

## ALBIZU UNIVERSITY SAN JUAN CAMPUS

*Clínica de la Albizu Internship Program Handbook*  
2017-2018



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# ***Clínica de la Albizu***

## **Introduction**

### **Internship Training Program in Clinical Psychology**

The Clínica de la Albizu (CA) doctoral Clinical Psychology Internship is an exclusively affiliated internship for Albizu University (AU) doctoral students from the Psy.D., and Ph.D. Clinical Psychology Programs. The CA is an outpatient community mental health treatment facility founded in 1966 in affiliation with AU, San Juan Campus. The CA is the on-campus training clinic that serves as a clinical practicum site for students enrolled in master and doctoral programs in clinical psychology.

The CA offers a full-time, Doctoral Clinical Psychology Internship to eligible fourth year or higher graduate students enrolled in either the Ph.D. or Psy. D. Clinical Psychology Programs at AU. These programs are APA-accredited clinical psychology doctoral programs.

The internship is a full-time, 12-month experience that consists of the participation in three major programs (general clinical program, domestic violence program, and sexual abused program). This program structure allows interns exposure to diverse clinical experiences and supervisory approaches and styles. In special circumstances after interns have matched the program and specific needs have arisen (e.g. accommodations for maternity, serious injury or illness) an internship might be extended beyond 12 months period. Except for such situations, the internship is a full time one-year training experience.

### **Description of the CA**

The CA is located within the AU, a professional school of psychology, which houses both Ph.D. and Psy. D. Clinical Psychology Programs accredited by the American Psychological Association (APA). The AU has two campuses: San Juan, and Miami. The San Juan campus is

AU's first and main location. The CA is located in Old San Juan, San Juan, Puerto Rico and has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2008. In addition, the CA has been licensed since 2010 by the Puerto Rico Department of Health to provide mental health services to the community.

The AU is a private non-profit university level institution offering Bachelor's, Master's and Doctoral degrees in Psychology. AU is accredited by the Middle States Association of Colleges and Schools and is licensed by the Puerto Rico Council of Higher Education. The AU San Juan Campus has two undergraduate programs and five graduate programs. These programs are: Bachelor of Science in Speech/Language Therapy, Bachelor of Science (B.S.) in Psychology, Master of Science (M.S.) in Counseling Psychology, Doctor of Philosophy (Ph.D.) in Clinical Psychology, Doctor of Philosophy (Ph.D.) in Industrial Organizational Psychology, and Doctor of Psychology (Psy. D.). Refer to the Organizational Chart in Appendix 1, page 47.

The CA serves primarily the needs of low-income and minority clients in a broad spectrum of clinical areas. The site provides culturally sensitive psychological services to the greater San Juan community area and adjacent municipalities. The CA serves both as a practicum site for master's and doctoral level students, as well as internship site for doctoral candidates in psychology. In addition, to the Speech/Language Therapy students, provide services in the CA.

There are eight full time funded intern positions available for the 2017-2018 academic year. The CA internship is committed to providing its trainees with the highest quality clinical, research and supervisory experiences designed to develop the necessary competencies that will prepare them for challenging psychology careers.

Our training program participates in the APPIC Internship Match Program and it adheres

to its guidelines. The CA is firmly committed to equal opportunity for all students without regard to race, color, sex, age, religion, national origin, gender preference or handicap.

### **Physical Facilities of the CA**

- Thirty therapy rooms (18 rooms equipped with computer, projector, Inter-write dual board, two-way mirrors).
- Two play therapy rooms.
- Two family therapy rooms.
- Seven supervision rooms.
- Two reception/waiting area.
- Accessibility of classrooms and theater of AU to conduct meetings, didactic trainings and case presentations.
- The interns of PAF also provide clinical services at the Diagnostic Center & Treatment of Puerta de Tierra (CDT, Spanish acronym) located one mile and a half from the CA. This Center has two offices available for interns who serve this population. In addition, this location has 11 clinical services rooms, two case conferences areas, three administrative offices a waiting room and restrooms.

### **Location**

San Juan (from the Spanish *San Juan Bautista*, "Saint John the Baptist") is the capital and largest municipality in Puerto Rico. The 2010 census reported that it has a population of 395,326 which makes it the 42nd-largest city under the jurisdiction of the United States. San Juan was founded by Spanish colonists in 1521, who called it *Ciudad de Puerto Rico* ("City of Puerto Rico"). It is the oldest city in Puerto Rico as well as in the United States, and the second oldest European-established city in the Americas. Several historical buildings are located in San Juan, among the most notable are the city's former defensive forts, Fort San Felipe del Morro and Fort San Cristobal. These sites are visited annually by thousands of tourists, students, historians and

archeologists. Today, San Juan serves as one of Puerto Rico's most important seaports, and is the island's manufacturing, financial, cultural, and tourism center. The city has been the host of numerous important events within the sports community, including the 1979 Pan-American Games, the Central American and Caribbean Games in 1966, 1993 and 2010, the 2006 World Baseball Classic and Caribbean Baseball Series, and the 2010 Special Olympics.

### **Clinical Supervisor's/Faculty**

#### **Karlya M. Alejandro Martínez, Psy.D.**

Ponce School of Medicine and Health Sciences, Ponce, 2011

Clinical Psychology

Puerto Rico Psychologist License: 4066

Position: Clinical Supervisor

**Areas of Interest:** Clinical Supervision; Neuropsychology; Rehabilitation Psychology; Health Psychology; Psychodiagnostic Assessment; Evidence Based Psychotherapy for Mental Health Trauma, and Interdisciplinary Interventions in Medical Settings.

**Theoretical Orientation:** Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Cognitive Behavior Therapy, (CBT), Acceptance and Commitment Therapy, (ACT), Solution Focused Therapy, (SFT), Emotion Focused Therapy (EFT), Interpersonal and Social Rhythm Therapy, (IPSRT) and Evidence Based Psychotherapy Approach.

#### **Larry Alicea, MSW, JD**

University of Puerto Rico, Rio Piedras Campus, 1999

MSW Families and Children Specialization

Interamerican University, San Juan, 2006

Law School, Juris Doctor

University of Puerto Rico, Rio Piedras Campus: 2016 (in progress), Ph.D. in Social Work with Social Policy and Social Programs Administration

Puerto Rico Social Workers License: 6291

Position: Director of Sexual Abused Support Program for Children and their Families

Child Sexual Abused Forensic Evaluator and Supervisor

**Areas of Interest:** Child Sexual Abuse; Child Protection; Child Maltreatment; Cultural Diversity; LBGTTIQ Advocate; Social Work; Social Policy; Social Media; Child Custody; Forensic Social Work; Expert Witness; Forensic Evaluation And Supervision.

**Joycette L. Aponte Commander, PsyD**

Carlos Albizu University, San Juan, 2005  
Clinical Psychology  
Puerto Rico Psychologist License: 2520  
Position: Clinical Supervisor

**Areas of Interests:** Cognitive Models; Domestic Violence; Psychological Testing; Violence Prevention; Conflict Resolution In Schools; Mindfulness Based Interventions; Clinical Supervision.

**Theoretical Orientation:** Cognitive therapies, Behavioral Activation, Interpersonal Therapies, Problem Solving Therapies, Mindfulness Based Interventions.

**Iván A. Colón Rivera, Psy.D., JD**

Carlos Albizu University, San Juan, 2011  
Clinical Psychology  
Universidad de Puerto Rico, San Juan, 2016  
Law School – Juris Doctor  
Puerto Rico Psychologist License: 4089  
Position: Clinical Supervisor

**Area of Interest:** Clinical Supervision; Children and Families Coping With Trauma; Developmental Psychology; Psychological Assessment; Mental Health Law; Forensic Assessment; Child Sexual Abuse.

**Theoretical Orientation:** Cognitive-Behavioral and Trauma Evidence Based Approach.

**Rebecca Cruz , Psy D.**

Caribbean Center of Postgraduated Studies, San Juan, 1991  
Clinical Psychology  
Puerto Rico Psychologist License: 1294  
Position: Clinical Supervisor



**Areas of Interest:** Clinical Supervision, Psychological Testing, Children and Adolescent, Couple and Families Therapies.

**Theoretical Orientation:** Cognitive and Behavioral, Parent and Children Therapy, Systemic, Brief Therapy, Solution Focus and Problem Solving Therapy.

**Miguel R. González Psy,D**

Carlos Albizu University, San Juan, 2003  
Clinical Psychology  
Puerto Rico Psychologist License: 2112  
Position: Clinical Supervisor

**Areas of Interest:** Clinical Supervision, Health and Rehabilitation Psychology, Consultation, Depression and Anxiety, Child Maltreatment and Child Sexual Abuse.

**Theoretical Orientation:** Cognitive-Behavioral; Rehabilitation Psychology.

**William Laguna, Psy. D.**

Carlos Albizu University, San Juan, 1995  
Clinical Psychology  
Puerto Rico Psychologist License: 908  
Position: Clinical Supervisor

**Area of Interest:** Clinical Supervision, Health Psychology, Neuropsychology, Depression and Anxiety, Drugs Abuse and Psychological Testing.

**Theoretical Orientation:** Cognitive-Behavioral and Trauma Evidence Based Approach.

**María E. Maldonado-Muñoz, Psy.D.**

Carlos Albizu University, San Juan, 2002.  
Clinical Psychology  
Puerto Rico Psychologist License: 2122  
Position: Clinical Supervisor

**Areas of Interests:** Individual, Couples, Family, and Group Psychotherapy. Clinical Training and Supervision; Grief; Spirituality; Trauma and Chronic Mental Illness.

**Theoretical Orientation:** Interpersonal Psychotherapy; Integrative Psychotherapy; Brief Psychodynamic Psychotherapy and Trauma Focused Psychotherapy.

**Marta Philippi, Ph.D**

University of Puerto Rico, San Juan, 1999  
Clinical Psychology  
Puerto Rico Psychologist License: 1897  
Position: Clinical Supervisor

**Areas of Interest:** Children and Adolescent; Depression; Learning Disabilities; Cognitive/Psychological/Psychoeducational Testing and Clinical Assessment, Autism; Behavior Problems; Anger Management; Health Psychology.

**Theoretical Orientation:** Cognitive-Behavioral Therapy; Solution Focus; Play Therapy; Short Term Therapy; Acceptance and Commitment Therapy; Cognitive Rehabilitation; Parent-Child Interaction Therapy; Evidence Based Approach.

**Vanessa Rivera Cruz, Psy. D.**

Carlos Albizu University, San Juan, 2002  
Clinical Psychology  
Puerto Rico Psychologist License: 2206  
Position: Clinical Supervisor

**Areas of Interest:** Clinical Supervision; Psychological/Cognitive Assessment; Psychoeducational Assessment; Sexual Abuse; Domestic Violence; Individual Psychotherapy(children, adolescents and adult).

**Theoretical Orientation:** Cognitive Behavioral and Evidence Based Approach.

**Gilda Rodríguez Díaz, Psy. D.**

Carlos Albizu University, San Juan, 2009  
Clinical Psychology  
Puerto Rico Psychologist License: 3655  
Position: Clinical Supervisor

**Areas of Interest:** Psychotherapy (individual, family or group) with children, adolescent and families coping with trauma; Interdisciplinary Child Protection Teamwork in Community Mental Health Clinic; Child Development; Clinical Trauma Assessment; Prevention of Sexual Violence; Resilience; Psychotherapy for Adults Trauma Survivors; Women and Gender issues; Research focused on Child Abuse and Neglect and Lifelong Trauma.

**Theoretical Orientation:** Integrative Trauma Focus – CBT Approach, Evidence Based Play Therapy, Feminist Approaches, Developmental Approaches, Attachment Psychotherapy.

**José Rodríguez Quiñones, MRC, Ph.D**

University of Puerto Rico, Rio Piedras Campus, 1999

Clinical Psychology

Puerto Rico Psychologist License: 1823

Position: Internship Program Director

**Areas of Interest:** Clinical supervision; Clinical Research; Clinical Training; Grants and Funds Raising for Research and Clinical Services; Cognitive Rehabilitation; Psycholinguistics; Child Maltreatment; Trauma, Family and Couple therapy; Cultural and Diversity; Sexually Abused Children.

**Theoretical Orientation:** Integrative psychotherapy; Family systems; Systemic Intervention; Cognitive-Behavioral Psychotherapy; Evidence Based Psychotherapy Approach.

**Mission and Philosophy of the Clinical Psychology Internship**

The mission of the CA is consonant with AU mission, which is to achieve greater representation of Hispanic psychology educators, researchers and practitioners in Puerto Rico and in the United States. The CA internship training philosophy is rooted in the practitioner–scholar model of psychology. Although active involvement in research is not required of interns, it is encouraged, and training in clinical techniques is presented in relation to the framework of science that underpins clinical practice. The internship is located in an academic setting that

offers the opportunity for involvement in research for interns who wish it. Research mentorship under a faculty member is encouraged and coordinated for interns. A developmental framework and competency-based approach to learning and assessment guides a core focus on continuing to cultivate professional trainee competencies (knowledge, skills, attitudes), thereby building on competencies learned during doctoral training and anchored by the science of psychology.

### **Program goals, Objectives and Competencies**

**Goal 1: Develop intern's ability to integrate clinical theory and practice in the application of knowledge, assessment and clinical skills in the practice of psychology.**

**Objective A: To Perform Proficient Psychological Assessment.**

#### **Competencies Expected:**

1. Select appropriate assessment measures to answer diagnostic questions.
2. Select and use assessment instruments with appropriate norms and appropriate criterion reference standards to evaluate clients.
3. Recognize and properly address test limitations.
4. Administer and score instruments following current guidelines and procedures.
5. Apply knowledge of individual and cultural diversity in the assessment process and diagnosis.
6. Interpret and integrate results obtained from multiple sources (e.g. multiple assessments instruments, interviews, and collateral information) into a useful and accurate report.
7. Demonstrate successful initial and follow up interviewing skills with individuals, couples, and families in order to assess mental status.
8. Formulate clinical conceptualization, diagnoses, recommendations, and/or professional opinions using relevant criteria and considering all assessment data.

9. Demonstrate skills in formulating case diagnosis (DSM-guidelines), treatment plans, treatment recommendations, and intervention strategies.
10. Explain test results with clients, parents, couples, families, interdisciplinary, and multidisciplinary teams in clear and simple terms.
11. Conduct high quality forensic interviews to children and families who have suffered from psychological trauma as a result of child sexual abuse and domestic violence.
12. Perform child sexual abused allegations assessment reports.

**Objective B: To provide proficient psychological interventions.**

**Competencies Expected:**

1. Establish positive therapeutic rapport with patients/clients while maintaining appropriate professional boundaries.
2. Apply knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences.
3. Formulate and conceptualize cases and plans interventions utilizing at least one consistent theoretical framework.
4. Interpret, evaluate, and integrate results of data collection activities within the context of scientific/professional knowledge to formulate and reformulate working hypotheses, conceptualizations, and recommendations.
5. Make differential diagnosis using the DSM-5 Manual.
6. Conduct psychological interventions according to conceptualizations, diagnosis, and treatment plans.
7. Provide a variety of modality interventions (e.g. individual, family, couples, and group) in a proficient way.

8. Demonstrate in supervision, case conferences, and class presentation and discussion, knowledge of and proficiency in a broad range of psychological interventions (e.g. CBT, psychodynamic model, systemic models, existential, narrative therapy, and integrative models, among others).
9. Implement psychological individual, group and family treatment plans to mitigate complex trauma in children and their families as a result of child sexual abuse and domestic violence.
10. Determine the best psychological- practice for treating sexually victimized children.

**Objective C: To use scientific base to inform clinical practice & research.**

**Competencies Expected:**

1. Select interventions for individuals, families, groups, community based organizations on an assessment and on available research evidence as well as contextual and cultural factors.
2. Apply interventions with individuals, families, groups, community based organizations on available research evidence and contextual factors.
3. Modify interventions based on knowledge of individual and cultural characteristics, situational and environmental variables, emerging information, outcome data, and current research.
4. Apply evidence-based criteria in selection and use of assessment methods (e.g. psychometric properties, and cost effectiveness relevance).
5. Independently seeks out and read scientific literature pertaining to cases at hand, and understands the implications of research for practice.

6. Demonstrate the ability to formulate questions deriving from clinical issues amenable to scientific exploration, and the ability to plan and implement research to address such questions (optional competency if involved in active research).
7. Administer baseline, progress and outcome scales to assess client's clinical progress in psychotherapy.

**Objective D: To provide Proficient Psychological Consultation.**

**Competencies Expected:**

1. Communicate effectively and professionally with staff from a variety of disciplinary backgrounds, demonstrated in consultative activities.
2. Understand questions and issues raised by non-psychologists and structure them so that they are amenable to psychological investigation, demonstrated in consultative activities.
3. Communicate psychological concepts effectively to non-psychologists, verbally and in writing, demonstrated in consultative activities.

**Goal 2: To provide high quality services to culturally diverse population.**

**Objective A: Practice with sensitivity to individuals with a diverse cultural, ethnic/racial, sexual orientation and social context.**

**Competencies Expected:**

1. Integrate and apply theory, research, professional guidelines, and personal understanding about social contexts to work effectively with diverse individuals, families, groups, and community-based organizations.
2. Communicate and work effectively with individuals, families, groups, community-based organizations from a diverse cultural, ethnic/racial and social context.
3. Demonstrate respect for others, including those with conflicting viewpoints.

4. Evaluate and apply knowledge of self as cultural being in assessment, treatment, and consultation.
5. Apply knowledge, sensitivity, and understanding regarding Individual and Cultural Diversity issues to work effectively with diverse others in assessment, treatment, and consultation.
6. Include socio cultural characteristics in written conceptualization of cases.

**Goal 3: To foster intern's sense of professional identity consistent with the highest standards of clinical practice.**

**Objective A: To maintain the highest ethical standards.**

**Competencies Expected:**

1. Demonstrates knowledge and understanding of the APA Ethical Principles and Code of Conduct, and the Puerto Rico Psychological Ethical Principles and other relevant standards and guidelines, laws, statutes, rules, and regulations.
2. Apply appropriate ethical decisions in clinical ethical dilemmas.
3. Integrate own moral principles/ethical values in professional conduct.
4. Demonstrate and promote values and behaviors commensurate with standards of practice, including ethics codes, law and regulations.
5. Identify complex ethical and legal issues, analyze them accurately and proactively address them.
6. Show adherence to professional values and accepts responsibilities for own actions in the development of professional identity.
7. Understand and safeguard the welfare of others.
8. Demonstrate personal and professional awareness of own strengths, limitations and areas of growth as a clinician.



**Objective B: To develop the attitudes and skills needed to support lifelong learning.**

**Competencies Expected:**

1. Negotiate differences and handles conflict satisfactorily; provides effective feedback to others and receive feedback non-defensively.
2. Communicate effectively and respectfully with individuals in multiple settings.
3. Work effectively on multidisciplinary teams.
4. Demonstrate appropriate and effective working relationships with peers and supervisors, manages differences openly, effectively and appropriately, and use support of peers and supervisors when needed.
5. Takes initiative in ensuring that key tasks are accomplished, completes documentation in a thorough and timely manner, and takes steps to enhance own learning.
6. Demonstrate responsibility and documentation skills with the clinical site and Internship Program.
7. Adhere to the policies and procedures of the agency.
8. Demonstrate responsible conduct with time management. It is on time in supervision meetings and at clinical site.

**Goal 4: To develop intern's capabilities in clinical supervision in accordance to the highest standards of clinical practice.**

**Objective A: To develop intern skills in practicum students' clinical supervision.**

**Competencies Expected:**

1. Demonstrates knowledge and understanding of the clinical supervision models.
2. Appropriately applies model during the supervision process.
3. Demonstrate knowledge and adheres to ethical conduct and professional values during the supervision process.

4. Able to identify and acknowledge cultural diversity during the supervision process.
5. Establish a safe and accepting sensible atmosphere during the supervision process.
6. Demonstrates the capacity to assess developing competencies in supervisee.
7. Ability to offer constructive feedback during the supervision process.
8. Integrates supervisor's recommendations in the supervision process.

### **Policy of Non-Discrimination**

The CA adheres to the Equal Employment Opportunity guidelines in its recruitment and retention efforts. We encourage individuals of diverse backgrounds with regard to age, disabilities, ethnicity, gender, national origin, race, religion, sexual orientation, and other diverse personal or demographic characteristics to apply to our program.

However, the CA is an exclusively affiliated internship for Clinical Psychology doctoral students at the AU. It is a requirement of the University that students are bilingual in English and Spanish, therefore, it is expected that applicants are bilingual.

### **Social Media Policy**

Based on the APA's cautionary statement, CA Internship in Professional Psychology (hereafter referred to as the "CA Internship Program", CAIP) staff and trainees who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, university staff and faculty, and others in the professional community. As such, CAI staff and trainees should make every effort to minimize material that may be deemed inappropriate for a mental health professional or trainee. To this end, all security settings should be considered carefully and most likely set to "private". CAI staff/trainees should avoid posting information, photos or using any language that could jeopardize their professional image. Staff and trainees should consider limiting the amount of personal information posted on these sites, and should never include clients as part of

their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. If staff or trainees report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the CAIP as they determine a course of disciplinary action. As a preventive measure, the CAIP requires that staff and trainees approach social media carefully.

(Note: This policy is based on the policies developed by the University of Denver, Jenny Cornish; University of Albany; University of Kansas, Michael Roberts; and San Diego State University, Elizabeth Klonoff).

### **Some qualities we look in trainees**

Below are personal and professional qualities that we pay special attention to when considering applications. The objective is to obtain the best match between applicant's experiences and the Program's mission & philosophy.

- Being fluent in reading, writing, and speaking both Spanish and English languages.
- Being interested and/or having experience conducting psychotherapy and assessments with children that have been sexually abused.
- Being interested and/or having experience conducting psychotherapy and assessments with population who has been exposed to traumatic events.
- Having experience in providing psychological services to women that have been victims of domestic violence and their children.
- Having interest in community involvement and social change.

### **Application Procedures and Eligibility**

***Candidates must meet the following criteria in order to be considered for admission to the CA Psychology Internship Program:***

1. Have completed all required of graduate courses in Clinical Psychology Programs (Ph.D.,

PsyD.) at AU. Must have a clearance from the Director of Clinical Training (DCT) or Academic Program Director certifying that applicant has completed all requirements and is ready to apply for internship.

2. Have completed all pre-internship and clinical courses and practice requirements of his/her doctoral program at the time of the application. A minimum of 275 clinically supervised Intervention Hours, 650 face to face clinical intervention hours, and 175 Assessment Hours as defined in the Association of Psychology Postdoctoral and Internship Centers (APPIC) Application for Psychology Internship (AAPI) are required. Applicants with slightly fewer hours may still be interviewed if the rest of their application is consistent with our standards.
3. The candidate must have passed the Doctoral comprehensive exams and the dissertation colloquium by Match Program ranking deadline.
4. Should complete the online AAPI. For the application and instructions on how to complete the AAPI, visit the APPIC website look for the "AAPI" section. As members of APPIC, we participate in the Match Program. In order to apply to our program, applicants must register in the Match Program. Instructions and forms to register for the match can be obtained in the Match Program website.
5. Include a minimum of two or a maximum of three letters of recommendations from faculty members or clinical supervisors familiar with their work. The letters of recommendations from clinical supervisors should include the student's clinical experiences, their strengths, and names areas in need of improvement.
6. Must send official copies of graduate transcripts to the AAPI Online service. The service will verify the transcripts, scan them into electronic form, and include them with your application. When uploading the required documentation to the APPI online portal, the student should upload a copy of an integrative psychological testing report and copy of a

theoretical case conceptualization that includes a treatment plan of one client. Remember to protect & erase any identifiers of clients.

**All application materials must be submitted through the online AAPI by December 5<sup>th</sup>, prior to APPIC recommended date for extending interview offers to applicants. A specific date will be set yearly. No materials can be accepted by mail or e-mail. Incomplete applications or applications received after the deadline date will not be considered. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.**

### **Intern's Selection Procedures**

1. The CA Internship Training Director (ITD) will coordinate the entire application and selection process.
2. After receipt of all the documents listed above, the ITD will convene a Committee for the selection procedure. Clinical Supervisors and interns will integrate the committee. The committee will review and rate applications. Each application is rated independently by Clinical Supervisors. Applicants with the highest rating scores will be invited for an interview. Only those applicants that impress to better qualified and fit with our program offerings and setting will be invited to interviews.
3. The Committee will conduct most interviews during the month of January. The interview will consist of a semi-structured interview and a case presentation. The interviews will be conducted in a group format of three applicants. The applicants will also be presented with a clinical vignette of ethical issues and they will respond to the ethical dilemmas and questions in writing. See Intern's Selection Evaluation Form in Appendix 2, page 48.
4. The selection committee will rate (with the use of rubrics) every applicant and will submit it to the ITD. After reviewing all documents submitted and the results of the

interview, the ITD will submit to the Match Program a rank-order list of candidates that appear to be qualified and a good fit for our program.

5. The notification of admission to the Program is made in accordance with APPIC policies and procedures. Notification of selection will occur via the Match system. A telephone contact on Match Day and a written confirmation is mailed shortly after for applicants who matched with our Program. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.
6. The ITD will send a follow-up letter to the intern(s) it has accepted for placement specifying starting date, salary and other information.
7. Applicants who match with our program will be appointed as Psychology Interns and will be identified as such to both the staff and population served.

### **Training Resources**

Interns have professional office space furnished in a typical manner with desks, chairs, and telephones. Administrative/secretarial support services and office supplies are available as needed. Interns have access to all the facilities of the AU such as: library, teaching rooms, and a computer center.

### **Stipend and Benefits**

1. The stipend is \$16,125 annually.
2. There are a total of 20 leave days allowed per year including: holidays, personal days, sick leave, and dissertation defense.
3. Liability Insurance will be provided by the CA.
4. The CA will provide all testing and psychotherapeutic materials.

## **Required Documentation after the Recruitment**

- \* Health Certificate
- \* Certificate of Good Conduct
- \* ASUME Certificate (Child Support Enforcement Administration)
- \* Birth Certificate
- \* CRIM Certificate (Municipal Internal Revenue Center)

## **Requirements for Completion**

Interns are expected to complete 2,000 hours during a 1-year full-time internship experience, beginning August 1, 2017 and concluding July 31, 2018.

## **Evaluation Process**

- Each supervisor will provide a written evaluation of the interns with whom he/she works every three months for a total of 4 evaluations.
- The first evaluation will consist of a needs assessment to evaluate student's competencies of different core areas.
- A mid-year and end-of year letter of intern's clinical progress will be sent to each intern's by the (ITD).
- Each intern will provide a written evaluation of his/her supervisors to the ITD at least twice a year, at the end of first semester and at the end of the internship.
- It is responsibility of the ITD & Supervisors to identify as early as possible during the training year any intern exhibiting serious problems or deficiencies. Feedback should be given in a timely manner to the intern. If the problem is of such severity as to call into question the intern's successful completion of the program, the ITD will be informed, and a written remedial plan will be developed by supervisors in collaboration with the intern.
- At the beginning of the internship training interns should complete a competency-based self-evaluation of their professional competencies.

- At the end of the training year, interns should repeat the competency based on selfevaluation and complete an evaluation of the internship experience at the CA.

## **Supervision**

- Each intern will receive a total of 4 hours of individual supervision per week by two licensed clinical psychologists.
- Supervisors are expected to be knowledgeable of the scientific basis of psychological practice and to be knowledgeable of relevant scientific developments. This scientific knowledge base will be incorporated consistently into the process of clinical supervision.
- Interns will receive regular and timely feedback from their supervisors regarding the quality of their performance in the program.

## **Training Opportunities**

Training opportunities for interns are broad in range and involve psychotherapy (individual, couples, family and group), supervision, conducting intakes and generating intake reports, preparing and conducting outreach, crisis response/intervention, clinical consultation, as well as training in various forms of assessment (psychological, cognitive, neuropsychological, psycho-educational, personality, and forensic evaluation). Multiple theoretical orientations are represented among the faculty, including psychodynamic, cognitive-behavioral, humanistic/existential, systemic, post-modern therapies such as narrative and feminist therapy, and integrative models. Supervisory orientations differ depending on the clinical program. Supervision in different treatment modalities such as individual, couples/family, group, case management, and consultation allows the intern the opportunity to sample various intervention strategies. The training takes place mainly in one setting at CA but the population served comes from three different programs: a) General Clinical Program (GCP), b) Domestic Violence Program (DVP), and c) Sexual Abuse Support Program for Children and their Families (PAF). The PAF clients are seen in the CA and at another location that is one



and a half mile from the main CA's site. Every intern will be assigned to a specific program and will allocate 80% of their effort towards that program and 20% of their effort distributed to the other programs. This way interns become specialized but also are exposed to a wide range of experiences and populations.

*General Clinical Program (GCP): Psychological Services for Children, Adolescents,*

*Adults, and their Families Program*

The GCP provides psychological services to a broad population that request psychological services for a wide variety of reasons. The clients are also referred from public and private agencies, schools, as well as from professional private practices. Parents or legal guardians often solicit services to treat their children diagnosed with or suffering from symptoms related to ADHD, Major Depression, Anxiety, PTSD, Reactive Attachment Disorder, Conduct Disorder, Eating Disorders, Oppositional-Defiant Disorder, Learning Disorders, among others. The GCP also serves self-referred adults presenting similar diagnosis, as well as other conditions related to family problems, substance abuse, mood, personality, and adjustment disorders, trauma, partner relational problems, and occupational problems, among others. The CA serves a wide-range population with the exception of clients who are involved in legal disputes, those who may be chronically mentally ill or those with chronic histories of substance abuse.

Interns assigned to the GCP provide individual, couple, family and group psychotherapy and psychological assessment services. The Center provides psychological services to a diverse population such as: preschoolers, children, adolescents, adults, and elderly. Interns are involved in crisis intervention management, administrative and clinical guidance to practicum students and case consultation to school directors, parents, judicial system, and social workers.

### *Domestic Violence Program (DVP)*

The DVP provides specific psychological services to women and their children that have experienced domestic violence. These services may include orientation, counseling, consultation, individual, family therapy, psychological assessment, and referrals, among others.

The main purpose of the Program is to provide clients with essential skills for overcoming the trauma of the experience, and enable them to acquire a sense of empowerment on their life conditions and move on from abusive relationships.

Interns assigned to this program will gain competencies in: understanding the legal concepts required to advocate for those who have experienced domestic violence, crisis intervention, development of strategic safety plans for clients who may be in imminent danger, psychological and psychometric evaluations focused on the emotional traumatic effects domestic violence has had on the victims, play therapy for children secondary victims of domestic violence, therapeutic strategies to work with domestic violence and sexual abuse and individual and family therapy. Interns will also gain competency in providing consultation to other professionals in the area of trauma and psychological effects of domestic violence. Interns participate in clinical case conferences every three weeks with the director of the program, clinical supervisors and practicum students.

### *The Sexual Abuse Support Program for Children and their Families (PAF)*

The PAF operates under the support of the Administration for Families and Children of the Government of Puerto Rico. The Family Preservation Grants of the United States Government funds this program. This is a specialized program that annually provides individual and group psychotherapy to approximately eight hundred and fifty, sexually abused children and adolescents. This program has facilities located in Puerta de Tierra, a mile and a half away from the main CA's site.

The main objectives of PAF are to:

- a. Provide psychotherapeutic services (individual, family or group) to sexually abused children and their families.
- b. Perform forensic sexual abuse allegation assessments.
- c. Provide psychological consultation to Social Workers and foster parents from the Administration for Families and Children of the Government of Puerto Rico that are in charge of the care of children who have been sexually abused, to police and prosecutors.
- d. Promote and develop specialized training to mental health providers in order to determine the best practice for assessing and treating sexually victimized children.
- e. Develop and promote research in this area of specialization. Doctoral students at UA regularly conduct their research with data from this Program. PAF continues to encourage research among doctoral dissertation students, interns and staff.

The interns recruited to this program will have the opportunity to be trained in forensic assessments, identification of sexually victimized children, consultation with interdisciplinary groups, and effective evidence-based treatments and approaches with this specialized population. The interns will also have the opportunity to engage in research, if interested.

PAF receives referrals from Social Workers of the Department of Family and Protective Services. The process of assessing allegations of sexual abuse is based on a Forensic Comprehensive Model (Kuehnle, 2009, 1996; Cantón Duarte y Cortés, 2008; Faller, 2007, 2003), along with the guidelines of the American Professional Society on the Abuse of Children (APSAC, 1997). PAF is involved and collaborates with the legal procedures, ensuring that child protection and therapeutic treatment occurs shortly after the allegations.

The clinical staff conducts weekly multidisciplinary case conference meetings to review the client's psychotherapeutic treatment plans, goals, the forensic evaluation process, and results.

The Interns who complete their internship in this specialized program have the opportunity to participate in a forensic scenario, refining their individual, group, family clinical skills, and forensic assessments and skills.

Interns receive specialized training in the management and treatment of sexual abuse. Some of the areas or topics that are covered in the didactics are: child development, assessment of allegations of sexual abuse and treatment for victims of sexual abuse and their families. They also perform a broad variety of case consultations with social workers, attorneys, physicians, prosecutors, and other professionals related to the legal system, including training and consulting in expert witness dynamics, as well as writing forensic reports. Interns participate in clinical case conferences with an interdisciplinary team every third week.

### **Didactic Training**

The CAIP offers several formal didactic activities designed to complement their clinical settings trainings.

All Interns, regardless of the main program in which they participate, are required to meet each Friday and attend the scheduled didactic training sessions. Interns devote a total of 10% of their time (i.e., 4 hours weekly) to the didactic training experience. These sessions include the following topics:

#### **Ethics in Psychology**

Expert guests discuss topics related to the ethical practices of the profession and legal issues regarding professional relationships and multicultural issues.

#### **Crisis Intervention**

The Crisis Intervention Seminars discuss how to manage crisis situations with at-risk population or environmental disasters.

## **Law & Psychology**

Experts in this area will present Interns with an in-depth review of Puerto Rico's State Law as it relates to the prevention and intervention of domestic violence, protection of the mentally ill, child sexual abuse allegations, forensic evaluation interview process, expert interview report requirements, and child sexual abuse reports in court.

## **Violence, Family, & At-Risk Children**

Staff and guest speakers review with the interns sexual abuse concepts as applied to children, adolescents, and adults. Examples of these topics include the psychological consequences of sexual abuse, sexual abuse theoretical conceptualizations and diagnosis, indicators of sexual abuse, posttraumatic stress disorders in children and adult survivors of sexual abuse, typical and atypical sexual behavior in children, and psychosocial aspects of domestic violence.

## **Therapeutic Strategies in Psychotherapy**

The Therapeutic Strategies in Psychotherapy Seminar are designed to assist interns in becoming more proficient in psychotherapeutic strategies and therapeutic interventions to assist abused children, adolescents, and adults to overcome their traumatic experiences. Domestic violence and other trauma experiences are reviewed and discussed. Evidence-based treatments for individual, family and group therapeutic models are discussed and reviewed. Some of these models covered in the didactics are: Cognitive behavioral therapy, play therapy, survival therapy, memory and recovery, critical incident stress management, Emotion-focused couple's therapy, attachment family therapy, and systemic therapies.

## **Clinical Supervision**

The purpose of this seminar is to provide the Interns with an understanding of supervision and how it will apply to their work setting. The theoretical and practical aspects of the most

widely used models of clinical supervision are reviewed. A main focus will be in Competency Based Supervision. In addition, the legal aspects of supervision are discussed and the profession's ethical guidelines are analyzed.

### **Health Considerations**

The Health Seminar is oriented towards allowing the Intern a broader understanding of sexually transmitted diseases, the intersection between physical and mental health, and the use of pharmacology in the treatment of mental disorders.

### **Evaluation & Assessment**

The Evaluation and Assessment Seminar's goal is to provide the interns with a review of the Wechsler Intelligence Scales, the Woodcock Muñoz, Leiter, including the interpretative guidelines for Puerto Rican population. The Interns will also learn how to interpret the Wechsler Intelligence Scales from a neuropsychological perspective. The seminar provides Interns with a review of current literature related to assessment and a discussion of ethical dilemmas regarding testing.

### **Diversity**

Dialogues and topics on Diversity are embedded in many of our didactic trainings. However, some specific didactics are related with gender and sexuality seminars. The Gender and Sexuality Seminars goal is to increase awareness on Puerto Rico's gender social construction and socially accepted prejudices. These seminars explore and review homophobia, stigmatization, and social exclusion in Puerto Rico. Other didactics related with diversity will be included across the training experience.

### **Case Presentation**

The Case Analysis & Presentation has the purpose of developing the intern's skills in the process of case presentations and analysis and discussions. The program strives to assist the interns in becoming more proficient in relating symptoms and signs of psychopathology to

diagnostic criteria. Case discussions also provide the opportunity to explore challenging cases the Interns may have encountered. Examples of key topics of discussion in these sessions are child and adolescent sexual abuse and adult survivors' treatment models.

### **Professional and Personal Development Seminars**

Throughout the year seminars are held to address issues such as professional identity, balancing professional/personal life, self-care and the experience of working with difficult or challenging patients.

### **Theories and/or methods of treatment evaluation**

This seminar is geared towards discussing with interns the importance of receiving feedback from their clients of the therapeutic process and teaching them to use outcome scales in a systematic way to evaluate clinical treatment progress and psychotherapy effectiveness. The OQ<sup>®</sup>-45.2 Spanish version by Lambert, Y-OQ<sup>®</sup> 2.01 (youth outcome questionnaire by Lambert), Y-OQ<sup>®</sup> SR 2.0 (the self-report version of the Youth Outcome Questionnaire), the Outcome Rating Scale (ORS) by Miller & Duncan, and the Session Rating Scale 3.0 (SRS) by Miller, Duncan, and Johnson will be discussed and taught. In this seminar, psychological theories of feedback and the systematic method of evaluation of the psychotherapy process will be discussed scales to evaluate client's therapeutic progress.

At the end of the seminar, interns should be able to administer, score and interpret the scales. At the end of the internship experience, they should present data collected from the CA on client's outcome in a Professional Meeting.

### Intern's Schedule

Weekly and Annual Hourly Distribution

**Full Time/I Year (40 hours/Weekly Sample)**

<b>CLINICAL TRAINING ACTIVITIES</b>	<b>Weekly</b>	<b>Annual</b>	<b>%</b>
<b>Direct Clinical Services</b>	<b>17 hrs.</b>	<b>850 hrs.</b>	<b>42.5%</b>
Individual therapy			
Group Therapy			
Couples Therapy			
Family Therapy			
Psychological Testing and Assessment			
Crisis Intervention			
Case Consultation			
<b>Indirect Clinical Services &amp; Administrative Tasks</b>	<b>13 hrs.</b>	<b>650 hrs.</b>	<b>32.5%</b>
Case Presentation			
Psychoeducational Community workshops			
Case Assignments to practicum students			
Staff meetings			
Documentation in Clinical Records			
Psychological report writing			
Telephone Clinical Intake			
<b>Clinical Supervision</b>	<b>4 hrs.</b>	<b>200 hrs.</b>	<b>10%</b>
Therapy Supervision			
Assessment Supervision			
<b>Intern's Clinical Supervision</b>	<b>2 hrs.</b>	<b>100 hrs.</b>	<b>5%</b>
<b>Didactic Training Experience</b>	<b>4 hrs.</b>	<b>200 hrs.</b>	<b>10%</b>
<b>Total Hours:</b>	<b>40 hrs.</b>	<b>2000 hrs.</b>	<b>100%</b>

### Internship Structure

The interns from the GCP, the DVP and PAF spend Monday through Thursday at the CA, and participate in Friday morning Didactic Seminars and staff meetings together in a location at the AU or at the CA. Once a month every intern rotates for a Saturday shift.

Every week (Mondays) interns from the GCP meet with the Training Director and the Practicum Clinical Supervisors to coordinate case assignments to practicum students.



Every three weeks (Mondays) interns from the DVP meets for case conference discussions with a domestic violence staff.

Every three weeks (Mondays) interns from the PAF meet for case conference discussions with an Interdisciplinary team.

**Didactic Seminars:** A didactic seminar is scheduled every Friday from 8:00 a.m. to 12:00 p.m. The presenter may be a faculty from the AU or a professional from the community with relevant expertise. All interns are required to attend the Seminars. There will be deviation from this typical schedule when appropriate. The interns evaluate each seminar.

**Psychoeducational Community Workshops:** Interns are required to perform four Psychoeducational Community workshops during the course of the year, in accordance to community needs.

**Case Presentation:** Interns are required to conduct a minimum of four Oral Case Presentations during the course of the year. During the Case Presentation an intern will present a case with which they were involved. Diversity in case selection is encouraged. A clinical supervisor must be present to facilitate discussion and the evaluation form.

**Clinical Supervision:** All interns receive a minimum of four-hours of weekly individual supervision by licensed psychologists. All interns receive training in all the competency areas required by the CAIP (professionalism, reflective practice, relationships, individual and cultural diversity, ethical/legal standards and practice, assessment, intervention, consultation, supervision, scientific knowledge and methods, and research/evaluation).

**Psychological Testing:** The intern will complete two hours per week of psychological testing throughout the year and will complete a minimum of ten full batteries with written reports. The assessment hours involve test administration, scoring, and report-writing for children,

adolescents and adults. It is expected that applicants will have strong cognitive and personality testing skills and will have taken the cognitive and personality assessment classes offered at the AU.

**Child Sexual Abuse Allegation Evaluation:** The PAF intern will complete two written forensic evaluations during the internship year. The GCP and DVP interns will complete one Child sexual abuse allegations forensic evaluation during the year. All interns will be under the supervision of a licensed psychologist expert on child sexual abuse allegation and intervention treatment to perform this evaluation.

**Intern's Clinical Supervision Training:** The purpose of this activity is to continue developing intern's professional competence in clinical supervision by providing clinical supervision to practicum students. The Intern's Clinical supervisor will assign a clinical practicum student to facilitate and participate in the process of clinical supervision. As a result, each Intern will have under its clinical supervision one student either of the Ph.D or Psy.D., programs enrolled in clinical practicum. In order to achieve this, the intern will be present during the meeting at which the clinical supervisor is supervising practicum students and will participate in the dynamics of the monitoring process. The procedure should allow the intern to practice tasks assigned to them.

The intern may be inserted in the clinical supervision process of the students clinical practicum through the observation and the active participation of the cases that are supervised by their respective Clinical Supervisor. To these effects, the intern must be present in the process of monitoring, review and correct conceptualization and assessment reports, review videos or recordings, observed by the one way mirror, facilitate the "shadowing" with their customers, serve as modeling in their professional role and any other task assigned by the clinical supervisors that are closely related to its oversight role.

The practicum student will have the opportunity to be present in some therapy sessions or assessment of the cases in which the intern is providing the service. This process will be made in

accordance with what has been stipulated in the Clínica de la Albizu's shadowing procedure. It is expected that the intern performs the activity of clinical supervision on a weekly basis consisting of 2 hours, allowing the intern approximately 100 hours of supervision during its year of doctoral internship.

## **Intern's Rights and Responsibilities**

### **Interns' Rights**

1. The right to receive a clear statement of rights and responsibilities upon entry into the Internship Program, including a clear statement of goals and parameters of the clinical training experience.
2. The right to be trained by professionals in accordance with the APA and PR ethical code and guidelines.
3. The right to be treated with professional respect, that recognizes the training and experience the Interns bring.
4. The right to ongoing evaluation that is specific, respectful, and pertinent.
5. The right to engage in an ongoing evaluation of the Doctoral Internship Program's clinical training experience.
6. The right to initiate an informal resolution of a problem that might arise during the Internship experience (e.g., supervision, case assignments, etc.) by first and foremost directly contacting the person and/or persons involved. If no progress towards resolution is made with the person and/or persons involved after reaching out to them to discuss problematic matters face-to-face, the Intern should contact the appropriate Clinical Supervisor (i.e., therapy or assessment) to try to resolve the problem. If the problem is not resolved with the Clinical Supervisor's assistance, the ITD may be contacted.
7. The right to due process and appeal to the ITD to manage problematic situations after informal resolution attempts have failed (i.e., first with the person and/or persons involved, second with the appropriate Clinical Supervisor) or to determine when rights have been infringed upon.

## **Interns' Responsibilities**

1. The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that these responsibilities will be exercised and their implementation is viewed as a function of competence.
2. The responsibility to behave within the principles set forth by the statutes and regulations of the APA, the Code of Ethics of the Puerto Rico Psychologist's Board and the CA regulations.
3. The responsibility to be open to professionally appropriate feedback from supervisors, professional staff and agency staff.
4. The responsibility to give constructive feedback that evaluates the training experience or other didactic experiences during the Internship experience.
5. The responsibility to behave in a professionally appropriate manner if due process is initiated.
6. The responsibility to actively participate in the training, clinical services and the overall activities of the CA.
7. The responsibility to meet clinical training expectations by developing competencies in the following areas: psychotherapeutic interventions, psychological assessment, a scientific base to inform clinical practice and research, psychological consultation, supervision, ethical standards, sensitivity to work with culturally diverse population (e.g. race, ethnicity, gender, socio-economic class), and attitudes and skills that support lifelong learning.

## **Evaluation Policy & Procedure**

Interns receive formal written evaluations four times a year, three months and six months into the program and at the end of the Training Year. The CA send to intern's home doctoral program a mid-point and an end point progress report. If an intern is having difficulties in the

training then the ITD will engage in more frequent communication with the home doctoral program director.

### **General Guidelines of due Process of Evaluation**

Due process ensures that decisions about Interns are not arbitrary or personally biased. It requires that the CA identify specific evaluative procedures that are applied to all Interns equally, and provide appropriate appeal procedures. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, communicating to the Interns, in writing, the Doctoral Internship Program's expectations related to professional functioning and discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur every three months for a total of 4 evaluations in the academic semester.
3. Articulating the various procedures and actions involved in making decisions regarding unacceptable behaviors.
4. Communicating, often, with graduate programs about any suspected difficulties with Interns and when necessary, seeking input from the academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Ensuring that Interns have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
8. Documenting, in writing and to all relevant parties, the nature of the problem and the actions taken by the program and its rationale.

## **Procedures for Responding to Inadequate Performance by an Intern**

If an Intern receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff has concerns about an Intern's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff will consult with the ITD to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If a staff that is not the intern's supervisor brings the concern to the ITD, the ITD will discuss the concern with the Intern's Clinical Supervisor.
3. If the ITD and Clinical Supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the ITD and the staff who initially brought the complaint along with the supervisor will document the concern.
4. The ITD will inform if pertinent the Intern's Academic Program Director, the performance rating or the concern.
5. If resolution cannot be achieved with the informal involvement of the ITD, the intern may file a written grievance with the ITD.
6. Upon receipt of the written grievance, the ITD will convene a Grievance Committee (refer to previous description) to discuss possible courses of action.
7. Whenever the Grievance Committee has made a decision about the intern, the ITD will inform the Intern in writing and will meet with the Intern to review the decision. This meeting may include the Intern's Clinical Supervisors. If the Intern accepts the decision, any formal action taken may be communicated in writing to the Intern's Academic Program Director. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
8. The Intern may choose to accept the conditions or may choose to appeal the action described below.

## **Appeal Procedures**

In the event that an intern does not agree with any of the aforementioned notifications, remediation or sanctions or with the handling of a grievance – the following appeal procedures should be followed:

1. The intern should file a formal appeal in writing with all supporting documents, with the ITD. The intern must submit this appeal within 5 working days from their notification letter. The document should include specific aspects of the plans for remediation that the intern rejects, and his/her recommendations for specific amendments.
2. Within three working days of receipt of a formal written appeal from the intern, the ITD must take a decision to implement a Grievance Committee (Review Panel) or respond to the appeal without convening a Committee. (See procedures previously described above for a detailed description of the grievance).

## **Grievance Procedure**

Interns are subject to the policies and procedures outlined below. These policies are made available to all interns, and staff each year at the beginning of every academic year. For interns, a copy of the policies are handed and discussed the first week of their Internship year.

1. It is the intent of the CAIP to be receptive to intern's expression of problems encountered during the internship and to make reasonable and timely efforts to resolve the intern's dissatisfaction.
2. Faculty members are expected to act in good faith in dealing with problems expressed by interns. No faculty will interfere with the right of the intern to express or file a grievance. Interns are assured freedom from restraint, discrimination, or reprisal in exercising that right.
3. Any problem or dissatisfaction should initially be addressed on the first relevant level

(e.g. among the involved parties).

4. If a satisfactory resolution cannot be achieved at that level, the issues should be taken to the next level (e.g. the clinical supervisor) or to the ITD, if the first level was the supervisor. If the ITD is the object of the grievance, or unavailable, the issue should be raised with the Clinical Director of the CA (if different from the ITD of the Internship program); if not resolved at this level, then should be taken to the Academic Program Director, if not resolved at this level, then it should move to the Provost and up to the President of the AU.
5. At any stage of the process interns may consult informally or formally with the ITD, the Clinical Director (if different from the ITD), the Academic Program Directors, Provost, President, APA, or APPIC for legal counsel about their dissatisfaction or grievance.
6. If resolution cannot be achieved at an informal level, the intern may file a written grievance with the ITD.
7. Upon receipt of the grievance, the ITD will convene a Grievance committee (Review Panel) consisting of three members (supervisors and professors of the intern's academic program).
8. The Grievance Committee will resolve the grievance if possible. If not the committee will take any of the following actions:
  1. Consult with legal counsel.
  2. Consult with other professional organizations (e.g. APA).
9. The Grievance Committee (Review Panel) will review all written materials (from the Intern, and other parties), and will have the opportunity, if necessary, to interview the parties. The Committee has final discretion regarding outcome. If mediation fails and the complaint is against staff, grievance procedures dictated by CA staff policies will be followed, but the Provost of AU will have the last decision regarding the complaint. The



Provost has 30 working days to make a final decision about the dispute. The Provost's decision will be informed in writing to the intern. This is the last internal resource available to the intern.

10. The Grievance Committee will maintain minutes of all its meetings. The Committee will also retain records of all testimony presented to it. At the Committee discretion this documentation may be in the form of written summaries, sworn ceremony or test recording.
11. If the intern is not satisfied with the decision of the committee, he/she may notify their graduate program, the APA or consult legal counsel.

### **Due Process for Unacceptable Behaviors**

It is a professional judgment as to when an Intern's behavior becomes problematic rather than of concern. Interns may exhibit behaviors, attitudes, or characteristics that are of concern and require remediation. Unacceptable behavior covers conduct, which interferes with the professional functioning of the individual observed in one or more of the following ways:

1. The Intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic and/or didactic training.
3. An inability to control personal stress, strong emotional reactions and/or psychological dysfunction, which interfere with professional functioning.

### **Notification Procedures to Address Unacceptable Behavior**

It is important to have meaningful ways to address unacceptable behavior once it has been identified. In implementing remediation or sanction interventions, the staff must be mindful and balance the needs of the Intern, the clients, and others involved in the Intern's clinical training experience, the supervision staff, and other CA staff.

## A. Informal Stage

This stage is flexible and pursues a quick resolution of the problem. It can be resolved by discussion among the involved parties. The Intern's Clinical Supervisor will be the person responsible for notifying the Intern promptly about the unacceptable behavior(s) and the specific steps required to correct it. The notification may be oral or written depending on the severity of the deficiency, but should be specific and detailed.

1. Verbal Warning – alerts the intern of the need to correct unacceptable behavior(s) identified by the supervisor.
2. Written Acknowledgment – formally notifies the Intern that:
  - a. The ITD is aware of and concerned with the performance of the Intern.
  - b. The concern has been brought to the attention of the Intern.
  - c. A written remediation plan has been set up between Supervisor, intern and ITD (refer to remediation plan below) The intern will receive a copy of the remediation plan.
  - d. The ITD will supervise the remedial plan and work with the supervisor to closely monitor that the Intern rectifies the problem or skills deficits.

A copy of this letter will be kept in the Intern's file.

### **Remedial and Sanctions**

Interns are assessed four times during the year (every 3 months) to allow for ongoing remedial or modification plans.

**Schedule Modification** – It is a time-limited, remediation-oriented, closely supervised period of training designed to return the Intern to a more fully functioning state. Modifying an Intern's schedule is an accommodation made to assist the Intern in responding to personal reactions to environmental stress, with the full expectation that the Intern will complete the Internship experience. This period will include, more closely scrutinized clinical supervision conducted by

both Clinical Supervisors in consultation with the ITD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule, such as any of the following or more than one:

1. Increasing the amount of supervision, either with the same or other Clinical Supervisor.
2. Change the format, emphasis, and/or focus of clinical supervision.
3. Referring the Intern to seek psychological services.
4. Reducing the Intern's clinical workload.
5. Recommend the intern engage in specific academic coursework or training.

The length of a schedule modification period will be determined by the ITD in consultation with the Clinical Supervisor that oversees the area (i.e., therapy or assessment). The termination of the schedule modification period will be determined, after discussions with the Intern, by the ITD in consultation with the Intern's appropriate Clinical Supervisors. If the intern does not complete the schedule modification plan in a satisfactory way, he or she will be notified in writing that will be placed on probation.

**Probation** – It is also a time-limited, remediation-oriented, more closely supervised training period. During probation, a second schedule modification remediation plan will be implemented. The purpose of the second modification plan is to assess the ability of the Intern to complete the Internship experience and to return the Intern to a more fully functioning state. Probation defines a relationship in which the ITD systematically monitors for a specific length of time the degree to which the Intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate behavior. Probation will be given to an intern after an unsuccessful first time schedule modification. The Intern is informed of the probation in a written statement that includes:

- a. The specific unaccepted behaviors.

- b. The recommendations for rectifying the problem.
- c. The time frame for the probation, during which the problem is expected to be ameliorated.
- d. The procedures to ascertain whether the problem has been appropriately rectified.

If the ITD determines that there has been no sufficient improvement in the Intern's behavior to remove the Probation, then the ITD will discuss with the Intern's Clinical Supervisors the possible courses of action to be taken. The ITD will communicate in writing to the Intern that the conditions for revoking the probation have not been met. This notice will include the course of action to follow. These may include continuation of the remediation efforts for a specified time period or implementation of a sanction. The ITD will send a written letter to the interns' Academic Program Director notifying him/her of the interns' remediation status. If the Intern's behavior does not change the intern will not successfully complete the Internship experience. A final letter of notification will be sent to the intern and the Academic Program Director specifying the intern's final status.

**Sanctions** - Some sanctions that may be taken if the intern does not improve after the remediation plan or probation are:

- a. *Suspension of Direct Service Activities* – requires a determination that the welfare of the Intern's client has been jeopardized. Such activity would require notification to the CA Quality Assurance Committee to subject the Intern to any disciplinary action. Before that action the intern will be informed in writing about the referral to (CAQAC). Therefore, direct service activities will be suspended for a specified period as determined by the ITD and recommended by the Quality Assurance Committee. At the end of the suspension period, the Intern's supervisor in consultation with the ITD will assess the Intern's capacity to render psychological health services to the public, and determine when direct

service can be resumed, if possible. The intern will receive a written communication regarding this matter.

- b. *Administrative Leave* – involves the temporary withdrawal of all responsibilities and privileges as determined by the ITD, in accordance with CA Internship Program Policies and Procedures. If the probation period, suspension of direct service activities, and/or administrative leave interferes with the successful completion of the training hours needed for completion of the Internship, this will be noted in the Intern's file and the Intern's Academic Program Director will be notified by written communication. The ITD will inform the intern of the effects the administrative leave will have on the Intern's stipend, and successful completion of the Internship.
- c. *Dismissal* – This involves the permanent withdrawal of the Intern from the Internship Program, responsibilities and privileges, as determined by the ITD, in accordance with CA Internship Program Policies and Procedures. When specific interventions did not, after a reasonable time period, rectified the impairment, and the intern seemed unable or unwilling to alter his/her behavior, the ITD then will inform in writing to the Intern's Academic Program Director of the termination from the training program or dismissal from the CA. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA and/or the Puerto Rico Board of Psychologist Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the Intern is unable to complete the Internship due to physical, mental or emotional illness. When an Intern has been dismissed from the Doctoral Internship Program, the ITD will communicate in writing to the Intern's Academic Program Director that the Intern has not completed the Internship Program successfully. Therefore the intern will receive a formal letter from the

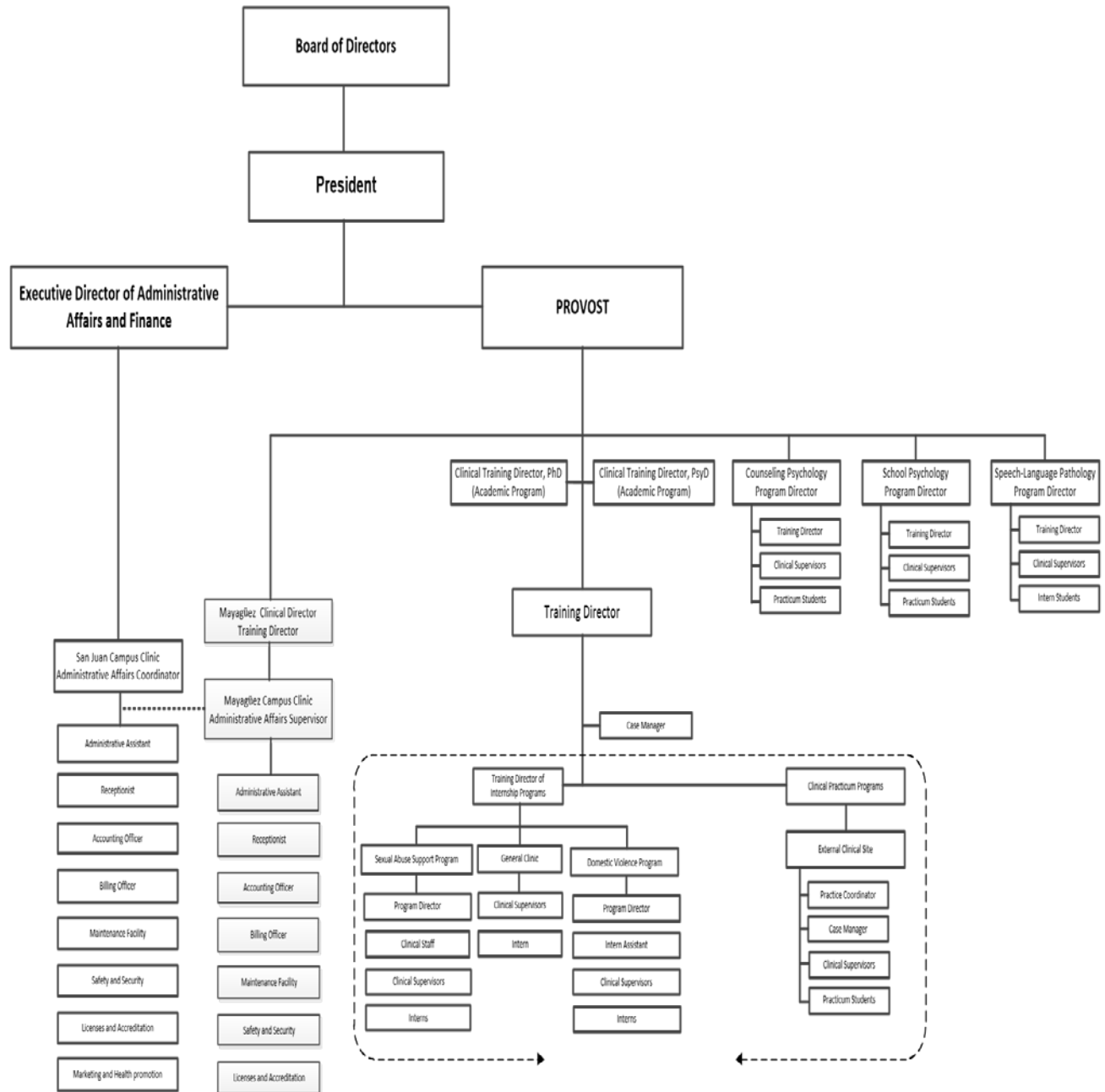
ITD informing the termination from the ITD informing the termination from the training program and the specific reasons in which the decision was based.

- d. *Storage* of Intern's grievance documents: The documentation regarding active or inactive grievances will be stored in a locked filing cabinet in the office of ITD.

Note: The CA Internship Program Handbook and Evaluation Forms will be discussed with the interns within the first week of commencement of the Internship Training Program. (See Handbook Policy Acceptance Form).

*Clínica de la Albizu Internship Program*  
San Juan Campus

## Appendix 1: Organizational Chart



***Clínica de la Albizu Internship Program***  
San Juan Campus

## Appendix 2: Intern Selection Evaluation Form

20\_\_\_\_ - 20\_\_\_\_

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

Candidate's Name: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

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Below we list a number of professional competencies that we will like you to evaluate.

**1= Very low competence:** Major weakness, absence of skills.

**2= Low competence:** Below expected level.

**3= Basic competence:** At expected level.

**4= High competence:** Area of strength.

**5= Very high competence:** Definite area of strength shows mastery.

CRITERIA	1	2	3	4	5
Professionalism: <ul style="list-style-type: none"> <li>Personal appearance (self-presentation, attitude, affect, attire)</li> </ul>					
Communication skills: <ul style="list-style-type: none"> <li>Ability to express verbally and written in English and Spanish</li> </ul>					
Practicum experience: <ul style="list-style-type: none"> <li>Clinical hours, supervision, population served, treatment modality, clinical scenarios, academic degrees</li> </ul>					
Theoretical knowledge: <ul style="list-style-type: none"> <li>Description of theoretical model, diagnostics skills and treatment application</li> </ul>					
Work experience: <ul style="list-style-type: none"> <li>Related to the clinical setting</li> </ul>					



Dissertation status: <ul style="list-style-type: none"> <li>Colloquium (in progress, or presented)</li> </ul>					
<b>CRITERIA</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Dissertation status: <ul style="list-style-type: none"> <li>Dissertation (in progress, defended)</li> </ul>					
Analytical and critical thinking capacity					
Management skills and administrative experience					
Past clinical performance: <ul style="list-style-type: none"> <li>Punctuality/attendance, ability to meet deadlines, maintains confidentiality, appropriate record keeping, consistently meets with supervisors, reliable performance of duties</li> </ul>					
Time Management & flexibility					
Compliance with ethical standards					
Teamwork and Interpersonal Relationships: <ul style="list-style-type: none"> <li>Works well with peers, supervisors and others</li> </ul>					
<b>CASE STUDY ANALYSES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Applies appropriate ethical decisions in clinical ethical dilemmas					
Ability to make differential diagnosis using the DSM Manual					
Ability to formulate and conceptualize cases					
Ability to apply a consistent theoretical model					

**Note: A maximum Score is 85 and a minimum 17.**

**Total Score: \_\_\_\_/85**

Comments:

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Interviewer's Signature