



**Office of Mental Health**  
**Central New York Psychiatric Center**

## Central New York Psychiatric Center



# TRAINING MANUAL

## Doctoral Internship in Health Service Psychology

### 2025 – 2026

9005 Old River Rd.  
Marcy, New York 13403

Accredited by  
The Commission on Accreditation of The American Psychological Association

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## Introduction

### About This Training Manual

This Internship Training Manual is provided to Interns to communicate the philosophy, structure, policies, and procedures of the Central New York Psychiatric Center (CNYPC) Doctoral Internship in Health Service Psychology. It contains the essential information necessary for Interns to begin Internship, including the expectations and responsibilities of Interns, the Internship, and the Faculty. Interns are asked to review this document in its entirety as soon as possible and to refer any questions about the material contained in it to the Training Director or another Faculty member.

Upon receipt and review of this Manual, Interns must complete the Acknowledgement of Intern Rights, Training Program Responsibilities, Due Process and Grievance Procedure Policy Form (Appendix A) and submit it to the Training Director.

### About Central New York Psychiatric Center

Central New York Psychiatric Center (CNYPC) offers Interns a diverse and compelling learning experience within clinical forensic settings.

In the 1970s, CNYPC was mandated to provide mental health treatment to New York State's (NYS) prison population. This mandate created a structure different from any other in the United States – where mental health treatment for patients is provided by the State agency devoted to mental health (the New York State Office of Mental Health [OMH]), rather than provided by the Department of Corrections and Community Supervision (DOCCS). This structure provides a unique learning environment where Interns experience mental health provision in a range of settings from the more traditional, secure hospital environment of CNYPC to varied prison settings and programs.

While these settings are challenging places to provide mental health treatment, our team of psychologists, psychiatrists, social workers, licensed mental health counselors, recreation therapists, nurses, medical staff, and treatment assistants all work together to provide cutting-edge treatment and clinical training provided by supportive staff in a secure environment that values the safety of staff and patients above all else. Within this context, Interns have access to an extraordinarily broad range of human struggles that they will observe, learn about, engage, and treat.

Adding to the diversity of environments that an Intern can expect to encounter is the range of individuals and populations served. Recipients of care include men, women, and gender fluid persons from age 17 into their 80s, from diverse socio-economic and cultural backgrounds, and who display varied psychiatric, medical, and behavioral issues. The training environments offered by CNYPC are described in further detail below.

#### I. Forensic Inpatient Operations

CNYPC's Forensic Inpatient Operations is housed within a 183-bed maximum-security forensic hospital in Marcy, NY. The hospital has a number of channels through which individuals access care. The prison system refers patients who have psychiatrically decompensated and cannot be effectively treated in prison. The local community and jails refer patients who require inpatient

mental health treatment. Courts direct individuals to CNYPC when they need to be restored to competency so they can proceed to trial. The hospital also treats individuals who are not currently facing trial or serving time but who, due to their risk of violence, cannot be safely treated in a civil psychiatric facility. Further, CNYPC pursues court-ordered medication over objection for individuals who require medication to remain stable and free from harm to self and others.

Interns will be involved with a range of services provided to this diverse population, including psychological and forensic assessment, individual and group therapy, adjudicative competency restoration, treatment and discharge planning, individualized behavior support plans, and specialized patient education programs. Interns will interface with the court system, community mental health providers, and consumer and family advocacy groups. CNYPC (including the treatment provided in prisons) is fully accredited by The Joint Commission.

## **II. Corrections-Based Operations (CBO)**

CBO consists of mental health treatment units located in the major prisons across New York State (interns will participate in rotations in prisons within a 15-minute drive of CNYPC). Mental health provision in the prisons reflects the levels of service available in the community. Some patients receive periodic therapy sessions and medication management as a means to remain stable and make meaning of their lives and time in prison. Patients with serious mental illness are enrolled in a setting that is reflective of a “day hospital” with 4 hours of group programming, additional support from staff dedicated to the unit, frequent psychiatry appointments, and a modern version of a token economy. Patients in crisis are moved to a unit that provides crisis-related services, including cells that are made to be resistant to self-harming efforts, daily 1:1 sessions with the treatment team, and, if necessary, referral to our Inpatient setting. For patients with serious mental illness who break the rules in prison, CBO and DOCCS collaborate on a program that diverts these patients away from solitary confinement and toward a treatment unit where they learn new skills and ways of coping in order to avoid negative/criminal behaviors in the future. Currently, there are approximately 9700 state patients (~33% of the NYS DOCCS population) receiving mental health services through CBO units.

As with the Inpatient experience, Interns will have a range of opportunities in the provision of treatment in the prison settings where they will train. Interns will provide more traditional psychotherapy to stable patients, lead psychotherapy groups for patients who are working to alter maladaptive approaches to getting their needs met, and provide intervention and care for patients who are experiencing a crisis. Additionally, they may work with patients with serious or life-threatening medical injuries and illness or who are experiencing gender dysphoria and/or are transitioning. They may also become involved in the psychological autopsy process after a suicide. Finally, Interns may also be involved in preparing patients for discharge from prison and reentry into the community.

## **Internship Aim, Training Philosophy, and Model**

The CNYPC Doctoral Internship in Health Service Psychology is accredited by the Commission on Accreditation of the American Psychological Association (APA) and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and as such abides by its guidelines. It also strives to be consistent with the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association (APA), 2017), the Specialty Guidelines for Forensic Psychology (APA, 2013), and the Standards of Accreditation for Health Service Psychology (APA Commission on Accreditation [CoA], 2022). The aim of the CNYPC Doctoral

Internship in Health Service Psychology is to train ethical, competent, and culturally responsive psychologists for future clinical practice in varied settings, with an emphasis on provision of mental health services in forensic and correctional environments. The Internship is integral to the function and philosophy of CNYPC and OMH in its provision of a wide range of treatment and evaluation services to traditionally underserved populations and the courts, its commitment to individual and public safety, and its focus on ongoing education and professional development for employees toward the services they provide.

The Internship is a 1-year training program offering two full-time, paid Intern positions. The positions are funded through CNYPC's operating budget and the Intern items are annually renewed. The Internship is designed to train doctoral psychology students to provide mental health services from a biopsychosocial, culturally sensitive, and trauma-informed perspective. The training is generalist in nature (albeit within a forensic context), such that the knowledge and skills acquired may be applied to a wide range of future clinical endeavors in private and public sector settings. Interns are afforded the opportunity to gain experience working with individuals with mild to severe mental illness, personality disorders, cognitive impairments, and maladaptive behavior issues in forensic inpatient and correctional settings. Interns are based at the Forensic Inpatient Hospital and complete supplemental rotations in various CBO settings per their individualized training programs developed in collaboration with the Training Director. CNYPC Interns are considered essential employees.

The Internship is based on a practitioner-scholar model that emphasizes the integration of science and clinical practice and the development of profession-wide competencies proposed by the Health Service Psychology Education Collaborative (2015) and the American Psychological Association Standards of Accreditation for Health Service Psychology (CoA, 2022). The program's approach to training is Intern-centered, collaborative, and flexible such that consideration is given to each Intern's individual training needs and professional development. Interns and Supervisors discuss and assess training goals throughout the year to allow for timely changes to the training program as appropriate within the overarching goals and structure of the Internship. This process occurs informally, through regular supervision, and during formal quarterly reviews of Interns' progress and their own assessment of themselves and the program. The Internship promotes a culture that enhances personal and professional growth through a series of clinical placements, formal didactics, and intensive supervision.

The Internship Training Committee is composed of the Training Director and Faculty involved in the direct supervision of the Interns during that Internship year. Licensed Psychologists in the Inpatient and CBO settings may be involved in direct teaching or supervision of Interns. Additionally, Associate Psychologists (unlicensed doctoral-level psychologists), Licensed Social Workers, and Licensed Psychiatrists in these settings are available to augment training and provide additional supervision experiences. Supervision is viewed as a critical component to training throughout the Internship and in all rotation experiences with a goal of increased autonomy over the course of the year.

To that end, training is structured to gradually allow Interns to function with increasing independence during the Internship year. In the beginning of each rotation, Interns are closely supervised as they familiarize themselves with the rotation settings and expectations. This process may involve observing and assisting Supervisors and other clinical staff (e.g., conducting treatment groups, interviews, crisis intervention, and assessments) and assuming clinical responsibilities with close consultation with, or under the observation of, the Supervisor. As the year progresses, Interns are gradually expected to assume clinical tasks with less reliance on supervision. Every attempt is made to establish the Intern as a fully participating member of the

interdisciplinary team at the rotation site, rather than as simply a student or assistant to staff. Likewise, Interns assume a position of responsibility in relation to the training program and are encouraged to propose changes to the program and to participate in the interview process for the next cohort of Interns. By the end of the year, it is expected that Interns will be ready to assume the independent clinical functioning expected of an entry-level doctoral psychology professional.

## Rotations

### Primary Training Site

- I. Forensic Inpatient Hospital

### Supplemental Rotations in Corrections-Based Operations (CBO)

- II. Mid-State Correctional Facility (CF) Satellite Mental Health Unit
- III. Marcy Residential Mental Health Unit (RMHU)
- IV. Mohawk Correctional Facility (CF) Mental Health Unit
- V. Walsh Residential Medical Unit (RMU)
- VI. Gender Services Program
- VII. Psychological Autopsy Process

All Interns complete training at the primary training site and some supplemental rotations. The Forensic Inpatient Hospital and Mid-State CF are located on the same campus and within walking distance of each other. Marcy RMHU is located across the street from the CNYPC campus. Mohawk CF and Walsh RMU are located within a 15-minute drive of the Inpatient Hospital. And Intern participation in the Gender Services Program and Psychological Autopsy Process occurs primarily virtually from the Inpatient Hospital.

Interns spend most their time at the Forensic Inpatient Hospital (approximately 3 days per week, including didactics and supervision) and 2 days per week involved in their supplemental CBO rotations. Interns typically change their CBO placements upon completion of 6 months of the Internship to expose them to different modes of treatment and patient populations within correctional settings. The exception to this is the Gender Services Program, where they are likely to maintain involvement in the program for the duration of the Internship year to provide continuity of care to the individuals with whom they are working. Thus, Interns spend minimally 1 day per week throughout the year involved in a CBO rotation. The rotation structure provides Interns with a broad and intensive experience in a forensic inpatient setting with the opportunity to receive exposure to other clinical populations and to practice in correctional settings. Additionally, across all settings, Interns interact with multidisciplinary staff.

The Training Director and the Licensed Psychologists who serve as CBO Supervisors, many of whom are located on campus in the Forensic Inpatient Hospital, maintain ongoing contact with the licensed clinical staff of the specific CBO units in-person and via email and telephone. Additionally, CBO Supervisors also provide on-site supervision, observation, and guidance as needed. Licensed clinical staff (social work and psychiatry) in the CBO units also provide supervision to Interns as needed.

For Interns to acclimate to the CNYPC environment, the first two weeks of the year are spent in a comprehensive training and orientation to the agency and Internship. Interns also complete specific orientations to the supplemental rotations through DOCCS prior to starting those respective rotations. Interns then shadow psychologists and other clinical staff across their daily duties, including clinical and administrative meetings, treatment interventions, and evaluations to

develop comfort and familiarity with the facilities, staff, and patients prior to performing any independent tasks.

### **I. Forensic Inpatient Hospital Rotation – Primary**

The Forensic Inpatient Hospital houses up to 183 male and female adult patients. As noted above, these patients include individuals who need intensive psychiatric care and are serving state prison or county jail sentences or are awaiting trial in the county jail; individuals deemed incompetent to proceed with their legal cases and in need of competency restoration; and patients from state hospitals who have been deemed at imminent risk of violence and unsuitable to be housed in a civil facility. The focus areas of inpatient services are: assessment of clinical needs and diagnoses, crisis management and psychiatric stabilization, psychotherapy, suicide and violence risk assessment and reduction, competency restoration, and discharge planning such that patients may be discharged back to their respective referral sites, to court, or to a more appropriate level of care (e.g., less restrictive setting such as their DOCCS facility with specific mental health services to address their needs, civil hospital in the community).

Interns may be involved in many aspects of care and evaluation in the Forensic Inpatient Hospital, including:

- Psychological assessments (e.g., diagnostic clarification, cognitive evaluations, malingering assessments)
- Co-evaluations of adjudicative and medical competence and violence risk assessments
- Group therapy (including competency restoration)
- Individual therapy
- Crisis intervention and follow-up, including suicide risk assessments, incident debriefings, and behavioral chain analyses
- Treatment and discharge planning
- Positive behavior support plans
- Observation of courtroom testimony and participation in a mock testimony exercise
- Multidisciplinary team activities, including:
  - Daily treatment team meetings
  - Hospital-wide clinical meetings
  - Discharge Committee
  - Intensive Case Conferences
  - Hospital Forensic Committee
  - Morbidity and Mortality Review Committee

### **II. Mid-State CF Satellite Mental Health Unit – Supplemental**

Mid-State CF is a medium-security state prison. The Mid-State Satellite Mental Health Unit offers a wide range of services within the correctional setting based upon an outpatient mental health model. Mid-State CF offers: Clinic Services (regularly-scheduled individual and group therapy); an Intermediate Care Program (ICP; similar to a partial-hospitalization model); a Transitional Intermediate Care Program (TrICP; a step-down from the ICP); daily mental health rounds for individuals in the Special Housing Unit (SHU/solitary confinement); and a Residential Crisis Treatment Program (RCTP) for individuals in acute psychiatric distress or at imminent risk of harm to themselves or others.

Intern duties at the Mid-State CF Satellite Mental Health Unit may include:

- Individual therapy
- Crisis intervention, including emergency callouts, suicide risk assessments, and RCTP rounds
- Treatment and discharge planning
- Group therapy
- Psychological assessments
- Participation in multidisciplinary activities, including:
  - Treatment team meetings
  - Intensive Case Conferences

### **III. Marcy RMHU – Supplemental**

In the NYS DOCCS system, disciplinary sanctions resulting in SHU placement are given for serious violations of prison rules. RMHUs, operated jointly by OMH and DOCCS, were developed to serve individuals with serious mental illness who have received disciplinary consequences resulting in SHU sanctions longer than 30 days. Marcy RMHU has 100 beds available to serve this population.

The time patients spend in the RMHU is considered analogous to time served in SHU, and disciplinary sanctions can be reduced as patients progress through stages toward their program objectives. Each patient is provided a treatment/discharge plan upon admission, which is an evolving document that outlines patient goals and requirements necessary to successfully complete the RMHU program through the achievement of stages and to earn time cuts on their solitary confinement sentences.

Group treatment is a core component of the RMHU and is provided 4 hours daily using the principles of the least restrictive setting that considers security and safety, as well as the patients' mental health needs. Individual and group sessions target the following areas: symptom management, anger management, use and purposes of psychiatric medication, mindfulness/relaxation, and coping strategies. In addition, treatment focuses on several of the attitudes, beliefs, and behaviors associated with criminal perspectives identified in the criminal justice literature, such as antisocial values, criminal peers, low self-control, dysfunctional family ties, substance abuse, and criminogenic thinking.

Intern duties at the Marcy RMHU may include:

- Individual therapy
- Group therapy
- Crisis intervention, including emergency callouts, suicide risk assessments, and RCTP rounds
- Treatment and discharge planning
- Psychological assessments
- Participation in multidisciplinary activities, including:
  - Joint OMH/DOCCS team meetings
  - Intensive Case Conferences

### **III. Mohawk CF Satellite Mental Health Unit – Supplemental**

Mohawk CF is a medium-security state prison. Incarcerated individuals in this setting primarily reside in general population. The Mohawk Satellite Mental Health Unit offers outpatient mental health clinic services to a predominantly male population.

Intern duties in this setting include:

- Individual therapy
- Crisis intervention (emergency screenings, suicide risk assessments)
- Treatment and discharge planning
- Participation in multidisciplinary activities (treatment team meetings, case conferences)
- Psychological assessments

### **IV. Walsh RMU – Supplemental**

Walsh RMU is a maximum-security medical treatment setting located on the grounds of Mohawk CF. This facility provides a wide range of medical treatments to the incarcerated population, some of whom also require treatment for comorbid psychiatric conditions. In addition to addressing a multitude of medical issues, the facility is designed to care for patients with the full spectrum of psychiatric diagnoses and symptom severity.

Intern duties in this setting may include:

- Individual therapy
- Crisis intervention (emergency screenings, suicide risk assessments)
- Treatment and discharge planning
- Participation in multidisciplinary activities (treatment team meetings, case conferences)
- Completing psychological assessments

### **V. Gender Services Program – Supplemental**

The Gender Services Program was developed to provide supportive gender related therapeutic services to incarcerated mental health patients who historically tend to be a marginalized population. The program functions from the framework of intersectionality, which promotes an understanding of human beings as shaped by the interaction of different social factors, such as gender, race, ethnicity, class, sexuality, religion, and disability. As such, the program understands that transgender and nonbinary individuals hold many social identities at the same time, and these identities interact to shape their experience. The Gender Services Program team works collaboratively with a patient's facility-based treatment team to identify treatment goals related to gender care needs. These can include psychoeducation about hormone replacement therapy and gender-affirming surgery, completion of an evaluation to explore the diagnosis of gender dysphoria, release planning, supportive therapy, and advocacy for access to gender-affirming products and clothing while incarcerated.

Interns will have an opportunity to:

- Complete intakes/screenings for the Gender Services Program
- Provide psychotherapy/supportive therapy
- Complete a comprehensive gender evaluation

## **VI. Psychological Autopsy Process – Supplemental**

CNYPC recognizes the impact of risk for suicide that is often associated with being incarcerated. While there are many efforts to assess and prevent suicide, death by suicide does occur in the correctional setting. When this occurs, a psychological autopsy is completed and serves as an investigation into a person's death by suicide. The goal is to reconstruct what the person thought, felt, and did before they died. This is accomplished by reviewing information gathered from personal documents, collateral reports, coroner's records, and interviews with people who knew the person. Psychologists complete a thorough evaluation that looks at a person's relevant social, developmental, and psychiatric history. Collateral records are reviewed, and a conceptualization is completed utilizing two leading theories of suicide. Each report considers relevant risk factors and offers recommendations for systemic change.

Interns will have an opportunity to:

- Learn about the psychological autopsy process, a comprehensive review of a patient's death by suicide
- Shadow the process through the report writing, participating in a review of the conceptualization utilizing leading theories of understanding suicidal behavior

## **Supervision Policy**

Supervision is viewed as a core element of the Internship experience. Therefore, Interns are regarded as trainees, and their direct service responsibilities are assigned with attention to their individual training needs. Interns receive a minimum of 4 hours of face-to-face weekly supervision provided predominantly by Licensed Psychologists, which includes the following:

- Two or more hours of individual face-to-face weekly supervision
  - A minimum of 2 hours is provided by NYS Licensed Psychologists
  - Additional supervision may be provided by NYS Licensed Psychologists, Social Workers, or Psychiatrists
- 1 hour weekly, in addition to the minimum 2 hours with a NYS Licensed Psychologist, may be provided by NYS Licensed Psychologists via Telesupervision
- One or more hours of in-person weekly group supervision
  - Group supervision may be provided by NYS Licensed Psychologists, Social Workers, or Psychiatrists

In practice, Interns receive more than the required minimum 4 hours of weekly direct supervision. Over the course of the Internship year, as Interns become more skilled and autonomous, supervision hours may decrease, although never below the 4-hour weekly minimum. In addition to scheduled weekly supervision, Supervisors are available on an as-needed, drop-in basis. All Inpatient Supervisors and Interns have offices within the same suite or wing of the hospital, facilitating ease of access to training materials and consultation.

Interns are required to attend all regularly scheduled supervision meetings on time and to participate actively and openly. When an Intern is unable to attend a scheduled meeting, they must notify the Supervisor and take responsibility for efforts to reschedule the missed session. Likewise, Supervisors are responsible for being available to Interns during scheduled supervision time, as well as on an as-needed basis. When a Supervisor must miss a session, they are responsible for rescheduling the session as soon as possible. The Internship understands the

dynamic environment in which Interns and Supervisors work and thus that emergencies and unforeseen events may occur. However, it is incumbent upon Interns and Supervisors to ensure that Interns receive the amount of supervision necessary to complete their jobs effectively, competently, and ethically and that they meet their minimum weekly supervision hours.

The theoretical orientations and Supervisory styles among the training staff vary widely, and Interns are exposed to numerous Supervisors with diverse clinical training and approaches over the Internship year. Supervision is typically based on Intern self-report, direct observation, other staff observations, and documentation of clinical interactions. The Psychology Department's model of Supervisory training encourages the growth of each Intern, provides quality professional role models, and emphasizes the development of the psychologist as an emerging professional.

All Interns have sufficient supervision with Licensed Psychologists to meet the Internship requirements for licensure within NYS. Interns who wish to pursue licensure in a different state are encouraged to consult with the Training Director to ensure that they meet the supervision requirements for that state.

Supervision of Interns includes, but is not limited to:

- **Clinical Cases and Assessment:** Informal case presentations, discussions of current therapy and assessment cases, and assistance with scoring and interpreting psychological measures
- **Culture and Diversity:** Discussion of individual differences, culture, and diversity regarding Interns' and staff's personal experiences/backgrounds as well as current theory and literature and their application to professional practice, including psychological assessment and forensics
- **Formal Case Presentations:** Interns will each formally present two clinical cases (one assessment and one treatment case) over the course of the Internship year to the Training Committee
- **Administrative/Professional Development:** Processing current issues related to the Agency/Department, current cultural and world events and their direct relationship to professional practice (e.g., media representation of suicide, timely court cases related to clinical or forensic practice), and professional development topics (e.g., preparing for licensure, transference and countertransference, boundaries, working in a forensic setting, developing one's professional style and orientation)

Moreover, Interns are afforded the opportunity for additional formal and informal meetings, supervision, and training experiences with psychology Interns from other Internship programs, as well as psychology and social work externs and doctoral-level staff seeking licensure. These experiences aim to provide Interns with valuable socialization opportunities and the chance to supervise peers and other diverse early professionals. Depending upon the groups of trainees and unlicensed professionals at the facility during a given Internship year, these activities may include (under the supervision of a Licensed Psychologist) peer-led group supervision, role play supervision, supervision of a therapy case or clinical report, and/or review and discussion of literature related to individual differences, culture, and diversity.

Supervisors maintain their own supervision records permanently, including supervision notes and documentation drafts and edits.

As Interns are in the process of completing their formal graduate education, it is common that they may seek out verbal and/or written letters of reference for post doctorate programming and/or future employment opportunities. Requests for recommendations and endorsements for future training and/or employment should be directed to the Training Director.

## **Telesupervision Policy**

Intensive and diverse supervision is one of the hallmark features of the CNYPC Doctoral Internship in Health Service Psychology. As such, the Internship strives to provide Interns with as many different Supervisors as possible while respecting the need for stability and consistency across the training experience. Thus, over the course of the Internship year, Supervisor assignments will rotate. Additionally, the Internship training settings span the two distinct areas of the agency (Inpatient and Corrections-Based) and five different locations in two geographic hubs (the Forensic Inpatient Hospital, Mid-State CF, and Marcy RMHU; and Mohawk CF and Walsh RMU). To provide Interns experience with Supervisors from diverse backgrounds, training, areas of expertise, and location in the agency, telesupervision may be utilized. If used, telesupervision is the exception, rather than the rule, for the mode of provision of supervision in the Internship. Supervision is predominantly provided in-person.

Telesupervision occurs using videoconferencing equipment available at all Internship sites. Interns may receive telesupervision on an individual or group supervision model. Interns participating in telesupervision are provided with a quiet, consistent location in the Forensic Inpatient Hospital equipped with a table, chairs, telephone, and videoconferencing equipment. The Supervisor will be located at another CNYPC site with equivalent equipment and capabilities. Interns are trained in the use of the equipment, which is initially set up by an on-site Supervisor until the Intern can do so independently. The Supervisor conducting telesupervision maintains records of supervision permanently to include content and attendance. If an Intern is unable to participate effectively in telesupervision (e.g., due to an inability to utilize the equipment, a disability or needed accommodation that renders telesupervision ineffective or unnecessarily cumbersome, or any other reason relevant to the Intern's training or clinical services provided), arrangements for in-person supervision will be made.

As soon as possible, Interns and Telesupervisors meet for an in-person session to help foster a meaningful, supportive Supervisory relationship and to allow Telesupervisors the opportunity to provide in-vivo feedback on site. Moreover, Telesupervisors are required to meet with their supervisees in-person at least once during each 6-month rotation. Telesupervisors maintain full responsibility for clinical cases through supervision sessions with Interns, occasional in-person meetings with and/or observation of Interns, review and co-signing of all reports and documentation, and regular email and phone contacts with on-site Faculty and other licensed clinicians.

When crisis situations arise, Interns always have access to on-site Supervisors who take responsibility for and can provide immediate supervision and assistance regarding clinical issues. All Interns are provided with the contact information and calendar access for all Internship Faculty during orientation.

The high-quality equipment owned by CNYPC provides real-time transmission of audio and visual material over a secure network that is HIPAA compliant and encrypted and therefore protects the confidentiality of all staff, Interns, and patients. Such sessions are never recorded. It is maintained by the CNYPC Information Technology Services (ITS) Department. Supervisors and Interns are provided with access to ITS staff in case of technical difficulties. As videoconferencing is a common occurrence in CNYPC operations due to its provision of services and location of units across the state, most staff are familiar and comfortable with the technology; it is an integral part of the administrative functions of the agency and the provision of clinical services. While some staff conduct clinical services with patients using this technology, Interns will provide their services to patients in-person. However, they may also utilize this technology for additional clinical supports for patients (e.g., facilitating a virtual meeting between their patient and the patient's next treatment team prior to discharge).

## **Professional Development**

### **Didactics**

Trainings and didactics are a required and integral part of the Internship. A minimum of 2 hours of formal training/didactics is provided weekly, along with at least two additional hours of professional development activities per week. In practice, Interns receive more than the required 4 hours due to supplemental educational opportunities. The specific combination of training and rotation experiences provides Interns with a solid foundation in psychological concepts and scientific knowledge and the opportunity to apply that knowledge to the delivery of psychological services under intense supervision. Interns also become actively involved in presenting material to the Department and other staff. It should be noted that it is the philosophy of the Internship that all Intern activities are directed toward the goal of training and professional growth, whether they be formal lectures, one-on-one education with a Supervisor, or clinical activities. Therefore, didactics are designed to enhance the educational experiences of Interns and to be presented at the developmental level of a psychology doctoral Intern. That said, many didactics offered by the Psychology Department, and all agency-wide supplemental trainings, are open to myriad clinical and other staff and trainees, providing Interns with increased opportunity to interact with and learn from multidisciplinary perspectives.

Interns are required to attend all didactics as well as supplemental training opportunities that are designated as mandatory. Interns who are unable to attend a specific didactic must inform the Training Director and presenter (if appropriate) as soon as possible. If the didactic cannot be rescheduled, Interns are required to complete an alternative training exercise (e.g., review of the didactic materials with a Supervisor, review and summary/discussion of relevant articles on the subject). Following each scheduled didactic, Interns complete and submit an electronic Didactic Rating Form (Appendix B).

Didactics are structured to supplement the extensive education and clinical experiences incoming Interns have acquired throughout their doctoral programs thus far and to introduce or further expand upon knowledge of forensic concepts. Didactics are presented by core and adjunct Internship Faculty as well as clinicians, administrators, and academicians within the OMH system and in the surrounding community. Didactics are provided on a range of clinical topics and issues related to ethics; culture, diversity, and individual differences; clinical interventions; clinical and forensic assessment; trauma; suicide; violence risk; adjudicative competency and legal insanity; juvenile issues; sexual offending; and general professional development. Evidence-based practice, forensic applications, multiculturalism, and relevant caselaw are integrated throughout

the didactics. The tentative Didactic Schedule for the Internship year can be found in Appendix C.

Additionally, the OMH Psychology Internship Training Series is available to all NYS OMH psychology interns. Approximately twice per month, psychologists at OMH internships across New York State offer formal trainings across a variety of topics. These seminars are designed specifically for doctoral psychology interns at OMH facilities and are offered virtually on Fridays from 9:00 am to 11:00 am. If available, CNYPC interns are welcome and encouraged to attend. At times, these trainings will be mandatory and considered as formal didactics and will be added to the Didactic Schedule. A full schedule of the OMH Psychology Internship Training Series will be provided at the start of internship.

### **Supplemental Training**

Supplemental training opportunities are provided throughout the year via the NYS Office of Mental Health (OMH) including weekly forensically-oriented live webinar presentations through the Law and Mental Health Lecture Series of the University of New Mexico (UNM) School of Medicine, International Forensic Psychiatry Lecture Series through McMaster University, OMH Statewide Grand Rounds, State University of New York (SUNY) Upstate Medical University Grand Rounds, APA, Consolidated Continuing Education and Professional Training (CONCEPT), and American Academy of Forensic Psychology (AAFP) online webinars. Examples of unique training opportunities provided to Interns over the years include half-day to multi-day trainings, including: “Best Practices in the Evaluation of Adjudicative Competence” by Dr. Patricia Zapf, “Assessing Violence Risk Using the HCR-20<sup>V3</sup>”, Seeking Safety training, “Promoting Gender Responsive Treatment” by Emily Salisbury, PhD, Franca Cortoni, PhD, and Eileen Russo, MA, LADC, WAIS-5 training presented by Pearson, “Dialectical Behavior Therapy for Forensic Populations: Adapting DBT Skills & Techniques for Forensic & Correctional Settings” by Alexa Mulee, LMHC, C-DBT, and “Cognitive Remediation in Psychiatry Conference” provided by Alice Saperstein, PhD, Alice Medalia, PhD, and Colleagues. Such opportunities vary from year to year. Tentative trainings planned for the Internship year can be found on the Didactic Schedule in Appendix C.

### **Additional Opportunities and Expectations**

Interns are expected to engage in a broad range of clinical services over the Internship year. While the exact distribution of activities may vary between Interns based on their training interests, rotations, and needs, all Interns are expected to participate actively with multidisciplinary treatment teams and to conduct individual and group therapy, crisis intervention, treatment and discharge planning, psychological assessments, forensic evaluations, and consultations.

Interns are also responsible for two formal case presentations in which their co-Intern and Internship Faculty discuss and provide feedback on the case. One presentation must be based on an assessment conducted during the Internship. The other presentation must be based on a therapeutic intervention occurring during the Internship (e.g., individual therapy case, behavior support plan). In addition to patient data, interventions or assessments conducted, and clinical conceptualization, these presentations must incorporate discussion of self-examination and professional development; culture, diversity, and individual differences; ethical considerations; and relevant theory and empirical literature. Interns are provided with guidelines for preparing their case presentations and written feedback on them via the Case Presentation Evaluation Form (Appendix D).

Additionally, Interns participate in a mock testimony experience based upon one of their forensic reports conducted during the Internship. Interns similarly are provided with guidelines for preparing for this experience and written feedback on them via the Mock Testimony Evaluation Form (Appendix E).

Finally, Interns are invited to join at least one Internship committee during their training year. Currently, the Training Committee and the Diversity, Equity, and Inclusion (DEI) Committee are available for Intern participation. It is the Internship's philosophy that Intern membership on these committees is vital to the growth and development of the program and to the professional development of the Interns.

## Intern Schedule

Interns spend 3 to 4 days per week on site at the Forensic Inpatient Hospital and at least 1 day per week involved in their CBO rotation(s). In these varied settings, Interns may conduct individual and group therapy; complete treatment plans, progress notes, and other required clinical documentation; assist with or perform a variety of clinical assessments; consult with multidisciplinary staff; and attend unit, facility, or joint OMH/DOCCS clinical and administrative meetings. Interns also participate in a minimum of 4 hours of group and individual supervision weekly and a minimum of 4 hours of weekly professional development, including 2 or more hours of formal didactics. Aside from scheduled meetings, supervision, and treatment activities, Interns are expected to be autonomous in scheduling and completing their weekly activities. Although days vary considerably, a typical day might include attending a morning treatment team meeting, preparing for a group, conducting group or individual therapy, completing group notes, preparing for an assessment, conducting 1 to 2 hours of an assessment with a patient, and attending group or individual supervision.

## Stipends, Benefits, and Resources Policy

### Duration and Salary

The Internship training year **begins on September 1, 2025 and ends on August 31, 2026**. The Internship is a full-time, 12-month commitment. The anticipated salary for the 2025-2026 training year is \$41,485.

The State's payroll week begins on Thursday and ends at the close of business on the following Wednesday. Salary checks are computed on a bi-weekly basis, and Interns will receive their pay every other week.

The Intern's final paycheck is usually issued 4 to 6 weeks after the Intern's last workday, depending on the timing of separation within the payroll period. In order to receive the final paycheck, Interns must complete the Authorization to Release Final Paycheck Form.

Interns with unused vacation leave at the time of separation will be compensated for that leave. This payment will be sent in a separate check approximately 6 weeks after the last payroll period worked.

## Benefits

Interns are eligible for a comprehensive benefits package, including NYS subsidized medical, dental, and vision insurance.

There is a 4-week waiting period before health benefits become active.

- Medical Insurance: Offered through the NYS Health Insurance Plan (NYSHIP) with two plan options:
  - The Empire Plan: Preferred Provider Organization (PPO)
  - NYSHIP Health Maintenance Organizations (HMOs)

Note: You will have the option to decline or opt out if eligible.
- Dental and Vision Insurance: Available at no cost.
- Medical Coverage Post-Employment: Health insurance coverage will end 28 days after the last day in the payroll period in which you worked.

Interns have the option to enroll in the NYS Employees' Retirement System; enrollment is not automatic.

## Leave and Holidays

Interns are entitled to the following paid leave and time off:

- Holidays: 13 paid state holidays annually
- Personal Leave: 5 paid personal days available at the start of the Internship
- Professional Leave: Up to 3 paid days for professional development
- Vacation Leave: Accrued at 4 hours per pay period (approximately 13 days/year)
- Sick Leave: Accrued at 4 hours per pay period (approximately 13 days/year)

## Leave Use Guidelines

- Vacation leave cannot be used during the first 6 months of employment.
- Interns may use personal and accrued sick leave during the first 6 months with appropriate supervisor approval.
- Interns may not use more vacation or sick leave than they have accrued.
- All leave must be pre-approved by the Intern's Supervisor(s) and/or Training Director.

## Attendance and Completion

Interns are expected to be on-site for the full duration of the Internship. Successful completion of the Internship requires consistent attendance and fulfillment of required hours. Interns must coordinate time off in advance with their supervisor and the Training Director to ensure compliance with program requirements.

## Workplace Resources

Interns will be provided with the following resources to support their work:

- Private office space
- Computer and phone with voicemail
- Facility email account and Internet access
- Basic office supplies
- Access to a copy machine, scanner, and fax
- Secure server for clinical documentation

- Access to a wide range of psychological testing materials

### **Additional Requirements and Guidelines for Hours and Use of Time**

The Internship is a 1-year, full-time (40 hours weekly/2000 hours total) training program. A minimum of 25% (500 hours) of the Intern's time will be spent in direct service delivery. Interns are expected to be on site for the entire year for successful completion of the Internship. Working from home during business hours is not allowed. Interns are expected to be at their rotation site Monday through Friday, 8:00 am to 4:30 pm, unless the rotation schedule dictates alternate hours (typically sometime between 7:30 am to 4:00 pm in Corrections-Based Operations [CBO]). No evening or weekend hours are required, although Interns will likely work additional hours on their own time to complete their work. It is anticipated that most, if not all, assessment report writing will be completed outside of the Intern's 40-hour-per-week work schedule. It should be noted that this time does not count toward the 2000 required hours, nor does it count towards make up hours. Additionally, Interns are considered New York State essential employees, meaning that they are required to work their normal schedules during inclement weather and other situations similar to other essential workers.

Requests for anticipated time off should be submitted in writing to all affected Supervisors 2 weeks in advance whenever possible to ensure approval from all affected sites. Interns are responsible for finding coverage for their responsibilities prior to taking their time off and for informing all affected staff and service recipients of their anticipated leave and coverage. Additionally, Interns are responsible for ensuring that their time off does not interfere with attaining 2,000 hours of required training and the required number of total direct service, supervision, and professional development hours for the Internship year. If their time off results in a deficit of training hours, Interns are required to make up the difference.

Professional Leave may be used for academic and training purposes (e.g., to attend post-doctorate interviews, to attend or present at a conference, to defend dissertation) that are directly related to their Internship or academic program responsibilities. Requests must be submitted in writing at least 3 weeks in advance of departure dates, must include supportive documentation (e.g., email from Director of Clinical Training regarding dissertation defense, conference registration) and are subject to review and approval by the Department of Human Resource Management. Mandatory CNYPC and OMH-sponsored trainings do not count against the three days of professional leave.

Unexpected absences due to sick leave or personal emergency require the Intern to notify a Supervisor as soon as possible and to confirm receipt of contact (e.g., to reach a person, to receive a phone or email message in response). Medical absences over 4 days require a medical note.

Interns in good standing may request to complete the Internship up to 1 week early and must submit a formal written request to the Training Director no later than **06/01/26** to do so. On the rare occasion that an intern may need to complete their training year more than 1 week early, the Intern must provide a formal written request by **06/01/26**, and documentation to support it, along with a proposed plan for completing their required 2000 hours, to the Training Director. The Training Committee approves or denies such requests. If the request is approved, the Intern is required to utilize their accrued vacation, holiday, and/or personal leave to account for the days they will not be present above and beyond the 2000 hours. Sick leave accruals cannot be utilized. Requests outside the proscribed timeframe will be considered on a case-by-case basis.

### **Specific Resources Available to Interns**

Overall administrative support is provided to the Internship by staff in the administrative wing of the Forensic Inpatient Hospital. Additionally, each CBO unit has support staff on site. The CNYPC Health Information Management (HIM) Department is located in the Inpatient Hospital and is available to help with any issues related to record acquisition or contact with the courts. The Program Evaluation Department is available for any demographic/research information related to service recipients or CNYPC operations and programs. Furthermore, the Education and Training Department organizes new employee/Intern orientation and ongoing training opportunities for all staff. CNYPC utilizes numerous computerized medical records and information databases and relies heavily on electronic communication in the completion of daily duties with respect to patient evaluation, treatment, and management. Interns are trained in these programs and are expected to use them effectively and efficiently in the completion of their Internship duties. The Information Center is available for technical support. In the Psychology Department and on all units, telephones, fax machines, photocopiers, scanners, and other basic office supplies are available. Interns have ample office space with individual computers, printers, phones, and mailboxes and have access to individual voicemail and e-mail accounts. Interns may share office space with fellow Interns or other staff. In the Inpatient Hospital, Interns also have access to the Internet. Interns have their own OMH and DOCCS identification badges and personal alarms and their own keys/key cards for the Inpatient Hospital.

Interns have access to a variety of psychological assessment materials related to evaluation of personality, psychopathology, cognition and neuropsychology, malingering, adaptive functioning, suicide and violence risk, and competence (current library holds approximately 60 assessments). Numerous computerized scoring systems are also available. The Department maintains a supply of frequently used and relevant books and publications which Interns may access, including paper and electronic versions of the DSM-5-TR. Additionally, Interns may acquire access to the NYS Library system.

Since the Internship functions within a secure facility, the use of audiovisual aids as a means of recording the patients is prohibited.

### **Questions**

Any questions regarding salary, benefits, or leave should be directed to the Internship Training Director and/or the facility's Department of Human Resource Management.

### **Intern Competencies and Evaluation**

Following facility orientation, each Intern meets with the Training Director and the Training Committee to discuss the expectations of Faculty and Interns for the year, including the nine profession-wide competencies upon which Interns are evaluated. The competencies and their specific training elements reflect those proposed by the Health Service Psychology Education Collaborative (2013) and the Standards of Accreditation for Health Service Psychology (CoA, 2022), with some elaboration as needed to incorporate forensic-specific skills consistent with the Specialty Guidelines for Forensic Psychology (APA, 2013). These competencies are listed below:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity

4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interpersonal/Interdisciplinary Skills

During this initial discussion, the Intern and Faculty also utilize the Intern Self-Assessment and Individual Training Goals Worksheet (Appendix F) to discuss relative strengths and growth areas and specific Internship goals in preparing for first quarter (and future) rotations and tasks. Faculty integrate requested experiences into learning activities as possible and appropriate. Interns have the opportunity for self-evaluation and evaluative feedback from their Supervisors on a regular basis and during their regularly scheduled formal evaluations. Formal evaluations occur on a quarterly basis via use of the Intern Competency Evaluation Form (Appendix G), which is reviewed with Interns during individual meetings with the Training Director and their current Supervisors. The training elements for each of the core competencies are rated according to a standard key. Interns are expected to demonstrate graduated improvement in the competencies over time, and upon completion of the Internship, to demonstrate the level of competence expected of an entry-level doctoral psychology professional. Interns will also complete the Intern Self-Assessment and Individual Training Goals Worksheet quarterly to develop an ability for self-assessment of competency. The evaluation process is collaborative and involves open discussion and feedback on the competencies as well as any recommended changes to the Intern's training program.

At the end of the quarterly review meeting, the Intern and the Training Director sign the form. The original document is maintained by the Training Director. A copy of the signed document is also provided to the Training Committee, the Intern, and the Intern's doctoral program Director of Clinical Training. Internship Faculty are readily available to discuss the evaluations and an Intern's progress or difficulties with the Intern's graduate program/Director of Clinical Training throughout the Internship year. This contact also occurs by design when the Due Process and Grievance Procedure Policy is enacted.

If concerns arise related to an Intern's performance or behavior, the matter will first be addressed in regular supervision (except for egregious behavior). If issues persist, a graduated approach to resolution and remediation is undertaken, outlined in detail in the Due Process and Grievance Procedure Policy.

The final point of evaluation occurs at the end of the Internship year. At that time, the Faculty considers the performance of each Intern and makes a formal decision regarding whether to grant a certificate of completion. By employing extensive mechanisms of ongoing evaluation throughout the year, however, this final decision is not expected to involve new information but rather to be the predictable conclusion of an ongoing and collaborative process of information gathering, evaluation, and feedback. Upon successful completion of the Internship, Interns receive a formal signed certificate, and their Directors of Clinical Training are notified of their completion.

Further details about the evaluation of profession-wide competencies and the minimum levels of achievement (MLAs) per quarter are located in the Intern Evaluation, Retention, and Termination Policy (Appendix H).

## **Evaluation of Internship Program**

In addition to evaluating Interns' progress, the training program is involved in continuous self-evaluation. Interns are regularly asked for formal and informal feedback on all aspects of their training experience throughout the Internship year during regular supervision and their quarterly competency reviews. Interns also complete the Internship Rating Form (Appendix I) and Supervisor Rating Form (Appendix J) quarterly and the Didactic Rating Form (Appendix B) at the end of each didactic or training presentation. This information is used to revise and improve the training program during the year and annually. Monthly and as-needed, Training Committee meetings ensure the consistency and timeliness of this communication and evaluation.

## **Responsibilities of the Faculty and Training Program**

As a Doctoral Internship in Health Service Psychology, CNYPC Faculty members have the responsibility to serve as professional role models and mentors for Interns and as professional gatekeepers for the field and the community. The Faculty takes these roles very seriously and is not only responsible for fostering the overall professional development of Interns but also for the quality of care that is provided to service recipients.

In accordance with the professional responsibilities assigned to Interns, Faculty provides Interns with routine and ongoing supervision that is consistent with their professional developmental needs. This supervision includes, but is not limited to, direct and indirect service recipient care, interdisciplinary consultation, individual and group psychotherapy and documentation, psychological evaluations, and the supervision of others.

Additionally, within reason, Faculty provide Interns with the opportunity to explore new and/or different theoretical modalities and evidence-based treatments and provide firsthand forensic psychological experiences (e.g., forensic evaluations, mock testimony, observation of courtroom proceedings). Faculty foster increasing levels of clinical responsibility and autonomy across the Internship year.

The Training Director, in consultation with the Internship Faculty, is responsible for the oversight and administration of the Internship program. All Internship records are permanently stored in a secure electronic database accessible only by the active Training Committee. Any documents maintained as paper files are stored in a locked filing cabinet accessible only to the Training Director and their designees. Supervisors maintain their own supervision notes and copies of supervised/edited documentation (e.g., testing report drafts). The Training Director also maintains all email correspondence with APPIC, APA, and doctoral programs with respect to specific Interns. All completed clinical documentation (e.g., testing reports, court reports) is maintained in the patient electronic record and/or on a Psychology Department secure computer drive. Further information is available in the Communication and Records Maintenance Policy located in Appendix K.

## **Intern Rights and Responsibilities**

Interns are temporary employees of the Office of Mental Health (OMH) and, as such, are not entitled to union representation or some of the other rights afforded to CNYPC employees. However, excepting title-specific policies and practices of the Department of Human Resource Management and NYS Civil Service, all CNYPC policies and procedures apply to Interns. The

Faculty pledge to support the rights of Interns. During their training year with CNYPC, Interns are allotted the right to a professional learning environment that is free from: all forms of abuse (i.e., verbal, physical, emotional); physical, emotional, and sexual harassment; discrimination; bias; malice; inappropriate or exploitative tasks; and inappropriate and/or inadequate supervision.

During their training year with CNYPC, Interns have the right to a clear understanding of the professional training process, as well as the standards that are utilized to measure their professional performance. Interns also have the right to receive routine and timely feedback from their Supervisors regarding their performance. Furthermore, Interns have the right to have Supervisors that respect and adhere to the NYS rules and regulations that govern the practice of professional psychology, Ethical Principles of Psychologists and Code of Conduct (CoA, 2022), and the Specialty Guidelines for Forensic Psychology (APA, 2013).

Interns at CNYPC are protected by the Americans with Disabilities Act (ADA) in accordance with the NYS OMH Policy Statement on Reasonable Accommodation. CNYPC is committed to providing reasonable accommodations and being mindful of Interns' learning needs and disabilities in facilitating their professional growth and development during the Internship.

Interns are encouraged to express any thoughts, questions, ideas, and/or concerns they may have regarding their Internship experience. While the CNYPC Internship is designed to be professionally challenging, it is also designed to be supportive of Interns' needs. If Interns have concerns that any of their rights identified within this document and/or documentation provided by the CNYPC Department of Human Resource Management have been violated, it is a right and an expectation that they will bring the issue to the attention of their Supervisor and/or the Training Director in a timely manner. Furthermore, all Interns shall promptly report any observed or reasonably suspected policy violations, illegal activity, or other serious misconduct to a Supervisor and/or the Training Director.

If conflict arises between the Training Director and an Intern, or if the Training Director is otherwise unavailable (e.g., due to an unanticipated absence), another Faculty member or the CNYPC Director of Forensic Inpatient Operations (whichever is available/more appropriate) will serve in the role of the Training Director to resolve the issue or for the duration of the Training Director's absence.

While not anticipated, it is recognized that conflict among Interns, Supervisor(s), interdisciplinary CNYPC staff members, and/or staff members at the various Internship settings may occur. Likewise, it is understood that at times Interns may not be deemed as meeting the expectations of the Internship as designed. If such issues occur, Interns are afforded the rights and responsibilities in the Grievance and Due Process Procedure Policy outlined in the Training Manual. Faculty members are also available to assist with any problems or issues that may arise during the Internship.

## **Due Process and Grievance Procedure Policy**

As part of their initial orientation, Interns receive a copy of the program's requirements, performance expectations, and policies, including the Due Process and Grievance Procedure Policy. This policy serves as a guide to ensure that Interns receive the necessary support and assistance to address any concerns that may arise during their training. The outlined steps are designed to ensure that decisions regarding Intern performance are objective, fair, and nondiscriminatory.

The Due Process and Grievance Procedure Policy should not be interpreted to enhance or curtail an Intern's rights, or lack thereof, under the relevant provisions of the New York State Civil Service Law (hereinafter referred to as the "CSL") or applicable Collective Bargaining Agreement (hereinafter referred to as the "CBA"). A determination under the Due Process and Grievance Procedure Policy is solely focused on an individual's standing in the Internship program and is not related to determinations made with regard to an individual's employment status under the relevant CSL or CBA provisions. Moreover, a facility or program will take the necessary steps to remove an Intern, including administrative leave and/or termination, where the facility or program deems that the Intern creates safety risks to patients and/or staff.

### **Due Process and Grievance Procedure Guidelines**

The Internship training program adheres to due process guidelines to promote fairness and equity in decisions regarding Intern performance and eligibility for credit. Determinations under this policy will not impact determinations made by OMH, or its designee, regarding the employment status of an Intern. To the extent that those determinations may conflict, the determination by OMH regarding the Intern's employment status will not be impacted by determinations under this policy.

### **Rights and Responsibilities of Interns**

#### **Interns have the right to:**

- Be treated with respect, professionalism, and adherence to ethical standards.
- Receive clear instructions regarding the program's profession-wide competencies, as reviewed during the orientation and supervision process.
- Have reasonable opportunities to address and remediate identified behavioral or competency concerns within the parameters of this policy.
- Participate in due process procedures, ensuring their viewpoint is considered at every step and they are provided opportunities to resolve any concerns.

#### **Interns have the responsibility to:**

- Engage with patients, visitors, fellow Interns, Faculty, and staff in a manner that is respectful, professional, and ethical.
- Adhere to the APA Ethical Principles of Psychologists and Code of and Specialty Guidelines for Forensic Psychology, as well as all federal and state laws, rules, policies, and regulations and OMH rules, policies, and procedures governing the training program, seeking clarification from the Training Director when needed.
- Address competence and behavioral concerns promptly once brought to their attention.
- Demonstrate a minimum level of achievement in profession-wide competencies as outlined in the Intern Evaluation, Retention, and Termination Policy.
- Be open and receptive to feedback and input from Supervisors, maintaining a professional attitude toward growth and development.

### **Rights and Responsibilities of the Internship Program**

#### **The Internship program has the right to:**

- Implement due process procedures as outlined in the program's policies.
- Make decisions related to remediation, including dismissal from the program, in accordance with this policy.

- Communicate with the Intern's doctoral program, APPIC, and/or previous Supervisors, as specified in the signed Match agreement.

**The Internship program has the responsibility to:**

- Engage with Interns respectfully, professionally, and ethically.
- Make every reasonable effort to support Interns in remediating behavioral or competency concerns.
- Provide the necessary resources, feedback, and guidance to help Interns successfully complete the training program.

This policy ensures that both Interns and the training program uphold their respective rights and responsibilities while fostering a supportive and ethical learning environment.

**Evaluation of Profession-Wide Competencies and Problematic Behaviors**

Interns are evaluated on their achievement of profession-wide competencies, which include areas such as Ethical and Legal Standards and Professional Values, Attitudes, and Behaviors. While these competencies encompass potential problematic behaviors, the following is a non-exhaustive list of examples that may indicate issues requiring attention:

**Unprofessional Behavior**

- An Intern demonstrates an inability or unwillingness to behave in a professional manner.
- These attitudes or characteristics compromise the quality of clinical services, fail to meet the minimal acceptable standards of the Internship program, and interfere with professional functioning.

**Insufficient Skill Development**

- An Intern is unable to acquire the necessary skills to achieve an acceptable level of competency (e.g., failing to meet the minimum level of achievement required at the quarterly competency evaluation).
- This deficit impacts the quality of clinical services and does not meet the minimal standards required by the program.

**Difficulty Managing Personal Stress or Psychological Functioning**

- An Intern is unable to manage personal stress, excessive emotional reactivity, or psychological dysfunction. These challenges negatively affect the quality of clinical services and the Intern's ability to meet the program's minimal standards, ultimately interfering with professional functioning.

**Attendance Issues**

- Repeated tardiness or unauthorized absences from required activities.

**Informal Review**

Intern performance is continuously evaluated and discussed by Supervisors and the Training Director, who hold regular meetings to review progress. Interns receive ongoing informal verbal feedback during supervision sessions and meetings with their respective Training Director and Supervisors. This feedback includes both recognition of positive performance and identification of any performance concerns. Most issues that arise are effectively addressed and resolved through this informal process, with no need for further intervention or formal remediation.

## **Remediation of Intern Performance**

If problematic behavior persists following informal attempts to resolve the issue or if an Intern fails to meet the minimum level of achievement required at the quarterly competency evaluation, the Intern will be notified in writing within 10 workdays that they will be placed on a remediation plan. This plan is designed to provide additional support to help the Intern successfully meet expected competency levels.

### **Process for Addressing Performance Concerns**

#### **Notification and Initial Meeting**

- The Supervisor, in collaboration with the Training Director, will convene a meeting with the Intern and the Training Committee.
- The purpose of the meeting is to discuss the identified concerns and determine appropriate actions to address the issue.

#### **Development of a Written Plan**

- Following the meeting, the Intern will receive a written document within 10 workdays outlining:
  - Specific Concerns: Clear identification of the performance issues.
  - Program Expectations: The program's expectations for the Intern's performance.
  - Remediation Methods and Support: Resources and strategies to assist the Intern in resolving the issues.
  - Performance Indicators: Measurable, attainable, and reasonable outcomes expected within a specified timeframe, as determined by the Training Committee.
- Input may be sought from the Intern's Director of Clinical Training and APPIC.

#### **Intern Rights<sup>1</sup>**

- The Intern has the right to request a meeting with the Training Director

### **Possible Outcomes of Remediation**

#### **Resolution of Concerns**

If the concerns are resolved by the reassessment date (next evaluation period or specific determined date), the Intern's remediation plan may be extended to ensure sustained progress, or the Intern may be removed from remediation. Continued progress will be evaluated throughout the Internship year by Supervisors and the Training Director.

#### **Unresolved Concerns**

If problematic behaviors or competency deficits are not adequately resolved, the Training Committee may recommend one of the following actions:

- Voluntary Withdrawal: The Intern may choose to voluntarily withdraw from the program.
- Dismissal: The committee may recommend dismissal from the program.

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<sup>1</sup> As described above, this section is limited to an Intern's rights within the Internship program. This is in no way related to the Intern's right under the relevant CSL and CBA provisions. OMH will take any and all action necessary and appropriate under the relevant CSL and CBA without regard to this policy when OMH determines there is misconduct that impacts the safety of patients and staff.

- Denial of Internship Completion Certificate: If the decision is made to deny the Intern a certificate of successful Internship completion, the Intern will:
  - Be notified in writing with a rationale for the decision.
  - Have their doctoral program's Director of Clinical Training notified in writing.
- Suggested recommendations for further remediation or corrective educational experiences beyond the Internship year will be the responsibility of the Intern and their doctoral program.

### **Dismissal**

Dismissal from the program would occur only under rare and serious circumstances. If an Intern's problem is not resolved or sufficiently addressed through the remediation process, or if the issue involves gross misconduct or ethical violations that could cause harm, termination may be deemed necessary.

Dismissal is defined as the discontinuation of the Intern's participation in any aspect of the training program. The decision to dismiss an Intern will be made collectively by the Training Director, the Training Committee, and a representative from the Department of Human Resource Management. The Intern will be given 5 workdays' (or 1 week's) notice of the dismissal. This will not impact a decision to terminate an Intern's employment status or impact their rights, or lack thereof, under the relevant CSL and CBA provisions.

If dismissal is warranted, the following parties will be notified in writing:

- The Intern
- The Intern's doctoral program Director of Clinical Training
- The Association of Psychology Postdoctoral and Internship Centers (APPIC)
- The American Psychological Association (APA) may also be consulted or notified, as appropriate

### **Right to Review**

In the event of dismissal, the Intern may request a meeting with the facility's Executive Director for review of all relevant document and to discuss the decision that led to the dismissal.<sup>2</sup>

### **Grievance Procedures**

Grievance Procedures are implemented in situations in which a psychology Intern may have a concern or complaint about a Supervisor, Faculty member, trainee or any portion of the Internship training program. During their initial orientation, Interns will receive a written description of the procedures they may use to file grievances.

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<sup>2</sup> The review will be limited to the individual's status within the Internship program and will have no impact on any employment determinations made by OMH under the relevant CSL and CBA.

### **Informal Review**

Interns will be encouraged to discuss any concerns with the individual(s) that is(are) involved. However, if after an informal discussion the issue is not resolved, or the Intern does not believe that the issue was resolved satisfactorily, the following steps are to be taken.

### **Formal Review**

If the matter cannot be resolved using informal means, the Intern may submit a formal grievance, in writing to the Training Director. If the Training Director is the subject of the grievance, the issue should be submitted to the Executive Director or designee. The individual being grieved will be asked to submit a written response to the grievance. The Training Director (or the Executive Director or designee, if appropriate) will meet with the Intern and the individual being grieved within 10 business days. Upon review of the complaint, the Training Director may determine that the Intern and individual being grieved will require separate meetings; these meetings must occur within 10 business days.

In the event that the grievance is related to the training program (and not any particular individual), the Training Director and Executive Director or designee will meet with the Intern together. The goal of this meeting is to develop and implement a plan of action to resolve or ameliorate the matter. The plan should specifically identify the problem, steps to resolve the problem, and ways to identify that the problem has been solved. If the situation involves a direct Supervisor or modifying Interns' responsibilities. If the situation involves other Interns or employees in the facility, modifications to assignments or other appropriate actions may be implemented. Neither training goals nor patient care will be compromised. The plan of action will include:

- The Training Director will document the process and outcome of the meeting.
- The Intern and individual being grieved (if applicable) will report back, in writing to the Training Director, within 10 business days to ascertain if the issue has been adequately ameliorated or resolved.
- In the event that the matter is not resolved, the Training Director will convene a review panel within 10 business days. This review panel will consist of the Training Director and two other members of the training Faculty. The Intern may request a specific member of the training Faculty 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 the Department of Human Resource Management responsible for the Intern's program area.

If the Intern's grievance is inappropriate for the Training Committee to resolve within the Internship or is related to unprofessional or unethical behavior by a Supervisor or Faculty member, the matter will be referred to the Director of the Department of Human Resource Management responsible for the Intern's program area. The Training Director will report the incident to NYS OMH and the local facility Department of Human Resource Management and the complaint will be investigated. If founded, the Training Director and Director of the Department of Human Resource Management will inform the Facility's Executive Director and confer about the next course of action. The Supervisor may require counseling and/or disciplinary procedures in accordance with the guidelines of the hospital.

Psychology Interns can also be members of the Professional Employees Federation (PEF), the Union for NYS OMH facilities. Interns will be given a PEF guidelines facility handbook when beginning employment.

### **Additional Information**

If the Intern has concerns with respect to their rights and responsibilities, the CNYPC Due Process and Grievance Procedure Policy, or other aspects of the Internship, they may refer to the [APPIC Standards and Review Committee](#) (ASARC) for further information and guidance.

### **Internship Faculty**

The Internship Faculty consists of members of the CNYPC clinical staff and the Training Director. Additionally, adjunct Faculty represent varied clinical disciplines and are employed within and outside of the agency. All psychology staff possess doctoral degrees in psychology and provide direct psychological services. The Training Committee consists of the Training Director and Faculty involved in the direct supervision of the Interns during that Internship year.

### **Meet the Faculty**

**Alexandra M. Assalley, PsyD (she/her/hers)**, is clinical psychologist who is licensed to practice in both New York and Virginia. She is currently serving as a Licensed Psychologist for CNYPC and the Training Director for the Internship. Dr. Assalley graduated from the Chicago School of Professional Psychology in Los Angeles, CA, with her doctoral degree in Clinical Forensic Psychology. She completed her doctoral internship at the Institute on Violence, Abuse, and Trauma, and the Family Violence and Sexual Assault Institute in San Diego, CA. At CNYPC, Dr. Assalley provides clinical supervision to CNYPC doctoral interns and conducts adjudicative competence, violence risk, and diagnostic psychological evaluations. In addition to her role within the psychology department, Dr. Assalley previously served as a CNYPC Treatment Team Leader. Aside from her work at CNYPC, Dr. Assalley has served as a Behavioral Health Specialist Subject Matter Expert (SME) within the United States federal government. Her professional interests include individual psychotherapy, adjudicative competence, violence risk assessment, threat assessment, insider risk assessment, and operational psychology. Her theoretical orientation is integrative.

**Nichole L. Marioni, PhD, ABPP (she/her/hers)**, is a NYS Chief Psychologist and has been the Director of Psychology for CNYPC Forensic Inpatient Services since 2007. She is one of the founders of the Internship and served as the Training Director for 6 years. Prior to these roles, Dr. Marioni worked at CNYPC a Licensed Psychologist and Unit Coordinator for several treatment units. She is an active participant in numerous agency committees and workgroups, is Co-Chair of the Hospital Forensic Committee, is a member of the Staff Support Team (SST), and has served multiple tenures as Acting Director of Inpatient Operations. Dr. Marioni has a PhD in Clinical Psychology from Ohio University; she completed her doctoral Internship in the Forensic Specialty Track at NYU Medical School/Bellevue Hospital Center with a rotation at Kirby Forensic Psychiatric Center. She completed a postdoctoral fellowship at the University of Massachusetts Medical School Law and Psychiatry Program. Dr. Marioni became a Designated Forensic Psychologist (DFP) for Massachusetts and worked at Bridgewater State Hospital, a secure forensic psychiatric hospital for individuals involved with the criminal justice system. Dr. Marioni is board certified in Forensic Psychology by the American Board of Professional Psychology

(ABPP). Her primary clinical and research interests include adjudicative competence, criminal responsibility, malingering, suicide and violence risk, and severe psychopathology. Her theoretical orientation is integrative. In addition to her CNYPC roles, Dr. Marioni often serves as an adjunct instructor at several local colleges and maintains a private practice in clinical and forensic assessment and consultation.

**Samantha J. Helmeczi, PsyD (she/her/hers)**, is a NYS Licensed Psychologist who received a PsyD in Clinical Psychology from Medaille University in Buffalo, New York. She completed the Doctoral Internship in Health Service Psychology at CNYPC in 2020 and then returned to Canada where she obtained her license as a clinical and correctional/forensic psychologist with the College of Psychologists of Ontario. During her supervised year of training in Ontario, Dr. Helmeczi worked in private practice where she primarily provided individual psychotherapy and completed psychological reports for insurance agencies. Dr. Helmeczi also provided mental health treatment to first responders and military personnel presenting with substance use, mood, and trauma-related symptoms. In addition to her work in private practice, she worked for the Parole Board of Canada (PBC) where she provided mental health services to adults on parole and completed risk assessments for the PBC. Currently at CNYPC, Dr. Helmeczi completes psychodiagnostic and competency to stand trial evaluations. She also provides supervision and consultation services. Dr. Helmeczi's clinical interests include forensic/psychological assessment, adjudicative competence, delusional disorder, and police psychology. Dr. Helmeczi primarily enjoys conceptualizing patients through an attachment theory and cognitive-behavioral lens.

**Melissa M. Hing, PsyD (she/her/hers)**, is a NYS Licensed Psychologist who received a PsyD in Clinical Psychology in 2023 from Medaille University. She completed her doctoral internship at CNYPC in 2021 and returned to CNYPC in December 2022. Upon her return to CNYPC, Dr. Hing provided adjudicative competency restoration services via individual and group therapy for individuals with serious and persistent mental illness. She currently conducts psychodiagnostic testing and court-ordered competency to stand trial evaluations under the supervision of a licensed psychologist. Dr. Hing has worked in various clinical settings, including private practice, community mental health, a college counseling center, and with the NYS Office for People with Developmental Disabilities (OPWDD). Her training thus far has exposed her to a variety of psychological assessments (e.g., cognitive, standard achievement, and forensic), clinical tasks (e.g., conducting individual and group therapy and writing integrative reports), and clientele. Dr. Hing's theoretical orientation is integrative.

**Bridget S. Fink, PsyD, (she/her/hers)**, is a NYS Licensed Psychologist. She received a PsyD in Clinical Psychology with a concentration in Forensic Psychology from William James College (MA) in 2019. She completed her doctoral Internship at Hutchings Psychiatric Center in Syracuse, NY, where she worked with individuals with serious and persistent mental illness in both inpatient and outpatient settings, and with individuals convicted of sexual offenses in a correctional facility. Though Dr. Fink originally commenced work with CNYPC in 2019, she is recently returning after spending approximately 3 years working as a Registered Clinical Psychologist in New Zealand's Department of Corrections. Her work has included conducting risk assessments and providing recommendations to the New Zealand Parole Board, psychodiagnostic evaluations, evaluations of competency to stand trial, and providing individual and group treatment intervention to individuals with serious mental illness and/or high criminogenic needs. Her clinical interests include forensic and violence risk assessment, serious mental illness, and effective interventions to promote desistance from violence. Her theoretical orientation is integrated, with an emphasis on Cognitive Behavioral and Attachment Theories.

**Rachel E. Green, PsyD (she/her/hers)**, is a NYS Licensed Psychologist who received her PsyD from Fuller Graduate School of Psychology in Pasadena, California. Her pre-doctoral training focused on providing evaluations and treatment for underserved populations, including patients experiencing serious and persistent mental illness, personality disorders, and substance abuse. She completed her doctoral internship at Hutchings Psychiatric Center's sex offense-specific rotations at Marcy CF and CNYPC. During this time, she provided sex offense-specific group treatment and individual therapy for people struggling in group programming. Additionally, she provided risk assessments, psychodiagnostic evaluations, and cognitive evaluations. Upon the completion of her Internship, she began working for the NYS Office For People with Developmental Disabilities (OPWDD), where she provided risk assessments and treatment for individuals living in state-operated group homes who had a history of dangerous or criminal sexual behavior. While at OPWDD, she supervised other psychologists and co-chaired the Local Forensic Advisory Committee and the Human Rights Committee. Her clinical interests are focused on forensic assessments, treatment motivation and collaboration in mandated treatment settings, sex offense-specific treatment, and personality disorders. She conceptualizes her clients through a psychoanalytic lens while using Cognitive Behavioral Therapy and Acceptance and Commitment Therapy interventions as appropriate.

**Lynn McDonald-Ferone, PsyD (she/her/hers)**, is a NYS Principal Psychologist with CNYPC. She graduated from Pace University with a doctorate in School/Clinical Child Psychology in 2007. She completed her Internship with Westchester Jewish Community Services, a network of outpatient clinics and residential treatment facilities with specialty programs in school-based treatment, trauma, neurocognitive and court assessment, and residential care for geriatric and developmentally disabled populations. Her dissertation research focused on adolescent attitudes toward homosexuality. Dr. McDonald-Ferone has worked in the Women's Services division of CBO for nearing two decades. She currently oversees a mental health clinic in a medium secure setting. Her work also includes supervising psychologists around the state working with predominantly male populations. In the prison setting, she has cared for a culturally and socioeconomically diverse population with mental health, safety, and self-harm prevention as primary goals. Surviving trauma and finding purpose in difficult circumstances are significant themes in her work with patients. Over the years, she has completed neurocognitive assessments with children and adults in school, hospital, and prison settings. Currently, Dr. McDonald-Ferone serves as a consultant to the RCTPs around the state offering clinical support to teams as they develop enhanced monitoring plans for seriously mentally ill patients who have engaged in self-harm behaviors. In addition to her work in prison, Dr. McDonald-Ferone has practiced in the community, providing psychotherapy to children and their families. Her theoretical orientation is integrative.

**Steve Gross, PsyD (he/him/his)**, is a NYS Licensed Psychologist. He attended the University of Pennsylvania where he majored in psychology. Following college, he moved to New York City to pursue a career in the performing arts. After about 20 years in this field, Dr. Gross returned to graduate school to pursue his PsyD. He attended Antioch New England Graduate School, a program focused on social justice and diversity. Aspects of Dr. Gross's dissertation, which concerned how psychologists are trained during graduate school externships/practica, were published in *Professional Psychology: Research and Practice* and *Administration and Policy in Mental Health*. Following Antioch, Dr. Gross completed his doctoral internship at Yale University's School of Medicine, where he worked with a multidisciplinary team serving patients with anxiety and personality disorders. He completed his postdoctoral fellowship at Yale University's counseling center. Dr. Gross subsequently returned to New York City and started an independent practice. Dr. Gross joined CNYPC in 2009 and worked for six years at Bedford Hills Correctional Facility. Dr. Gross developed and delivered trainings on various mental health topics to DOCCS

staff around New York State, eventually visiting and training in more than 30 prisons. Dr. Gross was promoted to the role of CBO Chief Psychologist where he worked with the approximately 70 psychologists in CBO. He also oversaw the psychological autopsy process, chaired the Suicide Prevention Work Group, and assigned and reviewed assessments conducted for inmate-patients throughout the State. Dr. Gross's current role is to provide clinical consultation to RCTP treatment teams in 13 prisons. As an educator, he has taught workshops and courses at Antioch University, Cornell University, New York University, and Yale University. Dr. Gross has served as a reviewer for NYS's Civil Service examination for psychology. Dr. Gross is certified in Motivational Interviewing and Cognitive Processing Therapy.

**Margaret A. Olave, PhD (she/her/hers)**, is a Licensed Psychologist in New York and New Jersey. She graduated from the Alliant International University in Fresno, CA, with her doctoral degree in Forensic Psychology. She completed her doctoral Internship at Westborough State Hospital in Westborough, MA. She is a Principal Psychologist working within CBO. Her primary duties include providing program support to CBO's special programs including the Serious Mentally Ill and Violence Initiative (SMI-V) and the Residential Mental Health Treatment Units (RMHTU). She also conducts psychological evaluations for diagnostic clarification and treatment recommendations, violence risk assessments, and psychological autopsies. She currently is the psychology liaison to the CNYPC Gender Services Program at Sing Sing Correctional Facility. In addition, Dr. Olave completes National Instant Criminal Background Check System (NICS) violence risk assessments for OMH's Division of Forensic Services for individuals seeking a certificate of relief. She also provides supervision to extern students and staff seeking licensure in psychology and/or social work.

**Chrissy Roth, PsyD (she/her/hers)**, is a licensed psychologist in New York State since 2007. She graduated with masters and doctoral degrees in Clinical Psychology from the Forest Institute of Professional Psychology in Springfield, Missouri. She then completed her APA accredited internship at the Ulster County Mental Health Department in Kingston, NY. She has worked for CNYPC since 2005, first working as a clinician on a Behavioral Health Unit, then conducting sexual offender risk assessments from 2007 – 2016. Since 2016, she has been conducting various types of assessments including violence risk assessments, diagnostic assessments using a variety of psychological test measures, and psychological autopsies for corrections-based units. She also conducts risk assessments related to the National Instant Criminal Background Check System (NICS) for OMH's Division of Forensic Services for individuals seeking a certificate of relief from disabilities. Her other roles within CNYPC have included a team lead for a Dialectical Behavior Therapy Intensive Training and member of the Clinical Records Access Review Committee. She has conducted clinical supervision of psychology externs, psychology interns, post-doctoral psychologists, and social workers. Her professional interests include violence risk assessment, psychopathy assessment, and general diagnostic assessment. Within the correctional setting, her theoretical orientation is Cognitive Behavioral, but her personal interests lie in Existentialism.

**Leigh Ross, PsyD (she/her/hers)**, is a NYS Licensed Psychologist, with a degree in Forensic Psychology from the California School of Professional Psychology. She currently serves as the Chief Psychologist for CBO at CNYPC. As such, she provides administrative and clinical supervision for approximately 50 psychologists across NYS and frequently consults with CBO units on challenging clinical cases. Dr. Ross has extensive experience in forensic psychology, as well as the implementation and oversight of evidence-based practices in a forensic setting. Her background in forensic psychology includes working with at-risk youth, incarcerated men and women, sexual offenders, and forensic psychiatric patients. She has been integral in the development and implementation of many enhanced clinical programs for the incarcerated mental

health population, including programs for patients with a history of violence and the diagnosis of a serious mental illness, those with a diagnosis of gender dysphoria, adolescent offenders, and a parole diversion program. She is trained in: trauma responsive treatment, cognitive behavioral interventions, solution-focused therapy, acceptance and commitment therapy, motivational interviewing, and the assessment and treatment of individuals with histories of violence. Further, Dr. Ross is essential to ensuring that patients are placed within appropriate treatment settings within the prison setting to ensure their mental health needs are addressed. Her role involves close collaboration with CNYPC and DOCCS staff and leadership across the state. As Chief Psychologist, Dr. Ross oversees the psychological autopsy process for the agency and is actively involved in the Morbidity and Mortality Committee. Dr. Ross also has a master's degree in organizational behavior, which offers an opportunity to assume a systems approach for justice-involved individuals as well as a clinical orientation. Additionally, Dr. Ross is frequently asked to develop and implement training across CNYPC settings. Dr. Ross draws upon Psychodynamic and Cognitive Behavioral Theories in her work.

**James L. Knoll, IV, MD (he/him/his)**, is the Clinical Director of CNYPC and the Director of Forensic Psychiatry and Professor of Psychiatry at the State University of New York (SUNY) Upstate Medical University in Syracuse, NY. He has been the training director for the SUNY Upstate Forensic Psychiatry Fellowship training program since 2006, which includes rotations at CNYPC and collaboration between the fellowship and the CNYPC Doctoral Internship in Health Service Psychology. Dr. Knoll is board certified in both adult and forensic psychiatry. He has worked as a forensic evaluator for state and federal courts, corrections, and the private sector. He has served as both President and Vice President of the American Academy of Psychiatry and the Law (AAPL) and is teaching Faculty in the annual AAPL forensic psychiatry board review course. He is the Emeritus Editor-in-Chief of *Psychiatric Times* ([www.psychiatrictimes.com](http://www.psychiatrictimes.com)), Contributing Editor for *Correctional Mental Health Report*, and has over 200 publications in journals and book chapters. His main areas of research interest include suicide, violence prevention, threat assessment, and the integration of Western psychology and Buddhism.

### Adjunct Faculty

**Kristen Horan-Lindstrom PsyD (she/her/hers)**, is a New York State Principal Psychologist with Central New York Psychiatric Center (CNYPC). She graduated from Argosy University with a doctorate in Clinical Psychology. She completed her pre-doctoral internship at Rockland Psychiatric Center, where she worked with adults diagnosed with serious mental illness and/or deemed not guilty by reason of insanity. In the community, Dr. Horan has experience in private practice providing individual psychotherapy to adults. As of 2013, she began working for CNYPC, Corrections Based Operations. Within the correctional setting, Dr. Horan mainly provided services to women diagnosed with a serious mental illness and who were issued behavioral sanctions as well as conducted psychological autopsies and evaluations. Dr. Horan also worked with the New York Statewide Director of Psychology in 2020 developing a presentation on wellness during COVID-19 to share with multiple state agencies to assist individuals regarding wellness during the initial stages of the pandemic. For a brief period, Dr. Horan then served as the New York Statewide Director of Psychology. Dr. Horan has also assisted with staff trainings for the agency. She continues to conduct psychological autopsies and trains/supervises psychologists who author psychological autopsies. Dr. Horan also provides licensure supervision to psychologists and social workers employed within the state system. Additionally, she supervises the Women's Services at Bedford Hills and Albion Correctional Facilities, which consists of programming needs and assisted with the implementation and utilization of the Women's Risk Needs Assessment measure. Her professional interests include supervision, malingering, individual and group psychotherapy, and forensic evaluations. Dr. Horan's theoretical approach is integrative.

**Vincent LoRusso, MS (he/him/his)**, Mr. LoRusso is the Unit Chief at Marcy RMHU. He received his Bachelor's in Sociology with a clinical concentration from Ithaca College and his master's in psychology from the University of Phoenix. He has been employed at Marcy RMHU since 2015 as a Rehabilitation Counselor 2 and Psychologist and is the current Unit Chief. During his time at Marcy RMHU, Mr. LoRusso has conducted individual and group therapy and served as the RCTP Coordinator, where he oversaw the crisis intervention for those at highest risk of harm to themselves or others. Mr. LoRusso serves as the direct on-site Supervisor for Interns at Marcy RMHU and as the liaison between Marcy RMHU and the Internship. He has been a statewide trainer for OMH and DOCCS staff in the provision of mental health services. He has trained staff at correctional facilities across the state in the University of Connecticut's "Start Now" program. He is trained in Cognitive-Behavioral Interventions (CBI-CC) through the University of Cincinnati Corrections Institute (an intervention that broadly targets criminogenic needs), Solution-Focused Brief Therapy, Trauma-Informed Practice in Correctional and Forensic Settings, Motivational Interviewing, and the Assessment, Treatment, and Risk Management of Antisocial Personality Disorder and Psychopathy. Under the oversight of the Chief Psychologist for CBO, Mr. LoRusso has traveled to multiple correctional facilities to conduct psychological assessments.

Prior to 2015, Vincent spent 12 years as a Program Coordinator, Behavior Specialist and Clinical Director at Upstate Cerebral Palsy in Utica, NY where he provided behavioral intervention and program oversight to children with developmental disabilities and behavioral issues in a school based residential setting.

**Erin Mosher, LCSW-R (she/her/hers)**, is a NYS Licensed Clinical Social Worker with Psychotherapy Privilege. She is the Unit Chief of Mid-State Satellite Mental Health Unit at Mid-State CF. Ms. Mosher obtained her MSW from The State University of New York at Albany. She started her social work career working with children and families and transitioned into corrections at the local jail in 1999, where at the time of her departure she was managing the clinical unit at the facility. She worked with a crisis team providing off-hours crisis intervention with children working collaboratively with hospitals, treatment providers, and law enforcement to facilitate appropriate levels of care at the time of crises. She has worked as an Assisted Outpatient Treatment (AOT) investigator making treatment recommendations and planning and coordinating services for patients under service enhancement. She also has been employed with CNYPC since 2003 in various facilities and roles. She started with CNYPC at Auburn Correctional Facility Satellite Mental Health Unit as a social worker in the ICP. She has worked at Mid-State, Marcy, and Mohawk Correctional Facilities and Walsh Regional Medical Unit, and she was promoted to Unit Chief in 2013. In her current role, she oversees the daily administrative and clinical functions of a prison-based multidisciplinary mental health unit. Further, in this role, she facilitates mental health and suicide prevention trainings for DOCCS staff. Ms. Mosher also serves as the direct on-site Supervisor for Interns when at Mid-State Satellite Mental Health Unit and as the liaison between Mid-State and the Internship.

**James Barton, LCSW (he/him/his)**, is a NYS licensed clinical social worker. Mr. Barton obtained his master's degree in social work from Syracuse University in 2003. After graduating with his master's degree, Mr. Barton began working for the NYS Office of Persons with Developmental Disabilities (OPWDD), where he served as a Medicaid Service Coordinator. Mr. Barton joined CNYPC in 2004 as a primary therapist. Since then, Mr. Barton has served as a Treatment Team Leader for several different treatment wards, including the NYS DOCCS Admissions and Continuing Care wards. Currently, Mr. Barton serves as the Treatment Team Leader for a specialized unit that manages patients who are unable to safely integrate into a regular inpatient ward setting due to significant mental illness and/or extreme behavioral difficulties. Aside from his administrative role, Mr. Barton provides individual and group psychotherapy on an as needed

basis for Forensic Inpatient units at CNYPC. He is also in trained in Dialectical Behavioral Therapy (DBT).

### **Administrative Support**

**Monique Ralph (she/her/hers)** is an Office Assistant 2 and provides clerical, administrative, and technical support for the Inpatient Psychology Department, Internship, and Program Evaluation Department. Her office is located among those for Interns and inpatient Supervisors. She has an associate's degree in Secretarial Science from Utica School of Commerce and has over 15 years of experience in various administrative positions and companies, including employment as a human resources support representative. She has worked at CNYPC for 2 years and has become an invaluable member of both Departments and the Internship. With respect to the Internship, Monique collects and manages data related to the program's functioning, APA accreditation, and APPIC membership requirements. She oversees the organization, digital storage, and archival of data and documentation regarding case assignments and clinical records, Intern and Internship records, and applicant materials and interview scheduling. She creates and distributes forms essential for Internship data collection and management. Monique also maintains and orders supplies for the program, serves as the liaison between the Internship and other departments, and schedules rooms for trainings, meetings, and supervision. Lastly, her friendliness and positive demeanor set a positive tone for the unit.

### **The Community and Surrounding Area**

CNYPC is located in Marcy, New York, a small town in Oneida County within the greater Utica, NY area. The population of Utica is approximately 62,000 and the population of the Utica-Rome Metropolitan area is 300,000. It is located in the central part of NYS in the Mohawk Valley, approximately 50 miles east of Syracuse, NY. Available entertainment opportunities include: The Stanley Theatre, Herkimer Diamond Mines, Saranac Brewery, Erie Canal trails, Vernon Downs Casino, Turning Stone Casino Resort and Golf Courses, cinemas, cafes, brewpubs, and diverse cuisine options. Locals enjoy attending annual events such as the Boilermaker (15K) Road Race and numerous music and cultural festivals. The Mohawk Valley offers recreational opportunities during all four seasons of the year. Residents and tourists take advantage of the natural beauty of the mountains, lakes, and streams by participating in a variety of activities including swimming, fishing, boating, hunting, hiking, skiing, snowmobiling, and skating.

Syracuse, NY has a population of approximately 145,000 and is the fifth largest city in NYS. Syracuse is located along the historic Erie Canal in the central part of NYS in Onondaga County, which has a population of approximately 467,000. Syracuse serves as the cultural, educational, health care, and recreational center for the region. Notably, many CNYPC staff, including members of the Psychology Department, commute from Syracuse daily.

Both Utica and Syracuse are homes to large communities of refugees from numerous countries and regions, including Bosnia, Burma, Somalia, Yemen, Croatia, Serbia, and Southeast Asia, that serve to enrich the population diversity. Included in the wide array of Central New York cultural offerings is: Central New York Pride, The Q Center Mohawk Valley and Central New York (for lesbian, gay, bisexual, transgender, and questioning youth, their families, and allies), Transgender Alliance of Central New York, Syracuse Gay & Lesbian Chorus, Black Cuse Pride (focused on supporting the inner-city LGBTQ community), Syracuse Cultural Workers, Jewish Federation of Central New York, Jewish Community Center of Syracuse, InterFaithWorks, Islamic Society of Central New York, La Casita Cultural Center, and the National Organization for Women (NOW)

Central New York Chapter. Numerous cultural and ethnic festivals and events are also available, including: My Lucky Tummy (multinational pop-up restaurant predominantly by teams of refugees and students from around the world), Greek Festival, Jewish Music and Cultural Festival, Italian Festival, Polish Festival, Central New York Pride Week, and Irish Festival.

Syracuse has an abundance of other resources, including: the Syracuse Opera, Syracuse Stage, Broadway in Syracuse, the Everson Museum of Art, Redhouse Arts Center, the Syracuse International Film Festival, Shakespeare in the Park, and the Museum of Science and Technology (MOST), which houses New York's only IMAX-Dome theater. Syracuse also hosts numerous artists and concerts throughout the year, including Jazz Fest, the NYS Blues Fest, New York State Craft Brewers Festival, and the Syracuse Arts and Crafts Festival. Additionally, there are 44 state and private colleges and universities in the greater Syracuse area, including Syracuse University and Upstate Medical University. In recent years, there has been a resurgence and renewal of downtown Syracuse, particularly in the Armory Square area, which has many funky shops, unique (including vegan) eateries, and coffee shops. Syracuse is also home to the largest shopping mall in the state and the sixth largest in the country, Destiny USA, which hosts numerous upscale stores, restaurants, and entertainment options. The newly renovated Rosamond Gifford Zoo is also home to more than 700 animals on 43 acres. Syracuse is also the site of the annual NYS Fair every August.

Syracuse is home to 40 golf courses, and Syracuse and Utica are surrounded by hills and are a short drive to the Finger Lakes wine region. Lake Ontario is only 30 miles north of the city. In all there are over 50 state, county, and city parks and nature centers with waterfalls, hiking trails, and other recreational activities to explore. Numerous ski resorts, the 1000 Islands, St. Lawrence River region, and the Adirondack Mountains (the largest state park area outside of Alaska), are also nearby. For sports fans, Syracuse and Utica are host to several college and AAA teams including: Syracuse University Basketball and Football, Utica College Hockey, Syracuse Chiefs (baseball), Syracuse Crunch (American Hockey League affiliate of the Tampa Bay Lightning), and Utica Comets (American Hockey League affiliate of the New Jersey Devils).

Syracuse and Utica are centrally located with direct connections on most major airlines, with airports in Syracuse and Albany. In addition, long distance and regional bus companies and Amtrak service the area. Syracuse and Utica are easily within a half-day drive of the major metropolitan centers of the Northeast, including New York City, Boston, Philadelphia, Montreal, and Toronto.

The Syracuse and Utica areas offer a wide variety of houses, apartments, and townhouses in an affordable price range and a low overall cost of living.

## **CNYPC Regulations**

### **Contraband**

CNYPC and NYS prisons are secure facilities, and numerous items that may be acceptable or common in other types of facilities (including but not limited to cell phones, electronics, flashdrives, smart watches, Bluetooth headphones, fitness trackers, and certain clothing) are prohibited in them. Use of any tobacco products is also strictly prohibited on CNYPC grounds. Prior to starting the Internship and facility orientation, Interns will be provided with a complete list of contraband/acceptable items. Failure to adhere to the contraband policy may result in

disciplinary action or even termination from the Internship. Prior to starting the Internship, Interns are provided with the most current contraband list.

## **Intern Selection and Academic Preparation Requirements Policy**

### **Application Process**

The CNYPC Doctoral Internship in Health Service Psychology currently offers two full-time, paid Intern positions. Applicants must be doctoral candidates in good standing from a Clinical, Counseling, Forensic, or School Psychology program who have been cleared for Internship by their program's Director of Clinical Training. Students interested in applying to the Internship should submit an online application through the [APPIC Website](#) using the APPIC Application for Psychology Internships (AAPI).

Receipt of the following application materials by the deadline published in the APPIC directory constitutes a complete application; incomplete applications will not be considered.

**For the 2026–2027 Internship year, the deadline for completed applications is 11/16/25, 11:59 PM EST.**

1. Completed online AAPI form (download from the [APPIC Website](#))
2. Cover letter (as part of AAPI)
3. Current curriculum vitae (as part of AAPI)
4. Official graduate university transcript (as part of AAPI)
5. Three (3) Standard Reference Forms; two (2) must be from individuals who have directly supervised the applicant's clinical work (as part of AAPI)
6. One redacted comprehensive psychological assessment report with integrated findings and case conceptualization (as part of AAPI or separately attached)
7. If an interview is offered, applicants may be asked to provide an additional redacted report for review prior to the interview date

### **Application Screening and Interview Process**

The Internship reviews and considers applications (as described above) in their entirety utilizing a standard rating scale via the Internship AAPI Rating Form. The Training Committee meets to discuss the AAPIs and determine which applicants will be invited for an interview. Consideration will be given to goodness of fit between the Internship's training aims and applicants' academic and clinical preparation and personal training aims. Interns conduct a range of clinical and forensic evaluations, which includes substantial record review, administration of a variety of instruments, synthesis of diverse sources of information, and complex case conceptualization into comprehensive reports. Thus, while there is no required minimum number of assessment hours or experience with specific testing instruments, strong writing skills and a solid assessment background is preferred and will maximize Interns' opportunity for success. There is no minimum number of intervention hours. Applicants must have passed their comprehensive examinations

before applying. Although not required, preference is given to applicants who have proposed their dissertations, have experience in forensic and/or acute settings, and have a minimum of 100 training hours each in assessment and intervention.

**Applicants for the 2026-2027 Internship year will be notified via email of their interview status by the deadline published in the APPIC directory, which this year is 12/19/25. Interviews will be scheduled during January 2026.**

To support safe and equitable practices for all, during this application cycle interviews will be exclusively virtual via videoconferencing applications (e.g., Webex, Microsoft Teams, Zoom) or telephone. Applicants will be interviewed individually (i.e., not with other applicants) but may be interviewed by individuals or small groups of Faculty who compose the Recruitment Committee. All applicants interview with the Training Director. Requests for meetings with specific faculty will be taken into consideration but cannot be guaranteed. Interviewers utilize standard questions and a standard rating scale via the Internship Interview Rating Form. Interviewers may ask additional questions of applicants as appropriate. The interview process may last several hours and, in addition to formal interviews, will include an introductory session, brief virtual “tour” of the Forensic Inpatient Hospital, and a question-and-answer session with the current interns; these sessions may be conducted with groups of applicants. Efforts are made to gather as much information from applicants, and to provide as much information to applicants, as possible utilizing these methods to ensure that all parties have enough data upon which to make decisions and to make the process as equitable as possible. CNYPC will provide an onsite open house in January 2026 for applicants who wish to see the facility in person. Attending the open house is not a requirement and will not affect applicant standings.

Further information regarding Internship admissions, financial and other benefits, and post-Internship placements for past Interns is located in the Trainee Admissions, Support, and Initial Placement Data document (Appendix L). Questions about the Internship itself or the selection process should be directed to the [Training Director](#), Dr. Alexandra Assalley, or in her absence to the [Chief Psychologist for Inpatient Services](#), Dr. Nichole Marioni.

### **Participation in the APPIC Match**

Following the completion of interviews, the Recruitment Committee convenes to determine applicant rankings. The AAPI, any supplemental materials, and the interview are utilized to make this determination.

All applicants must obtain an Applicant Agreement Package from National Matching Services, Inc. and register for the matching program to be eligible to match to CNYPC. Prospective applicants can request an Applicant Agreement package through the [National Matching Services Program Website](#) or by contacting [National Matching Services, Inc. by email](#) or at either of the addresses or phone/fax numbers listed below:

**National Matching Services, Inc.**  
595 Bay Street  
Suite 301, Box 29  
Toronto, Ontario, Canada  
M5G 2C2  
Telephone: (416) 977-3431  
Fax: (416) 977-5020

**National Matching Services, Inc.**  
P.O. Box 1208  
Lewiston, NY 14092-8208  
Telephone: (716) 282-4013  
Fax: (716) 282-0611

CNYPC 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. CNYPC will participate in the APPIC Internship Matching Program and will abide by APPIC guidelines for Internship selection.

### **Additional Site-Specific Information**

Placement at CNYPC is contingent on the results of background screenings, including fingerprinting and a criminal background check. Please also note that all employees, including Interns matched to CNYPC, must be fingerprinted and are charged approximately \$102 for this procedure as a condition of their employment; this fee is deducted from the first paycheck. In addition, all Interns matched to CNYPC are required to complete a child abuse screening background check (no fee).

CNYPC (and the New York State Office of Mental Health) is an affirmative action, equal opportunity employer and abides by all laws pertaining to fair employment practices. Established policies regarding race, color, religion, creed, age, gender, national origin, ancestry, marital status, physical or mental disability, veteran status or sexual orientation are in place to ensure equitable treatment of all employees and applicants. Policies are also in place to address workplace violence, sexual harassment, and respect. The Psychology Department and Internship are committed to respecting and understanding cultural and individual diversity in its admission and training policies, and the program is committed to the recruitment of Interns from diverse cultures, backgrounds, and life experiences. Inquiries and applications are encouraged from all qualified individuals. Further information regarding the Internship's commitment to a diverse workforce and nondiscrimination are located in the Diversity and Nondiscrimination Policy (Appendix M).

### **Statement on Accreditation**

The CNYPC Doctoral Internship in Health Service Psychology has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2016. In February 2022, CNYPC was accredited by the Commission on Accreditation of the American Psychological Association. 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 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## Citations

American Psychological Association (2017). *Ethical principles of psychologists and code of conduct* (2002, Amended June 1, 2010 and January 1, 2017). Retrieved from <http://www.apa.org/ethics/code/index.aspx>

American Psychological Association (2022). *Standards of accreditation for health service psychology and accreditation operating procedures*. Retrieved from <https://irp.cdn-website.com/a14f9462/files/uploaded/standards-of-accreditation.pdf>

American Psychological Association (2013). Specialty guidelines for forensic psychology. *American Psychologist*, 68(1), 7-19. Retrieved from <http://dx.doi.org/10.1037/a0029889>

Health Service Psychology Education Collaborative (2013). Professional psychology in health care services: A blueprint for education and training. *American Psychologist*, 68(6), 411-426. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23915400>

## Appendix A

### CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC) DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Acknowledgement of Intern Rights, Training Program Responsibilities, and Due Process and Grievance Procedure Policy

I, \_\_\_\_\_, acknowledge having received and reviewed the Due Process and Grievance Procedure Policy. I understand the rights that are afforded to me as a CNYPC intern. Any additional questions or concerns I may have will be discussed with my supervisor(s) and the Training Director/Designee.

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

\_\_\_\_\_  
Training Director/Designee Signature / Date

## Appendix B

### CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC) DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Didactic Rating Form

Title: \_\_\_\_\_

Presenter: \_\_\_\_\_

Date: \_\_\_\_\_

Please use the following scale to describe the presentation:

1 Strongly Disagree	2 Disagree	3 Neither Agree Nor Disagree	4 Agree	5 Strongly Agree
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- \_\_\_\_\_ 1. The topic was relevant and important to the training of psychologists.
- \_\_\_\_\_ 2. The presenter was knowledgeable about the topic.
- \_\_\_\_\_ 3. The presenter communicated effectively.
- \_\_\_\_\_ 4. The material presented was current and organized well.
- \_\_\_\_\_ 5. The level of the presentation was suitable for psychology interns.
- \_\_\_\_\_ 6. The handouts and/or bibliography were useful and current.
- \_\_\_\_\_ 7. The presentation incorporated audiovisual aids effectively.
- \_\_\_\_\_ 8. The topic should be presented in future seminar series.
- \_\_\_\_\_ 9. The presentation incorporated information and discussion regarding cultural/diversity factors and/or individual differences with respect to the specific topic.
- \_\_\_\_\_ 10. (If Applicable) The reading/preparatory materials were provided well in advance.

Comments:

## Appendix C

### CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC) DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Tentative Didactic Schedule

All didactics are scheduled on Wednesdays from 2:30 pm to 4:30 pm in the Administrative Conference Room unless otherwise noted. Topics and presenters subject to change.

The OMH Psychology Internship Training Series is offered virtually on Fridays from 9:00 am to 11:00 am. CNYPC interns are welcome and encouraged to attend. When mandated, they will be added to the below calendar. A full schedule of the OMH Internship Training Series will be provided at the start of internship.

DATE	TOPIC	PRESENTER
9/2 – 9/3/25	Department Orientation (Only formal didactics listed below)	Nichole Marioni, PhD, ABPP, Internship Faculty
9/2/25 1:30-3:30	Differing NYS Mental Health Legal Statuses	Nichole Marioni, PhD, ABPP
9/3/25 9:30-11:30	Introduction to Cognitive Remediation	Melissa Hing, PsyD
9/3/25 1:30-3:30	Introduction to the NYS Department of Corrections & Community Supervision: Providing Services in Forensic Settings	Steve Gross, PsyD
9/4 – 9/15/25	CNYPC Hospital Orientation, including facility orientation and CPR (Only formal didactics listed below)	Education & Training Staff
9/5/25 9:15-10:15	Suicide Risk Assessment & Intervention	Melissa Hing, PsyD
9/24/25	CNYPC Documentation & Databases	Melissa Hing, PsyD
10/1/25	Adjudicative Competency, Part 1: The Concept & Historical Roots of Competency	Nichole Marioni, PhD, ABPP
10/8/25	Adjudicative Competency, Part 1: The Concept & Historical Roots of Competency, cont.	Nichole Marioni, PhD, ABPP
10/15/25	Gender Services Program	Leigh Ross, PsyD
10/24/25 8:30-4:00	Dialectical Behavior Therapy for Forensic Populations: Adapting DBT Skills & Techniques for Forensic & Correctional Settings	Live Virtual Seminar Alexa Mulee, LMHC, C-DBT  Faculty Discussant: Samantha Helmeczi, PsyD
10/29/25	Adjudicative Competency, Part 2: Competency Restoration Models	Samantha Helmeczi, PsyD

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11/5/25	Michael's Game	Samantha Helmeczi, PsyD
11/12/25 8:00-4:00	Suicide Prevention Clinical Skills Training	Nichole Marioni, PhD, ABPP
11/19/25	Forensic Report Writing	Nichole Marioni, PhD, ABPP
11/26/25	Integrating Research and Data Into Clinical Practice	Nichole Marioni, PhD, ABPP, & Bridget Fink, PsyD
12/3/25	Adjudicative Competence, Part 3: Evaluations	Nichole Marioni, PhD, ABPP
12/10/25	ECST-R and ILK Administration & Interpretation	Jacqueline Smith, PhD
12/17/25	Countertransference in Correctional Settings	Steve Gross, PsyD
12/24/25	None	
12/31/25	None	
1/7/26	Psychological Autopsies, Part 1: Overview – Webex	Leigh Ross, PsyD
1/14/26	Supervision Didactic with Sagamore PC & Manhattan PC	Kristen Horan-Lindstrom, PsyD
1/21/26	CBT for Psychosis	Samantha Helmeczi, PsyD, Nathan Bridendolph, PhD
1/28/26	Assessing for PTSD	Nathan Bridendolph, PhD
2/4/25	Introduction to Cognitive Processing Therapy for PTSD/Trauma	Steve Gross, PsyD
2/11/26 12:00-3:00	Intern Case Presentations	Interns
2/18/26	Ethics & Landmark Cases Seminar	CNYPC Internship Faculty
2/25/26	Psychological Autopsies, Part 2: Case Review	Leigh Ross, PsyD
9:00-10:30	Morbidity & Mortality Review Committee 9-10:30 AM – Webex call in to meeting	
2:30-3:30	Review of cases 2:30-3:30 PM – Webex	
3/4, 3/5, & 3/6/25 8:30-1:00	Assessing Violence Risk Using HCR-20:V3	Live OMH-Sponsored Training via Webex Barry Rosenfeld, PhD
3/11/26	None	
3/18/26	None	
3/25/26	Violence Risk Assessment & Women	Bridget Fink, PsyD
4/1/26	Violence Risk Assessment & NYCRR Part 57	Bridget Fink, PsyD

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4/8/26	Differentiating Delusional Beliefs From Extreme Beliefs: Focus on the Sovereign Citizen Movement	Nichole Marioni, PhD, ABPP
4/15/26	Ethics & Landmark Cases Seminar	Alexandra Assalley, PsyD
4/22/26	Psychology and Military Culture	Nathan Bridendolph, PhD
4/29/26	Psychologists as Consultants & Administrators: A Clinical & Systems Perspective	Nichole Marioni, PhD, ABPP
5/6/26	Psychopathy & PCL-R: 2 <sup>nd</sup> , Part I: Overview	Bridget Fink, PsyD
5/13/26	Psychopathy & PCL-R: 2 <sup>nd</sup> , Part I: Overview, cont.	Bridget Fink, PsyD
5/20/26	Psychopathy & PCL-R: 2 <sup>nd</sup> , Part II: Experiential	Bridget Fink, PsyD
5/27/26 12:00-3:00	Intern Case Presentations 2	Interns
6/3/26	Evaluations of Sexual Offending and Risk	Jacqueline Smith, PhD
6/10/26	New Zealand Correctional System	Bridget Fink, PsyD
6/17/26	Veteran's Canine Program – Mid-State CF	Alexandra Assalley, PsyD
6/24/26	Supervision Practical with Sagamore Children's Psychiatric Center and Manhattan Psychiatric Center	Kristen Horan-Lindstrom, PsyD
7/1/26	Ethics & Landmark Cases Seminar	Alexandra Assalley, PsyD
7/8/26	Expert Testimony & Working With Attorneys	Nathan Bridendolph, PhD, & Samantha Helmeczi, PsyD
7/15/26	Insanity Evaluations, Part I: Overview	Nichole Marioni, PhD, ABPP
7/22/26	Insanity Evaluations, Part II: Ralph Tortorici: A case of (Competency) and Insanity	Nichole Marioni, PhD, ABPP
7/29/26	Settled Complexities of Settled Conditions: Voluntary and Involuntary Intoxication, Fixed and Settled Conditions, and Legal Insanity	Recorded Virtual Seminar presented by the University of New Mexico Law and Mental Health Series Candyce Shields, PhD, ABPP  Faculty Consultant: Nichole Marioni, PhD, ABPP
8/5/26	Responding to Ethically Questionable Behavior of Forensic Colleagues: A	Natalie Armstrong, PhD, ABPP

	Structured Approach, Recorded Virtual Seminar presented by the University of New Mexico Law and Mental Health Series	Faculty Consultant: Melissa Hing, PsyD
8/12/26 12:00-3:00	Intern Mock Testimony	Interns
8/19/26	EPPP Preparation	Melissa Hing, PsyD

## Appendix D

### CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC) DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Case Presentation Evaluation Form

Psychotherapy Case Presentation     Assessment Case Presentation

Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor of case: \_\_\_\_\_ Quarter: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_

#### Competency Rating Scale

5	<b>Superior/Comparable to autonomous practice at the postgraduate professional skill level.</b> This is the rating expected at the completion of post-doctoral training. The intern functions at the level of an independent, experienced psychology staff member. This is not a typical rating given at completion of internship.
4	<b>Advanced/Readiness for entry level practice.</b> This rating indicates the intern demonstrates readiness for entry-level practice and the ability to function independently in a broad range of clinical and professional activities. The intern is competent in all but non-routine and complex cases. The intern also demonstrates the ability to generalize skills and knowledge to new situations and to self-assess when to seek additional training, supervision, or consultation.
3	<b>Intermediate.</b> This is a common rating during internship and the required overall rating to successfully pass this exercise. The intern at this level demonstrates solid foundational knowledge and skills with supervision and support for routine and complex tasks.
2	<b>Entry level/Intensive supervision needed.</b> This rating is appropriate for a practicum student or incoming intern. Intensive supervision and support are needed to assist the intern in preparing for and completing the required tasks. Consideration is given to prior constructive feedback and to previous opportunities to hone relevant skills.
1	<b>Remedial work needed.</b> This rating indicates the intern requires intensive instruction, observational learning, shadowing and/or scaffolding prior to being ready to successfully complete the exercise. This rating should be accompanied by remedial work and/or a remediation plan.
N/A	<b>Not applicable</b> as the behavior/competency was not assessed or observed.

Quarter- and half-scores (e.g., .25, .5, .75) may be used to demonstrate nuanced achievements of competencies within this scale that may not reach the next full level of competency.

Not applicable N/A	Remedial 1	Entry level 2	Intermediate 3	Advanced 4	Superior 5
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<b>Introduction</b>	<b>Rating</b>
Referral information and presenting problem/referral questions, including any psycho-legal issue(s), are clearly articulated	
Relevant demographic information (e.g., ethnicity, age, gender) is included	
Nature and frequency of clinical contact and other sources of information are clearly described	
Historical information, including legal and mental health history, is appropriately integrated	
<b>Overall Rating for Introduction</b>	
<b>Case Conceptualization</b>	<b>Rating</b>
Use of psychological measures is appropriate to the purpose of the evaluation and specific patient/evaluee	
Psychological theory (e.g., Cognitive Behavioral, Humanistic) is clearly integrated	
Relevant current research (minimum of 3 empirical or peer-reviewed articles) is integrated into conceptualization and practice	
Conceptualization, including how it addresses referral questions/presenting complaint, is clear and based on theory and data	
Biological, psychological, sociocultural, and diversity variables are addressed	
Diagnostic impressions based on DSM-5 criteria are provided and supported by data	
<b>Overall Rating for Case Conceptualization</b>	
<b>Intervention/Treatment Plan</b>	<b>Rating</b>
Appropriate recommendations or treatment plan and objectives are provided based upon conceptualization and best practices/literature	
Interventions provided, anticipated effect, and actual results clearly articulated	
Flexibility in approach/ability to modify intervention or assessment strategies as necessary demonstrated	
<b>Overall Rating for Intervention/Service Plan</b>	
<b>Legal and Ethical Issues</b>	<b>Rating</b>
Relevant legal and ethical issues, including applicable subspecialty guidelines, are addressed adequately	
Systemically-imposed limitations and expectations impacting ethical and subspecialty guidelines are discussed	
<b>Overall Rating for Legal and Ethical Issues</b>	

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Not applicable N/A	Remedial 1	Entry level 2	Intermediate 3	Advanced 4	Superior 5
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<b>Self-Examination</b>	<b>Rating</b>
Similarities and individual differences in culture, diversity, and other variables and their impact on the interaction between the intern and the patient/evaluatee are addressed	
Strengths of work/professional development articulated	
Areas for growth in work/professional development articulated	
Feelings, attitudes, and behaviors regarding relationship to the patient/evaluatee and their impact on the work discussed	
Openness and responses to questions and feedback of others	
<b>Overall Rating for Self-Examination</b>	
<b>OVERALL RATING FOR CASE PRESENTATION</b>	

**Comments:**

**Recommendation(s) (Be specific, particularly if remedial work/resubmission is needed):**

\_\_\_\_\_  
**Training Director/Designee Signature / Date**

\_\_\_\_\_  
**Intern Signature / Date**

## Appendix E

### CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC) DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Mock Testimony Evaluation Form

Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor of case: \_\_\_\_\_ Quarter: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_

#### Competency Rating Scale

5	<b>Superior/Comparable to autonomous practice at the postgraduate professional skill level.</b> This is the rating expected at the completion of post-doctoral training. The intern functions at the level of an independent, experienced psychology staff member. This is not a typical rating given at completion of internship.
4	<b>Advanced/Readiness for entry level practice.</b> A required rating at completion of internship to graduate. The intern demonstrates readiness for entry-level practice and the ability to function independently in a broad range of clinical and professional activities. The intern is competent in all but non-routine and complex cases. The intern also demonstrates the ability to generalize skills and knowledge to new situations and to self-assess when to seek additional training, supervision, or consultation.
3	<b>Intermediate.</b> This is a common rating during internship and the required overall rating to successfully pass this exercise. The intern at this level demonstrates solid foundational knowledge and skills with supervision and support for routine and complex tasks.
2	<b>Entry level/Intensive supervision needed.</b> This rating is appropriate for a practicum student or incoming intern. Intensive supervision and support are needed to assist the intern in preparing for and completing the required tasks. Consideration is given to prior constructive feedback and to previous opportunities to hone relevant skills.
1	<b>Remedial work needed.</b> This rating indicates the intern requires intensive instruction, observational learning, shadowing and/or scaffolding prior to being ready to successfully complete the exercise. This rating should be accompanied by remedial work and/or a remediation plan.
N/A	<b>Not applicable</b> as the behavior/competency was not assessed or observed.

Quarter- and half-scores (e.g., .25, .5, .75) may be used to demonstrate nuanced achievements of competencies within this scale that may not reach the next full level of competency.

Not applicable N/A	Remedial 1	Entry level 2	Intermediate 3	Advanced 4	Superior 5
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<b>Voir Dire</b>	<b>Rating</b>
Provided updated copy of CV	
Provided accurate testimony regarding their education and relevant experience	
Knowledgeable about the legal requirements to conduct court-ordered competency evaluations in NYS (e.g., licensure)	
Demonstrated they are qualified to conduct court-ordered evaluations (e.g., based on prior experience, education, supervision)	
<b>Overall Rating for Voir Dire</b>	
<b>Knowledge Related to Competency to Stand Trial Evaluations</b>	<b>Rating</b>
Understanding of relevant statute and criteria (e.g., CPL §730, <i>Dusky</i> , <i>Valentino</i> )	
Understanding of relevant psycholegal/competence-related abilities (e.g., understanding, appreciation, reasoning, ability to assist with defense, decision-making)	
Knowledgeable about the process of assessing for competency and methods commonly used (e.g., interview, mental status/observation, psychological testing)	
Knowledgeable about competency restoration (e.g., interventions, average treatment length to restoration for various populations)	
<b>Overall Rating for Knowledge Related to Competency to Stand Trial Evaluations</b>	
<b>Knowledge Related to Specific Case/Evaluation</b>	<b>Rating</b>
Accurately recalled and reported facts of the case (e.g., charge(s)/possible sentence, patient's psychiatric history, findings of prior 730 evaluations)	
Knowledgeable about relevant psychiatric diagnoses and treatment interventions	
Use of evaluation methods and psychological measures is appropriate to the purpose of the evaluation and specific patient/evaluee (e.g., validity/reliability, applicability to forensic populations or competency issue, measures designed to assess CST, criticisms of the method/measure)	
Demonstrated link between competency-related domains and patient's psychiatric illness/symptoms (if applicable)	
<b>Overall Rating for Knowledge Related to Specific Case/Evaluation</b>	
<b>Direct Examination/Cross-Examination Testimony</b>	<b>Rating</b>
Supported professional opinion with specific evidence (e.g., facts of the case, data from the evaluation, relevant research)	
Refrained from relying too heavily on theoretical formations to support opinion	
Refrained from providing testimony related to the ultimate issue	
Refrained from offering testimony based on personal opinions	
Refrained from speaking beyond level of knowledge or competence	

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Not applicable N/A	Remedial 1	Entry level 2	Intermediate 3	Advanced 4	Superior 5
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Admitted to things they did not know and/or conceded to facts contrary to their opinion	
Responded to cross-examination challenges without appearing defensive	
Identified compound questions on cross-examination (when applicable)	
Requested clarification of a question when appropriate	
Refrained from answering a question in a “yes/no” format when that would not convey an accurate answer (i.e., a simple “yes” or “no” answer would be misleading or incomplete)	
Refrained from overly relying on the written evaluation report	
<b>Overall Rating for Direct Examination/Cross-Examination Testimony</b>	
<b>Overall Demeanor &amp; Presentation</b>	<b>Rating</b>
Appeared well-prepared for testimony	
Maintained composure and professional demeanor throughout testimony	
Presented as a fair and objective evaluator versus an advocate	
Remained on topic throughout testimony	
Avoided jargon and prejudicial language in the context of testimony	
Answered questions directly and communicated in a clear manner	
Demonstrated flexibility and ability to improvise when necessary (i.e., think on their feet)	
<b>Overall Rating for Overall Demeanor &amp; Presentation</b>	

Comments:

Recommendation(s) (Be specific, particularly if remedial work/resubmission is needed):

\_\_\_\_\_  
Training Director/Designee Signature / Date

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

## Appendix F

### CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC) DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Psychology Intern Self-Assessment and Individual Training Goals Worksheet

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

Date: \_\_\_\_\_ Quarter: \_\_\_\_\_

The purpose of the Intern Self-Assessment and Individual Training Goals Worksheet is to help a Psychology Intern (Intern) define individualized training goals beyond the training objectives set forth by the Internship and ensure that Internship Faculty are aware of training goals that are most important to the Intern. Internship Faculty will use this form to integrate the Intern's training goals within Internship training activities that prepare the Intern for entry-level practice in the nine profession-wide competencies of Health Service Psychology. Each profession-wide competency contains a list of elements comprising the competency. The elements as defined within this form denote the level of competence expected of Interns per the American Psychological Association Commission on Accreditation's Implementing Regulations, Section C: IRs Related to the Standards of Accreditation, C-8 I. Elements with an asterisk (\*) are program-defined elements that were identified by the Internship Faculty.

**Psychology Intern:** At the beginning of the training year and each evaluation period, please complete this self-assessment. For each element, please reflect on your education and training that you have received thus far and your perceived level of skill development, including your strengths and ongoing areas of growth. Please use the rating scale below and provide the numerical rating that most accurately describes your current level of skill development for each element.

#### Self-Assessment Rating Scale

5	<b>Superior/Comparable to autonomous practice at the postgraduate professional skill level.</b> This is the rating expected at the completion of post-doctoral training. You are functioning at the level of an independent, experienced psychology staff member. This is not a typical rating given at completion of internship.
4	<b>Advanced/Readiness for entry level practice.</b> A required rating at completion of internship to graduate. The intern demonstrates readiness for entry-level practice and the ability to function independently in a broad range of clinical and professional activities. You are competent in all but non-routine and complex cases. You also demonstrate the ability to generalize skills and knowledge to new situations and to self-assess when to seek additional training, supervision, or consultation.
3	<b>Intermediate.</b> This is a common rating during internship. You are proficient with simple tasks and skills related to the element, developing your ability to perform more complex skills and tasks, and building some independence. Regularly scheduled supervision is adequate to review routine areas of practice. You benefit from support for fluctuating confidence.

2	<b>Aware of need for training and intensive supervision.</b> This is an entry-level rating common for a practicum student or entering intern. This rating indicates you have introductory knowledge and skills related to the element. You need direction on routine tasks, didactic information, support for mitigating high anxiety in the competency area, additional supervision, scaffolding, and/or opportunities to shadow supervisors' work.
1	<b>Unfamiliar.</b> The knowledge and skills related to the element/competency are new to you or you recognize that you need significant support, education, and/or supervision to learn this information/skill prior to assuming patient care.

1. **RESEARCH**

- \_\_\_ a. *Element:* Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
- \_\_\_ b. *Element:* Demonstrates the substantially independent ability to disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level
- \_\_\_ c. *Element:* Demonstrates the ability to review, understand and apply the empirical literature to clinical interventions and assessments with diverse populations.
- \_\_\_ d. *Element:* Considers characteristics of the person receiving services, including sociocultural, situational, and personal differences that may affect their judgments or the accuracy of their case conceptualization or interpretation of assessment results. Consults the empirical literature to address questions about the role that sociocultural and situational factors may be contributing to a patient's presentation.

**Comments:**

2. **ETHICAL AND LEGAL STANDARDS**

- \_\_\_ a. *Element:* Is knowledgeable of and acts in accordance with each of the following:
  - i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - iii. Relevant professional standards and guidelines.
- \_\_\_ b. *Element:* Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
- \_\_\_ c. *Element:* Conducts self in an ethical manner in all professional activities.
- \_\_\_ d. *Element:* Is knowledgeable of and acts in accordance with the Specialty Guidelines for Forensic Psychology when engaging in the practice of forensic psychology (e.g., providing treatment to restore competence to stand trial, shadowing and/or co-authoring forensic evaluations pursuant to applicable laws and statutes). The

Specialty Guidelines for Forensic Psychology are aspirational and advisory in areas in which the forensic practitioner has discretion to exercise professional judgment that is not prohibited or mandated by the Ethical Principles of Psychologists and Code of Conduct or applicable law, rules, or regulations.

**Comments:**

**3. INDIVIDUAL AND CULTURAL DIVERSITY**

- \_\_\_ a. *Element:* Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- \_\_\_ b. *Element:* Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- \_\_\_ c. *Element:* Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- \_\_\_ d. *Element:* Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.
- \_\_\_ e. *Element:* Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

**Comments:**

**4. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

- \_\_\_ a. *Element:* Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- \_\_\_ b. *Element:* Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- \_\_\_ c. *Element:* Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- \_\_\_ d. *Element:* Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

**Comments:**

5. **COMMUNICATIONS AND INTERPERSONAL SKILLS**

- \_\_\_ a. *Element:* Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- \_\_\_ b. *Element:* Demonstrates a thorough grasp of professional language and concepts; Produces, comprehends, and engages in oral, nonverbal, and written communications that are informative and well-integrated.
- \_\_\_ c. *Element:* Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

**Comments:**

6. **ASSESSMENT**

- \_\_\_ a. *Element:* Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- \_\_\_ b. *Element:* Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).
- \_\_\_ c. *Element:* Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- \_\_\_ d. *Element:* Selects and applies assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; 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 service recipient.
- \_\_\_ e. *Element:* Interprets assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- \_\_\_ f. *Element:* Communicates orally and in writing the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- \_\_\_ g. *Element:* Verbal and written communication reflects appreciation of differences between forensic and general psychological evaluations, including but not limited to the following aspects of evaluation: the client, scope of the evaluation, confidentiality/privilege, voluntariness, sources of information, ultimate decision maker and authority, and forensic assessment and related instruments.

**Comments:**

**7. INTERVENTION**

- \_\_\_ a. *Element:* Establishes and maintains effective relationships with the recipients of psychological services.
- \_\_\_ b. *Element:* Develops evidence-based intervention plans specific to the service delivery goals.
- \_\_\_ c. *Element:* Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- \_\_\_ d. *Element:* Demonstrates the ability to apply the relevant research literature to clinical decision making.
- \_\_\_ e. *Element:* Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- \_\_\_ f. *Element:* Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.
- \_\_\_ g. *Element:* Demonstrates self-awareness of emotional and behavioral reactions to the patient and impact of self on the therapeutic relationship, interventions, and assessments.

**Comments:**

**8. SUPERVISION**

- \_\_\_ a. *Element:* Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.
- \_\_\_ b. *Element:* Applies the supervisory skill of observing in direct or simulated practice.
- \_\_\_ c. *Element:* Applies the supervisory skill of evaluating in direct or simulated practice.
- \_\_\_ d. *Element:* Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.
- \_\_\_ e. *Element:* Demonstrates awareness of skills, strengths, and areas of growth as an emerging supervisor.

**Comments:**

9. **CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**

- \_\_\_ a. *Element:* Demonstrates knowledge and respect for the roles and perspectives of other professions.
  
- \_\_\_ b. *Element:* Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
  
- \_\_\_ c. *Element:* Facilitates the integration of health service psychology’s perspective into an interdisciplinary team-based approach.

**Comments:**

**Please describe any individualized training goal(s) for the next quarterly training period that were not captured on this form. Please ensure your goal(s) are specific, measurable, achievable, results-oriented, and time-bound (SMART) as described below:**

- **Specific:** Goals should clearly, specifically, and simply define what you are going to do.
  - What will the goal accomplish?
  - How and why will it be accomplished?
- **Measurable:** Goals should be measurable so you have tangible evidence that you have accomplished the goal.
  - How will you measure whether or not the goal has been reached?
- **Achievable:** Goals need to be defined clearly so you can achieve them. They should stretch you slightly so you feel challenged.
  - Is the goal possible?
  - Do you have the necessary knowledge, skills, abilities, and resources to accomplish the goal?
  - Will meeting the goal challenge you without defeating you?
- **Results-focused:** Goals should measure outcomes, not activities.
  - What is the reason, purpose or benefit of accomplishing the goal?
  - What is the result (not the activities leading up to the result) of the goal?
- **Time-bound:** Goals should be linked to a timeframe that creates a practical sense of urgency, or results in tension between the current reality and vision of the goal. Without such tension, the goal is unlikely to produce a relevant outcome.
  - What is the established completion date and does that completion date create a practical sense of urgency?

**Goal(s):**

**Goal(s) that were mutually agreed upon after discussion with supervisor(s):**

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Intern Signature / Date

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Training Director/Designee Signature / Date

## Appendix G

### CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC) DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Intern Competency Evaluation Form

Psychology Intern: \_\_\_\_\_

Training Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

Supervisors: \_\_\_\_\_

CBO Rotation(s): \_\_\_\_\_

#### PROFESSION-WIDE COMPETENCIES OF HEALTH SERVICE PSYCHOLOGY

The CNYPC Doctoral Internship in Health Service Psychology aims to prepare Psychology Interns (intern) for entry-level practice in the nine profession-wide competencies of Health Service Psychology that are outlined on this form. Each profession-wide competency contains a list of elements comprising the competency. The elements as defined within this form denote the level of competence expected of interns. During quarterly evaluation periods, each intern is rated on the elements for each profession-wide competency.

#### Assessment Methods for Competencies

- |  |   |
|--|---|
| <input type="checkbox"/> Direct Observation                  | <input type="checkbox"/> Review of Written Work           |
| <input type="checkbox"/> Discussion of Clinical Interactions | <input type="checkbox"/> Comments from Other Staff        |
| <input type="checkbox"/> Review of Raw Test Data             | <input type="checkbox"/> Case Presentation/Mock Testimony |

#### Competency Rating Scale

5	<b>Superior/Comparable to autonomous practice at the postgraduate professional skill level.</b> This is the rating expected at the completion of post-doctoral training. The intern functions at the level of an independent, experienced psychology staff member. This is not a typical rating given at completion of internship.
4	<b>Advanced/Readiness for entry level practice.</b> A required rating at completion of internship to graduate. The intern demonstrates readiness for entry-level practice and the ability to function independently in a broad range of clinical and professional activities. The intern is competent in all but non-routine and complex cases. The intern also demonstrates the ability to generalize skills and knowledge to new situations and to self-assess when to seek additional training, supervision, or consultation.
3	<b>Intermediate.</b> This is a common rating during internship. The intern at this level requires discussion of routine areas of practice during scheduled supervision but is building independence in these areas. Receives support for fluctuating confidence.
2	<b>Entry level/Intensive supervision needed.</b> This rating is appropriate for a practicum student or incoming intern. Supervision is required for all activities, including direction on

	routine tasks, didactic information, support for mitigating high anxiety in the competency area, additional supervision, scaffolding, and/or opportunities to shadow supervisors' work.
1	<b>Remedial work needed.</b> This rating indicates the intern requires intensive instruction, observational learning, shadowing and/or scaffolding prior to being ready to assume patient care. This rating should be accompanied by remedial work and/or a remediation plan.
N/A	<b>Not applicable.</b> The behavior/competency was not assessed or observed.

Quarter- and half-scores (e.g., .25, .5, .75) may be used to demonstrate that an intern has made progress but has not yet achieved competency at the next level.

If a supervisor(s) recognizes that an intern needs remedial work, a competency evaluation form should be completed immediately, prior to any deadline for evaluation, and shared with the intern, Internship Faculty, and Training Director. To allow the intern to gain competency and meet minimum levels of achievement (MLAs) for the internship, these areas must be addressed proactively with a remedial plan that is developed together with the intern, Internship Faculty, and the Training Director.

## 1. RESEARCH

- \_\_\_ a. *Element:* Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
- \_\_\_ b. *Element:* Demonstrates the substantially independent ability to disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level
- \_\_\_ c. *Element:* Demonstrates the ability to review, understand and apply the empirical literature to clinical interventions and assessments with diverse populations.
- \_\_\_ d. *Element:* Considers characteristics of the person receiving services, including sociocultural, situational, and personal differences that may affect their judgments or the accuracy of their case conceptualization or interpretation of assessment results. Consults the empirical literature to address questions about the role that sociocultural and situational factors may be contributing to a patient's presentation.

## 2. ETHICAL AND LEGAL STANDARDS

- \_\_\_ a. *Element:* Is knowledgeable of and acts in accordance with each of the following:
  - iv. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - v. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - vi. Relevant professional standards and guidelines.

- \_\_\_ b. *Element:* Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.
- \_\_\_ c. *Element:* Conducts self in an ethical manner in all professional activities.
- \_\_\_ d. *Element:* Is knowledgeable of and acts in accordance with the Specialty Guidelines for Forensic Psychology when engaging in the practice of forensic psychology (e.g., providing treatment to restore competence to stand trial, shadowing and/or co-authoring forensic evaluations pursuant to applicable laws and statutes). The Specialty Guidelines for Forensic Psychology are aspirational and advisory in areas in which the forensic practitioner has discretion to exercise professional judgment that is not prohibited or mandated by the Ethical Principles of Psychologists and Code of Conduct or applicable law, rules, or regulations.

### 3. **INDIVIDUAL AND CULTURAL DIVERSITY**

- \_\_\_ a. *Element:* Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- \_\_\_ b. *Element:* Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- \_\_\_ c. *Element:* Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- \_\_\_ d. *Element:* Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.
- \_\_\_ e. *Element:* Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

### 4. **PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

- \_\_\_ a. *Element:* Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- \_\_\_ b. *Element:* Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- \_\_\_ c. *Element:* Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

- \_\_\_ d. *Element:* Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

**5. COMMUNICATIONS AND INTERPERSONAL SKILLS**

- \_\_\_ a. *Element:* Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- \_\_\_ b. *Element:* Demonstrates a thorough grasp of professional language and concepts; Produces, comprehends, and engages in oral, nonverbal, and written communications that are informative and well-integrated.
- \_\_\_ c. *Element:* Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

**6. ASSESSMENT**

- \_\_\_ a. *Element:* Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- \_\_\_ b. *Element:* Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).
- \_\_\_ c. *Element:* Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- \_\_\_ d. *Element:* Selects and applies assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; 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 service recipient.
- \_\_\_ e. *Element:* Interprets assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- \_\_\_ f. *Element:* Communicates orally and in writing the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- \_\_\_ g. *Element:* Verbal and written communication reflects appreciation of differences between forensic and general psychological evaluations, including but not

limited to the following aspects of evaluation: the client, scope of the evaluation, confidentiality/privilege, voluntariness, sources of information, ultimate decision maker and authority, and forensic assessment and related instruments.

**7. INTERVENTION**

- \_\_\_ a. *Element:* Establishes and maintains effective relationships with the recipients of psychological services.
- \_\_\_ b. *Element:* Develops evidence-based intervention plans specific to the service delivery goals.
- \_\_\_ c. *Element:* Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- \_\_\_ d. *Element:* Demonstrates the ability to apply the relevant research literature to clinical decision making.
- \_\_\_ e. *Element:* Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- \_\_\_ f. *Element:* Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.
- \_\_\_ g. *Element:* Demonstrates self-awareness of emotional and behavioral reactions to the patient and impact of self on the therapeutic relationship, interventions, and assessments.

**8. SUPERVISION**

- \_\_\_ a. *Element:* Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.
- \_\_\_ b. *Element:* Applies the supervisory skill of observing in direct or simulated practice.
- \_\_\_ c. *Element:* Applies the supervisory skill of evaluating in direct or simulated practice.
- \_\_\_ d. *Element:* Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.
- \_\_\_ e. *Element:* Demonstrates awareness of skills, strengths, and areas of growth as an emerging supervisor.

9. **CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**

- \_\_\_ a. *Element:* Demonstrates knowledge and respect for the roles and perspectives of other professions.
- \_\_\_ b. *Element:* Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- \_\_\_ c. *Element:* Facilitates the integration of health service psychology's perspective into an interdisciplinary team-based approach.

**Comments:**

**Summary of strengths:**

**Areas of additional development and/or remediation, including recommendations:**

**Intern comments regarding the competency evaluation:**

### Conclusion

The following outlines the minimum levels of achievement (MLAs) across the nine profession-wide competencies for adequate progress through the program.

- **1<sup>st</sup> Quarter MLA for adequate progress through the program:** All competency elements will be rated at a level of “2” – Entry Level/Intensive Supervision Needed or higher. A rating of “2” on any element will result in close monitoring by Internship Faculty. Any rating below “2” will initiate the program’s due process procedures.
  - **2<sup>nd</sup> Quarter MLA for adequate progress through the program:** A majority (51% or greater) of all rated elements will be rated at a level of “3” – Intermediate or higher. A rating of “2” on any element will result in close monitoring by Internship Faculty. Any rating below “2” will initiate the program’s due process procedures.
  - **3<sup>rd</sup> Quarter MLA for adequate progress through the program:** All competency elements will be rated at “3” – Intermediate or higher. Any rating below “3” will initiate the program’s due process procedures.
  - **4<sup>th</sup> Quarter MLA for adequate progress through the program:** By the conclusion of the internship year, interns are expected to achieve an advanced level of competence on each element and competency. Thus, interns must receive a rating of “4” – Advanced/Readiness for entry level practice or higher on all training elements by the final evaluation to complete the program successfully.
- 
- The intern **has** successfully attained the MLA for this quarter as rated by their supervisor(s). The intern and their supervisor(s) have reviewed this evaluation together.
  - The intern **has not** successfully attained the MLA for this quarter as rated by their supervisor(s). The intern and their supervisor(s) have reviewed this evaluation together. Ratings that do not meet the MLA for adequate progress through the program will be reviewed and addressed per due process procedures by the Training Director and all supervisors working with the intern, including notification of the intern regarding what plan is needed to address the intern’s need for remediation.

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Training Director/Designee Signature / Date

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Intern Signature / Date

## Appendix H

### Intern Evaluation, Retention, and Termination Policy

In accordance with the Standards of Accreditation for Health Service Psychology (APA, 2015, 2017, and 2018), the CNYPC Doctoral Internship in Health Service Psychology (Internship) requires that Interns demonstrate minimum levels of achievement (i.e., the performance required of the Intern to demonstrate competency) across all profession-wide competencies and training elements.

A five-point rating scale is used to evaluate Interns across all profession-wide competencies and training elements which include the following rating values: 1=Remedial work needed; 2=Entry level/Intensive supervision needed; 3=Intermediate; 4=Advanced/Readiness for entry level practice; and 5=Superior/Comparable to autonomous practice at licensure level. The following outlines the minimum levels of achievement (MLAs) across the nine profession-wide competencies for adequate progress through the program:

- **1<sup>st</sup> Quarter MLA for adequate progress through the program:** All competency elements will be rated at a level of “2” – Entry Level/Intensive Supervision Needed or higher. A rating of “2” on any element will result in close monitoring by Internship Faculty. Any rating below “2” will initiate the program’s due process procedures.
- **2<sup>nd</sup> Quarter MLA for adequate progress through the program:** A majority (51% or greater) of all rated elements will be rated at level of “3” – Intermediate or higher. A rating of “2” on any element will result in close monitoring by Internship Faculty. Any rating below “2” will initiate the program’s due process procedures.
- **3<sup>rd</sup> Quarter MLA for adequate progress through the program:** All competency elements will be rated at “3” – Intermediate or higher. Any rating below “3” will initiate the program’s due process procedures.
- **4<sup>th</sup> Quarter MLA for adequate progress through the program:** By the conclusion of the internship year, interns are expected to achieve an advanced level of competence on each element and competency. Thus, interns must receive a rating of “4” – Advanced/Readiness for entry level practice or higher on all training elements by the final evaluation to complete the program successfully.

Interns are formally evaluated by the Internship Faculty on a quarterly basis, which includes specific written feedback regarding the Interns’ performance and progress. The Intern Competency Evaluation Form includes information about the Interns’ performance regarding all of the Internship’s expected training competencies and related training elements. At the conclusion of each quarter, the Internship Faculty meet with the Interns to review the Intern Competency Evaluation Form for that quarter and provide an opportunity for discussion. However, Supervisors provide regular and timely feedback throughout the year to facilitate Interns’ growth and readiness for entry-level practice.

All Interns are expected to complete a minimum of 2,000 hours of training during the Internship year (excluding vacation, holidays, professional leave, and sick leave). A minimum of 25% of the Interns’ time will be spent in direct service delivery. Meeting the hour requirement and attaining MLA on all Intern Competency Evaluation Forms demonstrates that the Intern satisfactorily progressed and completed the Internship. If an Intern does not successfully attain the MLA expected for the pertaining quarter or the Internship Faculty have reason to be concerned about

the Intern's performance or progress, the Internships' due process procedures will be initiated. The Due Process and Grievance Procedure Policy can be found in the CNYPC Doctoral Internship in Health Service Psychology Training Manual.

Intern Competency Evaluation Forms and Certificates of Completion are maintained permanently by the Training Director in a secure digital file. Intern Competency Evaluation Forms and any other relevant feedback to each Intern's doctoral program are provided at minimum at the end of each of the four quarters during 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 Internship. If successful completion of the Internship 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 concern by a Faculty member or insufficient progress or attainment of MLA by the Intern, the doctoral program is contacted. This contact is intended to ensure that the doctoral program is informed and engaged to support an Intern who may be having difficulties during the Internship year. The doctoral program is notified of any further action that may be taken by the Internship as a result of the due process procedures, up to and including termination from the Internship.

In addition to the Intern Competency Evaluation Forms described above, Interns complete the Didactic Rating Form at the end of each didactic or training presentation and the Intern Self-Assessment, Internship Rating, and Supervisor Rating Forms at the end of each quarter during the Internship year, in order to provide feedback that will inform any changes or improvements in the training program. All evaluation forms are available in the CNYPC Doctoral Internship in Health Service Psychology Training Manual and a shared drive that allows Interns to access them.

## Appendix I

### CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC) DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Internship Rating Form

Training Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

CBO Rotation(s): \_\_\_\_\_

This form is utilized by the Internship Faculty to assess and improve the training program. We appreciate your honest feedback. Please rate the training you received in the profession-wide competencies for health service psychology and the other aspects of the training program listed using the following rating scale.

#### Rating Scale

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Very Poor</b>	<b>Poor</b>	<b>Fair/Adequate</b>	<b>Good</b>	<b>Very Good</b>

Please provide detailed comments where applicable/desired, particularly regarding items rated 3-Fair/Adequate or below. Thank you.

#### Overall Internship Training Program – Preparation in the Profession-Wide Competencies

- \_\_\_\_\_ 1. Research
- \_\_\_\_\_ 2. Ethical and Legal Standards
- \_\_\_\_\_ 3. Individual and Cultural Diversity
- \_\_\_\_\_ 4. Professional Values, Attitudes, and Behaviors
- \_\_\_\_\_ 5. Communication and Interpersonal Skills
- \_\_\_\_\_ 6. Assessment
- \_\_\_\_\_ 7. Intervention
- \_\_\_\_\_ 8. Supervision (of others)
- \_\_\_\_\_ 9. Consultation and Interprofessional/Interdisciplinary Skills

**Overall Internship Training Program – Quality of Training Experiences**

- \_\_\_\_\_ 10. Didactic seminars
- \_\_\_\_\_ 11. Intern group supervision
- \_\_\_\_\_ 12. Department group supervision
- \_\_\_\_\_ 13. Helpfulness of supervision
- \_\_\_\_\_ 14. Availability of supervisors
- \_\_\_\_\_ 15. Frequency of supervision
- \_\_\_\_\_ 16. Supervisors as professional role models
- \_\_\_\_\_ 17. Effectiveness of teaching
- \_\_\_\_\_ 18. Clarity of expectations and responsibilities for interns
- \_\_\_\_\_ 19. Breadth of clinical intervention and assessment experience
- \_\_\_\_\_ 20. Opportunities for professional socialization with other interns or trainees
- \_\_\_\_\_ 21. Internship environment/culture is supportive of diversity/inclusion (please note barriers or supports)

**Inpatient Setting**

- \_\_\_\_\_ 22. Appropriateness of caseload to meet training needs
- \_\_\_\_\_ 23. Physical/environmental setting and amenities (e.g., office space, access to phone and computer)
- \_\_\_\_\_ 24. On-site support and guidance
- \_\_\_\_\_ 25. Physical and emotional safety and wellbeing

**Primary CBO Rotation This Quarter**

- \_\_\_ Mid-State    \_\_\_ Marcy RMHU    \_\_\_ Mohawk    \_\_\_ Walsh RMU    \_\_\_ N/A
- \_\_\_\_\_ 26. Appropriateness of caseload to meet training needs
  - \_\_\_\_\_ 27. Physical/environmental setting and amenities (e.g., office space, access to phone and computer)

- 28. On-site support and guidance
- 29. Physical and emotional safety and wellbeing

**Supplemental/Elective CBO Rotation This Quarter (choose one)**

Gender Services Program    Psychological Autopsy    Assessment only    N/A

- 30. Appropriateness of caseload to meet training needs
- 31. Physical/environmental setting and amenities (e.g., office space, access to phone and computer)
- 32. On-site support and guidance
- 33. Physical and emotional safety and wellbeing

**Supplemental/Elective CBO Rotation This Quarter (choose one)**

Gender Services Program    Psychological Autopsy    Assessment only    N/A

- 34. Appropriateness of caseload to meet training needs
- 35. Physical/environmental setting and amenities (e.g., office space, access to phone and computer)
- 36. On-site support and guidance
- 37. Physical and emotional safety and wellbeing

**Supplemental/Elective CBO Rotation This Quarter (choose one)**

Gender Services Program    Psychological Autopsy    Assessment only    N/A

- 38. Appropriateness of caseload to meet training needs
- 39. Physical/environmental setting and amenities (e.g., office space, access to phone and computer)
- 40. On-site support and guidance

\_\_\_\_\_ 41. Physical and emotional safety and wellbeing

**Please provide additional feedback and recommendations you have that may improve any aspect of the internship program.**

**Please provide any additional feedback you have to improve this evaluation form or how we collect data and assess our program.**

## Appendix J

### CENTRAL NEW YORK PSYCHIATRIC CENTER DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

#### Supervisor Rating Form

Please complete this form separately for each supervisor (i.e., each psychologist that has provided you with direct supervision). Thank you.

Name of Supervisor: \_\_\_\_\_

Context of the Supervision: \_\_\_\_\_

Training Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

#### Rating Scale

**1**  
**Strongly**  
**Disagree**

**2**  
**Disagree**

**3**  
**Neither Agree**  
**Nor Disagree**

**4**  
**Agree**

**5**  
**Strongly**  
**Agree**

Please rate the following statements about your supervisor using the rating scale provided.

- \_\_\_\_\_ 1. My supervisor is accessible and has an open-door policy.
- \_\_\_\_\_ 2. My supervisor provides feedback in a manner that is non-threatening and easily understood.
- \_\_\_\_\_ 3. My supervisor is attentive to my specific training needs and goals.
- \_\_\_\_\_ 4. My supervisor demonstrates clear investment in my professional growth.
- \_\_\_\_\_ 5. My supervisor is knowledgeable and skilled in the areas they are supervising.
- \_\_\_\_\_ 6. My supervisor provides the appropriate level of feedback/guidance while fostering my autonomy.
- \_\_\_\_\_ 7. My supervisor was respectful in all communication and interactions.
- \_\_\_\_\_ 8. My supervisor is professional and served as an effective role model and mentor.
- \_\_\_\_\_ 9. My supervisor is approachable and supportive.

\_\_\_\_\_ 10 My supervisor actively works to resolve any conflict or issue. brought to their attention in a professional manner (mark Not Applicable [N/A] if appropriate).

**My supervisor was helpful in preparing me in the following profession-wide competencies (mark Not Applicable [N/A] if a specific domain was outside of the scope of the supervision).**

\_\_\_\_\_ 11. Research

\_\_\_\_\_ 12. Ethical and Legal Standards

\_\_\_\_\_ 13. Individual and Cultural Diversity

\_\_\_\_\_ 14. Professional Values, Attitudes, and Behaviors

\_\_\_\_\_ 15. Communication and Interpersonal Skills

\_\_\_\_\_ 16. Assessment

\_\_\_\_\_ 17. Intervention

\_\_\_\_\_ 18. Supervision (of others)

\_\_\_\_\_ 19. Consultation and Interprofessional/Interdisciplinary Skills

**What did you find most helpful in working with this supervisor?**

**What did you find least helpful in working with this supervisor?**

**Please provide any feedback you have on improving the supervisory process and/or ideas you would like to see incorporated into supervision.**

## **Appendix K**

### **Communication and Records Maintenance Policy**

#### **Match Confirmation and Initial Communication**

Following confirmation of a successful match, a Match Letter is sent to both the Intern and their Director of Clinical Training within 7 days. This letter verifies key details of the Internship, including the start and end dates and the stipend amount.

#### **Ongoing Communication with Graduate Programs**

- At each formal evaluation period, a copy of the Intern's written evaluation is emailed to their Director of Clinical Training.
- The Internship Director maintains ongoing communication with the Intern's Director of Clinical Training throughout the training year, as needed. Communication may be formal or informal and is typically conducted via email.
- If at any time an Intern's successful completion of the Internship is in question – due to faculty concerns, unsatisfactory evaluation ratings, or entry into the due process procedures – the Director of Clinical Training is promptly notified.

#### **Completion of Internship**

At the conclusion of the training year, the Intern is issued a Certificate of Completion. The Intern's Director of Clinical Training is notified of successful completion within one month of the Internship's end date.

#### **Records Maintenance and Confidentiality**

In accordance with accreditation standards, the Internship program maintains permanent records of each Intern's training experience. These include written evaluations, Certificates of Completion, and documentation of training experiences. These records are securely stored in a protected electronic database accessible only to members of the active Training Committee. In addition:

- The Internship Director retains all email correspondence with APPIC, APA, and doctoral programs related to individual Interns.
- The facility's Human Resources Department maintains all relevant personnel records, including hire letters, pre-employment background checks, and any other required employment documentation.

#### **Record Use and Access**

Internship records are maintained for the purpose of future licensing, credentialing, and verification of Internship completion. All records are handled with strict confidentiality and in compliance with relevant legal, ethical, and institutional guidelines.

## Appendix L

### Trainee Admissions, Support, and Initial Placement Data

Date Program Tables Updated: 07/31/2025

#### I. Internship Program Admissions

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

The population served by CNYPC includes individuals from diverse backgrounds and experiences and with a wide variety of psychiatric, cognitive, interpersonal, and medical issues. However, many of the individuals come from historically underrepresented sociocultural backgrounds, experienced significant levels of trauma and adversity, spent much of their lives in correctional or mental health institutions, have been diagnosed with serious mental illnesses or personality disorders, and have engaged in behaviors that pose a risk to the wellbeing of themselves or others. All have some involvement with the criminal justice system and reside in secure environments. Interns who find this program to be a good fit tend to be flexible, highly curious, lifelong learners who enjoy working with individuals with severe illness or behavior disorders, multidisciplinary collaboration, understanding the interface between psychological practice and the criminal justice system, crisis management, and fast-paced, dynamic settings. Additionally, Interns conduct a range of clinical and forensic evaluations, which includes substantial record review, administration of a variety of instruments, synthesis of diverse sources of information, and complex case conceptualization into comprehensive reports. Thus, there is a preferred minimum number of 100 hours of direct contact intervention hours and 100 hours of direct assessment hours. Additionally, experience with specific testing instruments, strong writing skills, and a solid assessment background is preferred and will serve Interns well. It is expected that interns will have prior training in the administration, and interpretation of psychological assessment of broadband measures (e.g., Personality Assessment Inventory (PAI), Minnesota Multiphasic Personality Inventory-2 (MMPI-2)), and intelligence assessment (e.g., Weschler Adult Intelligence Scale-4, or 5 if released) prior to the commencement of their training.

Preferred minimum number of hours of the following required at time of application:

Total Direct Contact Intervention Hours	Yes	Amount:	100 preferred
Total Direct Contact Assessment Hours	Yes	Amount:	100 preferred

Describe any other required minimum criteria used to screen applicants:

None. Completion of comprehensive examinations, dissertation proposal, and integrated testing reports is preferred.

#### II. Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$41,485
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for Intern?	Yes

Trainee contribution to cost of medical insurance is required?	Yes
Coverage for 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):	144
Hours of Annual Paid Sick Leave:	104

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Interns in excess of personal time off and sick leave?

Yes

Other Benefits:

Dental insurance; vision insurance; up to 3 professional leave days; participation in the New York State and Local Retirement System

### III. Initial Post-Internship Positions

(Aggregated Tally for the Preceding 3 Cohorts: 2022-2023; 2023-2024; 2024-2025)

Total number of Interns who were in the 3 cohorts: 6

Total number of Interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: 1

	Post-doctoral Residency Position	Employed Position
Community mental health center	0	0
Federally qualified health center	1	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	1*	2*
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	1

(\* All forensic psychiatric hospitals)

## Appendix M

### Diversity and Nondiscrimination Policy

The Internship values diversity in the broadest sense of the concept with respect to both the individuals providing and those receiving services. The Internship seeks to attract diverse Interns and Faculty who increase the cultural and individual diversity of the work force. It recognizes that a diverse group of Interns and Faculty enhances the learning experience and working environment for all individuals, provides a more robust experience for service recipients, and ensures a more well-rounded clinical perspective in forensic work. This is particularly important in a forensic and correctional setting where the majority of service recipients are from historically underserved and marginalized groups yet who are disproportionately represented in the criminal justice system. The Internship seeks to provide opportunities for service recipients to work with staff and Interns who may more closely represent their personal and cultural characteristics and experiences than they may have had in the past.

All decisions regarding the selection of Interns are based solely on the criteria outlined on standardized items on the AAPI Rating Form and Interview Rating Form. Applicants are considered based upon their academic and clinical preparation, readiness for Internship, and goodness of fit with the Internship. Likewise, active efforts are made to recruit and retain diverse and culturally competent Faculty, and Faculty are considered based upon their training, skills, and competence across the range of clinical practice. Demographic characteristics are not considered in the selection or rating of Intern applicants or Faculty. If any accommodations are required to facilitate job functioning and success, Interns and Faculty may request accommodations through the Internship Training Director. Moreover, the Internship strives to create a safe, inclusive, and welcoming environment to all individuals to promote professional growth for all.

The Internship appreciates that striving toward cultural competence is important across all areas of psychological practice and types of settings. The Internship's specific settings of training also contain a diverse population of individuals, which provides Interns with ample opportunity for professional training and growth in this area. The populations served present with a broad range of: ages, racial and ethnic backgrounds, national origins, socioeconomic backgrounds, languages, religions and belief systems, gender identities, sexual orientations, intellectual and cognitive functioning, behavioral challenges, medical and physical issues, mental health issues, personality styles, and legal issues. In their clinical work with these individuals, Interns are encouraged and trained to consider biological, psychological, social, and environmental factors (their own and those of the individuals served and the culture of the setting in which services are provided), including issues of individual and cultural diversity, in their conceptualization and practice. Cultural competence elements are included throughout the competencies upon which Interns are evaluated and self-evaluate. Additionally, there is one CNYPC/profession-wide competency focused exclusively on Individual and Cultural Diversity. By design, the Internship is structured to train Interns in the ethical and culturally competent practice of psychology, and they are evaluated accordingly. As such, culture and diversity issues are interwoven into training and supervision across all areas of practice (i.e., intervention, assessment, consultation, supervision, didactics, and research). These efforts are enhanced by input from the Diversity and Inclusion Committee, which Interns are invited to join.