

Doctoral Internship in Health Service Psychology

TRAINING MANUAL 2020-2021 Internship Year

Central New York Psychiatric Center



**Office of
Mental Health**

Table of Contents

Introduction	3
About Central New York Psychiatric Center	3
Internship Aim, Training Philosophy, and Model.....	5
Rotations.....	6
Supervision Policy.....	9
Telesupervision Policy	11
Professional Development	12
Additional Opportunities and Expectations	13
Intern Schedule.....	14
COVID Information.....	14
Stipend, Benefits, and Resources Policy.....	15
Intern Competencies and Evaluation.....	17
Evaluation of Internship Program	18
Responsibilities of the Faculty and Training Program.....	18
Intern Rights and Responsibilities	19
Grievance Policy	20
Due Process Policy.....	21
Internship Faculty.....	27
The Community and Surrounding Area	32
CNYPC Regulations	34
Intern Selection and Academic Preparation Requirements Policy	34
Statement on Accreditation	37
Citations.....	37
Appendix A: Acknowledgment of Intern Rights, Training Program Responsibilities, and Grievance Due Process and Appeal Procedures	38
Appendix B: Didactic Rating Form.....	39
Appendix C: Didactic Schedule 2020-2021	40
Appendix D: Internship Case Presentation Evaluation Form	43
Appendix E: Research Presentation Evaluation Form.....	50
Appendix F: Mock Testimony Evaluation Form	58
Appendix G: Psychology Intern Self-Assessment and Individual Training Goals Worksheet	65
Appendix H: Intern Competency Evaluation Form.....	78
Appendix I: Intern Evaluation, Retention, and Termination Policy	91
Appendix J: Internship Rating Form	93
Appendix K: Rotation Rating Form.....	97
Appendix L: Supervisor Rating Form.....	99
Appendix M: Intent to File a Formal Grievance.....	102
Appendix N: Formal Request for Appeal	103
Appendix O: Trainee Admissions, Support, and Initial Placement Data.....	105
Appendix P: Diversity and Nondiscrimination Policy.....	107

Introduction

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. Specific elements of this Manual are reviewed with Interns upon orientation to the Internship. Interns also are expected 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) operates under the direction of the Division of Forensic Services, which oversees the forensic mental health services provided by the New York State (NYS) Office of Mental Health (OMH). CNYPC is a comprehensive mental health service delivery system providing a full range of care and treatment to persons incarcerated in the NYS and county correctional systems, individuals who are civilly confined for sex offender treatment, and persons in need of psychiatric hospitalization who are deemed at high risk of imminent and serious harm to others. Recipients of care include men and women aged 17 and over from diverse backgrounds and with varied psychiatric, medical, and behavioral issues. The mission of CNYPC is “to engage and collaborate with justice-involved people through safe and effective behavioral health services while promoting hope, wellness, and successful community integration.” CNYPC has three branches: Forensic Inpatient Operations, Corrections-based Operations (CBO), and the Sex Offender Treatment Program (SOTP). All staff at the Inpatient and SOTP sites, and mental health staff in the CBO units, are CNYPC employees. CNYPC is responsive to the myriad mental health needs of its patients and residents and collaborates with state and county correctional institutions, the courts, community mental health providers, and consumer and family advocacy groups. CNYPC is fully accredited by The Joint Commission.

I. Forensic Inpatient Operations

Forensic Inpatient Operations is housed within a 169-bed maximum-security forensic hospital in Marcy, NY. It is the only psychiatric facility that serves individuals in the custody of the NYS Department of Corrections and Community Supervision (DOCCS). Individuals sentenced to serve time in county and state correctional facilities are admitted to the Forensic Inpatient Hospital pursuant to Corrections Law (CL) §402 for psychiatric assessment and treatment. The Northeast Regional Forensic Unit of CNYPC provides inpatient services pursuant to CL §508 for individuals who have not yet been adjudicated by the courts for psychiatric assessment and treatment and pursuant to Criminal Procedure Law (CPL) §730 for adjudicative competency evaluation and restoration. Additionally, under Title 14 of the New York Code of Rules and Regulations (NYCRR), Part 57, CNYPC serves individuals who are both in need of psychiatric hospitalization and at risk of imminent and serious harm to others such that they cannot be safely placed at a civil facility. Inpatient psychiatric services include: psychological and forensic assessment, individual and group therapy, adjudicative competency restoration, treatment and discharge planning,

medication management, individualized behavior support plans, medical treatment, occupational therapy, recreational therapy, specialized patient education programs, vocational programs, and leisure time activities.

II. Corrections-based Operations (CBO)

CBO consists of a statewide network of mental health units located in designated NYS DOCCS facilities. Upon entry into the NYS DOCCS system, inmates are processed and classified at a Reception Center where security, medical, and mental health screenings are conducted to assist in the determination of placement needs for each individual. CBO staff conduct these mental health screenings and provide mental health services at these sites. CBO operates 16 satellite units across the state, which provide a broad range of the highest level of mental health services within the prison setting and are typically housed in maximum-security facilities. These programs include: Intermediate Care Programs (ICP) for individuals in need of intensive mental health services, often in a residential setting separated from general population; Transitional ICPs (TrICP) for individuals stepping down from, or in need of less intensive services similar to those provided by the ICP; Enhanced and Discharge ICPs targeting risk of violence in preparation for pending release; the Intensive Intermediate Care Program (IICP), Behavioral Health Units (BHU), and Residential Mental Health Units (RMHU) for men serving disciplinary sanctions and in need of intensive mental health services; the Therapeutic Behavioral Unit (TBU) for women serving disciplinary sanctions and in need of intensive mental health services; and Residential Crisis Treatment Programs (RCTP) composed of dorms and crisis cells for individuals in need of short-term crisis evaluation and intervention. Additionally, CBO operates 12 mental health clinics in primarily medium-security facilities. CBO also oversees the mental health aspects of discharge planning from NYS DOCCS via Pre-release Services.

Overall, there are approximately 8400 state inmates (22% of the NYS DOCCS population) currently receiving mental health services primarily through CBO units. CBO provides a wide range of services, including: mental health screening, crisis intervention, psychological assessments, violence and sex offender risk assessments, evaluations for work release and parole, referral to inpatient services, individual and group therapy, residential and crisis housing units, consultations for DOCCS, and pre-release coordination. The principles of Psychiatric Rehabilitation, Wellness and Recovery, Trauma-Informed Care, and Risk-Need-Responsivity (RNR) guide all programming.

III. Sex Offender Treatment Program (SOTP)

OMH also serves a diverse population of adult men who have been convicted of sexual offenses. Article 10 of Mental Hygiene Law authorizes OMH to accept custody of and confine individuals deemed by a court to be at risk for sexual reoffending in secure treatment programs following release from NYS DOCCS. Treatment services are individualized and strength-based, with the intended outcome of reducing residents' risk of sexually re-offending, while promoting growth in key areas such as treatment engagement, self-regulation, managing sexual deviancy, and developing pro-social attitudes and behavior. The SOTP has approximately 300 beds; it is composed of specialized treatment tracks that have been designed to meet the individual needs of residents, including issues of medical illness, aging, and psychopathy.

Internship Aim, Training Philosophy, and Model

The CNYPC Doctoral Internship in Health Service Psychology 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), 2018). 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, correctional, and civil-confinement 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). An elective rotation is available with SOTP.

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 (2013) and the American Psychological Association Standards of Accreditation for Health Service Psychology (CoA, 2018). 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 and professional development 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. All Licensed Psychologists within the Department may be involved in direct teaching or supervision of Interns. Additionally, Associate Psychologists (unlicensed doctoral-level psychologists), Licensed Social Workers, and Licensed Psychiatrists 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 (while maintaining a minimum level of 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

- Corrections-based Operations (CBO) Mental Health Units
 - Mid-State Correctional Facility (CF) Satellite Mental Health Unit
 - Marcy Residential Mental Health Unit (RMHU)

Elective Rotation

- Sex Offender Treatment Program (SOTP)

All Interns complete training at the primary training site and supplemental rotations. The Forensic Inpatient Hospital, Mid-State CF, and SOTP 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 to four days per week, including didactics and supervision), and one to 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. SOTP offers a flexible rotation that Interns can integrate into their training program if desired, usually during the second semester of Internship or once the Intern is well acclimated to and comfortable with the primary training site and CBO rotation. It does not replace the required experiences, but during that time other responsibilities may be reduced accordingly to allow for this experience. 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 and civil 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. If Interns elect to participate in the SOTP rotation, Licensed

Psychologists in that program provide the direct supervision needed, and the Training Director maintains regular contact with the Interns' Supervisors.

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 and elective rotations through DOCCS and SOTP 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, 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
- Behavior support plans
- Observation of courtroom testimony and participation in a mock testimony exercise
- Participation in psychological autopsies (investigation following the suicide of a patient)
- *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); 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
- Parole evaluations
- *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 sanctions 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.

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, relaxation, and coping strategies. In addition, treatment focuses on several of the attitudes, beliefs, and behaviors associated with criminal behavior 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
- Parole evaluations
- *Participation in multidisciplinary activities, including:
 - Joint OMH/DOCCS team meetings
 - Intensive Case Conferences

IV. SOTP – Elective

SOTP contains approximately 300 beds across two buildings on the CNYPC campus. The primary mode of service provision is group treatment. Groups vary from traditional process-oriented therapy groups to more structured, didactic, or skill-based groups. Treatment targets include sexual deviance, sexual self-regulation, antisocial orientation, intimacy deficits, poor treatment/supervision compliance, and poor pro-social supports/activities. The penile plethysmograph, polygraph, PCL-R, and other sexual offender specific assessments can be used to inform treatment planning. The SOTP resident population at CNYPC is diverse. In contrast to the forensic inpatient population, there are very few residents with serious or persistent mental illness, and therefore this rotation provides Interns with the unique opportunity to work with a population of those primarily diagnosed with sexual and personality disorders.

There are several master's and doctoral level psychologists employed by SOTP (which has a separate Psychology Department than the Forensic Inpatient Hospital of CNYPC). Similar to the Forensic Inpatient Hospital, treatment teams include multidisciplinary clinical staff with whom Interns in this rotation work closely. Interns who elect to participate in the SOTP rotation are provided with an SOTP-specific orientation to the program prior to beginning the rotation. They are directly supervised by a Licensed Psychologist on the SOTP staff.

Intern duties at the SOTP may include (* items are mandatory):

- *Cofacilitating groups (process or didactic)
- *Functioning as part of a multidisciplinary treatment team
- Psychological assessments
- Individual therapy

SOTP also hosts separate doctoral Interns via its collaboration with Hutchings Psychiatric Center's Doctoral Internship in Clinical Psychology. CNYPC Interns may have the opportunity to work, interact, and attend trainings with such Interns during their rotation on SOTP.

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 early 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 indefinitely, including supervision notes and documentation drafts and edits.

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 three distinct areas of the agency (Inpatient, Corrections-based, and SOTP) and four different, but geographically close, locations (Forensic Inpatient Hospital, Mid-State Correctional Facility, Marcy RMHU, and SOTP). 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 indefinitely 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 equipment owned by CNYPC is of high quality, providing 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, and it is an integrated 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 2020-2021 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 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), a two-day training on “Assessing Violence Risk Using the HCR-20 V3” by Dr. Barry Rosenfeld (2017-2018 year), a one-day training on “Integrating DBT in Sex Offender Treatment” by Dr. Valerie Gonzalves (2017-2018 year), 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. During their second semester of the Internship, the schedule may be altered to accommodate a rotation with SOTP. 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.

COVID-19 Information

All CNYPC staff, including interns, are considered essential employees. During the 2019-2020 training year, due to COVID-19, temporary but planful changes were made to internship activities to ensure continuity of care for service recipients and acquisition of competencies for interns while maintaining safe practices. It is expected that some of these changes may continue during the 2020-2021 training year if necessary. Rather than alter multiple policies and sections in this Training Manual, this description serves to highlight major changes and the process by which these changes were made, with the overall goal of these changes being temporary. Thus, while there may be some discrepancies between information presented here and in other sections and policies of the Manual, the overall Manual presents the training program as designed. These changes were made with full transparency for, and when possible in collaboration with, current and incoming interns and their graduate programs.

Mandatory changes to practice included using social distancing and personal protective

equipment (at a minimum masks) for in-person patient services and staff interactions, reducing the number of patients attending therapy groups at one time, placing CBO rotations on hold, conducting health screenings including temperatures of all staff prior to entering the facility, and holding many meetings, didactics, and supervision sessions via telephone or videoconference instead or in person. CNYPC provides required personal protective equipment to all staff. Other changes were made based on intern comfort level, such offering telehealth and work-from-home options. The internship will continue to take a flexible, safety-based, intern- and patient-centered approach to this situation as it evolves, with the hope and goal of eventually resuming the internship's standard program of training as outlined in the overall Training Manual. Questions about how NYS, OMH, CNYPC, or the Internship are managing COVID-19 risks can be directed at any time to the [Training Director](#), Dr. Nichole Marioni. Any significant changes to the program will be communicated immediately in public documents, via APPIC Late-breaking News alerts, and directly to applicants, incoming interns, and the Directors of Training of their graduate programs.

Stipends, Benefits, and Resources Policy

The Internship training year **begins on September 1, 2020 and ends on August 31, 2021**. The annual stipend for the CNYPC Doctoral Internship in Health Service Psychology is \$35,074 for the 2020-2021 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 56-day waiting period from the Internship start date.
- Interns receive all regular and float holidays (approximately 12) 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; Independence Day; Labor Day; Columbus 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 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.

The Internship is a one-year, full-time (40-hour per week/2000-hour) training program. A minimum of 25% 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. 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 may work additional hours during weekdays to complete their work. (This time does not count toward the 2000 required hours.) Working from home during business hours is not allowed. Interns in good standing may use accrued vacation or personal time to complete the Internship up to one week early, with prior approval of the Training Director and active Supervisors, if all responsibilities/requirements have been met.

Overall secretarial and administrative support is provided to the Internship by staff in the administrative wing of the Forensic Inpatient Hospital; Forensic Inpatient Operations and the Sex Offender Treatment Program (SOTP) each have their own support staff in this area. 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 and SOTP.

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. 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 during the Internship year. 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, 2018), 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 of Internship completion 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 provides Interns with the opportunity to explore new and/or different theoretical modalities and evidence-based treatments and provides firsthand forensic psychological experiences (e.g., forensic evaluations, mock testimony, observation of courtroom

proceedings). Faculty fosters 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 pledges 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, 2018), 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. The Faculty is 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. 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.

Interns

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 Doctoral Internship in Health Service Psychology

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 probation, 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 inappropriately 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., Department of Corrections and Community Supervision (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, probation and 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 probation and 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. The implementation of a Remediation Plan represents a probationary status for the Intern.
 - ii. 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.
 - iii. Copies of the Remediation Plan and Summaries will be shared with the Intern and Intern's Director of Clinical Training.
 - iv. 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 suspension or 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 for a specified time, during 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. The implementation of a Suspension Plan will represent a probationary status for the Intern.
 - ii. 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.

- iii. Copies of the Suspension Plan and Summaries will be shared with the Intern and Intern's Director of Clinical Training.
 - iv. 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. The statement may include a recommendation to place the Intern on a probationary status with a Remediation Plan. In this case, the process in 3b (Remediation) will be followed. This statement will become part of the Intern's file and will be shared with the Intern's doctoral program.
 - v. 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/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/Designee will be provided to the Intern, their Director of Clinical Training, and the

Training Committee in writing. The Director of Inpatient Operations/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 of probation 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, is a NYS Chief Psychologist and the Training Director of the CNYPC Doctoral Internship in Health Service Psychology. She also has been the Director of Psychology for CNYPC Forensic Inpatient Services since 2007. 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 was first licensed in psychology in 2003 in Massachusetts, where she subsequently 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. She has been licensed in New York State since 2004 and has been employed at CNYPC since 2005. 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 a member of numerous professional organizations: American Academy of Forensic Psychology; APA; APA Divisions 12 (Society of Clinical Psychology), 35 (Society for the Psychology of Women), 41 (American Psychology-Law Society), 44 (Society for

the Psychology of Sexual Orientation and Gender Diversity), and 45 (Society for the Psychological Study of Culture, Ethnicity and Race); Central New York Psychological Association; New York State Psychological Association including the Division of Forensic Psychology; International Association of Forensic Mental Health Services; and Society for Personality Assessment including the Forensic Interest Group. 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.

Alexandra M. Assalley, PsyD, is a NYS Licensed Psychologist. She graduated from the Chicago School of Professional Psychology in Los Angeles, CA, with her doctoral degree in Clinical Forensic Psychology. She completed her doctoral Internship at the Institute on Violence, Abuse and Trauma, and the Family Violence and Sexual Assault Institute in San Diego, CA. She conducts psychological evaluations for diagnostic clarification and treatment recommendations, violence risk assessments, court-ordered evaluations, parole evaluations, and psychological autopsies and provides individual and group psychotherapy. Additionally, Dr. Assalley chairs the internship's Diversity and Inclusion Committee, is a member of CNYPC's Diversity and Cultural Competence Committee, and is the inpatient psychology liaison to the CNYPC Gender Responsive Team and the New York State Transgender Identity Project (NYSTIP). Furthermore, she co-leads the CNYPC Inpatient and Corrections-based Continuation of Care Workgroup designed to provide services to patients who are currently incarcerated in the NYS Department of Corrections and Community Supervision (DOCCS) and have the highest level of mental health acuity. Dr. Assalley has also served as the Unit Manager for the inpatient adjudicative competency restoration units. Her professional interests include: trauma, individual psychotherapy, forensic evaluations, adjudicative competence, violence risk, intellectual disabilities, behavioral management, and cognitive behavioral restructuring. Dr. Assalley also has been involved in the development of adjudicative competency restoration materials, the expansion and implementation of staff orientation training on trauma, and CNYPC trauma and suicide awareness campaigns. She has been an invited presenter at the annual Summit on Community Resilience, Intervention, Prevention, and Training (SCRIPT) conference. Her theoretical orientation is integrative.

Laura M. McCord, PsyD, is a NYS Licensed Psychologist. She received her MS and PsyD in Clinical Psychology, with a concentration in Forensic Psychology, from Florida Institute of Technology. She completed her doctoral Internship in clinical and forensic psychology at Fulton State Hospital. In her work at CNYPC, Dr. McCord specializes in forensic evaluations and psychological assessments. Her areas of professional interest include: multimethod and Therapeutic Assessment in forensic populations, psychopathy and violence risk evaluations, malingering assessment, court-ordered evaluations of competency to stand trial and criminal responsibility, and forensic consultation and expert testimony. Dr. McCord is certified as Proficient in Personality Assessment by the Society for Personality Assessment. Her approach to case conceptualization and formulation of treatment recommendations is guided by the biopsychosocial model, with theoretical influences from Cognitive Behavioral Therapy and Rational Emotive Behavior Therapy. In addition to her roles at CNYPC, Dr. McCord maintains a forensic assessment private practice as an independent examiner, expert witness, and consultant in criminal courts.

Bridget S. Fink, PsyD, is a NYS Associate Psychologist who received her Psy.D. in Clinical Psychology with a concentration in Forensic Psychology from William James College (MA) in

2019. She completed her doctoral Internship at Hutchings Psychiatric Center in Syracuse, New York, where she worked with individuals with serious and persistent mental illness in both inpatient and outpatient settings and with individuals incarcerated for convictions of sexual offenses in a correctional facility. Her current clinical and research interests are in forensic evaluation, risk assessment, sex offender specific evaluation and treatment, and the Rorschach. Her theoretical orientation is eclectic, with strong influence from Humanistic Theory.

Leigh Ross, PsyD, 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 70 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, 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, 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. During this time, he also ran a nonprofit arts organization, where he learned to develop programs, manage budgets and staff, and raise funds from government, corporate, and foundation sources. 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. Dr. Gross's dissertation, which concerned how psychologists are trained during graduate school externships/practica, was 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's counseling center. Dr. Gross subsequently returned to New York City and started an independent practice. Dr. Gross joined CNYPC in 2009 to run a Special Housing Unit (SHU) diversion program for women with serious mental illness at Bedford Hills Correctional Facility. Dr. Gross developed and delivered trainings on various mental health topics to DOCCS staff around NYS, eventually visiting and training in more than 30 prisons. Dr. Gross was promoted to the role of CBO Chief Psychologist where he was responsible for supporting the approximately 70 psychologists working 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 currently is one of the clinical consultants to RCTP treatment teams in 16 prisons. He has given workshops and taught courses at Antioch University, Cornell University, New York University, and Yale University and has served as a reviewer for the NYS psychology series civil service examination. Dr. Gross is certified in Motivational Interviewing and Cognitive Processing Therapy and has a specialty in conducting assessments on clergy candidates for various religious orders.

James L. Knoll, IV, MD, 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 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

Erin Richardson, LCSW-R, is a NYS licensed clinical social worker. Ms. Richardson received her master's degree in social work in 2000 from Syracuse University. Since having obtained her degree, Ms. Richardson has provided treatment services to individuals both in the NYS correctional and community setting. From 2010 to 2014, Ms. Richardson served as social worker in the ICP at Auburn Correctional Facility. From 2014 to 2019, Ms. Richardson worked at Hutchings Psychiatric Center, a NYS civil psychiatric hospital, in which she provided inpatient treatment services for individuals deemed incompetent to stand trial and/or not guilty by reason of insanity. Ms. Richardson joined CNYPC as a Social Work Supervisor I in 2019. Since joining,

Ms. Richardson has served as a Treatment Team Leader of both the Pre-release unit and the Adjudicative Competency wards. Currently, Ms. Richardson oversees the daily administrative tasks on the Adjudicative Competency wards and provides individual clinical supervision on an as needed basis. Her theoretical orientation is integrative.

James Barton, LCSW, 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 the Specialized Care and Supervision Unit (SCSU) for which he provides daily administrative oversight. Aside from his administrative role, Mr. Barton provides individual and group psychotherapy on an as needed basis both for both Forensic Inpatient and CBO satellite units. He is also trained in Dialectical Behavioral Therapy (DBT). Additionally, Mr. Barton is the Forensic Inpatient Coordinator for the Staff Support Team (SST), which provides psychological first aid and support for staff during and after crises, and he is certified by OMH as a trainer in Preventing and Managing Crisis Situations (PMCS).

Carrie Santopietro, LCSW-R, is a NYS Licensed Clinical Social Worker with Psychotherapy Privilege. She is the Acting 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, 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.

Sandra K. Antoniak MD, MFS, is a triple diplomate of the American Board of Psychiatry and Neurology, licensed to practice psychiatry in New York, Massachusetts, and Iowa. After working as a Criminalist for the Missouri State Highway Patrol, she earned her Master of Forensic Science degree from Nebraska Wesleyan University in 2003. She subsequently attended the University of Nebraska Medical Center and completed residencies in Adult and Child and Adolescent Psychiatry at the University of Iowa Hospital and Clinics and a fellowship in Forensic Psychiatry at SUNY Upstate. She attended the FBI Crisis Negotiator School, and recently became a Certified Correctional Health Professional Physician (CCHP-P) through the National Commission of Correctional Health Care. Dr. Antoniak served as the Co-Director of Child and Adolescent Forensic Psychiatry track at SUNY Upstate Medical Center in 2013 and became adjunct Faculty for the SUNY Upstate Forensic Psychiatry Fellowship in 2014. Dr. Antoniak is active in professional organizations including the American Academy of Psychiatry and the Law, the International Academy of Law and Mental Health, the American Academy of Forensic Scientists, and the American Academy of Child and Adolescent Psychiatry. She is also a peer-reviewed author, with various forensic-related psychiatric articles appearing in *Behavioral Sciences and the Law*, *Journal of the American Academy of Psychiatry and the Law*, and *Journal of Criminal Justice*, and a chapter on evaluating and treating substance use disorders in *Correctional Mental Health, 2nd Edition*. Dr. Antoniak has provided psychiatric care in hospitals, child and adult correctional facilities, community clinics, and schools. She is a forensic consultant to various governmental and community agencies and has been called as an expert witness in several high-profile criminal cases and has testified in court on a wide range of topics, including insanity defense, amnesia defense, extreme emotional disturbance defense, and pre-release NGRI acquittee dangerousness assessment. Her areas of practice and clinical interest include developmentally informed forensic assessment of traumatized youth, forensic evaluation of intellectually disabled individuals, and forensic evaluation of individuals impacted by neuropsychiatric disorders. She has lectured on a wide range of topics during her tenure, including child abuse, expert testimony, correctional health care, substance use in correctional settings, risk assessment for children and adolescents, and gun violence.

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: 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, Empire Brewing Musical 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 (hockey), and Utica Comets (hockey).

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, 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 2021–2022 Internship year, the deadline for completed applications is 12/9/20, 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 will 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 2021-2022 Internship year will be notified via email of their interview status by the deadline published in the APPIC directory, which this year is 12/23/20. Interviews will be scheduled during the first few weeks of January 2021 starting the week of 1/4/21.

Due to COVID-19 and to support safe and equitable practices for all, during this application cycle interviews will be exclusively virtual via videoconferencing applications (e.g., Zoom) or telephone. Applicants will be interviewed individually (i.e., not with other applicants) but may be interviewed by individuals or small groups of faculty who compose the Recruitment Committee. All applicants interview with the Training Director. Requests for meetings with specific faculty will be taken into consideration but cannot be guaranteed. Interviewers utilize standard questions and a standard rating scale via the Internship Interview Rating Form. Interviewers may ask additional questions of applicants as appropriate. The interview process may last several hours and, in addition to formal interviews, will include an introductory session, brief virtual "tour" of the Forensic Inpatient Hospital, and a question and answer session with the current interns; these sessions may be conducted with groups of applicants. Efforts are made to gather as much information from applicants and to provide as much information to applicants as possible utilizing these methods to ensure that all parties have enough data upon which to make decisions and to make the process as equitable as possible.

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. CNYPC is not accredited by the American Psychological Association (APA); a self-study for full accreditation was submitted to APA on 7/27/20. Please be advised that there is no assurance that we will be able to successfully achieve accreditation. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / 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 (2017). *Standards of accreditation for health service psychology*. Retrieved from <https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>

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

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

Appendix A

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

ACKNOWLEDGEMENT OF INTERN RIGHTS, TRAINING PROGRAM RESPONSIBILITIES, AND GRIEVANCE, DUE PROCESS, AND APPEAL PROCEDURES

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

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

DIDACTIC RATING FORM

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

CENTRAL NEW YORK PSYCHIATRIC CENTER DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

DIDACTIC SCHEDULE 2020-2021

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

	DATE	TOPIC	PRESENTER
1.	9/2/20	Ethics & Landmark Cases, Part 1	Alexandra Assalley, PsyD
2.	9/10/20 2:30-4:30	Motivational Interviewing	Margaret Olave, PhD
3.	9/11/20	Introduction to the NYS Department of Corrections & Community Supervision: Providing Services in the Forensic Setting	Steve Gross, PsyD
4.	9/14/20 2:30-4:30	Adjudicative Competency, Part 1: Historical Models & Restoration Models	Nichole Marioni, PhD
5.	9/18/20* 9:30-11:30	Stalking	James Knoll, MD
6.	9/25/20 12-4	Multiculturalism in the Forensic Context, AAFP Live Presentation by Tom Gray, PhD, ABPP	Nichole Marioni, PhD Alexandra Assalley, PsyD Facilitators
7.	9/30/20	Suicide Risk Assessment & Conceptualization/Non-Suicidal Self-Injury Risk Management & Intervention	Steve Gross, PsyD
8.	10/5/20 2:30-4:30	Adjudicative Competency, Part 2: Conducting CPL 730 Evaluations	Nichole Marioni, PhD
9.	10/9/20 2:30-4:30	PAI (Including special focus on the Reactive & Instrumental Aggression Scales)	Stephanie Ficarro, PsyD
10.	10/14/20	MMPI-2/MMPI-2-RF (Preliminary information re: MMPI-3)	Alexandra Assalley, PsyD
11.	10/21/20	Rorschach Inkblot Method (with supplemental seminars TBD)	Bridget Fink, PsyD
12.	10/28/20	MCMI-IV	James Mikesell, PhD, ABPP
13.	11/4/20	Therapeutic Assessment	Laura McCord, PsyD
14.	11/13/20 2:30-4:30	Neuropsychological Screening Tools	Bridget Fink, PsyD
15.	11/16/20 2:30-4:30	Forensic Report Writing	Nichole Marioni, PhD
16.	11/23/20 2:30-4:30	Countertransference in Correctional Settings	Steve Gross, PsyD
17.	12/2/20	Professional Development Panel Presentation & Discussion: Post-	Nichole Marioni, PhD as Facilitator

		Doctoral Training & Employment, Licensure, Board Certification & Maintaining Competence	with Panel of Psychologists
18.	12/7/20 2:30-4:30	Recovery-Oriented Cognitive Therapy (CT-R)	Nichole Marioni, PhD
19.	12/16/20	Clinician Self-Care & Wellness	Alexandra Assalley, Psy.D
20.	12/23/20	Correctional Rehabilitation	Alexandra Assalley, PsyD
21.	1/6/21*	Substance Abuse in Corrections	Sandra Antoniak, MD
22.	1/13/21	Sex Offender Treatment Program: Article 10, Civil Commitment, & Treatment	SOTP Staff TBD
23.	1/22/21	Malingering	James Knoll, MD
24.	1/27/21	Assessment & EBT of Trauma: CAPS, DAPS, TSI	Alexandra Assalley, PsyD
25.	2/3/21	Introduction to Cognitive Processing Therapy for PTSD/Trauma	Steve Gross, PsyD
26.	2/10/21	Working with Individuals with Cognitive Limitations & Behavioral Challenges: Behavior Support Plans and Other Interventions	Alexandra Assalley, PsyD
27.	2/24/21	Private Practice in Forensic Psychology	Erik Schlosser, PhD, ABPP as Facilitator with Panel of Psychologists
28.	3/3/21	Clinical Supervision	Kristen Horan-Lindstrom, PsyD
29.	3/10/21	Evidenced-Based Group Therapy	Alexandra Assalley, PsyD
30.	3/17/21	Learning Disabilities	Bridget Fink, PsyD
31.	3/24/21	Violence Risk Assessment, Part I: Research & Conceptualization	Nichole Marioni, PhD
32.	3/31/21	Violence Risk Assessment, Part 2: Test Overview and Case Studies Using the HCR, FAM, & SAVRY	Nichole Marioni, PhD
33.	4/7/21	Ethics & Landmark Cases, Part 2	Alexandra Assalley, PsyD
34.	4/14/21	Conducting Psychological Autopsies	Leigh Ross, PsyD
35.	4/21/21	Understanding and Addressing the Needs of Gender Diverse Patients	Rachel Golden, PhD
36.	4/28/21	Telehealth, With Special Considerations for Forensic Settings	Nichole Marioni, PhD
37.	5/5/21	Neuropsychological Assessment Theory & Practice: Special Emphasis on Older Populations	James Mikesell, PhD, ABPP
38.	5/12/21	Incorporating Religion and Spirituality into Treatment	Steven Moore, PsyD
39.	5/19/21	Psychopathy & PCL-R: 2 nd , Part 1	Nichole Marioni, PhD
40.	5/26/21	Psychopathy & PCL-R: 2 nd , Part 2	Nichole Marioni, PhD
41.	6/2/21	Psychologists as Administrators	Thomas Umina, PhD
42.	6/9/21*	Juvenile Mental Health and Forensic Issues, Part 1	Sandra Antoniak, MD

43.	6/16/21*	Juvenile Mental Health and Forensic Issues, Part 2	Sandra Antoniak, MD
44.	6/23/21*	Juvenile Mental Health and Forensic Issues, Part 3	Sandra Antoniak, MD
45.	6/30/21	Ethics & Landmark Cases, Part 3	Alexandra Assalley, PsyD
46.	7/7/21	Expert Witness Testimony	James Knoll, MD
47.	7/14/21	Medical Competency and Court Ordered Psychiatric Medications	James Knoll, MD
48.	7/21/21	Insanity Evaluations, Part 1	Nichole Marioni, PhD
49.	7/28/21	Insanity Evaluations, Part 2: Ralph Tortorici: A Case of (Competency) and Insanity	Nichole Marioni, PhD
50.	8/4/21	Fitness for Duty	Sandra Antoniak, MD
51.	8/11/21	Psychopharmacology	Sandra Antoniak, MD
52.	8/18/21	Sex Offender Evaluations Under Article 10	Joan Sincavage, PhD
53.	8/25/21	EPPP & Licensure Preparation	Bridget Fink, PsyD

*Denotes didactics scheduled in collaboration with the SUNY Forensic Psychiatry Fellowship.

Appendix D

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

INTERNSHIP CASE PRESENTATION EVALUATION FORM

Psychotherapy Case Presentation

Assessment Case Presentation

Intern: _____

Date: _____ Quarter: _____

Supervisor: _____ Rater: _____

Competency Rating Scale

5	Superior/Comparable to autonomous practice at licensure level. This is the rating expected at the completion of post-doctoral training. The intern is functioning at the level of an independent, experienced psychology staff member. Supervision and support are unnecessary to assist the intern in achieving this level of competency. This is not a typical rating given at completion of internship.
4	Advanced. Competency attained in all but non-routine and complex tasks. Limited supervision or support are needed to accomplish tasks at this level. Intern completion of tasks is primarily independent, and intern has established sophisticated understanding of material and skill demonstration.
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.

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.

Comments:

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/evaluatee	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.

Comments:

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.

Comments:

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.

Comments:

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.

Comments:

Overall Rating	Choose an item.
-----------------------	-----------------

Comments:

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

Training Director Signature

Date

Supervisor Signature

Date

Intern Signature

Date

Appendix E

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

RESEARCH PRESENTATION EVALUATION FORM

Intern: _____

Date: _____ Quarter: _____

Supervisor: _____ Rater: _____

Competency Rating Scale

5	Superior/Comparable to autonomous practice at licensure level. This is the rating expected at the completion of post-doctoral training. The intern is functioning at the level of an independent, experienced psychology staff member. Supervision and support are unnecessary to assist the intern in achieving this level of competency. This is not a typical rating given at completion of internship.
4	Advanced. Competency attained in all but non-routine and complex tasks. Limited supervision or support are needed to accomplish tasks at this level. Intern completion of tasks is primarily independent, and intern has established sophisticated understanding of material and skill demonstration.
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.

Not applicable	Remedial work needed	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.

Comments:

Not applicable	Remedial work needed	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.

Comments:

Not applicable	Remedial work needed	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.

Comments:

Not applicable	Remedial work needed	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.

Comments:

Not applicable	Remedial work needed	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.

Comments:

Not applicable	Remedial work needed	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.

Comments:

Overall Rating	Choose an item.
-----------------------	-----------------

Comments:

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

Training Director Signature

Date

Supervisor Signature

Date

Intern Signature

Date

Appendix F

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

MOCK TESTIMONY EVALUATION FORM

Intern: _____

Date: _____ Quarter: _____

Supervisor: _____ Rater: _____

Competency Rating Scale

5	Superior/Comparable to autonomous practice at licensure level. This is the rating expected at the completion of post-doctoral training. The intern is functioning at the level of an independent, experienced psychology staff member. Supervision and support are unnecessary to assist the intern in achieving this level of competency. This is not a typical rating given at completion of internship.
4	Advanced. Competency attained in all but non-routine and complex tasks. Limited supervision or support are needed to accomplish tasks at this level. Intern completion of tasks is primarily independent, and intern has established sophisticated understanding of material and skill demonstration.
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.

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.

Comments:

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.

Comments:

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/evaluee (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.

Comments:

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.
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.

Comments:

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.

Comments:

Overall Rating	Choose an item.
-----------------------	-----------------

Comments:

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

Training Director Signature

Date

Supervisor Signature

Date

Intern Signature

Date

Appendix G

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

PSYCHOLOGY INTERN SELF-ASSESSMENT AND INDIVIDUAL TRAINING GOALS WORKSHEET

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 licensure 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. You are consistently proficient and skilled in simple and complex skills and tasks related to the element. You are able to teach and serve as a model for others to emulate. This is not a typical rating at completion of internship.
4	Advanced. This is a required rating at completion of internship to graduate. You can complete simple and complex skills and tasks related to the element/competency effectively and require occasional cueing and support for more complex skills and tasks. While your supervisor provides overall management of your activities, the depth of supervision varies as your clinical and professional needs warrant.
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.

1. RESEARCH

- a. *Element*: Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- b. *Element**: Demonstrates the ability to review, understand and apply the empirical literature to clinical interventions and assessments with diverse populations.
- c. *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: [Click or tap here to enter text.](#)

2. ETHICAL AND LEGAL STANDARDS

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

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

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

- ___ d. *Element**: Is knowledgeable of and acts in accordance with the Specialty Guidelines for Forensic Psychology when engaging in the practice of forensic psychology (e.g., providing treatment to restore competence to stand trial, shadowing and/or co-authoring forensic evaluations pursuant to applicable laws and statutes). The Specialty Guidelines for Forensic Psychology are aspirational and advisory in areas in which the forensic practitioner has discretion to exercise professional judgment that is not prohibited or mandated by the Ethical Principles of Psychologists and Code of Conduct or applicable law, rules, or regulations.

Comments: [Click or tap here to enter text.](#)

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:* Exhibits the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- d. *Element:* Responds professionally in increasingly complex situations with a greater degree of independence as they progress in training. Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Comments: [Click or tap here to enter text.](#)

4. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

- ___ a. *Element:* Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- ___ b. *Element:* Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.

- ___ c. *Element:* Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

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

Comments: [Click or tap here to enter text.](#)

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:* Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.

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

Comments: [Click or tap here to enter text.](#)

6. ASSESSMENT

- a. *Element:* Selects and applies assessment methods that draw from the best available 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.
- b. *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.
- c. *Element:* Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- d. *Element*:* Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature.
- e. *Element*:* Verbal and written communication reflects the intern's appreciation of differences between forensic and 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: [Click or tap here to enter text.](#)

7. INTERVENTION

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

Comments: [Click or tap here to enter text.](#)

8. SUPERVISION

- a. *Element*: Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

- b. *Element**: Demonstrates awareness of skills, strengths, and areas of growth as an emerging supervisor.

Comments: [Click or tap here to enter text.](#)

9. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

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

- ___ b. *Element:* Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

- ___ c. *Element*:* Facilitates the integration of health service psychology's perspective into an interdisciplinary team-based approach.

Comments: [Click or tap here to enter text.](#)

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?

Click or tap here to enter text.

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

Click or tap here to enter text.

Signatures

Click or tap here to enter text.
Psychology Intern

Click or tap to enter a date.

Date completed

Click or tap here to enter text.
Clinical Supervisor

Click or tap here to enter text.
Clinical Supervisor

Nichole L. Marioni, PhD, ABPP
Clinical Supervisor/Training Director

Click or tap to enter a date.

Date reviewed by Training Committee

Appendix H

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

Review of Written Work

Discussion of Clinical Interactions

Comments from Other Staff

Review of Raw Test Data

Case Presentation

Competency Rating Scale

5	Superior/Comparable to autonomous practice at licensure level. This is the rating expected at the completion of post-doctoral training. The intern is functioning at the level of an independent, experienced psychology staff member. This is not a typical rating given at completion of internship.
4	Advanced. A required rating at completion of internship to graduate. Competency attained in all but non-routine and complex cases. Supervisor provides overall management of intern's activities. Depth of supervision varies as clinical and professional needs warrant.
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.

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

- d. *Element.* Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- e. *Element.* Demonstrates the ability to review, understand and apply the empirical literature to clinical interventions and assessments with diverse populations.
- f. *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: [Click or tap here to enter text.](#)

2. ETHICAL AND LEGAL STANDARDS

- ___ e. *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.

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

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

- ___ h. *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: [Click or tap here to enter text.](#)

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:* Exhibits the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- d. *Element:* Responds professionally in increasingly complex situations with a greater degree of independence as they progress in training. Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Comments: [Click or tap here to enter text.](#)

4. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

- ___ e. *Element:* Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- ___ f. *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.

- ___ g. *Element:* Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

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

Comments: [Click or tap here to enter text.](#)

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:* Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
- c. *Element:* Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Comments: [Click or tap here to enter text.](#)

6. ASSESSMENT

- a. *Element:* Selects and applies assessment methods that draw from the best available 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.
- b. *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.
- c. *Element:* Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- d. *Element:* Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature.
- e. *Element:* Verbal and written communication reflects the intern's appreciation of differences between forensic and 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: [Click or tap here to enter text.](#)

7. INTERVENTION

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

Comments: [Click or tap here to enter text.](#)

8. SUPERVISION

- a. *Element:* Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

- b. *Element:* Demonstrates awareness of skills, strengths, and areas of growth as an emerging supervisor.

Comments: [Click or tap here to enter text.](#)

9. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

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

- ___ b. *Element:* Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

- ___ c. *Element:* Facilitates the integration of health service psychology's perspective into an interdisciplinary team-based approach.

Comments: [Click or tap here to enter text.](#)

Summary of strengths

Click or tap here to enter text.

Areas of additional development and/or remediation, including recommendations

Click or tap here to enter text.

Intern comments regarding the competency evaluation

Click or tap here to enter text.

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 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 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

Nichole L. Marioni, PhD, ABPP
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

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

INTERN EVALUATION, RETENTION, AND TERMINATION POLICY

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

A five-point rating scale is used to evaluate Interns across all profession-wide competencies and training elements which include the following rating values: 1=Remedial work needed; 2=Entry level/Intensive supervision needed; 3=Intermediate; 4=Advanced; 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 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 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 indefinitely 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

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

INTERNSHIP RATING 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.

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

Nichole L. Marioni, PhD, ABPP
Training Director

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

Appendix K

CENTRAL NEW YORK PSYCHIATRIC CENTER DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

ROTATION RATING FORM

- _____ 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 SETTING 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 setting.

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

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: _____

- _____ 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.

- _____ 1. My supervisor is accessible and has an open-door policy.
- _____ 2. My supervisor provides feedback in a manner that is non-threatening and easily understood.
- _____ 3. My supervisor is attentive to my specific training needs and goals.
- _____ 4. My supervisor demonstrates clear investment in my professional growth.
- _____ 5. My supervisor is knowledgeable and skilled in the areas in which they are supervising.
- _____ 6. My supervisor provides the appropriate level of feedback/guidance while fostering my autonomy.
- _____ 7. My supervisor is respectful in all communication and interactions.
- _____ 8. My supervisor is professional and serves as an effective role model and mentor.
- _____ 9. My supervisor is approachable and supportive, as needed.
- _____ 10. My supervisor creates an environment/culture that is supportive of diversity/inclusion (please note barriers or supports in comments section).

Rating Guidelines:

1
Strongly
Disagree

2
Disagree

3
Neither Agree
Nor Disagree

4
Agree

5
Strongly
Agree

_____ 11. (If Applicable) My supervisor actively worked to resolve any conflict or issue brought to their attention in a professional manner.

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.

_____ 12. Research

_____ 13. Ethical and Legal Standards

_____ 14. Individual and Cultural Diversity

_____ 15. Professional Values, Attitudes, and Behaviors

_____ 16. Communication and Interpersonal Skills

_____ 17. Assessment

_____ 18. Intervention

_____ 19. Supervision (of others)

_____ 20. 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 M

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

INTENT TO FILE A FORMAL GRIEVANCE

I, _____, am utilizing this form to provide written intent to file a formal grievance against:

- 1) _____ my supervisor(s): _____
- 2) _____ internship faculty: _____
- 3) _____ the training program
- 4) _____ my peer intern(s): _____
- 5) _____ my current rotation at: _____
- 6) _____ other: _____

Please summarize the conflict and/or issue:

The attempts that have been taken to address this problem thus far are:

ACKNOWLEDGEMENT OF REQUEST:

By signing and submitting this form, I request that you commence formal grievance proceedings.

Submitted on

by

Intern

Received on

by

CNYPC Training Director/Designee

Appendix N

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

FORMAL REQUEST FOR APPEAL

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

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

TRAINEE ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables Updated: 9/4/2019

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, while there is no requirement of a minimum number of assessment hours or experience with specific testing instruments, strong writing skills and a solid assessment background is preferred and will serve Interns well.

Minimum number of hours of the following required at time of application:

Total Direct Contact Intervention Hours	None	Amount:	N/A
Total Direct Contact Assessment Hours	None	Amount:	N/A

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	\$35,074
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: 2016-2018)

Total number of Interns who were in the 3 cohorts: 5

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

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

Appendix P

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

DIVERSITY AND NONDISCRIMINATION POLICY

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

All decisions regarding the selection of Interns are based solely on the criteria outlined on standardized items on the AAPI Rating Form and Interview Rating Form. 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.