



Intern Brochure Adult Internship in Clinical Psychology Program

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Introduction

The Adult Neuropsychology Center in the Department of Psychiatry provides cognitive evaluations to assess a wide range of referral questions, including neurodegenerative disorders, (Alzheimer's disease, vascular dementia, and other types of dementia), mild cognitive impairment, the sequelae of psychiatric and medical disorders, and normal aging. Assessment populations consist of inpatient and outpatient adults and geriatric patients with a variety of neurological, medical, and/or psychiatric disorders.

The Adult Internship in Clinical Psychology Program in the Department of Psychiatry at the Icahn School of Medicine at Mount Sinai is accredited by the American Psychological Association (APA) through 2029 and is an internship for doctoral candidates in Psychology PhD or PsyD programs. All candidates enter the program through the Association of Psychology Postdoctoral and Internship Centers (APPIC) match process. The program also has a psychology externship and postdoctoral fellowship. Interns work side-by-side with other trainees and are fully immersed into the clinical and learning environment in the department of Psychiatry and the medical center.

The internship is an organized training program dedicated to providing extensive instruction in neuropsychological and personality test administration, interpretation, and full report writing, as well as in psychodynamic-oriented and cognitive-behavioral outpatient adult psychotherapy. The intern will receive in-depth training in a broad range of neuropsychological and psychological measures. The internship is a full-year, full-time training experience with direct clinical services for both inpatient and outpatient adult populations. The internship is comprised of a combination of neuropsychological assessment, individual psychotherapy, and a comprehensive didactic program. In addition, interns have the option of selecting from a range of elective experiences, including clinical research in Mount Sinai's Alzheimer's Disease Research Center (ADRC), and child/adolescent assessment at the Pediatric Neuropsychology Center or the Seaver Center for Autism. In addition, interns participate in regular interdisciplinary meetings (e.g., Neurology, Neuropathology).

Mount Sinai Overview

The Mount Sinai Health System

In September 2013 the Boards of Trustees of the Mount Sinai Medical Center and Continuum Health Partners established an integrated health system called the Mount Sinai Health System. The Mount Sinai Health System is an integrated and collaborative health care system located throughout the New York City metro area. As the largest health system in New York City, it is comprised of seven hospital campuses throughout the city, employing over 36,000 team members. The health system includes the Icahn School of Medicine at Mt. Sinai, Beth Israel Medical Center, Beth Israel Brooklyn, The Mount Sinai Hospital, Mount Sinai Queens, New York Eye and Ear Infirmary, Roosevelt Hospital, and St. Luke's Hospital. 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.

The Mount Sinai Hospital

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 with approximately 150 outpatient clinics that provide services in all medical specialties and subspecialties. The Mount Sinai Hospital campus is located on the border of Manhattan's Upper East Side and East Harlem neighborhoods and serves a highly diverse patient population, reflective of metropolitan New York. The Adult Neuropsychology Center is part of the main Mount Sinai Hospital campus.

The Icahn School of Medicine at Mount Sinai

The Mount Sinai School of Medicine was granted a provisional charter from the Board of Regents of the State of New York in 1963. The charter, made absolute in 1968, authorized the school to grant the M.D. degree and to offer graduate instruction leading to Ph.D. degrees. The Icahn School of Medicine at Mount Sinai, renamed in 2012, has a close and collaborative relationship to the Mount Sinai Hospital. Presently, the medical school has numerous off-campus institutions in the metropolitan New York area, in addition to the Mount Sinai Health System hospitals, which are directly affiliated with the hospital and provide teaching resources for over 750 medical students, residents and fellows. These affiliates include: The Queens Hospital Center, The Jewish Home and Hospital for the Aged, North General Hospital in Manhattan, the Department of Veteran Affairs Medical Center in the Bronx, Elmhurst Hospital Center in Queens, and Englewood Hospital and Meadowlands Hospital in New Jersey.

The Alzheimer's Disease Research Center (ADRC)

The Adult Internship in Clinical Psychology Program is in the department of Psychiatry and has a close and collaborative relationship with the Alzheimer's Disease Research Center (ADRC) at Mount Sinai. The ADRC refers patients for clinical neuropsychological testing and clinical patients are referred to the ADRC to participate in clinical research trials. The ADRC, directed by Mary Sano, Ph.D., is a nationally renowned center of excellence since 1984. The ADRC is a comprehensive clinical research facility dedicated to the study and education of normal aging, mild cognitive impairment, and Alzheimer's disease.

The ADRC has a team of experts in geriatrics, geriatric psychiatry and psychology, neurology, pathology, and radiology, who diagnose, provide clinical research opportunities, and refer patients for clinical care. Clinicians and neuroscientists also conduct research into the causes and treatment of dementia, and sponsor educational programs for health care professionals and community groups, serving both English and Spanish speaking individuals.

The ADRC clinical trials and studies are supported by industry/pharmaceutical companies or the National Institute of Health (NIH)/the National Institute on Aging (NIA). The primary goal of the ADRC is to improve diagnosis, delay disease progression, as well as to study the normal aging and disease process.

Adult Ambulatory Psychiatry Services

The Mount Sinai Behavioral Health System is a comprehensive network of psychiatric clinical and addiction services located throughout the Mount Sinai Health System. The Adult Ambulatory Psychiatry Services at the Mount Sinai Hospital provides expert care for patients with a range of mental health conditions. Services include comprehensive assessments and treatment planning; crisis intervention; cognitive and behavioral, supportive and other goal oriented verbal therapies in both individual and group formats; collateral and family engagement and support; individual and group psychopharmacology; treatment for co-occurring disorders; and recovery oriented services for the chronically ill. Interns work closely with psychiatrists and psychiatry residents in their collaborative care. The Adult Ambulatory Psychiatry Services refers patients for individual weekly psychotherapy to the Adult Clinical Psychology Internship Program.

Core Values of the Adult Neuropsychology Center

The Board of Trustees commits Mount Sinai to the advancement of the art and science of medicine through clinical excellence. This central mission consists of high-quality care and teaching conducted in an atmosphere of social concern and scholarly inquiry into the nature, causation, prevention, and therapy of human disease.

Article I: Patient Care- In this academic medical center, the responsibility to teach and do research in the laboratory, at the bedside, and in the community, enhances the fundamental goal of entirely personal, compassionate patient care. Mount Sinai will strive to provide superlative patient care, considered to be the requisite model for learning.

Article II: Education- The educational process will aim to graduate individuals who will be committed to a lifetime of continuing education while they are contributing in many and varied ways to the health needs of people. Mount Sinai will be responsible for the certification of physicians at the undergraduate, graduate and postgraduate level, as well as the certification of biomedical scientists at the graduate level; and, as appropriate, will undertake the education of other health and allied professionals.

Article III: Research- Since medicine is a derivative science and must draw upon at least the biological, social, and physical sciences, no discipline will intentionally be excluded as irrelevant. Fundamental and applied research will be primarily centered in geographic proximity to clinical facilities. Mount Sinai will encourage, support, and evaluate innovative ideas and programs in health services delivery.

Article IV: Dissemination of Knowledge- Mount Sinai will participate as a national and international resource in the gathering, analysis, and dissemination of information pertaining to the prevention, diagnosis, and treatment of disease.

Article V: Concern for the Community- Mount Sinai will be ever sensitive to the social and health care needs of the many different communities it serves. The Center will be a participant in efforts to define and solve health problems in population groups and communities through its capability in developing scientific knowledge, education, and service.

Article VI: Organization- In a framework of free participation, Mount Sinai will strive to create a stable evolving working environment conducive to individual creativity.

Populations Served at the Adult Neuropsychology Center

The Department of Psychiatry at Mount Sinai Hospital serves the communities of the Upper East Side, East Harlem, the lower Bronx, and individuals from other local and suburban areas. Consequently, a culturally, ethnically, and economically diverse population that reflects the diversity of New York City is routinely treated within this service. More specifically, the Adult Neuropsychology Center provides assessment for adults and geriatric patients with a variety of cognitive, neurological, medical, and psychiatric issues and complaints. The population is adequate to meet the programs training goals and objectives.

The Surrounding Neighborhood

Mount Sinai Medical Center (MSMC) is located between Madison and Fifth Avenues on the Upper East Side of Manhattan, just south of the Harlem neighborhood and the northern edge of the Carnegie Hill neighborhood. Central Park, eateries to suit any budget, and many museums are within walking distance along Fifth Avenue to the north and south of Mount Sinai. Inquiries about affordable sublets and apartments within the local area can be made through the Medical School Real Estate Office, at 1240 Park Avenue (Tel. 212-659-9630). Car, train, subway or bus from all of the surrounding boroughs and the tristate metropolitan area easily reaches Mount Sinai. Parking at MSMC is available at a reduced monthly fee and may be arranged through the Security Office. Hotel and travel discounts in addition to reduced-priced tickets to Broadway and off-Broadway shows, music concerts, sports events, family entertainment, and weekend getaways are available through the Recreation Office at 19 East 98th Street, room 1E. (Tel. 212-241-6660).

More information about the Adult Neuropsychology Center is available at:

<http://www.mountsinai.org/neuropsychologicaltesting>

Internship Program Aims and Competency Development

The Mission Statement of the Mount Sinai Medical Center commits to, “the advancement of the art and science of medicine through clinical excellence.” This central mission consists of high-quality patient care and teaching conducted “in an atmosphere of social concern and scholarly inquiry into the nature, causation, prevention and therapy of human disease.” The mission of the Adult Internship in Clinical Psychology Program is congruent with all tenets of the Mount Sinai Medical Center Mission Statement. To achieve its mission, the Adult Internship in Clinical Psychology Program incorporates psychological perspectives from clinical psychology and neuropsychology.

Adult Internship in Clinical Psychology Program Aims

- To train interns to administer, interpret, and conceptualize comprehensive neuropsychological test batteries, and provide test results to patients and their families.
- To train interns to provide evidence-based interventions in a flexible and culturally competent manner.
- To prepare interns for careers focused on providing clinically competent care within the field of psychology.
- 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

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

Competency Area 2: Ethical and Legal Standards

- Demonstrate solid knowledge of and act 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.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve dilemmas.
- Conduct self in an ethical manner in all professional activities.

Competency Area 3: Individual and Cultural Diversity

- Demonstrate an understanding of how one’s personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.

- Demonstrate 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.
- Demonstrate 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

- Behave 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 engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond 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

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

Competency Area 6: Assessment

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect 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.
- Interpret 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.
- Communicate 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 maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement therapeutic interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidenced-base is lacking.

- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Competency Area 8: Supervision

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

Competency Area 9: Consultation and Interprofessional/Interdisciplinary skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply 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.
- Integrate the perspective of psychological health services into an interdisciplinary team-based approach.

The Adult Internship in Clinical Psychology Program Training Model and Curriculum

Model of Training and Education

The Adult Internship in Clinical Psychology Program at Mount Sinai training model aims to prepare interns to become competent practitioners in the field of professional psychology and to be equipped to work within the field of neuropsychology. The aim is to train interns to become competent providing assessment and intervention services to populations consisting of inpatient and outpatient adults and geriatric patients with a variety of neurological, medical, and/or psychiatric disorders. The model for the internship training program has been aligned with the mission of Mount Sinai – to the advancement of the art and science of medicine through clinical excellence. This central mission consists of high-quality patient care and teaching conducted in an atmosphere of social concern and scholarly inquiry into the nature, causation, prevention, and therapy of human disease. Throughout the year, interns are immersed in clinical experience and education in a large culturally and ethnically diverse community while working on interdisciplinary teams.

A developmental approach to training is promoted during internship. Training activities are provided in a sequential fashion that is graded in complexity. A major goal of the training program is to increase the autonomy of the interns as their competencies evolve during the training year. The training year begins with a number of 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 internship. Next, interns shadow supervisors during neuropsychological testing and other training activities and are subsequently, observed by supervisors prior to engaging in independent practice. Once interns begin seeing patients independently, cases are assigned in increasing complexity over the course of the year, with initial case assignments consistent of more straightforward presenting problems.

Clinical supervision is the primary training modality for development of professional expertise. An integrative treatment approach that utilizes psychodynamic, cognitive behavioral, interpersonal, family-systems, ethno-cultural, developmental, medical model, and other perspectives is emphasized. Intensive clinical supervision is provided in the training program to help broaden interns understanding of psychopathology and treatment and neuropsychological assessment. Time during supervision donated to guidance, mentorship, and growth focuses not only on clinical skills but also on the development of professional development, professional identity, and an understanding of the unique contributions that psychologists can make to integrated health care teams.

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 diagnoses they provide for assessment cases and for interventions they provide in psychotherapy, with a focus on understanding whether they are drawing from an evidence base that is reflective of the diverse characteristics of our patients.

Internship Curriculum

The Adult Internship in Clinical Psychology Program at Mount Sinai is a full-time, one-year commitment. A minimum of two interns are admitted to the program each year. The internship

commences on July first (or the first weekday following July first, if that day should fall on a weekend) and ends on the last weekday of the following June. Interns typically spend forty hours per week in professional activities related to their internship, including direct-service clinical training activities, supervision, didactic instruction, and research activities. Upon successful completion of the training year, interns will have completed 2000 hours of supervised clinical experience which can be applied towards licensure.

Clinical Training Experiences

Under supervision, interns engage in a wide variety of assessments and interventions appropriate to the role and function of a beginning clinical psychologist.

Clinical Training Activities Expected of All Interns

- 2-3 neuropsychological test batteries per week
- 3-4 ongoing psychotherapy cases

Neuropsychological Assessment

To solidify an intern's clinical expertise in administration, integration of test results, and comprehensive report writing, interns will spend the year completing comprehensive neuropsychological assessments within the outpatient setting answering a wide range of referral questions, including neurodegenerative disorders, (Alzheimer's disease, vascular dementia, and other types of dementia), mild cognitive impairment, the sequelae of psychiatric and medical disorders, and normal aging. Faculty members will supervise test administration, written reports and feedback sessions. Interns also have the opportunity to complete neuropsychological evaluations of inpatients assessing a variety of neurological, medical, and/or psychiatric disorders during their training.

Clinical Case Assignments

Interns are ensured a rich multicultural experience during the training year with more than 55% of individuals seen for treatment coming from diverse cultural and socio-economic backgrounds. Interns are also assured diversity of experiences across the age span (young adult to geriatric), and with a variety of medical and cognitive diagnoses. Supervisors in the Training Program provide oversight experiences for each intern. For testing and assessment, interns will see primarily older adults with dementia and other cognitive disorders, with a smaller caseload of young and middle aged adults. Other disorders such as Depression, Anxiety, Somatoform Disorders, ADHD, Learning Disorders, and various medical illnesses that may impact cognitive functioning, will also be seen for assessment through our training program. A minimum of three long-term psychotherapy cases per intern from the outpatient psychiatry clinic are included in the clinical training.

Elective Clinical Training Experiences

****Note:** Each intern can choose one of the following electives based on their personal interests

Alzheimer's Disease Research Center (ADRC)

The ADRC, directed by Mary Sano, Ph.D., is a nationally renowned center of excellence since 1984. The ADRC is a comprehensive clinical research facility dedicated to the study and education of normal aging,

mild cognitive impairment, and Alzheimer's disease. The ADRC clinical trials and studies are supported by industry/pharmaceutical companies or the National Institute of Health (NIH)/the National Institute on Aging (NIA). The primary goal of the ADRC is to improve diagnosis, delay disease progression, as well as to study the normal aging and disease process. Interns will have the opportunity to expand their knowledge of research specific to Alzheimer's disease by attending select ADRC Research Seminars, consensus meetings, and through participation in clinical research projects in the Department of Psychiatry.

The Seaver Autism Center

The Seaver Autism Center offers comprehensive assessment and care for people with autism spectrum conditions. The multidisciplinary team of experts uses genetics, molecular biology, model systems, neuroimaging, and experimental therapeutics to treat each patient. The Center also provides opportunities to participate in an integrated series of research studies aimed at understanding the causes of autism spectrum conditions and developing treatments. Interns in this elective will spend one day per week at the Seaver Autism Center conducting approximately 1-2 assessments per month and receive training and supervision in additional assessment measures.

Child/Adolescent/Young Adult Neuropsychology Center

Mount Sinai's Child/Adolescent/Young Adult Neuropsychology Center provides comprehensive neuropsychological assessments, treatments, and support for children and adults struggling with learning disabilities that include ADHD, academic delays, developmental delays, autism spectrum disorders, mild disruption behavior disorder, and school-based anxieties. Staff combines research advances with clinical experience to provide the most effective and compassionate care for each patient. Interns in this elective will spend one day per week at the Child/Adolescent/Young Adult Neuropsychology Center conducting approximately 1-2 assessments per month and receive training and supervision in additional assessment measures.

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 Adult Internship in Clinical Psychology Program within the Adult Neuropsychology Center follows this definition of supervision. Clinical supervision is the primary training modality for development of professional expertise. An integrative treatment approach that utilizes psychodynamic, cognitive behavioral, interpersonal, family-systems, ethno-cultural, developmental, medical model, and other perspectives is emphasized. Intensive clinical supervision is provided in the training program to help broaden interns understanding of psychopathology and treatment and neuropsychological assessment. Interns receive:

- A *minimum* of one hour per week of ongoing individual supervision for adult psychotherapy cases. Interns are assigned one clinical supervisor for the duration of the training year and build a collegial and professional relationship with this supervisor.
 - Supervisors are available to interns on an “as-needed” basis during clinical crises.
 - Supervisors have primary professional and clinical responsibility of the cases that they supervise.
 - 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.
- A *minimum* of two hours per week of individual supervision in interviewing, neuropsychological test administration and interpretation, and report writing.

Non-Service Delivery Learning Experiences

Clinical Didactics

Formal didactics are provided for the entire training year. The didactics begin with an initial one-week of orientation, during which interns are provided with an overview of the facility, the Adult Neuropsychology Center, and the training program itself. All didactics are mandatory for interns to ensure a solid foundation of knowledge about both clinical psychology and neuropsychological assessment and the function of the ADRC. Core didactics in clinical psychology and neuropsychology are taught throughout the training year. Additional seminars are introduced to meet the current needs of the interns. Didactics are taught by faculty, adjunct faculty, interdisciplinary team members, and invited speakers. Didactics on differential diagnoses (e.g. other dementias vs. Alzheimer’s disease, dementia vs. depression and other psychiatric disorders, cognitive impairments in schizophrenia) are presented by faculty from the Department of Psychiatry and the ADRC. Finally, interns attend departmental grand rounds, in-services, and lectures in other departments of MSMC as appropriate to training.

Center for Cognitive Health Team Meetings

The Mount Sinai Center for Cognitive Health (CCH) is composed of a multi-disciplinary team of neurologists, psychiatrists, neuropsychologists, neuroscientists, and patient care managers. Using a fully integrated approach to brain and behavior, the CCH offers comprehensive diagnosis and treatment for a wide range of cognitive disorders, including: Alzheimer’s disease and other dementias, Epilepsy-related cognitive dysfunction, Mild Cognitive Impairment, Parkinson’s disease-related cognitive dysfunction, stroke-related cognitive dysfunction, and other neurologic disorder-related cognitive impairments. Interns attend weekly CCH meetings in which they receive referrals for neuropsychological testing and present findings to the team, which aids in diagnosis and treatment planning.

Neuropathology Case Conference (Brain Cutting)

Interns have the opportunity to attend the weekly brain cutting conference in the autopsy suite with neuropathologists, medical residents, postdoctoral fellows, and interns.

Clinical Neuroscience Seminar

Interns attend a bi-monthly, yearlong clinical neuroscience seminar where they expand their knowledge of functional neuroanatomy, neuropathology, and neurodiagnostic methods. The sequelae of symptoms

resulting from dementia, vascular injury, and other cognitive disorders, as well as the relationship of these disorders to neuropsychological assessment are discussed. Interns may attend lectures about Neuroimaging (e.g., MRI, PET) and bench science brain research within the Psychiatry and Neuroradiology Department and the Friedman Brain Institute.

Neuropsychological Assessment

Neuropsychological test interpretation seminars are continuous throughout the training year. Initial seminars focus on intake approaches, test administration, data interpretation, report writing and testing feedback. Assessments of protocols are critiqued during supervision. Seminars focus on identification of premorbid cognitive functioning, and of cognitive strengths and weaknesses, as well as functional treatment plan recommendations. In addition, interns attend a monthly neuropsychology course that covers topics such as dementia, ADHD, delirium, stroke, and other disorders and includes case conferences.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 10/2025

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented: N/A	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:
Candidates must be enrolled in an APA-Accredited clinical, school, or counseling doctoral program (PhD or PsyD). All formal coursework and comprehensive examinations must be completed by the start of the internship. The candidates should have demonstrated interests and prior academic practicum experiences that are appropriate for the internship, such as prior experience conducting individual psychotherapy, having administered, scored, interpreted, and written neuropsychological reports, and interest in working in an interdisciplinary setting. Careful attention is given to the

goodness-of-fit between candidates and the 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 the time of application? If Yes, indicate how many:

There is no absolute minimum "hours" requirement. Rather, applicants are considered based on the quality and quantity of their experience, its diversity and appropriateness to the internship experience, their skill sets, and their apparent standing relative to the applicant pool. Typically students who apply to our program have a minimum of 100 assessment hours.

Describe any other required minimum criteria used to screen applicants:

Applicants should have a minimum of 1000 total practicum hours, their dissertation proposal must be completed prior to the start of the training year, and all applicants should have endorsement/approval (noted on AAPI) from their doctoral program in order to apply.

Accreditation

The internship program has been accredited by the American Psychological Association (APA) since 2020 and is fully accredited through 2029. The address of the APA Accreditation Office is:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E., Washington, D.C. 20002-4242
Tel: 202-336-5979

We are members of APPIC (#2376) 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 2 funded internship positions in our doctoral psychology internship program.

The Adult Neuropsychology 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. Please check the AAPI internship directory for updated application due dates.

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 vita

3. Three letters of reference using the APPIC Standardized Reference form from teachers or supervisors who are familiar with your graduate work and/or your clinical skills
4. Official transcripts of all graduate work
5. A comprehensive adult neuropsychological test report (de-identified for confidentiality)
6. A letter describing your interest in working at the Adult Neuropsychology Center at Mount Sinai

Please direct inquiries to the Director of Training:

Jane Martin, Ph.D., Director of Psychology Education/Training
Associate Professor
Director, Adult Neuropsychology Center
Icahn School of Medicine at Mount Sinai
Department of Psychiatry, Box 1230
New York, NY 10029
Tel: 212.241.8157
jane.martin@mssm.edu

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$40,000.00	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for interns?	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 are provided with individual workspaces, i.e., desks, materials, and individual computers, within the neuropsychology office suite. Wireless internet is also available throughout the Adult Neuropsychology Center and Mount Sinai Medical Center campus. Interns receive Mount Sinai School of Medicine email accounts. Interns have access to same clerical, administrative, and IT support as all employees at the Adult Neuropsychology Center. For example, 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 within the Department of Psychiatry handles billing.

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)

	2022-2025	
Total number of interns who were in the 3 cohorts	8	
Total number of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans affairs medical center		
Military health center		
Academic health center	5	
Other medical center or hospital		
Psychiatry hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: “PD” = Postdoctoral residency position; “EP” = Employed 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 two formal evaluation periods throughout the year – in December and in June. 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.

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.

ADULT INTERNSHIP IN CLINICAL PSYCHOLOGY PROGRAM
PSYCHOLOGY INTERN COMPETENCY EVALUATION FORM

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

☐ December ☐ June

ASSESSMENT METHOD(S) FOR COMPETENCIES

- | | |
|---|--|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Written Work |
| <input type="checkbox"/> Case Presentation | <input type="checkbox"/> Review of Raw Test Data |
| <input type="checkbox"/> Discussion of Clinical Interaction | <input type="checkbox"/> 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 | <u>Needs remediation</u>
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

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 elder 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 ethnic 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

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

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

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

COMPETENCY AREA: ASSESSMENT

Element: Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and

psychopathology. *EXAMPLES:* Clarifies and gains full understanding of the DSM-V diagnostic criteria and gains clinical understanding of cognitive and daily functioning strengths and weaknesses which contribute to the clinical picture.

Element: Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural). *EXAMPLES:* Clarifies and gains full understanding of the contribution of a client's genetic, psychosocial, economic, and cultural factors that contribute to assessment results as well as the overall clinical picture.

Element: Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. *EXAMPLES:* Clarifies and gains full understanding of how a client's functioning (i.e., independent activities of daily living; activities of daily living) and psychiatric status (e.g., mood disorders and other psychiatric diagnoses) contribute to the selection of assessment measures, the interpretation of assessments results, and the process of determining a diagnosis.

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

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.

INTERVENTION COMPETENCY SUMMARY RATING SCORE

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

**COMPETENCY AREA: CONSULATION
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 made 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/INTERDISCIPLINARY
COMPETENCY SUMMARY RATING SCORE**

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 DECEMBER EVALUATION 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 JUNE EVALUATION PERIOD

Minimum level of achievement for adequate progress through program: All competency elements will be rated at a level of “2” – *Intermediate* or “3” – *Well Developed Competency* or higher. With a competency Summary Rating Score of “3” 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.

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_____

ADULT NEUROPSYCHOLOGY CENTER AT MOUNT SINAI
PSYCHOLOGY INTERN COMPETENCY EVALUATION SUMMARY FORM

Trainee:	Training Director:
Training Year:	
Date	

☐ December ☐ June

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.																
<table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%; text-align: center;">0</td> <td style="width: 16.6%; text-align: center;">1</td> <td style="width: 16.6%; text-align: center;">2</td> <td style="width: 16.6%; text-align: center;">3</td> <td style="width: 16.6%; text-align: center;">4</td> <td style="width: 16.6%; text-align: center;">N/O</td> </tr> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;">E</td> <td style="text-align: center;">I</td> <td style="text-align: center;">W</td> <td style="text-align: center;">A</td> <td></td> </tr> </table>						0	1	2	3	4	N/O	R	E	I	W	A	
0	1	2	3	4	N/O												
R	E	I	W	A													

The Adult Clinical Psychology Doctoral Internship Program at Mount Sinai 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 from 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 December Evaluation Period:

_____ 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 written remediation plan.**

For June Evaluation Period:

_____ The intern is adequately progressing toward attainment of internship competencies

_____ The intern **IS NOT** adequately progressing toward attainment of 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 the training curriculum and internship competencies. Interns, supervisors, and the training director review intern's progress on their own stated goals throughout the course of the year. The form used is included below.

ADULT INTERNSHIP IN CLINICAL PSYCHOLOGY PROGRAM 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 among 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 elder 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 ethnic 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; score 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.

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 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 made 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 the Adult Internship in Clinical Psychology Program:

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 Adult Neuropsychology Center 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, *New Beginnings*, and are provided with 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 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 Adult Neuropsychology Center.

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. Informal Intervention
 - 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. Verbal Warning
 - 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. Written Warning A written warning occurs when a verbal warning 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. This 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 correct; 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.

4. 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 clinic 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.

5. 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 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 Chief of Psychology (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 Chief of Psychology 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 Chief of Psychology 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 biannual competency rating form

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 Chief Psychologist 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 as 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 Chief Psychologist, 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:
 - a. The intern may appeal the decision first to the Training Director and then to the Chief Psychologist or equivalent.
 - b. 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.
10. Appeal steps:
 - a. The intern may present their appeal, in writing, to the Training Director within five working days of receiving the written decision. The intern shall receive a written response from the Training Director within five working days. If a resolution is not achieved, the intern should submit a written appeal to the Chief Psychologist within five working days. The interns should receive a response from the Chief Psychologist within five working days.
 - b. In some instances, the Training Director may schedule a joint meeting with the intern, and possibly a supervisor, and Chief Psychologist prior to submitting his/her written response in order to clarify issues and address the intern's concern and basis for appeal. If a resolution is achieved during this meeting, it can be documented using the Appeal Form.

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.
 - a. If the grievance is between the intern and the Training Director, the intern should submit a written grievance using the Grievance Form and discuss the problem with the Chief Psychologist.
3. The intern should receive a written response from the Training Director (or Chief Psychologist) within five working days of submitting his/her grievance.
 - a. In some circumstances, the Training Director (or Chief Psychologist) may schedule a joint meeting with the intern and staff member 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 Chief Psychologist or equivalent within five working days of receiving the written response from the Training Director. The intern shall receive a written response from the Chief Psychologist 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>



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ADULT INTERNSHIP IN CLINICAL PSYCHOLOGY PROGRAM

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:

Intern Signature: _____ Date: _____

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

Intern Signature: _____ Date: _____

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

Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Training Director Signature: _____ Date: _____



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ADULT INTERNSHIP IN CLINICAL PSYCHOLOGY PROGRAM

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*

Intern Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Training Director Signature: _____

Date: _____



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ADULT INTERNSHIP IN CLINICAL PSYCHOLOGY PROGRAM

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:

Intern Signature: _____ Date: _____

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

Intern Signature: _____ Date: _____

I *do not accept* this resolution, and wish to appeal my probation to the Chief of Psychology or equivalent:

Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Training Director Signature: _____ Date: _____



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ADULT CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP PROGRAM

APPEAL FORM

Statement of Appeal 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., Training Director) (to be filled out by the other party) and documentation of subsequent meetings with intern and Training Director (to be filled out by Training Director):

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 Appeal (to be filled out by Training Director):

I *accept* this proposed resolution:

Intern Signature: _____ Date: _____

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

Intern Signature: _____ Date: _____

I *do not accept* this resolution, and wish to appeal my probation to the Chief of Psychology or equivalent:

Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Training Director Signature: _____ Date: _____

Non-Discrimination and Harassment Policies

The Adult Neuropsychology Center and the Adult Internship in Clinical Psychology Program aim 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 the Chief Psychologist 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>.

Maintenance of Records

Records of the interns’ training experiences, evaluations, and certificates of internship completion are maintained digitally, password protected, on Mount Sinai Health System secure server.