Mount Sinai Adolescent Health Center

INTERNSHIP BROCHURE DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

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Introduction

The Mount Sinai Adolescent Health Center (MSAHC) is the home of the Division of Adolescent Medicine of the Department of Pediatrics at the Icahn School of Medicine at Mount Sinai and part of the Mount Sinai Hospital. Although it is part of a larger health system and medical school, the MSAHC is a freestanding outpatient facility, which provides confidential, comprehensive and integrated health care to young people ages 10-26. The MSAHC stands as the largest program of its kind in the country and is recognized as a successful model for other similar healthcare efforts around the world. All of the services at the MSAHC are confidential and are provided regardless of ability to pay or insurance status. The multidisciplinary staff at the MSAHC also engages in applied research activities, presents widely in the community, and participates in numerous advocacy efforts.

The MSAHC Doctoral Internship Training Program offers a full-time, APA-Accredited training program to three psychology interns a year. All candidates enter the program through the Association of Psychology Postdoctoral and Internship Centers (APPIC) match process. The doctoral psychology internship program is one of several training programs that runs at the MSAHC. The MSAHC is also home to an adolescent medicine fellowship, a psychology externship, a social work internship program, and medical residency and medical school rotations. Interns work side-by-side with other trainees and are fully immersed into the clinical and learning environment at the MSAHC.

The internship curriculum places emphasis on training interns to become competent providers of evidence-informed and culturally competent care to youth from marginalized backgrounds. The MSAHC has a long history of breaking down economic and social barriers to care for underserved populations, and this aspect of the MSAHC's mission informs the vision of the psychology training program. In addition, a broad aim of the training program is to provide interns with the necessary experience and skills to practice in interdisciplinary health care settings. Throughout the training year, interns provide individual, family and group therapy to a diverse range of youth ages 10-26. Interns also conduct comprehensive psychological assessment batteries. Finally, interns have the option of choosing between a range of elective intervention experiences, including the Teen Parent Program, the Dialectical Behavior Therapy Elective, the Behavioral Health-Primary Care Integration Elective and the Integrated Transgender Healthcare Service.

Mount Sinai Overview

The Mount Sinai Health System is an integrated and collaborative health care system located throughout the New York City metro area. As the biggest health system in New York City, it is comprised of seven hospital campuses throughout the city, employing over 36,000 team members. The Mount Sinai Health System is driven by the following mission: To provide compassionate patient care with seamless coordination and to advance medicine through unrivaled education, research and outreach in the many diverse communities we serve.

Mount Sinai Hospital is one of Mount Sinai Health System's seven hospital campuses. Founded in 1852, The Mount Sinai Hospital is a 1,171-bed, tertiary-care teaching facility acclaimed internationally for excellence in clinical care. The hospital campus is located on the border of

Manhattan's Upper East Side and East Harlem neighborhoods and serves a highly diverse patient population. The MSAHC is part of the Mount Sinai Hospital campus and is located about 8 blocks from the main hospital.

The Icahn School of Medicine at Mount Sinai was created as an academic partner to The Mount Sinai Hospital and they have a close, collaborative relationship. Together, they serve one of the most diverse and complex patient populations in the world. The medical school's vision is dedicated to advancing the art and science of medical care through an atmosphere of intense collaborative learning, social concern, and scholarly inquiry. As the Division of Adolescent Medicine within the medical school, MSAHC is steeped in a tradition of training excellence and is home to many trainees and fellows each year, including medical students, medical residents, adolescent medicine fellows, psychology interns, psychology externs and social work interns.

Mount Sinai Adolescent Health Center Overview

The Mount Sinai Adolescent Health Center (MSAHC) was established in 1968 as the first integrated healthcare program in New York specifically designed for the healthcare needs of adolescents and young adults. Since that time, the MSAHC has grown in size, becoming the largest US-based, integrated health care center specifically serving the needs of adolescents and young adults. The MSAHC is guided by the following mission: The MSAHC works to break down economic and social barriers to health care and wellness for young people by providing vital services – high-quality, comprehensive confidential, and at no cost to patients – for all who come to the Center. The MSAHC advances adolescent health as a national imperative by serving as a leading center of clinical care, specialized training and innovative research.

The MSAHC strives to go beyond providing primary medical services to address the whole young person, empowering them to maintain control of their health and, as an educated health consumer, to participate in identifying and obtaining the services that they need. Through this mission, the MSAHC seeks to advance the field of adolescent and young adult health by providing a certified health home for young people that is based on a biopsychosocial, cultural, youth-friendly health care model. Importantly, the MSAHC approach also emphasizes the importance of understanding each young person within their sociopolitical, environmental and contextual factors. As providers, we strive to provide culturally competent care by understanding each individual within their multiple contexts, including their families, neighborhoods, cultures and unique life experiences.

The MSAHC approximately 12,000 adolescents a year, with approximately 3,000 of those obtaining mental health services. As mentioned above, services are provided regardless of ability to pay. Core services provided at the MSAHC include physical health care, sexual and reproductive health care, optical services, behavioral and mental health care, nutrition and wellness services, and health education. A number of specialized services are provided at the MSAHC, including teen parent services, HIV-related services, transgender health care services, trauma and violence prevention and intervention services, and a physical fitness program.

Core Values of the MSAHC

Adolescent Sensitive Care: The MSAHC is built upon respect for its patients. Care is provided to children, families, adolescents and young adults in a manner that respects their rights to make informed decisions, to request confidential services and to be co-partners in their own health care. All MSAHC staff are trained in providing services in a developmentally appropriate manner.

Comprehensive Care: The MSAHC ensures that every patient who visits the center receives comprehensive health care from a collaborative team of professionals. All patients can access primary medical, optometric, mental health, reproductive health and health education services.

An Integrated Approach: The Mount Sinai Adolescent Health Center brings together physicians, nurse practitioners, psychologists, psychiatrists, social workers, health educators, peer educators, nutritionists, lawyers, researchers and other professionals to serve young people and their families, to teach and train students, to conduct scholarly research and to participate in advocacy efforts. In the clinical setting, professionals from multiple disciplines work in a team to address the holistic and often intertwining needs of young people.

Accessible Services: The MSAHC is committed to the notion that all young people deserve high-quality, comprehensive and accessible health care. All services are provided regardless of ability to pay.

Population served at the MSAHC

The MSAHC is based in East Harlem, New York City and primarily serves a broad, otherwise underserved population of children, adolescents, families and young adults (ages 10-26). In a typical year, the MSAHC serves approximately 12,000 patients, who log more than 50,000 visits. In addition to youth from the neighboring communities, young people travel from throughout the five boroughs of New York City and even from neighboring states in order to benefit from the MSAHC's nurturing, comprehensive and affordable care. Patients at MSAHC are 44% Latino, 32% Non-Hispanic Black, 14% Mixed Race, 6% Caucasian, 4% Asian, and 1% Native American. Fifteen percent of our patients are immigrants, 98% are from low income families, and 70% lack insurance. The vast majority of our patients reside in low-income New York City communities such as Harlem and the South Bronx.

Mental Health Services at the MSAHC

The MSAHC serves a culturally diverse population of young people, and they come with a variety of psychosocial difficulties, psychiatric diagnoses and severity of illnesses. The services offered include individual, group and family psychotherapy; psychological testing; and psychiatric services. Importantly, mental health services are one piece of the comprehensive, integrated care that young people receive at the MSAHC. Mental health clinicians work closely with providers in other disciplines (e.g., physicians, psychiatrists, nutritionists, lawyers) in order to provide the most effective care.

The MSAHC provides specialized mental health services for a variety of often overlooked or underserved groups. For example, a large number of patients at MSAHC present with a history of exposure to potentially traumatic events, including incest and sexual abuse, physical abuse,

emotional abuse or neglect, exposure to domestic violence, exposure to community violence, traumatic loss and commercial sexual exploitation. When appropriate, the program uses evidenced based interventions such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

The MSAHC's **Project IMPACT** program provides intensive clinical services and case management for HIV+ adolescents. These adolescents will, at times, receive psychological testing in order to plan for future educational and career training and to determine service needs. The MSAHC also provides integrated medical and mental health services to teen parents and their young children in the **Teen Parent Program**. Physicians, psychologists, and social workers work together to provide medical care, case management, supportive therapy, parenting interventions and developmental screenings/needs assessments for parent-child dyads. The MSAHC provides individual and group therapy for a large number of LGBTQ adolescents. MSAHC's **Transgender Health Care Service**, which involves both medical and mental health professionals, provides integrated care to transgender and gender non-conforming adolescents and young adults. Adolescents who are struggling to effectively manage emotions, effectively cope with difficult stressors, utilize appropriate interpersonal skills, and/or have significant conflict with their family benefit from the **Dialectical Behavior Therapy (DBT) Therapy Service.**

The MSAHC has multiple therapeutic groups including a sexual assault survivors group, a DBT skills group, an anger management group, a young girls group, a social skills group, substance use groups, and a transgender support group, to name a few.

Importantly, mental health services at the MSAHC are not driven by one particular theoretical orientation or therapeutic approach. Rather, many clinicians strive to integrate various approaches to best match patients' needs. Clinicians at the MSAHC are trained in a variety of evidence-based interventions and are encouraged to use these interventions when applicable. Finally, an over-arching goal of MSAHC mental health services is to be ever mindful of sociopolitical and cultural factors and to consider and, when appropriate, intervene in all levels of a young person's social ecology (e.g., individual, family, school, neighborhood, community).

More information about the Mount Sinai Adolescent Health Center is available at:

https://www.teenhealthcare.org/

http://www.mountsinai.org/patient-care/service-areas/adolescent-health/areas-of-care/adolescent-health-center

Internship Program Aims and Competency Development

The MSAHC provides a year-long rigorous learning environment for psychology interns. The MSAHC has three full-time interns who, in their training year, experience personal and professional growth and development, which contributes to the emergence of a competent, professional psychologist. The broad, overarching aims of the training program are as follows:

MSAHC Internship Program Training Aims
➢ To train interns to provide developmentally appropriate, evidence-informed interventions in a flexible and culturally competent manner. ➢ To train interns to administer developmentally and culturally appropriate comprehensive psychological assessment batteries, including the development of feasible and applicable recommendations. ➢ To prepare interns for careers focused on providing services to young people who are typically underserved or who have been impacted by societal neglect. ➢ To provide the training and skills necessary to work in integrated and interdisciplinary settings.

In addition to the broad training aims described above, the goal of the internship program is to help interns develop skills in nine areas of professional competence. Each of these competency areas includes multiple elements. The competency areas, and their elements, are listed below.

Competency Area 1: Research

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities.
- Demonstrates the ability to review, understand and apply scientific and scholarly literature to clinical interventions with diverse populations.

Competency Area 2; Ethical and Legal Standards

- Demonstrates solid knowledge of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws, regulations, rules, and policies governing health service psychology
- Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas.
- Conducts self in an ethical manner in all professional activities.

Competency Area 3: Individual and Cultural Diversity

- Demonstrates an understanding of how one's personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural difference in the conduct of professional roles, including the ability to work effectively with areas of diversity not previously encountered and with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Competency Area 4: Professional Values, Attitudes, and Behaviors

- 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.
- Actively engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well being, and professional effectiveness.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Competency Area 5: Communications and Interpersonal Skills

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

Competency Area 6: Assessment

- 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.
- 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 the assessment that are subjective from those that are objective.
- 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.

Competency Area 7: Intervention

- Establish and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements therapeutic interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.

- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.
- Demonstrates the ability to conceptualize a case from a biopsychosocial perspective.

Competency Area 8: Supervision

- Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals.
- Develops an understanding of the supervisor role and skills for conducting supervision.
- Demonstrates awareness of strengths and limitations as a supervisor; appropriately seeks out guidance.

Competency Area 9: Consultation and Interprofessional/Interdisciplinary skills

- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies knowledge of and respect for the roles and perspectives of other professions in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Integrates the perspective of psychological health services into an interdisciplinary team-based approach.

Mount Sinai Adolescent Health Center Doctoral Psychology Internship Training Model and Curriculum

Model of Training and Education

The MSAHC Doctoral Internship Program training model aims to prepare interns to become competent practitioners in the field of professional psychology and to be equipped to work with underserved youth and within integrated healthcare settings. We aim to train interns to become competent and comfortable providing developmentally and culturally competent intervention and assessment services to historically underserved youth. To this end, we have aligned the model for our training program with the mission of the MSAHC – to break down economic and social barriers to health care and wellness for young people by providing vital services—high-quality, comprehensive, confidential, and at no cost to patients—for all who need them. Throughout the year, interns are immersed in clinical training activities that emphasize engaging underserved youth and working on interdisciplinary teams.

We take a developmental approach to training. Training activities are provided in a sequential fashion that is graded in complexity. The training year begins with a number or orientation activities (e.g., readings, seminars and didactics) that are aimed at helping interns gain a strong foundation of knowledge for the clinical training activities that are part of our internship. Next, interns shadow seasoned clinicians in most their training activities and are then observed by supervisors prior to engaging in independent practice. Once interns begin seeing patients on their own, training supervisors strive to assign increasingly complex cases over the course of the year, with initial case assignments consisting of more straightforward presenting problems.

We believe strongly in providing guidance, mentorship and opportunities for self-reflection. This belief is reflected in the ratio of supervision to clinical training activities. Interns typically have a total of 8 hours of supervision a week, which provides ample time for them to reflect on and receive support and guidance on their clinical work, professional conduct and areas for growth. Interns are asked to complete their own self-assessment of their competencies at the beginning of the year, identifying areas that they believe are strengths and areas that they believe could use growth. They are asked to monitor and reflect on their own areas of strength and growth as their training progresses. Finally, the time we have donated to guidance, mentorship and growth focuses not only on clinical skills but also on the development of professional deportment, professional identity and an understanding of the unique contributions that psychologists can make to integrated health care teams.

The science of psychology provides the foundation for our field. Our training emphasizes the practitioner-scholar approach to the practice of professional psychology. Didactic seminars and supervision sessions highlight the relationship between science and practice. Interns are asked to consider evidence for interventions they provide, with a focus on understanding whether they are drawing form an evidence base that is reflective of the diversity characteristics of our patients.

Internship Curriculum

The interns are at the MSAHC approximately 40-50 hours per week (depending on the time of year). Interns are fully integrated into the clinic environment. The internship experience is divided among direct-service clinical training activities, supervision and didactic instruction. The training activities are outlined in detail below.

Clinical Training Activities

Clinical Training Activities Expected of All Interns

- 12-15 ongoing psychotherapy cases (including cases from electives)
- Lead-Co-Lead 1 therapy group
- Approximately 5 psychological assessment cases

Mental Health Services

Interns receive the majority of their therapy cases through the MSAHC's mental health clinic. This caseload is comprised of a diverse set of individual and family therapy cases with identified patients being age 10-26. Interns conduct intake evaluations, formulate treatment plans and work with patients to reach treatment goals. Interns participate in an interdisciplinary treatment team that meets each week to discuss patient progress. All interns will choose at least one mental health case with which to implement TF-CBT. A large number of patients at MSAHC have been exposed to one or multiple forms of potentially traumatic events in their life. For some of these patients, TF-CBT is the indicated treatment. TF-CBT is a manualized (but flexible) evidence-based treatment for children and adolescents who have experienced traumatic events and are experiencing post-trauma difficulties.

MSAHC Psychological Assessment Service

The MSAHC provides comprehensive psychological assessments to its patient population (age 10-26) at no cost to them. This service is a reflection of MSAHC's belief that all young people deserve high-quality and comprehensive health care services. Psychiatrists, social workers and physicians refer patients for psychological testing in order to better understand educational, cognitive, developmental and psychiatric needs. Many of the patients at MSAHC are struggling with previously undetected learning disorders and testing can play an important role in their future educational success. Furthermore, the MSAHC clinicians rely on psychological testing to assist their therapeutic work and to refine their diagnoses. Interns typically perform 5 psychological assessments throughout the course of their training year. In addition to a thorough family and developmental history, psychological testing evaluations often include assessments of multiple domains of functioning, including cognitive assessments, achievement testing, social-emotional and personality assessments (both objective and projective), and attention, executive functioning and memory assessments, as needed. Assessment training emphasizes test selection as a key competency. As such, interns conduct a range of comprehensive and more targeted assessments.

Group Therapy Experience
Interns are expected to lead or co-lead one group within MSAHC Mental Health Services. Interns may co-lead a group with another intern or with a MSAHC staff member. They have the option of co-leading an existing group or starting one of their own based on patient need. Examples of groups that interns have run in the last several years include: Social Skills Group, DBT Skills Group, Transgender Support Group, Support Group for Caregivers of Transgender Youth.

Elective Clinical Training Experiences

**Note: each intern will choose 2 of the following 3 electives

Dialectical Behavior Therapy (DBT) Elective
DBT is an evidenced-based treatment that was originally developed for adults with borderline personality disorders. It is now being widely used for a range of difficulties, particularly those associated with emotion regulation problems, interpersonal difficulties and chronic self-harm/suicidality. This treatment has also been adapted specifically for use with adolescents. The model used at AHC relies heavily on the adolescent adaptation. Patients in DBT treatment attend weekly individual therapy in addition to a DBT skills group.

Intern Experience: Interns in the DBT elective will carry 2-3 individual DBT cases and will co-lead the weekly, 90-minute DBT skills group for 6 months. Interns also attend a weekly DBT consultation group in addition to DBT group supervision. DBT group supervision is provided via telesupervision.

Primary Care-Behavioral Health Integration Elective
The MSAHC has a primary care clinic that serves thousands of adolescents a year, regardless of ability to pay. Many of the patients who present for primary care appointments have significant emotional and behavioral needs (often related to a history of trauma or maltreatment) that are going unmet. Primary care medical providers refer these patients to mental health providers during their medical appointments. Mental health providers will meet with the patient, do an assessment and work within the interdisciplinary team to help these patients get their mental health needs met on an ongoing basis.

Intern Experience: Interns in this elective will spend one half-day per week in the medical clinic. Interns receive referrals from primary care providers, assess patients and work with social work and medical staff to help patients meet existing emotional, behavioral, psychosocial and medical needs. Interns will gain experience in same-day assessments, in brief trauma-informed interventions, and in working directly with medical providers as part of an integrated team. Interns will also provide contraception and options counseling to adolescent patients in the medical clinic. Interns in this elective will also be asked to attend a weekly supervision meeting focused on providing mental health treatment in the primary care setting.

Teen Parent Elective
MSAHC has a Teen Parent Program that provides care to parents under the age of 24 and their young children. Services include medical appointments for parents and their children, social

work services for parents and developmental assessments of the children. The Teen Parent Program also holds seasonal events for families, including a Halloween party and Holiday party.

Intern Experience: Interns in this elective will conduct developmental and social emotional screeners for infants, toddlers, and young children of teen parents in the Teen Parent Program. They report findings to physicians, social workers and nutritionists who work as part of this program in order to develop integrated treatment plans. Additionally, students observe mother-child dyads, identifying at-risk mothers through the use of standardized observation measures, and engage parents in attachment-based dyadic therapy. Interns attend a weekly teen parent supervision group.

Optional Elective - Open to any intern who is interested

Transgender Healthcare Elective:
MSAHC has the largest integrated health care program for transgender adolescents and young adults in NYC. In the last several years, we have served approximately 350 transgender or gender nonconforming youth. At AHC, transgender and gender non-conforming adolescents are provided with gender-affirming medical and mental health care. This includes hormone evaluations, individual therapy, family therapy, parental guidance, psychological testing, support group services and caregiver support groups. Often, mental health professionals are called upon to write letters documenting ability to consent to medical therapies such as hormone therapy. Transgender and gender non-conforming adolescents also receive primary care medical services and transition-related medical services (e.g., hormone therapy) at AHC. Lastly, a weekly support group is offered for these patients.

Intern Experience: Interns can elect to carry approximately up to 3 cases in the transgender program. Interns will be trained in gender evaluations necessary to write letters for hormone therapy. Interns will conduct these evaluations and provide individual and family therapy to patients. Interns will work closely with patients' physicians and attend their patients' transgender healthcare medical appointments. Interns discuss transgender cases in individual supervision and weekly group supervision with the Training Director.

Supervision

According to Implementing Regulation C-14.I of APA's Standards of Accreditation for Health Service Psychology, supervision is defined thusly:

> *Supervision is characterized as an interactive educational experience between the intern and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard & Goodyear, 2009).*

The MSAHC Doctoral Internship Training Program follows this definition of supervision. Under our supervision policy, the following supervision guidelines are assured for each intern:

- Each intern will receive, *at minimum*, weekly individual supervision with 2 licensed psychologists.
    - These primary supervisors will also be available to interns on an "as-needed" basis during clinical crises.
    - Supervisors have primary professional and clinical responsibility of the cases that they supervise.
    - Supervisors must designate supervisory coverage for interns if they are on leave or away.
    - Documentation in patients' charts (e.g., treatment plans, session notes) cannot be closed or signed until reviewed and signed by supervisors. Supervisors are responsible for reviewing all documentation done by interns.
- Each intern will receive, *at minimum,* four hours of supervision per week. Some portion of this supervision will come in the form of group supervision.

Despite the policies set forth above, interns currently receive a total of 8 hours of supervision a week. This is comprised of the following:

<u>Individual Supervision:</u>
Interns receive 3 hours of individual supervision a week from licensed psychologists.

- Each intern is assigned 2 individual supervisors (both licensed psychologists) that they meet with for one hour a week.
- Each intern receives one hour of individual supervision per week on their assessment cases with a licensed psychologist.

<u>Group Supervision</u>
Interns participate in 5 hours of group supervision a week, as listed below.

Psychology Intern Group Supervision: Each week, interns participate in a weekly, 60-minute group supervision session with the Training Director. Interns present cases on a rotating basis, with priority given to transgender cases requiring evaluations for hormones. The Training Director assumes primary clinical responsibility for hormone evaluation cases. Case presentations are formally structured and lead to reflective discussions during which students receive feedback, guidance and support. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity.

Psychological Assessment Group Supervision: Interns meet as a group with a licensed clinical psychologist once a week for an hour to review and share findings from their ongoing testing cases. This provides a forum for interns to have discussions about and learn from one another's cases. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity.

Trauma-Informed Care Group Supervision: Interns also attend a weekly group supervision session focused on TF-CBT and other trauma-informed interventions led by a licensed psychologist. Case presentations are formally structured and lead to reflective discussions during which students receive feedback, guidance and support. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity.

Primary Care Supervision: Interns in the Primary Care-Behavioral Health Intervention elective attend a weekly supervision group led by a licensed clinical social worker. Case presentations are formally structured and lead to reflective discussions during which students receive feedback, guidance and support. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity.

Teen Parent Supervision: Interns in the Teen Parent Program elective attend a weekly supervision group led by a licensed clinical psychologist. Interns make case presentations, presenting assessment and therapy interventions. Interns review relevant research and pay particular attention to individual and cultural diversity issues as they pertain to research and clinical work.

DBT Supervision: Interns in the DBT elective, attend a weekly supervision group led by a licensed clinical psychologist. Case presentations are formally structured and lead to reflective discussions during which students receive feedback, guidance and support. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity. Of note, after a period of in-person training, DBT group supervision is provided via video conferencing.

Non-Service Delivery Learning Experiences

Didactic Seminars
The interns attend a two-hour weekly didactic seminar for the duration of the year. The seminars focus on topics relevant to the treatment of adolescents and young adults. Particular attention is paid to developing culturally competent and evidence-based practices in the seminar series. Didactics are presented by Mount Sinai staff and faculty and by experts from the community. Didactics target the nine profession-wide competencies discussed earlier in the handbook.

Mental Health Team Meeting: 90 minutes per week
The Mental Health Team Meeting provides an opportunity to open (admit) new clients that have completed intakes at the MSAHC and for staff members (including interns) to collaborate on treatment planning. Members of the team provide input on treatment goals, treatment provision, diagnostic accuracy and case conceptualizations.

Staff Meetings: 1 Hour per Week
This activity is a one-hour meeting that brings together MSAHC clinicians. The venue provides an opportunity for disseminating relevant information about the MSAHC functioning and for in-service trainings on areas related to adolescent healthcare and MSAHC's mission.

Intern Supervision Experience: 1 hour a week for 2nd half of year
Interns will each be assigned 1 extern with whom they will conduct 1 hour of supervision per week on 1-2 cases for the second half of the training year. Interns' supervision of externs is supervised by one of their designated individual supervisors. In addition, interns meet once a month (as a group) with the training director to discuss issues that have arisen as new

supervisors. This venue provides opportunity for skill development, discussion of professional development, and provision of feedback.

Specialized Trainings

Throughout the year, interns are provided with additional training seminars on specialty areas outside of their regularly scheduled didactics as they arise. The following is a list of examples:

- Training in contraception and options counseling with adolescent patients. Interns are trained by social work and health education staff in providing contraception and options counseling to teenagers in the medical clinic.
- 7-hour DBT-focused training from Melissa Robinson-Brown, PhD
- Specialized transgender health training

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: 9/2021

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:
Candidates must be enrolled in an APA-Accredited clinical, school or counseling doctoral program (Ph.D. or Psy.D.). All formal coursework and comprehensive examinations must be completed by the start of the internship. The candidates should have demonstrated interests and prior academic and practicum experiences that are appropriate for the internship, such as prior experience working with adolescents, outpatient therapy experience, interest in working with underserved populations and interest in working in an interdisciplinary setting. We pay careful attention to the goodness-of-fit between candidates and our program. Candidates' cover letters and essays are reviewed for specific reference to interest in the training that we offer.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	N	**Y**	Amount: 500
Total Direct Contact Assessment Hours	N	**Y**	Amount: 50

Describe any other required minimum criteria used to screen applicants:
Applicants should have a minimum of 1000 total practicum hours and at least 3 integrated psychological assessments with children or adolescents. All applicants should have endorsement/approval (noted on AAPI) from their programs in order to apply.

We are members of APPIC and fully abide by all of their policies. The program is listed each year in the APPIC Directory. To ensure accuracy, the information listed in the APPIC Directory is updated in a timely fashion. There are 3 funded internship positions in our APA-Accredited doctoral psychology internship program.

The Mount Sinai Adolescent Health Center of Mount Sinai Health System is committed to a policy of nondiscrimination in our recruiting of all staff and trainees. Mount Sinai Health System is committed to providing an equal opportunity work environment. We comply with all laws, regulations and policies related to non-discrimination and fair employment practices in all of our personnel actions. We strongly encourage interested candidates from minority and/or disability backgrounds to apply.

All interested applicants should submit applications using the AAPI online application process by **November 1, 2021**. Applicants will be notified about interview decisions by December 15, 2021.

The internship begins the first week in July and ends at the end of the following June.

The intern application should include the following:

1. The APPIC completed application, which can be found online at http://www.appic.org.
2. A curriculum vitae
3. Three letters of reference from supervisors or professors using the APPIC Standardized Reference Form
4. Official transcripts of all graduate work
5. A comprehensive psychological test battery
6. A letter describing your interest in working at the MSAHC

Please direct inquiries to Nicole Nadell, PsyD:

Nicole Nadell, PsyD
Assistant Professor of Pediatrics and Psychiatry
The Mount Sinai Adolescent Health Center
320 East 94th Street
New York, NY, 10128
212-423-2897
Nicole.Nadell@mountsinai.org

Questions related to the program's accreditation status should be directed to the 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.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	$30,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	**Yes**	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes**	No
Coverage of family member(s) available?	**Yes**	No
Coverage of legally married partner available?	**Yes**	No
Coverage of domestic partner available?	Yes	**No**
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	19 days	
Hours of Annual Paid Sick Leave	Included in the 19 days listed above	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	No
Other Benefits: Interns also receive 8 major holidays off. Interns are full-time employees of Mount Sinai Health System and, thusly, have access to Mount Sinai resources including an extensive library system, discounts on recreational activities throughout New York City and workshops and classes held throughout the Mount Sinai Health System.		

Interns each have their own office for the training year. Each office comes equipped with a computer and telephone. Wireless internet is also available throughout the MSAHC. Interns receive Mount Sinai email accounts. Interns have access to the same clerical, administrative and IT support as all employees at the MSAHC. For example, registration staff greet, schedule and check in patients; IT staff is available for technology support; and building maintenance and engineering workers are readily available for issues related to office set up and use. Interns are not responsible for billing procedures, as a separate staff at the MSAHC handles billing.

The training program receives administrative support from MSAHC's Administrative Assistant, Mr. Elias Febres. Mr. Febres is available to assist interns in many practical day-to-day issues related to functioning at the MSAHC, such as setting up voicemail, accessing office supplies, replacing a lost ID badge or accessing resources at Mount Sinai's main hospital campus

Parental Leave

Interns are granted one paid day (Parental day) of additional leave for the birth or adoption of a child (under 6). Following this one day of leave, interns can use any accrued but not used PTO days to cover their leave. Following the use of their PTO days, interns may

- Apply for Short-Term Disability (if applicable)
- Take unpaid days of leave up until they have been gone for a total of 6 weeks
- Interns who take 6 full weeks of leave may be required to extend their internship by 2 weeks in order to complete the training requirements

Additional Leave

In the event of medical conditions and/or family needs that require extended leave, interns can use any accrued but not used PTO days to cover their leave. Following the use of their PTO days, interns may

- Apply for Short-Term Disability (if applicable)
- Take unpaid days of leave up until they have been gone for a total of 6 weeks
- Interns who take 6 full weeks of leave may be required to extend their internship by 2 weeks in order to complete the training requirements

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		
	PD	**EP**
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	4	1
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	3
Not currently employed	0	0
Changed to another field	0	0
Other	0	1
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Intern Evaluation and Review Periods

Interns are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. There are three formal evaluation periods throughout the year – in October, February and May. At this time, the Psychology Intern Competency Evaluation Form is completed by training supervisors for each intern. On this form, interns are rated on the competencies that they are expected to develop over the course of the training year. Each intern meets with each of their supervisors to review and discuss the form. The intern also has the option to respond in writing to a supervisor's evaluation forms. Copies of completed forms are also given to the Training Director. The training director then compiles the feedback and ratings made by the intern's supervisors and completes the Psychology Intern Competency Evaluation Summary Form, which includes written comments. The training director then meets individually with each intern for a summary review meeting that concludes the review period. During this meeting, the training director discusses the evaluations provided by the supervisors regarding the intern's performance, reviews the feedback in aggregate, and makes suggestions for continued training and growth. This process is an opportunity for the training director to provide integrative feedback regarding the collective experience of others who have had significant interactions with the intern. Both parties discuss how the internship experience is progressing and the intern is provided with an opportunity to provide reactions, critiques, and comments about supervision and other aspects of the training program. The training director provides feedback to the intern regarding their satisfactory progression through (or completion of) the internship program at this meeting. If it is deemed necessary, modifications to the training program for a particular intern may be arranged at this time or at any time that the intern or a faculty member deems it necessary. The intern is invited to write comments on the Psychology Intern Competency Evaluation Summary Form. Once the Psychology Intern Competency Evaluation Summary Form has been completed, a copy is sent to the intern's doctoral program.

The Psychology Intern Competency Evaluation Form and the Psychology Intern Competency Evaluation Summary Form are included below. The evaluation forms explicate the rubric used to assess an intern's attainment of competencies, including the minimum level of competency attainment required for successful completion of the internship program.

MOUNT SINAI ADOLESCENT HEALTH CENTER
PSYCHOLOGY INTERN COMPETENCY EVALUATION FORM

Name of Intern:
Name of Supervisor:
Training Year:
Area(s) of Practice Supervised:

☐ October ☐ February ☐ May

ASSESSMENT METHOD(S) FOR COMPETENCIES

☐ Direct Observation ☐ Review of Written Work

☐ Videotape ☐ Review of Raw Test Data

☐ Audiotape ☐ Discussion of Clinical Interaction
☐ Case Presentation ☐ Comments from Other Staff

There are nine Competency Areas listed in this form. Each Competency Area contains a list of elements comprising the competency. Please rate each element on a scale from 0 – 4. Descriptions of the meaning of the numerical values (0 – 4) are included in the box below.

COMPETENCY ELEMENT RATINGS DESCRIPTIONS

N/O **No Opportunity to observe the behavior in question**

A **Advanced/Skills comparable to autonomous practice at the licensure level.**
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level; however, as an unlicensed intern, supervision is required while in training status.

W **Well Developed Competency**
A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of intern's activities; depth of supervision varies as clinical needs warrant.

I **Intermediate/Should remain a focus of supervision**
Common rating throughout internship. Routine supervision of each activity is needed.

E **Entry level/Continued intensive supervision is needed**
Routine, but intensive, supervision is needed.

R **Needs remediation**
Requires remedial work or corrective action plan.

0	1	2	3	4	N/O
R	E	I	W	A	

For each Element, examples are listed of the types of behaviors that may typically signify that element. While you should use these examples to guide your ratings, it is reasonable to expect an intern to demonstrate some, but not all, of the examples listed under a given Element. Furthermore, as a rater, you should feel free to base your rating on any given Element on additional types of behaviors that are not listed as examples.

In addition to giving a score for each Element, please provide a Summary Rating Score for each Competency Area. You can use the ratings for each Element to guide your Summary Rating Score; however, the Summary Rating Score does not need to be the numerical average of the Elements. Rather, it should be based on your global sense of the intern's skill level in that Competency Area.

COMPETENCY AREA: RESEARCH

_____**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 host institution), regional, or national level.**
EXAMPLES: Displays the ability to think critically and scientifically; thoughtfully contributes to conversations about scientific literature; cites research findings during case conferences and presentations; explains research findings in an articulate and clinically-relevant manner; seeks out and participates in research or other scholarly activities.

_____**Element: Demonstrates the ability to review, understand and apply scientific and scholarly literature to clinical interventions with diverse populations.** *EXAMPLES*: Seeks out relevant research to support clinical interventions; is able to translate scholarly work or research findings into practical therapeutic techniques; demonstrates an awareness of how clinical research may or may not apply to different populations.

_____RESEARCH COMPETENCY SUMMARY RATING SCORE *(not necessarily the average of the elements)*

COMPETENCY AREA: ETHICAL AND LEGAL STANDARDS

_____**Element: Demonstrates solid knowledge of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.** *EXAMPLES:* Demonstrates knowledge of typical legal issues such as HIPAA, confidentiality, and child abuse reporting; demonstrates behavior consistent with ethical and legal standards in all professional activities. Demonstrates reliable judgment about when consultation is needed.

_____**Element: Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas.** *EXAMPLES*: Spontaneously and consistently is able to recognize and proactively manage ethical dilemmas in professional service, training and research. Demonstrates the ability to understand an ethical dilemma from multiple perspectives and apply relevant ethic codes and principles in order to make sound decisions. Demonstrates reliable judgment about when consultation is needed.

_____**Element: Conducts self in an ethical manner in all professional activities.**
EXAMPLES: Smooth working relationships, handles differences openly, tactfully and effectively. Adheres to the APA Ethical Principles and Code of Conduct.

_____ETHICAL AND LEGAL STANDARDS COMPETENCY SUMMARY RATING **Score**
(not necessarily the average of the elements)

COMPETENCY AREA: INDIVIDUAL AND CULTURAL DIVERSITY

_____**Element: Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.**
EXAMPLES: Accurately reflects on and shows awareness of how one's various identities and experiences have impacted one's worldview; articulates how one's views, history or biases may

impact one's understanding of others, including clients and colleagues; demonstrates awareness of one's own positions of power and privilege relative to others and how this can impact interpersonal interactions; requests appropriate supervision when one feels they are acting on a bias; demonstrates openness to exploring one's own biases and worldviews.

_____**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.** *EXAMPLES:* Recognizes various aspects of identities and how they intersect (e.g., race, gender, sexual orientation, religion); consistently demonstrates awareness of how others' various identities may inform their understanding of themselves, the world, and clinical interventions; demonstrates an understanding of how therapist and client differences may or may not impact treatment.

_____**Element: Demonstrates the ability to integrate awareness and knowledge of individual and cultural difference 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.** *EXAMPLES:* Utilizes assessment and intervention methods that are culturally appropriate and modifies those that are not; recognizes when more information is needed regarding diversity factors and seeks out empirical knowledge and information; demonstrates awareness of own limits and expertise and seeks out guidance; develops a framework for culturally competent care that involves assessment of one's one perspective/biases, an understanding of others in the context of their various identities and cultural factors, and an ability to openly and non-defensively discuss issues relating to individual and cultural diversity with clients, peers and supervisors. Reliably applies this framework in all professional activities.

_____**Element: Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.** *EXAMPLES:* Proactively seeks to understand and apply framework for culturally competent care; does not need to be prompted to view others in the context of their various identities and cultural and sociopolitical context.

_____**INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY SUMMARY RATING SCORE**
(Not necessarily the average of the elements)

COMPETENCY AREA: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

_____**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.** *EXAMPLES:* Demonstrates understanding of one's role as a psychology intern and emerging psychologist; acts respectfully toward peers, colleagues, supervisors and agency staff in verbal and non-verbal communication; meets expected deadlines for work; is punctual and reliable for all scheduled activities; assumes responsibility for lapses in professionalism or accountability; remains curious and open to new information; displays empathy and compassion toward others.

_____**Element: Actively engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and**

professional effectiveness. *EXAMPLES:* Is honest and open about one's own limitations or areas of growth; engages in multiple methods of self-assessment and self-reflection (e.g., through supervision, peer feedback, introspection); develops and follows through on concrete plans to improve; consciously and purposefully conducts oneself in a way that is appropriate for one's professional role and modifies behavior based on context and setting.

_____**Element: Actively seeks and demonstrates openness and responsiveness to feedback and supervision.** *EXAMPLES:* Demonstrates openness and responsiveness to feedback and supervision; requests feedback on professional conduct regarding both areas of strength and areas of growth; acts on feedback given by others by making purposeful efforts to improve

_____**Element: Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.** *EXAMPLES:* Demonstrates the overall ability to integrate feedback about professionalism over the course of training; maintains professional deportment in the face of challenging professional interactions; demonstrates the ability to think through and problem-solve complex professional interactions; seeks appropriate guidance and/or supervision on complex professional interactions.

_____**PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS COMPETENCY SUMMARY RATING SCORE** *(not necessarily the average of the elements)*

COMPETENCY AREA: COMMUNICATIONS AND INTERPERSONAL SKILLS

_____**Element: Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.** *EXAMPLES:* Develops productive and collegial relationships with peers, supervisors and agency staff; creates, manages and effectively terminates working relationships with patients and families; displays compassion and empathy towards others, including those who are dissimilar from oneself; is able to effectively and reflectively work through disagreements with others.

_____**Element: Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.** *EXAMPLES:* Produces written work that is clear, concise and informative; uses professional language competently; explains clinical material in an informative and succinct manner when presenting to other professionals both one-on-one and in groups; shows an understanding of how to modify communication style based on the setting and audience; listens respectfully to others.

_____**Element: Demonstrates effective interpersonal skills and the ability to manage difficult communication well.** *EXAMPLES:* Actively attempts to understand and acknowledges others' perspectives, including colleagues and clients; reflects on and demonstrates awareness about one's presentation in group settings; demonstrates openness to feedback from peers and supervisors; maintains poise when faced with conflict; actively applies problem-solving strategies when conflict arises.

_____ **COMMUNICATIONS AND INTERPERSONAL SKILLS COMPETENCY SUMMARY RATING SCORE** *(Not necessarily the average of the elements)*

COMPETENCY AREA: ASSESSMENT

_____**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.** *EXAMPLES:* Clarifies and gains full understanding of referral question; Appropriately selects testing measures based on referral questions, presenting problems and ongoing assessment findings; administers testing instruments with accuracy and efficiency; scores measures correctly.

_____**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 the assessment that are subjective from those that are objective.** *EXAMPLES:* Skillfully and efficiently interprets test data; synthesizes findings from various measures into an integrated whole; is sensitive to cultural considerations in interpretation of test results.

_____**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.** *EXAMPLES:* Oral communication is clear, thorough and geared toward the audience; reports are informative and concise; findings are integrated in a clear and thoughtful manner; findings are used to make strong recommendations.

_____**ASSESSMENT COMPETENCY SUMMARY RATING SCORE** *(not necessarily the average of the elements)*

COMPETENCY AREA: INTERVENTION

_____**Element: Establish and maintains effective relationships with the recipients of psychological services.** *EXAMPLES*: Establishes rapport with patients, including those who have a range of backgrounds and presenting problems; manages ruptures in therapeutic relationships; terminates therapy relationships with intentionality and sensitivity.

_____**Element: Develops evidence-based intervention plans specific to the service delivery goals.** *EXAMPLES:* Identifies clear treatment targets that incorporate clients' wishes; creates measurable treatment objectives; base treatment plans on scientific and scholarly literature.

_____**Element: Implement therapeutic interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.** *EXAMPLES:* Creates intervention plans that draw from the scientific literature; uses assessment findings to inform treatment goals; creates case conceptualizations and treatment plans that take into account diversity characteristics and contextual variables.

_____**Element: Demonstrates the ability to apply the relevant research literature to clinical decision making.** *EXAMPLES:* Independently and consistently draws upon the relevant research literature to inform clinical decision making; demonstrates an understanding of how to determine if research literature is relevant to a given client.

_____**Element: Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.** *EXAMPLES:* Demonstrates the ability to identify when there is a lack of evidence base for a particular client or presenting problem; understands when research evidence may not be relevant to clients with various diversity characteristics; shows creativity and

flexibility in modifying treatment approaches.

_____**Element: Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.** *EXAMPLES:* Evaluates intervention effectiveness on an ongoing basis; is objective in determining treatment effectiveness; shows creativity and flexibility in adapting treatment goals and approaches when progress is lacking.

_____**Element: Demonstrate the ability to conceptualize a case from a biopsychosocial perspective.** *EXAMPLES:* Thoroughly assesses all relevant domains of functioning and relevant history in order to build case conceptualization; synthesizes information to form coherent and integrated case conceptualization.

_____ **INTERVENTION COMPETENCY SUMMARY RATING SCORE** *(not necessarily the average of the elements)*

COMPETENCY AREA: SUPERVISION

_____**Element: Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals.** *EXAMPLES:* Supervision and guidance is provided intentionally and based on knowledge of models of supervision.

_____**Element: Develops an understanding of the supervisor role and skills for conducting supervision.** *EXAMPLES:* Demonstrates an emerging articulation of one's own supervision style; maintains appropriate boundaries related to supervision; provides helpful clinical and/or professional guidance to supervisees.

_____**Element: Demonstrates awareness of strengths and limitations as a supervisor; appropriately seeks out guidance.** *EXAMPLES:* Clearly recognizes areas of growth as a supervisor; demonstrates an awareness of strengths as an emerging supervisor; appropriately seeks out guidance when needed.

_____**SUPERVISION COMPETENCY SUMMARY RATING SCORE** *(not necessarily the average of the elements)*

COMPETENCY AREA: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

_____**ELEMENT: Demonstrates knowledge and respect for the roles and perspectives of other professions.** *EXAMPLES:* Demonstrates understanding of role of psychologist on interdisciplinary team; recognizes and shows respect for discipline-specific specialized knowledge.

_____**ELEMENT: Applies knowledge of and respect for the roles and perspectives of other professions in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.** *EXAMPLES:* Maintains appropriate boundaries with other health professionals through demonstrating respect for their discipline-specific knowledge; recognizes limits of one's own professional knowledge when working in a medical setting; seeks out advice and guidance from other professionals on behalf of clients.

_____**Element: Integrates the perspective of psychological health services into an interdisciplinary team-based approach.** *EXAMPLES:* Demonstrates an understanding of the unique contributions that can be make as a psychologist on an interdisciplinary team;

communicates unique perspective as a psychologist to other professionals in an informative and succinct manner.

_____ **CONSULTATION AND INTERPROFESSIONAL/INDERDISCIPLINARY COMPETENCY SUMMARY RATING SCORE** *(not necessarily the average of the elements)*

SUPERVISOR COMMENTS

Summary of Strengths (List at least two areas of strength):

Areas of Additional Development or Remediation, including Recommendations (List at least two areas that can use further development)

Conclusions

REMEDIAL WORK INSTRUCTIONS: In the rare situation when it is recognized that an intern needs remedial work, a competency evaluation form should be filled out **immediately,** prior to any deadline for evaluation, and shared with the intern and the Training Director. In order to allow the intern to gain competency and meet passing criteria for the internship, these areas must be addressed proactively and a remedial plan must be developed in conjunction with the supervisor and Training Director and implemented promptly.

GOAL FOR INTERN EVALUATIONS DONE AT OCTOBER EVALUTION PERIOD
Minimum level of achievement for adequate progress through program: All competency elements will be rated at a level of "1"—*Entry level* or "2"—*Intermediate* or higher.

_____ The intern **HAS** successfully completed the above goal as rated by this supervisor. We have reviewed this evaluation together.

_____The intern **HAS NOT** successfully completed the above goal as rated by this supervisor. We have reviewed this evaluation together. Ratings that do not meet the minimum level of achievement for adequate progress through the program will be reviewed by the Training Director and all supervisors working with this intern. At the end of this review process, the Training Director will notify the intern what plan, if any, is needed to address the intern's need for remediation.

GOAL FOR INTERN EVALUATIONS DONE AT FEBRUARY EVALUTION PERIOD
Minimum level of achievement for adequate progress through program: The majority of the competency elements will be rated at a level of "2"—*Intermediate* or higher, with a few competency elements rated at the "1"—*Entry level*.

_____ The intern **HAS** successfully completed the above goal as rated by this supervisor. We have reviewed this evaluation together.

_____The intern **HAS NOT** successfully completed the above goal as rated by this supervisor. We have reviewed this evaluation together. Ratings that do not meet the minimum level of achievement for adequate progress through the program will be reviewed by the Training Director and all supervisors working with this intern. At the end of this review process, the Training Director will notify the intern what plan, if any, is needed to address the intern's need for remediation.

GOAL FOR INTERN EVALUATIONS DONE AT MAY EVALUATION PERIOD
Minimum level of achievement for completion of program: No competency elements will be rated as 0—*Needs Remediation* or 1—*Entry Level*. The average Summary Rating for each Competency Area will be at least "3" – skills *Well Developed* –across all applicable raters. Achievement of this goal will be discussed in a summary review meeting with the Training Director after the Training Director has completed the Psychology Intern Competency Evaluation Summary Form.

Supervisor _____ Date _____

Intern Comments Regarding Competency Evaluation (if any):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern _____ Date _____

Parts of this form are adapted from Janet Willer, PhD of the VA Chicago Health Care System; the American Psychological Association's Competency Benchmarks in Professional Psychology Readiness to Practice Level Rating Form; Michele Goyette-Ewing, PhD of the Yale Child Study Center Psychology Training Program

MOUNT SINAI ADOLESCENT HEALTH CENTER

PSYCHOLOGY INTERN COMPETENCY EVALUATION SUMMARY FORM

Trainee:		Training Director:	
Training Year:			
Date:			

☐ October ☐ February ☐ May

COMPETENCY RATINGS DESCRIPTIONS

N/O **No Opportunity to observe the behavior in question**

A **Advanced/Skills comparable to autonomous practice at the licensure level.**
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level; however, as an unlicensed intern, supervision is required while in training status.

W **Well Developed Competency**
A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of intern's activities; depth of supervision varies as clinical needs warrant.

I **Intermediate/Should remain a focus of supervision**
Common rating throughout internship. Routine supervision of each activity is needed.

E **Entry level/Continued intensive supervision is needed**
Routine, but intensive, supervision is needed.

R **Needs remediation**
Requires remedial work or corrective action plan.

1	1	2	3	4	N/O
R	E	I	W	A	

The Mount Sinai Adolescent Health Center Internship Program aims to prepare interns in nine competency areas. During formal evaluation periods, each intern is given an overall, global summary rating score by each supervisor who supervises them on each competency area. The information below is the average summary score that the intern received across applicable supervisors.

COMPETENCE IN RESEARCH: Uses scholarly literature to inform professional practice; disseminates scientific literature through case conferences, presentations, and/or publications.
AVERAGE SUMMARY SCORE: _____

COMPETENCE IN ETHICAL AND LEGAL STANDARDS: Understands and applies ethical and legal standards in all areas of professional practice and conduct.
AVERAGE SUMMARY SCORE: _____

COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY: Understands one's own self and biases; Knowledge of current theoretical and empirical knowledge base related to diversity issues; demonstrates an ability to integrate and apply this knowledge in working with individuals form diverse backgrounds.
AVERAGE SUMMARY SCORE: _____

COMPETENCE IN PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS: Behaves in ways that reflect the values of psychology; engages in self-reflection; actively attempts to improve; demonstrates openness and responsiveness to feedback; responds professionally in increasingly complex situations.
AVERAGE SUMMARY SCORE: _____

COMPETENCE IN COMMUNICATIONS AND INTERPERSONAL SKILLS: Develops and maintains effective working relationships; produces effective verbal and written communication; demonstrates effective interpersonal skills
AVERAGE SUMMARY SCORE: _____

COMPETENCE IN ASSESSMENT: Selects appropriate assessment methods; integrates findings; effectively interprets test data; articulately communicates findings
AVERAGE SUMMARY SCORE: _____

COMPETENCE IN INTERVENTION: Effectively establishes rapport; uses evidence-based interventions appropriately; develops clear and thoughtful treatment plans; forms integrated case conceptualizations
AVERAGE SUMMARY SCORE: _____

COMPETENCE IN SUPERVISION: Applies supervision knowledge; has an awareness of one's own developing strengths and weaknesses as a supervisor.
AVERAGE SUMMARY SCORE: _____

COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS: Demonstrates knowledge and respect for roles and perspectives of professionals from other disciplines; makes unique contributions to interdisciplinary teams from the perspective of psychology.
AVERAGE SUMMARY SCORE: _____

Training Director Comments

Summary of Strengths

Areas of Additional Development or Remediation, including Recommendations

For October and February Evaluation Periods:

____The intern is adequately progressing toward attainment of internship competencies

____The intern **IS NOT** adequately progressing toward attainment of internship competencies

**If intern IS NOT adequately progressing toward attainment of internship competencies, see attached letter outlining specific elements of specific competencies that need remediation and a written remediation plan.

For the May Evaluation Period:

_____ The intern has adequately attained internship competencies

_____ The intern **HAS NOT** adequately attained internship competencies

**If intern HAS NOT attained internship competencies, see attached letter outlining the remediation plan that was attempted, why it was not successful and what further steps, if any, will be taken at this time.

Training Director _____ Date _____

INTERN COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern _____ Date _____

At the beginning of the training year and at each evaluation period, interns fill out a self-assessment that maps on to the training competencies for the internship program. This allows them to set and monitor training goals that map onto to the training curriculum and internship competencies. Interns, supervisors and the training director review interns progress on their own stated goals throughout the course of the year. The form used is included below.

MOUNT SINAI ADOLESCENT HEALTH CENTER
INDIVIDUAL INTERNSHIP PLAN

Name: **Date:**

The purpose of this assessment is to provide a guide for developing learning goals for your internship year and to help make them consistent with the overall goals and training activities of the internship program. This assessment should be reviewed with the training director and your individual supervisors. It will also be discussed amongst the training faculty. This process will help you define training goals and will ensure that your training faculty are aware of the goals that are most important to you. In looking at the assessment from each of the Interns, the training faculty will also be able to determine any program emphases for your training class.

For each item below, think about your experience and training that you have received thus far as well as your ability to perform this practice element in practice placements. Provide the numerical rating that most accurately describes your current level of skill development.

---

4 ***Special strength:*** You believe you not only possess this skill, but that you could teach it to others, or serve as a model for others to emulate.

3 ***Proficient:*** You can use this skill effectively.

2 ***Developing:*** You are well on the way to acquiring satisfactory command of this skill, but not ready to use it with full confidence.

1 ***Aware:*** You have an introductory knowledge of the skill, but not proficient in it or ready to take on a responsibility that requires its use.

0 ***Unfamiliar:*** You are starting from scratch and have virtually no proficiency in this area.

RESEARCH

_____**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 host institution), regional, or national level.** *EXAMPLES*: Displays the ability to think critically and scientifically; thoughtfully contributes to conversations about scientific literature; cites research findings during case conferences and presentations; explains research findings in an articulate and clinically-relevant manner; seeks out and participates in research or other scholarly activities.

_____**Element: Demonstrates the ability to review, understand and apply scientific and scholarly literature to clinical interventions with diverse populations.** *EXAMPLES*: Seeks out relevant research to support clinical interventions; is able to translate scholarly work or research findings into practical therapeutic techniques; demonstrates an awareness of how clinical research may or may not apply to different populations.

ETHICAL AND LEGAL STANDARDS

_____**Element: Demonstrates solid knowledge of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.** *EXAMPLES:* Demonstrates knowledge of typical legal issues such as HIPAA, confidentiality, and child abuse reporting; demonstrates behavior consistent with ethical and legal standards in all professional activities. Demonstrates reliable judgment about when consultation is needed.

_____**Element: Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas.** *EXAMPLES*: Spontaneously and consistently is able to recognize and proactively manage ethical dilemmas in professional service, training and research. Demonstrates the ability to understand an ethical dilemma from multiple perspectives and apply relevant ethic codes and principles in order to make sound decisions. Demonstrates reliable judgment about when consultation is needed.

_____**Element: Conducts self in an ethical manner in all professional activities.** *EXAMPLES:* Smooth working relationships, handles differences openly, tactfully and effectively. Adheres to the APA Ethical Principles and Code of Conduct.

INDIVIDUAL AND CULTURAL DIVERSITY

_____**Element: Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.**
EXAMPLES: Accurately reflects on and shows awareness of how one's various identities and experiences have impacted one's worldview; articulates how one's views, history or biases may impact one's understanding of others, including clients and

colleagues; demonstrates awareness of one's own positions of power and privilege relative to others and how this can impact interpersonal interactions; requests appropriate supervision when one feels they are acting on a bias; demonstrates openness to exploring one's own biases and worldviews.

_____**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.** *EXAMPLES:* Recognizes various aspects of identities and how they intersect (e.g., race, gender, sexual orientation, religion); consistently demonstrates awareness of how others' various identities may inform their understanding of themselves, the world, and clinical interventions; demonstrates an understanding of how therapist and client differences may or may not impact treatment.

_____**Element: Demonstrates the ability to integrate awareness and knowledge of individual and cultural difference 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.** *EXAMPLES:* Utilizes assessment and intervention methods that are culturally appropriate and modifies those that are not; recognizes when more information is needed regarding diversity factors and seeks out empirical knowledge and information; demonstrates awareness of own limits and expertise and seeks out guidance; develops a framework for culturally competent care that involves assessment of one's one perspective/biases, an understanding of others in the context of their various identities and cultural factors, and an ability to openly and non-defensively discuss issues relating to individual and cultural diversity with clients, peers and supervisors. Reliably applies this framework in all professional activities.

_____**Element: Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.** *EXAMPLES:* Proactively seeks to understand and apply framework for culturally competent care; does not need to be prompted to view others in the context of their various identities and cultural and sociopolitical context.

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

_____**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.** *EXAMPLES:* Demonstrates understanding of one's role as a psychology intern and emerging psychologist; acts respectfully toward peers, colleagues, supervisors and agency staff in verbal and non-verbal communication; meets expected deadlines for work; is punctual and reliable for all scheduled activities; assumes responsibility for lapses in professionalism or accountability; remains curious and open to new information; displays empathy and compassion toward others.

_____**Element: Actively engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.** *EXAMPLES:* Is honest and open about one's own limitations or areas of growth; engages in multiple methods of self-assessment and self-reflection (e.g., through supervision, peer feedback, introspection); develops and follows through on concrete plans to improve; consciously and purposefully conducts oneself in a way that is appropriate for one's professional role and modifies behavior based on context and setting.

_____**Element: Actively seeks and demonstrates openness and responsiveness to feedback and supervision.** *EXAMPLES:* Demonstrates openness and responsiveness to feedback and supervision; requests feedback on professional conduct regarding both areas of strength and areas of growth; acts on feedback given by others by making purposeful efforts to improve

_____**Element: Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.** *EXAMPLES:* Demonstrates the overall ability to integrate feedback about professionalism over the course of training; maintains professional deportment in the face of challenging professional interactions; demonstrates the ability to think through and problem-solve complex professional interactions; seeks appropriate guidance and/or supervision on complex professional interactions.

COMMUNICATIONS AND INTERPERSONAL SKILLS

_____**Element: Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.** *EXAMPLES:* Develops productive and collegial relationships with peers, supervisors and agency staff; creates, manages and effectively terminates working relationships with patients and families; displays compassion and empathy towards others, including those who are dissimilar from oneself; is able to effectively and reflectively work through disagreements with others.

_____**Element: Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.** *EXAMPLES:* Produces written work that is clear, concise and informative; uses professional language competently; explains clinical material in an informative and succinct manner when presenting to other professionals both one-on-one and in groups; shows an understanding of how to modify communication style based on the setting and audience; listens respectfully to others.

_____**Element: Demonstrates effective interpersonal skills and the ability to manage difficult communication well.** *EXAMPLES:* Actively attempts to understand and acknowledges others' perspectives, including colleagues and clients; reflects on and demonstrates awareness about one's presentation in group settings; demonstrates openness to feedback from peers and supervisors; maintains poise when faced with conflict; actively applies problem-solving strategies when conflict arises.

ASSESSMENT

_____**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.** *EXAMPLES:* Clarifies and gains full understanding of referral question; Appropriately selects testing measures based on referral questions, presenting problems and ongoing assessment findings; administers testing instruments with accuracy and efficiency; scores measures correctly.

_____**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 the assessment that are subjective from those that are objective.** *EXAMPLES:* Skillfully and efficiently interprets test data; synthesizes findings from various measures into an integrated whole; is sensitive to cultural considerations in interpretation of test results.

_____**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.** *EXAMPLES:* Oral communication is clear, thorough and geared toward the audience; reports are informative and concise; findings are integrated in a clear and thoughtful manner; findings are used to make strong recommendations.

INTERVENTION

_____**Element: Establish and maintains effective relationships with the recipients of psychological services.** *EXAMPLES***:** Establishes rapport with patients, including those who have a range of backgrounds and presenting problems; manages ruptures in therapeutic relationships; terminates therapy relationships with intentionality and sensitivity.

_____**Element: Develops evidence-based intervention plans specific to the service delivery goals.**
EXAMPLES: Identifies clear treatment targets that incorporate clients' wishes; creates measurable treatment objectives; base treatment plans on scientific and scholarly literature.

_____**Element: Implement therapeutic interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.** *EXAMPLES:* Creates intervention plans that draw from the scientific literature; uses assessment findings to inform treatment goals; creates case conceptualizations and treatment plans that take into account diversity characteristics and contextual variables.

_____**Element: Demonstrates the ability to apply the relevant research literature to clinical decision making.** *EXAMPLES:* Independently and consistently draws upon the relevant research literature to inform clinical decision making; demonstrates an understanding of how to determine if research literature is relevant to a given client.

_____**Element: Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.** *EXAMPLES:* Demonstrates the ability to identify when there is a lack of evidence base for a particular client or presenting problem; understands when research evidence may not be relevant to clients with various diversity characteristics; shows creativity and flexibility in modifying treatment approaches.

_____**Element: Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.** *EXAMPLES:* Evaluates intervention effectiveness on an ongoing basis; is objective in determining treatment effectiveness; shows creativity and flexibility in adapting treatment goals and approaches when progress is lacking.

_____**Element: Demonstrate the ability to conceptualize a case from a biopsychosocial perspective.** *EXAMPLES:* Thoroughly assesses all relevant domains of functioning and relevant history in order to build case conceptualization; synthesizes information to form coherent and integrated case conceptualization.

SUPERVISION

_____**Element: Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals.** *EXAMPLES:* Supervision and guidance is provided intentionally and based on knowledge of models of supervision.

_____**Element: Develops an understanding of the supervisor role and skills for conducting supervision.** *EXAMPLES:* Demonstrates an emerging articulation of one's own supervision style; maintains appropriate boundaries related to supervision; provides helpful clinical and/or professional guidance to supervisees.

_____**Element: Demonstrates awareness of strengths and limitations as a supervisor; appropriately seeks out guidance.** *EXAMPLES:* Clearly recognizes areas of growth as a supervisor; demonstrates an awareness of strengths as an emerging supervisor; appropriately seeks out guidance when needed.

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

_____**ELEMENT: Demonstrates knowledge and respect for the roles and perspectives of other professions.** *EXAMPLES:* Demonstrates understanding of role of psychologist on interdisciplinary team; recognizes and shows respect for discipline-specific specialized knowledge.

_____**ELEMENT: Applies knowledge of and respect for the roles and perspectives of other professions in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.** *EXAMPLES:* Maintains appropriate boundaries with other health professionals through demonstrating respect for their discipline-specific knowledge; recognizes limits of one's own professional knowledge when working in a medical setting; seeks out advice and guidance from other professionals on behalf of clients.

_____**Element: Integrates the perspective of psychological health services into an**

interdisciplinary team-based approach. *EXAMPLES:* Demonstrates an understanding of the unique contributions that can be make as a psychologist on an interdisciplinary team; communicates unique perspective as a psychologist to other professionals in an informative and succinct manner.

EXPLANATION

Describe your overall goals for this training year, including any specific goals you feel were not included on this form but are relevant to your internship training at MSAHC:

Name of intern:

Signature of intern:_____ **Date:**

_____

Training Director:

Signature of Training Director:_____ **Date:**

Due Process, Identification and Management of Intern Problems/Concerns & Grievance Procedures

This portion of the handbook outlines intern rights; the identification and management of intern problem behaviors or concerns, including insufficient competency attainment; an explanation of how intern problems/concerns are managed; an explicit discussion of due process procedures; and intern grievance procedures.

The psychology program of the MSAHC abides fully with the American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct. The intern must abide with the rules and regulations specific to the internship program (outlined in this Student Handbook) and with the policies and procedures of the Mount Sinai Health System and Mount Sinai Hospital. As such, interns must attend the Mount Sinai Health System's employee orientation and are provided with New Beginnings, the human resources manual which describes and/or refers to the Health System's policies and procedures, available to interns in full through the Mount Sinai Intranet. The Mount Sinai Health System employees and trainees/interns are subject to disciplinary action for infraction of these rules.

The psychologists' goal is to guide themselves and the interns, to follow an ethical course of conduct. The internship year requires a great deal of learning, responsibility and supervision which can be stressful. Staff psychologists are aware of this and continually monitor the intern for any signs of being overwhelmed or in distress. These situations must be addressed with the intern immediately and steps must be put into place to help them.

Intern rights:

- The interns have the right to be treated with respect and consideration for their role as trainees under the supervision of licensed professional staff members.
- They have the right to receive training, evaluation and supervision appropriate to their level of training and expertise.
- They have the right to be provided with clear information regarding the goals and expectation of their training.
- They have the right and responsibility to receive supervision (in addition to their scheduled supervision times) on an "as needed" basis and in serious situations or emergencies.
- The interns have a right and responsibility to bring to the attention of their individual supervisor, mentor, or the director of training any problems they experience including issues of sexual harassment and/or discrimination.
- They have a right to initiate an informal resolution of problems that might arise in the training experience (supervision) through discussion or letter to the supervisor concerned or the training director.
- The interns have a right to due process and appeal after informal resolution has failed.

The training program will provide appropriate mechanisms by which inappropriate intern behavior affecting professional functioning is brought to the attention of the intern. The training program will also maintain intern procedures, including grievance and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency and/or professional functioning.

Definition of a problem:

Problems typically become identified as in need of corrective action when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified,
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
3. The quality of services delivered by the intern is sufficiently negatively affected,
4. The problem is not restricted to one area of professional functioning,
5. A disproportionate amount of attention by training personnel is required,
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time,
7. The problematic behavior has potential for ethical or legal ramifications if not addressed,
8. The intern's behavior negatively impacts the public view of the MSAHC.

Remediation Procedures:

In implementing remediation procedures for problems identified using the above guidelines, the training staff must be cognizant of balancing the needs of the intern, the service consumers, and colleagues, staff and agency personnel. The following are a set of alternatives for addressing problematic behavior.

1. <u>Informal Intervention</u>
    a. This involves communication between an intern and supervisor that a problem behavior may be developing. This allows an intern to make a proactive attempt to curb the problematic behavior.

2. <u>Verbal Warning</u>.
    a. This involves communicating to the intern that the Training Director is aware of the persistent problematic behavior and that remediation of the behavior is necessary.

3. <u>Documented Counseling Session</u>. A documented counseling session occurs when a Verbal Warning has occurred and the problematic behavior persists. This involves a meeting between the intern, Training Director and other involved supervisors. The meeting is documented in writing and covers the following topics:

    a) that the Training Director is aware of and concerned with the problem
    b) that the concern has been brought to the attention of the intern,

c) that the training team will work with the intern to address and remediate the problem
d) actions necessary to correct the problem

Interns are given a copy of the written document from this meeting.

4. Written Warning. A written warning occurs when a Documented Counseling Session has occurred and the problem continues to persist. This meeting involves handing the intern a written document explaining the problematic behavior and its negative impacts. A copy of this letter will be placed in the intern's file, given to the intern, and sent to the intern's doctoral program. It stresses the need to discontinue the behavior. The letter will contain:

a) a description of the intern's unsatisfactory behavior;
b) actions needed by the intern to correct the unsatisfactory behavior;
c) the time line for correcting the problem;
d) what action will be taken if the problem is not corrected; and
e) notification that the intern has the right to request a review of this action.

The intern has the option of appealing the decision/action, in writing, and initiating a grievance procedure.

5. Increased Supervision and Oversight This step is a time-limited, remediation-oriented period designed to address problematic behavior and return the intern to a more fully functioning state. This period involves increased supervision and regular consultation between supervisors and the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. The suggested courses of action will be documented in a letter, which will be given to the intern, placed in the intern's file and sent to the intern's doctoral program. Options for remediation include:

a) increasing the amount of supervision, either with the same or other supervisors;
b) change in the format, emphasis, and/or focus of supervision;
c) recommending personal therapy;
d) reducing the intern's clinical or other workload;
e) requiring specific academic coursework.

The intern has the option of appealing the decision/action, in writing, and initiating a grievance procedure.

6. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. During probation, the Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the probation period. The intern is informed of the probation in a written statement which includes:

a) The description of the problem,
b) A response by the intern,
c) A plan of corrective action

The Training Director will then meet with the intern and review a plan of corrective action, using The Probation Tracking Form. If Probation occurs, the Training Director will inform the intern's doctoral program, indicating the nature of the problem, the rationale for the probation, and the

action taken by the faculty. The intern shall receive a copy of the letter to the doctoral program. Once the probation is issued by the Training Director, it is expected that the status of the probation will be reviewed bi-weekly orally and in writing using The Probation Tracking Form until such a time as the problem has been resolved. The intern has the option of appealing the decision/action, in writing, and initiating a grievance procedure.

If the intern has failed to improve to effective functioning following the probation period, the following courses of action may be taken:

6. Reduction in or Suspension of Direct Service Activities. This may occur when it has been determined that the welfare of the interns' service consumers has been negatively impacted. Direct service activities will be reduced or suspended for a specified period of time as determined by the Training Director in consultation with the Medical Director (or equivalent) and other training supervisors. A letter summarizing this decision will be given to the intern and the intern's doctoral program. At the end of the specified period of time, the Training Director, training supervisors and Medical Director will meet to assess the intern's capacity for returning to full direct care status. The intern has the option of appealing the decision/action, in writing, and initiating a grievance procedure.

7. Administrative Leave. This involves the temporary withdrawal of all responsibilities and privileges in the agency. The intern has the option of appealing the decision/action, in writing, and initiating a grievance procedure. If the Probation Period, Reduction in or Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's doctoral program will be informed in writing. The Training Director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

8. Dismissal from the Internship This involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the Medical Director or equivalent the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics or when imminent physical or psychological harm to a client is a major factor. Dismissal can also occur when an intern fails to progress toward competency after intensive remediation strategies outlined above. When an intern has been dismissed, the Training Director will communicate to the intern's doctoral program, in writing, that the intern has not successfully completed the internship. The intern has the option of appealing the decision/action, in writing, and initiating a grievance procedure.

Procedures for Responding to Inadequate Performance by an Intern as measured by triannual competency rating forms

If an intern falls below the "minimum level of achievement" necessary to demonstrate adequate progress through the training program (as defined on the Psychology Intern Competency Evaluation Form and the Psychology Intern Competency Evaluation Summary Form):

A. The interns' supervisors will meet with the Training Director to discuss the evaluation forms and any ratings that have fallen below the minimum level of achievement. In conjunction with supervisors, the Training Director will assess the pervasiveness of the problem and determine what action needs to be taken to address the issues reflected by the rating. The Training Director will also seek guidance, if necessary, from the Medical Director or equivalent on an appropriate course of action.

B. The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating.

C. At the completion of the review of this process, the Training Director will determine what plan, if any, is needed to address the intern's need for remediation. If a plan for remediation is needed, it will commence at the level deemed necessary in the "Remediation Procedures" enumerated above (e.g., Increased Supervision and Oversight).

Retention and Termination Decisions:

The doctoral internship strives to foster learning among interns, and to graduate interns who are competent to enter a post-doctoral fellowship or take an entry-level position as a professional psychologist. To this end, the Training Director and supervisors strive to support interns during the training year. However, under unusual circumstances it may become necessary for the training staff to terminate an intern from the program. If this occurs, interns are entitled to due process in contesting their termination.

Retention

In order to continue in the internship, the following minimum criteria must be met:

1. The intern must be making progress toward achieving clinical competence as a professional psychologist
2. There must be no evidence of ethical violations, violations of the Mount Sinai Health System Discrimination or Harassment Policies, or any other behavior grossly unbecoming to a trainee/professional psychologist.

Termination

The steps taken toward dismissal from the internship program are detailed in the remediation procedures described above. In summary, termination may result from:

1. Interns may be terminated from the training program for failure to progress towards achieving minimal competency toward becoming a clinical psychologist
2. If an intern's problematic behavior or impairment in competence does not respond to a sequential set of corrective action plans (as described above), the Training Director, in conjunction with other supervisors and the Medical Director, may determine that the intern is an inappropriate candidate for further participation in the internship program.

3. Interns may also be terminated from the training program for ethical violations, violations of the Mount Sinai Health System Discrimination or Harassment Policies, or any other behavior grossly unbecoming to a trainee/professional psychologist. In such a case, the intern's ethical violation or professional misconduct should be documented and the intern is encouraged to respond.

Termination Process

1. Interns who are terminated from the program are notified of this decision verbally, in a meeting with the Training Director and written documentation regarding the reason for termination is provided at the time of the meeting. Copies of this documentation are given to the intern, sent to the intern's training program and placed in the intern's file.
2. Upon termination from the program, the intern is no longer considered an employee of the Mount Sinai Adolescent Health Center and is no longer entitled to financial compensation or benefits
3. If the intern would like to contest the termination, the following due process is followed:
    - The intern may appeal the decision first to the Training Director and then to the Medical Director or equivalent.
    - Decision of these parties may be further appealed to the Labor Relations Office, where a hearing will be conducted with all parties involved, and a binding decision made.

Due Process General Guidelines:

Due process ensures that decisions made by programs about interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action. General due process guidelines include:

1) Presenting interns' in writing, with the program's expectations related to professional functioning,
2) Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals,
3) Articulating the various procedures and actions involved in making decisions regarding problems,
4) Communication, early and often, with graduate programs about any suspected difficulties with interns, seeking input from these academic programs about how to address such difficulties,
5) Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies,
6) Providing a written procedure to the intern which describes how the intern may appeal the program's action,
7) Ensuring that interns have sufficient time to respond to any action taken by the program,
8) Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance, and

9) Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

Grievance Procedures:
The grievance procedure involves an attempt to resolve a dispute or complaint between an intern and a member of the staff, other trainee or the program itself.

1. The intern is encouraged to first address the problem directly with the staff member involved.
2. If a resolution is not achieved, the intern should submit a written grievance using the Grievance Form and discuss the problem with the Training Director within 30 calendar days of the event.
3. The intern should receive a written response from the Training Director within five working days of submitting his/her grievance.

    a. In some circumstances, the Training Director may schedule a joint meeting with the intern and supervisor prior to submitting his/her written response in order to clarify issues and address the intern's concern. If a resolution is achieved during this meeting, it can be documented using the Grievance Form.
4. If a resolution is not achieved or the intern wishes to challenge the resolution of the Training Director or other supervisors, the intern may present their grievance, in writing, to the Medical Director or equivalent within five working days of receiving the written response from the Training Director. The intern shall receive a written response from the Medical Director within five working days.
5. If the intern feels that a resolution is not achieved, the intern may present the problem to the Labor Relations Office, the Vice President of Labor Relations or designee. The intern receives a written response within five working days from the date of the grievance hearing that results from their grievance to the Labor Relations Office.

As a non-union employee, the intern may have other non-union Hospital employees represent them at any of the grievance procedure steps if they so desire. Attorneys are not permitted.

Should the grievance still remain unresolved, it may be referred by the Hospital, in its sole discretion, to an outside arbitrator for an impartial and binding decision.

***For cases in which a grievance is initiated as an intern's wish to appeal Probation, Reduction in or Suspension of Direct Service Activities, Administrative Leave or Termination the intern should make their grievance, in writing and with supporting documentation, directly to the Training Director.

Specified time limits are exclusive of Saturdays, Sundays and holidays

Additional information about Mount Sinai's Human Resources and Labor Relations Policies can be accessed through Mount Sinai's intranet at: http://policies.mountsinai.org/web/human-resources/policies

Mount Sinai *Adolescent Health Center*

Doctoral Internship in Psychology

Probation Form

Description of History and background regarding Intern Problem/Concern (to be filled out by Training Director):

Training Director Signature;_____ Date:___/___/____

Has the intern received prior feedback about this area of difficulty?

YES NO

If YES, please document the date and modality of feedback (E.G., face-to-face, email, intern evaluation forms.):

Training Director Signature;_____ Date:___/___/____

Response of the Intern (to be filled out by Intern):

Intern Signature:_____Date:___/___/____

Response of Training Director and documentation of subsequent meetings with intern and supervisor (to be filled out by Training Director):

Plan of Corrective Action (to be filled out by Training Director):

I *accept* this proposed plan of corrective action:

_____Date:___/___/____
(Intern signature)

I *accept* this proposed plan of corrective action, with the *following* qualifications:

_____Date:___/___/____
(Intern signature)

I *do not accept* this plan of corrective action, and wish to appeal my probation to the Medical Director or equivalent:

_____Date:___/___/____
(Intern signature)

_____Date:___/___/____
(Supervisor signature)

_____Date:___/___/____
(Training Director signature)

Mount Sinai *Adolescent Health Center*

Doctoral Internship in Psychology

Probation Tracking Form

Date Intern placed on probation: ___/___/____

Brief description of progress since most recent evaluation (to be filled out by supervisor and/or training director):

Intern's Response (to be filled out by intern):

Plan:

_____ ***Continue probation***

Any change to the Plan of Corrective Action? (to be filled out by Training Director): Yes (explain) No

_____ ***Discontinue probation***

_____ ***Initiate additional corrective action***

_____Date:___/___/____
(Intern signature)

_____Date:___/___/____
(Supervisor signature)

_____Date:___/___/____
(Training Director signature)

Mount Sinai *Adolescent Health Center*

Doctoral Internship in Psychology

Grievance Form

Statement of Grievance by Intern (to be filled out by Intern):

Intern Signature:_____Date:___/___/____

Did you raise the issue directly with the other party involved in an effort to resolve the problem?
YES ***NO***

If YES, please document the date and modality of your interaction (e.g., face-to-face, email, etc.):

If YES, do you feel that the issue was adequately resolved with the other party?

YES **NO**

Intern Signature:_____Date:___/___/____

Response of the other party (e.g., Individual Supervisor) (to be filled out by the other party):

Supervisor Signature:_____Date:___/___/____

Response of Training Director and documentation of subsequent meetings with intern and supervisor (to be filled out by Training Director):

Proposed Resolution of Grievance (to be filled out by Training Director):

I *accept* this proposed resolution: _____Date: ___/___/____

I *accept* this proposed resolution, *with* the following qualification:

_____Date: ___/___/____

I *do not* accept this resolution, and wish to appeal my grievance to the Medical Director or equivalent:

_____Date:___/___/____
(Intern signature)

_____Date:___/___/____
(Supervisor signature)

_____Date:___/___/____
(Training Director signature)

Non-Discrimination and Harassment Policies

The MSAHC Doctoral Psychology Training Program aims to protect the individual welfare of trainees, faculty, staff and consumers of psychology services. Behaviors such as sexual harassment and harassment are inherently destructive to healthy trainee-staff and trainee-patient relationships, and are not tolerated.

Policy: The creation of a hostile environment or the sexual harassment of any employee, by either a supervisor or co-worker, is unacceptable conduct and is not tolerated by the Medical Center.

Definitions:

Sexual Harassment **-** Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment, or
- Submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions affecting such individual, or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Harassment - The creation of a hostile environment due to unwarranted actions or derogatory language directed at an employee based solely on his/her age, affectional preference, gender, gender expression, gender identity, citizenship status, color, creed, disability, marital status, national origin, race, religion, sex, sexual orientation or veteran status.

Procedure: An intern who believes they have received unfair treatment in the form of harassment, or sexual harassment is encouraged to immediately report this to the training director. The training director will initiate a meeting with the intern within a 72-hour period. The intern can review options, including proceeding through grievance procedures, or requesting a meeting with MSAHC's Medical Director or equivalent. This may ultimately result in a referral to the Labor Relations Office.

The intern also has the option to immediately submit a written complaint to the Labor Relations Office. All complaints are fully investigated by the Labor Relations Office. No employee is penalized in any manner nor faces any kind of retaliation for the good faith submission of a complaint alleging harassment or sexual harassment. The Medical Center will not tolerate any intimidation or retaliation against any employee for making a complaint or for cooperating in an investigation of a complaint. The Medical Center takes appropriate action that may include mandatory counseling or disciplinary action, up to and including discharge, if an employee is found to have engaged in harassment or sexual harassment.

Any questions regarding this policy or the procedure described above may be directed to the Labor Relations Office (212) 241-8381.

Diversity and Inclusion Resources

Mount Sinai Health System Office for Diversity and Inclusion (ODI) "is a System-wide entity charged to support the Mount Sinai Health System (MSHS) in embracing the principles of diversity and inclusion as key drivers for excellence and innovation for unrivaled healthcare service delivery, medical and health education, and research. Our mission is one which champions a diverse workforce, strives to create a multicultural environment, and fosters an inclusive setting to ensure delivery of high-level care to the diverse patient populations in New York City and beyond." The ODI website has numerous resources related to initiatives and programs in many domains, including resource groups for faculty, staff or students seeking opportunities for support or workplace diversity development. More information can be found at: http://www.mountsinaihealth.org/about-the-health-system/diversity

Another important resource is the Icahn School of Medicine's Patricia S. Levinson Center for Multicultural and Community Affairs (CMCA). As stated on their website, the CMCA has developed a "grow our own" approach to address workforce diversity in academic medicine. We are expanding our program base with components to focus on developing a competitive minority applicant pool, enhancing minority student academic performance and research exposure, and developing cultural competency throughout our medical education curriculum. We are also encouraging medical student engagement in health disparities, and helping minority faculty members to develop their careers, all while promoting institution-wide diversity initiatives.

We work to foster a diverse and inclusive learning environment for all students through active involvement in four major areas within the Icahn School of Medicine at Mount Sinai: curriculum, student affairs, admissions, and research. Specifically, we support educational pipeline programs, minority affairs, culture and health, LGBT education and training programs, and institution-wide diversity and inclusion initiatives. We offer an array of academic and non-academic resources for medical and graduate students as well as other trainees who are underrepresented in medicine and science. We also provide a learning platform for all students interested in local community engagement, so that they may address urban health issues and participate in policy advocacy service learning activities. More information can be found at: http://icahn.mssm.edu/about/diversity/cmca

Maintenance of Records

Records of the interns' training experiences, evaluations, and certificates of internship completion are maintained in locked storage. Paper copies are kept for 7 years. After that, copies are kept in digital format and are never discarded. In addition, interns have personnel records that include a record of their days and hours worked. These are kept in a secure location by MSAHC for 7 years. Following this, digital records are stored in a secure location indefinitely.