

**Sunset Terrace Family Health Center at NYU Langone**  
**Psychology Internship Training Program**  
**Training Manuel and Brochure**



**Location:**

514 49<sup>th</sup> Street  
Brooklyn, NY 11220

**Training Director:**

Joseph Laino, Psy.D.  
Psychologist  
Assistant Director of Clinical Operations  
Clinical Assistant Professor of Psychiatry

**Contact:**

(718) 437-5217  
[Joseph.Laino@nyulangone.org](mailto:Joseph.Laino@nyulangone.org)

**Training Manual/Brochure**  
**Sunset Terrace Family Health Center at NYU Langone**  
**Psychology Internship Program**  
**Training Director: Joseph Laino, Psy.D.**

**I. Psychology Internship Program Philosophy**

The psychology internship training program of the Family Health Center at NYU Langone Sunset Terrace is organized in the psychology department of the Ambulatory Behavioral Health clinic at Sunset Terrace. This clinic has a long history of training activities for psychology externs and interns alike. This clinic formerly had an APA-accredited Psychology Internship Program from 1994 through 2010. In addition, the clinic has a long history of externship training dating back to 1979. The Sunset Terrace Family Health Center at NYU Langone is part of the Family Health Center at NYU Langone network of 12 outpatient health clinics serving the diverse community in Southwest Brooklyn since the late 1960's, and was originally known as the Lutheran Family Health Centers. In 2015, the Family Health Center network became part of NYU Langone Health. The Family Health Center at NYU Langone is a federally qualified health center (FQHC) and treats all patients regardless of their insurance status or ability to pay. The Sunset Terrace clinic is home to the network's Ambulatory Behavioral Health program.

The mission of the psychology internship program is to train doctoral level psychology students to provide culturally sensitive psychological services, including assessment, treatment, and clinical research, to both adult and child/adolescent populations. The internship program holds strongly to the belief that the professional psychologist should be both a scholar and a practitioner, and adheres to the scholar-practitioner model of training in professional psychology. While psychology interns train in a number of evidenced-based therapeutic approaches, including cognitive-behavioral therapy, interpersonal psychotherapy, and motivational interviewing, the psychodynamic model provides the underpinnings for thinking about psychotherapeutic process and for understanding the emotional experiences of clients.

Structurally, the internship program is centered on a core of clinic based services and didactic activities that emphasize a concentration in adult outpatient therapy, child/adolescent outpatient treatment, and clinical research. Interns may have the opportunity to participate in clinical research. There may also be an opportunity for interns to focus on work with patients diagnosed with co-occurring mental health and substance use disorders and/or patients diagnosed with serious and persistent mental illness.

The internship program has a strong emphasis on anti-racism, cultural humility, and providing affirming care to diverse and historically underserved populations as exemplified by our history of developing culturally inclusive assessment measures and interventions strategies for diverse populations.

## **II. Goals/Aims of the Internship Program**

The psychology internship program provides a comprehensive range of training activities to ensure the delivery of high-quality community mental health services. The internship program provides the intern with a unique opportunity to gain experience in assessment and intervention with patient populations who have a wide range of diagnostic presentations and treatment needs. Interns will receive individual and group supervision as well as formal didactic training. At least 40% of the intern's time is devoted to direct clinical care. Interns receive experience and training in the areas of

- Biopsychosocial assessment and differential diagnosis
- Individual Psychotherapy
- Group/Couples/Family Treatment
- Mental Health Consultation
- Psychological Testing

The specific aims of the internship program are as follows:

- 1) The internship experience seeks to develop interns' competence in evidence-based models of psychotherapy and methods of psychological assessment and differential diagnosis to prepare the intern for eventual independent practice as a professional psychologist.
- 2) Interns will work as part of a multidisciplinary team and will appreciate the unique contributions the discipline of psychology can make across the continuum of care.
- 3) Interns will have the opportunity to develop their ability to communicate effectively with peers, colleagues, and other professionals, within a multidisciplinary team.
- 4) Interns will develop increased competence in scholarly inquiry, research methodology, and the application of evidence-based practice to their therapeutic work.
- 5) As part of a department committed to anti-racism, social justice, equity and inclusion in health care, interns will learn to deliver culturally competent care to diverse populations.
- 6) Interns will strengthen their awareness of ethical principles and how such principles apply to clinical work in daily practice.
- 7) Interns will become more comfortable with general psychological testing, including both cognitive and personality assessments as well as writing integrated psychological reports that address the referring provider's referral question.

## **III. Internship Curriculum**

The training curriculum is centered on a series of training activities that include individual and group supervision of psychotherapy cases, testing supervision for psychological assessments, attendance at didactic seminars, and participation in multi-disciplinary clinical team meetings. Additionally, interns attend monthly administrative staff meetings that provide an overview of operational/administrative/systemic issues

impacting the work being done in a community mental health center and of which psychologists and other behavioral health staff should be aware. There are also monthly staff training sessions, required on-line training modules, and psychology and psychiatry grand rounds presentations are held on a regular basis.

### ***Summary of Training Activities:***

4 hours of didactic training includes the Rotating Seminar Series, Motivational Interviewing, Child/Adolescent Treatment, and The Rorschach and Projective Assessment Seminar.

2 hours per week of individual supervision of psychotherapy cases.

1 hour per week of group supervision of psychotherapy cases.

1 hour per week of testing supervision for psychological assessments

2 hours per month Multidisciplinary Team meeting

2 hours per month staff meetings/trainings

2 hours per month grand rounds presentations

### **Supervision**

Supervision is an integral part of the training experience. Supervision serves multiple functions, including but not limited to:

- 1) Helping the intern develop, build, and sharpen their skills in delivering effective, high quality, culturally sensitive, evidence-based psychological interventions.
- 2) Supervision will help expand the clinician's knowledge base about theoretical models and how to translate research into clinical practice through case conceptualization.
- 3) The intern will develop skills in selecting appropriate instruments for psychological testing, ensuring appropriate administration, scoring, and interpretation of the instruments used, integrating the data obtained into a comprehensive report and providing feedback to the client and referring provider.
- 4) Supervision also provides a supportive function whereby interns can process their countertransference in a safe space, discuss strategies for managing challenging clinical encounters, and strategies for avoiding burnout.
- 5) Supervision also involves an administrative component that includes issues such as insuring accountability with institutional policies, procedures, compliance standards, and APA ethical standards.
- 6) Supervision is a place for constructive feedback about performance to support the intern's growth in the practice of psychology as they develop increased confidence and independence in their work.

Total supervision requirement: 4 hours per week.

Individual Supervision: 2 hours of individual psychotherapy supervision from two different supervisors. 1 hour of testing supervision.

Group Supervision: 1 hour weekly. Group supervision focuses on contemporary psychodynamic understanding of the therapeutic process and the patient's interpersonal and intrapsychic dynamics. There may be some readings in psychodynamic practice and theory, but most of the time will focus on trainee case presentations. Group supervision is led by Joseph Laino, Psy.D, Training Director.

### **Didactics:**

**Rotating Seminar Series:** The Rotating Seminar includes a series of topics related to clinical service delivery as well as issues of diversity, equity, and inclusion in health care. The series is taught by staff members with expertise in the particular topic being presented and varies from year to year. This seminar is also offered to Psychology Externs and Social Work Interns. The current Rotating Seminar topics are:

Concepts in Cognitive Behavioral Therapy.... Sarah Davison-Duffy, LCSW  
Safety Planning as a Clinical Intervention.... Sandy Lulu, LCSW-R and Joseph Laino, PsyD  
Psychodynamic Therapy as an Evidence Based Treatment.... Joseph Laino, PsyD  
Pharmacotherapy for clinicians.... Elizabeth Allan, MD  
Clinical and Cultural practices in the Chinese American community.... Jean Chen, LCSW-R  
The Cultural Formulation Interview (CFI).... Sandy Lulu, LCSW-R  
Psychoanalytic Treatment.... Jack Heinemann, LCSW  
Working with Complex Trauma in the Black Community.... Vanessa Williams, LCSW  
Basic Assessment of Substance Use Disorders...Kathryn Leonard, LCSW  
DBT Skills.... Alexa Strelecki, PsyD  
Internal Family Systems Therapy.... Rakhel Shapiro, MS  
Adaptations of DBT for the Chinese American community.... Anders Chan, PsyD  
Psychotherapy with the LGBTQ+ Community.... Joseph Laino, PsyD  
Cultural Awareness & Adaptations for working with the Arab American and Muslim Communities.... Sandy Lulu, LCSW-R  
Termination Issues.... Joseph Laino, PsyD and Sandy Lulu, LCSW-R

**Motivational Interviewing:** This seminar serves both as a broad introduction to the theory of Motivational Interviewing and a close examination of its techniques and application in a variety of clinical contexts. The teaching of this seminar involves didactic presentations, experiential learning, "real play" exercises, and video learning. The Motivational Interviewing seminar is an interactive, dynamic workshop that begins in October and concludes at the end of April, meeting for two full 8-hour days of training in October and continues on a bi-weekly basis to practice and reinforce the skills learned. Case consultation is also available as part of the learning experience. The seminar is co-led by Joseph Laino, PsyD and Sandy Lulu, LCSW-R.

**Child and Adolescent Treatment:** This full year seminar will orient interns to the major treatment approaches for treating children and adolescents. Developmental issues will be considered. There will be an opportunity for case consultation. The seminar is led by Andrea Henry, PsyD, Manager of Child and Adolescent Services.

**Rorschach and Projective Assessment Seminar:** This year long seminar will present an overview of the Rorschach Inkblot Test and its scoring according to John Exner's Comprehensive System. The seminar will cover the administration, scoring and interpretation of the instrument. We will also review standard administration procedures for other projective assessment measures such as the Thematic Apperception Test (TAT) and the House-Tree-Person Projective Drawings. Interpretive strategies will be covered. This seminar is led by Joseph Laino, Psy.D.

#### **IV. Psychological Testing**

Recognizing that psychological testing and integrated report writing is an essential part of the intern's training experience, each intern will be provided with one hour of individual supervision, weekly, in psychological testing. The testing supervisor will be a fully licensed, doctoral-level psychologist who will oversee the selection, administration, scoring, and interpretation of the test instruments, as well as the writing of an integrated psychological report, and the provision of feedback to the referral source and examinee. Training the intern to select appropriate test instruments based on the referral question is an initial task of the testing supervisor. Instruments used for testing may include cognitive instruments such as the WAIS, WISC, WMS, among other instruments, as well as projective instruments such as the Rorschach Inkblot Test, the TAT/CAT, Projective drawings, Incomplete Sentences, and the like. Objective personality measures such as the MMPI and PAI may also be used and measures of adaptive functioning such as the Vineland Adaptive Behavior Scales can be used as appropriate. This is just a sample of the instruments available to the interns at our site, which also include a variety of pencil and paper measures, scales, and questionnaires suitable for diverse clinical presentations. Psychological testing and the associated writing of an integrated report is a unique skill set that is developed over time with practice and supervision. Each intern will be expected to complete a minimum of (5) psychological test batteries, each with an accompanying fully integrated report, and the provision of feedback to the examinee and the referral source.

#### **V. Location of the Training Experience**

Training occurs primarily at the Sunset Terrace site within the Family Health Center at NYU Langone. This site is a large community mental health center affiliated with NYU Langone Health and its Family Health Center network of Federally Qualified Health Centers. The Sunset Terrace site is home to the network's Ambulatory Behavioral Health Program, which currently employs approximately 60 clinical and master social workers, 4 licensed mental health

counselors, 14 psychiatrists, 2 psychiatric nurse practitioners, and 14 licensed psychologists. The program serves roughly 5,000 unique, individual patients who range in age from 5-years-old through the geriatric years. The FHC offers comprehensive behavioral health services including Biopsychosocial Assessment, Individual Psychotherapy, Group Psychotherapy, Family/Couple's Therapy, Psychiatric Evaluation/Medication Management, Psychological Testing, and Wellness Support among other services. The clinic is located in southwest Brooklyn's Sunset Park community, one of the most diverse communities in New York City. As part of the Family Health Center network, the program has access to FHC resources such as its community-based social service programs, Health Home and Case Management services, School Health programs, and integrated primary/behavioral health care among other services. The Sunset Terrace site provides the local community with a full range of health services in one location. In addition to the mental health program, other co-located services at Sunset Terrace include: a primary care clinic, a dental clinic, a pharmacy and physical/occupational therapy services.

## **VI. Due Process and Grievance Procedures**

The Psychology Internship Training program takes due process and grievances seriously. The due process procedure seeks to address performance-related concerns through a respectful, equitable, and structured process. The due process procedure is described in a separate document and is available electronically on the intranet under the Psychology Internship Training Program. A hard copy of the procedure will also be provided to each intern and to each intern supervisor at the start of the internship. Similarly, the program has a separate and distinct procedure in place should the intern want to make a grievance against the program, clinic, or any of its personnel. See [Appendix 1A and 1B](#) for the full Due Process and Grievance Procedures, respectively.

## **VII. Intern Evaluations**

Interns will receive formal written evaluations from their supervisors at mid-year (February) and at end-year (August), discussing their performance and noting areas of strength as well as areas for continued development. The Director of Internship Training will be responsible for providing the Director of Clinical Training at the interns' home graduate program with a copy of the evaluation at both mid- and end-year. See [Appendix 2](#) for a copy of the full evaluation form. Interns will also have the opportunity to evaluate their supervisors at both mid-year and end-year. For a copy of the form interns will use to evaluate their supervisors and the supervisory experience, please see [Appendix 3](#).

Each intern will also establish a list of their individual training goals and the objectives that will be used to obtain those goals. This will be done at the start of the training year and will be revisited at mid-year and end-year. The forms can be found in [Appendix 4 and 4A](#).

## **VIII. Documentation**

Clinical documentation is in the electronic health record system, EPIC. Please see [Appendix 5](#) for a list of EPIC competencies that all interns will become familiar with. Interns will also maintain: 1) A clinical intervention log and 2) An assessment log.

## **IX. Internship Tracks**

Currently, Psychology interns apply to a single track which focuses on service delivery to individuals across a variety of age ranges and presenting problems.

## **X. Benefits and Human Resources**

Compensation: \$30,000 annual stipend, paid every two weeks.

Medical Coverage options include United HealthCare NYU Care; United HealthCare EPO Plan; Aetna EPO Plan; United Health Care Plus Plan; or Waive coverage, if covered under another plan.

Prescription Plan: A basic prescription plan is provided through CVS Caremark. An Enhanced Prescription Plan is also available.

Dental Plans include a choice of either Delta Dental PPO or Cigna DHMO plans.

Time Off: 15 vacation days, 12 sick days, and 9 paid holidays

Access to Medical Center libraries.

## **XI. On-Boarding**

Medical Clearance: As part of the on-boarding process, and in accord with institutional policy, interns are expected to have medical clearance prior to starting their internship. This requires them to visit Occupational Health Services either in-person (preferred) or virtually to obtain medical clearance. Interns must provide proof of immunization or have blood drawn if they don't have/can't obtain the documentation.

Verifications: The Human Resources department coordinates all required verifications including employment verification, education verification, social media screening, and background clearances, including SCR clearance and I-9 clearance.

## **XII. Cultural and Individual Diversity**

The Program is committed to supporting cultural and individual diversity and does not discriminate based on race/ethnicity, color, religion, sex, marital status, national origin, ancestry, age, sexual orientation, gender, disability, or veteran status in its recruitment and retention of interns, faculty and staff. We welcome applicants from various racial, ethnic, sexual orientation, religious, and cultural backgrounds, as well as those with



physical disabilities. The internship's didactic and experiential trainings are designed to foster an understanding and sensitivity of cultural and individual diversity as they relate to professional psychology. The patient population and staff at the Family Health Center are culturally and individually diverse.

Non-Discrimination: The Family Health Center is committed to ensuring equal opportunity. Its equal opportunity/nondiscrimination policy is designed to ensure that employees, interns, faculty, and supervisors understand their rights and responsibilities. The Family Health Center's discrimination complaint procedure is designed to ensure that concerns are handled in a timely and responsive manner. Equal Opportunity is a legal right of all people to be accorded full and equal consideration regardless of protected class regarding all terms and conditions of employment (e.g., hiring, promotion, layoff, demotion, termination, access to training, educational programs, and financial aid).

### **XIII. Applying for the Internship**

To apply for an internship at The Sunset Terrace Family Health Center at NYU Langone, please visit the APPIC website ([www.appic.org](http://www.appic.org)) to access the online application via the Applicant Portal. The internship program follows the standard APPIC Program guidelines. The program is currently a member of APPIC but is **not** accredited by the American Psychological Association.

APPIC Matching Code: **255211**

Total number of available positions: 2

### **XIV. Internship Personnel**

#### Internship Training Director

Joseph Laino, PsyD

#### Internship Supervisors

Andrea Henry, PsyD

Joseph Laino, PsyD

Jon Marrelli, PsyD

Yesenia Mejia, PsyD

Juan Rodriguez, PsyD

#### Clinic Administration

Elizabeth Janopaul-Naylor, MD, Medical Director

Ruth Gerson, MD Associate Medical Director

Sean Pavlow, MPA, LMSW, Senior Administrative Director

Sarah Davison-Duffy, LCSW, Director of Clinical Operations

Joseph Laino, PsyD, Assistant Director of Clinical Operations

## Appendix 1A.

### **Due Process Procedure Psychology Internship Training Program Family Health Centers at NYU Langone Sunset Terrace**

#### **Due Process Procedure.**

If there are concerns about an intern's performance, this due process procedure seeks to provide the intern with a respectful framework in which those concerns will be addressed and includes the opportunity for the intern to appeal any decision they do not feel satisfied with. The Due Process procedure may be initiated at the behest of the Supervisor, the Director of Internship Training, or if the Intern receives a score of 1 on any of the competencies being reviewed in their evaluation. The formal components of the due process procedure include: Notification that Due Process has been initiated, a hearing, and an appeal process.

**STEP 1. Informal resolution of concerns.** Concerns about an intern's performance are initially handled through regular supervisory channels. This shall be defined as a discussion between the trainee and supervisor, resulting in a resolution satisfactory to both parties. This discussion occurs in the course of regularly scheduled supervisory meetings. It is the supervisor's responsibility to address these concerns with the intern, either verbally or in writing, as soon as the supervisor becomes aware of the concern.

**STEP 2. Notification.** If the issue remains unresolved after the informal discussion outlined in STEP 1, the supervisor must notify the intern, in writing, as soon as possible but not more than 5 business days after the informal meeting, that the Due Process procedure is being initiated. The supervisor must simultaneously inform the Director of Internship Training that Due Process is being initiated.

**STEP 3. Hearing.** There will be a meeting, within 5 business days of notification, between the Director of Internship Training, the Supervisor, and the Intern to address the issue. If the issue can be resolved in this meeting, the resolution will be documented by the Supervisor in their supervision log and, if the resolution is agreeable to all parties, no further action is required.

**STEP 4.** If the issue remains unresolved after STEP 3, then the Director of Internship Training, with input from the Training Committee, and Supervisor, will draft a **written training plan** to be signed by the involved parties (trainee, supervisor, director of internship training). This plan will be presented to the intern within 5 business days of the Hearing and a copy will be kept by the Director of Internship Training until resolution of the issues, at which point the plan may be destroyed. The Director of Internship Training and/or supervisor may incorporate this information into the bi-annual evaluation of the intern. The written training plan will be

reviewed by the Internship training director in conjunction with the internship training committee, who will monitor the process until it reaches successful closure, as agreed upon by all parties involved. The Director of Internship Training will notify the Director of Clinical Training (DCT) **at the student's graduate program** of the Training Committee's concerns about the intern's performance and a copy of the specific training plan will be forwarded to the DCT at the clinician's graduate program. The DCT at the student's graduate program will be kept abreast of the student's progress at regular intervals, as deemed appropriate and agreed upon with the Director of Internship Training.

**STEP 5. Appeal** If the trainee disagrees with the plan, or any specific aspect of the plan, he or she can **appeal** the plan by submitting a request for appeal in writing to the Internship Training Director within 5 business days of the plan being provided to the intern. The Training Committee will meet to discuss the merits of the appeal within 5 business days of the appeal being requested and may involve clinical leadership, including the Director of Clinical Operations and the Behavioral Health Medical Director, as deemed appropriate. The Medical Director and/or Director of Clinical Operations or their designee will have final authority to accept, deny, or modify the plan as they deem appropriate. The intern's direct supervisor will be responsible for informing the student of the outcome of the appeal as soon as possible but not more than 5 business days from the decision being reached. The Director of Internship Training will be responsible for notifying the Director of Clinical Training at the student's home graduate program of the appeal and its outcome within 5 business days of the decision being rendered by the Training Committee and/or clinic administration. The intern can request a second level of appeal directly to the Director of Clinical Operations and/or the Medical Director if they are not satisfied with the outcome of the appeal process by notifying them, in writing, within 5 business days of the decision being rendered.

**STEP 6.** In the event the trainee fails to accomplish the tasks designated in the plan successfully or otherwise follow the steps outlined in the plan, administrative action, possibly including termination, may be recommended at the discretion of the Medical Director in conjunction with the Director of Internship Training, the Internship Training Committee, Director of Clinical Operations, and the Senior Administrative Director. The Director of Internship Training will notify the Director of Clinical Training at the intern's graduate program, in writing, of any actions taken within 5 business days of said actions being taken. Prior to any recommended administrative action, such as termination, Human Resources would be consulted for their input and guidance.

## Appendix 1B

### Grievance Procedure Psychology Internship Training Program Family Health Center at NYU Langone – Sunset Terrace

#### Grievance Procedure

This grievance procedure is intended to address any grievance that may arise as a result of complaints of unethical or substandard behavior by the supervising psychologist, the director of internship training, any member of the training committee, a fellow intern, any staff member, including but not limited to clinical, administrative, or support staff. This grievance procedure would also be utilized if the intern has a complaint of harassment of any kind, or a complaint about any aspect of their experience at the Family Health Center/NYU Langone Health or with any of its personnel.

**STEP 1. How to Submit a Grievance.** If the intern has a grievance, this is initially handled through established channels. This is defined as a discussion of said issues between the supervisee and supervisor until an adequate resolution, acceptable to both parties, is reached. To submit a grievance: The student should *notify their supervisor, in writing, as soon as the concern arises* and the supervisor should notify the Director of Internship Training, in writing, as soon as the supervisor becomes aware of the concern.

If the intern's concern involves their supervisor, and the intern does not feel comfortable addressing the issue directly with their supervisor, the intern should notify the Director of Internship Training, in writing, as soon as the concern arises and the Director of Internship Training will meet with the intern, eliminating the need for Step 2. The rest of the steps will follow sequentially as outlined below.

**STEP 2.** If the difficulties remain unresolved after meeting with their supervisor, the Director of Internship Training is to be notified that the issues is unresolved within 5 business days. A meeting will be initiated to include the trainee, the supervisor, and the Director of Internship Training. The purpose of the meeting is to resolve said difficulties through mutual agreement between the involved parties.

**STEP 3.** If unresolved, the Director of Clinical Operations and/or the Medical Director would be notified, in writing, by the Director of Internship Training, as soon as possible but no later than 5 business days from the date of the meeting described in STEP 2. If necessary, a written plan delineating specific steps toward resolution will be developed and agreed upon by all parties involved. Copies of the plan will be kept by the Director of Internship Training in a separate Grievance folder and maintained in accord with institutional policies regarding record retention. The issue may be incorporated into the staff member's annual performance evaluation. This procedure does not preclude an intern from notifying NYU Langone Health's compliance office, Department of Human Resources, applicable state licensure board(s), the

state ethics committee, the NYS Office of Mental Health (OMH), OSHA, JCAHO, APPIC, or the APA.

## Appendix 2.

### Psychology Intern Evaluation Form

Supervisee: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Training Site: Sunset Terrace Family Health Center at NYU Lanogne

Introduction and Directions: This form is designed to provide constructive feedback to supervisees regarding their professional development in a variety of areas. Supervisors are asked to assess the intern's progress in each of the content areas specified below. Please identify the supervisee's strengths as well as areas to work on. Indicate any areas that are of any particular concern as well as plans to address these areas. This form also includes ratings of skill levels at the beginning of training experiences in order to reflect initial preparedness and subsequent progress. Baseline knowledge and competence should be ascertained through discussion with supervisees. It is recommended that supervisees receive copies of this form during their orientation to provide a clear statement of expectations and standards and training rotations.

#### Summary of Previous (A) and Current (B) Training Experiences

A. Prior to this training experience:

	<u>Limited</u>		<u>Extensive</u>		<u>Cannot Say</u>	
1. Previous competence in assessment:	1	2	3	4	5	CS
2. Previous experience in assessment:	1	2	3	4	5	CS
3. Previous competence in Intervention:	1	2	3	4	5	CS
4. Previous experience in Intervention:	1	2	3	4	5	CS

Please indicate the total cumulative number of patients seen for evaluation and treatment and the number of hours spent in each of the following training experiences:

Total number of individual therapy patients: \_\_\_\_\_

Mean hours/week of patient assessments: \_\_\_\_\_

Total number of group tx hours: \_\_\_\_\_

Mean hours/week of supervision sessions: \_\_\_\_\_

Total number of patient assessments: \_\_\_\_\_

Total number of individual therapy hours: \_\_\_\_\_

Mean number/week of therapy sessions: \_\_\_\_\_

Administrative Action (Circle):      Pass      Probation      Fail

Signature of Supervisee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

1. Assessment Knowledge and Competence (Please describe supervisee's strengths, areas to work on and overall progress to date; areas to consider include clinical interviewing skills, knowledge of differential diagnosis and DSM diagnostic categories, psychological testing, collateral data collection, case formulation, report writing, multicultural diversity, etc.):

---

---

---

---

---

---

---

	1	2	3	
Overall Score:	Development Required	Meets Expectations	Exceeds Expectation	N/A

2. Psychotherapy/Intervention Knowledge and Competence (Please describe supervisee's strengths, areas to work on, and overall progress to date: areas to consider include effectiveness in establishing rapport and therapeutic alliance with clients, empathy and listening skills, preparation for therapy sessions, treatment planning and goal setting, case formulation and management, effective treatment, and exposure to particular treatment modalities or types of therapy including empirically validated treatments, multicultural diversity, etc.):

---

---

---

---

	1	2	3	
Overall Score:	Development Required	Meets Expectations	Exceeds Expectation	N/A

3. Consultation Knowledge and Competence (Please describe supervisee's strengths, areas to work on, and progress to date; areas to consider include knowledge and handling of the consultation role, knowledge of institutional and systems dynamics, and timeliness of response to consultation results, etc.):

---

---

---

---

	1	2	3	
Overall Score:	Development Required	Meets Expectations	Exceeds Expectation	N/A

4. Professional, Ethical, and Legal Conduct (Please describe supervisee's strengths, areas to work on, and concerns, if any; areas to consider include awareness/adherence to APA ethical principles and professional standards, adherence to institutional and training requirements, understanding of confidentiality and informed consent, clinical inquisitiveness and initiative, timeliness of documentation, integration of research and practice, etc.):

---

---

---

---

---

---

---

---

Critical	incidents	(specify):
----------	-----------	------------

---

---

---

---

	1	2	3	
Overall Score:	Development Required	Meets Expectations	Exceeds Expectation	N/A



5. Supervision (Please describe supervisee's strengths and areas to work on; areas to consider include preparation for supervision, communication with supervisor, openness and responsiveness to supervision, feedback to supervisor about effectiveness of supervision regarding how supervisee's training goals are being met or not being met, incorporation of feedback from supervision into clinical practice, etc.):

---

---

---

1	2	3	
Overall Score: Development Required	Meets Expectations	Exceeds Expectations	N/A

6. Professional Presentations (Please describe supervisee's strengths and areas to work on, progress to date; areas to consider include preparation for presentation, organization and quality of presentation, integration of research with clinical material, etc.):

---

---

---

1	2	3	
Overall Score: Development Required	Meets Expectations	Exceeds Expectation	N/A

7. Site-Specific Competence, Skills, and Conduct (Please describe supervisee's strengths and areas to work on, and progress to date in areas specific to the rotation).

---

---

---

---

1	2	3	
Overall Score: Development Required	Meets expectations	Exceeds Expectation	N/A

8. Research Knowledge and Competence (Please describe supervisee's strengths, areas to work on, and progress on rotation to date in research; areas to consider include literature review, conceptualization, data analysis, research ethics, grant writing, preparation of manuscripts, etc)

---

---

---

---

	1	2	3	
Overall Score:	Development Required	<b>Meets Expectations</b>	Exceeds Expectation	N/A

9. Additional Comments:

---

---

---

---

Please return this form to Director of Training.

### Appendix 3.

## Intern's Evaluation of the Supervisory Experience

Supervisee: \_\_\_\_\_

Supervisor \_\_\_\_\_

Date Completed: \_\_\_\_\_

(circle one) Mid Year End Year

This form enables you, as a supervisee, to provide constructive feedback to the internship program about your experience of your supervisor and the supervision you received. The ratings are: (3) Exceeds Expectations, (2) Meets Expectations, or (1) Attention Desired and should be based on your experience with your supervisor relative to other supervisory experiences you have had. Rate only those items appropriate to your training experience. If you are unable to rate a particular item, please select N/A. Feel free to give narrative feedback in the designated areas as well. If you need more space, please feel free to add additional sheets to the form. Your honesty and participation is essential to helping us improve the internship program. Thank you!

### The Supervisor:

	Attention Desired	Meets Expectations	Exceeds Expectations	
1. Was accessible for discussion, consultation, and questions	1	2	3	N/A
2. Scheduled supervision session appropriately and consistently	1	2	3	N/A
3. Allotted sufficient time during supervision for questions	1	2	3	N/A
4. Was interested in and committed to supervision	1	2	3	N/A
5. Set clear objectives and expectations for the training experience	1	2	3	N/A
6. Provided at least 1 direct observation of supervisee's patient contact	1	2	3	N/A
7. Presented a positive role model	1	2	3	N/A
8. Maintained appropriate interpersonal boundaries in supervision	1	2	3	N/A
9. Provided constructive and timely feedback to intern	1	2	3	N/A
10. Encouraged an appropriate degree of independence	1	2	3	N/A
11. Demonstrated concern for the intern's progress, challenges and ideas	1	2	3	N/A
12. Communicated effectively with the intern	1	2	3	N/A
13. Interacted respectfully with the intern	1	2	3	N/A
14. Assigned cases appropriate for the intern's training needs	1	2	3	N/A
15. Was sensitive to ethical standards and legal issues	1	2	3	N/A
16. Overall rating of supervision with this supervisor	1	2	3	N/A

Additional Comments:

Describe how your experience of supervision contributed to your learning:

Describe how supervision could be enhanced to better meet your learning needs:

**Please return this form to the Director of Training**

## Appendix 4

### Intern's Individualized Training Plan

Supervisee Name: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Individualized training plans are designed to assist interns and supervisors to establish and clearly delineate their training goals and plan for training during the internship year. Interns and their supervisors are encouraged to collaborate on the development of this training plan and mutually agree upon both the goals and the plan to achieve those goals. Please feel free to add more goals as needed and additional pages as required.

Intern's goals for the training year:

1)

2)

3)

4)

Plan for training to achieve the above goals

1)

2)

3)

4)

Goals should be established at the start of the internship year, re-assessed at the time of the mid-year evaluation and discussed as part of the final evaluation.

\_\_\_\_\_  
Intern Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Training Director Signature

Date: \_\_\_\_\_

Appendix 4A.

## Interns Individualized Training Plan (Review)

Supervisee Name: \_\_\_\_\_

Mid Year Review Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

End Year Review Date: \_\_\_\_\_

The purpose of this review is to revisit the intern's individualized training goals and discuss the need for revisions or additions as needed. This form should be completed at the time of the mid-year review and again at the time of the end-year review. At the time of the end-year review, supervisor and intern should be look at whether the goals were met according to the intern's needs and perhaps suggest areas for future training/professional development.

Interns goals for the training year:

1)

2)

3)

4)

Plan for training to achieve the above goals

1)

2)

3)

4)

Comments:

---

---

---

\_\_\_\_\_  
Intern Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Training Director Signature

Date: \_\_\_\_\_

## Appendix 5.

### Electronic Health Record (EPIC) Competencies

Interns will become familiar with the following competencies in the electronic health record:

- 1) Progress note documentation, including entering session start/end times, the diagnostic code, treatment plan goals/objectives, progress note, CPT code, date of next session, and routing to supervisor for their co-signature. Progress notes are required to be written *as soon as possible* but no later than 3 working days after the service was delivered. A progress note is required for every clinical encounter, no exceptions.
- 2) Treatment Planning – Individual Treatment Plans are developed initially within 30 days of admission to the clinic program and are reviewed annually thereafter. However, if the frequency or intensity of services increases for any reason, the treatment plan must be formally reviewed at the time of the increase. All treatment plans are forwarded to a psychiatrist for their co-signature.
- 3) Telephone Encounter – Any telephonic communication with or on behalf of a patient must be documented in a telephone encounter.
- 4) No Show Documentation – When a client “no shows” for a session, it is the responsibility of the intern to follow-up and outreach to the client. The intern will follow the “No Show Documentation” workflow in the electronic health record.
- 5) Discharge Summaries – If the patient is being discharged because they have achieved their goals, refused treatment, relocated, or have been lost to contact, a discharge summary must be completed in the electronic health record. This includes removing the intern from the care team and documenting that the case is closed in the Appointment Desk so that PSA staff can appropriately direct their call should a patient with a closed case call to schedule an appointment. Discharge Summaries are completed as “Chart Notes.”
- 6) Letter Functionality – All interns must be familiar with how to send a letter through the electronic health record.
- 7) Safety Planning – All interns must be familiar with how to develop a safety plan with the client in the letter functionality.
- 8) Flow Sheet Documentation – Interns must be familiar with flow sheet documentation, which is where we complete screening instruments such as the PHQ9, the TAPS, and CSSRS among other instruments.
- 9) In-basket functionality – Interns must be comfortable using the in-basket to communicate with members of the care team, their supervisor, the clients, and other departments such as intake and psychiatry. Appointments are scheduled directly with assigned PSA (Patient Service Associate) staff through the in-basket functionality.
- 10) EPIC secure Chat – Interns must be able to use EPIC secure chat to communicate with members of the care team.
- 11) Intake Documentation – Intake documentation includes the Intake Screening, the Psychosocial Assessment, and various screening instruments such as the full version of

the CSSRS (Columbia Suicide Assessment Rating Scale) and the PHQ9 Depression inventory, among others.

12) Remember – We are all risk managers and risk management is the responsibility of every person in the clinic.

13) Finally, and most importantly, if it isn't documented – IT DIDN'T HAPPEN.

A manual is being developed with specific tip sheets and trouble-shooting guidelines for each of the competencies listed in this appendix. We will also provide hands-on training at the beginning of the year so that you can become familiar with the workflows in EPIC.

## Appendix 6

### **Seminar Evaluation** **Sunset Terrace Family Health Center** **Psychology Internship/Externship and Social Work Internship Training Programs**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Seminar: \_\_\_\_\_

Seminar Instructor: \_\_\_\_\_

#### **The Instructor:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1) Seminar instructor presented the material clearly	1	2	3	4	5
2) Seminar instructor was well-prepared/organized	1	2	3	4	5
3) Seminar instructor invited questions/encouraged discussion	1	2	3	4	5
4) Seminar instructor respected diverse points of view	1	2	3	4	5
5) Seminar instructor had a good understanding of the topic	1	2	3	4	5

#### **The Seminar:**

1) Seminar was applicable to your work	1	2	3	4	5
2) Content was appropriate for the amount time allotted	1	2	3	4	5
3) Seminar taught you something new	1	2	3	4	5
4) Seminar was interesting to me.	1	2	3	4	5
5) I would recommend this seminar to future students	1	2	3	4	5

Other thoughts about this seminar not covered above:

Name one way your practice will change as a result of attending this seminar:

What was most helpful about this seminar?

What suggestions would you make to improve this seminar?

Social Work Interns: Please return to Sandy Lulu, LCSW-R  
Psychology Interns/Externs: Please return to Joseph Laino, Psy.D.



## Appendix 7

### APA ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

The internship training program strictly adheres to the American Psychological Association's APA Ethical Principles of Psychologists and Code of Conduct (2017). An important component of the training program is for interns to be able to identify ethical dilemmas and act in accord with the ethical principles set forth by the APA. These issues can be discussed in supervision to help the intern clarify their thinking and decision making around ethical issues and act with the utmost degree of professionalism and the highest ethical standards.

Interns should familiarize themselves with the APA's Ethical Principles and Code of Conduct which can be found at the following link:

<https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Please feel free to consult with your supervisor, any member of the training committee, or the training director *at any time* should you have a question or concern.

All the best for a productive and fulfilling training experience!

Thank you.

Joseph Laino, Psy.D.  
Training Director