

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



Intern Handbook

2018-2019

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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

Our program is newly APA accredited with contingency status. If you complete a program that is recognized as "accredited, on contingency" at time of completion effective before your completion date, you will have completed an APA accredited program. "Accredited, on contingency" is granted when a program meets all standards except for the initial inclusion of all required outcome data on interns/residents in the program and after program completion. The move from "accredited, on contingency" status to fully accredited, occurs when the program provides the required data by the time two (2) cohorts have completed the program, which will be submitted. RIT's Priority Internship Program's 2 cohorts will be completed and submitted in 2 years.

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 a participating 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 Intern". Interns 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 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. All Interns in the internship program receive training in clinical and community psychology. A priority is placed on professional development, including providing assistance to Interns 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: Interns will achieve an intermediate to advanced level of competence in Evidence-Based Intervention
- Goal 2: Interns will achieve an intermediate to advanced level of competence in Evidence-Based Assessment
- Goal 3: Interns will achieve an intermediate to advanced level of competence in Ethical and Legal Standards
- Goal 4: Interns will achieve an intermediate to advanced level of competence in Cultural and Individual Diversity
- Goal 5: Interns will achieve an intermediate to advanced level of competence in Research
- Goal 6: Interns will achieve an intermediate to advanced level of competence in Professional Values, Attitudes, and Behaviors
- Goal 7: Interns will achieve an intermediate to advanced level of competence in Interprofessional and Interdisciplinary Consultation
- Goal 8: Interns will achieve an intermediate to advanced level of competence in Supervision
- Goal 9: Interns will achieve an intermediate to advanced level of competence in Communication and Interpersonal Skills
- Goal 10: Interns will achieve an intermediate to advanced level of competence in Telehealth and Interactive Therapeutic Technologies
- Goal 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 1 and concludes on June 30 of each academic year, and provides 2000 hours of training. Each Intern 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. Interns 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. **Interns 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 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

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 (RRH)**

The RRH Clinical rotation will provide trainees with opportunities at both RRH's Evelyn Brandon Health Clinic and Greece Mental Health Clinic. The client population that the trainees will be treating is 18 and older. The psychiatric characteristics of clients treated includes the full diagnostic range of the DSM 5, from Adjustment Disorders to Serious and Persistently Mentally Ill individuals with Schizophrenia and Bipolar Disorder, this includes dually diagnosed Chemical Use Disorders. Pre-doctoral interns do have opportunity to provide psychological and cognitive testing to the clients being treated at these psychiatric hospital settings. Evidence-based psychotherapy training opportunities include interpersonal psychotherapy, cognitive processing therapy, and dialectical behavioral therapy. In addition, each adult outpatient mental health location offers a wide variety of groups and specific training in group psychotherapy process and facilitation. Each pre-doctoral intern receives one hour of individual clinical supervision on-site, one hour of assessment supervision on-site, and one hour of group supervision per week on-site along with other treatment team supervision hours. Additional 1:1 supervision is located onsite at Rochester Institute of Technology's Campus where all interns convene for supervision, didactic seminars and scholar. In addition to the outpatient adult clinic experience, one intern rotation involves providing psychological testing to children and youth ages 6 to 21 years; the other intern rotation involves providing opportunities for psychological testing in the psychiatric inpatient treatment setting serving adults 18 and older who have a range of Serious and Persisting Mental Health Disorders and/or Co-Occurring Addiction Treatment Needs.

Additional rotations or tracks may occur at the following sites within RRH:

**Genesee Mental Health Center** is an outpatient only mental health clinic. Its outpatient programs include an adult outpatient mental health program, child and adolescent outpatient mental health program, and the PROS program. All of the programs are located in proximity to each other, but have their own space. The child and adult waiting

rooms are next to each other, but still have separate spaces. The PROS program has its own entrance that connects to a milieu area where some of the program is run. Each of the programs has its own dedicated group rooms and there are offices for each of the therapists/interns. There are staff meeting rooms, support offices, directors and managers offices, and provider offices as well. Each of the programs is also staffed by psychiatry services that include one or more Psych NP or Psychiatrist as staff.

### **Hillside Family of Agencies**

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.

Currently, the Hillside rotations provide training in two child track rotations. 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. Applicants from clinical, school, and counseling programs are welcomed. Prior training or experience in the noted evidence-based practices, child and adolescent clinical assessment and treatment, and experience working in complex systems and as a multidisciplinary team preferred.

### **Coordinated Care Services (CCSI)**

CCSI, Coordinated Care Services, Incorporated provides a broad array of management services and technical assistance specifically tailored to meet the needs of local behavioral health, social and human service departments, state agencies, and community-based organization in Monroe County, across New York State, and beyond. The CCSI Clinical Rotation would provide trainees with opportunities to work in area schools supporting trauma-informed care initiatives (supporting and training school staff, conducting classroom observations, etc.), as well as provide consultation to behavioral health organizations (identifying and measuring outcomes, navigating the transition to managed care and value-based payments, etc.). Interns will also be providing assessments, psychological testing and providing evidenced-based care to children with behavioral health treatment needs at one of CCSI's partner agencies (e.g., Hillside) at School 17 and/or nearby Hillside School Based Programs. This rotation 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, ACEs and risk behaviors in adolescents, impact of state dollars on system transformation efforts to name a few).

## Supervision

All Interns 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. Interns 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 Interns 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

### Hillside

Sarah Donovan, PsyD, Supervisor

Christopher Dehon, Ph.D., Supervisor

### Rochester Regional Health

Jim Meyer, Ph.D., Supervisor

Brian Amos, Ph.D., Supervisor

Pauline Stahlbrodt, Ph.D., Supervisor

### CCSI

Elizabeth Meeker, PsyD., Supervisor

Briannon O'Connor, Ph.D., Supervisor

## Stipend, Benefits, and Resources

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

Interns 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)). 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

\*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. Applicants are encouraged but not required to interview in person in order to visit consortium sites and meet the training faculty.

PBHIP 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 250-500 intervention hours (experience with CBT, MET, DBT, Trauma Focused Interventions)
2. Preferred. Minimum of 250-500 assessment hours (experience administering WAIS, WMS, MMPI-2, MCMI-III, Projectives and 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 and/or in rural areas

In addition to the above consortium-wide preferences, PBHIP 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.

All interns who match to PBHIP must successfully pass a background check conducted by RIT, as well as obtain a TB test, before beginning employment. 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 PBHIP Training Director, Dr. Caroline Easton, at [caroline.easton@rit.edu](mailto:caroline.easton@rit.edu).

## Evaluation, Retention, and Termination Policy

Formal evaluations are completed quarterly, (4) times, 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 training competencies. 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 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 an Intern receives a score less than 3 on any competency, 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 on in this Handbook.

Additionally, Interns 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 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 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 a 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- specifically, copies of all intern competency evaluations, certificates of completion, and any Due Process documents- are maintained by the internship program indefinitely. These records are securely stored in electronic files.

## 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	

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
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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	

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
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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!
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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.	
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	#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>	
Effectively netowkrs in discussions with community leaders regarding employment opportunities and/or other leadership roles within behavioral health	
Demonstrates professionalism in networking activities.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
<b>OVERALL RATING (average of broad competence area scores)</b>	#DIV/0!
Comments on Intern's overall performance:	

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

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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	
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Comments:

**Assessment**

Quality of Training	
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Comments:

**Ethical and Legal Standards**

Quality of Training	
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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?

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Intern Signature Date

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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.

### Diversity and Non-Discrimination Policy

The Priority Behavioral Health Internship Program (PBHIP) 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 by PBHIP to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. PBHIP strives to make every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences. PBHIP'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. PBHIP welcomes applicants from diverse backgrounds. The training program believes that a diverse training environment contributes to the overall quality of the program. PBHIP provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, 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. PBHIP 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, he or she should contact the internship training director.

### Telesupervision Policy

The Priority Behavioral Health Internship Program (PBHIP) uses videoconferencing to provide individual supervision in cases where the supervisor and intern cannot physically be in the same location for their scheduled supervision meeting. Videoconference supervision is limited to a maximum of 1 hour per week, with all other supervision hours occurring in person. When this occurs, it is 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. For all clinical cases discussed during telesupervision, full professional responsibility remains with the supervisor providing supervision. Interns also have consistent access to on-site adjunct supervisors at all times, in order to ensure a high level of in-person support.

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.

The internship program recognizes the importance of and places high value on supervisory relationships. Videoconference supervision is utilized as a means to provide greater connection and oversight, and is provided as a way to enhance, but not to replace, the supervisory relationships that are developed through in-person contact. Given the geographical distance between training sites and the rurality of the region, this model allows the interns to form greater connection to the training faculty than would be experienced otherwise.

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

## Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 05/30/2018

### Internship Program Admissions

Strong applicants for this placement generally have experience in addiction, family violence or forensic populations. Ideally, interns will have experience with inpatient or outpatient addiction settings with experience using evidence based approaches (e.g., MET, CBT, DBT, TSF), assessments (SCID, computer assisted assessments) and testing experience (e.g., WAISIII, WMSIII, Rorschach, TAT, Bender-Gestalt, MMPI/MCMI-III, PAI, Shipley and/or other Neuropsychological Test Batteries). Preferably, interns with primary these experiences will also have worked in outpatient clinics and/or populations involved in the criminal justice system. Interns who match with this placement have future goals of clinical research and/or specialized clinical work in community mental health, addiction or forensic areas.

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: 250-500 hrs preferred
Total Direct Contact Assessment Hours	Yes	Amount: 250-500 hrs preferred

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Interns	\$26,000
Annual Stipend/Salary for Half-time Interns	NA

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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 Personal Time Off (PTO and/or Vacation)	120 hours (3 weeks)
Hours of Annual Paid Sick Leave	Regular exempt staff and faculty should use salary continuation if they are not at work due to their own illness or a family member's illness. Salary continuation is available when the absence is for five (5) consecutive business days or less and is paid at 100% of regular base pay. An exempt employee can use a maximum of 12 Salary Continuation days per fiscal year to take care of an immediate family member.
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

*This table displays data from the first internship cohort (2016-2017 cohort). The second cohort will complete internship in 2018 and the third cohort will complete internship in 2019. The table will be updated with additional outcomes as the cohorts complete.*

	2017	
Total # of interns who were in the 2016-2017 cohort	4	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	<b>PD</b>	<b>ED</b>
Community mental health center	<b>1</b>	<b>1</b>
Federally qualified health center	NA	NA
Independent primary care facility/clinic	NA	NA
University counseling center	NA	NA
Veterans Affairs medical center	NA	NA
Military health center	NA	NA
Academic health center	NA	NA
Other medical center or hospital	NA	NA
Psychiatric hospital	NA	NA
Academic university/department	<b>1</b>	NA
Community college or other teaching setting	NA	NA
Independent research institution	NA	NA
Correctional facility	NA	NA
School district/system	NA	NA
Independent practice setting	NA	NA
Not currently employed	<b>1</b>	NA
Changed to another field	NA	NA
Other	NA	NA
Unknown	NA	NA

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.