Clinical Psychology Internship
at
Pilgrim Psychiatric Center

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

998 Crooked Hill Road
West Brentwood, NY 11717-1087

Revised: August 2018
Pilgrim Psychiatric Center

12 Month Doctoral Internship
in Clinical Psychology

Beginning in late August

Opportunity to work with licensed NYS psychologists and a variety of clinical populations, including:

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

Includes:

- Salary: approximately $35,075.00 per year
- Plus additional fringe benefits including:
  - paid vacation
  - health insurance benefits
  - personal, sick and professional leave

Pilgrim Psychiatric Center

Pilgrim Psychiatric Center is a facility of the New York State Office of Mental Health. It is a comprehensive network of inpatient and community mental health services and serves 2,000 adult patients a year in its programs. The inpatient facility is located in West Brentwood, New York; Community Services programs are located throughout Nassau and Suffolk Counties.

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

Inpatient programs provide assessment, evaluation, stabilization, treatment, and rehabilitation services with an approximate census of 285 patients. Psychologists play key roles in these programs and provide treatment to a severely and persistently mentally ill patient population within a broad spectrum of diagnostic categories, including: Schizophrenia, Borderline and other Personality Disorders, Chemical and Substance Abuse, Affective Disorders, etc.

Community Services programs serve community residents (including discharged patients) in need of mental health services. A full continuum of services is provided to outpatients, and psychologists provide treatment in the clinic and continuing day treatment programs.
Overview of the Program

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

The program’s model is an apprenticeship-practitioner model, working with the severely and persistently mentally ill. During the year-long program, interns are exposed to a broad spectrum of training experiences, which include Admissions, rehabilitation and specialized treatment programs. These programs serve a diverse and multicultural patient population, with treatment provided by an equally diverse and multicultural staff. Psychology staff provides divergent role models and theoretical orientations, including systems, cognitive-behavioral, and psychodynamic, with numerous sub-foci, including ACT, DBT, and trauma. In addition, interns work with professionals and trainees from other disciplines within a Treatment Team model.

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

As much as we employ the apprentice-practitioner model, we also have a strong commitment to scientific research and evidence-based treatment, and our interns are given the opportunity for practice in many types of empirically validated treatment and the research behind it. Interns are able to gain exposure to and experience in Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Trauma-Informed approaches to recovery, Behavioral Treatment for co-occurring disorders such as Pica and Polydipsia, Cognitive Stimulation and Remediation, and training in Multisensory Treatment Environment therapy. The interns are provided with scholarly research articles and are trained in the delivery of these interventions. Some of these trainings are conducted in seminars, while others are taught by supervisors either in supervision or on the ward where the service is being provided. In addition, didactic seminars provide opportunities for study and discussion of current research and the efficacy of such evidence-based treatments, and OMH Webinars are utilized in Evidence-Based Treatment training as well. All interns also have access to the NYS Library System to encourage scholarly inquiry.

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

- Knowledge of Mental Disorders
- Intervention/Treatment of Mental Disorders
- Assessment of Mental Disorders
- Professional Identity
- Professional Relationships

See Appendix I (p. 14) to Review the Internship Competencies and Training Aims document

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

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

All interns are provided with comprehensive training and supervision in general psychological practice. Training experiences are tailored to the background and goals of every intern. Responsibilities include treatment planning, psychological assessments, clinical interventions and consultations. Interns treat patients individually and in group settings; each intern is expected to become conversant with a full range of treatment modalities. The primary goal of the internship is to guide the intern toward integrating these diverse experiences into a well-developed professional identity and personal therapeutic style. Accordingly, supervision is highly valued both in quantity and quality. Individual supervision is minimally two hours per week, supplemented by two hours of group supervision.
While interns have differing experiences, a strong effort is made to achieve a unified internship program as well as a cohesive group of interns. In order to integrate clinical skills and academic knowledge, the interns attend multiple training seminars. These seminars cover a wide range of topics presented by staff psychologists and other mental health professionals, with an emphasis on evidence-based treatments. Topics may include multicultural issues in mental health, psychoeducational and psychopharmacologic treatment of schizophrenia, dialectical behavioral therapy, treatment of pica, assessment, gender and social class issues, behavior modification techniques with acting-out patients, forensic evaluations and assessments, violence risk assessment, ethical standards in psychology, and independent practice. In addition, interns will complete a focused Case Review during their internship year.

**Sequence of Training**

A) Orientation Phase:

The first several days of the internship serve as an orientation. During this period, the interns follow a carefully planned schedule of activities which includes exposure to units and programs. They also participate in discussions which focus on the organization and structure of the facility, as well as its records and procedures. Additionally, interns will receive training in the following areas: Preventing and Managing Crisis Situations (PMCS), Mental Health Automated Record System (MHARS) and eCare, Health Information Protection Privacy Act (HIPPA), and Sexual Harassment Prevention. Pilgrim Psychiatric Center is an Equal Opportunity Employment Agency, and welcomes diversity in the workplace.

B) Internship Assignment:

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

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

**Admissions Units:** The Admissions Units at Pilgrim Psychiatric Center receive patients from both Nassau and Suffolk counties in the state of New York. These patients are often admitted from community hospitals, secure facilities, jail, and prison with primary psychiatric diagnoses, with the additional requirement that they be dangerous to themselves and/or others. Admission to these units is essentially for a short (up to 180 days) hospitalization where patients are evaluated, stabilized, and considered for either discharge or transfer to psychiatric rehabilitation units or specialty care units. There are three adult admissions wards and one geriatric admissions ward.

**Psychiatric Rehabilitation Units:** This service addresses the needs of patients directly following stabilization on the admission unit. Patients’ core psychiatric symptoms are addressed, and plans for discharge are developed. Psychological input is of the utmost importance on these units and includes a wide range of psychological interventions. Placement on these units allows the intern to work with patients for a more extended period of time.
Forensic clients comprise a fair portion of the patient population at Pilgrim Psychiatric Center. These clients range from those who have pled an insanity defense (and were first stabilized in a forensic hospital setting), to those from jail/prison with a mental health and/or substance abuse diagnosis who were transferred to the hospital for further stabilization after finishing their sentence. Interns receive training in working with criminal offenders and the forensic process for commitment. In addition to psychiatric disorders, many of these patients display personality disorders, and there is enhanced opportunity to provide individual therapy as well as group therapy. Interns will be trained on a variety of risk-assessment tools and have the opportunity to conduct psychological evaluations for forensic purposes using these measures. Each intern will also take part in Pilgrim’s Civilian Hospital Adjustment Program (CHAP), by facilitating or co-facilitating select groups specifically geared towards this population.

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

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

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

- Psychological assessment and report writing
- Direct patient care in the form of individual and group therapy
- Attendance at team meetings and psychiatric consultation, with intern input
- Written documentation of patient progress, including progress notes, treatment plans, and annual screenings
- Presentation of Focused Case Review

See Appendix II (pp. 15-16) to Review the Internship Performance Requirements

The Psychology Training Committee

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

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

Interns agree to complete a twelve-month full-time internship commencing and terminating in late summer of each year. The current annual stipend for each intern is approximately $35,075. In addition, each intern receives health care benefits as well as holiday, vacation and sick leave entitlements. The Training Committee may also approve requests for leave time for professional activities, such as attendance at conferences and professional presentations.

Evaluation of Interns

Interns are evaluated by their supervisors on the skills utilized in various clinical contexts. Assessment is both a formal and informal process. Interns are kept informed of their progress in the program by means of clearly identified evaluation sessions, with timing and content designed to facilitate their change and growth. Quarterly written evaluations indicate whether the interns have met minimal performance standards in areas such as professional ethics, assessment, treatment planning, implementation of appropriate treatment strategies, and responsiveness to supervision. These evaluations are collated by the Director of Training and reports are forwarded to the interns’ University Training Directors semi-annually. In addition to the supervisors’ assessment of the interns, the Psychology Department assesses the competency of all clinicians in several categories. Post-tests are also conducted at the conclusion of didactic modules throughout the year. In terms of Program Evaluation, the interns are given the opportunity to evaluate their training experiences at Pilgrim Psychiatric Center semi-annually.

See Appendix III (pp. 17-30) to Review the Intern Evaluation document

Grievance Policy

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

See Appendix IV (pp. 31-36) to Review the Due Process/Grievance Policy document

Research Opportunities

Several staff psychologists are available for consultation or participation in phases of dissertation and other research. Internet access is available at the interns’ individual work stations and our department subscribes to various psychology journals. Our interns are also afforded the opportunity to be involved in a growing number of Webinars that may be of interest to clinicians. Available community resources include university library facilities at the State University of New York at Stony Brook, Hofstra University and Adelphi University. Also, interns are encouraged to apply for New York State on-line library cards. This database grants free access to numerous journals and articles related to the field of clinical psychology. We have recently added an on-line training component to our program which includes web-based training modules in recovery and evidenced-based treatment. This program also affords interns the opportunity to engage in electronic discussions on current practice and research.
Application and Intern Selection Process

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

1. Prior doctoral practicum experience in working with Seriously and Persistently Mentally Ill adult clients (preferably inpatient)
2. Experience in conducting psychoeducational groups (minimum of three groups for at least 6 weeks each)
3. Completion of at least 3 fully integrated psychological evaluations
4. At least 400 hours of doctoral level practica in intervention and evaluation
5. Competency in writing skills as evidenced by submitted psychological Evaluation
6. Positive letters of recommendation

Applicants are typically expected to appear for a personal interview, and are contacted to schedule this interview once the completed application has been received. Deadline for submission of completed applications is November 15th. As a member of APPIC, Pilgrim Psychiatric Center follows APPIC guidelines and procedures in the selection of interns, and abides by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to Uniform Notification (Match) Day.

The interview process consists of three parts:
1. Tour of facility and explanation of program goals and expectations with the Director of Training and/or a Supervising Psychologist
2. Interview with the Director of Training and/or a Supervising Psychologist, with a standard set of questions asked of every applicant to prevent bias
3. Q and A session with a current intern

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

The program begins in late summer and lasts for one full year. Please note that all employees, including interns, must be fingerprinted and are charged for this procedure. A physical examination is also required before the starting date.

To Apply:
Submit the APPIC Application for Psychology Internship (AAPI), Parts 1 & 2, available on the APPIC Web site: https://www.appic.org/
With the AAPI submit:
- three (3) letters of recommendation
- an official transcript
- a curriculum vitae
• a three- to five-page formal case conceptualization and/or a psychological assessment (no page limit)

Please submit the above online at the APPIC website. Our Program ID # is: 1497
For further information or assistance write or call
Tel: (631) 761-2399 • Fax: (631) 761-3770
e-mail: Howard.Delman@omh.ny.gov

See Appendix V (pp. 37-39) to Review the Internship Admissions, Support, and Initial Placement Data
SUPERVISING FACULTY AND CONSULTANTS

Delman, Howard, Ph.D.

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

Gottesman, Joseph, Ph.D.

Dr. Gottesman received his doctoral degree in Clinical Psychology from St. John’s University in Queens, New York. He has previously served in the capacities of ward psychologist, Treatment Team Leader, and Associate Director of Quality Management, and is currently the Associate Director of Operations at Pilgrim. Professional interests include personality disorders, psychodynamic/object relations theory, therapeutic communication, pragmatic psychotherapy, and psychologists as administrators. Dr. Gottesman is also a certified basketball and football referee with additional interests in the psychology, science, and practice of sports officiating.

Herbert, Kenneth, Psy.D.

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

Hogan, Douglas, Ph.D.

Dr. Hogan received his doctoral degree in Clinical Psychology from the State University of New York at Stony Brook. He is currently working as a licensed psychologist on the Geriatric Admissions Ward at Pilgrim Psychiatric Center. Professional interests include cognitive behavior therapy and stress and anxiety reduction.

Kavanagh, Ann Marie, Ph.D.

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

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

Khokhar, Azhar, M.D.

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

LaMonica, Richard, Ph.D.

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

May, Jennifer, Ph.D.

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

Mitra, Angeliqua, Psy.D.

Dr. Mitra received her MA and doctoral degree in Clinical Psychology from the Ferkauf Graduate School of Psychology of Yeshiva University, NY and a Master’s degree from New York University in General Psychology. She has training in psychodynamic and cognitive behavioral therapies and has experience with Mindfulness Based therapies including Dialectical Behavioral Therapy and Acceptance and Commitment Therapy. She has clinical and administrative expertise in outpatient, inpatient, forensic/correctional and partial hospital settings and has provided clinical supervision for both adult and child therapists. She also has experience with forensic, personality and neuropsychological assessment. She is currently working on an Admissions ward.

Murawski, Philip, Psy.D.

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

Radu, Ioana, Psy.D.

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

Sierra, Anthony, M.A.

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

Stasi, Jason, Ph.D.

Dr. Stasi received his doctoral degree in Clinical Psychology from Hofstra University where he specialized in cognitive behavioral therapy for anger and aggression. He is a New York State licensed psychologist and is currently working on an Admissions ward at Pilgrim Psychiatric Center. Areas of professional interest include severe and persistent mental illness, acceptance and commitment therapy, motivational interviewing, and behavioral medicine.

Vega, Lisa, Psy.D.

Dr. Vega holds master’s and doctoral degrees in Clinical Psychology from the University of Hartford and received a master’s in education in Counseling from Fordham University. She provides treatment to patients in a secure care environment and works on one of Pilgrim Psychiatric Center’s long-term Rehabilitation Wards. Dr. Vega has held positions in a high-security correctional institution, psychiatric hospitals, mental health centers, a residential treatment facility, university counseling center, and in schools. She has expertise in behavioral medicine, consultation/liaison, focused behavior management treatment, crisis management, cognitive-behavioral therapy, multicultural counseling, and program administration.
White, Leonard, Ph.D.

Dr. White received his doctoral degree from the New School of Social Research. His responsibilities at Pilgrim include assignments to the Polydipsia Treatment Unit and a Geriatric Rehabilitation Unit. He is clinical assistant professor of Psychiatry at the Mt. Sinai School of Medicine. His professional interests include brain behavior relationships, cognition in schizophrenia and objective system measurement. Dr. White has also published many articles in the research field.
Appendix I

Pilgrim Psychiatric Center
Psychology Internship Competencies and Training Aims

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<th>Competency #1: Knowledge of Mental Disorders</th>
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<tr>
<td><em>Aim(s) for Competency #1:</em> The intern will demonstrate knowledge and proficiency in the application of psychological principles to individuals with severe mental illness. This includes theories and research related to personality and abnormal behavior, diagnostic considerations, and the etiology of psychosis, as well as knowledge, sensitivity, and skill in working with diverse populations. This knowledge will be inclusive as to empirically validated treatment approaches and discharge criteria.</td>
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<th>Competency #2: Intervention/Treatment of Mental Disorders</th>
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<td><em>Aim(s) for Competency #2:</em> The intern will demonstrate competency in selecting and conducting empirically-validated therapeutic interventions in the areas of individual and group psychotherapy, crisis intervention and management (including progressive application of intervention), and consultation.</td>
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<th>Competency #3: Assessment of Mental Disorders</th>
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<td><em>Aim(s) for Competency #3:</em> The intern will demonstrate competence in diagnostic psychological assessment. This will include obtaining pertinent clinical information from all available sources; choosing appropriate instruments; administering, scoring, and interpreting psychological tests; integrating the information and data into a coherent report; and providing recommendations to assist the patient and Treatment Team in creating an appropriate treatment plan.</td>
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<th>Competency #4: Professional Identity (Understanding and following the highest professional and ethical standards)</th>
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<td><em>Aim(s) for Competency #4:</em> The intern will display awareness of and adherence to the professional ethics, standards, and laws that control services provided by psychologists.</td>
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<th>Competency #5: Professional Relationships</th>
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<td><em>Aim(s) for Competency #5:</em> The intern will learn to function as a member of an interdisciplinary Treatment Team and be able to work collaboratively with peers, supervisors, administrators, community organizations, and staff from other disciplines. The intern will also demonstrate knowledge of rules, regulations, and procedures mandated by Pilgrim Psychiatric Center, the NYS Office of Mental Health (OMH), and other regulatory agencies.</td>
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Appendix II

Pilgrim Psychiatric Center
Psychology Internship Performance Requirements

• Interns will attend a minimum of 80% of scheduled intern seminars, and have acceptable attendance at presentations and case conferences.

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

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

• Interns will complete a minimum of three comprehensive treatment plan reviews which integrate the patient’s strengths, resources and needs, and includes their Individual Crisis Prevention Plan (ICPP).

• Interns will conduct individual therapy for a minimum of four patients during their internship year. This may include Multi-Sensory Treatment Environment (MSTE) sessions.

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

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

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

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

• Interns will share admission responsibilities with their supervisor conducting intake screenings (psychological, psychoeducational, and trauma) and mental status examinations.

• Interns will attend Special Release meetings for cases on which they conducted the assessments.
• Interns will attend at least 80% of all Clinical and Treatment Team Meetings on their rotations

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

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

• Interns will maintain professional decorum throughout the internship year.

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

• Documentation of these requirements will be collected through the Monthly Report submitted by each intern. In addition, interns will submit work samples of evaluations, psychological screenings, and Lethality Assessments at the end of the year.
Appendix III
PILGRIM PSYCHIATRIC CENTER
PSYCHOLOGY DEPARTMENT
INTERN EVALUATION FORM

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

Trainee ______________________ Supervisor __________________________ Period from: __________ to __________

ASSESSMENT METHOD(S) FOR COMPETENCIES

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

COMPETENCY RATINGS DESCRIPTIONS

NA Not applicable for this training experience/Not assessed during training experience
A Advanced/Skills comparable to autonomous practice at the licensure level.
   Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.
HI High Intermediate/Occasional supervision needed.
   A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee’s activities; depth of supervision varies as clinical needs warrant.
I Intermediate/Should remain a focus of supervision
   Common rating throughout internship and practica. Routine supervision of each activity.
E Entry level/Continued intensive supervision is needed
   Most common rating for practica. Routine, but intensive, supervision is needed.
R Needs remedial work
   Requires remedial work if trainee is in internship or post-doc.

Competency I: Knowledge of Mental Disorders

NA AIM: DIAGNOSTIC SKILL
   Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM-5 classification. Utilizes historical, interview and psychometric data to diagnose accurately.

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

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

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

E/R Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-5 criteria to develop a diagnostic conceptualization.
NA  AIM: DISCUSSES CLINICAL AND RESEARCH LITERATURE
Demonstrates the ability to locate and discuss clinical and research literature related to psychiatric and personality disorders. Displays an understanding of how socio-cultural factors influence the manifestation of psychiatric disorders and attitudes toward mental illness and treatment. Can incorporate the literature to aid in diagnostic and treatment considerations for diverse individuals.
A  Fully dedicated to independently expanding knowledge and skills by locating and discussing how the new information can be used to accurately diagnose or better treat a patient they are in contact with.
HI  Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Needs support incorporating new knowledge to improve diagnostic and treatment methods.
I/E  Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, will take initial steps in with support to incorporate new knowledge into clinical practice.
R  Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor or unwilling to discuss methods for incorporating knowledge into clinical practices.

Competency II. Intervention/Treatment of Mental Disorders

NA  AIM: PATIENT RAPPORT
Consistently achieves a good rapport with patients.
A  Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
HI  Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
I  Actively developing skills with new populations. Relates well when has prior experience with the population.
E  Has difficulty establishing rapport.
R  Alienates patients or shows little ability to recognize problems.

NA  AIM: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY
Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients. Collaborates with the treatment team in an effective manner.
A  Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. reporting them to staff, calling a code) are initiated immediately, then consultation and confirmation of supervisor is sought. Establish appropriate short-term crisis plans with patients. Recognizes issues that need to be communicated immediately with the treatment team (i.e. threats of assault, suicide, etc.) and acts upon it.
HI  Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
I  Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
E Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not leave the site without seeking “spot” supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.

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

NA AIM: CASE CONCEPTUALIZATION AND TREATMENT GOALS
Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

A Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.

HI Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.

I Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.

E/R Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.

NA AIM: THERAPEUTIC INTERVENTIONS
Interventions are well-timed, effective and consistent with empirically supported treatments.

A Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

HI Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.

I Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.

E/R Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients’ level of understanding and motivation.

NA AIM: EVIDENCE-BASED TREATMENT MODALITIES
The intern demonstrates an understanding of evidence-based treatment modalities relevant to the patients with whom they are working. They can effectively apply their knowledge of these treatments in their practice.

A Intern has an advanced understanding of the theoretical basis for the treatment modality. Demonstrates an understanding of the most current literature relevant to the practice of the particular treatment approach. Can independently incorporate knowledge of empirical basis into clinical practice.

HI Most of the time, can utilize knowledge of the empirical literature in designing treatment strategies. Takes initiative in seeking out empirical support for treatment modality. With minimal supervision, can apply empirically-based treatments in practice.

I Requires supervision and reminders to utilize empirical research in discussing and understanding clinical work. Needs specific supervision to translate ideas presented in the literature into clinical practice.
NA  AIM: PROGRAM EVALUATION
The intern can plan evaluations appropriate for treatment-based interventions and programs. This includes understanding methods of evaluation, as well as ability to choose type of evaluation fitting the intervention or program. The intern will also develop skills in the area of designing evaluations.

A  Demonstrates a thorough knowledge of program evaluation theory, including reason for selection of a specific approach and can apply knowledge to develop evaluation questions for an intervention or program independently.

HI  Has a working knowledge of evaluation theory to develop questions with minimal assistance. Accuracy of selection of appropriate approaches is adequate. Uses supervision well in more complicated evaluations that use unusual methodologies.

I  Has an understanding of basic program theory and can describe how methods are used to assess programs, but cannot select appropriate evaluation approaches and cannot apply knowledge to interventions or programs by developing evaluation questions independently.

E/R  Demonstrates significant deficits in understanding of program evaluation concepts and/or cannot apply these concepts even with supervisory input.

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

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

HI  Can consistently maintain appropriate patient boundaries, including confidentiality. There are occasionally times prior to any boundary violation when the intern seeks supervision to learn ways to handle a difficult situation in which staff or patients are making it difficult for her to maintain boundaries.

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

E/R  Had difficulty maintaining confidentiality. Discusses patient matters in public spaces (e.g., hallways, elevators); transmits documents with patient material to outside sources without obscuring identifying data; shares private patient information with patient family members (without first receiving written permission), staff uninvolved in that patient’s treatment (e.g., TAs on another ward), or other patients. May do special favors for patients (e.g., give gifts, lend money, allow them to do things that are not within their privilege level), promise to keep secrets that should not be kept (e.g., not telling the treatment team is a patient is in danger of harming self or others), or side with patients against the treatment team.
**NA AIM: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)**

Understands and uses own emotional reactions to the patient productively in the treatment.

**A** During session, uses countertransference to formulate hypotheses about patient’s current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.

**HI** Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.

**I** Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.

**E** When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.

**R** Unable to see countertransference issues, even with supervisory input.

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

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

**A** Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later.

**HI** Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.

**I** Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.

**E** Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.

**R** Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

**NA AIM: CO-LEADERSHIP OF GROUPS**

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

**A** Fluid functioning of leadership team: co-leaders monitor and teach each other. They mutually anticipate and adapt to each other’s interventions within treatment sessions. Co-leaders function as peer supervisors, seek consultation when needed.

**HI** Can identify and manage conflict with co-leader with minimal to moderate supervisory help. Leaders cultivate ability to recognize and adapt to each others’ styles and strategies to the benefit of the group.

**I** Recognizes complementarity of styles, including mutual strengths and weaknesses. Uses supervision to understand and accept differences.

**E** Able to exchange information regarding preferences regarding working styles; able to agree on ground rules and working plans. Some resistance to supervision in this area.
Co-leader relationship characterized by poor communication, mistrust, with open hostility or denial of conflict; mismanagement of co-leadership issues has clearly adverse effects on group functioning.

**AIM: SENSITIVITY TO PATIENT DIVERSITY**

Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

**A**

Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.

**HI**

In supervision, recognizes and openly discusses limits to competence with diverse clients.

**I**

Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.

**E**

Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.

**R**

Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

**AIM: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND**

Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

**A**

Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.

**HI**

Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.

**I**

Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.

**E**

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

**R**

Has little insight into own cultural beliefs even after supervision.
Competency III. Assessment of Mental Disorders

NA  TOTAL NUMBER OF ASSESSMENTS COMPLETED THIS EVALUATION PERIOD ________

NA  AIM: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION
Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence tests and objective and subjective personality measures.

A  Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.

HI  Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.

I  Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.

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

NA  AIM: PSYCHOLOGICAL TEST SCORING AND INTERPRETATION
Scores and interprets the results of psychological tests used in his/her area of practice. Demonstrates competence scoring and interpreting intelligence tests and objective personality measures.

A  Skillfully and efficiently scores and interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.

HI  Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision. Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.

E/R  Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

NA  AIM: ASSESSMENT WRITING SKILLS
Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

A  Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions. Can complete the report in a timely fashion with minimal edits from supervisor.

HI  Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations. The edited report can be completed in a timely manner.

I  Uses supervision effectively for assistance in determining important points to highlight. These edits delay the completion of the report.

E/R  Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites. The intense supervision needed to fix the report significantly delays its completion.
NA  **AIM: FEEDBACK REGARDING ASSESSMENT**
Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

A  Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.

HI  With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.

I  Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.

E  Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.

R  Does not modify interpersonal style in response to feedback.

### Competency IV. Professional Identity

NA  **AIM: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION**
Responsible for key patient care tasks (e.g. individual therapy, unscheduled patient check-ins and crisis interventions) and completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, are well documented. Records include crucial information.

A  Maintains complete records of all patient contacts and pertinent information in eCare and, when appropriate, chart notes. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.

HI  Maintains timely and appropriate records; may forget some minor details or brief contacts, but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.

I  Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.

E  Needs considerable direction from supervisor. May leave out crucial information.

R  May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

NA  **AIM: EFFICIENCY AND TIME MANAGEMENT**
Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Gives supervisors advanced notice of scheduled time off and is sensitive to coverage issues. Minimizes unplanned leave whenever possible.

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

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

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

E  Highly dependent on reminders or deadlines.

R  Frequently has problems getting work done in a timely fashion. Or has problems with tardiness or unaccounted absences.
**NA**  **AIM: SEeks Current Scientific Knowledge**
Displays necessary self-direction in gathering clinical and research information practice independently and competently. Regularly engages in practices such as reading books and journal articles, and attending seminars, workshops, conferences, and presentations at departmental Journal Club meetings. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

A  Fully dedicated to expanding knowledge and skills. Independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.

HI  Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor’s suggestions of additional informational resources, and pursues those suggestions.

I/E  Open to learning, but waits for supervisor to provide guidance. When provided with Appropriate resources, willingly uses the information provided and uses supervisor’s knowledge to enhance own understanding.

R  Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

**NA**  **AIM: KNOWledge of Ethics and Hospital Rules**
Demonstrates good knowledge of Adherence to the APA (Ethical Principles of Psychologists and Code of Conduct) and agency/facility rules and operating procedures. Consistently applies these appropriately, seeking consultation as needed.

A  Spontaneously and consistently identifies ethical issues and agency/facility rule infractions and addresses them proactively. Judgment is reliable about when consultation is needed.

HI  Consistently recognizes ethical issues and potential agency/facility rule infractions, appropriately asks for supervisory input.

I  Generally recognizes situations where ethical issues and agency/facility rules might be pertinent, is responsive to supervisory input.

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

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

**NA**  **AIM: USEs Positive Coping Strategies**
Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

A  Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues.

HI  Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.

I  Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.

E  Personal problems can significantly disrupt professional functioning.

R  Denies problems or otherwise does not allow them to be addressed effectively.
Competency V. Professional Relationships

NA  AIM: PROFESSIONAL INTERPERSONAL BEHAVIOR
Professional and appropriate interactions with treatment teams, peers (e.g., interns, externs), supervisors, support staff, and administrators. Seeks peer support as needed.
A  Smooth working relationships, handles differences openly, tactfully and effectively. Demonstrates appropriate professional interpersonal boundaries. Participates actively and helpfully in treatment team meetings.
HI  Gets along well with others and appropriately seeks input from supervisors to cope with Rare interpersonal concerns. Participates actively and helpfully in treatment team meetings.
I  Generally gets along well with others and effectively seeks assistance to cope with interpersonal concerns with colleagues as they arise. Progressing well on providing input in a team setting.
E  Relates well to others but ability to participate in team model is limited.
R  May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues. Poor interpersonal boundaries. Has great difficulty functioning in a team setting.

NA  AIM: SEEKS CONSULTATION/SUPERVISION
Seeks consultation or supervision as needed and uses it productively.
A  Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.
HI  Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision.
I  Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
E  Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
R  Frequently defensive and inflexible, resists important and necessary feedback.

NA  AIM: CONSULTATIVE GUIDANCE
Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.
A  Relates well to those seeking input, is able to provide appropriate feedback.
HI  Requires occasional input regarding the manner of delivery or type of feedback given.
I/E  Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
R  Unable to establish rapport.

NA  AIM: CASE CONSULTATION THROUGH CASE PRESENTATIONS
Uses case presentations as a format to receive consultation on challenging cases. Can deliver concise and informative presentations to staff of all disciplines. Poses questions to consultants in order to facilitate treatment planning.
A  When trainee is a presenter, he/she uses case presentations to receive valuable feedback regarding patient’s functioning and treatment planning. Provides a comprehensive overview of patient’s psychological, medical, trauma, and social history as well as patient’s current functioning. Incorporates information from different sources into presentation, and asks appropriate questions to the consultants available, considering their area of expertise. Communicates results of case presentation to all relevant parties, and in conjunction with treatment team, considers changes to treatment plan to address recommendations made by consultants.
HI With some help from supervisor, collates relevant information for case presentation and is able to present such information in a generally clear and concise manner. May spend a lot of time reviewing information relevant to one area of assessment, yet may not expand on other important details of patient presentation. Overall, however, consultant understands questions being posed to him/her and is able to provide relevant recommendations, particularly after asking for additional information regarding particular areas not addressed thoroughly in presentation. Information gathered from consultation is not always communicated to all interested parties, and as a result, the team may fail to follow up on some recommendations.

I Attends case presentations regularly, and when in the role of presenter, is prepared with sufficient information for presentation. However, does not attempt to gather information from all resources (i.e., going back to medical records, talking with family, meeting with treatment team). Poses questions to consultant, but questions may not be appropriate given the information provided or the current treatment goals. May not follow up with recommendations, or may decide to follow up only with some recommendations without consulting relevant parties involved.

E Is unable to put together a clinical presentation that is comprehensive or based on a psychological formulation of the patient. May only “report” data accumulated by reading excerpts from notes or assessments. Does not prepare adequate questions to consultant. May not follow up with recommendations.

R Rarely attends case presentations, and when assigned to present, does not adequately prepare for presentation, evidenced by incomplete or incorrect patient information, disorganization in presentation, or a lack of preparation of questions for consultation.

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

A Effectively and consistently applies supervision skills. Offers excellent, timely, and useful feedback to supervisee.

HI Consistently recognizes relevant issues and offers helpful feedback to supervisee. Needs occasional guidance and supervisory input.

I Generally recognizes relevant issues, needs guidance regarding supervision skills.

E Able to provide adequate assistance to trainee but requires very close personal supervision.

R Unable to provide helpful supervision.
SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS:

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS:
CONCLUSIONS

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

AIM FOR PRACTICUM EVALUATIONS
All competency areas will be rated at a level of E or higher. No competency areas will be rated as R.

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

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

AIM FOR INTERN EVALUATIONS DONE AT 12 MONTHS
At least 80% of competency areas will be rated at level of competence of HI or higher. No competency areas will be rated as R or E. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, Director of Training and trainee agree that a level of I is appropriate for that particular rotation, e.g. a forensic track rotation for a trainee with little to no prior forensic experience.

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

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

Supervisor ___________________________________________ Date ____________
TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

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

Intern ____________________________ Date ___________
Appendix IV

PPC Psychology Internship Due Process / Grievance Policy

The training program has developed a due process model, which focuses on prevention and a timely response to identified problems. This ensures that decisions made by the program concerning interns are not arbitrarily or personally based and requires that the program identifies specific evaluative procedures which are applied to all interns. To this end, all notifications and the transcripts and/or “memory notes” of Committee meetings regarding specific intern issues that are created by the Director of Training or designee shall be kept as part of that intern’s competency file. Additionally, the program must have appropriate appeal procedures in place so that the intern may challenge the program’s decision or action of he/she so desires. Further, the same guiding principles shall govern the process by which an intern may address a corresponding issue with some aspect of the Training Program or one of its members.

I. Intern Inability to Perform to Competency Standards

Intern inability to perform to competency standards is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior; an inability to acquire professional skills in order to reach an acceptable level of competency; an inability to control reactions which interfere with professional functioning (Lamb, Illinois State University Student Counseling Center 1986). The evaluation process developed to assess an intern’s performance is critical to providing the criteria necessary to operationalize this definition.

Problem behaviors are noted when supervisors perceive an intern’s behaviors, attitudes or characteristics as disruptive to the quality of his/her clinical services; ability to comply with appropriate standards of professional behavior; or his/her relationships with supervisors, or other staff. It is a professional judgment as to when an intern’s behavior becomes serious enough (i.e., impaired) to necessitate remediation efforts rather than just behaviors to be not unexpected or excessive for professionals in training. Problems typically become identified as inability to perform to competency standards when they include one or more of the following characteristics:

A. The intern does not acknowledge, understand or address the problem when it is identified.
B. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.
C. The quality or quantity of services delivered by the intern is sufficiently negatively affected.
D. The problem is not restricted to one area of professional functioning.
E. A disproportionate amount of attention by training personnel is required.
F. The trainee’s behavior does not change as a function of feedback, remediation, and/or time.

In areas of skill competencies, there are expected competency outcomes for Interns during Internship year:

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

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

AIM FOR INTERN EVALUATIONS DONE AT 12 MONTHS
At least 80% of competency areas will be rated at level of competence of HI or higher. No competency areas will be rated as R or E. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, Director of Training and trainee agree that a level of I is appropriate for that particular rotation, e.g. a forensic track rotation for a trainee with no prior forensic experience.

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

If an intern demonstrates weakness in any area at the 3rd quarter evaluation, and there is a possibility that they are in danger of receiving less than 80% of ratings of HI in any objective towards the 4th and final quarter, the Supervisor will provide additional remedial measures so that the intern will have more individual intervention, practice and time to remedy the deficiency before the completion of the internship.

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

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

B. If the matter remains unresolved within the specified time frame, a meeting will be held with the intern, the supervisor, and the Director of Training. The intern's graduate program Director of Training will be notified at this time and kept apprised of all subsequent steps.

C. If termination of the internship is considered, the matter will be brought to the Training Committee and the facility Clinical Director will be contacted within one working day. The intern will be notified in writing that the Committee has been so convened.

1. The Director of Training will obtain information from all staff involved with the intern in a teaching or supervisory relationship and from other interns.

2. All members of the department, including the intern under consideration, will be provided an opportunity to communicate their views directly to the assembled Committee.

3. The Director of Training will, within three working days, convene the Training Committee to make a final decision.

D. The Director of Training will, within three working days, convene the Training Committee to make a final decision.

E. The outcome of the Training Committee's deliberations may be:

1. No further action is warranted.

2. The development of a formal plan of corrective actions. In this case, possible remedial steps may include (but are not limited to): changes in format or focus of supervision, increasing supervision, recommending and/or requiring personal therapy, reduction of workload, revision of placement assignment, leave of absence from internship or termination from the internship.

F. Once a decision has been reached, the Director of Training will meet with the intern to notify him/her of the committee's decision and review the required remedial steps. The intern may accept the decision reached by the committee or challenge the committee's actions.

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

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

If after a reasonable amount of time (no more than four weeks), the plan for corrective action does not rectify the problem, or when the intern seems unable or unwilling to alter his/her behavior, the training program as represented by the Director of Training, and the Clinical Director, will take more formal action,
including such actions as:
   A. Giving the intern a limited endorsement, including specifying those
      settings in which he/she could function adequately;
   B. Communicating to the intern and academic department that the intern has
      not successfully completed the internship;
   C. Recommending and assisting in implementing a career shift for the intern;
   D. Termination of the intern from the training program.

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

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

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

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

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

The above procedures are designed to be timely and fair, and to be appropriately documented and implemented in ways that are consistent with established appeal procedures. In most cases of identified intern inability to perform to competency standards, it is expected that the outcome of the deliberations will be a plan of corrective action. This plan is intended to promote optimal growth for the intern, to prevent further failures, and to identify a process and the specific performance criteria for eventual re-evaluation.
Should an intern be the subject of or witness of any inappropriate workplace behaviors (i.e. sexual harassment, discrimination, etc.), he/she should inform the facility Affirmative Action Administrator. The matter will then be addressed through designated PPC policies. If the intern feels comfortable they should also involve the Director of Training to direct them to PPC resources.
Appendix V

INTERNERSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA
Date Program Tables are updated: 8/15/18
Internship Program Admissions

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

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

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At least 400 hours of doctoral level practica in intervention and evaluation combined

Describe any other required minimum criteria used to screen applicants:

_Completion of at least 3 fully integrated psychological evaluations
Competency in writing skills as evidenced by a submitted psychological evaluation_
## Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$35,075</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If access to medical insurance is provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>136 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>96 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Other Benefits (please describe)

- Dental coverage
- Vision coverage
- Professional Leave
### Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

**2014-2017**

<table>
<thead>
<tr>
<th>Position</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing their doctoral degree</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Community mental health center
Federally qualified health center
Independent primary care facility/clinic
University counseling center | 1  |
Veterans Affairs medical center
Military health center
Academic health center | 1  |
Other medical center or hospital
Psychiatric hospital | 3  |
Academic university/department
Community college or other teaching setting
Independent research institution
Correctional facility | 1  |
School district/system
Independent practice setting | 1  |
Not currently employed
Changed to another field
Other
Unknown