Predoctoral Internship in Psychology Brochure

Introduction:

The Mount Sinai Adolescent Health Center (MSAHC) is the seat of the Division of Adolescent Medicine of the Department of Pediatrics at the Mount Sinai School of Medicine, New York City. The MSAHC is a freestanding outpatient facility, which provides confidential, comprehensive, medical, mental health, family planning and health education to young people between the ages of 10 to 24 years of age. The MSAHC was the first healthcare service in New York State created specifically to serve adolescents. Over the past 42 years, it has offered comprehensive care to adolescents throughout the city. Today, the MSAHC stands as the largest program of its kind in the country and as a successful model for other teen-targeted healthcare efforts. The MSAHC sees about 10,000 adolescents each year and provides mental health services to about 1,000 adolescents each year. All of our services at the MSAHC are confidential and do not require parental consent. While we encourage adolescents to speak with their parents, we understand that this is not always possible. All of our health education, mental health, and family planning services are available at no cost to the adolescent. Detailed information about the MSAHC can be found online at:

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

MSAHC Mental Health Services:

The MSAHC has a culturally diverse population of young people and they come with a variety of psychosocial difficulties, psychiatric diagnoses and severity of illnesses. The services include individual, group and family psychotherapy; psychological testing; psychiatric services; diagnostic and psychopharmacological services; and treatment for mentally ill/chemically abusing and substance abusing teens. The MSAHC provides specialized mental health services for incest and sexual abuse survivors, sexual assault survivors, crime victims, children of alcohol and substance abusers, and adolescents with eating disorders. The MSAHC’s “Project Impact” program provides intensive medical and mental health services and case management for HIV+ adolescents, and clinical
support and bereavement counseling for HIV affected teens and families. The MSAHC provides nutrition and wellness services including treatment of eating disorders; a comprehensive weight reduction program including an exercise regimen and nutrition and socialization components; education for pregnancy prevention; and comprehensive parenting services for adolescent- parents and their infants and toddlers. The psychology interns conduct a weekly caregiver-child dyadic attachment group. The interns also meet with the teen parent and their child to provide parent education and to assess the young children utilizing the Ages & Stages Questionnaire. They assess the teen parent utilizing the Parent Stress Inventory (PSI). The interns participate in a monthly teen parent-child case conference conducted by the Adolescent Medical Doctors. The interns and physicians including the coordinator and supervisors for the program collaborate and discuss their findings about the developing child and Early Intervention (EI) may be required. The interns complete the documents necessary for EI and discuss with the parent the need to follow-up.

Individual and group therapy for Lesbian, Gay, Bisexual and Transgender (LGBT) adolescents are provided; and other adolescent support and therapeutic groups. There is a transgender program, which involves both the medical and mental health professionals. The interns provide psychological testing for the transgender applicants for medical treatment. The intern reports the test results to Dr. Steever, the head of the transgender program and other staff members.

The MSAHC mental health team treats victims and survivors of traumatic events. The team is comprised of psychiatrists, psychologists, and social workers that specialize in the treatment of psychological traumas, violence prevention and related issues of bereavement and loss. The program utilizes the Cognitive Behavioral Therapy (CBT) Trauma Narrative. The intern may receive training in the CBT-Trauma Narrative. The program provides individual, group and family therapy.

**The Predoctoral Internship Program at the Mount Sinai Adolescent Health Center**

The MSAHC provides a year long rigorous learning environment for psychology interns. In, 2006 we initiated a psychology predoctoral internship program. The MSAHC has two full-time interns who in their training year, experience personal and professional growth and development, which contributes to the emergence of a competent, scholar/practitioner professional psychologist. The goals of the training activities of the predoctoral internship at the MSAHC are focused within three core competency domains.

1. General Professional Development is the evolution of the persona of a professional psychologist in the following areas: an awareness and adherence to ethical conduct; the ability to use supervision; the ability to provide peer supervision to externs; the ability to work collegially; the completion of all psychological reports, psychosocial intake materials, treatment plans and progress notes in a timely manner; the ability to manage personal and professional stress without harm to patient care; the ability to establish a working relationship with patients; awareness and sensitivity to individual differences
and backgrounds of patients; and insight to all responses to the socioeconomic and/or any cultural differences of patients.

2. Psychotherapy and intervention skills involve working with the patient to understand initial reasons for entering into treatment; construction of realistic treatment goals in collaboration with patient and in accordance with patient’s needs and wishes; recognition and understanding of the therapeutic relationship including the development of (positive and negative) transference and countertransference and empathy; understanding of the patient’s use of defenses; interpretations made to patients at appropriate times; recognition of the need (when it arises) to develop a safety plan with a patient; discussion of a safety contract with patients at risk for impulsive, self-harm behaviors; the development of a complete and succinct treatment formulation, which includes the emotional, cognitive, behavioral and biological functioning of the adolescent and focuses on treatment planning and outcome.

3. Psychological Assessment, which is the development of proficiency in administering, interpreting and report writing for the standard psychological test battery including Wechsler Intelligence Scales, achievement tests, Bender Visual-Motor Gestalt Test; projective (personality) measures including the figure drawings, Thematic Apperception Test, Rorschach and several self-report measures. Additional neuropsychological testing may be needed to determine the presence of a Learning Disorder. The development of the skills necessary to obtain a detailed clinical interview including: family, social, educational, developmental, sexual/physical/emotional abuse; history of self-harm or harm to others and interaction with law enforcement.

The interns are at the MSAHC approximately 40 hours per week (schedules may vary with the time of the year) and are fully integrated into the clinic environment. The internship experience is divided among direct clinical service, didactic instruction, research and supervision. The MSAHC has weekly in-service presentations on topics relevant to our adolescent population. The interns attend weekly analytic seminars and psychiatric grand rounds at MSMC.

Interns carry a patient caseload, which includes adolescents in individual, family and group therapy. The interns learn to conduct intake evaluations that focus on developing preliminary diagnoses in accordance with the DSM-IV and treatment plans. The interns meet each week in small treatment teams with staff and other trainees to open new patient cases and discuss ongoing patient progress and to have discourse on adolescent issues related to their cases.

**Psychological Assessments:**

The interns conduct standard psychological test batteries, which include taking a thorough history and recording detailed behavioral observations. Educational and neuropsychological tests are administered when necessary. The MSAHC clinicians rely on psychological testing to assist their therapeutic work and to refine their diagnoses.
Psychological testing provides clarification for adolescents who are experiencing academic difficulties and may have an undiagnosed learning disorder and/or attentional problems. We stress the importance of the interns having a sound knowledge of projective test analysis. The clinicians including the psychiatrists request psychological testing to better understand the emotional problems of the adolescent. The psychology intern may be requested to assess for evidence of a number of mental health disorders including psychosis, posttraumatic stress disorder, attention deficit hyperactivity disorder or a mood disorder.

**Didactic Seminars:**

The psychology interns, externs, social work interns and adolescent medicine fellows attend two 65 minute weekly seminars conducted by the MSAHC/MSMC staff and outside guest lecturers. The classes are pertinent to understanding and working with adolescents and include topics such as eating disorders, self-harm, trauma, gender identity, psychopharmacology, family dynamics, ethics in relation to therapeutic issues and cultural diversity. The students complete a written anonymous evaluation at the completion of each seminar.

**Supervision:**

The interns receive a minimum of two hours of individual supervision and two and one-half hours of group supervision each week. One hour of group supervision is dedicated to psychological testing. There are monthly case presentations and weekly journal club. The interns are required to present process notes on a case during their supervision. The interns (with supervision) are required to present a long-term case at the end of their year.

**Evaluation of Intern’s Progress:**

The intern's performance is evaluated twice during the year (mid and end year). The primary supervisor evaluates the intern's performance and the skill with which the competency goals are being met. The supervisor speaks with other supervisors and staff members the intern has had contact with to gain additional information. A competency assessment form is completed for both evaluations. The primary supervisor meets with the intern to discuss their performance.

In an effort to meet the needs of the interns and maintain a high level of quality and satisfaction in the program, the training staff seeks regular verbal and written feedback from the interns concerning the quality of their training experiences and didactic information. The interns are given the opportunity to evaluate the internship content and supervision. An evaluation form is completed and discussed with the primary supervisor at the end of the year. The staff psychologists meet to discuss the interns’ progress. Attention is focused on how well the current training objectives fulfill the program’s goals.

**Stipends and Benefits:**
The internship ordinarily begins the second week in September and ends the following September. The full-time annual stipend is $20,000. Health insurance is provided as well as 21 personal-time-off (PTO) days, used for personal, sick or vacation time plus 8 major holidays. The interns are made aware of and encouraged to attend meetings at the Mount Sinai Medical Center and the psychiatric and psychological institutes in the neighborhood. The Mount Sinai Medical Center offers workshops and classes and product discounts to the interns.

**Intern Selection Policies and Procedures:**

**Completed Applications are due at the MSAHC by November 15**

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, but no less than once per year. There are two funded internship positions in our predoctoral psychology program.

The Mount Sinai Adolescent Health Center of Mount Sinai Medical Center is committed to a policy of nondiscrimination in our recruiting of all staff and trainees. Candidates from minority and/or disability backgrounds are strongly encouraged to apply.

Our formal selection policy and requirements for predoctoral psychology interns includes: candidates must be enrolled in a doctoral program in either school-clinical-child, school-clinical, school, clinical or counseling psychology. Interns have come from traditional clinical and school psychology programs (Ph.D. or Psy.D.). Most candidates have identified their doctoral programs as ‘clinical’ or ‘school’. They have experience in psychodynamic theory and other evidence-based treatments such as CBT. They have experience with basic assessment tools and techniques. We expect that the intern candidate’s prior educational and practicum experiences are consistent with the preparation of professional psychologists.

We prefer that programs are APA approved and we accept programs with regional approval. All formal coursework and comprehensive examinations must be completed by the start of the internship (September of each year) and they should be working toward completion of their dissertation. We expect our intern’s prior preparation to include completion of at least 4 years of graduate training from a psychology program. We expect a minimum of 500 hours of intervention, 50 assessment hours and 1000 total practicum hours. In addition to strong clinical skills applicants should have strong assessment skills including cognitive, achievement, neuropsychology and projective (Rorschach required) testing skills. We review the number of integrated reports completed by the applicants. We require that their program directors acknowledge that the applicant is internship ready (AAPI form).

The candidates should have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship’s goals and objectives. 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 (e.g., adolescent mental health, childhood trauma, developmental issues, school achievement, learning disorders). Applications are reviewed for experience in treating patients similar to those found in our setting. We expect candidates invited for an interview to have experience in treating patients in an outpatient setting. The TD asks each candidate to present a psychotherapy case and discuss it. The manner in which the candidate discusses his/her relationship with the patient and understanding of the patient is helpful in the evaluation. The candidate is asked to describe their understanding of supervision and their experience in supervision. Consistent with the personal and collegial atmosphere we strive to create, we review letters of recommendation for personal qualities that we highly value including strong verbal skills, patience, empathy, cooperativeness, commitment, and initiative.

Application Procedure:

All interested applicants are asked to submit an application to the program using the AAPI online application process. Applications submitted are reviewed by the TD and the staff psychologist. Information about the applicant is summarized on an Intern Applicant Review Form. This form is only used as an organizational tool for reviewing candidate data from the AAPI and is not made available to candidates. Those who pass the initial screening are invited to participate in an in-person interview. The TD and staff psychologist conduct the in-person interviews. A current intern will also meet with a candidate or have a telephone or email discussion about the program. An Interview Evaluation form is filled out by the TD and by the staff psychologist during all interviews and used in the process of reviewing candidates for ranking for the match. The final selection of candidates is determined through participation in the APPIC National Matching Service and, if necessary, the clearinghouse. The pre-doctoral internship program adheres to all APPIC guidelines, regulations, and policies in the selection process. Offers made in the context of the APPIC match are binding.

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 professors and/or clinical supervisors
4. Official transcripts of all graduate work
5. A psychological test battery
6. A letter describing your interest in working at the AHC

Please email Dr. Marijane Lehr, TD at marijane.lehr@mountsinai.org or call 212-423-2879 for additional information.
Policies & Procedures

The psychology department 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 Medical Center. As such, interns must attend the Mount Sinai Medical Center’s employee orientation and are provided with New Beginnings, the human resources manual which describes and/or refers to the Medical Center’s policies and procedures, available to interns in full through the Mount Sinai Intranet. The Mount Sinai Medical Center 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 and can be stressful. Staff psychologists must be aware of this and continually monitor the interns for signs of distress or personal/interpersonal problems. These situations must be addressed with the intern immediately and steps 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.

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 problem,
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.

Evaluation:

The intern’s work is evaluated throughout the year and the professionals working with the intern give feedback about their observations of the individual’s performance. Feedback is given routinely in supervision and ongoing communication is maintained with the interns’ graduate department regarding the trainee’s progress. Progress is also reported formally through two written evaluations mid and end year describing intern’s competency. The competencies evaluated fall under three areas of competence:

1. General Professional Development
2. Psychotherapy and Intervention Skill Development
3. Psychological Assessment Skill Development

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. There may be issues that arise that do not require intervention additional to ongoing supervision. In cases where problems arise that do require further intervention the following procedures will be followed:

**Definition of a problem:**

Problems typically become identified as problems 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.

**Initial Procedures for Responding to Inadequate Performance by an Intern (i.e.: Intern Problem):**

If an intern receives a rating of “needs remedial work” either across multiple domains or within several aspects of a select domain:

A. The intern’s supervisor will meet with the TD to discuss the rating. The TD will also meet with all supervisors involved with the intern, to assess the pervasiveness of the problem and determine what action needs to be taken to address the issues reflected by the rating.

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. In discussing the inadequate rating and the intern’s response, (if available) the TD may adopt any one or more of the following methods or may take any other appropriate action. She may issue a:

1) “Probation” which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The probation is a written statement to the intern and includes:

   a) The description of the problem,
   b) A response by the intern,
c) A plan of corrective action; or
2) “Take no further action”.

D. If probation, the TD will then meet with the intern and review the plan of corrective action. If “Probation,” the intern may choose to accept the conditions or may choose to appeal the probation, initiating a grievance procedure, described in the following section of this document.

E. If Probation occurs, the TD will inform the intern’s sponsoring university, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the faculty. The intern shall receive a copy of the letter to the sponsoring university.

F. Once the Probation is issued by the TD, it is expected that the status of the rating will be reviewed bi-weekly orally and in writing using The Probation Tracking Form until such a time as the trainee achieves a minimal level of competency and/or is determined to be an appropriate candidate for further participation in the internship program.

Grievance Procedures:

A grievance is defined as any dispute or complaint arising between an intern and a member of the staff, other trainee, or the program itself.

The intern is encouraged to first address the problem directly with the staff member involved.

For cases in which a grievance is initiated as an intern’s wish to appeal Probation, the intern may skip directly to submission of the Grievance Form.

If a resolution is not achieved, the intern should submit a written grievance using the Grievance Form and discuss the problem with the TD within a reasonable time (i.e. 30 calendar days) of the event. The intern should receive a written response within five working days of submitting his/her grievance.

In some circumstances, the TD may schedule a joint meeting with the intern and supervisor or involved staff to clarify issues and address the intern’s concern. Hopefully a resolution is achieved, and is documented using the Grievance Form.

If a resolution is not achieved, the grievance may, within five working days after the issuing of a response from the TD, be presented to the Medical Director. The intern shall receive a written response within five working days.
If a resolution is not achieved, the intern may present the problem to the Labor Relations Office, Vice President of Labor Relations or designee. The intern receives a written response within five working days from the date of the grievance hearing.

As a non-union employee, the intern may have other non-union Medical Center 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 Medical Center, in its sole discretion, to an outside arbitrator for an impartial and binding decision.

**Remediation Considerations:**

It is important to have meaningful ways to address problems that the intern is having once they have been identified. Several possible, and perhaps concurrent courses of action designed to remediate problems include but are not limited to:

1. Increasing supervision, either with the same or other supervisor,
2. Development of a competency growth plan
3. Changing in the format, emphasis, and/or focus of supervision,
4. Recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern evaluation process
5. Reducing the intern’s clinical or other workload and/or requiring specific academic coursework
6. Recommending, when appropriate, a leave of absence and/or a second internship

When a combination of the above interventions does not, after a reasonable time period, rectify the problem, or when the intern seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:

1. Giving the intern a limited endorsement, including the specification of those settings in which he/she could function adequately,
2. Communicating to the intern and his/her academic department/program that the intern has not successfully completed the internship, with the possibility of continuing the year as a practicum placement
3. Recommending and assisting in implementing a career shift for the intern, and/or
4. Terminating the intern from the training program

All of the above steps need to be appropriately documented and implemented in ways that are consistent with due process procedures.
Retention and Termination:

The Pre-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 TD 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.

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

- The intern must be making progress toward achieving clinical competence as a professional psychologist
- There must be no evidence of ethical violations, violations of the MSMC/MSAHC Discrimination or Harassment Policies, or any other behavior grossly unbecoming to a trainee/professional psychologist.

Retention:

1. The Intern’s progress towards clinical competence is discussed quarterly, in supervision, by the TD (their primary supervisor). They receive written competency evaluations at mid and end year. An Intern who receives an evaluation of either “intern is increasing competency at or above level of intern” or “above level expected of intern” in most or all domains, and who are free of ethical or other violations, are retained in the training program.

2. Interns may be placed on probation due to failure to achieve progress towards clinical competence. However, interns who are on probation are still considered to be members of the internship training program.

Termination:

1. Interns may be terminated from the training program for failure to progress towards achieving clinical competence as a professional psychologist.

2. If interns are failing to progress towards clinical competency, they may be placed on probation. At such time, a mutually agreed upon plan of corrective action is initiated with involvement from the intern, the intern’s supervisors, and the TD. Interns will then be evaluated bi-weekly until such time as the trainee achieves a minimal level of competency and/or is determined to be an inappropriate candidate for further participation in the internship program. If the plan of corrective action fails, the faculty may jointly determine that the intern is an inappropriate candidate for participation in the internship program.

3. Interns may also be terminated from the training program for ethical violations, violations of the MSMC/MSAHC 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.

4. Interns who are terminated from the program are notified of this decision verbally, in a meeting with the TD and written documentation regarding the
reason for termination is provided at the time of the meeting using the Termination Form. (It is assumed that the behaviors leading up to the termination will also be documented using the Probation Form). Copies of this documentation are given to the intern, sent to the intern’s training program and placed in the intern’s file.

5. 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.

6. If the intern would like to contest the termination, the following due process is followed:
   - The intern may appeal the decision first to the TD and then to the Medical Director and Director of MSAHC.
   - Decision of these parties may be further appealed to the House Staff Affairs Committee of Mount Sinai Medical Center where a hearing will be conducted with all parties’ involved and binding decision made.

**Ethical/Professional Misconduct:**

In situations concerning a breach of conduct and professionalism unbecoming a trainee, the matter is immediately brought to the attention of the TD. A meeting with the intern will be initiated within a 24 hour time period.

During this meeting, clarification, discussion and corrective (or disciplinary) action will be determined in accordance with MSAHC and the APA Ethical Principles and Code of Conduct, and is documented and placed within the intern’s file. When necessary, ongoing areas of disagreement will be brought to the Medical Director, and subsequently to the Director of the Mount Sinai Adolescent Health Center, with a meeting to be held within a two week time period.

Interns have the right to appeal any decision made by the Directors. If not informally resolved, the trainee may bring his/her grievance to the attention of the Harassment Grievance Board of The Mount Sinai School of Medicine, where a hearing will be conducted with all parties involved and a final decision made. Whenever possible, this meeting will occur within one month of request for appeal.

**Anti-discrimination/Harassment:**

The MSAHC Pre-doctoral Psychology Training Program aims to protect the individual welfare of trainees, faculty, staff and consumers of psychology services. Behaviors such as sexual harassment, violence, and discrimination are inherently destructive to healthy trainee-staff and trainee-patient relationships, and are not tolerated.
1. A major tenet of Mount Sinai Medical Center, the Mount Sinai School of Medicine, and the Mount Sinai Adolescent Health Center, states that discrimination or bias of any nature will not be tolerated.

2. Grievances pertaining to sexual harassment, threats to do harm or violence, sexual or racial discrimination, and abuse of power to exploit or dominate another may be made by a faculty member, trainee, staff, or any other member of the Mount Sinai Medical Center/Mount Sinai Adolescent Health Center.

3. Formal complaints are handled by the Harassment Committee and Grievance Board of the Mount Sinai Medical Center according to the bylaws of the Medical Center and New York State Law.

Department policy holds that any staff member, trainee, or faculty member who is found guilty of misconduct pertaining to sexual harassment, threats to do harm or violence, or abuse of power over others, may be immediately terminated.

Definitions:

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

*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.

**Policy on Internet Social Networking Sites While on Internship:**

As an intern at the Mount Sinai Adolescent Health Center, you are now professionally employed by the MSMC/MSAHC and consequently have become one of its representatives, both inside and outside its physical grounds. With the advent of social networking sites such as Facebook, MySpace, and Twitter, your professional reputation and standing has even greater reach and consequences than ever before. Potential employers, post-doctoral residency programs, and your current and former patients and their friends and relatives can potentially gain access to these public presentations of your image, personal characteristics, personal or tagged photos, and personal opinions/beliefs.
We strongly recommend that you be mindful of how you represent yourself in social networking sites and how much access you give others to your personal information, especially if you plan to list your designation as working as a psychology intern in the MMSAHC. A good general guideline is “the front page” test – if you would not want to see the information on the front page of the newspaper, then it probably should not be made public knowledge. Take advantage of the privacy settings afforded to you by these sites and restrict the type of information that can be accessed by outside parties.

It is our program policy to prohibit social networking “friendships” with any MSAHC training staff member while in training here at the MSAHC to avoid the appearance of impropriety or the formation of a dual relationship. It is important to remember that your relationships with faculty members carry inherent power differentials, as they evaluate your progress toward your successful completion of the training program and may write letters of recommendation for you in the future.

Email:

E-mail is provided to assist and facilitate MSAHC communications. It is provided for official business use in the course of assigned duties. All messages are MSAHC records. The MSAHC reserves the right to access and disclose all messages sent over its electronic mail system. In the course of their duties, systems operators and managers may monitor use of the e-mail system or review the contents of stored e-mail records. Inappropriate use may result in loss of access privileges and disciplinary action up to and including dismissal. This includes, but is not limited to:

A. Unauthorized attempts to access another's e-mail account.

B. Transmission of sensitive or proprietary information to unauthorized persons or organizations.

C. Transmission of obscene or harassing messages to any other individual.

D. Transmission of offensive material, solicitations of persuasion for commercial ventures, religious or political causes of other non-job related solicitations.

E. Any illegal or unethical activity or any activity which could adversely affect the Medical Center.

The MSAHC reserves the right to disclose any electronic mail messages to law enforcement officials without prior notice to any employees who may have sent or received such messages.

Access to the Internet is provided as a communications tool and information resource to facilitate the performance of job related functions. This policy applies to any Internet service accessed on or from a Medical Center facility, provided by the Medical Center,
accessed using Medical Center computer equipment or used in a manner that identifies the individual with the Medical Center.

A. Inappropriate use of the Internet may result in loss of access privileges and disciplinary action up to and including dismissal. Employees are prohibited from using Medical Center provider Internet services in connection with any of the following activities:

- Engaging in illegal, fraudulent or malicious conduct.
- Working on behalf of organizations without any professional or business affiliation with the Medical Center.
- Sending, receiving, or storing offensive, obscene, or defamatory materials.
- Obtaining or providing unauthorized access to any computer system.
- Using another individual’s account or identity without explicit written authorization.
- Attempting to test circumvent or defeat security or crediting systems of the Medical Center or any other organization without prior authorization from Information Management Systems and Services/Security and Corporate Data Administration (IMSS/SACDA).
- Any use or activity that impedes Medical Center operations.

B. The MSAHC reserves the right to review any information, files, or communications sent, stored, or received on its computer systems.