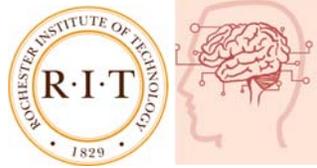


Rochester Institute of Technology  
College of Health Science and Technology  
Priority Behavioral Health Internship Program  
(CHST- PBHIP)



Intern Handbook

2016-2017

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## Mission

The mission of the College of Health Science and Technology’s “Priority Behavioral Health Care Internship Program” is to provide a supervised, intensive, experiential learning opportunity focused on the delivery of efficient and comprehensive psychological services.

## Accreditation Status

The internship program is not yet accredited by the APA.

Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

[Office of Program Consultation and Accreditation](#)

*American Psychological Association*

*750 1st Street, NE, Washington, DC 20002*

*Phone: (202) 336-5979*

*Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)*

## APPIC Membership Status

CHST’s Priority Internship Program is not yet a member of APPIC.

## Overview

The Priority Behavioral Health Internship Program at the College of Health Science and Technology (CHST) of the Rochester Institute of Technology offers training in both the areas of assessment and evidenced-based interventions for clients in community agencies. The internship represents a cooperative endeavor between the School of Behavioral Health at RIT-CHST and clinical placement sites within Rochester Regional Health and Hillside. The label used for doctoral psychology interns within the program is “Psychology Fellow”. Fellows have the opportunity to work with nationally and internationally recognized experts in mental health treatment, substance use research and forensic psychiatry. Our training and education program is dedicated to developing the next generation of leaders in the field using innovative and advanced technologies (e.g, Telehealth and Technology Assisted Interactive Tools for Clients), which is core to the mission of RIT. RIT is ranked in the United States News and World Report as a “top 10” outstanding university and has gained a global reputation for advancements in innovation, science and technology across the healthcare field. Such advancements have helped us grow our programming to include a recently-built family medical practice on campus, in collaboration with Rochester Regional Health. It has also led to the development of a School of Behavioral Health, a Behavioral Health Clinic on campus and a formal clinical psychology internship program.

The internship year is first and foremost a supervised, intensive, experiential learning opportunity focused on the delivery of psychological services. The program embraces a scientist-practitioner model in which theory and evidence routinely inform professional practice and each fellow has protected time to pursue a scholarly activity that can center on research, program evaluation, clinical care, or education. The training is competency based. All fellows in the internship program receive training in clinical and community psychology. A priority is placed on professional development, including providing assistance to fellows in securing opportunities after internship such as post-doctoral fellowships and employment. Our clinical sites have an interest in hiring the next generation of leaders.

### **Training Goals**

The training goals of the Priority Behavioral Health Internship Program are as follows:

- Goal 1: Fellows will achieve an intermediate to advanced level of competence in Evidence-Based Intervention
- Goal 2: Fellows will achieve an intermediate to advanced level of competence in Evidence-Based Assessment
- Goal 3: Fellows will achieve an intermediate to advanced level of competence in Ethical and Legal Standards
- Goal 4: Fellows will achieve an intermediate to advanced level of competence in Cultural and Individual Diversity
- Goal 5: Fellows will achieve an intermediate to advanced level of competence in Research
- Goal 6: Fellows will achieve an intermediate to advanced level of competence in Professional Values, Attitudes, and Behaviors
- Goal 7: Fellows will achieve an intermediate to advanced level of competence in Interprofessional and Interdisciplinary Consultation
- Goal 8: Fellows will achieve an intermediate to advanced level of competence in Supervision
- Goal 9: Fellows will achieve an intermediate to advanced level of competence in Communication and Interpersonal Skills
- Goal 10: Fellows will achieve an intermediate to advanced level of competence in Telehealth and Interactive Therapeutic Technologies
- Goal 11: Fellows will achieve an intermediate to advanced level of competence in Clinical Leadership and Career Development within Ambulatory Behavioral Health Settings

### **Structure of the program**

The internship begins on July 1 and concludes on June 30 of each academic year, and provides 2000 hours of training. Each fellow will have a year-long primary placement at one of the clinical partner sites, and will meet with their internship cohort on Thursdays

for lunch and didactic seminars at RIT and RRH. Fellows are expected to spend at least 10 hours per week engaged in direct service delivery.

The training curriculum has been designed in accordance with the internship program's stated goals and related required competencies. Each goal is met through both experiential and didactic training. While in their primary clinical settings, interns provide supervised behavioral health intervention and assessment services to individuals from diverse backgrounds. Intervention may include individual, group, and/or family treatment, and may be provided for children, adolescents and/or adults, depending on the primary clinical placement. **Fellows are expected to carry a caseload of approximately 10-20 clients throughout the year**, depending on number of diagnoses and the chronicity of the client. They are expected to evaluate 2-3 new clients per week and facilitate 5 psychotherapy groups. Psychological assessment also is provided at each placement site, and interns are expected to administer, interpret, and provide written synthesis of psychological test batteries. **Across training sites, all interns will be required to conduct a minimum of 10 psychological assessment batteries and to write the associated integrated assessment reports.** Interns across clinical sites have the opportunity to gain experience working with and consulting across a variety of disciplines as a major component of their training program, as each primary placement involves collaboration across various systems of care. Experiences may involve collaboration and consultation with various agencies and/or providers within multiple care disciplines and settings. All interns are provided with didactic and experiential training in the use of telehealth and interactive therapeutic technologies, as these skills are critical for providers in highly underserved areas and are core to the mission of the Rochester Institute of Technology. Interns are provided with regular supervision, which focuses on clinical skills development as well as addressing such issues as ethics, diversity, and professionalism. Interns are also provided with training in the effective provision of supervision and are given opportunities to practice these skills through the provision of supervision to undergraduate students who provide support to the interns' scholar projects. All training goal areas are additionally supported through the provision of relevant didactics provided by content experts.

All Fellows are expected to conduct research at the internship sites through at least one ongoing "scholar project", the focus of which is determined collaboratively between the primary supervisors and the intern.

### Training Sites

The consortium consists of three training sites. Rochester Institute of Technology's College of Health Science and Technology functions as a non-clinical training site providing didactic training, serving as an administrative and fiscal hub for the internship, and housing the Training Director. The internship's two clinical sites- Rochester Regional Health and Hillside- serve as primary placements for the interns and provide experiential training and primary supervision.

## Rochester Regional Health

Rochester Regional Health (RRH) is a healthcare system that includes five hospitals and several affiliated healthcare organizations in greater Rochester and the surrounding regions. RRH has a formal affiliation with RIT which allows for meaningful collaboration on biomedical research and education. Two tracks within RRH are utilized as primary placements for the fellows, the “Child Track” and the “Adult Track”. Interested applicants may select which of these programs they would like to apply to. Both programs are housed within RRH’s Genesee Mental Health Center in Rochester, and the services of the Adult Track are additionally provided within the Unity Hospital.

The Child Track is housed within the Child and Youth Mental Health Services of the Genesee Mental Health Center. The program serves children between the ages of 5-21, although most are under the age of 18 years. The program provides outpatient comprehensive evaluation/screening, individual, group, and family therapy, crisis intervention, and psychiatric evaluation and medication management. Typical symptoms seen in youth served through the program include abuse of drugs and/or alcohol, inability to cope with daily problems, symptoms of depression and/or anxiety, disruptions in school behavior, anger, hyperactivity, and psychotic symptoms. The fellow will have the opportunity to provide outpatient individual, group, and family therapy, as well as psychological assessment services and risk assessment and safety planning. Group therapy will include the provision of Dialectical Behavior Therapy group for adolescents. The fellow will also consult with schools as well as with the multidisciplinary team.

The Adult Track fellow provides outpatient therapy and assessment services for adult clients through the Adult service and the PROS (Personalized Recovery Oriented Services) service of the Genesee Mental Health Center. The PROS service is a comprehensive recovery oriented program for adults with severe and persistent mental illness. It is a multidisciplinary setting, and Fellows work closely with Social Work, Psychiatry, Nursing, and other allied disciplines. The program includes four service components: Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR), Ongoing Rehabilitation Support (ORS), and Clinic Treatment. CRS is designed to support individuals in restoring skills necessary for being successful within the community, including providing assessment, therapy, and wellness support. Intensive Rehabilitation is focused on reducing the risk of hospitalization, stabilization following an acute psychiatric or chemical dependency relapse, and the provision of support to assist individuals with attaining goals such as higher education and employment. ORS provides off-site support designed to help individuals manage their symptoms and maintain employment. Clinic Treatment is an optional portion of the PROS program and includes typical services provided by an outpatient mental health clinic such as assessment, therapy, medication management, and symptom monitoring. In some cases, PROS patients choose to obtain these services from their community providers while receiving the services listed above through the PROS program. The Fellow will have the

opportunity to provide Individual and group therapy to the general adult outpatient population, which is largely based in Cognitive Behavioral Therapy and Acceptance and Commitment Therapy. The fellow will also provide group intervention on the PROS service, which entails primarily psychoeducation. Consultation occurs regularly between the fellow and other members of the multidisciplinary team. The Adult Track fellow also provides neuropsychological and psychological assessment batteries with the Acute Services unit of the Genesee Mental Health center, and consultation services within the Emergency Department of Rochester General Hospital.

### Hillside

The Hillside Family of Agencies is a non-profit organization consisting of more than 100 coordinated programs in 41 locations across New York and Maryland which provide comprehensive health, education, and human services for children and families. Four Hillside facilities are utilized for internship training. Interns work in four sites, with one intern placed at Snell Farm Children's Center and the Halpern Education Center, and one intern placed at the Children's Center's Varick and Monroe Campuses.

Snell Farm Children's Center (SFCC) is a Residential Treatment Center licensed by the New York State Office of Children and Family Services, located in Bath, Steuben County, New York on a rural working farm. The campus is 170 acres in the Finger Lakes region of the state, and accommodates 28 youth. SFCC's primary objective is to treat male adolescents who have engaged in sexually harmful behavior. Youth reside in single-occupant bedrooms in one of three homes furnished for group living. The campus also includes cooking and dining areas, recreation and sports areas, spaces for therapeutic activities, and a state-licensed school. Youth are provided with work opportunities such as caring for resident farm animals, assisting with maple syrup production, planting and harvesting vegetables, and special programs such as dog training, grooming, and handling. The Halpern Education Center is a day treatment program certified by both the New York State Education Department and the New York State Office of Mental Health. Located in Webster, NY, the program serves children in grades 6-12. Halpern serves students referred by their local Committee on Special Education who are experiencing school related and/or family related problems significant enough to disrupt their education. Halpern provides special education programming and mental health treatment in a structured, supportive therapeutic environment. The school is divided into two Houses, one with middle school grades 6-9 and one with high school grades 10-12. All classrooms at Halpern have six students, one teacher and one teaching assistant.

The fellow placed at the Snell and Halpern sites works with residential (Snell) and day treatment (Halpern) youth clients, providing individual, group, and family therapy as well as assessment. The majority of the psychological assessment provided by this intern occurs at Snell Farm and includes personality, adaptive, and projective testing. Group therapy for the Snell Farm clients focuses on CBT, anger management, DBT, and Social

Thinking. While at the Halpern site, the individual and group therapy conducted by the fellow includes a focus on DBT, CBT, and Trauma-Informed CBT. Moreover, the fellow placed at the Snell and Halpern sites works closely with clients' schools in addition to consulting regularly with members of the interdisciplinary teams. As part of this school consultation work, the fellow conducts classroom observations, school evaluations, and diagnostic assessments. The fellow also participates in milieu meetings and treatment planning with the client's psychiatrists.

The Varick and Monroe Campuses are in Romulus, NY and Rochester, NY, respectively. Varick provides services to youth ages 10-21 within five programs: Critical Care, Development Abilities Services (DAS), Developmental Abilities Services Transitional Program (DAS-TP), Specialized Services, and the Enhanced Residential Treatment Program. The campus, located in the scenic Finger Lakes region of New York State, is a rural setting that offers opportunities for nature walks, fishing, horticulture, bicycling, swimming and other outdoor activities. The campus is on 120 acres and accommodates 119 youth. The main administration building of the campus includes a family greeting room. The residential facility includes individual bedrooms, group spaces for therapeutic activities, and recreation spaces including art, music, sports, and more. The campus also includes a state-licensed school, a kitchen and cafeteria, and a medical center with dental, psychiatric, and nursing care. The Varick Critical Care program offers residential treatment for males, ages 10-18, who have not been successfully treated at lower levels of care due to behavioral and mental health concerns and who are experiencing challenges related to anxiety and mood disorders, trauma, academic and learning difficulties, behavioral challenges, substance use and self-harming behaviors. The DAS program supports individuals who have cognitive limitations and exhibit behavior challenges and mental health concerns. This program is the highest level of care in the Office of Children and Family Services system for this population. The DAS-TP serves youth who have shown a decrease in their presenting behaviors and demonstrate that their needs can be met in this less intensive program. Specialized Services provide highly intensified, residential group care for male youth ages 10 to 21 who are both non-adjudicated and court adjudicated for having caused sexual harm. They are considered hard-to-place youth and are determined to be at moderate to severe risk of causing sexual harm. The Enhanced Residential Treatment Program is a short-term treatment program serving male youth aged 10-18 on two eight bed units. This program helps youth find new coping skills and more appropriate ways to manage their emotions through the use of individual, group, and family therapy. The Monroe campus includes three programs, within the Sunnyside, Lang, and Horton units. Sunnyside is a residential program serving boys and girls ages 12-18. Lang is a Critical Care Program serving boys and girls ages 12-18 but at a higher acuity than would be served through the Sunnyside program. The Horton unit serves ages 5-18 and serves as a center for diagnostic evaluations. The residential facility on the Monroe campus is designed as home-like cottages with individual bedrooms, cooking and dining areas, rooms for therapeutic and group activities, and recreation spaces. The campus also includes a state-licensed

school, an indoor pool and various sports areas, an events hall, and a medical facility providing 24/7 medical care and dental services.

The fellow placed at the Varick and Monroe campuses provides individual, group, and family therapy and assessment services to child and adolescent residential and day treatment clients. Group therapy includes Social Skills and Social Thinking groups. The intern at this placement also participates in clinical rounding, group planning, and milieu meetings to discuss the progress of the unit's clients. Debriefings are also attended following any critical incident such as restraint, fights, or unit disruptions by the youth. The fellow at this site will also have the opportunity to participate in research projects with the Urban Institute.

### **Supervision**

All Fellows receive at least 4 hours of supervision per week provided by licensed psychologists. Two of these hours are provided by onsite psychologists who oversee the interns' clinical work at the primary placements, and two hours are provided by training faculty at RIT. Fellows also receive additional supervision at their clinical training site, which may be provided in individual and/or group format and may be provided by allied health providers. This level of intensive supervision is intended to assure that Fellows are adhering to best practice procedures and are achieving competence in all of the Internship program's required goal areas.

### **Training Faculty**

#### RIT

Caroline Easton, Ph.D., Training Director and Supervisor

Cory Crane, Ph.D., Supervisor

Elizabeth Meeker, PsyD., Supervisor

Briannon O'Connor, Ph.D., Supervisor

#### Hillside

Sarah Donovan, PsyD, Supervisor

Christopher Dehon, Ph.D., Supervisor

#### Rochester Regional Health

Jim Meyer, Ph.D., Supervisor

Brian Amos, Ph.D., Supervisor

### **Stipend, Benefits, and Resources**

Stipends are provided in the amount of \$26,000 and fringe benefits. Fellows are employees of RIT and are eligible for the employee benefits package including health benefits, vacation, professional leave, and sick leave.

Fellows will be provided with office space, computers, and access to IT and administrative support.

### **Application Process and Selection Criteria**

The internship accepts between 4-6 trainees per year. Students interested in applying for the internship program should submit an online application through the APPIC website ([www.appic.org](http://www.appic.org)). The application deadline is in November each year and interviews will be held in January. Interviews are preferred to occur in person, but other arrangements may be made (Skype, phone, etc) depending on the circumstances.

#### **A complete application consists of the following materials:**

1. A completed On-line AAPI (APPIC's standard application)
2. Cover letter (part of on-line AAPI)
3. A current Curriculum Vitae (as part of the on-line AAPI)
4. Three Standardized Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of the on-line AAPI). ***Please submit no more than three letters***
5. Official transcripts of **all** graduate coursework
6. Supplementary materials: 1) One full integrated assessment report (please redact appropriately) and 2) a one-page clinical case conceptualization

#### **Preferred applicant qualifications are as follows:**

1. A minimum of 250-500 intervention hours (experience with CBT, MET, DBT, and/or Trauma Focused Interventions is preferred but not required)
2. A minimum of 250-500 assessment hours (experience administering WAIS, WMS, MMPI-2, MCMI-III, and Projective measures, as well as Integrative Report Writing is preferred but not required)
3. Dissertation proposal defended or data collected (preferred)
4. Interest in Telehealth and Interactive Technologies
5. Some experience or special interest in working with diverse populations and/or in rural areas

Applicants matched with this internship program must successfully pass background checks conducted by RIT and the County before they can be employed. Since this program requires travel between different training sites, access to reliable transportation is necessary.

For Further Information

Contact Dr. Caroline Easton; [caroline.easton@rit.edu](mailto:caroline.easton@rit.edu)

## Evaluation, Retention, and Termination Policy

Psychology Fellows will be formally evaluated at least twice each year with regard to performance and attainment of competency. To progress in the program and to successfully complete the program, Fellows must demonstrate minimum levels of achievement across all required training competencies. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the Fellows' performance and progress. Supervisors will review these evaluations with the Fellows and provide an opportunity for discussion if the Fellow has questions or concerns about the feedback.

A minimum level of achievement on each evaluation is defined as a rating of "3" (Intermediate Skill) for each competency. The rating scale for each evaluation is a 5-point Likert scale. If a Fellow receives a score less than 3 on any competency, or if supervisors have reason to be concerned about the Fellow's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found on in this Handbook.

Additionally, Fellows are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the Fellow has progressed satisfactorily through and completed the internship program. Evaluations will be maintained by the Training Director and will be accessible to the Fellow for future review if requested. Feedback to the Fellows' home doctoral program is provided at the culmination of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the Fellow has successfully completed the program.

If successful completion of the program comes into question at any point during the internship year, or if a Fellow enters into the formal review step of the due process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will also be contacted. This contact is intended to ensure that the home doctoral program is kept engaged in order to support a Fellow who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by the internship program as a result of the due process procedures, up to and including termination from the Program. See the Due Process procedures for more information about the process of and conditions for termination.

## Evaluation Forms

(Please Note: Copies of the evaluation forms are included here for information purposes only.  
The actual forms should be completed within their original Excel files.)

**Intern Evaluation:** To be completed by supervisor

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_ Training site: \_\_\_\_\_

Methods used in evaluating competency:

\_\_\_\_\_ Direct Observation      \_\_\_\_\_ Review of Audio/Video      \_\_\_\_\_ Case Presentation

\_\_\_\_\_ Documentation Review      \_\_\_\_\_ Supervision      \_\_\_\_\_ Comments from other staff/faculty

Scoring Criteria:

<b>1 Significant Development Needed</b> --Significant improvement in functioning is needed to meet expectations
<b>2 Below Expected Level</b> - Some improvement in functioning is needed to meet expectations
<b>3 Intermediate Skill</b> --Functions adequately and meets expectations based upon level of training
<b>4 Above Expected Level</b> --Functions above average and exceeds expectations based upon level of training
<b>5 Advanced</b> --Consistent high-level demonstration of competency and independence
<b>N/A</b> --Not Applicable/Not Observed/Cannot Say

**Goal 1- Intern will achieve competence in the area of: Intervention**

Establishes and maintains effective relationships with recipients of psychological services	
Develops evidence-based intervention plans	
Implements interventions informed by the current scientific literature	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches	
Evaluates intervention effectiveness	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	#DIV/0!
Comments:	

**Goal 2- Intern will achieve competence in the area of: Assessment**

Selects and applies assessment methods that draw from the best available empirical literature	
Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the client	
Interprets assessment results to inform case conceptualization, classification, and recommendations	
Communicates findings in an accurate and effective manner	
<b>AVERAGE SCORE FOR BROAD AREA OF COMPETENCE</b>	#DIV/0!
Comments:	

**Goal 3- Intern will achieve competence in the area of: Ethical and Legal Standards**

Demonstrates knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct	
Demonstrates knowledge of and acts in accordance with all organizational, local, state, and federal laws, regulation, rules and policies relevant to health service psychologists	
Demonstrates knowledge of and acts in accordance with all professional standards and guidelines.	

Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them.	
Conducts self in an ethical manner in all professional activities.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>Goal 4- Intern will achieve competence in the area of: Cultural and Individual Diversity</b>	
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity	
Integrates knowledge of individual and cultural differences in the conduct of professional roles	
Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.	
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may differ from their own.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>Goal 5- Intern will achieve competence in the area of: Research</b>	
Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>Goal 6- Intern will achieve competence in the area of: Professional Values, Attitudes, and Behaviors</b>	
Behaves in ways that reflect the values and attitudes of psychology	
Engages in self?reflection regarding personal and professional functioning	
Demonstrates openness and responsiveness to feedback and supervision.	
Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>Goal 7- Intern will achieve competence in the area of: Interprofessional and Interdisciplinary Consultation</b>	
Demonstrates knowledge and respect for the roles and perspectives of other professions.	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	

<b>Goal 8- Intern will achieve competence in the area of: Supervision</b>	
Demonstrates knowledge of supervision models and practices	
Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>Goal 9- Intern will achieve competence in the area of: Communication and Interpersonal Skills</b>	
Develops and maintains effective relationships with a wide range of individuals	
Produces and comprehends oral, nonverbal, and written communications	
Demonstrates effective interpersonal skills	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>Goal 10- Intern will achieve competence in the area of: Telehealth and Interactive Technologies</b>	
Demonstrates knowledge of Telehealth including risks and benefits, areas of use, and limitations	
Demonstrates knowledge regarding HIPAA , privacy and confidentiality, and Telehealth Guidelines and Procedures	
Demonstrates use of telehealth within the Behavioral Health Field with underserved populations	
Gain exposure to research and/or other scholarly material pertaining to the use of interactive therapeutic tools to help improve treatment outcomes among clients with behavioral health related problems (e.g. avatars, simulation technology, interactive tools, K-12 Outreach w/the Oculus Rift)	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>Goal 11- Intern will achieve competence in the area of: Clinical Leadership and Career Development within Ambulatory Behavioral Health Settings</b>	
Participates in discussions with community leaders regarding employment opportunities and/or other leadership roles within behavioral health	
Presents own scholarly work to clinical supervisors and leaders at intern's clinical sites	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>OVERALL RATING (average of broad competence area scores)</b>	<b>#DIV/0!</b>
Comments on Intern's overall performance:	

**Program Evaluation:** To be completed by Intern

This evaluation is utilized by the internship program as a mechanism to elicit feedback that will lead to improvement and enhancement of the program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "poor" or "fair" will result in action by the Training Committee to address the problematic item, so please include detailed comments whenever applicable in order to help us respond most effectively.

Intern: \_\_\_\_\_ Training Site: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

**Scoring Criteria: 1=Poor; 2= Fair; 3= Average; 4= Very Good; 5= Excellent**

**Cohort Experience:** In this section, please provide ratings related to the activities that you participated in with your intern cohort.

Overall quality of didactic lectures	
Relevance of didactic lecture topics	
Overall quality of group supervision	
Opportunities for peer support and socialization	

Comments:

**Development of Clinical Skills:** In this section, please rate the quality of your training within each of the program's identified competency areas. Please consider your experience with didactic training and supervision as well as direct clinical experiences.

**Intervention**

Quality of Training	
---------------------	--

Comments:

**Assessment**

Quality of Training	
---------------------	--

Comments:

**Ethical and Legal Standards**

Quality of Training	
---------------------	--

Comments:

**Cultural and Individual Diversity**

Quality of Training	
Comments:	
<b>Research</b>	
Quality of Training	
Comments:	
<b>Professional Values and Attitudes</b>	
Quality of Training	
Comments:	
<b>Interprofessional and Interdisciplinary Consultation</b>	
Quality of Training	
Comments:	
<b>Supervision (recall that, for the purposes of this evaluation, you are rating the training you received in this required area of competence, NOT the supervision you received)</b>	
Quality of Training	
Comments:	
<b>Communication and Interpersonal Skills</b>	
Quality of Training	
Comments:	
<b>Telehealth and Interactive Technologies</b>	
Quality of Training	

Comments:	
<b>Clinical Leadership and Career Development within Ambulatory Behavioral Health Settings</b>	
Quality of Training	
Comments:	
<b>General Ratings:</b> In this section, please provide feedback about your overall experience of the internship program.	
<b>General Areas</b>	
Overall quality of training	
Comments:	
Breadth of clinical intervention experience	
Comments:	
Satisfaction with number of client contacts	
Comments:	
Clarity of expectations and responsibilities of intern at training site	
Comments:	
Role of intern at the site	
Comments:	
Caseload was appropriate to meeting educational/training needs	

Comments:
<b>Other Feedback</b>
Any other comments, feedback, or suggestions?

---

Intern Signature Date

---

Supervisor's Signature Date

## Due Process and Grievance Procedures

### Due Process Procedures

**Due Process Procedures** are implemented in situations in which a supervisor or other faculty member raises a concern about the functioning of a psychology intern. These procedures are a protection of intern rights and are implemented in order to afford the intern with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive.

### Definition of a Problem

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

### Administrative Hierarchy and Definitions

The internship program's Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Faculty roles included herein are defined as follows:

Supervisor: Any faculty member who provides direct supervision or teaching to an intern.

Training Director (TD): The supervisor who functions as the director of training. S/he leads the internship Training Committee and oversees the training program.

### Informal Review

When a supervisor believes that an intern's behavior is becoming problematic, the first step in addressing the issue is to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. This process is documented in writing and discussed with the Training Director, but will not become part of the intern's professional file.

### Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a "3" on any competency on a supervisory evaluation, a formal review process is initiated. The decision to move from informal to formal procedures is frequently based upon professional judgment. The following guidelines are used to support this determination:

- 1) the intern does not acknowledge, understand, or address the problem when it is identified;
- 2) the problem is not merely a reflection of a skill deficit which can be rectified by the

- scheduled sequence of clinical or didactic training;
- 3) the quality of services delivered by the intern is sufficiently negatively affected;
- 4) the problem is not restricted to one area of professional functioning;
- 5) a disproportionate amount of attention by training personnel is required;
- 6) the trainee's behavior does not change as a function of feedback, and/or time;
- 7) the problematic behavior has potential for ethical or legal ramifications if not addressed;
- 8) the intern's behavior negatively impacts the public view of the agency;
- 9) the problematic behavior negatively impacts the intern cohort;
- 10) the problematic behavior has the potential to cause harm to a patient; and/or,
- 11) the problematic behavior violates appropriate interpersonal communication with agency staff.

The decision to move to a formal review process is made by the Training Committee. If a formal review is initiated, the following process will occur:

- A. The supervisor will meet with the Training Director (TD) and intern within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the intern's direct supervisor, an additional member of the Training Committee will be included in the meeting.
- B. The intern will have the opportunity to provide a written statement related to his/her response to the problem. This response must be submitted to the Training Director within 3 working days of the meeting in step A.
- C. After discussing the problem and the intern's response, the supervisor and TD may:
  - 1) Issue an "Acknowledgement Notice" which formally acknowledges:
    - a) that the faculty is aware of and concerned with the problem;
    - b) that the problem has been brought to the attention of the intern;
    - c) that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits identified by the inadequate evaluation rating; and,
    - d) that the problem is not significant enough to warrant further remedial action at this time.

This notice will be issued within 5 working days of the meeting described in step A.

2) Place the intern on "Probation" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Probation statement is shared with the intern and the Director of Clinical Training at the intern's graduate institution and includes:

- a) the actual behaviors or skills associated with the problem;
- b) the specific recommendations for rectifying the problem;

- c) the time frame for the probation during which the problem is expected to be ameliorated; and,
- d) the procedures designed to ascertain whether the problem has been appropriately rectified.

This statement will be issued within 10 working days of the meeting in step A. At the end of this probation period, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file.

3) In special cases, the intern may be allowed to switch supervisors within the internship program. This option would be applicable in situations in which it is believed that the intern's difficulties are the result of a poor "fit" between the intern and supervisor and that the intern could be successful in a different supervisory relationship. This option would require a meeting of a review panel convened by the Training Director and consisting of him/herself, the intern's primary supervisor, and at least two other members of the Training Committee or supportive faculty. Additional parties who are knowledgeable about the intern's abilities may be involved in order to inform decision making. This meeting, if deemed necessary by the Training Director, will be convened within 10 working days of the original meeting discussed in step A.

- D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within the internship may be terminated. The decision to terminate an intern's placement would be made by the entire Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the original meeting discussed in step A, or during the regularly-scheduled weekly Training Committee meeting, whichever occurs first. The TD may decide to temporarily suspend an intern's clinical activities during this period prior to a final decision being made, if warranted. In the event of dismissal, APPIC and the intern's Director of Training at the intern's home doctoral program would be contacted.

### Appeals Process

If the intern wishes to challenge the decisions made, he or she may request an Appeals Hearing before the Training Committee. This request must be made in writing- an email will suffice- to the TD within 5 working days of notification regarding the decision made in step C or D above. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of him/herself, the intern's primary supervisor, and at least two members of the agency's administration. If the TD is the intern's primary supervisor, an additional member of the Training Committee will be included. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. The review panel has final discretion regarding outcome.

### Notifying the Sponsoring Doctoral Program

If either the Acknowledgment Notice or the Probation action occurs, the TD will inform the intern's sponsoring university within 5 working days, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the faculty. The intern shall receive a copy of the letter to the sponsoring university.

Once the Acknowledgment Notice or Probation is issued by the TD, it is expected that the status of the problem or inadequate rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty and the intern, the sponsoring university and other appropriate individuals will be informed and no further action will be taken.

## Grievance Procedures

**Grievance Procedures** are implemented in situations in which a psychology intern raises a concern about a supervisor or other faculty member, trainee, or the internship training program. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program, the following steps will occur:

### Informal Review

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or TD in an effort to resolve the problem informally. In some cases, the TD or another Training Committee member may wish to meet with the intern and the individual being grieved in order to provide consultation related to the issue. The goal of the meeting will be to develop a plan of action to resolve the matter informally. The plan of action will include:

- a) the behavior or problem associated with the grievance;
- b) the specific steps to rectify the problem; and,
- c) a designated time at which the parties will meet again to ascertain whether the problem has been appropriately rectified.

### Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to another member of the Training Committee. The individual being grieved will be asked to submit a response in writing. The TD (or other Training Committee member, if the TD is the object of the grievance) will meet with the intern and the individual being grieved within 10 working days to determine a new or revised plan of action.

The TD or other Training Committee member will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the TD or other Training Committee member in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails during the formal review process, the TD or other Training Committee member will convene a review panel consisting of him/herself and at least two other members of the Training Committee or supportive faculty within 10 working days. The intern may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to Human Resources in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented

by the TD or other Training Committee member. The intern and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to Human Resources in order to initiate the due process procedures outlined in the employment contract.

Please sign this acknowledgment page and return to the Training Director.

### **Acknowledgment of Receipt of Handbook**

I acknowledge that I have received and reviewed the Intern Handbook of the CHST-PBHIP, including the Due Process and Grievance Procedures. I agree to abide by all policies and procedures found in the Handbook, and have been provided with a copy to keep in my files.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date