

Rochester Institute of Technology

College of Health Science and Technology

Priority Behavioral Health Internship Program

Intern Handbook

Updated: July 1, 2022

RIT

**Rochester
Institute of
Technology**

Aim

The aim of the College of Health Science and Technology's "Priority Behavioral Health Internship Program" is to provide a supervised, intensive, experiential learning opportunity focused on the delivery of efficient and comprehensive psychological services.

Accreditation Status

The full-time internship offered by the College of Health Science and Technology at RIT is fully accredited by the American Psychological Association (APA Office of Program Consultation and Accreditation).

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

APPIC Membership Status

CHST's Priority Internship Program is a participating member of APPIC.

Overview

The Priority Behavioral Health Internship Program at the College of Health Science and Technology (CHST) at Rochester Institute of Technology is a consortium internship training program in psychology. The training program represents a cooperative endeavor between RIT's College of Health Science and Technology and clinical placement sites within RIT's Priority Behavioral Health Clinic, Rochester Regional Health, Hillside Family of Agencies, and Coordinated Care Services Inc (CCSI). Rochester Institute of Technology's College of Health Science and Technology functions as one of the clinical sites as well as a hub for the internship faculty, didactic training, and administrative processes.

This 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 intern has protected time to pursue a scholarly activity that can center on research, program evaluation, clinical care, or education. The training is competency based. Each intern will have a year-long primary placement at one of the clinical sites. While in their primary clinical settings, interns provide supervised behavioral health intervention and assessment services to individuals from diverse backgrounds. 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.

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 a core mission and trademark of RIT. All interns are provided with didactic and experiential training in the use of telehealth and interactive therapeutic technologies. Specifically, all interns are provided with the opportunity to engage in both in-person and telehealth treatment with homeless clients.

All interns 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. For more information on possible research areas please visit: [Favtech | RIT](#)

A priority is placed on professional development, including assistance to doctoral 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.

Competencies

Priority Behavioral Health Internship Program Competencies are as follows:

Competency 1: Interns will achieve an intermediate to advanced level of competence in Evidence-Based Intervention

Competency 2: Interns will achieve an intermediate to advanced level of competence in Evidence-Based Assessment

Competency 3: Interns will achieve an intermediate to advanced level of competence in Ethical and Legal Standards

Competency 4: Interns will achieve an intermediate to advanced level of competence in Cultural and Individual Diversity

Competency 5: Interns will achieve an intermediate to advanced level of competence in Research

Competency 6: Interns will achieve an intermediate to advanced level of competence in Professional Values, Attitudes, and Behaviors

Competency 7: Interns will achieve an intermediate to advanced level of competence in Interprofessional and Interdisciplinary Consultation

Competency 8: Interns will achieve an intermediate to advanced level of competence in Supervision

Competency 9: Interns will achieve an intermediate to advanced level of competence in Communication and Interpersonal Skills

Competency 10: Interns will achieve an intermediate to advanced level of competence in Telehealth and Interactive Therapeutic Technologies

Competency 11: Interns 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 1st and concludes on June 30th of each academic year, and provides 2000 hours of training. Interns in this program are referred to as "psychology interns." Interns will complete the internship program over 12 months on a full-time (40 hours/week) basis. Interns are matched to one of the following clinical tracks; Coordinated Care Services Inc (CCSI), Hillside Family of Agencies, RIT Priority Clinic, Rochester Regional Health (RRH) Outpatient Behavioral Health (Adult), Rochester Regional Health (RRH) Outpatient Behavioral Health (Child/Adolescent), or Rochester Regional Health Neuropsychology at the Neuroscience Institute.

Interns spend 4 days a week with their clinical track and 1 day a week at Rochester Institute of Technology's main campus for additional supervision, didactics, clinical discussions, and scholar activities. Additionally, all interns regardless of their track, are involved in providing services to clients at House of Mercy homeless shelter.

The training curriculum has been designed in accordance with the internship program's required competencies. Each competency is met through both experiential and didactic training. While in their primary clinical settings, interns provide supervised behavioral health intervention and/or assessment services to individuals from diverse backgrounds. Intervention may include individual, group, and/or family therapy, and may be provided for children, adolescents and/or adults, depending on the primary clinical placement. Psychological assessment also is provided at each placement site, and interns are expected to administer, interpret, and provide written synthesis of psychological test batteries. Therapy clients, number of assessments, consultation work, and research vary depending on the specific site.

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 track 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. Specifically, all interns are provided the opportunity to engage in both in-person and telehealth treatment with House of Mercy homeless clients.

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 Interns 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

Interns are matched to one of the following clinical tracks; Coordinated Care Services Inc (CCSI), Hillside Family of Agencies, RIT Priority Clinic, Rochester Regional Health (RRH) Outpatient Behavioral Health (Adult), Rochester Regional Health (RRH) Outpatient Behavioral Health (Child/Adolescent), or Rochester Regional Health Neuropsychology at the Neuroscience Institute.

CCSI Track

CCSI, Coordinated Care Services, Incorporated provides a broad array of consulting services specifically tailored to meet the needs of behavioral and physical healthcare providers, social and human service departments, state agencies, school districts and community-based organization in Monroe County, across New York State, and beyond. CCSI’s Consulting Services includes strategic analytics, education, quality improvement, practice transformation (trauma-informed care, DEI), fiscal practice improvement and digital solutions and technology.

The CCSI Clinical Track would provide trainees with opportunities to develop skills in systems level intervention and transformation with the general goals of increasing access to quality healthcare services for underserved populations, improving lives, and strengthening communities. Potential areas of intervention include organizations in behavioral, mental, and physical health, community-based organizations, education (K-12 and higher education, faith-based organizations, and government agencies. Interns function as a member of the project team and activities include conducting literature reviews, observations and focus groups, identifying and measuring outcomes, supporting the transition to a new model of care, creating informative and action oriented reports for agencies and communities, and presenting information on topics of interest to organizations. Interns will obtain specific experience supporting trauma-informed care and diversity, equity, and inclusion initiatives. This track will also allow interns to have access to a number of datasets at CCSI from which to develop a research project that is of interest to both CCSI and the intern (Medicaid claims data for NYS, Adverse Childhood Experiences, Youth Risk Behavior Survey, as well as impact of state dollars on system transformation efforts). Interns will also be providing assessments, psychological testing, and evidenced-based care to children/youth with behavioral health treatment needs at RIT’s Priority Clinic.

Hillside Track

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. Two Hillside facilities are utilized for internship training. Interns work in two sites, with interns placed at the Children’s Center’s Monroe Campus. Currently, the Hillside tracks provide training in two child track tracks. The placements are located at one of Hillside Family of

Agencies' residential treatment center in and around Rochester, NY. Interns at this placement site work as part of a multidisciplinary team treating youth placed in residential care from across New York State. The intern is responsible for psychological evaluations, consultation with the treatment team including family and external funders, and delivery of evidence-based group and individual therapy. Interns placed with the Hillside Family of Agencies will work directly with youth and families who have experienced complex and intergenerational trauma. Evidence practices used include dialectical behavior therapy and trauma-focused cognitive behavioral therapy.

RIT Priority Behavioral Health Clinic and Innovative Technology Track

Interns matched with RIT engage in clinical work with RIT's Priority Behavioral Health outpatient clinic (located at RIT). RIT's Priority Behavioral Health Clinic provides services to the community as well as RIT staff, faculty, and students. At RIT's Priority Behavioral Health outpatient clinic, interns conduct evidence-based treatment and psychological assessment. Interns work with both children and adults. The psychiatric characteristics of clients treated includes the full diagnostic range of the DSM-5. Interns provide behavioral health screenings, consultations, psychological assessment, as well as evidence-based treatment (e.g., CBT, MET, mindfulness). Interns consult and collaborate with referring medical providers. Interns are trained in the use of digital therapies and tele-health as this clinical site emphasizes the use of tele-health services and incorporating advancements in technology within behavioral health and substance use treatment. Interns placed at the RIT site will have the opportunity to engage in research related to substance use and intimate partner violence and research utilizing avatar-assisted platforms for patient care. Interns are also exposed to forensic work through completion of forensic evaluations throughout their training with RIT's Priority Clinic. Under the supervision of a licensed psychologist, interns complete both court-ordered competency to stand trial and mental health evaluations.

House of Mercy Homeless Shelter (6 month, ½ day a week rotation for all interns)

All interns, regardless of their position complete a 6-month rotation with House of Mercy Homeless Shelter. In this rotation, interns spend ½ a day each week providing clinical care to homeless individuals residing at House of Mercy. Interns conduct intakes as well as individual/group therapy (e.g., mindfulness, CBT) with homeless clients. Interns are trained in crisis management and harm reduction and interns are expected to consult and collaborate with House of Mercy staff and leadership in order to improve mental health and substance use care for homeless clients.

Rochester Regional Health (RRH) Outpatient Adult Track

The RRH Adult track will provide trainees with opportunities at outpatient mental health clinics including RRH's Evelyn Brandon Health Clinic, Greece Mental Health Clinic, and Genesee Mental Health Clinic. Four interns are placed within clinics treating adult (18+) clients. The psychiatric characteristics of clients treated includes the full diagnostic range of the DSM-5. Interns across clinics have the opportunity to conduct individual therapy, family therapy, and group therapy. Interns will also engage in psychological assessment in order to provide differential diagnoses and recommendations for ongoing treatment/referrals. Interns will learn efficient evaluation and report writing procedures.

Interns at RRH work closely with a multi-disciplinary team of licensed social workers, licensed mental health counselors, substance abuse counselors, psychiatric nurse practitioners, and psychiatrists. Interns are assigned to teams of psychiatrists, psychiatric nurse practitioners, and therapists for weekly case discussions and clinical presentations. This track allows interns opportunities to provide consultation on behavioral health leadership projects and complete inpatient consultations and evaluations on an as needed basis. Lastly, interns are provided with leadership opportunities including presentations at staff meetings, best-practice presentations, practicum student supervision, and participation in program development and behavioral health research projects.

Rochester Regional Health (RRH) Outpatient Child/Adolescent Track

The RRH Child/Adolescent track will provide trainees with experience and training providing behavioral health services to children, adolescents, and young adults. Interns are placed at Genesee Mental Health Child and Youth Clinic, an outpatient mental health clinic providing diagnostic and treatment services to individuals ages 5-18. The clinic includes a multidisciplinary team of licensed social workers, licensed mental health counselors, psychiatric nurse practitioners, and psychiatrists. Interns placed at this site are integrated into the multidisciplinary team and work with the team to address individual mental health needs and improve family functioning. Interns attend weekly team meetings and clinical rounds. Interns carry a caseload of individual clients and have the opportunity to conduct both individual therapy and family therapy. Interns are provided with training and opportunities to implement the following evidence-based treatments with children, adolescents, and their families; CBT, DBT, MI, ACT, and trauma-informed practices. The psychiatric characteristics of clients treated includes the full diagnostic range of the DSM-5 and clients presenting to the clinic represent a diverse patient population with respect to age, race, ethnicity, sex, and gender. In addition to therapy work, interns will also engage in psychological assessment in order to provide differential diagnoses and recommendations for ongoing treatment/referrals. Interns will learn efficient evaluation and report writing procedures. Additionally, if aligned with intern goals, interns are provided opportunities to provide consultation to school-based teams, chemical dependency teams, and adult mental health settings. Lastly, interns are provided with leadership opportunities including presentations at staff meetings, best-practice presentations, practicum student supervision, and participation in program development and behavioral health research projects.

Rochester Regional Health Neuropsychology at Neuroscience Institute Track

Neuropsychology interns at the Rochester Regional Health Neurosciences Institute receive supervision from a team of postdoctorally trained neuropsychologists who are also licensed psychologists. The interns conduct evaluations with a wide variety of neurological populations, with etiologies including ischemic stroke, cerebral hemorrhage, the spectrum of traumatic brain injuries (mTBI/concussion to severe), anoxic brain injury, brain tumor, metabolic and other encephalopathies, neurodegenerative disease/dementias, autoimmune neurologic disorders (such as multiple sclerosis), psychiatric disorders presenting with primary cognitive disorders and others. The age of patients served ranges from infant to geriatric. Interns will gain experience within our comprehensive inpatient rehabilitation program and our various outpatient clinics. Substance or alcohol abuse or other psychiatric

conditions can be complicating factors that can be the main reason for evaluation or a significant aspect of the patient's history.

Within the comprehensive inpatient rehabilitation program, interns will assess and treat the widest diversity of ages, neurological conditions, including etiologies noted above as well as traumatic or nontraumatic spinal cord injuries. Interns will learn efficient evaluation and report writing procedures and hone psychotherapy skills within the inpatient setting. There will also be opportunities to assess emotional functioning and provide psychotherapy with patients with non-neurological etiologies, such as orthopedic injuries or limb loss. Interdisciplinary collaboration and presentations at staff conferences are regular components of the intern's inpatient rehabilitation experience.

The outpatient clinics provide opportunity for more comprehensive neuropsychological assessment with a variety of patient populations. The memory clinic provides neuropsychological evaluation with adult and geriatric patients to assist with differential diagnostic clarification including dementia subtypes versus other neurological or psychiatric factors. At the memory clinic, interns will collaborate with our neurology partners, including the opportunity to learn about advanced neuroimaging. In addition, the concussion clinic exposes the intern to the complexities of post-concussion disorder that can often have premorbid and psychological factors that may prolong and exacerbate the symptoms. Furthermore, the general outpatient neuropsychological clinic provides a context for training in comprehensive neuropsychological evaluation and report writing with a wide range of neurological patient populations. Interns may also provide psychotherapy with neurological patients in the outpatient context, addressing emotional adjustment, coping, and existential concerns.

Interns rotate through the inpatient program and all major outpatient clinics. In addition, they participate in didactics reviewing neuroanatomy, clinical disorders, as well as neuroradiology rounds. There are also opportunities for intern involvement in stroke and dementia support groups, as well as opportunities to supervise practicum/extern students.

Supervision

All Interns receive at least 4 hours of supervision per week. Interns are provided two hours of individual supervision by a licensed psychologist who oversees the interns' clinical work at their clinical sites. All interns participate in 1 hour of group supervision from RIT and 1 hour of additional group supervision during their House of Mercy rotation. The following is a breakdown of how each site provides at least 1 additional hour of supervision.

- All interns at RIT and all interns assigned to the House of Mercy rotation participate in House of Mercy weekly clinic rounds for one hour each week. This group supervision consists of clinical case presentations of new intakes along with treatment planning and review of interns' active cases.
- Interns at CCSI and RIT all participate in 1 hour of group supervision in weekly clinic rounds at RIT Priority Clinic which focuses on clinical case presentations regarding interns' clients.
- Interns in the RRH Adult and Child/Adolescent tracks all receive one hour of individual supervision with a licensed mental health professional.
- Interns at Hillside participate in an additional 1 hour of group supervision focusing on case presentations, treatment/discharge planning and coordination of care.
- Interns at RRH Neuro participate in an additional 2 hours individual supervision from a licensed psychologist focusing on reviewing and interpreting assessment results.

Training Faculty

RIT

Caroline Easton, PhD, Training Director and Supervisor
Cory Crane, PhD, Supervisor
Cassandra Berbary, PhD, Supervisor
Rupa Kalahasthi, PsyD, Supervisor
Tory Toole, PhD, Supervisor
Celeste Sangiorgio, PhD, Post-Doctoral Associate
Dustin Haraden, PhD, Post-Doctoral Associate

Hillside

Christopher Dehon, PhD, Supervisor

Rochester Regional Health

Cassandra Berbary, PhD, Supervisor
Krista M. Damann, PhD, Supervisor
Tanya R. Grace, PsyD, Supervisor
Melinda Ann Patterson, PsyD, Supervisor
William N. Schneider, PhD, Supervisor
Garry Spink, PhD, Supervisor

CCSI

Elizabeth Meeker, PsyD, Supervisor
Noora Abdulkerim, PhD, Post-Doctoral Associate

Additional Training Faculty

Brian Amos, PhD, Supervisor
Briannon O'Connor, PhD, Supervisor
Latrease Moore, PhD, Supervisor
Taylor Tuttle, PsyD, Supervisor

Research

Interns are trained in the scientist-practitioner model by incorporating scholarship into the internship curriculum. Interns are supported in the development and execution of a year-long scholar project. A scholar project is an independent piece of scholarly work that is independent from dissertation work; it can be completed as part of ongoing research at RIT or can be a unique project, developed by an RIT intern and deployed at one or multiple RIT internship sites.

Given the focus on digital technologies at RIT, it is asked that interns incorporate digital components into their scholar projects, if possible. Interns are expected to develop rationale for their projects (i.e., a literature or evidence base), prepare a protocol for their projects (including submission to RIT IRB, if necessary), complete analyses of data related to their projects.

There are three required formal presentations:

- The RIT Graduate Showcase – an internal RIT presentation of graduate projects from all divisions of RIT
- Imagine RIT – attendance and assistance at RIT's college wide event (Note: this event is held on Saturday, April 29th 2023).
- Intern Research Presentations – an RIT Internship Program presentation to all members of the internship program

In addition to presentations, interns are encouraged to attend and submit to presentations at internal, regional, national, and international conferences. Interns are also encouraged to submit their scholarly work to publication. Should interns choose to submit their work to conferences or publications, there is support available to assist with this process.

Research Support

The RIT internship program includes multiple opportunities for scholarly support, which are incorporated into the curriculum. Interns will be assisted with their scholar projects by supervisors and have the opportunity to attend a research supervision meeting every other week.

Examples of Past Scholar Projects

- *Examining Perceptions of Therapeutic Alliance and Treatment Outcomes in a Sample of Substance Using Offenders of IPV*
- *Network and Regulatory Modeling of Resilience and Risk Factors of Suicidal Ideation in Military Service Members and Veterans*
- *Utilizing 3-Dimensional Health Tools Within Adolescent Substance Use Treatment*

- *The Emotion Visual Analog Scale: Development of a virtual, interactive, visual measure of emotion awareness and intensity*
- *Finding a Link Between Family Violence and Race in the Homeless Population*

Application Process and Selection Criteria

Students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org). Interviews are preferred to occur in person, but other arrangements may be made (e.g., Zoom) depending on the circumstances.

Application due date: December 1st

A complete application consists of the following materials, which are all part of the online AAPI:

- 1) Completed online AAPI
- 2) Cover letter
- 3) Current Curriculum Vitae
- 4) Three Standardized Reference Forms, two of which must be from persons who have directly supervised your clinical work. ***Please submit no more than three letters***
- 5) Official transcripts of **all** graduate coursework
- 6) Supplementary materials: One full integrated assessment report (please redact appropriately)

*All samples must be de-identified, removing all identifying client information. Breaches of confidentiality within submitted samples will disqualify your application for further consideration and your program's Director of Clinical Training will be notified.

All application materials must be received by the APPIC deadline in order to be considered. Applicants who are invited to interview will be notified by email. Interviews will be scheduled in January/February and will occur either in person or via videoconference. Phone interviews will be provided in cases where videoconference is not an option.

The program bases its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship are considered preferred:

1. Preferred. Minimum of 400 intervention hours (experience with CBT, MET, DBT, Trauma Focused Interventions)
2. Preferred. Minimum of 200 assessment hours (experience administering cognitive, neuropsychological, personality measures with experience in integrative Report Writing)
3. Preferred. Dissertation proposal defended or data collected/ date set.
4. Interest in Telehealth and Interactive Technologies
5. Some experience or special interest in working with diverse populations

In addition to the above consortium-wide preferences, RIT will consider specific aspects of the applicant's experience, interests, and training goals in determining an applicant's potential "fit" with individual clinical training sites. Applicants are encouraged to carefully

review the descriptions of the training sites and to highlight areas of perceived fit within their cover letters.

In general, the internship program prefers that interns have completed intervention hours that include experience with CBT, MET, DBT, and/or Trauma Focused interventions. In terms of assessment experience, the program looks for experience administering such measures as the WISC, WAIS, WMS, MMPI, and the PAI as well as experience with integrated report writing.

Each site also has its own preferences for practicum experiences which are as follows:

- CCSI looks for applicants who have research experience and proficiency in conducting clinical research and consultation.
- Hillside prefers applicants who have practicum experience with children and adolescents and youth exposed to trauma.
- RIT Priority Clinic prefers applicants with outpatient practicum experiences.
- Rochester Regional Health (RRH) Outpatient Behavioral Health (Adult) Track also prefers applicants with prior outpatient practicum experiences.
- Rochester Regional Health (RRH) Outpatient Behavioral Health (Child/Adolescent) Track seeks applicants with outpatient and/or school-based therapy experience.
- Rochester Regional Health (RRH) Neuropsychology at the Neuroscience Institute Track requires applicants have previous practicum experience in neuropsychology.

All interns who match must successfully pass a background check conducted by RIT, as well as obtain a TB test, before beginning employment. Clinical sites may require site specific clearances, background checks, and/or drug testing. All interns are required to abide by COVID-19 policies set by RIT and their specific training sites, which currently includes COVID-19 vaccination and compliance with required personal protective equipment. Applicants are advised that the internship requires regular travel between training sites, and thus Interns must have consistent access to reliable transportation.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions regarding the selection process may be directed to the Internship Training Director, Dr. Caroline Easton, at caroline.easton@rit.edu.

Stipend, Benefits, and Resources

Stipends are provided in the amount of \$28,352. A health insurance stipend will be provided for health coverage under RIT's student policy. Interns are eligible to enroll in student health coverage. Interns will be provided with office space, computers, and access to RIT's IT and administrative support.

Vacation

Interns are expected to follow the holiday/vacation calendar for their individual clinical site. The following days are paid holidays for all interns:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Interns are given an additional 15 days of vacation and/or professional development time. All vacation time must be approved by your primary site supervisor as well as the Training Director. Interns are expected to secure coverage for any internship responsibilities prior to any vacation days. Interns should submit written vacation requests to their supervisor with as much advance notice as possible (no less than 2 weeks) so that backup arrangements can be made. Every effort will be made to accommodate vacation requests, unless business circumstances do not permit.

No more than 1 week (5 days) of vacation time may be used within the last month of internship.

Absences

Interns are provided 5 sick days. It is the intern's responsibility to ensure that supervisors are informed when illness or injury results in absence from internship. Interns are expected to contact their direct supervisor as soon as possible. Should interns be absent from for more than three consecutive days, interns are required to provide a physician note indicating the nature of the illness and approval to resume internship responsibilities.

COVID-19

Interns are expected to self-monitor for any symptoms related to COVID-19. These symptoms are based on CDC guidance and currently include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Interns shall not be on campus or at their clinical site if they have been:

- Diagnosed with or tested positive for COVID-19 and have not fulfilled the mandatory isolation period required by public health officials, or
- Advised to stay home by a medical professional due to COVID-19 concerns pursuant to CDC or local health department COVID guidance

Interns are expected to communicate directly with their site supervisors should they test positive and/or come in close contact with a confirmed case within the timeframe determined by state and county health officials based on vaccination status. Interns should follow guidelines and procedures established by individual sites related to testing and returning to in-person work. Interns are also expected to coordinate with their site supervisors regarding the need to make up for any missed time.

Intern Expectations

With regard to intern behavior and performance during the training year, the general expectations of RIT's internship program are that the intern will:

- Adhere to the APA Ethical Principles of Psychologists and Code of Conduct (<https://www.apa.org/ethics/code>)
- Operate within the bounds of the laws and regulations of the New York state
- Adhere to the policies and procedures of Rochester Institute of Technology
- Adhere to the policies and procedures of intern's assigned tracks

Evaluation, Retention, and Termination Policy

Formal evaluations are completed 3 times a year, during the year and serve as a review of progress on training goals and core competencies. To progress in the program and to successfully complete the program, Interns must demonstrate minimum levels of achievement across all required elements. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the Interns' performance and progress. Supervisors will review these evaluations with the Interns and provide an opportunity for discussion if the Intern has questions or concerns about the feedback.

A minimum level of achievement at the 1st and 2nd evaluation time points are defined as a rating of "3" (Intermediate Competence) for each element. The rating scale for each evaluation is a 5-point Likert scale. If an Intern receives a score less than 3 on any element, or if supervisors have reason to be concerned about the Intern's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found in this Handbook. A minimum level of achievement at the 3rd evaluation time point (end of the training year) is defined as a rating of "4" (Proficient Competence) for each element. Meeting the minimum level of achievement at the end of the year includes having; 1) the ability to independently function in a broad range of clinical and professional activities; 2) the ability to generalize skills and knowledge to new situations; 3) the ability to self-assess when to seek additional training, supervision or consultation.

Additionally, Interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining minimum levels of achievement on evaluations demonstrates that the Intern has progressed satisfactorily through and

completed the internship program. Evaluations will be maintained by the Training Director and will be accessible to the Intern for future review if requested. Feedback to the Interns' home doctoral program is provided at the 2nd evaluation time point and 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 Intern has successfully completed the program.

If successful completion of the program comes into question at any point during the internship year, or if an Intern 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 an intern 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.

Intern Records

Copies of all intern competency evaluations, certificates of completion, copy of the intern's training experience (i.e. training handbook) and any Due Process documents- are maintained by the internship program indefinitely. These records are securely stored in electronic files. The handbook for each training year is maintained in electronic format. A separate electronic file is maintained for grievances.

Evaluation Forms

(Please Note: Copies of the evaluation forms are included here for information purposes only. The actual forms should be completed via evaluation survey links.)

Intern Evaluation:

To be completed by supervisor

Intern:

Supervisor:

Dates of Evaluation:

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:

1 Remedial: Significant skill development required; remediation necessary	
2 Beginning/Developing Competence: Expected level of competence pre-internship; close supervision required on most cases	
3 Intermediate Competence: Expected level of competence for intern by mid-point of training program; routine or minimal supervision required on most cases	
4 Proficient Competence: Expected level of competence for an intern at completion of training program; ready for entry-level practice	
5 Advanced Competence: Rare rating for internship; able to function autonomously with a level of skill representing that expected beyond the conclusion of internship training	
N/A--Not Applicable/Not Observed/Cannot Say	
Competency 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	

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 2- Intern will achieve competence in the area of: Assessment	
Selects and applies assessment methods that draw from the best available empirical literature	
Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
Demonstrates understanding of human behavior within its context	
Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	
Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the client	
Interprets assessment results to inform case conceptualization, classification, and recommendations	
Communicates findings in an accurate and effective manner	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 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	
Comments:	
Competency 4- Intern will achieve competence in the area of: Cultural and Individual Diversity	
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity	

Integrates knowledge of individual and cultural differences in the conduct of professional roles	
Applies a framework for working effectively with areas of individual and cultural diversity	
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	
Comments:	
Competency 5- Intern will achieve competence in the area of: Research	
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities.	
Demonstrates the substantially independent ability to disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level.	
Effectively presents scholarly work progress and completed scholarly work to clinical supervisors and leaders at intern's clinical sites	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 6- Intern will achieve competence in the area of: Professional Values, Attitudes, and Behaviors	
Behaves in ways that reflect the values and attitudes of psychology	
Engages in self-reflection regarding personal and professional functioning	
Demonstrates openness and responsiveness to feedback and supervision.	
Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 7- Intern will achieve competence in the area of: Interprofessional and Interdisciplinary Consultation	
Demonstrates knowledge and respect for the roles and perspectives of other professions.	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	

Comments:	
Competency 8- Intern will achieve competence in the area of: Supervision	
Demonstrates knowledge of supervision models and practices	
Applies the supervisory skill of observing in direct or simulated practice	
Applies the supervisory skill of evaluating in direct or simulated practice	
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice	
Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 9- Intern will achieve competence in the area of: Communication and Interpersonal Skills	
Develops and maintains effective relationships with a wide range of individuals	
Produces and comprehends oral, nonverbal, and written communications	
Demonstrates effective interpersonal skills	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 10- Intern will achieve competence in the area of: Telehealth and Interactive Technologies	
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	
Comments:	
Competency 11- Intern will achieve competence in the area of: Clinical Leadership and Career Development within Ambulatory Behavioral Health Settings	

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	
Comments:	
OVERALL RATING (average of broad competence area scores)	
Comments on Intern's overall performance:	

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

Intern Signature

Date

Supervisor Signature

Date

Supervisor Evaluation:
To be completed by intern

Intern:

Supervisor:

Dates of Evaluation:

Training site:

Scoring Criteria:

1 Significant Development Needed --Significant improvement is needed to meet intern needs
2 Development Needed -- Improvement is needed to meet intern needs
3 Meets Intern Needs and Expectations
4 Exceeds Expectations --Above average experience
5 Significantly Exceeds Expectations --Exceptional experience

NOTE: Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.

General Characteristics of Supervisor	
Is accessible for discussion, questions, etc	
Schedules supervision meetings and is available at the scheduled time	
Allots sufficient time for supervision	
Keeps sufficiently informed of case(s)	
Is interested in and committed to supervision	
Sets clear objectives and responsibilities throughout supervised experience	
Is up-to-date in understanding of clinical populations and issues	
Presents as a positive role model	
Maintains appropriate interpersonal boundaries with patients and supervisees	
Provides constructive and timely feedback on supervisee's performance	
Encourages appropriate degree of independence	
Demonstrates concern for and interest in supervisee's progress, problems, and ideas	
Communicates effectively with supervisee	
Interacts respectfully with supervisee	
Maintains clear and reasonable expectations for supervisee	
Provides a level of case-based supervision appropriate to supervisee's training needs	
Supports the intern's successful completion of the internship program	
Comments:	

Development of Clinical Skills	
Assists in coherent conceptualization of clinical work	
Assists in translation of conceptualization into techniques and procedures	
Is effective in providing training in behavioral health intervention	
Is effective in providing training in assessment and diagnosis	
Is effective in providing training in interdisciplinary collaboration and consultation	
Is effective in helping to develop short-term and long-range goals for patients	
Promotes clinical practices in accordance with ethical and legal standards	
Promotes intern's general acquisition of knowledge, skills, and competencies	
Comments:	
Summary	
Overall rating of supervision with this supervisor	
Describe how the supervisor contributed to your learning:	
Describe how supervision or the training experience could be enhanced:	
Any other suggestions/feedback for your supervisor?	

 Intern Signature

 Date

 Supervisor Signature

 Date

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:	
Research	
Quality of Training	
Comments:	
Professional Values and Attitudes	
Quality of Training	
Comments:	
Interprofessional and Interdisciplinary Consultation	
Quality of Training	
Comments:	
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)	
Quality of Training	
Comments:	
Communication and Interpersonal Skills	
Quality of Training	
Comments:	
Telehealth and Interactive Technologies	
Quality of Training	

Comments:	
Clinical Leadership and Career Development within Ambulatory Behavioral Health Settings	
Quality of Training	
Comments:	
General Ratings: In this section, please provide feedback about your overall experience of the internship program.	
General Areas	
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:
Other Feedback
Any other comments, feedback, or suggestions?

Intern Signature	Date
Supervisor's Signature	Date

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 or training psychologist who provides direct supervision or teaching to an intern.

Training Director (TD): The supervisor who functions as the director of training. The training director 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 the minimum level of achievement on a supervisory evaluation, a formal review process is initiated. A minimum level of achievement at the 1st and 2nd evaluation time points is defined as a rating of "3" (Intermediate Competence) for each element. A minimum level of achievement at the 3rd evaluation time point (end of the training year) is defined as a rating of "4" (Proficient Competence) for each element. 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:
 - a. Issue an "Acknowledgement Notice" (issued within 5 working days of the meeting described in A) which formally acknowledges:
 - i. that the faculty is aware of and concerned with the problem;
 - ii. that the problem has been brought to the attention of the intern;
 - iii. 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,
 - iv. that the problem is not significant enough to warrant further remedial action at this time.
 - b. 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:
 - i. the actual behaviors or skills associated with the problem;
 - ii. the specific recommendations for rectifying the problem;

- iii. the time frame for the probation during which the problem is expected to be ameliorated; and,
- iv. 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.

- c. 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, they 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.

Diversity and Non-Discrimination Policy

The Priority Behavioral Health Internship Program strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. We strive to make every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences. RIT's training program includes an expected competency in diversity training, and multiple experiences are provided throughout the year to be sure that interns are both personally supported and well-trained in this area.

RIT welcomes applicants from diverse backgrounds. The training program believes that a diverse training environment contributes to the overall quality of the program. RIT provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, gender, sex, sexual orientation, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship. RIT also engages in overt actions to recruit diverse interns, including advertising the internship program to doctoral programs that have historically trained diverse students.

If an applicant or intern requires accommodations, they should contact the internship training director.

Telesupervision Policy

RIT's Priority Behavioral Health Internship Program adheres to the telesupervision requirements issued by the APA Commission on Accreditation (APA CoA) through its Standards of Accreditation for Health Service Psychology [Standard II.C.3.] and corresponding Implementing Regulation [C-15 I.] The program uses videoconferencing to provide weekly group supervision to all interns. This format is utilized in order to promote interaction and socialization among interns, since interns are frequently dispersed across separate training sites. Interns and a supervisor meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Group supervision in this format is required for all interns for 1 hour each week, at a regularly scheduled time. Additionally, RIT's Priority Behavioral Health Internship Program utilizes telesupervision to provide individual supervision in cases where the supervisor and intern cannot physically be in the same location for their scheduled supervision meeting (e.g., COVID-19 restrictions, inclement weather, etc). Telesupervision does not account for more than one hour (50%) of the minimum required (as defined in the SoA) two weekly hours of individual supervision, and two hours (50%) of the minimum required (as defined in the SoA) four total weekly hours of supervision.

RIT's Priority Behavioral Health Internship Program places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. The use of videoconference technology for supervisory experiences is consistent with the internship's aims and expected competencies, as the program places a strong training emphasis on access to behavioral healthcare, which often includes the use of telehealth services, and has a required program-specific competency in the use of Telehealth and Interactive Therapeutic Technologies.

For all clinical cases discussed during telesupervision, full professional responsibility remains with the intern's supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. Interns are provided contact information for all supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary. Interns also have consistent access to on-site adjunct supervisors at all times, in order to ensure a high level of in-person support.

All telesupervision occurs over a secure network (e.g., the system/network includes encryption) using real-time videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees and clients. Interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year, as well as instructions about obtaining technical support if needed.

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 RIT's Intern Handbook, including APA's Ethical Principles of Psychologists and Code of Conduct, 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

Internship Admissions, Support, and Initial Placement Data

Date Program Tables updated: 08/01/2022

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?

_____ **Yes**
 X **No**

Internship Program Admissions

In general, the internship program prefers that interns have completed intervention hours that include experience with CBT, MET, DBT, and/or Trauma Focused interventions. In terms of assessment experience, the program looks for experience administering such measures as the WISC, WAIS, WMS, MMPI, and the PAI as well as experience with integrated report writing. Additionally, the internship program prefers individuals who 1) have their dissertation data collected or have defended their dissertation, 2) have an interest in telehealth and interactive technologies, and 3) have some experience or special interest in working with diverse populations.

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

Total Direct Contact Intervention Hours	Yes	Amount: 400 hours preferred
Total Direct Contact Assessment Hours	Yes	Amount: 200 hours preferred

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$28,352
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Sick Leave	5 days
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	3 weeks
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes

Initial Post-Internship Positions

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
Total # of interns who were in the 3 cohorts	37	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	4	2
Community mental health center	2	NA
Consortium	NA	NA
University Counseling Center	NA	NA
Hospital/Medical Center	7	1
Veterans Affairs Health Care System	3	NA
Psychiatric facility	NA	NA
Correctional facility	NA	NA
Health maintenance organization	NA	NA
School district/system	3	3
Independent practice setting	8	NA
Other	2	2

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