

PSYCHOLOGY INTERSHIP
POLICY
AND
PROCEDURE MANUAL



VA MEDICAL CENTER
BRONX, NEW YORK

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POLICY AND PROCEDURE MANUAL
(Revised November 2013)

A. Overview

The Psychology Program is comprised of psychologists assigned to various Patient Care Centers throughout the James J. Peters VA Medical Center. The Psychology Program is charged with the mission of providing psychological and rehabilitation services including assessment and evaluation, individual and group psychotherapy, case management, follow-up, therapeutic programming, research, and consultation in the areas of psychology, rehabilitation, and the social-ecology of the health care delivery system. The Program also conducts an internship training program, which is a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is fully accredited by the American Psychological Association (APA).

Contact information for the APA Commission on Accreditation is:

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Our internship program's philosophy of training is based on a Practitioner-Scholar Model emphasizing the practice of psychology informed by science. We recognize the importance of empirically supported treatments, and the Practitioner-Scholar Model reflects our training philosophy, rigorous approach to clinical practice, and the rich clinical research milieu of our training program. While we do not train our interns as researchers we do attempt to inculcate the importance of the integration between research and practice.

We believe that science influences and shapes the form of clinical practice while practice reciprocally influences and defines the substance of research. Our training model in this hospital-based system endorses a scientific attitude as psychologists act to *observe, assess, and intervene* in all professional capacities such as psychotherapy, psychodiagnostics, research, and consultation to and multidisciplinary functioning within treatment teams, wards, programs, etc. An essential part of our interns' training is to *think like a psychologist*. This is consistent with the

Practitioner–Scholar Model as it attempts to expand the level of observation, assessment, and intervention beyond the level of “identified patient” to all relevant systems impacting upon the individual ranging from diverse backgrounds to the dynamic within the hospital health care delivery system. Our Practitioner–Scholar Model requires of our trainees the highest standards in psychology for clinical practice and ethical conduct.

It is our aim to develop competent clinical psychologists within a hospital setting. It is our desire to develop the clinical skills of a well-rounded clinical or counseling psychologist. However, we recognize that good technical skills alone are not sufficient in the development and practice of a psychologist. Professional conduct, high standards of ethics, and a maturing sense of professional identity are at the foundation of our beliefs. Additionally, the ability to work with a variety of individuals and groups from varying backgrounds are important attributes of the well-rounded Practitioner–Scholar.

It is our belief that involvement with multidisciplinary teams as well as intense fostering of exposure to and training in working with people from diverse backgrounds builds the foundation of sound clinical practice. In order to practice competently, a psychologist must be able to think globally and expand their experiences, understanding, and perspectives beyond their own personal world view. Working in a multidisciplinary system not only benefits the patient but also prepares the provider for all future work they do in their clinical practices. A multidisciplinary approach expands the thinking and allows for different views, perspectives, and perceptions to be introduced. It is our view that such a perspective opens the mind and heart of the clinician. Similarly, it is our strong belief and conviction that gaining knowledge, understanding, and sensitivity to cultural and individual differences fosters competence and proficiency in all clinical practice. The more open, aware and sensitive one is, the higher the level of competence one can attain.

Our training program has identified five goals for our interns to attain consistent with the Practitioner–Scholar Model of training. Each goal includes measurements of proficiency and competency. The following are our goals: the development of clinical proficiencies and skills, competence in working with people from diverse backgrounds with cultural and individual differences, adherence to highest standards of professional functioning and ethical conduct, a professional identity, and competence in program/ward/team multidisciplinary functioning.

The training program provides its interns with a closely supervised, multi-faceted practicum field experience with the variety of clinical areas and populations that are typical of a general hospital setting, provides

additional instruction in the form of case conferences and lectures utilizing the Psychology staff and extra-hospital experts, and encourages reflection on potential roles for a psychologist within a general hospital. The program is also designed to provide interns with the experience of functioning as a member of a multidisciplinary team which deals with diagnostic, treatment and ward and case management issues. In this capacity, the intern is both supervised by the team and provides suggestions for other team members, all under the guidance of team leaders. In general, the training program attempts to immerse the intern in all aspects of a hospital Psychology Program, to provide supervised experience in the various diagnostic, treatment and administrative areas of psychology, and to encourage a close working relationship with the staff of related disciplines. In this way, we hope to present an experience of what it is like to be a psychologist in a hospital setting and to train our interns to fulfill this function competently.

To attain these goals, interns are rotated, generally on a twice yearly basis, through selected Medical Center programs in which Psychology is involved. Within each program rotation, the intern, under the supervision of staff psychologists, functions as a member of the team and provides the full range of psychological services commensurate with their background and experiences. In addition to these program-related training experiences, interns are also assigned patients from other programs and areas of the Medical Center to ensure a comprehensive education. Thus, an intern might be involved in individual, family and group psychotherapy on an in- and out-patient basis, and psychodiagnostic and neuropsychological evaluations, behavior modification procedures, personality screenings, therapeutic programming, intake interview evaluations, ward consultation, etc. Interns are also offered a unique opportunity to be trained in Dialectical Behavior Therapy (DBT) for borderline personality disorder patients and biofeedback for pain related issues. Additionally, other specialized treatments are offered to interns throughout their training year, which include the potential to receive cases using the technique of Prolonged Exposure and Cognitive Processing Therapy. Interns meet regularly with supervisors to discuss their functioning in the above areas. Along with the intensive clinical supervision, staff members also help interns integrate their varied experiences and develop a clear conceptualization of how a psychologist functions.

The training program also provides for ongoing scheduled didactics and case conferences with recognized experts in the various areas of psychology. Interns are encouraged to attend conferences and lectures sponsored by Psychiatry and other hospital programs, as well as workshops and seminars offered at The Icahn School of Medicine at Mount Sinai, our affiliated medical school.

In summary then, it is through the full and intense participation and involvement with the work, staff and experiences provided by the Psychology Program, via its program and non-program assignments, supervision, case conferences, staff-intern interactions and lectures, that the full benefits of such practicum training can be realized.

B. Procedure for Counseling or Psychotherapy

1. Consultation for counseling or psychotherapy is assigned through the established protocols of the clinic or ward to which the student is assigned. This typically occurs at team meetings in which the supervising psychologist is involved in identifying and assigning appropriate cases to the interns. Additionally, referring wards can send an electronic consult to the Director of Training who then assigns cases to interns based on their caseload and training needs.

When Intern is Counselor or Therapist:

2. The student and supervisor arrange for regularly scheduled weekly supervisory sessions.
3. Following the assignment, the therapist should review the patient's chart, contact the patient, and set up an appointment for an initial meeting.
4. The initial note should include the following:
 - a. Dates of referral and of response
 - b. The referring or presenting problem
 - c. Background information
 - d. An evaluation of the problem
 - e. Whether or not therapy is indicated
 - f. A treatment plan with goals in behavioral terms, frequency of sessions, and type of treatment stated
5. The initial note, as with every progress note, is to be entered into the electronic chart (CPRS) and must contain both the intern's and the supervisor's electronic signatures.
6. Progress notes are to be entered in the patient's electronic chart on the same day of treatment. Notes should include date of visit, duration of session, the patient's progress, a brief summary of the content of the session, and a periodic re-evaluation of the treatment plan.

7. All notes are reviewed in supervision and cosigned by the supervisor (who may also sign the note for the supervisee).
8. At the point of termination or transfer, a discharge or transfer summary is entered and signed by the intern and supervisor. The summary should include the reason for referral, an evaluation of the patient's progress in therapy, a brief conceptualization of the patient's pathology, a five-axis diagnosis, major issues covered, the type of therapy offered, frequency of sessions, goals achieved, and recommendations.

When Staff is Counselor or Therapist: The above administrative and professional procedures are to be followed without those relating to supervision.

C. Procedure for Neuropsychological and Psychodiagnostic Evaluations

Interns work hand-in-hand with our neuropsychologist for approximately four hours per week, during which they observe the testing process, administer tests, interpret, score, write reports, and provide feedback. Additionally, interns can expect to complete approximately one full psychodiagnostic testing battery per year.

1. Testing should be scheduled and completed as expeditiously as possible.
2. While requests for evaluations may be generated by any treatment provider, the responsible provider must send an electronic consult to the Neuropsychologist or Coordinator of Psychological Assessment noting the provisional diagnosis, a brief history, and the particular questions requiring clarification.

When an Intern is the Examiner:

3. For neuropsychological consults, the supervising neuropsychologist will assign cases directly to the interns. For psychodiagnostic consults, the Director of Training, together with the Coordinator of Psychological Assessment, selects the next intern examiner in the testing rotation.
4. When the examiner is assigned the testing case, he/she immediately consults with his/her testing supervisor to decide which tests are to be used. At this point, the examiner should create a folder labeled with the patient's full name, last four digits of the Social Security Number, and month and year of testing. This folder will ultimately include a hard copy of the electronic consult, all

testing data, and one hard copy of the final report. This step must be accomplished before testing is begun.

5. The examiner then schedules an appointment with the patient. Several appointments may be necessary. Progress notes should be entered into the patient's electronic chart stating the status of the evaluation procedure. Also, if a delay in returning a completed report to the provider is anticipated, a note indicating a possible conclusion date should be entered. All notes should be linked to the original consult request, if a consult was entered by the referring clinician.
6. Following the completion of testing, the examiner promptly scores the protocols and arranges to meet with the supervisor to discuss and evaluate the protocols.
7. The examiner then writes the report, which is then submitted to the supervisor for review and approval and is cosigned.
8. The report should follow a standardized format, which is outlined on the next page. The report should generally include the following:
 - a. Identifying information
 - b. dates of referral and testing sessions, and any reasons for delay in testing
 - c. reason for referral
 - d. names of the tests administered
 - e. adequate biographical and educational background material
 - f. behavioral observation
 - g. test results
 - h. diagnostic impression
 - i. summary
 - j. recommendations
 - k. date consult completed
9. The report should be entered into the electronic consultation response and should be signed by the intern and signed off by the supervisor. The testing folder prepared by the student (which includes test protocols and a copy of the report) are given to the supervising neuropsychologist to be filed in a locked cabinet, in the case of neuropsychological testing cases. In the case of psychodiagnostic cases, the folder is given to the DoT to be filed in a locked cabinet.

10. Again, note that if an early response to the consult is requested from an inpatient ward, the examiner is to contact the referring ward to provide a verbal report of test results with a written report to follow. A progress note containing the information should be placed in the patient's electronic chart as soon as testing is completed and reviewed by the supervisor.
11. If, after an evaluation consult is received by the intern, testing is not possible (e.g. the patient is discharged from the hospital with no plan for outpatient service), or if the referring provider cancels the consult, then:
 - a. A response to the consult stating that the patient is unable to be tested at this time should be placed in the electronic chart.
 - b. The supervisor and the Director of Training are to be informed if testing was aborted.
12. Additional questions regarding procedures for evaluation should be directed to the supervisor.

In order to standardize the format of our reports, the following procedure should be followed:

Title: Psychological Testing Report or Neuropsychological Evaluation

The first section, without a heading, should start off with a brief identifying statement about the patient. Date and reason for referral should follow this. This should be followed by dates of testing and tests administered. All this should be written in a narrative form rather than list form.

Biographical Background: This section should summarize the personal, ethnic, cultural, social, educational, vocational, and military background from the chart review and clinical interview. Salient medical, psychiatric and substance abuse history should be included, as well as any current medication the patient is taking.

Behavioral Observation: Describe the patient's mental status, behavior, mannerisms physical appearance, and salient interactions with the examiner during testing.

Tests Results: In psychodiagnostic reports, results should be divided into two sections: "Intellectual Functioning" and "Personality Description and Dynamics." The first section should include adequate statement of strengths and challenges and, if the WAIS-IV was given, the verbal, performance, and full scale IQ should be recorded with notations if the IQs

are prorated. The second section should include an adequate and integrated personality description, including pathology, dynamics, defenses, and strengths. In neuropsychological reports, the format for this section will be different and will depend on whether the patient was being assessed for dementia or other neuropsychological problems. The supervising neuropsychologist will provide the intern with a template to follow.

Diagnostic Impression:

Summary and Recommendations:

Approved By:

Tester's Signature

Supervisor's Signature

When Staff is the Examiner: The above administrative and professional procedures are followed without those relating to contact with supervisors.

D. Professional Behavior

Staff members are expected to appear and conduct themselves as professionals. This means they will dress accordingly. During working hours, staff will be mentally and physically capable of executing job functions with no appearance to the contrary. This implies freedom from over-fatigue, illness or intoxicants such as alcohol. Patient and staff shall be treated with dignity. Patient appointments will be kept on time, and appointment cancellations will be made as far ahead of time as possible. The APA ethical guidelines and HIPPA regulations will be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients, and avoiding conflicts of interest. This means that great care must be taken when discussing patient information and in securing patient records. Additionally, every staff member is responsible for conforming to all other Medical Center regulations concerning conduct and behavior.

E. Confidentiality

1. Psychologists follow the procedures of confidentiality as outlined in the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* and in VA regulations.

2. On wards or units where a team approach is employed, matters received in confidence by a psychologist must be extended to the other members of the therapeutic team. When this occurs, the confidentiality is equally binding on all members of the team.
3. Confidential material should never be released to individuals or agencies outside the hospital except through those channels legally established by the hospital and then only after obtaining a written release from the patient.
4. Temptations to share clinical experiences with colleagues in inappropriate settings (e.g. elevators) should be resisted, even if names are not used.
5. If sessions are to be audiotaped or videotaped for supervisory purposes, patients are to be so informed and written consent granted. A progress note should indicate that the patient has provided written consent for taping.
6. Discretion, professional judgment, and supervisory guidance should all be used in deciding how much detail need be put in a patient's chart. All entries must be countersigned by your supervisor.

F. Grievances – Due Process

Psychology trainees have a responsibility to address any serious grievance that they may have concerning their training, the Psychology Service, or the Medical Center. A trainee has a grievance if he/she believes that a serious wrong or injurious act has been committed and that a complaint is in order. Examples of actions that could require the initiation of grievance procedures include: requests made of a trainee by any VA employee or consultant to engage in behavior conflicting with the *APA Ethical Principles of Psychologists and Code of Conduct* and *Federal Employee Code of Conduct*, acts of gender or racial bias, sexual harassment, observance of serious professional misconduct, or a desire to appeal an unsatisfactory evaluation. Throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. Trainees and staff also should adhere to any VA or Psychology Service and Medical Center procedures that apply to the circumstances of the grievance. A grievance may be addressed either informally or formally. Usually, an informal procedure should be attempted first. The trainee may attempt a direct resolution of the grievance with the involved party, or may informally address the grievance with a supervisor, preceptor, or Director of Training/Chief. Interns are encouraged to discuss difficulties with the supervisor. The supervisor has had a good deal of experience in dealing

with such concerns through staff forums and first-hand experience, and makes an effort to do so non-defensively. The Director of Training/Chief of Psychology has the ultimate responsibility for the sensitive, proper and appropriate evaluation of all grievances. The Director of Training/Chief is also responsible for insuring equitable and unbiased procedures. The Director of Training/Chief will eliminate any conflict of interest in the evaluation of a grievance.

We have instituted a number of procedures that are designed to maximize communication between interns and supervisors and to rapidly adjudicate differences that may arise. In this way, we hope to prevent grievances from occurring. These procedures include a weekly intern meeting, led by the Director of Training or his appointee, in which interns are directly encouraged to process all aspects of their experience at the VA and, specifically, to discuss difficulties they may be encountering. In addition, the Training Committee meets monthly to discuss training related matters, such as supervisory issues. As a result of these measures, an open atmosphere is encouraged among interns, staff and the Director of Training/Chief, allowing mutual concerns to be addressed. In most instances these discussions lead to a satisfactory resolution of the problem.

The following is a list of procedures to be taken in the event of a grievance:

GRIEVANCE AND APPEAL PROCEDURE

1. Interns may present grievances to the Director of Training/Chief. If the grievance is not resolved within two weeks to the satisfaction of the intern, he/she will have the opportunity to present the grievance to the Training Committee. The Training Committee will meet with 10 working days of that request.
2. The intern may submit to the Training Committee any written statements he/she feels are appropriate, may request a personal interview, and/or request that the Committee interview other individuals who might have relevant information.
3. The Training Committee may request the presence of or written statements from individuals as it deems appropriate.
4. The review of the information obtained from the methods above will be completed within two weeks. The Training Committee or a designated member will communicate to the intern any decisions and actions to be taken.

5. If an intern is dissatisfied with the decision of the Training Committee, he/she may request an appeal. This request must be submitted in writing within 10 working days after the intern has been notified of the Training Committee's decision.
6. The appeal procedure is as follows: The intern may request that the Training Committee seek consultation and review of the matter by outside parties. The outside parties must be objective (i.e. not involved in any aspect of the matter) and must be clinical or counseling psychologists involved in psychology training. Possibilities for outside consultants include, but are not limited to, Chief Psychologists and Training Directors from other medical centers within the region. The Training Committee makes the selection of the consultants, with the intern having the right to have input in this decision. This process will be completed within 30 days of the intern's request for this review.
7. The decision of the Training Committee following this appeal is final within the parameters of the Training Program.

Should these procedures at the level of the Psychology Program fail to resolve a trainee's concern or grievance, the trainee may elect to discuss with the Chief of Human Resources Management Service at the VA to determine other, more formal procedures for addressing the grievance. Depending on the nature of the issues, the U.S. Equal Employment Opportunity Commission (EEOC) Process or other Medical Center administrative policies and procedures for the Department of Veterans Affairs may be used. At any time, a trainee may report any complaints to the APA Accreditation or Ethics Committees, The Association of Psychology Postdoctoral and Internship Centers (www.appic.org), or the New York State Education Department Office of Professions/Licensing Board (www.op.nysed.gov).

G. Remediation and Termination Procedures – Due Process

The staff has the ethical and professional responsibility to not overlook unacceptable performance by an intern. This may involve unethical or unprofessional behaviors or an inability to reach acceptable levels of clinical competence. In either case, the situation will be dealt with according to the APA's standards for Providers of Psychological Services. The intern's situation will be handled respectfully and confidentially. The primary supervisor will have the responsibility to first address these difficulties with the intern and offer assistance in developing a plan designed to correct the situation in a way that is acceptable to all concerned. If this fails to resolve the problem, the Director of Training will

be included in a further attempt to remedy the situation. If this fails, the issue should come before the Training Committee.

When any concern about a trainee's progress or behavior is brought to the attention of the Training Committee, the importance of this concern and the need for remedial action will be assessed. If action by the trainee is considered necessary to correct the concern, the Training Director or his/her designee will discuss the concern and reach agreement about action to be taken.

If a concern about the intern is sufficient to raise the possibility of discontinuing or not successfully completing the training program, the trainee will be asked to meet with the Training Committee, and the concern along with a proposed plan of corrective action will be communicated in writing. Failure to adequately adhere to the proposed corrective action plan after a period of one month will immediately result in notification to the trainee and their doctoral program Training Director that discontinuation of the training program is being considered. The trainee along with the representative(s) of his/her choice (including the doctoral program Training Director for interns and practicum students) will be provided an opportunity to present arguments against termination at a special meeting called by the Training Committee. A recommendation to terminate the trainee's training program must receive a 75% majority vote of the Training Committee.

Concerns of sufficient magnitude to warrant termination include but are not limited to (a) failure to demonstrate minimal competency or adequate progress towards competency, (b) violation of the APA ethical standards for psychologists, or (c) behaviors or conduct which is judged as unsuitable and which seriously hampers the trainee's professional performance. Trainees who fail to demonstrate satisfactory progress toward the program's exit criteria at any evaluation point will be given a remediation plan specifying additional training and supervision needed to improve their performance. Trainees who fail to demonstrate adequate improvement after the period of the remediation plan may be subject to termination under these procedures.

Should the Training Committee vote to recommend termination, the trainee can invoke his/her right of appeal within seven days of the Committee's vote to terminate. The Director of Training/Chief of Psychology will then convene a panel composed of at least three members which may be drawn from other psychologists not affiliated with the training program, to consider the appeal in no less than 14 days after the appeal is made. The Director of Training will present the position of the Training Committee to the panel; the trainee, together with any counsel he/she may choose, will present the appeal. The Director of Training/Chief will receive the recommendations of the panel and make a final decision. If termination is upheld, the Director of Training/Chief will direct the VA Human Resources Management Service to

suspend the trainee's appointment. If continuation of the training program is determined, the Training Director, program preceptor, supervisors, and the trainee are responsible for negotiating an acceptable training plan until the next evaluation period. Trainees are also free to discuss disagreements with the VA Human Resources Management Service for formal action above the level of the Psychology Service or to report ethical or rule violations to the appropriate committees of APA, APPIC, or the New York State Education Department Office of Professions/Licensing Board.

H. Statement of Nondiscrimination

The psychology internship program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Director of Training and/or follow the grievance process outlined above. In addition the intern may elect to utilize the EEO process (see the Bronx VA's Employee Handbook, EEO Discrimination Complaint Process) and may contact the EEO Coordinator, Alfred Hong, at extension 6515. The intern can request confidential assistance in accessing the EEO program from the Director of Training or any member of the Training Committee.

I. Research

1. Given the busy schedule of the interns, interns generally do not engage in research projects on their own. However, interns may work with patients who are participating in larger research projects, resulting in exposure to research and clinical practice.
2. On a number of occasions, interns have conducted their dissertation research here at the Bronx VA. Interns can discuss this with their individual supervisors and, time permitting, can conduct their research on site.
3. Research proposals must be submitted through the Office of the Chief to the Institutional Review Board for approval.
4. The Institutional Review Board will see to it that VA Policy and Procedures concerning human studies will be followed.

5. Papers prepared for publication or presentation will also require approval and should be submitted to the Office of the Chief for submission through proper channels.

J. Didactic Seminars

Throughout the year, psychology staff and/or extra-hospital experts are invited to present a series of didactic seminars on topics of interest to psychology. At the start of the internship year, interns are provided with a didactic calendar, which lists the date, time, topic, and name of the lecturer for each didactic. Interns are also provided with a list of didactic topics, which includes explanations of material expected to be covered in each didactic series. In addition to weekly didactics for all interns, held on Fridays, there are several rotation-specific didactic seminars. All interns are expected to attend didactic seminars.

Seminars cover the general areas of psychodiagnostics, neuropsychology, psychotherapy, diversity, and ethical and professional issues. Some didactic seminars allot time for intern case presentations. Interns will be selected, on a rotational basis, to present cases and their presentation will serve as the basis for the discussion.

K. Case Presentations

Interns participate in case presentations in multiple forums, including group supervision, multidisciplinary team meetings, case conferences, didactic seminars, and testing seminars. During formal case presentations, theories and methods of effective intervention are discussed and debated in relation to the diagnosis and conceptualization of the case. Presenters are encouraged to bring in literature describing empirical findings related to their case.

Formal case presentations should generally include the following information, which may be obtained from the patient's report and a review of current and past medical records:

1. Presenting Problem: reasons for being seen; circumstances surrounding referral; symptoms; precipitants or current stressors; etc.
2. Personal History: age; sex; ethnicity; marital status and background; service history; past hospitalizations, current medical status and medications; etc.

3. Family History: family of origin and early relationships; current family relationships; etc.
4. Social History: relationships with others; leisure and volunteer activities; etc.
5. Cultural and Individual Differences in Diversity Background: ethnic; religious; cultural; etc.
6. Course of Therapy: length and frequency of therapy; themes; major issues; fluctuations in patient over time (e.g. mood, relating, thought content); goals (initial and current); etc.
7. Focusing Question: the presentation should center around one or more questions that will focus the discussion. These questions may be broad or narrow in nature. Some examples might be a) a clearer conceptualization of the patient's difficulty; b) a clarification of the patient's personality features and the implications for therapy; c) elucidation of dynamic issues; d) exploration of therapeutic processes at particular stages of therapy (initial, middle, termination); etc.

In all cases, the case supervisor should be consulted for assistance and guidance in preparing the case presentation and in developing specific questions for the meeting.

For testing case presentations, copies of the protocol should be made available to conference participants. Names should be deleted to safeguard a patient's right of confidentiality. Test data are not to be removed from the Medical Center.

L. Other Psychology Service Meetings

1. The Chief meets monthly with the entire Psychology Service for the discussion of administrative and professional issues. All these meetings will appear on the monthly planner.
2. Interns meet weekly with the Director of Training or his appointee. Training issues and suggestions, administrative announcements, and problems are discussed. Experiences are processed from a "psychologist" perspective.
3. VA Staff is invited to attend (via teleconference) Psychiatry Grand Rounds hosted by the Icahn School of Medicine at Mount Sinai. These lectures are held weekly throughout the year, with the

exception of the months of July and August. It is optional for interns to attend these lectures.

4. A Testing Seminar for interns is held monthly and is led by the Testing Committee.
5. Case conferences, led by psychology staff, are held throughout the year.

M. Evaluations

The Bronx VA Internship Program requires that all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies and competencies to successfully complete the program. We employ a number of assessment tools to determine whether the intern is developing successfully in the training program. We assess these using the following outcome assessment tools:

- a) Ongoing immediate supervision: Supervisors monitor interns' progress through daily observation and direct contact with the intern's clinical work with both staff and patients. The intern shares his/her experiences of clinical work with the supervising psychologist in regularly scheduled supervision sessions. The supervisor is ideally situated to assess the intern's development. Additionally, interns must have their progress notes co-signed by their supervisor. This further provides a venue for monitoring interns' progress.
- b) Ongoing inter-supervisor review and consultation: Supervisors attend a monthly Training Committee meeting to discuss the internship and the intern's progress within each rotation. Experiences of supervision with the intern are shared and the intern's progress is discussed. Thus, a more complete well-rounded view of the intern's progress is gained.
- c) Objective ratings on Core Skill Proficiencies: These objective measures of different individual skill areas provide additional quantitative feedback as to the progress the intern has made over the course of the year. These objective measures use a five-point rating scale that measures intern competency (including ability, autonomy, and complexity) with regard to each of our five training goals. We evaluate interns at 3, 6, 9 and 12 months to monitor increased proficiency in core areas of competency as a psychologist. These objective evaluations force supervisors to make quantitative assessments of the intern's development and to address any areas that require intervention such as additional training. Supervisors meet with interns to review results of the evaluation and discuss any areas of concern.

One copy of the form is provided to the intern and another copy is given to the DoT, who reviews the results of the evaluation and files it in a locked cabinet in his office. At the 6- and 12-month marks, the DoT also mails a copy of the completed form to each intern's doctoral program Training Director.

- d) Intern Presentations: As discussed above, interns are expected to make a number of presentations to staff and fellow interns throughout the year. Interns are asked to present case material and testing consults. They are given opportunities to present psychological scientific/research articles relating to their various rotations and individual cases. This forum further allows for evaluation of skill and knowledge level of empirically supported treatments.
- e) Feedback from didactic lecturers: These psychologists and other professionals often have opinions and insights into the individual intern's development and progress over the course of the training year and can be a valued source of information. The didactic lecturers communicate with the Director of Training periodically to discuss the interns' progress.

These five evaluative tools are used to assess interns' development throughout the program. We focus on the core areas delineated in our philosophy, goals, and objectives of training. These specific areas are monitored on an ongoing basis.

EXPECTED ACHIEVEMENT LEVELS

The primary formal assessment mechanism is through the objective written evaluation forms. It is the expectation that interns' performance will be in the range of "good" to "excellent", a rating of 3-5. Ongoing feedback is provided to the interns through supervision, and team meetings. Supervisors report to the Director of Training as well as to the Training Committee on any intern-related concern as well as below satisfactory performance. Interns' progress is evaluated in our monthly Training Committee meeting.

GOALS, OBJECTIVES, AND COMPETENCIES

Our training program has identified five goals for our interns to attain consistent with the Practitioner-Scholar Model of training. Each goal includes measurements of proficiency and competency. We have established related objectives and competencies, and associated multiple methods of assessment by multiple training professionals, as described above. Competencies required for achieving each goal directly relate to both the clinical skills and scientific attitude inherent in the Practitioner-

Scholar Model. A description of our training goals, objectives, and competencies follows.

Our first goal is to foster the development of clinical proficiencies and skills in our interns. This includes competence in psychological assessment as well as in psychotherapeutic interventions.

Specifically, interns are to develop competency in:

- 1) *Diagnostic Assessment.* This includes knowledge of DSM-5 diagnostic categories and criteria, the identification of need for assessment, selection of appropriate instruments, the establishment of rapport with patients, interviewing skills, diagnostic skills, administration and scoring, interpretation, report writing, timeliness, and feedback to referral source and patient.
- 2) *Clinical Interviewing.* This includes the interns' ability to gather relevant patient history, adequately collect observations, organize observations into conceptual/diagnostic formulations, follow an organized interviewing format, and understand a patient's perception of problem. Furthermore, competence in a working knowledge of DSM-5 diagnostic categories and criteria, ability to formulate suitable recommendations, quality of report writing, and the timeliness of the interview and feedback to referral source and patient are evaluated.
- 3) *Providing individual psychotherapy.* This includes a working knowledge of theory and principles related to a case, the quality of therapeutic relationship with patient, an awareness of therapeutic process, and an appropriate conceptualization of patient difficulties. Additionally, the ability to set appropriate and realistic goals, maintain appropriate boundaries, demonstrate sensitivity to cultural/individual differences and diversity issues, and deal appropriately with countertransference issues all contribute to meeting this objective. The integration of theoretical knowledge and practice, integration of scientific data and therapeutic practice, and having a defined, consistent and flexible therapeutic technique are evaluated. The ability to assess treatment progress, adequately process termination, and maintain adequate documentation are also evaluated.
- 4) *Providing group psychotherapy.* This includes having a working knowledge of theory and principles, the quality of the therapeutic relationship with patient, an awareness of therapeutic process, an appropriate conceptualization of patient difficulties, the ability to maintain a therapeutic stance, and the capacity to set appropriate and

realistic goals. Additionally, developing appropriate sensitivity to social, cultural, ethnic, and diversity issues, and dealing appropriately with countertransferential issues that may arise are evaluated. The ability to establish a group's frame (membership, time frame, group contract, and confidentiality), assess the treatment progress, and adequately process termination are seen as central to this task. The integration of scientific data, theoretical knowledge and therapeutic practice are important components. Acquiring a specialized knowledge of group process and dynamics, and using defined, consistent and flexible therapeutic techniques are crucial as well.

Our second goal is to foster competence in working with people from diverse backgrounds with cultural and individual differences. The objective involves proficiency in functioning effectively, respectfully and professionally with patients and staff of cultural and individual diversity. This includes diversity of age, color, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, educational level, familial background and social economic status.

Competency in this area includes: interest, knowledge and understanding of patient's unique and individual background, dedicates self to examining personal expectations and bias, adopts a non-judgmental stance towards persons of varying, ethnic, social, economic, and cultural backgrounds, identifies and addresses countertransferential issues, participates and shows interest in seminars and didactics on diversity and individual differences, adequately uses supervision to discuss diversity issues, and has a general ability to work with diverse populations.

Our third goal is to foster adherence to the highest standards of professional functioning and ethical conduct. The objectives are for interns to conduct themselves professionally and to understand the ethical standards of our field and conduct themselves ethically.

This includes conducting self in an ethical manner according to APA's Ethical Guidelines. The intern conscientiously documents, protects and maintains confidentiality of case materials, develops good working relationships with professional staff, develops good working relationships with paraprofessional and support staff, and demonstrates leadership ability.

In addition, having responsible work habits, meeting responsibilities on time, being punctual, reliable, and having appropriate personal appearance are evaluated. Having the ability to adequately utilize resources within and outside the agency, participate in team meetings, participate in ward and program functioning, participate in seminars related to ethical and professional issues, maintain appropriate boundaries

with patients and staff, and understand the scope and limitations of psychological practice, are all essential competencies.

Our fourth goal is to foster a professional identity. The objective is for interns to develop clear identities as professional psychologists, allowing them to apply their skills multifunctionally across populations and settings.

This includes the ability to articulate one's role as a psychologist. We encourage interns to think systemically, and understand the scope and limitations of psychological practice. Additionally, the intern values, understands and respects the role of psychology in a wide array of settings, integrates empirical science, theoretical knowledge and clinical practice in a professional manner. The intern integrates experiential learning with scientific and theoretical backgrounds.

Our fifth goal is to foster competence in program/ward/team interdisciplinary functioning. The objective is for interns to function as interdisciplinary team members. As members of interdisciplinary teams, interns will provide psychological consultation to relevant personnel regarding a patient's diagnosis, treatment and disposition. They will also provide educational information about psychological issues to other disciplines and professionals.

This includes the capacity to provide psychological consultation to the treatment team, make oneself available for psychological consultation, engage other disciplines respectfully while offering a psychological understanding of patients, participate in staff education regarding psychological issues, understand the role of psychology vis a vis other healthcare professions, help interdisciplinary staff understand the role of psychology in a variety of settings, participate in interdisciplinary meetings and experiences, and adequately *observe, assess and intervene* to better facilitate interdisciplinary program/ward/team functioning.

In summary, our aim is to train clinical and counseling psychologists in the Practitioner–Scholar model. We attempt to train our interns to attain competency in specific areas and integrate a scientific approach with clinical practice. This demands adherence to the highest level of ethical principles and conduct, and sensitivity to issues of diversity.

N. Equipment and Room Assignments

Testing materials are provided by psychodiagnostic and neuropsychological assessment supervisors. Pencils, pens, paper and

other supplies can be attained through the Mental Health office on 3B as well as the Substance Recovery Services desk on 5B.

Interns are assigned offices, which are complete with hospital-wide computers with all of the necessary programs and telephones with extensions and voicemail for each intern. Interns have sufficient room to see patients, either in private offices or, when offices are shared by multiple interns, through the use of swing offices. Keys will be obtained from primary supervisors.

O. Schedules

The training program requires a minimum of 2080 hours to be completed within the 1-year training year (26 pay periods). The standard 8-hour workday for staff and interns is from 8:00 A.M. – 4:30 P.M. and includes a half hour for lunch. Interns are also permitted to take sick days (13) and vacation and/or personal time (13), in addition to time off for federal holidays.

P. On-The-Job Injuries and Health Insurance

Injuries incurred on-the-job are to be reported to the Patient Care Center Secretary and to the Chief of Psychology. Employees should report to the Employee Health office on the 6C section of the hospital. Emergency care will be provided by the Medical Center for on-the-job injuries. The VA now provides health, dental, vision, and life insurance coverage for all interested interns. Flexible Spending Accounts may also be arranged.