

Doctoral Internship in Health Service Psychology

TRAINING MANUAL 2024-2025 Internship Year

Central New York Psychiatric Center

Marcy, New York 13403

*The CNYPC Doctoral Internship in Health Service Psychology is accredited by the
Commission on Accreditation of the American Psychological Association*

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Office of Mental Health
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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 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, Grievance and Due Process, and Appeal Procedures Form (Appendix A) and submit it to the Training Director.

About Central New York Psychiatric Center

Central New York Psychiatric Center (CNYPC) offers prospective Interns a diverse and compelling learning experience within the field of Health Service Psychology.

CNYPC was given a mandate in the 1970s 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 two prison settings (one maximum security, one medium security).

While these settings may sound like challenging places to provide mental health treatment, our team of psychologists, psychiatrists, social workers, licensed mental health counselors, recreation therapists, nurses, medical staff, and therapy aides 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 three training environments offered by CNYPC will be described in further detail next.

I. Forensic Inpatient Operations

CNYPC's Forensic Inpatient Operations is housed within a 169-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 stand trial. CNYPC also 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 given 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 serve rotations in two prisons quite close to 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 four 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. In terms of numbers, there are approximately 9,505 state patients (~29% of the NYS DOCCS population) currently 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 two 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. Finally, Interns may also be involved in another crucial service to New York State: 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 one-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 two supplemental rotations at Mid-State Correctional Facility (CF) and Marcy Correctional Facility Residential Mental Health Unit (RMHU). 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 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

- Forensic Inpatient Hospital

Supplemental Rotations in Corrections-based Operations (CBO)

- Mid-State Correctional Facility (CF) Satellite Mental Health Unit
- Marcy Residential Mental Health Unit (RMHU)

All Interns complete training at the primary training site and 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.

During the first semester, Interns spend the majority of their time at the Forensic Inpatient Hospital (approximately three days per week, including didactics and supervision), and two days per week at either Mid-State CF or Marcy RMHU. Interns typically change their CBO placements upon completion of six months at the site to expose them to different modes of treatment and patient populations within correctional settings. Thus, Interns spend minimally one day per week throughout the year at a CBO site. 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/residents prior to performing any independent tasks.

I. Forensic Inpatient Hospital Rotation – Primary

The Forensic Inpatient Hospital houses up to 169 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).

Interns may be involved in many aspects of care and evaluation in the Forensic Inpatient Hospital, including (* items are mandatory):

- *Assignment to one of the forensic wards as an active treatment team member
- *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
- *Participation in multidisciplinary 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 (* items are mandatory):

- *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 illnesses 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 four 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 (* items are mandatory):

- *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

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 four 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 two hours is provided by NYS Licensed Psychologists
 - Additional supervision may be provided by NYS Licensed Psychologists, Social Workers, or Psychiatrists
- One hour weekly, in addition to the minimum two 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 four 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 four-hour weekly minimum. In addition to scheduled weekly supervision, Supervisors are available on an as-needed, drop-in basis. All Forensic Inpatient Psychology Department members, including Interns), have offices within the same suite or wing of the hospital, facilitating ease of access to training materials and Supervisors for 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 their Supervisor 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 (e.g., Rorschach, PCL-R 2nd Ed.).
- 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 Presentation: Formal case presentations by staff psychologists and Interns. Interns will each present twice over the course of the Internship year, once focusing on a treatment case and once on an assessment case.

- **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 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. Should an Intern request this, recommendations, and endorsements for future training and/or employment will only be completed by the Training Director. Other members of the Training Committee cannot serve as professional references.

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 three different but geographically close locations (Forensic Inpatient Hospital, Mid-State Correctional Facility, and Marcy RMHU). In order 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.

If used by the Internship, 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 a live 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 six-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 two hours of formal training/didactics is provided weekly, along with two additional hours of professional development activities per week. In practice, Interns receive more than the required four 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, most 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.

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, 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 include a one-day training on “Best Practices in the Evaluation of Adjudicative Competence” by Dr. Patricia Zapf (2016-2017 year), multiple-day training on “Assessing Violence Risk Using the HCR-20^{V3} (2023-2024; –2021-2022 years), Seeking Safety training; Joint Supervision Seminar with Manhattan Psychiatric Center (MPC) and Sagamore Children’s Psychiatric Center (SCPC) (2023-2024; 2022-2023; 2021-2022 years), and a two-day training on “Promoting Gender Responsive Treatment” by Emily Salisbury, PhD, Franca Cortoni, PhD, and Eileen Russo, MA, LADC (2018-2019 year). Such opportunities vary from year to year.

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 on the treatment teams to which they are assigned and to conduct the following: individual and group therapy, crisis intervention, treatment and discharge planning, psychological assessments and consultation reports, forensic evaluations, and consultation with multidisciplinary staff.

Interns are also responsible for two formal case presentations to the Psychology Department in which other Interns and clinical staff discuss and provide feedback on the case. One presentation must be based upon an assessment conducted during the Internship. The other presentation must be based upon a therapeutic intervention occurring during the Internship (e.g., individual

therapy case, behavior support plan). In addition to data regarding the patients/residents, 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 may choose to either present to the Faculty on their own research (e.g., dissertation) or to 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 these presentations or experiences and written feedback on them via the Research Presentation Evaluation Form (Appendix E) or Mock Testimony Evaluation Form (Appendix F).

Finally, Interns are invited to join at least one Internship committee during their training year. Currently, the Training Committee and the Diversity and Inclusion 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 three to four days per week at the Forensic Inpatient Hospital and at least one day per week at one of two CBO rotations. 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 four hours of group and individual supervision weekly and a minimum of four hours of weekly professional development, including two 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 one to two hours of an assessment with a patient, and attending group or individual supervision.

Stipends, Benefits, and Resources Policy

The Internship training year **begins on September 1, 2024 and ends on August 31, 2025**. The annual stipend for the CNYPC Doctoral Internship in Health Service Psychology is \$40,277 for the 2024-2025 Internship year. Interns are temporary (1-year) full-time, paid employees of CNYPC and the NYS Office of Mental Health (OMH). As such, they receive the benefits listed below in addition to their stipend.

- NYS-subsidized individual or family health, dental, and vision insurance is available after a 28-day waiting period from the Internship start date.
- Interns receive all regular and float holidays (approximately 13) given to NYS employees. As these vary slightly from year-to-year, a current list of holidays is provided at the beginning of the Internship year. These typically include: New Year's Day; Dr. Martin Luther King, Jr. Day; Lincoln's Birthday; Washington's Birthday; Memorial Day;

Juneteenth, Independence Day; Labor Day; Indigenous People's Day; Election Day; Veterans' Day; Thanksgiving Day; and Christmas Day.

- 40 hours of Personal Leave is available from the beginning of Internship that may be used at any time with prior approval.
- Approximately 12 days of Sick Leave is accrued throughout the Internship year at the rate of approximately one day per month. Interns may only use sick leave after it is accrued and may not use more sick leave than they have earned. To do so will result in Leave Without Pay Status. As a professional, Interns are expected to use these days for illness or medical appointments for themselves or their immediate family members only.
- Approximately 12 days of Vacation time is accrued during the training year at the rate of approximately one day per month. Interns may not use vacation leave during the first six months of employment, although they may use personal and sick leave during this time with permission. Interns may not use more vacation leave than they have accrued.
- Three days of paid Professional Leave is provided during the Internship year to use 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 three 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 live person, to receive a phone or email message in response). Medical absences of three days or longer require a medical note.

Requests for anticipated time off should be submitted in writing to all affected Supervisors two weeks in advance (three weeks for Professional Leave) 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. If their time off results a total number of training hours that falls below 2,000 hours, Interns are required to make up the difference in training hours.

The Internship is a one-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.

Interns in good standing may request to complete the Internship up to one week early and must submit a formal written request to the Training Director no later than 05/01/25 to do so. On the rare occasion that an intern may need to complete their training year more than one week early, the Intern must provide a formal written request by 05/01/25, 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.

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 from all three service areas. 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. In the Inpatient Hospital, Interns also have access to the Internet. Interns have their own OMH and Department of Corrections and Community Supervision (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 locked facility, the use of audiovisual aids as a means of recording the patients is prohibited, and Interns are not allowed to use audiovisual materials for training purposes.

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:

- I. **Research**
- II. **Ethical and Legal Standards**
- III. **Individual and Cultural Diversity**
- IV. **Professional Values, Attitudes, and Behaviors**
- V. **Communication and Interpersonal Skills**
- VI. **Assessment**
- VII. **Intervention**
- VIII. **Supervision**
- IX. **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 G) 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 H), 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, Interns and Faculty sign the form, and all are provided with a copy. The original document is maintained by the Training Director. A copy of the signed document is also provided to the Director of Clinical Training of the doctoral program for each respective Intern. 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 Policy is enacted.

If concerns arise related to an Intern's performance or behavior, the matter will first be addressed in regular supervision (with the exception of egregious behavior). If issues persist, a graduated approach to resolution and remediation is undertaken, outlined in detail in the Due Process 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 detail about the evaluation of profession-wide competencies and the minimum levels of achievement is located in the Intern Evaluation, Retention, and Termination Policy (Appendix I).

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 J), Rotation Rating Form (Appendix K), and Supervisor Rating Form (Appendix L) 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 computer database accessible only by the active Training Committee. Some documents (i.e., original signed evaluation forms) are also maintained as paper files by the Training Director; these files are located in a locked file cabinet in the Training Director's office or other locked closet. 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.

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 particular 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 Policies outlined in the Training Manual. Faculty members are also available to assist with any problems or issues that may arise during the Internship.

Grievance Policy

Introduction

The Grievance Policy is enacted when an Intern raises a concern about a Faculty member, another Intern, or any aspect of the Internship. This policy delineates the steps necessary to file a formal grievance. Upon starting the training year, this policy is reviewed with Interns, after which

Interns will sign and date the Acknowledgement of Intern Rights, Training Program Responsibilities, and Grievance, Due Process, and Appeal Procedures Form (Appendix A) acknowledging that they are aware of their right to formal grievance proceedings. The original will be provided to the Training Director; a copy of the signed attestation form will be provided to Interns for their reference.

Description of Grievance Procedure

Informal Conflict Resolution

Interns are first encouraged to resolve issues through informal conflict resolution, with the support of a Supervisor or the Training Director, as needed. During informal conflict resolution, Interns are allotted the same rights listed in the Training Manual and Due Process Policy.

If the conflict involves an Intern's Supervisor and the Intern does not feel comfortable discussing the concern with that Supervisor, the Intern may ask a different member of the Training Committee, including the Training Director, to discuss the issue with the Supervisor and to propose a solution to the conflict that will be implemented if agreed to by all persons involved.

If an attempt at informal conflict resolution fails, is not appropriate, or is potentially harmful to the Intern, the Intern has the right to file a grievance with the Training Director (or Designee, if the grievance is with the Training Director) in accordance with the Association of Psychology Postdoctoral and Internship Centers (APPIC) standards.

Formal Grievance Procedure

To file a formal grievance, Interns must submit a completed Intent to File a Formal Grievance Form (Appendix M) to the Training Director/Designee. The Training Director/Designee will review the grievance and conduct a formal investigation of the complaint. This process can include interviewing relevant staff (including the Intern and individual being grieved) and/or service recipients and consultation with Faculty as appropriate. Within 10 working days, the Training Director/Designee must provide a written response to the formal complaint filed by the Intern. If the Intern is grieving an aspect of the Internship itself rather than an individual, the Intern will meet with the Training Director (and if appropriate/requested, a representative for the Intern, e.g., other Faculty member) to discuss and attempt to resolve the issue.

The written documentation of the review will include:

1. The issue being grieved;
2. The agreed-upon steps to resolve the problem;
3. The measure(s) of successful resolution; and
4. The time frame by which the issue should be resolved.

The issue being grieved may be deemed unsubstantiated. However, if substantiated, recommended steps for resolution may include, but are not limited to informal conflict mediation, modification of the training assignment, and/or a change in Supervisor(s). If the Training Director/Designee determines that a grievance against a staff member cannot be, or is not appropriate to be, resolved internally, the issue will be turned over Human Resource Management.

Appeal

If the Intern disagrees with the recommendation, they may appeal the decision by submitting the Formal Request for Appeal Form (Appendix N) to the Training Director, who will turn the matter over to CNYPC Human Resources Management. The Intern may also consult with the APPIC Standards and Review Committee (ASARC) for further assistance.

Due Process Policy

Introduction

In accordance with the Standards of Accreditation for Health Service Psychology (SoA), CNYPC Interns have the right to due process. Due Process is the way the Training Committee will identify, evaluate, and respond to an Intern's problematic behavior, conflict, and/or insufficient level of achievement in the profession-wide competencies of health service psychology. The Training Committee is committed to working with Interns to address and resolve any identified problems that interfere with professional training and competence. Formal Due Process procedures are initiated when an informal remediation or provision of verbal feedback is unsuccessful, the Intern does not meet the minimum levels of achievement (MLA) on any training element at any quarterly evaluation, or a situation arises where informal remediation is deemed inappropriate and insufficient to address the identified problem(s).

Due process ensures that decisions made by the Internship concerning Interns are not arbitrarily or personally biased, as it requires the identification of specific evaluative procedures that are applied to all Intern concerns, complaints, and appeals. Due Process is intended to be supportive and not punitive. CNYPC's Due Process Policy is structured in a step-wise fashion, involving greater levels of intervention in proportion to the identified problem's persistence, complexity, or level of disruption to the training program. The only exception to this process occurs when Interns engage in behaviors that are consistent with gross professional impairment/misconduct and/or the violation of the rights of service recipients per CNYPC policies and applicable federal and state laws. This includes but is not limited to: service recipient abuse or neglect, security breaches, and severe boundary violations with a service recipient.

Upon starting the training year, this policy will be reviewed with Interns, after which Interns will sign and date the Acknowledgement of Intern Rights, Training Program Responsibilities, and Grievance, Due Process, and Appeal Procedures Form (Appendix A), acknowledging that they are aware of their due process rights. The original will be maintained by the Training Director; a copy of the signed attestation form will be provided to Interns for their reference.

Rights and Responsibilities

Due Process is intended to protect the rights of both the Intern and the doctoral Internship program and carries responsibilities for both. It is intended to be a helpful process and structured opportunity for the Intern to receive support, assistance, and resources to remediate identified problems.

Intern Due Process

The Intern has several rights under the Due Process Policy: the right to be afforded with every reasonable opportunity to remediate identified problems; the right to be treated in a respectful,

professional, and ethical manner; the right to participate in the Due Process Policy by having their viewpoint heard at each step in the process; and the right to appeal decisions with which they disagree, within the limits of this policy. In accordance with CNYPC's Respect and Interpersonal Behavior Policy, the Intern is expected to engage in a manner that is respectful, professional, and ethical. The Intern is also expected to make every reasonable attempt to remediate behavioral and competency concerns and strive to meet the aims of the training program.

CNYPC Internship Due Process

The Internship has the right to implement the Due Process Policy when concerns arise about an Intern's functioning as described below. The training program and Training Committee have the right to be treated in a respectful, professional, and ethical manner. The training program has a right to make decisions related to remediation for an Intern, including suspension, and termination, within the limits of this policy. The training program is responsible for engaging with the Intern in a respectful, professional, and ethical manner, making every reasonable attempt to support Interns in remediating behavioral and competency concerns and supporting Interns to the extent possible in successfully completing the training program.

Definition of Problematic Behavior

Problematic behavior is broadly defined as any behavior, attitude, or issue that interferes with and/or impairs the completion of one's professional activities such that they raise concern from one or more Training Committee members, requiring remediation and the potential development of a Remediation Plan.

Examples of Problematic Behavior:

1. The Intern does not acknowledge, understand, or address the problem(s) when it is identified
2. The Intern fails to adequately and accurately inform Supervisor(s) of therapeutic and/or assessment interactions with service recipients
3. The Intern fails to integrate supervisory feedback into current practice
4. The Intern fails to adequately and appropriately prepare for supervision, clinical activities, or other responsibilities
5. The Intern fails to acquire and integrate professional standards into their repertoire of professional behavior
6. The Intern fails to adhere to time and attendance policies
7. The Intern repeatedly fails to complete assigned tasks in timely manner
8. The Intern displays inappropriate boundaries with service recipients and/or colleagues
9. The Intern fails to control personal distress, psychological issues, and/or excessive emotional reactions which interfere with professional functioning
10. The Intern fails to acquire professional skills to attain and/or maintain the minimum level of achievement in any of the elements as outlined in the quarterly Intern Competency Evaluation Form (Appendix H)
11. The problematic behavior is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training
12. The problematic behavior has potential for ethical or legal ramifications if not addressed

13. The quality of services delivered by the Intern is sufficiently negatively affected and/or potentially causes harm to a patient or staff
14. The problematic behavior negatively impacts other trainees
15. The problematic behavior violates appropriate interpersonal communication with agency staff
16. The Intern's behavior negatively impacts the public view of the agency
17. The problem is not restricted to one area of professional functioning
18. A disproportionate amount of attention from Supervisor(s) is required to complete routine tasks proficiently and competently
19. The Intern's behavior does not change as a function of feedback, remediation, and/or time
20. All other substantive and persistent concerns not mediated through general training, support, and supervision

In concert with regularly-scheduled individual and group supervision and verbal supervisory feedback, the identification of problematic behavior and/or insufficient level of competence may occur through the following:

1. Direct observation of Intern activities
2. Review of raw data (e.g., test scoring materials, written interview notes)
3. Review of written work/documentation
4. Feedback from interdisciplinary CNYPC staff members or other agencies (e.g., DOCCS) associated with Intern rotation placement
5. Feedback from service recipients
6. Quarterly competency evaluations, in which it is noted that the Intern is failing to achieve the minimum level of achievement (MLA) expected during that quarter

Due Process Procedures

Informal Notification

If a Supervisor believes that an Intern's behavior is problematic or that the Intern exhibits difficulty consistently demonstrating the expected level of competence, the Supervisor will address the problematic behavior with the Intern directly and as soon as possible to attempt to informally resolve the problem. The Supervisor may provide any additional guidance and resources (e.g., informal remediation activities) to help the Intern rectify the concern to meet the minimum levels of achievement (MLA) for that quarter of training. The Supervisor will identify a timeframe for improvement to occur. Over the course of that timeframe, the Supervisor will continue to provide the Intern with feedback regarding performance with respect to the problematic behavior and/or insufficient level of competence.

It is the Supervisor's responsibility to document this conversation in supervision notes as well as to inform the Intern that while this is an informal notification, if the problematic behavior and/or insufficient level of professional competency continues, formal remediation or disciplinary action may follow.

Formal Notification and Hearing

Formal Due Process is initiated when an informal remediation or provision of verbal feedback is unsuccessful, the Intern does not meet the minimum levels of achievement (MLA) on one or

more training element at a quarterly evaluation, or a situation arises where informal remediation is deemed inappropriate and/or insufficient to address the identified problem(s).

1. **Formal Notification:** The Intern will be notified by the Internship in writing that the problematic behavior(s) has been raised to a formal level of review and that a Hearing will be held. The Training Director will contact the Director of Clinical Training at the Intern's doctoral program verbally and/or in writing (whichever is expedient) to inform them that the Intern was given formal notification and that a Hearing will be held.
2. **Hearing:** The Supervisor (and other Faculty members who have raised concerns) will hold a Hearing with the Training Director and Intern within 10 working days of issuing a notice of formal review. If the Training Director is the Supervisor who is raising the issue, an additional Training Committee member will be included at the Hearing. During the Formal Hearing, the behavior and/or competency concerns, efforts to remediate them to date, and results will be discussed. The Intern may respond to the concerns discussed, and a collaborative approach between the Intern, Supervisor, and Training Director will be taken to identify additional actions/resources available to assist the Intern in meeting the minimum level of achievement (MLA) expected, as well as potential obstacles to success thus far. The Intern will also be informed of the possible need for a placement on a formal remediation plan, suspension, or termination.
3. **Outcome and Next Steps:** Following the Hearing, the Training Committee will determine the level of intervention(s) necessary to address the problematic behavior, depending upon the nature and seriousness of the issue. The Training Director will contact the Director of Clinical Training at the Intern's doctoral program verbally and/or in writing (whichever is expedient) about the outcome of the Hearing and next steps. The Training Director also will communicate the outcome to the Intern in writing within five working days of the Hearing. The Training Committee has several levels and options of corrective responses to address an Intern's problematic behavior(s) and impairment(s), including:
 - a. **Acknowledgement Notice:** The Training Director will communicate the outcome to the Intern in writing that:
 - i. The Training Committee is aware of and concerned about the problem;
 - ii. The problematic behavior was brought to the attention of, and discussed in a Hearing with, the Intern;
 - iii. The Training Committee will work with the Intern to specify the steps necessary to rectify the problematic behavior(s) or skill deficits identified by the inadequate rating(s) on the Intern Competency Evaluation Form;
 - iv. The problem is not significant enough to warrant further remedial action at this time.
 - b. **Remediation:** Within 10 days of the Hearing, the Training Committee will develop a Remediation Plan, which is a formal document that outlines the identified concerns, the training program's expectations of the Intern, remediation methods/support that will be provided, and performance indicators (specific, measurable, attainable, and reasonable outcomes expected of the Intern within a certain timeframe as determined by the Training Committee). Input from the Intern's Director of Clinical Training and the Association of Psychology Postdoctoral and Internship Centers (APPIC) Informal Problem Consultation may be requested at this time.

- i. During this time, the Intern will receive supervision on an ongoing basis. Supervisors will provide feedback to the Training Director who will summarize the Intern's response/progress with respect to remediation efforts. The Remediation Summary will be periodically reviewed with the Intern throughout the duration of the remediation plan. All original documents should be signed and dated by participating parties, who are entitled to a copy. Originals will be retained by the Training Director.
 - ii. Copies of the Remediation Plan and Summaries will be shared with the Intern and Intern's Director of Clinical Training.
 - iii. At the end of the remediation period, the Training Director will provide a written statement indicating whether or not the problematic behavior has been remediated. This statement will become part of the Intern's file and will be shared with the Intern's Director of Clinical Training. If the problem has not been remediated, the Training Committee may choose to extend or modify the Remediation Plan or proceed with termination. The extended Remediation Plan will include all the information and procedures mentioned above and the extended time frame will be specified clearly.

- c. Suspension: The Intern may be removed from all clinical service provision at any time during the training year due to concerns of engaging in problematic and/or concerns of patient harm. A specified timeline will be identified in which the training program may support the Intern in obtaining additional didactic training, close mentorship, or some other method of remediation. The Suspension Plan will be shared with the Intern and the Intern's Director of Clinical Training. It will outline the identified concerns, the training program's expectations of the Intern, remediation methods/support that will be provided or actions that will be taken by the training program, and performance indicators (specific, measurable, attainable, and reasonable outcomes expected of the Intern within a certain timeframe as determined by the Training Committee). The length of the suspension period will depend upon the nature of the problem and will be determined by the Training Committee. Input from the Intern's Director of Clinical Training and APPIC's Informal Problem Consultation will be requested at this time.
 - i. During this time, the Intern will receive supervision on an ongoing basis. Supervisors will provide feedback to the Training Director who will summarize the Intern's response/progress with respect to remediation efforts. The Training Director will periodically review the summary with the Intern for the duration of the suspension period. All original documents should be signed and dated by participating parties, who are entitled to a copy. Originals will be retained by the Training Director.
 - ii. Copies of the Suspension Plan and Summaries will be shared with the Intern and Intern's Director of Clinical Training.
 - iii. At the end of the suspension period, the Training Director will provide a written statement indicating whether or not the problematic behavior has been remediated to a level such that the suspension of clinical activities may be lifted.

- iv. Should the suspension period end without resolution of the problematic behavior(s), possible outcomes include extension or modification of the Suspension Plan and termination from the training program.
- d. Termination: If the problematic behavior is not rectified through the above-noted processes within a reasonable time or represents gross misconduct or ethical violations that have the potential to cause harm, the Training Committee will discuss the issue. If the Training Committee determines that termination may be an outcome of Due Process, input from the Intern's Director of Clinical Training, APPIC's Informal Problem Consultation, and CNYPC Human Resources Management will be requested. Following this consultation, the Training Committee will vote to determine if the Intern's problematic behavior elevates to the need for termination from the training program. Termination is decided by majority vote; in the instance of a tie, the Training Director's vote will serve as the determining vote. Should the decision be termination, the Training Director will inform the Director of Clinical Training, APPIC, and CNYPC Human Resources Management verbally and/or in writing. Further, the Training Director will inform the Intern verbally and in writing of the decision of the Training Committee and of their right to appeal. The Training Director may decide to suspend an Intern's clinical activities during this period prior to a final decision being made.

Termination from the CNYPC Internship means that the Training Director and CNYPC will not endorse the Intern as having completed hours toward Internship for the purposes of acquiring the doctoral degree or licensure.

Appeal Procedure

If the Intern wishes to challenge a decision made at any step during Due Process, they may request an Appeal Hearing before the Internship Training Committee. After receiving written notification of the outcome of the initial Hearing, the Intern has five working days to submit a written request for an Appeal Hearing.

When filing a formal appeal, the Intern is required to inform the Training Director in writing (utilizing the Formal Request for Appeal Form; Appendix N) of their intent to appeal the Hearing decision. The Appeal Hearing will be conducted by the Director of Inpatient Operations or their Designee. The Intern may request a specific member of the Internship Training Committee to participate in the Appeal Hearing; such requests will be considered and granted if appropriate/possible but are not guaranteed. The Appeal Hearing will be held within 10 working days of the Intern's request. The Director of Inpatient Operations or their Designee will review all written materials and have an opportunity to interview any individuals with relevant information. They may reverse, uphold, or modify the prior decisions of the Training Committee. Decisions made by the Director of Inpatient Operations, or their Designee will be provided to the Intern, their Director of Clinical Training, and the Training Committee in writing. The Director of Inpatient Operations or their Designee's decision will be considered final.

Should the original decision of the Training Committee be reversed, the Intern will resume their status prior to that decision (e.g., if a determination is reversed, the Intern will return to regular Intern status). Should some, but not all, of the recommendations of the Training Committee be reversed, or should additional recommendations be made, the Training Committee will work with the Intern to integrate these changes into their existing individualized training program. The

Intern's Supervisor(s) (or newly appointed Supervisor(s) should a change be necessary) will continue to work closely with the Intern to remediate the identified problem.

Additional Review

If the Intern has concerns with respect to their rights and responsibilities, the CNYPC Grievance Process, the CNYPC Due Process Procedure, 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, including psychologists across all three CNYPC divisions 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

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 also the Training Director of the CNYPC Doctoral Internship in Health Service Psychology. Prior to these roles, Dr. Marioni served on several CNYPC treatment units as a Licensed Psychologist and subsequently as a Unit Coordinator. 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 subsequently completed a postdoctoral fellowship at the University of Massachusetts Medical School Law and Psychiatry Program. Dr. Marioni became a Designated Forensic Psychologist (DFP) for the Commonwealth of Massachusetts and worked at Bridgewater State Hospital, a secure forensic psychiatric hospital for individuals involved with the criminal justice system. Dr. Marioni obtained her board certification in Forensic Psychology by the American Board of Professional Psychology (ABPP) in 2013. She is an active participant in numerous agency committees and workgroups and is Co-Chair of the Hospital Forensic Committee. She is also a member of the Staff Support Team (SST), which provides psychological first aid and debriefing to staff members affected by trauma and adverse events. Dr. Marioni is committed to lifelong professional development for herself and those she supervises, and she is an active member of numerous professional organizations, including the American Academy of Forensic Psychology, APA Division 41 (American Psychology-Law Society), and Central New York Psychological Association. Her clinical and research interests include adjudicative competence, criminal responsibility, personal injury, disability, fitness for duty, malingering, suicide and violence risk assessment, and severe psychopathology. She utilizes an integrative theoretical orientation in her conceptualization of psychiatric illness and its treatment. 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.

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. Finally, 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.

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 more than a decade overseeing a mental health clinic, providing direct care, and supervising psychologists around the state. 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 15 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, Ph.D. (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 the Correctional Based Operations (CBO) of CNYPC. 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, Psy.D. (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 and up to the present, she conducts 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.

Jacqueline L. Smith, PhD (she/her/hers), is a NYS Licensed Psychologist who received a Ph.D. in Clinical Psychology with a Forensic Specialization from Fairleigh Dickinson University in New Jersey. She completed her internship in New York City at NYU Medical School/Bellevue Hospital Center, in the Forensic Specialty Track, which included rotations at Kirby Forensic Psychiatric Center and Bellevue Hospital Prison Ward. At CNYPC, Dr. Smith conducts court-ordered competency to stand trial evaluations, risk assessments, psychological testing, and provides individual and group therapy. Dr. Smith also received the prestigious Golden Bowtie Award from

the Center for Recovery-Oriented Cognitive Therapy (CT-R) at the Beck Institute for her work in CT-R. Additionally, she currently oversees the CNYPC Cognitive Remediation initiative. Aside from this, Dr. Smith is an active member of CNYPC's Diversity and Cultural Competence Committee and previously served as the chair of the Internship Diversity and Inclusion Committee. Her clinical and research interests include severe mental illness, forensic/psychological assessment, malingering, violence risk, adjudicative competency, criminal responsibility, social justice issues, and alternatives to incarceration. Her theoretical orientation is integrated, with an emphasis on Psychodynamic and Humanistic theories.

Nathan C. Bridendolph, PhD, LMHC (he/him/his), is a NYS Licensed Psychologist who has worked for CNYPC Forensic Inpatient Services since 2021. He graduated from West Virginia University in Morgantown, WV, with his doctorate in Counseling Psychology. He completed his doctoral Internship at the Syracuse VA hospital. He conducts psychological evaluations for diagnostic clarification and treatment recommendations, performs court-ordered evaluations, and provides individual and group psychotherapy. Prior to obtaining his PhD he worked in various forensic settings with juveniles providing individual and group therapy. His clinical interests include trauma-related disorders, schizophrenia, forensic assessment, and adjudicative competency. His theoretical orientation is integrated, with an emphasis on Cognitive Behavioral and Humanistic theories.

Samantha J. Helmeczi, PsyD (she/her/hers), is a NYS Licensed Psychologist who received a Psy.D. 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 is a member of the CNYPC Diversity and Cultural Competence Committee (DCCC).. 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 Associate 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, and college counseling center and with the Office for People with Developmental Disabilities. 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.

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), 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.

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 trained in Dialectical Behavioral Therapy (DBT).

Carrie Santopietro, LCSW-R (she/her/hers) is a NYS Licensed Clinical Social Worker with Psychotherapy Privilege. She is the Unit Chief of the Marcy CF RMHU. Ms. Santopietro obtained her MSW from The State University of New York at Albany. She has been employed at Marcy RMHU since the program opened in 2009 as a clinical social worker providing individual and group therapy in the RMHU and has experience providing individual therapy in general population at Marcy CF. In her current role, she oversees the daily administrative and clinical functions of a prison-based multidisciplinary mental health unit. Ms. Santopietro also serves as the direct on-site Supervisor for Interns when on site at Marcy RMHU and as the liaison between Marcy RMHU and the Internship. Additionally, Ms. Santopietro has been a statewide trainer for OMH and DOCCS staff in provision of mental health services. Ms. Santopietro 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 Disorders and Psychopathy. Outside of her CNYPC position, Ms. Santopietro provides teletherapy for individuals in the community with mental health and medical comorbidities.

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.

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 is a maximum-security facility, and numerous items, including clothing, that may be acceptable or common in other types of facilities (including but not limited to cell phones, electronics, flashdrives, smart watches, Bluetooth headphones, and fitness trackers) are prohibited in the facility. Use of any tobacco products on CNYPC grounds is strictly prohibited. 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 2025–2026 Internship year, the deadline for completed applications is 11/17/24, 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 Standard Reference Forms; two 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. Although not required, preference will also be given to applicants who have completed their comprehensive examinations, proposed their dissertations, and have experience in forensic and/or acute settings.

Applicants for the 2025-2026 Internship year will be notified via email of their interview status by the deadline published in the APPIC directory, which this year is 12/20/24. Interviews will be scheduled during January 2025.

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. CNYPC will provide the option for an onsite open house should applicants wish to see the facility in person. Please note that attending the open house is not a requirement. 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.

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 O). Individuals with questions about the Internship or the selection process should contact the [Training Director](#), 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 P).

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
Web: 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: Acknowledgement of Intern Rights, Training Program Responsibilities, and Grievance, Due Process, and Appeal procedures

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

I, _____, acknowledge having received and reviewed policies regarding the due process, grievance, and appeals proceedings. 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.

Date

Intern

Date

CNYPC Training Director/Designee

Appendix B: Didactic Rating Form

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

Topic:

Presenter:

Date:

Please use the following scale to describe the presentation:

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

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. (If Applicable) The reading materials were provided well in advance.
10. The presentation incorporated information and discussion regarding cultural/diversity factors and/or individual differences with respect to the specific topic.

Comments:

Appendix C: Tentative Didactic Schedule

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

All didactics are scheduled on **Wednesday** from 2:30 pm – 4:30 pm in the Administrative Conference Room unless otherwise noted.

	DATE	TOPIC	PRESENTER
	09/04/24	CNYPC Documentation	Melissa Hing, PsyD
	09/11/24	CNYPC Hospital Orientation	Education and Training
	09/18/24	Department Specific Orientation	Alexandra Assalley, PsyD
	09/25/24	Adjudicative Competency, Part 1: The Concept & Historical Roots of Competency	Nichole Marioni, PhD, ABPP
	10/02/24	Adjudicative Competency, Part 1: The Concept & Historical Roots of Competency	Nichole Marioni, PhD, ABPP
	10/09/24	Introduction to the NYS Department of Corrections & Community Supervision: Providing Services in Forensic Settings	Steve Gross, PsyD
	10/16/24	Differing NYS Mental Health Legal Statuses	Jackie Smith, PhD
	10/30/24	Suicide Risk Assessment & Conceptualization/Non-Suicidal Self-Injury Risk Management & Intervention	Nichole Marioni, PhD, ABPP
	11/06/24	Adjudicative Competency, Part 2: Competency Restoration Models – Part I	Samantha Helmeczi, PsyD
	11/13/24	Adjudicative Competency, Part 2: Competency Restoration Models – Part II	Samantha Helmeczi, PsyD
	11/20/24	Countertransference in Correctional Settings	Steve Gross, PsyD
	11/27/24	Misdiagnosing Overvalued Beliefs as Psychosis, A Focus on Sovereign Citizenship	Alexandra Assalley, PsyD
	12/04/24	Forensic Report Writing	Nichole Marioni, PhD, ABPP
	12/11/24	Working with Parole Boards	Samantha Helmeczi, PsyD
	12/18/24	Psychology and Military Culture	Nathan Bridendolph, Jr., PhD, LMHC
	12/25/24	None - Holiday	
	01/01/25	None - Holiday	
	01/08/25	AAFP Supervision of Forensic Psychological Evaluations:	ConCEpt webinar: A.J. McConnell, PsyD, Amanda Conn, PsyD

			CNYPC Faculty Discussant: TBD
	01/15/25	Supervision Didactic with Sagamore PC	Sagamore PC Faculty or Kristen Horan-Lindstrom, PsyD
	01/22/25	Introduction to Cognitive Processing Therapy for PTSD/Trauma	Steve Gross, PsyD
	01/29/25	Assessing for PTSD	Nathan Bridendolph, Jr., PhD, LMHC
	02/05/25** 1:00-2:30 WebEx	Intern Case Presentation 1	Intern
	02/12/25** 1:00-2:30 WebEx	Intern Case Presentation 1	Intern
	02/19/25	ECST-R, and ILK Administration and Interpretation	Jacqueline Smith, PhD
	02/26/25	Yoga and Mental Health	Alexandra Assalley, PsyD
	03/05/25	https://youtu.be/bid2FnP3coE?si=J0d4m2FyjSqjijRj Common Factors That Can Bias Clinical Judgment in Psycholegal Contexts	UNM Department of Psychiatry and Behavioral Sciences Anthony Perillo, PhD Faculty Discussant: TBD
	03/12/25	Effort/Validity Testing and Dissimulation	Jacqueline Smith, PhD
	03/19/25	Psychology and Military Culture	Nathan Bridendolph, Jr., PhD, LMHC
	03/26/25	Ethics & Landmark Cases, Pt. I	Alexandra Assalley, PsyD
	04/02/25	Psychopathy & PCL-R: 2 nd , Part I	Jacqueline Smith, PhD
	04/16/25	Psychopathy & PCL-R: 2 nd , Part I, continued	Jacqueline Smith, PhD
	04/30/25	Psychopathy & PCL-R: 2 nd Part II	Jacqueline Smith, PhD
	05/07/25	Violence Risk Assessment, HCR-20	Faculty TBD
	05/14/25* 1:00-2:30	Intern Case Presentation 2	Intern
	05/21/25* 1:00-2:30	Intern Case Presentation 2	Intern

New York State Office of Mental Health

	06/04/25	Supervision Practical with Sagamore Children's Psychiatric Center and Manhattan Psychiatric Center	Kristen Horan-Lindstrom, PsyD
	06/11/25	Insanity Evaluations, Part I	Nichole Marioni, PhD, ABPP,
	06/18/25	Insanity Evaluations, Part II: Ralph Tortorici: A case of (Competency) and Insanity	Nichole Marioni, PhD, ABPP
	06/25/25	Settled Insanity	University of New Mexico Paul Applebaum, MD Faculty Discussant: TBD
	07/02/25	Becoming a Forensic Psychologist	Faculty Discussant TBD
	07/09/25	Veteran's Canine Program – MSCF	MSCF Staff & Faculty Member TBD
	07/16/25	Ethics & Landmark Cases, Pt. II	Alexandra Assalley, PsyD
	07/23/25 1:00-2:30	Intern Research Presentation	Intern
	07/30/25 1:00-2:30	Intern Research Presentation	Intern
	08/06/25	Rethinking our Approach to Forensic Supervision	UNM – Heath Hodges, PhD, ABPP Faculty Discussant: TBD
	08/13/25	EPPP Preparation	Melissa Hing, PsyD
	08/20/25	Ethics & Landmark Cases, Pt. III	Alexandra Assalley, PsyD
	08/14/24	Grad School is over: Now What? Processing the transition from student to early career professional.	Alexandra Assalley, PsyD

Appendix D: Internship Case Presentation Evaluation Form

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

Psychotherapy Case Presentation **Assessment Case Presentation**

Intern: _____
Rater: _____

Date: _____
Quarter: _____

Supervisor of case: _____

Competency Rating Scale

5	Superior/Comparable to autonomous practice at the postgraduate professional skill level. 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	Advanced/Readiness for entry level practice. 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	Intermediate. 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	Entry level/Intensive supervision needed. 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	Remedial work needed. 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	Not applicable 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	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Introduction	Rating
Referral information and presenting problem/referral questions, including any psycho-legal issue(s), are clearly articulated	Choose an item.
Relevant demographic information (e.g., ethnicity, age, gender) is included	Choose an item.
Nature and frequency of clinical contact and other sources of information are clearly described	Choose an item.
Historical information, including legal and mental health history, is appropriately integrated	Choose an item.
Overall Rating for Introduction	Choose an item.

Not applicable	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Case Conceptualization	Rating
Use of psychological measures is appropriate to the purpose of the evaluation and specific patient/evaluee	Choose an item.
Psychological theory (e.g., Cognitive Behavioral, Humanistic) is clearly integrated	Choose an item.
Relevant current research (minimum of 3 empirical or peer-reviewed articles) is integrated into conceptualization and practice	Choose an item.
Conceptualization, including how it addresses referral questions/presenting complaint, is clear and based on theory and data	Choose an item.
Biological, psychological, sociocultural, and diversity variables are addressed	Choose an item.
Diagnostic impressions based on DSM-5 criteria are provided and supported by data	Choose an item.
Overall Rating for Case Conceptualization	Choose an item.

Not applicable	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Intervention/Treatment Plan	Rating
Appropriate recommendations or treatment plan and objectives are provided based upon conceptualization and best practices/literature	Choose an item.
Interventions provided, anticipated effect, and actual results clearly articulated	Choose an item.
Flexibility in approach/ability to modify intervention or assessment strategies as necessary demonstrated	Choose an item.
Overall Rating for Intervention/Service Plan	Choose an item.

Not applicable	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Legal and Ethical Issues	Rating
Relevant legal and ethical issues, including applicable subspecialty guidelines, are addressed adequately	Choose an item.
Systemically-imposed limitations and expectations impacting ethical and subspecialty guidelines are discussed	Choose an item.
Overall Rating for Legal and Ethical Issues	Choose an item.

Not applicable	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Self-Examination	Rating
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	Choose an item.
Strengths of work/professional development articulated	Choose an item.
Areas for growth in work/professional development articulated	Choose an item.
Feelings, attitudes, and behaviors regarding relationship to the patient/evaluatee and their impact on the work discussed	Choose an item.
Openness and responses to questions and feedback of others	Choose an item.
Overall Rating for Self-Examination	Choose an item.

Overall Rating: Choose an item.

Supervisor Comments:

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

Training Director Signature

Date

Intern Signature

Date

**Appendix E: Research Presentation Evaluation Form
CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC)
DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY**

RESEARCH PRESENTATION EVALUATION FORM

Intern: _____

Date: _____

Rater: _____

Quarter: _____

Competency Rating Scale

5	Superior/Comparable to autonomous practice at the postgraduate professional skill level. 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	Advanced/Readiness for entry level practice. 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	Intermediate. 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	Entry level/Intensive supervision needed. 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	Remedial work needed. 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	Not applicable 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	Remedial	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Knowledge and Mastery of Material	Rating
Demonstrated clear foundation of knowledge on topic	Choose an item.
Presented current and accurate material	Choose an item.
Provided sufficient and coherent background for research	Choose an item.
Provided clear hypotheses/learning objectives	Choose an item.
Conveyed impact of the research on the field (global relevance)	Choose an item.
Utilized appropriate and sufficient empirical and theoretical resources	Choose an item.
Integrated individual and cultural diversity factors into presentation (personal and/or clinical factors)	Choose an item.
Overall Rating for Knowledge and Mastery of Material	Choose an item.

Not applicable	Remedial	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Empirical Study (if relevant)	Rating
Offered original hypotheses	Choose an item.
Accurately designed and implemented a study to evaluate hypotheses (e.g., method, data collection, analysis)	Choose an item.
Overall Rating for Empirical Study	Choose an item.

Not applicable	Remedial	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Analytical Ability	Rating
Critically reviewed/analyzed/interpreted empirical articles/data/findings	Choose an item.
Integrated wide range of information and explained contradictory data	Choose an item.
Drew reasoned conclusions from a body of knowledge that were supported by the data	Choose an item.
Critically examined strengths and limitations of research	Choose an item.
Presented clinical application/implications of research/findings (specific clinical utility)	Choose an item.
Answered questions accurately and meaningfully (knowledge related to questions)	Choose an item.
Overall Rating for Analytical Ability	Choose an item.

Not applicable	Remedial	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Organization of Presentation and Use of Visual Aids	Rating
Presentation was well-organized	Choose an item.
Aids were clear, uncluttered, and well-formatted	Choose an item.
Aids were informative and appropriate for the presentation/material	Choose an item.
Aids used appropriate grammar/spelling	Choose an item.
Overall Rating for Organization of Presentation and Use of Visual Aids	Choose an item.

Not applicable	Remedial	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Legal and Ethical Issues	Rating
Discussed relevant legal and ethical issues, including applicable subspecialty guidelines and systematically-imposed limitations	Choose an item.
Overall Rating for Legal and Ethical Issues	Choose an item.

Not applicable	Remedial	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Professional Demeanor	Rating
Well-prepared for presentation/knowledgeable about topic	Choose an item.
Maintained composure and professional demeanor throughout	Choose an item.
Language was precise and appropriate	Choose an item.
Presented material in a fair, objective manner	Choose an item.
Engaged audience/did not simply read slides/materials	Choose an item.
Responded to questions openly and directly (approach to questions)	Choose an item.
Overall Rating for Professional Demeanor	Choose an item.

Overall Rating: Choose an item.

Supervisor Comments:

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

Training Director Signature

Date

Intern Signature

Date

Appendix F: Mock Testimony Evaluation Form

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

MOCK TESTIMONY EVALUATION FORM

Intern: _____

Date: _____

Rater: _____

Quarter: _____

Supervisor of case: _____

Competency Rating Scale

5	Superior/Comparable to autonomous practice at the postgraduate professional skill level. 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	Advanced/Readiness for entry level practice. 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	Intermediate. 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	Entry level/Intensive supervision needed. 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	Remedial work needed. 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	Not applicable 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	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Voir Dire	Rating
Provided updated copy of CV	Choose an item.
Provided accurate testimony regarding their education and relevant experience	Choose an item.
Knowledgeable about the legal requirements to conduct court-ordered competency evaluations in NYS (e.g., licensure)	Choose an item.
Demonstrated they are qualified to conduct court-ordered evaluations (e.g., based on prior experience, education, supervision)	Choose an item.
Overall Rating for Voir Dire	Choose an item.

Not applicable	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Knowledge Related to Competency to Stand Trial Evaluations	Rating
Understanding of relevant statute and criteria (e.g., CPL §730, <i>Dusky</i> , <i>Valentino</i>)	Choose an item.
Understanding of relevant psycholegal/competence-related abilities (e.g., understanding, appreciation, reasoning, ability to assist with defense, decision-making)	Choose an item.
Knowledgeable about the process of assessing for competency and methods commonly used (e.g., interview, mental status/observation, psychological testing)	Choose an item.
Knowledgeable about competency restoration (e.g., interventions, average treatment length to restoration for various populations)	Choose an item.
Overall Rating for Knowledge Related to Competency to Stand Trial Evaluations	Choose an item.

Not applicable	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Knowledge Related to Specific Case/Evaluation	Rating
Accurately recalled and reported facts of the case (e.g., charge(s)/possible sentence, patient's psychiatric history, findings of prior 730 evaluations)	Choose an item.
Knowledgeable about relevant psychiatric diagnoses and treatment interventions	Choose an item.
Use of evaluation methods and psychological measures is appropriate to the purpose of the evaluation and specific patient/evaluatee (e.g., validity/reliability, applicability to forensic populations or competency issue, measures designed to assess CST, criticisms of the method/measure)	Choose an item.
Demonstrated link between competency-related domains and patient's psychiatric illness/symptoms (if applicable)	Choose an item.
Overall Rating for Knowledge Related to Specific Case/Evaluation	Choose an item.

Not applicable	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Direct Examination/Cross-Examination Testimony	Rating
Supported professional opinion with specific evidence (e.g., facts of the case, data from the evaluation, relevant research)	Choose an item.
Refrained from relying too heavily on theoretical formations to support opinion	Choose an item.
Refrained from providing testimony related to the ultimate issue	Choose an item.
Refrained from offering testimony based on personal opinions	Choose an item.
Refrained from speaking beyond level of knowledge or competence	Choose an item.
Admitted to things they did not know and/or conceded to facts contrary to their opinion	Choose an item.
Responded to cross-examination challenges without appearing defensive	Choose an item.
Identified compound questions on cross-examination (when applicable)	Choose an item.
Requested clarification of a question when appropriate	Choose an item.

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)	Choose an item.
Refrained from overly relying on the written evaluation report	Choose an item.
Overall Rating for Direct Examination/Cross-Examination Testimony	Choose an item.

Not applicable	Remedial work needed	Entry level	Intermediate	Advanced	Superior
N/A	1	2	3	4	5

Overall Demeanor & Presentation	Rating
Appeared well-prepared for testimony	Choose an item.
Maintained composure and professional demeanor throughout testimony	Choose an item.
Presented as a fair and objective evaluator versus an advocate	Choose an item.
Remained on topic throughout testimony	Choose an item.
Avoided jargon and prejudicial language in the context of testimony	Choose an item.
Answered questions directly and communicated in a clear manner	Choose an item.
Demonstrated flexibility and ability to improvise when necessary (i.e., think on their feet)	Choose an item.
Overall Rating for Overall Demeanor & Presentation	Choose an item.

Overall Rating: Choose an item.

Supervisor Comments:

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

Training Director Signature

Date

Intern Signature

Date

Appendix G: Psychology Intern Self-Assessment and Individual Training Goals Worksheet

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

Psychology Intern: Click or tap here to enter text.

Training Year: Click or tap here to enter text.

Quarter: Choose an item.

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	Superior/Comparable to autonomous practice at the postgraduate professional skill level. 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	Advanced/Readiness for entry level practice. 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	Intermediate. 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	Aware of need for training and intensive supervision. 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	Unfamiliar. 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.

RESEARCH

- *Element:* Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
- *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
- *Element:* Demonstrates the ability to review, understand and apply the empirical literature to clinical interventions and assessments with diverse populations.
- *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:

ETHICAL AND LEGAL STANDARDS

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

- *Element:* Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.

- *Element:* Conducts self in an ethical manner in all professional activities.

- *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:

INDIVIDUAL AND CULTURAL DIVERSITY

- *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.
- *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.
- *Element:* Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- *Element:* Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.
- *Element:* Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Comments:

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

- *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.
- *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.
- *Element:* Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- *Element:* Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Comments:

COMMUNICATIONS AND INTERPERSONAL SKILLS

- *Element:* Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

- *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.

- *Element:* Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Comments:

ASSESSMENT

- Element: Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Element: Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).
- Element: Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- *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.
- *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.
- *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.
- *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:

INTERVENTION

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

Comments:

SUPERVISION

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

Comments:

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

- *Element:* Demonstrates knowledge and respect for the roles and perspectives of other professions.

- *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.

- *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):

Click or tap here to enter text.
Psychology Intern

Click or tap to enter a date.
Date

Click or tap here to enter text.
Clinical Supervisor

Click or tap here to enter text.
Clinical Supervisor

Alexandra M. Assalley, PsyD
Clinical Supervisor/Training Director

Click or tap to enter a date.
Date reviewed by Training Committee

**Appendix H: Intern Competency Evaluation Form
CENTRAL NEW YORK PSYCHIATRIC CENTER (CNYPC)
DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY**

INTERN COMPETENCY EVALUATION FORM

Psychology Intern: Click or tap here to enter text.

Training Year: Click or tap here to enter text.

Quarter: Choose an item.

Supervisors: Click or tap here to enter text.

CBO Rotation: Choose an item.

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

Direct Observation

Discussion of Clinical Interactions

Review of Raw Test Data

Review of Written Work

Comments from Other Staff

Case Presentation

Competency Rating Scale

5	Superior/Comparable to autonomous practice at the postgraduate professional skill level. 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	Advanced/Readiness for entry level practice. 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	Intermediate. 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	Entry level/Intensive supervision needed. 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	Remedial work needed. 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	Not applicable. 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 (MLA) 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:
 - 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.

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.

Supervisor 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 (MLA) across the nine profession-wide competencies for adequate progress through the program.

- **1st 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.
 - **2nd Quarter MLA for adequate progress through the program:** Most competency 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.
 - **3rd 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.
 - **4th 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.

Click or tap here to enter text.
Clinical Supervisor

Click or tap here to enter text.
Clinical Supervisor

Alexandra M. Assalley, PsyD
Clinical Supervisor/Training Director

Click or tap to enter a date.
Date completed by Internship Faculty

Click or tap here to enter text.
Psychology Intern

Click or tap to enter a date.
Date reviewed with Psychology Intern

Appendix I: Intern Evaluation, Retention, and Termination Policy

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

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 (MLA) across the nine profession-wide competencies for adequate progress through the program:

- *1st 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.
- *2nd Quarter MLA for adequate progress through the program:* A minimum of 50% 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.
- *3rd 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.
- *4th 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 procedure 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, Rotation 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 J: Internship Rating Form

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

Psychology Intern: Click or tap here to enter text.

Training Year: Click or tap here to enter text.

Quarter: Choose an item.

Supervisors: Click or tap here to enter text.

CBO Rotation: Choose an item.

This Program Rating Form is utilized by the Internship Faculty to improve the training program. Please use the rating scale in the drop-down boxes (1 – Very poor; 2 – Poor; 3 – Fair; 4 – Good; 5 – Very good). Please provide detailed explanations in comments where applicable to help us respond most effectively, especially for any ratings of “Very poor,” “Poor,” or “Fair.”

Quality of Training for Profession-Wide Competencies

Please rate the quality of training you received in the profession-wide competencies of health service psychology. Please consider all training activities, including direct clinical service, supervision, didactic seminars, and other professional development opportunities.

Research	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Ethical and Legal Standards	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Individual and Cultural Diversity	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Professional Values, Attitudes, and Behaviors	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Communication and Interpersonal Skills	Rating: Choose an item.

Comments: Click or tap here to enter text.	
Assessment	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Intervention	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Supervision (of others)	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Consultation and Interprofessional/Interdisciplinary Skills	Rating: Choose an item.
Comments: Click or tap here to enter text.	

Group Training Opportunities

Didactic Seminars	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Intern Group Supervision	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Department Group Supervision	Rating: Choose an item.
Comments: Click or tap here to enter text.	

Supervision

Helpfulness of supervision	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Availability of supervisors	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Frequency of supervision	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Supervisors as professional role models	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Effectiveness of teaching	Rating: Choose an item.
Comments: Click or tap here to enter text.	

Overall Internship Experience

Overall quality of training	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Clarity of expectations and responsibilities for intern	Rating: Choose an item.
Comments: Click or tap here to enter text.	

Breadth of clinical intervention and assessment experience	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Appropriateness of caseload to meet training needs	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Opportunities for professional socialization with other intern(s)	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Training rotations, settings, and environment	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Internship environment/culture is supportive of diversity/inclusion (please note barriers or supports)	Rating: Choose an item.
Comments: Click or tap here to enter text.	
Please provide any additional feedback and recommendations that may improve the internship program.	
Comments: Click or tap here to enter text.	
Please provide any feedback to improve this Program Evaluation Form.	
Comments: Click or tap here to enter text.	

Click or tap here to enter text.
Psychology Intern

Click or tap to enter a date.

Date completed by Psychology Intern

Alexandra M. Assalley, PsyD
Training Director

Click or tap to enter a date.

Date reviewed by Training Director

Appendix K: Rotation Rating Form

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

TRAINING YEAR: _____

_____ Quarter 1 _____ Quarter 2 (Midpoint) _____ Quarter 3 _____ Quarter 4 (Final)

Rating Guidelines:

1	2	3	4	5
Unacceptable	Below Average	Acceptable Expected	Above Average	Excellent

1. Please rate your training and practical experience obtained during the INPATIENT ROTATION at the CNYPC Doctoral Internship in Health Service Psychology during the current quarter.

What did you find most helpful?

Comments: _____

What did you find least helpful?

Comments: _____

Please provide any feedback you have on improving the program (e.g., training or practical experiences) and/or additions you would like to see incorporated into this rotation.

Comments: _____

Rating Guidelines:

1	2	3	4	5
Unacceptable	Below Average	Acceptable Expected	Above Average	Excellent

_____ 2. Please rate your training and practical experience obtained during the CBO ROTATION (___ Marcy ___ Mid-State) at the CNYPC Doctoral Internship in Health Service Psychology during the current quarter.

What did you find most helpful?

Comments: _____

What did you find least helpful?

Comments: _____

Please provide any feedback you have on improving the program (e.g., training or practical experiences) and/or additions you would like to see incorporated into this rotation.

Comments: _____

Appendix L: Supervisor Rating Form

CENTRAL NEW YORK PSYCHIATRIC CENTER DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY SUPERVISOR RATING FORM

Please complete this form separately for each supervisor.

Name of Supervisor: _____

Context of the Supervision: _____

Training Year: _____

_____ Quarter 1 _____ Quarter 2 (Midpoint) _____ Quarter 3 _____ Quarter 4 (Final)

Rating Guidelines:

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 above rating guidelines.

- _____ 11. My supervisor is accessible and has an open-door policy.
- _____ 12. My supervisor provides feedback in a manner that is non-threatening and easily understood.
- _____ 13. My supervisor is attentive to my specific training needs and goals.
- _____ 14. My supervisor demonstrated clear investment in my professional growth.
- _____ 15. My supervisor is knowledgeable and skilled in the areas in which he/she is supervising.
- _____ 16. My supervisor provides the appropriate level of feedback/guidance while fostering my autonomy.
- _____ 17. My supervisor was respectful in all communication and interactions.
- _____ 18. My supervisor was professional and served as an effective role model and mentor.
- _____ 19. My supervisor was approachable and supportive, as needed.

_____ 20. (If Applicable) My supervisor actively worked to resolve any conflict or issue brought to their attention in a professional manner.

Rating Guidelines:

1
Strongly
Disagree

2
Disagree

3
Neither Agree
Nor Disagree

4
Agree

5
Strongly
Agree

My supervisor was helpful in preparing me in the following profession wide competencies. In addition to the above ratings, you may also opt to rate certain items as Not Applicable (N/A) if a specific domain was outside of the scope of the supervision.

_____ 21. Research

_____ 22. Ethical and Legal Standards

_____ 23. Individual and Cultural Diversity

_____ 24. Professional Values, Attitudes, and Behaviors

_____ 25. Communication and Interpersonal Skills

_____ 26. Assessment

_____ 27. Intervention

_____ 28. Supervision (of others)

_____ 29. Consultation and Interprofessional/Interdisciplinary Skills

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

Comments: _____

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

Comments: _____

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

Comments: _____

Appendix N: Formal Request for Appeal

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

I, _____, am utilizing this form to provide written intent to appeal the decision made by:

- 1) _____ my supervisor(s): _____
- 2) _____ internship faculty: _____
- 3) _____ the training program

Regarding:

I intend to provide the following evidence to support my request:

PLEASE CHOOSE ONE OF THE FOLLOWING:

I wish to produce the following witness(es):

At this time, I do not request to produce witness(es):

Acknowledgement of Request:

By signing and submitting this form, I am requesting that you commence formal appeal proceedings.

Submitted on

by

Intern

Received on

by

CNYPC Training Director/Designee

Appendix O: Acknowledgement of Intern Rights, Training Program Responsibilities, and Grievance, Due Process, and Appeal Procedures

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

I, _____, acknowledge having received and reviewed policies regarding the due process, grievance, and appeals proceedings. 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.

Date

Intern

Date

CNYPC Training Director/Designee

Appendix P: Trainee Admissions, Support, and Initial Placement Data

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

Date Program Tables Updated: 07/15/2024

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	\$40,277
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: 2021-2022; 2022-2023; 2023-2024)

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	1
Federally qualified health center	0	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	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	1	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

Appendix Q: Diversity and Nondiscrimination Policy

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

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. In particular, 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.