corrections and Community Supervision (DOCCS). Individuals sentenced to serve time in county and state correctional facilities are admitted to the inpatient hospital pursuant to Corrections Law (CL) §402 for psychiatric assessment and treatment. The Northeast Regional Forensic Unit of CNYPC provides inpatient services pursuant to CL §508 for individuals who have not yet been adjudicated by the courts for psychiatric assessment and treatment, and pursuant to Criminal Procedure Law (CPL) §730 for adjudicative competency evaluation and restoration. Additionally, under Title 14 of the New York Code of Rules and Regulations (NYCRR), Part 57, CNYPC serves individuals who are both in need of psychiatric hospitalization and at risk of imminent and serious harm to others such that they cannot be safely placed at a civil facility. Inpatient psychiatric services include: psychological and forensic assessment, individual and group therapy, adjudicative competency restoration, treatment and discharge planning, medication management, individualized behavior support programs, medical treatment, occupational therapy, recreational therapy, specialized patient education programs, vocational programs, and leisure time activities.

### **II. Corrections-based Operations (CBO)**

CBO consists of a statewide network of mental health units located in designated NYS DOCCS facilities. Upon entry into the NYS DOCCS system, inmates are processed and classified at one of three male Reception Centers or one female Reception Center, where security, medical, and mental health screenings are conducted to assist in determination of placement needs for each individual. CBO staff conduct these mental health screenings and provide mental health services at these sites. CBO operates 16 satellite units across the state, which provide a broad range of the highest level of mental health services within the prison setting and are typically housed in maximum-security facilities. These programs include: Intermediate Care Programs (ICP) for individuals in need of intensive mental health services, often in a residential setting separated

from general population; Transitional ICP (TrICP) for individuals stepping down from, or in need of less intensive services similar to those provided by the ICP; Enhanced and Discharge ICPs targeting risk of violence in preparation for pending release; the Intensive Intermediate Care Program (IICP), Behavioral Health Units (BHU), and Residential Mental Health Units (RMHU) for men serving disciplinary sanctions and in need of intensive mental health services; the Therapeutic Behavioral Unit (TBU) for women serving disciplinary sanctions and in need of intensive mental health services; and Residential Crisis Treatment Programs (RCTP) dorms and crisis cells for individuals in need of short-term crisis evaluation and intervention. Additionally, CBO operates 12 mental health clinics in primarily medium-security facilities. CBO also oversees the mental health aspects of discharge planning from NYS DOCCS via Pre-release Services.

Overall, there are approximately 10,500 state inmates (20% of the NYS DOCCS population) currently receiving mental health services primarily through CBO units. CBO provides a wide range of services, including: mental health screening, crisis intervention, psychological assessments, evaluations for work release and parole, referral to inpatient services, individual and group therapy, residential and crisis housing units, consultations for DOCCS, and pre-release coordination. The principles of Psychiatric Rehabilitation, Wellness and Recovery, Trauma-Informed Care, and Risk-Need-Responsivity (RNR) guide all programming.

### **III. Sex Offender Treatment Program (SOTP)**

OMH also serves a diverse population of adult men who have been convicted of sexual offenses. Article 10 of Mental Hygiene Law authorizes OMH to accept custody and confine individuals deemed by a court to be at risk for sexual reoffending in secure treatment programs following release from NYS DOCCS. Treatment services are individualized and strength-based, with the intended outcome of reducing residents' risk of sexually re-offending, while promoting growth in key areas such as treatment engagement, self-regulation, managing sexual deviancy, and developing pro-social attitudes and behavior. The SOTP has approximately 300 beds; it is composed of specialized treatment tracks that have been designed to meet the individual needs of residents, including issues of medical illness and aging and high psychopathy.

## **Internship Training Philosophy and Model**

The CNYPC Doctoral Internship in Health Service Psychology is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and as such abides by its guidelines. It also strives to be consistent with the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association (APA), 2017), the Specialty Guidelines for Forensic Psychology (APA, 2013), and the Standards of Accreditation for Health Service Psychology (APA, 2017). The internship is integral to the function and philosophy of CNYPC and OMH in its provision of a wide range of treatment and evaluation services to traditionally underserved populations, its commitment to individual and public safety, and its focus on ongoing education and development of employees toward the services they provide.

The internship is a one-year training program offering two full-time, paid intern positions. The positions are funded through CNYPC's operating budget and the intern items are annually renewed. The internship is designed to train doctoral psychology students to provide mental health care services from a biopsychosocial, culturally-sensitive, and trauma-informed perspective. The training is generalist in nature, albeit within a forensic context, such that the knowledge and skills acquired may be applied to a wide range of future clinical endeavors. Interns are afforded the opportunity to gain experience working with individuals with mild to severe mental

illness, personality disorders, cognitive impairments, and maladaptive behavior issues in forensic inpatient, correctional, and civil-confinement settings. Interns are based at the inpatient hospital and complete two supplemental rotations at Mid-State Correctional Facility (CF) and Marcy Correctional Facility Residential Mental Health Unit (RMHU). An elective rotation is available with SOTP. The goal of the internship is to produce ethical and competent psychologists with practical knowledge of both clinical and forensic aspects of the field.

The internship is based on a practitioner-scholar model that emphasizes the integration of science and clinical practice and the development of profession-wide competencies proposed by the Health Service Psychology Education Collaborative (2013) and the American Psychological Association Standards of Accreditation for Health Service Psychology (2017). The program's approach to training is intern-centered, collaborative, and flexible such that consideration is given to each intern's individual training goals and professional development. Ongoing discussion and assessment of these issues between interns and supervisors occur throughout the year and allow for timely changes to the training program as appropriate, within the overarching goals and structure of the internship. This process occurs informally, through regular supervision, and during formal quarterly reviews of interns' progress and their own assessment of the program. The internship promotes a culture that enhances personal and professional growth through a series of clinical rotations, formal didactics, and intensive supervision.

The internship Training Committee is composed of the Training Director, the Director of Forensic Inpatient Operations, and faculty involved in the direct supervision of the interns during that internship year. All Licensed Psychologists within the Department may be involved in direct teaching or supervision of interns. Additionally, Associate Psychologists (unlicensed doctoral-level psychologists), Social Workers, and Psychiatrists are available to augment training and supervision experiences. Supervision is viewed as a critical component to training throughout the internship and in all rotation experiences, with a goal of increased autonomy over the course of the year. To that end, training is structured to gradually allow interns to function with increasing independence during the internship year. In the beginning of each rotation, interns are closely supervised as they familiarize themselves with the rotation settings and expectations. This process may involve observation of the supervisor and other clinical staff (e.g., conducting treatment groups, interviews, or assessments) and assuming clinical responsibilities with close consultation with, or under the observation of, the supervisor. As the year progresses, interns are gradually expected to assume clinical tasks with less reliance on supervision (while maintaining a minimum level of supervision). Every attempt is made to establish the intern as a fully participating member of the interdisciplinary team at the rotation site, rather than as simply a student or assistant to staff. Likewise, interns assume a position of responsibility in relation to the training program and are encouraged to propose changes to the program and to participate in the interview process for the next cohort of interns. By the end of the year, it is hoped that interns will be ready to assume the independent clinical functioning expected of an entry-level psychology professional at the doctoral level.

## Rotations

### Required Rotations

- Forensic Inpatient Hospital – Primary Rotation
- Corrections-based Operations (CBO) Mental Health Units – Supplemental Rotations
  - Mid-State Correctional Facility (CF) Satellite Mental Health Unit
  - Marcy Residential Mental Health Unit (RMHU)

### Elective Rotation

- Sex Offender Treatment Program (SOTP)

All interns complete training in the primary and supplemental rotations. The inpatient hospital, Mid-State CF, and SOTP are located on the same campus and within walking distance of each other. Marcy RMHU is located across the street from the CNYPC campus.

During the first semester, interns spend the majority of their time at the inpatient forensic hospital (approximately four days per week, including didactics and supervision), and one day per week at either Mid-State CF or Marcy RMHU. One intern is placed at each supplemental CBO rotation, and interns switch placements upon completion of six months to expose them to different modes of treatment and patient populations within correctional settings. Thus, interns spend one day per week throughout the year at a CBO site. SOTP offers a six-month rotation that interns can integrate into their second semester of internship if desired. It does not replace the required primary or supplemental rotations, but during that time the inpatient rotation is reduced accordingly to allow for this experience. The rotation structure provides interns with a broad and intensive experience in an inpatient forensic setting with the opportunity to receive exposure to other clinical populations and practice in correctional and civil settings. Additionally, across all settings, interns interact with multidisciplinary staff.

The Training Director and the Licensed Psychologists who serve as CBO supervisors maintain ongoing contact with the licensed clinical staff at the CBO sites via email, telephone, and in-person visits. Additionally, CBO supervisors visit the CBO sites to provide on-site supervision, observation, and guidance as needed. If interns elect to participate in the SOTP rotation, Licensed Psychologists in that program provide the direct supervision needed, and the Training Director maintains regular contact with the interns' supervisors.

In order for interns to acclimate to the CNYPC environment, the first two weeks of the year are spent in a comprehensive training and orientation to the agency and internship. Interns also complete specific orientations to the supplemental and elective rotations through DOCCS and SOTP prior to starting those respective rotations. Interns then shadow psychologists and other clinical staff across their daily duties, including clinical and administrative meetings, treatment interventions, and evaluations, to develop comfort and familiarity with the facilities, staff, and patients/residents prior to performing any independent tasks.

### **I. Forensic Inpatient Hospital Rotation – Primary**

The inpatient hospital houses up to 221 male and female adult patients. As noted above, these patients include: individuals who need intensive psychiatric care and are serving state prison or county jail sentences or are awaiting trial in the county jail; individuals deemed incompetent to proceed with their legal cases and in need of competency restoration; and patients from state hospitals who have been deemed at imminent risk of violence and unsuitable to be housed in a civil facility. The focus areas of inpatient services are: assessment of clinical needs and

diagnoses, crisis management and psychiatric stabilization, suicide and violence risk assessment and reduction, competency restoration, and discharge planning such that patients may be discharged back to their respective referral sites, to court, or to a more appropriate level of care (e.g., less restrictive setting, DOCCS facility with specific mental health services to address the patient's needs).

Interns may be involved in many aspects of care and evaluation in the inpatient hospital, including (\* items are mandatory):

- \*Assignment to one of the forensic wards as an active treatment team member
- \*Psychological assessments (e.g., diagnostic clarification, cognitive evaluations, malingering assessments)
- \*Shadow evaluations of adjudicative and medical competence and violence risk assessments
- \*Group therapy (including competency restoration, cognitive remediation, and dialectical behavior therapy (DBT))
- \*Individual therapy
- \*Crisis intervention, including in-depth suicide risk assessments
- \*Treatment and discharge planning
- Behavior support plans
- Observation of courtroom testimony and participation in a mock testimony exercise
- Participation in psychological autopsies when possible
- \*Participation in multidisciplinary activities, including:
  - Treatment team meetings
  - Forensic Program Team Meetings (weekly hospital clinical meeting)
  - Discharge Committee
  - Intensive Case Conferences
  - Hospital Forensic Committee
  - Morbidity and Mortality Review Committee

## **II. Mid-State CF Satellite Mental Health Unit – Supplemental**

Mid-State CF is a medium-security state prison. The Mid-State Satellite Mental Health Unit offers a wide range of services within the correctional setting based upon an outpatient mental health model. Mid-State CF offers: Clinic Services (regularly-scheduled individual and group therapy); an Intermediate Care Program (ICP; similar to a partial-hospitalization model); a Transitional Intermediate Care Program (TrICP; a step-down from the ICP); daily mental health check-ins for individuals in the Special Housing Unit (SHU); and a Residential Crisis Treatment Program (RCTP) for individuals in acute psychiatric distress or at imminent risk of harm to themselves or others.

Intern duties at the Mid-State CF Satellite Mental Health Unit may include (\* items are mandatory):

- \*Individual therapy
- \*Crisis intervention, including shadowing emergency callouts and RCTP rounds
- \*Treatment and discharge planning
- Group therapy
- Psychological assessments
- Parole evaluations
- \*Participation in multidisciplinary activities, including:

- Treatment team meetings
- Intensive Case Conferences

### **III. Marcy RMHU – Supplemental**

In the NYS DOCCS system, disciplinary sanctions resulting in SHU placement are given for serious violations of prison rules. RMHUs, operated jointly by OMH and DOCCS, were developed to serve individuals with serious mental illnesses who have received disciplinary sanctions resulting in SHU sanctions longer than 30 days. Marcy RMHU has 100 beds available to serve this population.

The time patients spend in the RMHU is considered analogous to time served in SHU, and disciplinary sanctions can be reduced as patients progress through stages toward their program objectives. Each patient is provided a treatment/discharge plan at admission, which is an evolving document that outlines patient goals and requirements necessary to successfully complete the RMHU program. Although the program is designed to progress in three stages, advancement through the program often is not linear, as patients can regress as well as advance.

Group treatment is a core component of the RMHU and is provided four hours daily using the principles of the least restrictive setting that considers security and safety, as well as the patients' mental health needs. Individual and group sessions target the following areas: symptom management, anger management, use and purposes of psychiatric medication, relaxation, and coping strategies. In addition, treatment focuses on several of the attitudes, beliefs, and behaviors associated with criminal behavior identified in the criminal justice literature, such as: antisocial values, criminal peers, low self-control, dysfunctional family ties, substance abuse, and criminal thinking.

Intern duties at the Marcy RMHU may include (\* items are mandatory):

- \*Individual therapy
- \*Group therapy
- \*Crisis intervention, including shadowing emergency callouts and RCTP rounds
- \*Treatment and discharge planning
- Psychological assessments
- Parole evaluations
- \*Participation in multidisciplinary activities, including:
  - Joint OMH/DOCCS team meetings
  - Intensive Case Conferences

### **IV. SOTP – Elective**

SOTP contains approximately 300 beds across two buildings on the CNYPC campus. The primary mode of service provision is group treatment. Groups vary from traditional process-oriented therapy groups to more structured, didactic, or skill-based groups. Treatment targets include: sexual deviance, sexual self-regulation, antisocial orientation, intimacy deficits, poor treatment/supervision compliance, and poor pro-social supports/activities. The penile plethysmograph, polygraph, PCL-R, and other sexual offender specific assessments can be used to inform treatment planning. The SOTP resident population at CNYPC is diverse. In contrast to the inpatient forensic population, there are very few residents with serious or persistent mental



illness, and therefore this rotation will provide interns with the unique opportunity to work with a population of those primarily with severe personality disorders.

In total, there are 9 master's and doctoral level psychologists employed by SOTP (which has a separate Psychology Department than the inpatient forensic hospital of CNYPC). Additionally, similar to the inpatient forensic hospital, treatment teams include multidisciplinary clinical staff with whom interns also work closely. Interns who elect to participate in the SOTP rotation will be provided with an SOTP-specific orientation to the program prior to beginning the rotation. They will be directly supervised by a Licensed Psychologist on the SOTP staff.

Intern duties at the SOTP may include (\* items are mandatory):

- \*Cofacilitating groups (process or didactic)
- \*Functioning as part of a multidisciplinary treatment team
- Psychological assessments
- Individual therapy

SOTP also hosts separate doctoral interns via its collaboration with Hutchings Psychiatric Center's Pre-doctoral Internship in Clinical Psychology. CNYPC interns may have the opportunity to work, interact, and attend trainings with such interns during their rotation on SOTP.

## **Supervision**

Supervision is viewed as a core element of the internship experience. Therefore, interns are regarded as trainees, and their direct service responsibilities are assigned with attention to their individual training needs. Interns receive a minimum of four hours of face-to-face supervision provided by Licensed Psychologists weekly, which includes the following:

- Two to five hours of individual face-to-face supervision weekly with NYS Licensed Psychologists
- One to three hours of in-person group supervision weekly with NYS Licensed Psychologists

In practice, interns receive more than the required minimum four hours of direct supervision. Over the course of the internship year, as interns become more skilled and autonomous, supervision hours may decrease, although never below the four-hour minimum. In addition to scheduled weekly supervision, supervisors are available on an as-needed, drop-in basis. All Psychology Department members, including interns, have offices within the same suite, facilitating ease of access to training materials and supervisors for consultation.

The theoretical orientations and supervisory styles among the training staff vary widely, and interns are exposed to numerous supervisors with diverse clinical training and approaches over the internship year. Supervision is typically based on intern self-report, direct observation, other staff observations, and documentation of clinical interactions. 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 have sufficient supervision with Licensed Psychologists to meet the internship requirements for licensure within NYS. Interns who wish to pursue licensure in a different state are encouraged to consult with their supervisor to ensure that they meet the supervision requirements for that state.

Supervision of interns includes, but is not limited to:

- **Clinical Cases and Assessment:** Informal case presentations and discussions of current therapy and assessment cases and assistance and practice with scoring and interpreting psychological measures (e.g., Rorschach, PCL-R 2<sup>nd</sup> Ed.).
- **Culture and Diversity:** Discussion of individual differences, culture, and diversity regarding interns' and staff's personal experiences/backgrounds as well as current theory and literature and their application to professional practice, including psychological assessment and forensics.
- **Formal Case Presentation:** Formal case presentations by staff psychologists and interns. Interns will each present twice over the course of the internship year, once focusing on a treatment case and once on an assessment case.
- **Administrative/Professional Development:** Processing current issues related to the agency/Department, current cultural and world events and their direct relationship to professional practice (e.g., media representation of suicide, timely court cases related to clinical or forensic practice), and professional development topics (e.g., preparing for licensure, transference and countertransference, boundaries, working in a forensic setting, developing one's professional style and orientation).

When possible, interns are afforded the opportunity for additional formal and informal meetings, supervision, and training experiences with psychology interns from other internship programs, as well as psychology and social work externs and doctoral-level staff seeking licensure. These experiences aim to provide interns with valuable socialization and the chance to supervise or offer support to peers and other diverse early professionals. Depending upon the groups of trainees and unlicensed professionals at the facility during a given internship year, these activities may include (under the supervision of a Licensed Psychologist): peer-led group supervision, supervision of a therapy case or clinical report, and/or review and discussion of literature related to individual differences, culture, and diversity.

## Trainings and Didactics

Trainings and didactics are a required and integral part of the internship. A minimum of two hours of formal training/didactics is provided weekly, however, in practice interns receive more than the required hours due to supplemental educational opportunities. The specific combination of training and rotation experiences provides interns with a solid foundation in psychological concepts and scientific knowledge and the opportunity to apply that knowledge to the delivery of psychological services under intense supervision. Interns also become actively involved in presenting material to the Department and other staff. It should be noted that it is the philosophy of the internship that all intern activities are directed toward the goal of training and professional growth, whether they be formal lectures, one-on-one education with a supervisor, or clinical activities. Most didactics offered by the Psychology Department, and all agency-wide supplemental trainings, are open to myriad clinical and other staff and trainees, providing interns with increased opportunity to interact with and learn from multidisciplinary perspectives.

Interns are required to attend all didactics, as well as supplemental training opportunities that are designated as mandatory. Interns who are unable to attend a specific didactic will inform the Training Director and presenter as soon as possible. If the didactic cannot be rescheduled, interns

will be required to complete an alternative training exercise (e.g., review of the didactic materials with a supervisor, review and summary/discussion of relevant articles on the subject). Following each scheduled didactic, interns will complete and submit an electronic Didactic Rating Form.

### **Didactic Topics**

Didactics are structured to supplement the extensive education and clinical experiences incoming interns have acquired throughout their doctoral programs thus far, and to introduce or further expand upon knowledge of forensic concepts. Didactics are presented by core and adjunct internship faculty as well as clinicians, administrators, and academicians within the OMH system and in the surrounding community. Didactics are provided on a range of clinical topics, and issues related to: ethics; culture, diversity, and individual differences, trauma, evidence-based practice, forensic practice, and relevant caselaw are integrated throughout the didactics. Provided as an example, the following is a list of didactic topics over the past year (topics are subject to revisions or additions based on internship class needs):

#### **General Clinical and Forensic:**

- Introduction to the NYS Department of Corrections and Community Supervision: CNYPC Services within the NYS Prison System
- Providing Services in the Forensic Setting: Practical Implications and Special Challenges
- Special focus on the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017) and the *Specialty Guidelines for Forensic Psychology* (APA, 2013)
- Mental Status Exams and Forensic Report Writing
- Professional Development: Integration on Becoming a Psychologist
- Introduction to Clinical Supervision
- Introduction to Program Evaluation
- Ethics and Landmark Case Series, Part 1
- Ethics and Landmark Case Series, Part 2

#### **Diagnosis and Assessment:**

- Ethical Issues in Psychological Assessment
- Assessment and Evidence-based Treatment (EBT) of Trauma: CAPS, DAPS, TSI
- Standardized Personality Measures: MMPI-2/MMPI-2-RF
- Standardized Personality Measures: PAI (Including special focus on the Reactive and Instrumental Aggression Scales)
- Performance-Based Personality Measures, Part 1: Rorschach
- Performance-Based Personality Measures, Part 2: Rorschach
- Performance-Based Personality Measures, Part 3: Additional Measures
- Rorschach Assessment in Forensic Practice
- Conducting Psychological Autopsies
- Mental Disorder and Violence Risk
- Diversity Issues in Violence Risk Assessment: General Principles and Best Practice (CONCEPT webinar); and Autism Spectrum Disorder and Violence: Threat Assessment Issues (article)
- Historical-Clinical-Risk Management-20, Version 3 (HCR-20 V3)
- Psychopathy and the Psychopathy Checklist-Revised, 2<sup>nd</sup>. Edition (PCL-R 2)
- Substance Abuse: Emphasis on Corrections and Differential Diagnosis
- Introduction to Neuropsychological Evaluations

- Forensic Aspects of Autism Spectrum Disorder

**Intervention:**

- Empirical Foundations of Therapy
- How Therapeutic Assessment Works: Theory and Techniques
- Evidenced-Based Group Therapy
- Suicide Risk Management and Intervention
- Non-suicidal Self-Injury Risk Management and Intervention
- Working with Individuals with Cognitive Limitations and Behavioral Challenges: Behavior Support Plans and Other Interventions
- EBT: Dialectical Behavior Therapy
- EBP: Cognitive Remediation
- EBP: Motivational Interviewing

**Forensic:**

- Adjudicative Competency, Part 1: A Historical Background and Restoration Models
- Adjudicative Competency, Part 2: Conducting CPL 730 Evaluations
- Medical Competency and Court Ordered Psychiatric Medications (COPM)
- Special Topics in Forensics, Part 1: Juvenile Competencies
- Special Topics in Forensics, Part 2: Juvenile Competencies
- The Insanity Defense and Evaluations
- Ralph Tortorici: A Case of (Competency) and Insanity
- Sex Offender Treatment Program: Article 10, Civil Commitment, and Treatment
- Sex Offender Evaluations Under Article 10
- Gang Training by Department of Corrections and Community Supervision
- Confabulation and the Criminal Justice System: A Review for Forensic Professionals
- Expert Witness Testimony
- Mock Testimony

Supplemental training opportunities will be provided throughout the year via the NYS Office of Mental Health (OMH) including OMH Statewide Grand Rounds, Upstate University Grand Rounds, APA, Consolidated Continuing Education and Professional Training (CONCEPT), and American Academy of Forensic Psychology (AAFP) online webinars. Examples of unique training opportunities provided to interns include a one-day training on “Best Practices in the Evaluation of Adjudicative Competence” by Dr. Patricia Zapf (2016-2017 year), a two-day training on “Assessing Violence Risk Using the HCR-20 V3” by Dr. Barry Rosenfeld (2017-2018 year), and a one-day training on “Integrating DBT in Sex Offender Treatment” by Dr. Valerie Gonzalves (2017-2018 year). Such opportunities vary from year to year.

## **Additional Opportunities and Expectations**

Interns are expected to engage in a broad range of clinical services over the internship year. While the exact distribution of activities may vary between interns based upon their training interests, rotations, and needs, all interns are expected to conduct individual and group therapy, psychological assessments and consultation reports, forensic evaluations, and consultation with multidisciplinary staff.

Interns are also responsible for two formal case presentations to the Psychology Department in which other interns and clinical staff provide feedback and supervision. One presentation must be

based upon an assessment conducted during the internship. The other presentation must be based upon a therapeutic intervention occurring during the internship (e.g., individual therapy case, behavior support plan). In addition to data regarding the patients/residents, interventions or assessments conducted, and clinical conceptualization, these presentations must incorporate discussion of: self-examination and professional development; culture, diversity, and individual differences; and relevant theory and literature. Interns are provided with guidelines for preparing their case presentations and written feedback on them via the Case Presentation Evaluation Form.

Additionally, interns may choose to present to the faculty on their dissertation research and/or participate in a mock testimony experience based upon one of their forensic reports conducted during the internship. Interns similarly will be provided with guidelines for preparing for these presentations or experiences and written feedback on them via the Research Presentation Evaluation Form and/or the Mock Testimony Evaluation Form.

### **Intern Schedule**

Interns spend four days per week at the inpatient forensic hospital and one day per week at one of two CBO rotations. During their second semester of the internship, the inpatient rotation may be reduced to accommodate a rotation with SOTP. In these varied settings, interns may: conduct individual and group therapy; complete treatment plans, progress notes, and other required clinical documentation; assist with or perform a variety of clinical assessments; consult with multidisciplinary staff; and attend unit, facility, or joint OMH/DOCCS clinical and administrative meetings. Interns also participate in four hours combined of group and individual supervision weekly and a minimum of two hours of weekly didactics and trainings. Aside from scheduled meetings, supervision, and treatment activities, interns are expected to be autonomous in scheduling and completing their weekly activities. Although days vary considerably, a typical day might include: attending a morning treatment team meeting, preparing for a group, conducting a 45- or 90-minute group, completing group notes, preparing for an assessment, conducting one to two hours of an assessment with a patient, and attending group or individual supervision.

### **Program Resources**

Overall secretarial and administrative support is provided to the internship by staff in the administrative wing of the inpatient hospital; Forensic Inpatient Operations and SOTP each have their own support staff in this area. Additionally, each CBO unit has support staff on site. The CNYPC Health Information Management (HIM) Department is located in the inpatient hospital and is available to help with any issues related to record acquisition or contact with the courts. The Information Center is available for technical support. The Program Evaluation Department is available for any demographic/research information from all three service areas. Furthermore, the Education and Training Department organizes new employee/intern orientation and ongoing training opportunities for all staff. As part of professional development, interns learn how to effectively work with clinical, security, clerical, administrative, and technical staff on the units and across departments. CNYPC utilizes numerous computerized medical records and information databases and relies heavily on electronic communication in the completion of daily duties with respect to patient evaluation, treatment, and management. Interns will be trained in these programs and will be expected to use them effectively and efficiently in the completion of their internship duties. In the Department and on all units, telephones, fax machines, photocopiers, and scanners are available. Interns have ample office space with individual computers and have access to individual voicemail and e-mail accounts.

Interns have access to a variety of psychological assessment materials related to evaluation of personality, psychopathology, cognition and neuropsychology, malingering, adaptive functioning, suicide and violence risk, and competence (current library holds approximately 60 assessments). Numerous computerized scoring systems are also available. The Department maintains a supply of frequently used and relevant books and publications which interns may access. Additionally, interns may acquire access to the NYS Library system.

Since the internship functions within a locked facility, the use of audiovisual aids as a means of recording the patients is prohibited, and interns will not be allowed to use audiovisual materials for training purposes.

## **Intern Competencies and Evaluation**

Following facility orientation, each intern will meet with the Training Director and his or her first quarter supervisors to discuss the expectations of faculty and interns for the year, including the nine profession-wide competencies emphasized and upon which interns are evaluated during the internship year. These competencies reflect those proposed by the Health Service Psychology Education Collaborative (2013) and the Standards of Accreditation for Health Service Psychology (APA, 2017), with some elaboration as needed to incorporate forensic-specific skills consistent with the Specialty Guidelines for Forensic Psychology (APA, 2013). These competencies are listed below:

- I. Research**
- II. Ethical and Legal Standards**
- III. Individual and Cultural Diversity**
- IV. Professional Values, Attitudes, and Behaviors**
- V. Communication and Interpersonal Skills**
- VI. Assessment**
- VII. Intervention**
- VIII. Supervision**
- IX. Consultation and Interpersonal/Interdisciplinary Skills**

During this initial discussion, the intern and faculty will also discuss the Intern Self-Assessment and Individual Training Goals Worksheet of relative strengths and growth areas and specific internship goals in preparing for first quarter (and future) rotations and tasks. Faculty will integrate requested experiences into learning activities as possible and appropriate. Interns will have the opportunity for self-evaluation and evaluative feedback from their supervisors on a regular basis, as well as during their regularly-scheduled formal evaluations. Formal evaluations occur on a quarterly basis via use of the Intern Competency Evaluation Form which is reviewed with interns during individual meetings with the Training Director and their current supervisors. Each of the competencies is rated according to a standard key. It is expected that the intern will demonstrate graduated improvement in the competencies and that, upon completion of the internship, the intern will demonstrate the level of competence expected of an entry level doctoral psychologist. Interns will also complete the Intern Self-Assessment and Individual Training Goals Worksheet quarterly to develop an ability for self-assessment of competency. The evaluation process is

collaborative and involves open discussion and feedback on the competencies as well as any recommended changes to the intern's training program.

At the end of the quarterly review meeting, interns and faculty are asked to sign the form, and all are provided a copy. The original document is maintained by the Training Director. A copy of the signed document is also provided to the Director of Clinical Training of the doctoral program for each respective intern. Internship faculty are readily available to discuss the evaluations and an intern's progress or difficulties with the Director of Clinical Training throughout the course of the internship year. This contact also occurs by design when the Grievance or Due Process Procedure is enacted.

If concerns arise related to an intern's performance or behavior, the matter will first be addressed in regular supervision (with the exception of egregious behavior). If issues persist, a graduated approach to resolution and remediation is undertaken, outlined in detail in the Internship Training Manual.

The final point of evaluation occurs at the end of the internship year. At that time the faculty considers the performance of each intern, making a formal decision whether to grant a certificate of completion. By employing extensive mechanisms of ongoing evaluation throughout the year, however, this final decision is not expected to involve new information but rather to be the predictable conclusion of an ongoing and collaborative process of information gathering and feedback. Upon successful completion of the internship, interns will receive a formal signed certificate of internship completion and their Directors of Clinical Training will be notified of their completion.

## **Evaluation of Internship Program**

In addition to evaluating interns' progress, the training program is involved in continuous self-evaluation. Interns are regularly asked for formal and informal feedback on all aspects of their training experience throughout the internship year during regular supervision and their quarterly competency reviews. Interns also complete the Internship Rating Form, Rotation Rating Form, and Supervisor Rating Form quarterly and the Didactic Rating Form at the end of each didactic or training presentation. This information is used to revise and improve the training program during the year and annually.

## **Responsibilities of the Faculty and Training Program**

As a Doctoral Internship in Health Service Psychology, CNYPC faculty has the responsibility to serve as professional role models and mentors for interns and professional gatekeepers for the field and the community. The faculty takes these roles very seriously and is not only responsible for fostering the overall professional development of interns but is also responsible for the quality of care that is provided to service recipients.

In accordance with the professional responsibilities assigned to interns, faculty will provide interns with routine and ongoing supervision that is consistent with their professional developmental needs. This supervision will include, but is not limited to: direct and indirect service recipient care, interdisciplinary consultation, individual and group psychotherapy and documentation, psychological evaluations, and the supervision of others.

Additionally, faculty will, within reason, provide interns with the opportunity to explore new and/or different theoretical modalities and evidence-based treatments and will provide firsthand forensic psychological experiences (e.g., shadow forensic evaluations, mock testimony, observation of courtroom proceedings). Faculty will foster increasing levels of clinical responsibility and autonomy across the internship year.

The Training Director, in consultation with the internship faculty, is responsible for administration of the internship program. The Training Director and support staff will maintain internship records. Current intern records will be kept in a locked office during the internship year. Past intern records will be kept indefinitely with other personnel records in a filing cabinet located in a locked storage closet.

## **Intern Rights and Responsibilities**

Interns are temporary employees of the Office of Mental Health (OMH) and, as such, are not entitled to union representation or some of the other rights afforded to CNYPC employees. However, excepting title-specific policies and practices of the Department of Human Resource Management and NYS Civil Service, all CNYPC policies and procedures apply to interns. The faculty pledges to support the rights of interns. During their training year with CNYPC, interns are allotted the right to a professional learning environment that is free from: all forms of abuse (i.e., verbal, physical, emotional); physical, emotional, and sexual harassment; discrimination; bias; malice; inappropriate or exploitative tasks; and inappropriate and/or inadequate supervision.

During their training year with CNYPC, interns have the right to a clear understanding of the professional training process, as well as the standards that will be utilized to measure their professional performance. Interns also have the right to receive routine and timely feedback from their supervisors regarding their performance. Furthermore, interns have the right to have supervisors that respect and adhere to the NYS rules and regulations that govern the practice of professional psychology, Ethical Principles of Psychologists and Code of Conduct (APA, 2017), and the Specialty Guidelines for Forensic Psychology (APA, 2013).

Interns at CNYPC are protected by the Americans with Disabilities Act (ADA) in accordance with the NYS OMH Policy Statement on Reasonable Accommodation. CNYPC is committed to providing reasonable accommodations and being mindful of interns' learning needs and disabilities in facilitating their professional growth and development during internship.

Interns are encouraged to express any thoughts, questions, ideas, and/or concerns they may have regarding their internship experience. While the CNYPC internship is designed to be professionally challenging, it is also designed to be supportive of interns' needs. If interns have concerns that any of their rights identified within this document and/or documentation provided by the CNYPC Department of Human Resource Management have been violated, it is a right and an expectation that they will bring the issue to the attention of their supervisor and/or the Training Director in a timely manner. Furthermore, all interns shall promptly report any observed or reasonably suspected policy violations, illegal activity, or other serious misconduct to a supervisor and/or the Training Director.

(Appointment of Training Director's Designee: If conflict arises between the Training Director and an intern, or if the Training Director is otherwise unavailable (e.g., due to an unanticipated absence), the Director of Forensic Inpatient Operations will serve in the role of the Training Director to resolve the particular issue or for the duration of the Training Director's absence).



While not anticipated, it is recognized that conflict among interns, supervisor(s), interdisciplinary CNYPC staff members, and/or staff members associated with internship rotations may occur. Likewise, it is understood that at times interns may not be deemed as meeting the expectations of the internship as designed. If such issues occur, interns are afforded the rights and responsibilities in the Grievance and Due Process Procedures outlined in the Internship Training Manual. The faculty is also available to assist with any problems or issues that may arise during the internship.

## Internship Faculty

The internship faculty consists of members of the CNYPC clinical staff, including psychologists across all three CNYPC divisions, the Training Director, and the Director of Forensic Inpatient Operations. Additionally, adjunct faculty represent varied clinical disciplines and are employed within and outside of the agency. All psychology staff possess doctoral degrees in psychology, and all faculty provide direct psychological services. All faculty are responsible for presenting didactics for, and/or providing direct clinical and/or administrative supervision of, interns.

### Meet the Faculty

**Nichole L. Marioni, PhD, ABPP, (Training Director)** is a NYS Licensed Psychologist and is Board Certified in Forensic Psychology by the American Board of Professional Psychology. She is a Fellow of the American Academy of Forensic Psychology. She holds a doctorate in Clinical Psychology from Ohio University (2001), completed her internship in the forensic track at New York University-Bellevue Hospital Center, and completed a postdoctoral fellowship with the Law and Psychiatry Program at the University of Massachusetts Medical School. Dr. Marioni began working at CNYPC in 2005, and she has been the Director of Psychology for the inpatient forensic hospital at CNYPC since 2008. Her clinical and research interests include adjudicative competence, criminal responsibility, malingering, risk assessment, and severe psychopathology. She utilizes an integrative theoretical orientation in her conceptualization of psychiatric illness and its treatment. In addition to her CNYPC roles, Dr. Marioni often serves as an adjunct instructor at several local colleges and maintains a private practice in forensic assessment and consultation.

**Thomas F. Umina, PhD,** is a NYS Licensed Psychologist currently working as the Director of Forensic Inpatient Operations for CNYPC. He joined the Office of Mental Health in 2006 as an Associate Psychologist at Bedford Hills Correctional Facility and was subsequently promoted to Forensic Unit Chief at Downstate Correctional Facility in 2009. Dr. Umina served as the Director of Corrections-based Operations from January 2011 until October 2011. He holds a Master's (1998) and a Doctorate (2006) in Counseling Psychology from Temple University. His clinical interests include teaching, the Rorschach, and psychopathy.

**Laura M. McCord, PsyD,** is a NYS Licensed Psychologist. She received her MS and PsyD in Clinical Psychology, with a concentration in Forensic Psychology, from Florida Institute of Technology. She completed her doctoral internship in clinical and forensic psychology at Fulton State Hospital. In her work at CNYPC, she specializes in forensic evaluations and psychological assessments. Her areas of professional interest include multimethod and Therapeutic Assessment in forensic populations, psychopathy and violence risk evaluations, malingering assessment, court-ordered evaluations of competency to stand trial and criminal responsibility, and forensic expert testimony. She is certified as Proficient in Personality Assessment by the Society for Personality Assessment. Her approach to case conceptualization and formulation of

treatment recommendations is guided by the biopsychosocial model, with theoretical influences from Cognitive Behavioral Therapy and Rational Emotive Behavior Therapy. Additionally, she is involved in the development and implementation of Cognitive Remediation at CNYPC.

**Alexandra M. Assalley, PsyD**, is a NYS Licensed Psychologist. She graduated from the Chicago School of Professional Psychology in Los Angeles, California, with her doctoral degree in Clinical Forensic Psychology. She completed her doctoral internship at the Institute on Violence, Abuse & Trauma, and the Family Violence & Sexual Assault Institute in San Diego, California. She conducts psychological evaluations for diagnostic clarification and treatment recommendations, risk assessments, court-ordered evaluations, psychological autopsies, and individual therapy. Her professional interests include trauma, individual psychotherapy, forensic evaluations, adjudicative competence, intellectual disabilities, and behavioral management/ cognitive behavioral restructuring. Her theoretical orientation is integrative. Dr. Assalley also has been involved in the development of adjudicative competency restoration materials, the expansion and implementation of staff orientation training on trauma, and CNYPC trauma and suicide awareness campaigns.

**Naoko Hashimoto, PhD**, is a NYS Licensed Psychologist. She holds a doctorate in Counseling Psychology from Fordham University and a master's degree in Counseling Psychology from Teachers College, Columbia University. She completed her internship at Pacific Clinics, a community mental health agency where she utilized her bilingual and bicultural competencies in provision of services. Current clinical and research interests include personality and risk assessments, adjudicative competence, and interpersonal process/group psychotherapy. Additionally, Dr. Hashimoto assisted in the evaluation and redesign of CNYPC's behavior support planning, and she is involved in the Dialectical Behavior Therapy (DBT) initiative to bring the practice of DBT to inpatient and CBO settings.

**Stephanie M. Ficarro, PsyD**, is an Associate Psychologist. She graduated from Medaille College in August of 2017 with her doctoral degree in Clinical Psychology. Prior to this, she obtained a dual BA in Psychology and Legal Studies from the State University of New York at Fredonia and received her MA in Forensic Psychology from John Jay College of Criminal Justice. She completed her doctoral internship at CNYPC in 2017. Her dissertation investigated the utility of the newly identified Reactive and Instrumental Aggression scales of the Personality Assessment Inventory (PAI) to predict the psychological health and well-being of inmates on a residential treatment unit within a jail setting. Her preferred orientation is cognitive-behavioral and her current clinical and research interests include adjudicative competence, malingering, violence risk assessment, neuropsychology, and group psychotherapy. Dr. Ficarro also created an adjudicative competency restoration curriculum designed for individuals with lower cognitive functioning, participates in CNYPC suicide awareness campaigns, and assists in the development and implementation of staff orientation training on suicide.

**Shannon Forshee, PsyD**, is a NYS Licensed Psychologist. She obtained her doctorate in Clinical Psychology from Pepperdine University in 2008. She currently serves as the Chief Psychologist and Director of Treatment Services for the Sex Offender Treatment Program (SOTP) at CNYPC. Dr. Forshee also oversees the Hutchings Psychiatric Center doctoral interns who participate in the SOTP track of that program. Her areas of interest include trauma, arousal reconditioning, staff wellness, and group skills and dynamics.

**James L. Knoll, IV, MD**, is the Clinical Director of CNYPC, and Director of Forensic Psychiatry and Professor of Psychiatry at SUNY Upstate Medical University in Syracuse, NY. He has been the training director for the SUNY Upstate Forensic Psychiatry Fellowship training program since

2006. Dr. Knoll is board certified in both adult and forensic psychiatry. He has worked as a forensic evaluator for state and federal courts, corrections, and the private sector. He has served as Vice President of the American Academy of Psychiatry and the Law (AAPL), and is teaching faculty in the annual AAPL forensic psychiatry board review course. He is the Emeritus Editor-in-Chief of *Psychiatric Times* ([www.psychiatrytimes.com](http://www.psychiatrytimes.com)), Contributing Editor for *Correctional Mental Health Report*, and has over 200 publications in journals and book chapters. His main areas of research interest include suicide, violence prevention, threat assessment and the integration of Western psychology and Buddhism.

**Leigh Ross, PsyD**, is a NYS Licensed Psychologist. She currently serves as the Chief Psychologist for Corrections Based Operations at CNYPC. She oversees many of the enhanced clinical programs and specialized services for the incarcerated mental health population, including a specialized evaluation and treatment track for patients with serious mental illness and histories of violence and DBT. Dr. Ross has a background in forensic psychology, working with at-risk youth, incarcerated men and women, sexual offenders, and psychiatric patients hospitalized under CPL 330.20 [found Not Responsible for their Criminal Conduct by Reason of Mental Disease or Defect]. Dr. Ross has a Master's Degree in Organizational Behavior and a Doctorate in Forensic Psychology.

### Adjunct Faculty

**Lisa Kaelin, LCSW-R**, is a NYS Licensed Master Social Worker with Psychotherapy Privilege and Chief of the Marcy RMHU. Ms. Kaelin obtained her MSW from Syracuse University in 1993. She has been employed in varying CBO positions at CNYPC since 2000, including coordinator of mental health services in a medium-security setting and part of statewide oversight of pre-release planning and clinical supervision of 35 social workers in various maximum-security prisons. In her current role, she oversees the daily administrative and clinical functions of a prison-based mental health unit of 24 staff, including psychologists, psychiatrists, social workers, rehabilitations counselors, nurses, and clerical support staff. Clinical services at the Marcy RMHU include: individual and group treatment, crisis intervention, and discharge planning for individuals with extended SHU placement and significant psychiatric issues. Ms. Kaelin also serves as the direct contact for interns when on site at Marcy RMHU and as the liaison between Marcy RMHU and the internship. Additionally, Ms. Kaelin has been a statewide trainer for OMH and DOCCS staff in provision of mental health services.

**Harold Meyers, LMSW**, is a NYS Licensed Master Social Worker and Chief of the Mid-State CF Mental Health Satellite Unit. Mr. Meyers obtained his MSW from the University at Albany School of Social Welfare/Social Work in 1990. He has been employed in varying CBO positions at CNYPC since 1998, including Unit Chief at the Auburn CF Mental Health Satellite Unit and Unit Chief assigned to the Special Programs Office. In his current role, he oversees the daily administrative and clinical functions of a prison-based mental health unit that includes: 30 multidisciplinary staff and clinic, day treatment, crisis, SHU, and discharge planning services. Mr. Meyers also serves as the direct contact for interns when on site at Mid-State and as the liaison between Mid-State and the internship.

**Sandra K. Antoniak MD, MFS**, is a NYS Licensed Psychiatrist. She graduated from the University of Nebraska Medical Center in 2007. She completed residencies in Adult and Child and Adolescent Psychiatry at the University of Iowa Hospital and Clinics and fellowship in Forensic Psychiatry at SUNY Upstate. She is a triple diplomate of the American Board of Psychiatry and Neurology. Dr. Antoniak provides psychiatric care in correctional settings, forensic

consultation to governmental and community agencies, and is co-founder of Comprehensive Medicine, PLLC. She is adjunct faculty for the SUNY Upstate Forensic Psychiatry Fellowship. Her areas of practice and clinical interest include: developmentally informed forensic assessment of traumatized youth, forensic evaluation of intellectually disabled individuals, forensic evaluation of individuals impacted by neuropsychiatric disorders, and telepsychiatry in educational and rural settings.

## **The Community and Surrounding Area**

CNYPC is located in Marcy, New York, a small town in Oneida County within the greater Utica, NY area. The population of Utica is approximately 62,000 and the population of the Utica-Rome Metropolitan area is 300,000. It is located in the central part of NYS in the Mohawk Valley, approximately 50 miles east of Syracuse, NY. Available entertainment opportunities include: Herkimer Diamond Mines, Saranac Brewery, Erie Canal trails, Vernon Downs Casino, Turning Stone Casino Resort and Golf Courses, cinemas, cafes, brewpubs, and diverse cuisine options. Locals enjoy attending annual events such as the Boilermaker Weekend and numerous music and cultural festivals. The Mohawk Valley offers recreational opportunities during all four seasons of the year. Residents, as well as tourists, take advantage of the natural beauty of the mountains, lakes, and streams by participating in a variety of activities including swimming, fishing, boating, hunting, hiking, skiing, snowmobiling, and skating.

Syracuse, NY has a population of approximately 145,000 and is the fifth largest city in NYS. Syracuse is located along the historic Erie Canal in the central part of NYS in Onondaga County, which has a population of approximately 467,000. Syracuse serves as the cultural, educational, health care, and recreational center for the region.

Syracuse has an abundance of cultural resources, including: the Syracuse Opera, Syracuse Stage, Broadway in Syracuse, the Everson Museum of Art, Redhouse Arts Center, the Syracuse International Film Festival, Shakespeare in the Park, and the Museum of Science and Technology (MOST), which houses New York's only IMAX-Dome theater. Syracuse also hosts numerous artists and concerts throughout the year, including Jazz Fest, the NYS Blues Fest, Empire Brewing Musical Festival, the Syracuse Arts and Crafts Festival, and countless cultural and ethnic festivals and events. Additionally, there are 44 state and private colleges and universities in the greater Syracuse area, including Syracuse University and Upstate Medical University. In recent years, there has been a resurgence and renewal of downtown Syracuse, particularly in the Armory Square area, which has many funky shops, unique (including vegan) eateries, and coffee shops. Syracuse is also home to the largest shopping mall in the state and the sixth largest in the country, Destiny USA, which hosts numerous upscale stores, restaurants, and entertainment options. The newly renovated Rosamond Gifford Zoo is also home to more than 700 animals on 43 acres.

Syracuse is home to 40 golf courses, and Syracuse and Utica are surrounded by hills and are a short drive to the Finger Lakes wine region. Lake Ontario is only 30 miles north of the city. In all there are over 50 state, county, and city parks and nature centers with waterfalls, hiking trails, and other recreational activities to explore. Numerous ski resorts, the 1000 Islands, St. Lawrence River region, and the Adirondack Mountains (the largest state park area outside of Alaska), are also nearby. For sports fans, Syracuse and Utica are host to several college and AAA teams including: Syracuse University Basketball and Football, Utica College Hockey, Syracuse Chiefs (baseball), Syracuse Crunch (hockey), and Utica Comets (hockey).

Syracuse and Utica are centrally located with direct connections on most major airlines, with airports in Syracuse and Albany. In addition, long distance and regional bus companies and Amtrak service the area. Syracuse and Utica are easily within a half-day drive of the major metropolitan centers of the Northeast, including New York City, Boston, Philadelphia, Montreal, and Toronto.

The Syracuse and Utica areas offer a wide variety of houses, apartments, and townhouses in an affordable price range and a low overall cost of living.

## **Administrative Issues and Benefits**

### **Internship Training Year**

The internship training year **begins on September 1, 2019 and ends on August 31, 2020**. The internship is a one-year, full-time (40-hour per week) training program. 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 Training Director and active supervisors and if all responsibilities and requirements have been met.

Interns are expected to be at their rotation site Monday through Friday, 8:00 am to 4:30 pm, unless the rotation schedule dictates alternate hours (typically sometime between 7:30 am to 4:00 pm in CBO). No evening or weekend hours will be required. Working at home during business hours is not allowed.

Interns will complete a minimum of 1,750 hours of training during the internship year (excluding vacation, holidays, professional leave, and sick leave). A minimum of 25% of the intern's time will be spent in face-to-face direct service delivery.

### **Annual Stipend**

The annual stipend for the internship year is \$35,074.

### **Health Benefits**

Interns are entitled to subsidized individual or family health, dental, and vision insurance. Insurance is available after a 56-day waiting period from the internship start date.

### **Holidays**

Interns are entitled to all regular and float holidays (approximately 12) given to NYS employees and will be provided with a list of holidays at the beginning of the internship year.

### **Personal Leave**

Interns have 40 personal hours that may be used at any time with prior approval.

### **Sick Leave**

Interns accrue 12 days of sick leave during the training year at the approximate rate of one day per month. As with vacation leave, interns may only use sick leave after it is accrued and may not use more sick leave than they have earned. To do so will result in Leave Without Pay Status. As a professional, interns are expected to use these days for illness or medical appointments only.

### **Vacation**

Interns will accrue 12 days of vacation time during the training year at the approximate rate of one day per month. Interns may not use vacation leave during the first six months of employment, although they may use personal and sick leave during this time with permission. Interns may not use more vacation leave than they have accrued.

### **Professional Leave Days**

Upon supervisor approval, interns are awarded three paid professional leave days during the internship year to use for academic and training purposes (e.g., to attend or present at a conference, to defend dissertation) that are directly related to their internship or academic program responsibilities. Requests must be submitted at least three weeks in advance of departure dates and are subject to review and approval by the Department of Human Resource Management. Mandatory, CNYPC, and OMH-sponsored trainings do not count against the three days of professional leave.

### **Contraband**

CNYPC is a maximum-security facility, and numerous items, including clothing, that may be acceptable or common in other types of facilities (including but not limited to cell phones, electronics, flashdrives, smart watches, and fitness trackers) are prohibited in the facility. Prior to starting internship and facility orientation, interns will be provided with a complete list of contraband. Failure to adhere to the contraband policy may result in disciplinary action or even termination from the internship.

### **Smoking**

Use of any tobacco products on CNYPC grounds is strictly prohibited.

## **Application Requirements and Process**

### **Application Requirements**

Applicants must be doctoral candidates in good standing from a Clinical, Counseling, or Forensic Psychology program who have been cleared for internship by their program's Director of Clinical Training.

Placement at CNYPC is contingent on the results of background screenings. Please note that all employees, including interns matched to CNYPC, must be fingerprinted for a criminal background check and are charged \$99 for this procedure as a condition of their employment; this fee is deducted from the first paycheck. In addition, all interns matched to CNYPC are required to complete a child abuse screening background check at no additional fee.

CNYPC (and NYS OMH) 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 are also in place to address workplace violence, sexual harassment, and respect. The Psychology Department and internship 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 interns from diverse cultures, backgrounds, and life experiences. Inquiries and applications are encouraged from all qualified individuals. Efforts are made to directly encourage such interest annually by personally inviting all interested APA Minority Internship Fellows to consider applying.

### **Application Process**

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

- AAPI application form (**download from [APPIC web site](#)**)
- **Official** university graduate transcript
- Curriculum vitae
- Three letters of recommendation
- One redacted comprehensive psychological assessment report with integrated findings and case conceptualization

The deadline for all online applications is **midnight (Eastern Time), December 13, 2018**.

CNYPC 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. CNYPC will participate in the APPIC Internship Matching Program and will abide by APPIC guidelines for internship selection.

All applicants must obtain an Applicant Agreement Package from National Matching Services, Inc. (NMS) and register for the matching program to be eligible to match to CNYPC. You can request an Applicant Agreement package from NMS through the [Matching Program web site](#) or by contacting NMS at either of the addresses or phone/fax numbers listed below:

**National Matching Services, Inc.**  
595 Bay Street  
Suite 301, Box 29  
Toronto, Ontario, Canada  
M5G 2C2  
Telephone: (416) 977-3431  
Fax: (416) 977-5020  
[E-mail](#)

**National Matching Services, Inc.**  
P.O. Box 1208  
Lewiston, NY 14092-8208  
Telephone: (716) 282-4013  
Fax: (716) 282-0611

## Interview Process

Those applicants under serious consideration will be contacted by e-mail no later than **December 21, 2018** to schedule either a telephone or personal interview. A personal interview is preferred as it provides more data for both parties upon which to make their decision. Personal interviews will consist of individual meetings with the Training Director, psychologists from CNYPC, and various staff members from the CNYPC and the Corrections-based units. Interviews are tentatively scheduled for **January 7, 2019 through January 11, 2019**.

During the interview day, applicants will gather as a group for a welcome, orientation to the program, and brief tour of the inpatient facility by the Training Director. Applicants will then meet individually with one or more members of the faculty in several separate interviews during the day. Applicants will break for lunch with the current interns for an informal question and answer session. Applicants will recongregate at the end of the day for a final question and answer session with the Training Director and other available faculty.

Individuals with questions about the internship should contact the Training Director, [Dr. Nichole Marioni](#).

## Statement on Accreditation

The CNYPC Doctoral Internship in Health Service Psychology is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). CNYPC is not accredited by the American Psychological Association (APA). For additional information related to accreditation applicants may contact:

**Commission on Accreditation  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
Phone: 202-336-5979**

## Citations

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