

PSYCHOLOGY INTERN HANDBOOK

AHRC-NYC

Department of Family and Clinical Services
Program Accredited by
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Commission on Accreditation
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INTRODUCTION

AHRC-NYC (formerly the Association for the Help of Retarded Children) was founded in 1949 by a small group of parents seeking assistance for their children who were then considered uneducable. Today, it has a membership of over 12,000-primarily families with members who have developmental disabilities, their relatives, friends and professionals in the field. AHRC-NYC is now one of the larger consumer-based non-profit agencies in New York City. It is run by a Board of Directors that, according to bylaws, must be comprised of a majority of parents and siblings of individuals with developmental disabilities.

For more than 70 years, AHRC-NYC has provided a broad array of services to individuals with developmental disabilities. Among these are residential, educational, day treatment, recreational and numerous other services. The goal of these services is to maximize the opportunities for individuals with developmental disabilities to participate in their communities at the most complete level possible. In order for individuals with developmental disabilities to do so, it is necessary that their mental health needs be understood and provided for in the most productive way possible.

AHRC-NYC's Department of Family and Clinical Services was created in response to these needs. Services for the mental health needs of these individuals are provided via a habilitation clinic licensed by the State of New York under Article 16 of the state Mental Hygiene Law.

Clinical Services provided by the Department include:

- Psychological Assessment
- Individual Psychotherapy
- Group Psychotherapy
- Family Therapy
- Occupational Therapy
- Physical Therapy
- Speech and Language therapy
- Nutritional Counseling
- Sibling Services

The clinical services include assessment and treatment services both within the agency (to residents and participants in various agency programs) and to other agencies, hospitals and schools within New York City as well as to members of the public at large. As one of the oldest and best-known clinics of its kind in the state, the Department also provides consultation services throughout the area.

- The Department has a professional staff of over 100 people who provide over 44,000 visits per year at sites throughout New York City.

TRAINING OBJECTIVES

The psychology internship program at AHRC-NYC was established in 1995 with the goal of training professional psychologists in the field of developmental disabilities. Accreditation of the

program by the American Psychological Association (APA) was granted in 1998. The program is currently accredited with our next site visit to be scheduled in 2033.

The program's mission, in accord with AHRC-NYC's overall mission, is to provide psychology graduate students with the opportunity to grow from a level of the mastery of basic concepts of evaluation and treatment of psychopathology to an awareness of, and eventually expertise in, those concepts and how they apply to individuals with developmental disabilities and their families. By the completion on an internship, an intern is prepared to independently assess and treat these individuals as well as work effectively in concert with other treating professionals from medical, rehabilitative, educational and other mental health disciplines.

The model of the psychology internship program is best summarized in terms of a professional psychology training model. Interns are selected through the matching procedures of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Applicants must be approved by their graduate program as being ready for internship, have completed 1000 hours of practicum experience 500 hours of which involves face to face contact with clients. A minimum of five psychological evaluations which include assessment of cognitive functioning is recommended.

Emphasis is placed on the development of skills in assessment, intervention, interdisciplinary collaboration and consultation, relationship between science and practice (research), supervision, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, and communication and interpersonal skills. Finally, it is expected that over the course of the internship the intern will grow in self-knowledge and self-identification as a psychologist in a manner which will enable the individual to function effectively and experience personal gratification in the role of psychologist.

The Program highly values participation from interns in decision making about the internship program. Interns also participate in decisions about their individual participation in Program activities. The Training Director works closely with interns to accommodate, where possible without compromising the training experience, specific preferences.

At the beginning of the internship year, information regarding preferences for day program site is requested of the interns.

Mid-year and at the end of the year, interns complete a survey evaluating the internship Program. Each intern fills out a form assessing the Program's performance in providing instruction in each of the areas of competency described in the program's Handbook. These evaluations are undertaken at the six and eleven month intervals of the Program. The interns meet as a group with the Training Director to discuss their evaluations of and suggestions for the Program. Data collected from these surveys is reviewed by the Training Director and Training Committee and changes are made to the Program where appropriate.

As an on-going project assignment, interns complete a program evaluation in which they assess the internship program using the constructs defined by the APA Commission on Accreditation. The interns present a summary of the results and written recommendations for the program to the

psychology department at the end of the internship year. The Training Committee reviews the results and makes changes to the Program where appropriate.

At the end of the year, interns complete evaluations both of their individual and group supervisors. The Training Director reviews the information provided with each of the supervisors individually and changes are made to supervisory structure and/or content as appropriate. The Program additionally surveys graduates one or more years after graduation in order to obtain information regarding the strengths and weaknesses of the program and the utility of the Program experience in their professional life.

The Program's Training committee meets on a monthly basis. Meetings include the assessment of Program performance and strategies for Program improvement

Interns are required to complete a year as a full time member of the Department of Family and Clinical Services staff under the supervision of licensed psychologists. Positions for three interns are regular lines in the department's annual budget. Each intern will have assignments in outpatient clinics, a day program for individuals with developmental disabilities and in the crisis respite transition program or Bronx Crisis Team. Interns receive evaluations at three months, six months, 9 months, and 12 months of the internship. Minimum competencies are established for each skill area and required for successful completion of the Program

PERSONNEL POLICIES

The internship begins on the day after Labor Day and runs for a full (12 months) year. The basic work week is five days and 40 hours which includes an hour for lunch each day. As differing sites have slightly varying business hours, daily schedules are assigned individually to accommodate specific clinical needs.

Administrative Assistance

Interns are considered full time staff members and as such, are afforded all administrative supports and services available to the staff within the Department and the agency as a whole. The department and agency as a whole oversee a clerical staff which provides general assistance with supplies, mail, reception and similar duties.

The Department's Intake Unit processes referrals and schedules evaluation and diagnostic interview appointments for interns. Any forms required for documentation are located either on the Family and Clinical Services Department portal or within the Evolv computerized medical record system.

The Department has a fully staffed Medical Records room. Medical Records staff is responsible for filing and otherwise maintaining client records.

The agency's Human Resources department is available to interns to provide information and to address problems or concerns with benefits. Assistance is also provided with time keeping, maintaining and tracking accrual information and payroll.

All interns are provided with agency computer accounts which include word processing, internet access and a secure e-mail system which can be accessed from any computer outside of the Clinic. Assistance with issues related to technical support is available through the agency IT Department help line or written request by intern or supervisor.

Financial Assistance

Interns receive a yearly salary of $36,400 paid biweekly based on a pay period which commences on a Saturday and ends on a Friday over a 14-day time period. All required deductions for federal, state and local taxes and all authorized voluntary deductions are withheld automatically from the paycheck. Arrangements for direct deposit of paychecks can be made through the Human Resources Department.

The agency provides vacation time to ensure that its employees have adequate rest from their job responsibilities. Vacation time for interns is currently 15 days a year. Five Personal Days are also available.

AHRC-NYC observes nine national holidays and allows time off with pay. If a holiday falls on a Saturday or Sunday, interns may be granted either the preceding Friday or the following Monday off at the discretion of the agency. Additional time off is available for health-related absence, bereavement and work-related conferences.

AHRC-NYC provides complete medical, dental, and vision coverage for interns within 90 days of start of internship.

Discount tickets to theater, and sporting events and reduced rates for Verizon Wireless phone services are available through the agencies Plum Benefits program.

Interns are subject to all personnel policies applicable to other AHRC-NYC employees. In addition to consulting the due process and grievance policies below, the intern is encouraged to refer to the agency **Personnel Practices Manual for Non-Bargaining Unit Staff** which is distributed at the outset of the internship for details regarding the rights and responsibilities of AHRC-NYC staff members.

The Program makes ongoing efforts to recruit and maintain a diverse staff composition. Previous strategies including maintaining ongoing contact with local university psychology programs to express interest in recruiting interns who are representative of the diverse makeup of New York have been reinstituted.

The Program has a working relationship with three staff recruitment agencies which are instructed to make a priority of recruiting culturally, ethnically and racially diverse staff members. In addition, AHRC-NYC's Human Resources Department uses its resources to recruit such staff as described in the agency's Policy and Procedure Manual (3.06.02).

AHRC-NYC has developed Affirmative Action programs to promote positive action and to assure that equal employment opportunity is afforded to all minorities, women, veterans and people with disabilities employed by or seeking employment with the agency. AHRC-NYC is committed to supporting this Program and to pursuing good faith efforts to achieve its goals. The Program has four objectives:

- Identify both the underrepresentation of minorities or people of color and/or women and the underutilization of minorities or people of color and/or women at all employment levels.
- Establishment of realistic policies and procedures to achieve AHRC-NYC;'s goal of fully utilizing women and minorities and people of color
- Initiate prompt, good faith efforts to meet the full utilization targets.
- Evaluate the program's effectiveness.

On an annual basis, the agency will consider what results could reasonably be expected from good faith efforts to help the overall Program produce the best possible results. The goals established by the agency are calculated by reviewing anticipated activity, current rates of utilization and availability of qualified candidates.

- Affirmative Action commitments aim to correct recognized deficiencies
- Where deficiencies exist and where employment percentages are relevant to corrective action, the agency will set forth specific desired objectives separately for minorities or people of color or women.
- Supportive data for these desired objectives will be included in the written Affirmative Action program
- Analytical supporting data will be compiled and maintained as part of the program. This information will include but not be limited to applicant flow data and personnel transactions including minority and sex status
- The agency will consider anticipated expansion, contraction and turnover in its workforce. This will include review of anticipated vacancies in major job groupings for the coming year, as well as any other time period pertinent to the plan
- A desired objective will be established for each job group in which underutilization exists.
- For each job group in which underutilization exits, the agency will establish desired annual rates of hiring and/or promoting minorities or people of color and women. These rates are attainable through AHRC-NYC's good-faith efforts.

DUE PROCESS AND GRIEVANCE PROCEDURES

An intern's performance is evaluated four times a year. In situations in which it is determined that problems presented in the intern's performance are too significant to wait for normally scheduled review the following procedures are undertaken. When any of these evaluation procedures are undertaken the results of the evaluation are shared with the director of training of the intern's doctoral program.

I. Definition of Problematic Behavior

During the course of the internship situations may arise in which the intern's level of performance, attitude, and willingness to perform duties or inability to control personal reactions may interfere with the intern's professional functioning to a degree that rises to a level of a problem in the opinion of the intern's supervisor. Such behaviors may include but are not limited to:

- Failure to address a problem when it is identified in supervision
- A skill deficit that cannot be improved by educational intervention
- Behaviors which require an inordinate amount of attention from the supervisory staff
- Behavior that des not change with remediation over time
- Behavior that negatively impacts client care
- Behavior that negatively affects the intern's ability to function on a team
- Behavior that violates agency standards

II. Remediation and Sanctions

Once a problem has been identified as not having been solved within the normal supervisory framework, there is a stepwise system of intervention which includes:

1. Verbal Warning-the supervisor discusses the seriousness of the problem with the intern: no written record is kept

2. Written Acknowledgement-if the problem is not corrected within two weeks, the intern receives written notice that
    - The training director has been informed of the problem (if the training director is the intern's supervisor in any Due Process or Grievance procedure the assistant training director will substitute for the training director).
    - The verbal warning that was given is acknowledged.
    - The training director will become involved in the solution of the problem (a meeting will be held among the training director, the supervisor and the intern).
    - The written acknowledgement will be placed in the intern's personnel file to be removed when the problem is successfully addressed.

3. Written Warning-if the problem is not corrected within two weeks, the intern will receive written indication that includes the following:
    - Description of the problematic behavior
    - Actions needed for remediation
    - Time table for corrective action
    - Consequences of failure to correct behavior
    - Intern's rights with regard to review of the action

This document along with the intern's written response will go into the intern's personnel file.

III. Remediation Plan

A remediation plan will be determined by the supervisor, in consultation with the training director, which will include the following:

- Increased levels of supervision
- Additional didactic training (if necessary)
- Reduced or altered caseload to create time to focus on the problem
- Recommendations of, and assistance in, finding personal psychotherapy, (if indicated)
- Time period over which progress is to be evaluated
- Probationary period-during the time during which the remediation plan is carried out, the intern will be on probation. During this period the intern will receive:
- Increased supervision
- A letter specifying reasons for unacceptable ratings, recommendations for change, time frame expected for change and the evaluation procedure the progress of which is reviewed by the training director.
- Dismissal from the internship-if after corrective measures have been taken, the intern is unable or unwilling to correct the problematic behavior, the intern will be dismissed and the intern's academic institution will be informed that the intern will not complete the internship

Due Process-the intern's response

The intern has the right to be able to respond to the actions taken with regard to problematic behavior and to be assured that the process of intern evaluation is fair and not personally based. In order to insure this, the following procedures are in place:

- Expectation with regard to professional functioning are addressed at the outset of the internship
- Routine written evaluation procedures as noted above, are scheduled during the internship
- Interns are given adequate time to respond to actions taken by the program.

Grievances

If an intern experiences problems with the training program because of situations such as, but not limited to:

- Poor or absent supervision
- Unreasonable work load
- Unreasonable scheduling

The intern should try to settle them in the following sequence:

- Attempt to settle them informally
- Bring the problem to the attention of the training director

- Submit a written complaint to the training director who must convene a Training Committee meeting within 3 days to review the complaint.

The review process will include the following:

- Review of the written complaint and collection of data (which will be made available to the intern).
- A report, including recommendations, will be prepared by the training director within 3 days
- A decision as to the resolution of the problem will be made by the training director within 3 days of the report
- If the final decision is disputed by the intern, the intern can contact the agency Human Resources Department to discuss the situation.

CLINICAL RESPONSIBILITIES AND PRODUCTIVITY

Over the course of a year, the intern is expected to provide the equivalent of 861 half hour face to face contacts with consumers. This works out to approximately 25% of internship being devoted to direct service.

Credit for productivity is assigned as follows:

- A half hour psychotherapy session is credited as a full visit
- Each group therapy session is credited as a half visit for each participant
- Each complete Psychological Evaluation is credited as four visits

It is understood that it may take more than a month before an intern builds up a full caseload. The intern will receive monthly reports of the number of visits for which the intern has been credited.

Each intern will receive assignments at three work sites. One to two days a week will be spent in the Department's Main Office where the intern will have a permanent office equipped with a phone, voice mail and a computer with email, word processing and database access. The Main Office clientele will consist primarily of adults with developmental disabilities. One to two days a week will be spent in the Department's satellite clinic in the Bronx where the clientele consists primarily of families with children with developmental disabilities. During the first quarter of the internship year, an hour and a half per week will be spent with a crisis rotation. This will happen via the Crisis Respite House located in Brooklyn or through the Bronx Crisis Team. Placement on this team during the remainder of the year will be elective. Finally, the intern will spend one to two days a week assigned to an AHRC-NYC day habilitation program where activities will include individual therapy and may include group therapy as well as staff consultation. Currently, services as well as didactics are being held both in person and via telemedicine platforms. In addition, interns will participate in co-leading a sexuality education group with our PEIR supervisor which takes place via Zoom.

Sites at which interns may receive assignments:

AHRC-NYC Main Office
83 Maiden Lane, 10th floor
New York, NY 10038

Bronx Grand Concourse Clinic
2488 Grand Concourse, 3rd floor
Bronx, NY 10458

William F. May Day Services
1952-74 Mayflower Ave.
Bronx, NY 10461

EBS- Staten Island
25 Victory Blvd.
Staten Island, NY 10301

EBS- Brooklyn
81 Willoughby Street, 6th Floor
Brooklyn, NY 11201

SUPERVISION

Supervision is provided as follows:

- A minimum of two hours per week of individual supervision from a primary supervisor who is assigned to the intern for the entire year
- At least two hours of group supervision per week focusing on treatment of individuals with developmental disabilities.
- Supervision is currently being held both in person and via telemedicine platforms

Interns are evaluated four times a year in eleven areas of competency: Assessment, Intervention, Interdisciplinary Collaboration and Consultation, Relationship Between Science and Practice (research), Supervision, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, and Communication and Interpersonal Skills. All competencies are assessed at five levels: Inadequate, Fundamental Knowledge, Emerging Competence, Professional Competence, and Supervisory Competence. All completed intern evaluations are kept in a locked file in the office of the Training Director.

Current clinical Supervisors include:

Dominique Reminick, Psy.D.
Margaret Peebles-Dorin, Ph.D.
Hyein Lee, Psy.D., BCBA
Hillary Goldstein, Psy.D.
Janis McAdams, Psy.D.

Evaluating Competencies for Interns

Below are the competency descriptions used to complete the quarterly Psychology Intern Evaluation form. There are nine areas of competency (Assessment, Intervention, Interdisciplinary Collaboration and Consultation, Relationship Between Science and Practice (research), Supervision, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, and Communication and Interpersonal Skills) for which interns are assessed. All competencies are assessed at five levels: Inadequate, Fundamental Knowledge, Emerging Competence, Professional Competence, and Supervisory Competence. The rating of **Inadequate** is given when the intern's knowledge and skills in the area are deficient. The rating of **Fundamental Knowledge** is given when the student demonstrates introductory knowledge and skills in the area but continues to require significant supervision. The rating of **Emerging Competence** is given when the intern demonstrates effective knowledge and skills in the area in most situations and is approaching competence. The rating of **Professional Competence** is given when the intern demonstrates competent knowledge and skills in the area, able to generalize skills and knowledge to new situations and able to self-assess when to seek additional training or supervision and are ready to proceed to entry-level work. ***Please note an overall rating of **Professional Competence** is needed in all competency areas on the August rating form for graduation of the program. In order to obtain a rating of Professional Competence, all individual objectives within the competency area must be at a rating of meets expectations or higher*** The rating of Supervisory Competence is given when the intern demonstrates advanced knowledge and skills in the area and are able to provide instruction to less experienced psychologists or trainees. Each of these levels is defined below as they specifically relate to each competency area.

Assessment:

Inadequate: Interns at this level are unable to choose appropriate tests for assessment, conduct a clinical interview, score and administer tests accurately, and prepare organized testing reports in a timely manner.

Fundamental Knowledge: Interns at this level know psychometric theory, choose appropriate tests for assessment, conduct a clinical interview, score and administer tests adequately and prepare testing reports, but are unable to fully understand how the concepts are operationalized in assessment and may are unable to more intricately analyze test scores and demonstrate understanding of tests in terms of client diagnosis, behavior, and brain functioning (comparing statistical strengths and weaknesses, integrating results from multiple tests, discussing scores in terms of behavior, diagnosis, and brain function in reports).

Emerging Competence: Interns at this level are able to task analyze major instruments in a way that demonstrates application of this knowledge and have started to fully integrate multiple sources of clinical information in their assessments and diagnosis (test scores, clinical interview, diversity factors, patient history, previous reports).

Professional Competence: Interns are this level are able to intricately analyze test scores and demonstrate understanding of tests in terms of client diagnosis, behavior, and brain functioning (comparing statistical strengths and weaknesses, integrating results from multiple tests, discussing scores in terms of behavior, diagnosis, and brain function in reports). They are able to recognize commonly occurring profiles of functioning and are able to demonstrate the full process of assessment beginning with the reason for referral, choosing the appropriate assessments, accurate scoring, the appropriate diagnosis and making the appropriate recommendations. diagnosis, and recommendations.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge of this subject area that enable the instruction of less experienced psychologists or trainees.

Intervention:

Inadequate: Interns at this level are unable to develop a therapeutic relationship with clients, develop a diagnostic formulation, and develop a treatment plan for psychotherapy.

Fundamental Knowledge: Interns at this level have a basic knowledge and understanding of major theoretical perspectives, but less knowledge of and experience with delivering evidence-based treatment. They are unable to independently create a treatment plan, but are able to follow a treatment plan suggested within supervision. In addition, interns at this level may are unable to modify or adapt evidence-based treatment approaches and evaluate the effectiveness of their therapeutic interventions and adapt intervention goals.

Emerging Competence: Interns at this level are able to effectively establish rapport with clients and understand the importance of the therapeutic alliance. They are able to independently create a treatment plan and monitor client's progress towards goals. They are able to modify evidence-based interventions as appropriate. However, interns at this level may are unable to conceptualize cases while considering biological, psychological, and social factors.

Professional Competence: Interns at this level have a mastery of theory and intervention. They are able to successfully carry out psychotherapy treatment plans by choosing and modifying (when needed) evidence-based interventions. They are able to conceptualize cases while considering biological, psychological, and social factors. Interns at this level write appropriate clinical notes, conduct effective case management, show an ability to manage limits/boundaries in the therapeutic relationship, are aware of transference and countertransference, and modify diagnosis as necessary. They are able to identify diversity factors in intervention.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge of this subject area that enable the instruction of less experienced psychologists or trainees.

Supervision:

Inadequate: Interns at this level are unable to identify theoretical stages of the supervision process and discuss theories of supervision.

Fundamental Knowledge: Interns at this level are able to successfully engage in a supervisory relationship. Interns at this level are also able to identify theoretical stages of the supervision process, but are unable to discuss theories of supervision. They may be able to create a positive relationship with supervisees, but are unable to maintain boundaries, or provide clear and useful feedback.

Emerging Competence: Interns at this level are able to assess the strengths and weaknesses of assessment reports they supervise. They are able to build and maintain a positive supervisory relationship and atmosphere while maintaining boundaries. However, they may are unable to with teaching the competent care of clients by providing useful and practical feedback, or defining and clarifying problems with case conceptualization, treatment or assessment.

Professional Competence: Interns at this level are able to build and maintain a positive supervisory relationship and atmosphere while maintaining boundaries. They are able to teach the competent care of clients by effectively communicating useful feedback, and defining and clarifying problems with case conceptualization, treatment or assessment. They are able to integrate their understanding of diversity factors with their supervisees and promote supervisee's self-confidence.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge of this subject area that enable the instruction of less experienced psychologists or trainees.

Consultation & Interdisciplinary Collaboration

Inadequate: Interns at this level do not understand the role of a consultant (as opposed to a therapist or manager) and their role in relation to other interdisciplinary treatment team members. They are not able to build a collaborative working relationship with other members of the treatment team.

Fundamental Knowledge: Interns at this level have developed a basic understanding of their role as a consultant. They recognize the unique role of the psychologist on an interdisciplinary team and have begun to effectively engage with the team in the role of a psychologist.

Emerging Competence: Interns at this level are able to conceptualize, assess, and develop a plan for consultation, utilize the input of other team members when developing the plan, and effectively communicate the plan to other team members, but continue to require supervision in managing difficult consultation relationships.

Professional Competence: Interns at this level are able to manage difficult consultation relationships effectively and successfully provide leadership to interdisciplinary team members in clinical areas. They are able to assist the interdisciplinary team in understanding the clinical viewpoint. They are able to improve communication amongst the team members, patients, and families so as to ensure appropriate implementation of clinical plans.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge of consultation and interdisciplinary collaboration that enables the instruction of less experienced psychologists or trainees.

Science and Practice:

Inadequate: Interns at this level do not demonstrate research literacy and are unable to critically analyze research articles. They are unable to effectively summarize and present information obtained from research articles to staff.

Fundamental Knowledge: Interns at this level are able to critically analyze research articles and summarize their findings. They are also able to identify the need for science-informed practice for specific clinical cases and seek research for these cases.

Emerging Competence: Interns at this level can use research articles to inform clinical practice with guidance and support from supervisors. They recognize their own limitations in their ability to implement science-informed practice and seek additional training when needed. Interns at this level also demonstrate an understanding of diversity factors in clinical research and how this may impact the application of science-informed practice.

Professional Competence: Interns at this level are able to fully integrate science with clinical practice in their cases independently. They are also able to conduct a comprehensive clinical case presentation that includes an integration of research about diagnosis and treatment modalities.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge in the area of science and practice that enables the instruction of less experienced psychologists or trainees.

Diversity Training

Inadequate: Interns at this level are unaware of diversity factors present across multiple populations and among the patients they serve.

Fundamental Knowledge: Interns at this level demonstrate an awareness of diversity factors across multiple populations and in their clinical work, recognizing how these factors affect both the therapist and patient in clinical treatment and assessment. With assistance of supervisors,

interns at this level have begun to recognize their own implicit bias and cultural "blind spots" in their clinical work.

Emerging Competence: Interns at this level are beginning to process, utilize, and reconcile diversity factors to inform clinical treatment and assessment. They demonstrate greater awareness of implicit bias and cultural "blind spots," and take steps to mitigate their impact.

Professional Competence: Interns at this level are able to independently process, utilize, and reconcile diversity factors to inform clinical treatment and assessment. They demonstrate cultural humility and a willingness to receive feedback from others regarding diversity factors present in their clinical work.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge in the area of diversity training that enables the instruction of less experienced psychologists or trainees.

Ethical and Legal Standards

Inadequate – Interns at this level do not demonstrate awareness of APA ethical guidelines and New York State legal standards. They have a difficult time conducting themselves in an ethical manner.

Fundamental Knowledge: Interns at this level are able to demonstrate awareness of APA ethical guidelines and New York State legal standards. They conduct themselves in an ethical manner. They need considerable support with decision making and risk assessment when it comes to ethical dilemmas.

Emerging Competence: Interns at this level are beginning to demonstrate increasing confidence in risk assessment, management and ethical dilemmas; however, may still need some levels of guidance. They are able to identify when they are in need of additional support or supervision in managing ethical dilemmas.

Professional Competence: Interns at this level are able to recognize ethical dilemmas as they arise and apply ethical decision-making processes independently to resolve the dilemmas in consultation with supervisor.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge of this subject area that enable the instruction of less experienced psychologists or trainees.

Professional Values, Attitudes, and Behaviors

Inadequate: Interns at this level do not always exhibit professionalism in their clinical work and with peers. They do not seek supervision as appropriate and may not be open or responsive to feedback.

Fundamental Knowledge: Interns at this level behave in a professional manner and actively seek supervision as appropriate. Interns demonstrate openness and responsiveness to feedback.

Emerging Competence: Interns at this level are beginning to display increased professionalism in responding to complex situations independently while continuing to seek out supervision as needed.

Professional Competence: Interns at this level exhibit strong self-reflective skills regarding both personal and professional functioning, display professional behavior in both simple as well as more complex situations independently, and continue to display openness and responsiveness to feedback and supervision.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge of this subject area that enable the instruction of less experienced psychologists or trainees.

Communications and interpersonal skills

Inadequate: Interns at this level are unable to demonstrate adequate interpersonal skills and have difficulty maintaining effective relationships with many different individuals. Interns at this level do not exhibit adequate ability to produce and comprehend oral, nonverbal, and written communications that are informational and well-integrated.

Fundamental Knowledge: Interns at this level display adequate interpersonal skills and develop and maintain effective relationships with many different individuals. Interns at this level exhibit adequate ability to produce and comprehend oral, nonverbal, and written communications that are informational and well-integrated.

Emerging Competence: Interns at this level exhibit a stronger ability to produce and comprehend oral, nonverbal, and written communications that are informational and well-integrated as well as begin to display a more advanced level of interpersonal skills.

Professional Competence: Interns at this level display highly sophisticated interpersonal skills and the ability to manage difficult communication effectively. They are easily able to develop and maintain strong relationships with many different individuals.

Supervisory Competence: Interns are this level have developed professional competence and have fully integrated knowledge and skills in a way that allows them to effectively convey this information to others. They have complex knowledge of this subject area that enable the instruction of less experienced psychologists or trainees.

Procedures for graduation from the Program

Termination, continuance, and graduation from the Program are determined as follows:

1. 1st intern evaluation is carried out in November.
    a. The intern's supervisor and Training Director identify competency areas for each intern that fall within the Fundamental Knowledge or below and develop a plan of action to improve those areas.
2. 2nd intern evaluation in February
    a. If 3 or more areas remain at the Fundamental Knowledge level, the intern's doctoral program director of clinical training is notified. A written plan of correction for a one-month period is developed by the interns' supervisor and Training Director. If the intern is unable to move to the Emerging Competence level in at least 2 of the 3 areas in one-month, disciplinary procedures will ensue as per agency policy.
    b. Interns will be reminded that graduation from the program requires competency at Professional Competence level in all 9 profession-wide competencies.
3. 3rd intern evaluation conducted in May
    a. All competency areas are expected to be at or above the Emerging Competence level. If any area is at or below this level the interns' program director of clinical training is notified. An intensive written plan of remediation for a month period is developed by the intern's supervisor and Training Director. If the intern's performance is not up to the Emerging Competence level in all competency levels in the one-month period, disciplinary action up to and including possible termination will ensue as per agency policy.
4. 4th intern evaluation conducted in August
    a. All competency areas are expected to be at or above the Professional Competence level.

Intern Record Retention

Intern records including performance records and formal complaints are maintained permanently in a locked filing cabinet located within the Training Director's office.

APPLICATION PROCEDURES

The program is a member of the Association of Postdortoral Psychology Internship Centers (APPIC) and participates in the APPIC match program (APPI) for intern selection. As such, this internship site agrees to abide by APPIC policy that no person at this training facility will solicit, accept or use any ranking related information from any internship applicant.

Application is made exclusively via the APPIC Application for Psychology Internship (APPI) process. Acceptance to the program after the match is conditional upon successful completion of background and fingerprint checks.

The program's practicum requirements include 1000 hours 500 of which involve face to face contact with clients. Administration and write ups of at least five psychological evaluations involving cognitive functioning is preferred but not required. Applications are due by November 15.

INTERN SELECTION

Members of the Training Committee consider all applications for interviews, with special focus on applications that show that the applicant possesses a strong interest in individuals with Developmental Disabilities. Only applicants from APA accredited programs are accepted. Each application is reviewed by a member of the Training Committee and rated using an Application Rating Form (application portion). This scale evaluates the applicant's experience in assessment, psychotherapy, the strength of letters of recommendation, interest in the DD population and quality of writing samples. Higher ratings are given to applicants who exceed the preferred 1000 hours of practicum experience and 500 hours of assessment experience. Qualified applicants are contacted by email for interviews

Applicants selected for interview attend a group session with the Training Director who provides information about the Program and a description of the internship year. Following this meeting, applicants are given two interviews with staff psychologists and then meet with current interns. Should an applicant be unable to attend one of the scheduled sessions, the applicant will be offered an alternative interview date.

Following the individual interviews, the applicant is rated by each interviewer using an Applicant Rating Scale. Interviews are rated based on the applicant's demonstration of clinical knowledge, interest in the DD population, potential for participation in supervision, professionalism and ethics. Based on the total score on the Applicant Rating Scale, a suggested rank is assigned by each interviewer. Staff interviewers also have the option to identify the applicant by "do not rank" on the assessment tool if there is serious concern about the applicant's fit with the Program.

The Director of Training establishes a preliminary ranking of applicants based on the suggested ranking by interviewers. A committee composed of the Director of Training, Assistant Director of Training and staff interviewers meet to discuss the preliminary rankings and establish the final ranking.

Questions regarding the program or application procedure may be addressed to:

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