

MAYAGUEZ INTERNSHIP PROGRAM IN CLINICAL PSYCHOLOGY

Mayagüez, Puerto Rico

**INTERNSHIP PROGRAM DESCRIPTION
HANDBOOK**

2021-2022

Aida L. García, Ph.D.
Rut F. García Robles, Ph.D.
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The one year of Internship training experience is completed when the intern completes the 12 consecutive month period and at least 2,000 hours of intensive and extensive training activities (from August 1st to July 31st), the minimum of 25% or 500 direct (face-to-face) contact with clients and completes all the requirements (evaluations, monthly reports, workshops, etc.).. 40

The internship program coordinator certifies the intern’s hours by sending a certification report to the Registrar’s Office and Program Director as soon as the group of interns completes the

period of training and all the requirements are met. A ceremony is held in July in which a certification document (Certificate of Internship Completion) is given. 40

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Introduction

The Mayaguez Internship Program in Clinical Psychology (MIPCP) is a doctoral internship program offering a variety of professional training experiences to doctoral students in their transition to becoming clinical psychologists. The expectation is that, by the end of the training year, an intern will be capable of functioning competently and independently in the core competencies. The Program consists of 2,000 hours of internship training completed in a period of 12 months.

The Albizu University (AU), Mayagüez University Center (MUC) provides administrative support to the MIPCP, which is an ***exclusively affiliated internship program*** with AU (Mayagüez), through the Clinical Psychology Program.

The MIPCP is designed to provide the intern with practical experiences intended to refine the knowledge, skills and attitudes needed for doctoral level positions in Psychology. It also provides the interns with increased supervised training in areas such as psychotherapy, clinical assessment, supervision, consultation, and research among others. The areas of administration, supervision and didactic training play a key role within the Internship Program at (MUC). The administrative office is located at Albizu University, Mayagüez, Puerto Rico.

The MIPCP has non-discriminatory policies and provides equal opportunity to all applicants regardless of race, gender, creed, color, origin, disability and or lifestyle. These policies apply to all aspects of the Internship Program. It is the intern's responsibility to become acquainted with these norms and procedures and stay informed of all changes.

The MIPCP provides a unique opportunity for interns to increase and refine their clinical knowledge skills and competencies as they are applied to a culturally diverse group of clients with multiple mental health needs in a variety of clinical settings where emphasis is placed on social responsibility and cultural sensitivity. The clinical training within a bicultural context such as Puerto Rico, provides valuable opportunities for our interns to broaden their clinical vision and experience within the richness of a multicultural background.

Albizu University

The MIPCP is a cooperative internship training program that includes clinical sites (agencies) across the Puerto Rico. The Internship Program Coordinator (IPC) has the authority and responsibility for serving as the designated administrative head of the Internship and the chairperson of the Training Committee.

The internship program coordinator is faculty of the Albizu University. The IPC assumes the responsibility before the Internship Training Committee for general didactic clinical training and provides supervised clinical experience that allows the intern to integrate the clinical practice and the didactic learning in the delivery of services to clients.

The Administrative Office of MIPCP is Albizu University. The Albizu University provides administrative support to the Internship, which is an *exclusively affiliated internship program with Psy.D. academic program (Mayagüez)*.

Albizu University (AU) is a private, independent, non-profit institution with campuses in San Juan, Puerto Rico, San Juan Campus, Mayagüez, Puerto Rico, Mayaguez University Center (MUC), and Miami, Florida. AU was founded in 1966 as a professional school of psychology offering the Psy.D., and Ph.D. in Clinical Psychology.

Actually, the programs of study of MUC include doctoral degrees in Clinical Psychology (Psy.D.), M.S. Industrial /Organizational Psychology; Ph.D. in Industrial /Organizational Psychology; M.S. Counseling Psychology, Psy.D. Counseling Psychology, Master in Language Pathology, Master of Science in Autism and Other Neurodevelopmental Disorders and Bachelor of Science degree in Behavioral Sciences with concentrations in Psychology and Speech and Language Therapy.

The Mayagüez University Center offers Psy.D. Programs in Clinical Psychology, which are accredited by Puerto Rico Council on Education and accredited by the Middle States Commission on Higher Education (MSCHE). All of these programs are in compliance with the laws that regulates and govern the practice of psychology in Puerto Rico.

The historical contributions of AU and the MUC, to the field of professional training of psychologists are seen both at the Puerto Rico community as well as on the U.S. Mainland level. During the early years, the struggle was intense to make viable a specialized training curriculum that focused on and valued the cultural context of the practitioner and the community's mental health needs. The status of mental health services in Puerto Rico during the 1960's were dominated by the medical model during an age of massive hospitalization of chronically ill patients. The conditions in the mental health facilities during the 1960's gave rise to the class action suits of the 1970's that argued for patient's rights, the community mental health center model and deinstitutionalization of patients. The birth of AU as an academic alternative to the traditional formation of theory oriented students was vital during this period. Since AU's inception, our students have consistently and energetically been involved in the changing face of psychology as a service oriented profession. AU was the first academic

unit during the 1970's to propose and administer a therapeutic community in the hospital wards at the State Psychiatric Hospital.

The success of AU during the first years is due in great measure to the many contributions our faculty and students made to the community mental health movement, patient's rights and culturally sensitive and appropriate intervention methods. AU recruited faculty from diverse professions ranging from anthropologists, sociologists, political scientists, religious leaders, philosophers and lawyers. The early period of AU was rich with ideas, idealism and strong commitment to generate changes in the field of psychology and mental health in Puerto Rico. AU maintained close contact with sister schools of professional psychology and our curriculum and training models followed closely concerns paralleled in the States.

The commitment to integrate research into clinical practice has been a foundation mark of our programs. During these early years, our faculty published research on alternative healing systems, reframing of the diagnostic category of Intellectual Disability based on coping competencies using innovative research methods, and on culturally sensitive models and client populations. The message projected by our faculty, students, training programs and curriculum has been vital in the shaping of the concepts of mental health, and mental health disorders within Hispanic contexts.

Facilities

The Mayagüez Internship Program in Clinical Psychology includes the following facilities: private meeting/supervision areas, a conference room and a large auditorium optimal for different types of activities. Office space is also available at the Clinical Sites Placement. The interns have access to library databases such as ATHENA, EBSCO, H.W. Wilson, OCEANO, Thompson-Gale, OCLC, PsycARTICLES, ProQuest, and to computers with Internet access. Interns also have access to the computer laboratory which has 24 computers with Internet access for report preparation and research. The Internship Program has the financial support, human resources, and operating budget to enable the program to achieve its goals and objectives. Also, the Internship Program provides the secondary supervisor to the interns.

For the convenience of all interns, all documents and forms pertaining to (MIPCP) will be available through Blackboard. Interns will be able to verify appointments, access evaluation forms, applications and other information by logging on to Blackboard.

Mayagüez Internship Program in Clinical Psychology

The (MIPCP) benefits of a number of cooperating agencies offering a wide variety of field experiences for doctoral students in clinical psychology. The (MIPCP) partners with various organizations to provide a graded, organized, and sequential training environment. Each organization provides different clinical and didactic experiences for the intern.

The Training Committee is comprised of the internship program coordinator at AU, the program director and the director of clinical training. MIPCP is governed by a Training Committee. The internship program coordinator is designated by the President of AU.

Through a rigorous screening process, the Training Committee of the Internship selects the agencies and integrates them as part of the Program's offerings and resources. Once reviewed and approved by the Training Committee, the agency becomes available to prospective interns. This review includes an assessment of the adequacy of the physical facilities, the presence of an appropriate clinical training population, the availability of a licensed clinical psychologist at the site who can provide supervision and additional oversight, and other requirements.

The internship program coordinator, directs a meeting with the other members of the Training Committee and presents a report on the findings of the particular agency evaluated. Based on this report, the committee members decide whether the agency shall be accepted within the Internship. The internship training coordinator will inform the decision to the director of the agency and discuss any relevant recommendations made by the Internship Training Committee. A Letter of Acceptance will be issued to the agency to formally introduce it to the (MIPCP).

It is necessary that the clinical director of the agency or organization maintain direct communication with the (MIPCP) Training Program Coordinator. Also, each agency must comply with the deadlines for the completion of requirements, delivery of the evaluations, good standing and other documents, and sign the consortia contractual agreement. The collaborative agreement is favorable to all parts, and particularly tenders an academic experience and professional development for interns. At the same time provides great benefit to the populations served.

Annually, the training site is monitored and evaluated by the internship program coordinator. The collaborative agreement between the agencies is subject to an annual revision by the following methods: evaluations performed by interns to their respective Clinical Site Placement and supervisors (80% or more), visits to the Agency, comply with the basic requirements of a Site, and

other documents. Every agency must submit a renewal application no later than June 1st. The internship program coordinator presents to the Internship Training Committee an evaluation report and the renewal application. The director of the agency does not participate or vote when his or her respective agency is being evaluated. The internship program coordinator then meets with each agency director to discuss the recommendations of the committee.

INTERNSHIP GOVERNANCE

Training Committee

The internship program coordinator serves as the leader of the Training Committee. The Training Committee is in charge of overseeing every policy and procedural aspect of the Doctoral Internship Program. The Training Committee is responsible of the Internship Training. The internship program coordinator is responsible for the interns overall training experience.

The Training Committee meets on a regular basis in order to discuss interns' performance, quality of program training, interns' grievances, review due process issues and review policies and procedures. During the academic year, the Training Committee meets on the following months: October, December, April, and July. Finally, if there is a specific situation that needs to be addressed, the Training Committee may convene on other dates.

Training Guidelines of the (MIPCP)

The members adhere to the following training guidelines:

- Provide at least 15 hours of the intern's weekly hours for face-to-face psychological services to patients / clients (Direct Clinical Services), being at least 25% of the total monthly hours of the Intern.
- Provide an appropriate office space with comfort as well as confidentiality for the services being offered.
- Provide the necessary materials and equipment for the accomplishment of their duties (i.e. paper, pens, photocopier, and telephone, among others) and a reasonable amount of time to complete their duties during office hours.
- When the Intern has to perform psychological/psychometric evaluations, the agency must provide the instruments and the original protocols required for this task, in order to perform as the Ethical and Professional Guidelines of Psychology require.

- Provide a doctoral level clinical psychologist to supervise direct services.
- All Interns receive a total of four hours weekly clinical supervision from a minimum of two different licensed psychologists. Interns receive at least 2 hours of individual supervision and 2 hours of group supervision per week.
- Provide at least 2 hours per week in didactic activities such as case conferences, seminars and intern case presentation.
- Offer the Intern a General Orientation about the site (Norms and Regulations, benefits, etc.) and the documents required before starting the Internship, as well as any previous training.

INTERNSHIP PROGRAM COORDINATOR

The internship program coordinator is responsible for all aspects of quality training and clinical curriculum. Other duties include a review of each intern's progress; develop didactic training/activities, interviewing all internship candidates and acceptance of those who meet the program's criteria.

The internship program coordinator meets, at least, four times a year with the clinical supervisors and secondary supervisor to assess the interns' progress. The internship program coordinator has the following duties:

1. Chair all meetings of the training committee according to the agenda previously agreed with the members of the MIPCP
2. Chair all meetings of the primary and secondary supervisors.
3. Serve as a liaison between the MIPCP, its external resources and accrediting agencies.
4. Maintain a continuous monitoring and evaluation process of all clinical training activities.
5. Foster an environment that supports providing clinical training of the highest quality.
6. Prepare, revise and update all the administrative forms and manuals of MIPCP and distribute these among the members of the Training Committee for feedback and approval.

7. Receive and process internship applications while assuring compliance with the directives of the Training Committee and the norms and procedures of the agencies and other legal requirements.
8. Maintain and safeguard all the documentation related to the interns' performance within the MIPCP program, including agency and academic files.
9. Monitor remedial plans or other corrective actions recommended for an intern.
10. Prepare and coordinate weekly didactic seminars.
11. Prepare and coordinate the Crisis Intervention Seminar.
12. Discuss intern's performance with his or her primary and secondary supervisors.
13. Attend and represent MIPCP at all quarterly meetings of the Training Committee.
14. Assure due process is observed at all times and appoint the supervisors that will participate in a review panel.
15. Assign interns to their secondary supervisor.
16. Supervise program training offers to the primary and secondary supervisor.

MIPCP MEMBER AGENCY CLINICAL DIRECTORS

As part of the MIPCP, the clinical directors of each agency represent their respective agency and assure the implementation and administration of MIPCP's education and training program. Following is a list of the main responsibilities of each clinical director:

- Attend Internship meetings and represent their respective agency.
- Appoint a designee to attend internship meetings whenever the clinical director will be absent.
- Examine and offer feedback regarding the materials, documents and reports brought forth to the attention of MIPCP Training Committee.

- In those cases when the agency's Primary Clinical Supervisors is different from the agency's clinical director, the second will supervise and evaluate the performance of the first and provide reasonable time for meetings.
- Ensure that evaluation forms are complete and up to date and remedial plans are carried out effectively.
- Coordinate the selection process of interns for his/her respective agency.
- Cooperate in the design and implementation of the training manual.
- Monitors interns' performance.
- Provide orientation to interns and assure timely distribution of stipends.
- Participate in the evaluation of affairs/issues brought forth to the attention of the MIPCP Training Committee.
- Provide ranking order information of its candidates.
- Complete association applications and submit dues to the MIPCP Training Committee.
- Assure that his or her respective agency observes the training principles established by the MIPCP Training Committee.
- Foster and coordinate educational and/or training activities.

COMMUNICATION BETWEEN ACADEMIC PROGRAM AND THE MIPC

The Internship program coordinator writes a formal letter of acceptance to the intern and sends a copy to the program director. The letter includes the documents that must be submitted prior to the beginning of the internship and dates for orientations on administrative procedures.

Other forms of communication with an academic program may vary depending on the particular circumstances of an intern. Communications can be done through emails, phone calls, formal letters, and visits to the academic program director. The Internship is required to send all intern's evaluations.

Whenever an intern confronts difficulties with the development of his/her clinical competencies, an official communication (email and/or letter) is sent to the program director about the intern's academic progress. These reports are used to inform that interns are in good standing in reference to the program's competencies. These include monitoring remedial plans or other corrective actions recommended for an intern and discuss intern's performance with his or her program director. The internship program coordinator is responsible of receiving the evaluations and remedial plans submitted by the supervisors and forward a copy to the intern's academic program.

Quality Assurance for Rotation Clinical Site

Developing and maintaining adequate training sites for doctoral interns is a critical part of the Internship Program at Mayagüez University Center (MUC). The addition of new sites must be achieved in a manner that expands the clinical training opportunities for interns, while promoting the highest possible training standards. The Agency or Organization must be properly registered in the Puerto Rico State Department. The Internship Rotation Clinical Sites may be public or private, and non-profit or for profit entities.

The Internship establishes a written agreement between the interns and their Internship Rotation Site through the “Academic Contract”, which clearly states the responsibility of clinical experience, training and supervision given to the intern and the responsibilities of the Internship Rotation Clinical Sites, the intern and the Internship Program.

In order to guarantee the excellence of these experiences in each Internship Rotation Clinical Site, the Internship developed an Internship Rotation Site Manual establishing what is expected from an Internship Rotation Site. The Internship Rotation Site’s Manual is provided to the clinical directors and clinical supervisors of the Internship Rotation Sites during their orientation meeting, which is offered each year during the Spring or Summer semester prior to the beginning of the next internship year.

In order to prevent dual role conflicts, the internship rotation site’s director, staff members and/or internship rotation site’s supervisor cannot have any familial relationship with the intern, who also cannot be an employee before or during the application. Also, each Agency must comply with the deadlines for the completion of requirements, delivery of the evaluations, good standing and other documents, and sign the contractual agreement. The collaborative agreement is favorable to all parts. At the same time, it benefits greatly the populations served.

The training site is monitored and evaluated annually by the internship program coordinator, or authorized representatives. The collaborative agreement between the agencies is subject to an annual revision using the following criteria: evaluations performed by Interns of their respective Clinical Site Placement and supervisors, visits to the Agency, compliance with the basic requirements of a Site, and other documents.

Internship Rotation Site visits by the internship program coordinator, or authorized representatives, are made at least twice a year, or as needed, to monitor the students’ performance, evaluate their experience and the quality of supervision and training at the Internship Rotation Site. A reciprocal relationship

between the Internship Program and the Internship Rotation Site is established during these visits.

Following are the requirements and specific procedures for compliance with the renewal and selection of new clinical rotation sites aimed at assuring the quality of training at the Internship Program.

1. Internship Rotation Site visits by the internship program coordinator, or authorized representatives, are made at least twice a year to monitor the students' performance, evaluate their experience and the quality of supervision and training at the Internship Rotation Site when needed.
2. The Site Placement will offer a stipend to the intern, previously discussed and authorized by the internship program coordinator and Training Committee. The payment process of the stipend must be realized as agreed in the Academic Contract and Internship Agreement.
3. The internship program coordinator maintains continuous monitoring and evaluation of all clinical training activities. These include monitoring remedial plans or other corrective actions recommended for an intern and discuss intern's performance with his or her primary and secondary supervisors.
4. The clinical supervisor, clinical director, internship coordinator coordinator and internship training supervisors meet four times a year. The clinical training and uniformity of the interns' clinical experiences are evaluated in these meetings.
5. Provide at least 15 hours of the Interns' weekly hours for face-to-face psychological services to patients / clients (Direct Clinical Services), representing at least 25% of the Intern's total monthly hours.
6. Provide a doctoral level clinical psychologist to supervise direct services. The person in charge of supervision must hold a doctoral degree in Clinical Psychology with established credentials by the laws that regulate the practice of psychology in P.R.
7. Interns receive at least two hours of individual supervision and two hours of group supervision per week.
8. The agency must provide the instruments and the original protocols required when the Intern has to administer psychological/psychometric evaluations, as required by the Ethical and Professional Guidelines of Psychology require.

9. The site will provide the intern with all materials needed to perform clinical duties, such as psychological testing, protocols, and so forth. The Site will give the intern all materials and sufficient time for correction and preparation. During the evaluation process, the Site will follow all established standards and laws that regulate the practice of psychology in P.R. and the United States.
10. The Rotation Center will provide sufficient time for the preparation of psychotherapy sessions, file management, record keeping, and administrative errands of particular centers. The Site will also provide all required office materials.
11. The clinical supervision evaluation will be realized and discussed with the intern on a date previously agreed.

Agencies/Clinical Site Placement

The agencies of the MIPCP Training Committee, also known as Clinical Site Placements (CSP), are administratively independent entities. Each one provides financial support, clinical supervisors and other resources to the Program. Every CSP must provide an environment that facilitates and supports the clinical training process of the intern for the practice of psychology within a multidisciplinary health care system. It is an integral part of the intern's learning process to be able to translate their theoretical knowledge into everyday practice and appreciate teamwork with a professional staff.

Interns are members of a clinical team at each training site. As such, interns share their knowledge and experience with other mental health professionals while providing the following services:

- Intake and initial assessment
- Individual, group and family therapy
- Psychological assessment
- In and out patient case management
- Crisis intervention and,
- Consultation to community agencies and other professionals

Thus, interns are trained in the same clinical competencies. However, each site may differ in service model and population served. The clinical site becomes available to interns after a review by the internship program coordinator of the MIPCP and the approval by the Training Committee. This review includes an assessment of the adequacy of the physical facilities, the presence of an appropriate clinical training population, the availability of a licensed clinical psychologist at the site who can provide supervision and additional oversight, and other requirements.

Application and Eligibility: Acceptance Procedures

It is important note that it is the sole responsibility of the applicant to the Internship Program to find an Internship Rotation Site that complies with MUC's academic and professional standards. The Internship Program reserves the right to reject an application if it is found that the applicant has not completed every academic and administrative requirement needed to qualify. Submitting an application does not guarantee that an applicant will be able to begin his/her internship.

Candidates eligible for any Internship year must complete their academic requirements as described in their program curriculum, including passing the doctoral program exam. The acceptance to the Internship Program requires that the students applying be accepted at any Internship Rotation Site available at the moment of application in Puerto Rico or at an Internship Program in the United States.

The Internship Rotation Site in Puerto Rico will establish constant communication with the Internship Program at MUC. The Rotation Site must also provide general information about its functioning and services provided, dates for interviews, amount of stipend, any relevant documents needed for applying (e.g., resume, recommendation letters), and the number of interns they will accept for the following year. The Internship Program will inform the candidates about the requirements established by the Internship Rotation Sites in orientation meetings scheduled and in the Internship Calendar. Applicants must attend various orientation meetings and submit to the Internship Program Office all the required documentation (application, letters of recommendations, resume, and fees among others) before the due date specified in the Academic Calendar. Incomplete applications will not be accepted by the Internship Program Office. Admission is based on merit criteria in accordance with program requirements and placement availability at the Internship Rotation Sites, which may vary from year to year.

Application and acceptance procedures are as follows:

1. All application will be reviewed to determine completion of every eligibility criteria. If accepted, the applicant will receive a letter signed by the internship program coordinator that must be presented at every internship rotation site that he/she has considered in order to request an interview.
2. The internship rotation site is responsible for selecting the applicant/s and notifying their decision by phone to the internship program coordinator.
3. The internship program coordinator will notify every applicant of the internship rotation sites where he/she was accepted.
4. The applicant must choose the internship rotation site where he/she will be making his/her internship and notify the decision to the internship program coordinator.
5. The internship program coordinator will notify the internship rotation sites selected by the interns.
6. The intern then must sign the ***Internship Acceptance Form*** available at the Internship Program Blackboard. The intern is responsible for presenting a copy of this form at the internship rotation site he/she selected.
7. Finally, the internship rotation site will send a formal letter to the internship program coordinator notifying the names of the interns accepted.

The Internship Program has established a policy stating that once the intern accepts the position in one Internship Rotation Site either verbally and/or written; he/she has to honor it and cannot cancel this agreement. The Internship Rotation Site is responsible for maintaining the Internship Program informed in writing of any possible changes in the Academic Contract in order to reach an agreement.

Admission to the internship is primarily based on individual merit and does not discriminate on the grounds of age, sex gender, color, ethnic group, sexual orientation, race, religion, national origin, or disability. The Training Committee seeks to include interns from diverse socioeconomic, geographic, ethnic, religious, and ideological sectors of society.

Being the internship an exclusively affiliated program, interns from Albizu University have priority over applicants from other institutions. If there are any remaining internship positions, students from other universities are considered. Therefore, graduate students from other universities are welcome to apply. Applicants are required to be bilingual (Spanish and English), since the population we serve is primarily Spanish-speaking and all documentation is done in Spanish.

Admission Criteria

Applicants should reflect the following in their personal statements and letters of reference for admission:

Personal Traits

1. Capacity for empathy, sensitivity and sincerity.
2. Enthusiasm, motivation for training, and demonstration of interest in their career.
3. Resilience and persistence in goal attainment.
4. Personal security, a high level of self-worth, confidence, and ability to perform efficiently in a clinical setting.
5. Personal stability and maturity – evidence of knowledge and awareness of clinical strengths and level of competency.
6. Openness and personal flexibility – ability to receive feedback and apply constructive criticism to improve performance.
7. Communication skills – ability to communicate effectively and sensitively with clients and coworkers.
8. Culturally sensitive – ability to interact with individuals, families, and groups from a diverse variety of cultural and intellectual backgrounds.

Cognitive Abilities

1. Analytic abilities — proficiency in quantitative, deductive, and inductive reasoning.
2. Ability to verbally communicate with others accurately and objectively without bias or prejudice.
3. Ability to write clearly at a professional level.

Professional Qualities and Experience

1. Able to demonstrate interest in working with clients and a clear understanding of one's motivation for assisting others.
2. Ability to be self-starter, responsibility and reliability in applicant's vocational and academic field.

Educational Background

1. Enrollment and good academic standing in a Psy.D. program.
2. Prior practicum experience of at least 500 hours with diverse populations. The criteria are used in the formulation of an overall assessment of the applicant's readiness to undertake the Internship. The intern is expected

to continue to meet these criteria throughout the internship. Intern's progress is evaluated periodically (Intern's Evaluation Form).

3. Be fully bilingual (Spanish and English).

Admission Requirements

The requirements for the Psy.D. degrees in Clinical Psychology include the successful completion of a full-time year internship. Students are considered eligible for the internship when they have fulfilled the following requirements:

1. Completion of all academic credits and clinical practicum or research hours.
2. Successful completion of the doctoral exams.

Application Procedures and Documents

These requirements apply to all students from other educational institutions and from abroad that apply to MIPCP.

Applications should include the following information and documents:

1. Fill out an Mayagüez Internship Program Application for Psychology Internship.
2. Three reference letters by faculty members and clinical supervisor.
3. Official certification from the Registrar office, which states that applicants have approved a minimum of 96, credits, as well as having completed practicum hours in clinical work or research.
4. Curriculum Vitae.
5. One photograph 2 x 2 (to be submitted after admission).
6. Copies of the license and recertification (if applicable).
7. Work sample of a case conceptualization and a psychological assessment report.
8. Interview - An interview with the Director of the clinical site.

Deadline to submit the application is March 19, 2021. Applicants will be considered for the Mayagüez Internship Program in Clinical Psychology Internship beginning August 1st, 2021.

Opportunity and Affirmative Action Policies

It is the policy of the MIPCP to adhere to the State and Federal laws and regulations relating affirmative action and equal opportunity. Candidates will be assessed with no discrimination on the basis of race, color, creed, sex, natural origin, age, sexual orientation or physical handicap. Applicants who do not qualify will be notified immediately. If selected, an individualized program will be designed reflecting the interests and needs of the Intern.

Interns that require any special accommodations should inform the academic counselor and internship program coordinator in writing before starting the Internship period so that the necessary arrangements can be made for this purpose.

Philosophy of the Internship Training

The Doctoral Internship training philosophy offers a wide variety of experiences which challenge the intern to develop and refine the knowledge, skills and attitudes required as a professional clinical psychologist. Interpersonal and case management skills are developed through interaction with clients, faculty and interns. The program places emphasis on the quality of the relationship between interns and faculty. The relationship is viewed as a key factor for becoming a competent and ethical psychologist colleague.

The Doctoral Internship year is seen as a period of integration of theoretical and practical knowledge, professional responsibilities and job-related demands while still under the direct supervision of a doctor of clinical psychology licensed in Puerto Rico or United States. Given the diverse interests, career plans and professional needs of interns, all possible attempts are made to design an internship experience that is relevant, challenging and individualized for each intern within the highest standards of quality. In each Internship Clinical Rotation Site, interns are expected to assume the responsibilities of a professional clinical psychologist. High standards are placed on competence, ethical principles and the welfare of clients and society.

Training Models

The MUC Internship Program accepts interns trained in the *Practitioner Scholar* training models. Our training program is primarily a *Practitioner Scholar* training model for the Psy.D. Program students.

The *Practitioner Scholar Training*, Psy.D. model of education and training in clinical psychology is an integrated approach to practice and embodies clinical orientation as well as research orientation, but with a greater emphasis on the clinical practice. The training program is primarily practitioner model, where the focus is on providing clinical experiences which will enhance the skills of the intern in implementing a solid psychological knowledge base. Interns of the Psy.D. Program are expected to be *excellent consumers of psychological research*, and to reference this underpinning for their practice in supervisory meetings, case conferences, and didactic presentations.

The Internship Program offers a broad variety of experiences. These experiences challenge the intern to develop and refine the knowledge, and skills required of clinical psychology professionals. Interns are afforded experiences with a wide spectrum of clients exhibiting a broad range of disorders. The goal is to provide a comprehensive experience while assuring that “training” is the intern’s primary focus. The Internship Program also gives great importance to the quality of the relationship between interns and faculty.

Internship Program Goals, Objectives and Competencies

The MUC Internship Program is committed to provide a graduate level training in clinical psychology emphasizing social responsibility. The general goal is to train culturally sensitive clinicians in an environment conducive to personal and professional growth.

All rotation sites adhere to the following education and training goals:

Clinical assessment and diagnosis

Goal #1: Proficiency in clinical assessment and diagnosis

Objectives for Goal #1.1:

- 1.1. Apply clinical skills during the interview intake, clinical assessment, conceptualization, clinical diagnosis, and treatment plan.

Competencies Expected for these Objectives #1:

- 1.1.1 Demonstrates successful initial and follow up interviewing skills with individuals, couples, and families in order to assess mental status.
- 1.1.2 Applied knowledge on clinical observation; this will help improve reasonable statements about the clients affect, flow of thought, general mental status, and quality of speech.
- 1.1.3 Conduct a clinical interview and integrate clinical information from the client's: clinical observation, mental status, psychosocial history, psychological evaluations and other sources.
- 1.1.4 Assess client risk and intervene appropriately.
- 1.1.5 Demonstrate skills in conceptualize/formulate case, diagnosis (DSM-IV), and the development of individualized treatment plans, treatment recommendations and intervention strategies.

Objectives for Goal #1.2:

- 1.2: Demonstrate skills in psychometric and psychological evaluation

Competencies Expected for these Objectives #2:

- 1.2.1. Demonstrates competency on selecting appropriate methods to administer and evaluate the client.
- 1.2.2 Ability to interpret and integrate testing result in an evaluation written report.

Clinical intervention

Goal 2: Proficiency in clinical intervention

Objectives for Goal #2.1:

- 2.1 Apply skills in therapeutic interventions during treatment process

Competencies Expected for these Objectives #1:

- 2.1.1 Ability to conduct *individual therapy according to conceptualizations, diagnosis, and treatment plans.*
- 2.1.2 Ability to conduct *family therapy* for the families presenting problem.
- 2.1.3 Ability to conduct *couples therapy* for the couples presenting problem.
- 2.1.4 Ability to conduct *group therapy* or *Psychoeducational groups* for the clients presenting problem.
- 2.1.5 Ability to conduct appropriate therapy termination including use of strategies to minimize return of symptoms.

Reflective practice, self-assessment, relationships, Professional conduct, Ethics and legal matters

Goal 3: Proficiency in reflective practice, self-assessment, relationships, professional conduct, ethics and legal matters.

Objectives for Goal #3.1:

- 3.1. Demonstrate professional conduct in reflective practice and self assessment.

Competencies Expected for these Objectives #3.2:

- 3.1.1 Demonstrate skills in identifying professional strengths and limitations.
- 3.1.2 Demonstrate personal and professional awareness of own strengths, limitations and areas of growth as a clinician.

Objectives for Goal #3.2:

- 3.2. Apply positive coping strategies with personal and professional stressors and challenges.
 - 3.2.1 Ability to effectively manage stress and competing demands.
 - 3.2.2 Demonstrates administrative efficiency and time management.

Objectives for Goal #3.3:

- 3.3. Develop professional responsibility, and documentation skills in a variety of settings.

Competencies Expected for these Objectives #3.3:

- 3.3.1 Demonstrate responsibility and documentation skills with clinical site and Internship Program.

Objectives for Goal #3.4:

3.4. Apply interpersonal skills in a variety of settings

Competencies Expected for these Objectives #3.4:

- 3.4.1 Ability on working effectively on multidisciplinary teams.
- 3.4.2 Demonstrate skills in developing and maintaining an effective professional relationship with clients, peers, faculty, supervisor(s), supervisee(s), and administrative staff.

Objectives for Goal #3.5:

3.5. Apply skills in developing and maintaining a professional relationship with the supervisor(s).

Competencies Expected for these Objectives #3.5:

- 3.5.1 Ability to seek consultation or supervision as needed and uses it productively.
- 3.5.2 Demonstrate skills in developing and maintaining a professional relationship with the supervisor(s).
- 3.5.3 Appropriately integrates and implements supervisor's feedback.
- 3.5.4 Demonstrate openness towards supervisor's recommendations.

Objectives for Goal #3.6:

3.6. Apply knowledge of the federal and local laws and ethical codes directly related to clinical and research practice in Puerto Rico and the United States.

Competencies Expected for these Objectives #3.6:

- 3.6.1 Demonstrates knowledge of ethical principal and law.
- 3.6.2 Demonstrates skills in applying ethical principles and law in clinical site and scientific research.

Individual differences and cultural diversity

Goal 4: Proficiency in clinical issues of individual differences and diversity

Objectives for Goal #4.1:

4.1 Apply skills in psychological assessment and intervention with populations of diverse ethnic and racial backgrounds, gender and lifestyles.

Competencies Expected for these Objectives #4.1:

- 4.1.1 Ability to establish rapport with clients with different cultural and diverse backgrounds.
- 4.1.2 Ability to incorporate knowledge of diversity in case conceptualization.
- 4.1.3 Demonstrate knowledge of different cultural dimensions and its potential influences on self and others.
- 4.1.4 Ability to implement psychological assessment and interventions for diverse populations.

Life-long learning

Goal 5: To foster Intern's professional identity as a psychologist that promotes a life-long commitment to learning.

Objectives for Goal #5.1:

- 5.1 Develop an ongoing commitment to continued learning.

Competencies Expected for these Objectives #5.1:

- 5.1.1 Demonstrated commitment to continued learning in psychotherapy.
- 5.1.2 Demonstrated commitment to continued learning in psychotherapy.
- 5.1.3 Demonstrated commitment to continued learning in areas of clinical research, evidence base, consultation, supervision, and other areas of professional psychology.
- 5.1.4 Demonstrate skills in delivering didactic presentations and case presentations.

Consultation and community education

Goal 6: Develop skills in consultation and community education.

Objectives for Goal #6.1:

- 6.1. Apply professional skills in consultation and community education for diverse populations and diverse settings.

Competencies Expected for these Objectives #6.1:

- 6.1.1 Provide consultation to mental health professionals, teachers, agencies, schools, parents, and others.
- 6.2.2 Provide community education to mental health professionals, teachers, agencies, schools, parents, and others.

Integration science and practice

Goal 7: Develop skills in evaluating the applicability of research findings to clients and/or clinical assessment and intervention.

Objectives for Goal #7.1:

7.1 Evaluate and apply scholarly literature related to clinical assessment and Intervention.

Competencies Expected for these Objectives #7.1:

7.1.1 Evaluate interventions and their effectiveness in clinical practice.

7.1.2 Applies evidence base practice concepts in conceptualization, treatment planning and interventions.

Clinical Supervision Training

Goal 8: Professional competency in providing clinical supervision to first year student in clinical practicum (practicum I and II).

Objectives for Goal #8.1:

8.1. Apply professional skills in clinical supervision.

Competencies Expected for these Objectives #8.1:

8.1.1 Develop structured supervisory training goals in collaboration with supervisees through a supervisory contract.

8.1.2 Ability to implement techniques for evaluation in supervision: observation during group supervision, review of written clinical work, role play, student's self-report, audiotape, videotape and direct observation (live).

8.1.3 Ability to conduct supervision in group formats

8.1.4 Ability to develop the supervisee practice specific clinical skills.

Objectives for Goal #9.2:

9.2.1 Apply ethical principles to conduct research.

Competencies Expected for these Objectives #9.2:

9.2.1 Demonstrate knowledge when applying APA ethical principles and code of conduct guidelines to subject in research.

Components of Training Program

Interns are required to complete one calendar year, full-time Internship (12 consecutive months) or two years (24 consecutive months) for a part time experience and the completion of a minimum of 2,000 hours of supervised experience during this time. During this period the Intern must complete a minimum of 25% or 500 hours must be of clinical face-to-face contact. Although an Intern may complete the minimum hours required before the official ending date, he/she is required to continue with his/her responsibilities until the 12 or 24 month term is completed as established in his/her Academic Contract.

The Internship Program consists of three (3) essential components:

1. Direct clinical service activities
2. Training activities
 - a. Individual clinical supervision
 - b. Training activities by Academic Program
 1. Clinical Supervision Training (Psy.D.)
 - c. Didactic training
3. Administrative, Preparation and Professional Development Activities

Intern's Time Distribution

Interns are expected to work a minimum of 40 hours per week. The Interns have to work 30 hours at the Internship Rotation Site weekly. Within these 30 hours, two (2) hours have to be destined to direct individual clinical supervision. A minimum of 12-15 (Clinical Site Placement in Puerto Rico) hours per week of direct clinical service are required. Fifteen (15) hours per week are spent in indirect activities (administrative activities) or training activities.

The intern will dedicate a total of ten (10) weekly hours to Training Activities according to their Academic Program. The remaining four (4) hours are required in Professional Development. (For details in the limits of hours, please refer to "Weekly Report's Instructions"). The intern's weekly schedule is approximately as follows:

Primary Rotation: Training Activities at the Internship Rotation Site

A. Direct Clinical Service Activities (12 – 15 hours per week)

1. Individual Therapy: Children, adolescents, adults, and elderly
2. Couples Therapy
3. Group Therapy
4. Family Therapy
5. Intake or screening
6. Clinical assessment and Psychological Evaluations
7. Consultation/Outreach Community
8. Crisis Intervention

B. Training activities: Clinical supervision (minimum 2 hours per week)

1. Individual clinical supervision with primary supervisor (face to face)

C. Administrative, Preparation and Professional Development (15 hours per week)

Following is a description of the maximum time assigned for each area:

1. Staff meetings, case discussions
2. Preparation of therapy sessions (8 hours per week)
3. Record revision (8 hours per week)
4. Treatment plans (8 hours per week)
5. Record keeping, Progress Notes (1/2 hour per client)

6. Administrative Tasks (40 hours monthly)
7. Psychological and psychometric reports
8. Conferences, seminars or presentations

Secondary Rotation: Internship Training Activities at MUC

A. Training activities by Academic Program (minimum 7 hours per week)

Clinical Supervision Training

1. Peer supervision (2 hours per week)
2. Supervision of practicum students (5 hours first session and 4 hours second session)

Psychological Evaluation Training

1. Supervision (2 hours per week – individual or group supervision)
2. Training activities or Direct Clinical Service Activities (5 hours per week)

B. Didactics Training (minimum 3 hours every week)

1. Case Presentation or didactic training: -- (3 hours weekly)

C. Administrative, Preparation and Professional Development Activities (minimum 5 hours week)

1. Community Conferences
2. Intern's Work Committees
3. Research Projects (optional)
4. Teaching Assistant (optional)

Intern's Responsibilities

Primary Rotation: Responsibilities at the Internship Rotation Site

Direct Clinical Service Activities (12 – 15 hours per week)

A minimum of 25% of the total monthly hours of the Internship (approximately 12-15 hours) is devoted to direct or face-to-face clinical services: initial interview, crisis intervention, assessment, psychological evaluation, psychotherapy and consultation. Interns in the United State are required to submit his/her program accomplishing the 40 hours per week at the Rotation Site. The case load is approximately 12 to 15 clients per week.

Psychotherapy – Interns are expected to engage in individual, family, couples, and group psychotherapy with population that, include children, adolescents, adults and elderly.

Clinical assessment – It is expected that interns develop and demonstrate a high level of competence in the assessment of intellectual, cognitive, affective and social functioning, personality dynamics, psychopathology, and learning disabilities. Interns will be assigned clinical assessment cases, and crisis assessment, which require advanced clinical skills.

Outreach/Community Consultation - Interns are expected to dedicate a portion of the Internship to psychological consultation in any of the community agencies under contract with MUC. The involvement in outreach and formal consultation activities will depend on the intern's interests, expertise and the agency's service demands. Typical outreach and consultation activities include: 1) Structured workshops; 2) Class lectures; 3) Ongoing consultation to student organizations or professional staff; 4) Collaborative programs with staff and, 5) Training of fellow students and staff. Weekly time demands for these activities vary throughout the year.

Training activities: Clinical Individual Supervision (minimum 2 hours)

A minimum 2 hours per week applies for Psy.D. interns. The intern's therapeutic, diagnostic, and consulting work is supervised individually by a doctoral level licensed clinical psychologist in and outside of Puerto Rico, for a minimum of two (2) hours per week within the Internship Rotation Site. Additionally, the supervision of interns may be supplemented when the characteristics of a particular case requires the additional expertise from a faculty member. In order to maintain the excellence in the ethical aspects of supervision, the Internship Program recommends that the Rotation Site Supervisor should not have any type of relation prior to the Internship process with his/her supervisee.

Administrative, Preparation and Professional Development Activities

A minimum of 15 scheduled hours weekly at the clinical site. These activities refer to the preparation for the psychotherapy sessions, treatment plans, correction and preparation of psychological/psychometric evaluations and reports and administrative duties carried in the Internship Rotation Site. Each activity is assigned a specific number of hours.

Secondary Rotation: Responsibilities Towards the

Internship Program of MUC

Training Activities by Academic Program

The Internship Program has a yearly schedule of didactic training experiences that all interns are expected to attend. The time for training activities (minimum 10 hours weekly), depending on the intern's program, is built into the training schedule as well as regular discussions of current professional issues.

Psy.D. Program Training

The Psy.D. Interns supervise first year graduate school students as part of their training activities to strengthen professional skills in academic or clinical training settings. Training activities for Psy.D. Program interns are distributed as follows: group supervision and supervision of practicum students.

Group Supervision - Psy.D. Program interns meet on a weekly basis in Peer Supervision Group for two hours. Interns receive supervision and share their experiences in supervising first year practicum students. Interns are supervised in the application of supervisory theories and models. During these sessions, interns meet in groups of 4 - 7 interns with a doctoral level licensed clinical psychologist supervisor to discuss clinical and ethical issues pertaining to direct services. The group supervision provides an opportunity for the discussion of issues relevant to the interns as they proceed through their internship experience. Also, Interns meet with a chairperson or the Director of Internship Program, Director of Clinical Training and his/her clinical practicum supervisor to discuss clinical and ethical issues pertaining to services offered by students in their first or second practicum modules.

Supervision of Practicum Students - The Psy.D. interns are assigned first-year practicum students who she/he will supervise on a weekly basis. The supervision experience includes supervision in role-playing, in-vivo and of tapes and videos of sessions as well as evaluation of reading comprehension reading material about clinical work. During the peer supervision meeting interns discuss supervision concerns and present tapes and videos of their supervision sessions. Interns are also supervised in their supervisory role.

Didactic Training: Interns Professional Seminars

A series of trainings are programmed during the internship year (12 consecutive months). Interns receive a total of 152 hours per year of training. These training experiences are directed toward the strengthening the areas of clinical skills and psychological evaluations.

A total of 52 meetings (3 hours per meeting) are held by the Internship Program during each internship cycle (year) for a total of **156 hours**. The purpose of these meetings is to offer different training experiences each month to every intern.

Following is a description of the training activities:

Workshop – The workshop include topics such as: Ethical and Legal issues in Crisis Intervention, Dissociative Disorders, Personality Disorders, Self-care, among others.

Theme and Case Presentation - Each intern is responsible for a case presentation and discussion a special topic related to the case presented. The case presentation must include the assessment process, diagnosis and treatment of a clinical case. Interns are encouraged to present a currently active case. Case presentation outline have been developed as a structural aid to the presentations.

Clinical Case Portfolio – Interns in settings outside Puerto Rico has the responsibility of preparing a portfolio of a clinical case seen at the internship site. The portfolio must include the assessment process, conceptualization, diagnosis and treatment of a clinical case. The clinical case portfolio guidelines have been developed as a structural aid for the development of this project.

Continuing Education Seminar – Interns are expected to attend the seminars offered by the Continuing Education Program at the Mayagüez University Center. They also attend seminars and workshops at the Internship sites.

If the intern is late **three times (more than 15 minutes per lateness)**, it will be considered as a one hour delay and that time should be compensated with one hour of training, administrative tasks or continued education seminar. In addition to these seminars, in-service training is conducted at their Internship Rotation Sites.

Administrative, Preparation and Professional Development Activities

Following is a description of the professional development activities in which the intern must participate.

Community Conferences - The Internship Program manages a list of organizations in the community that request conferences in a variety of topics. Once these conferences have been offered and the needs of the community are satisfied, the interns may select the topic and the place of the conference. Interns are required to offer two (2) conferences throughout the year; one before December and the second one before May. The Internship Program requires the conference to have a length of time of two hour and be offered to a minimum of 20 persons. Interns must bring to the Internship Program official evidence from the agency that petitioned for the conference as well as the assistantship list, and the evidence of the handout. All this information must accompany the Monthly Report that the intern submit to the Internship Program towards the middle of each month.

Intern's Work Committees - Interns are required to be part of one of the ten (10) Work Committees of the Internship Program and also to elect their Chief of Interns for the year. Interns voluntarily accept to be part of any one of the different committees and to become responsible of the administrative work that every committee bears. During the Crisis Intervention Seminars, interns are informed about the responsibilities of the committees and the responsibilities if the Chief of Interns. The Chief of Interns is elected by his/her peers and the Internship Director. The duties and responsibilities of the Chief of Interns are outlined and specified to the interns before they accept the position (See Chief of Interns' Duties and Responsibilities). It is expected that the Chief of Interns serve as a liaison between the interns and the Internship Program. The Work Committees are: Community Conferences, Assistance and Minutes, Training Evaluations and Tabulation, Evaluation of Modules/Peers Syllabi, Accountability of Trainings, Professional Activities, Monthly Reports Correction, Social Activities and Communication. Each has its own responsibilities and number of members (See Work Committees). The hours worked in these committees and as Chief of Interns should be reported in the Monthly Report for a maximum of 4 hours weekly. Each work committees should submit 3 report in a year, one each semester: November, April and June.

Performance Evaluation Procedures

The intern's performance at their Internship Rotation Site and program activities are constantly being evaluated. Evaluations rate general competency, the specific training plan, professionalism, ethical issues and other issues of importance in the development of a Clinical Psychologist. The supervisor is encouraged to give feedback at regular intervals other than the ones established by the Internship Program. The evaluation forms require the signatures of the intern and his/her clinical supervisor to guarantee that the required attention was given to the areas that need improvement and that the evaluation was discussed.

At the end of each semester (Fall, Spring and Summer), every intern will receive a grade of Pass or No Pass. The Supervisor from the Internship Rotation Site (See "Internship Rotation Site's Clinical Evaluation of the Intern"), Clinical Training Supervisor (See "Peer Supervisor's Evaluation of the Intern"), and Research Assistant Supervisor (See "Research Assistant Evaluation by Supervisor"), will evaluate the intern twice during the Spring (March and May) and Fall semesters (October and December) and once during the Summer semester during the month of June. Intern's performance is also evaluated by the students who are being supervised by Psy D. interns in their Practicum (See "Evaluation of the Performance for the Intern Supervisor of Practicum I and II").

The internship program coordinator evaluates the performance of interns in each of the training components. This evaluation yields the intern's total score for each training component. Obtaining a grade of No Pass in any of the internship semesters will result in the termination of the internship automatically, with no accreditation of the experiences or the hours invested. In this case, the intern should apply again to the Internship Program for the next internship cycle. If the intern is at risk of credit forfeiture he/she must obtain an extension approval prior to being authorized to initiate internship procedures for the next internship cycle.

Table 1 presents the value assigned to each training area. A minimum overall score of 80% must be obtained in order to pass the internship semester.
Table 1

Program Supervisor Evaluation

Supervisor	Form of Evaluation	Value
Clinical Supervisor Primary Supervisor Internship Rotation Site	Internship Rotation Site's Clinical Skills Evaluation of the Intern	60%
Research Clinical Supervisor f Secondary Supervisor Internship Program at CAU	Research Assistant Evaluation	
Clinical Supervisor Training Secondary Supervisor	Clinical Supervision Training	
		25%

Internship Program at CAU		
Internship Program Coordinator	Training Activities Evaluation	15%

If the intern obtains less than 80% in the total overall score of the training components, his/her supervisor must design a remedial plan to address the areas that should be strengthened. The Supervisor, the Coordinator of the Internship Program and the intern will have periodic meetings to evaluate his/her progress.

If the intern obtains less than 80% in Program Supervisor evaluation, a process similar to the Due Process is activated. The intern should ask for an appointment with the Internship Director to discuss the situation and determine the appropriate steps needed toward the intern’s professional areas to be developed. After these steps, it will be determined if the intern can continue in the Internship Program or not. During the month of July the internship program coordinator will verify that every intern has completed all requirements and certifies the successful completion of the internship year.

The Clinical Evaluations (mid and final) should be mailed to the Internship Program at MUC or delivered in person by the Clinical Supervisor. A schedule for the midterm and final evaluations will be handed to both clinical supervisors and interns.

Supervision

Interns are supervised by a primary and secondary supervisor who has been a licensed doctoral-level psychologist for a recommended period of no less than three years. Clinical Supervisors (primary supervisor) are clinically and legally responsible for the cases under their supervision.

All Interns in the internship program receive a minimum of four (4) hours of supervision per week with a minimum of two (2) hours being spent in individual, face to face supervision. The Interns receive two (2) hours per week of individual supervision (face-to-face) by a doctoral level licensed clinical psychologist at their particular site(s).

Individual Supervision

Interns are required to dedicate two hours of individual, face to face, supervision are required per week. Interns are supervised by licensed and experienced Clinical Psychologists in the area of therapeutic interventions,

diagnostic skills, supervision skills, consulting, and research. In most cases, the Primary Supervisor remains with the Intern through the whole Internship year. Also, they have the experience of being assistants to the seniors supervisors in module I and II.

The Primary Supervisor is responsible for series of clinical aspects that include, but are not limited to:

- a. review client progress
- b. discuss the client's current status
- c. discuss therapeutic techniques and intervention
- d. discuss diversity issues
- e. review case and consultation notes
- f. treatment plan
- g. any ethical or assessment issues

Also, supervision will include regular review and feedback from supervisors on therapy sessions. The method of supervision chosen by supervisor depends on the particular psychological Intern's supervisory needs.

Every clinical intervention is supervised by Intern primary supervisor in a weekly basis (two hours minimum). The supervisor co-signs the progress note, treatment plan and case conceptualization. Each psychological or psychometrical assessment is directly supervised by a supervisor with and expertise in test administration, correction, analysis and report writing. The supervisor also co-signs the reports prior to Interns' discussion with the clients.

Group supervision

An additional two hours per week of group supervision is provided by doctoral-level licensed psychologists to the Interns. These supervision meetings taking place at the Internship Program at Albizu University. Group supervision is an integral component of the training program at AU. Interns are expected to spend two hours per week in group supervision.

Due Process

The Internship Program has a formal Due Process and Grievance Procedures available for interns and training staff. At the beginning of the training period, interns receive a general orientation of requirements, procedures, complaints and channels of appeals for administrative decisions at the Internship Program. Staff and Interns are expected to conduct themselves in accord with ethical standards of the American Psychological Association (APA), the Puerto Rico Examination Board of Psychologists and all the laws and policies that govern the practice of Psychology in Puerto Rico.

The Due Process is an effort to resolve any dissatisfactions or grievances that may arise during the Internship period. The process provides due process protection for the intern in clinical psychology, the training staff and the Internship Program staff. The Internship Program follows the same policies, guidelines and procedures at MUC and AU for all student and personnel. The Due Process only applies to the circumstances mentioned above, for other situations like grade appeals (See Appendix A), the intern should refer to the General Policies and Disciplinary Procedures Manual delivered to the students once they are admitted at MUC.

Interruption of Internship Dispositions

If due to hardship circumstances, it is impossible for the intern to complete the 2,000 minimum hours required in a twelve or twenty-four month period of time, specific consequences will be confronted by the intern.

If the intern has a grade of NP in any of the three semesters of Internship, he/she has to apply again for Internship and neither experiences nor hours reported previously will be accredited. Two No Pass grades (NP) will be an administrative withdrawal from MUC automatically. The intern has to be aware of the deadlines for application and should follow the norms and procedures of the Internship group year in which he/she is accepted. The following are some special circumstances of hardship that can occur and the consequences:

Interruptions/ Absences: Based on the requirement of a 12 consecutive month period of Internship, the Internship Rotation Site has to determine the rules concerning absences and notify the Intern(s) prior the beginning of the Internship period. The Internship Program strongly recommends establishing a maximum of two consecutive weeks for absences due to special circumstances. If the Internship Rotation Site has established other periods of time for absences, these have to be notified to the Intern and to the Internship Program Director prior to the Internship year. The absences have to be authorized by the Internship Rotation Site Director, the Clinical Supervisor and the Internship Program Coordinator. If the student is absent for less than two consecutive weeks, he/she has to make up for the lost hours in training activities in accordance with the recommendations of the Internship Program Coordinator and for the time at the Internship Rotation Site in accordance with the Clinical Director at the site.

If the student is absent or interrupts his/her training activities at the Internship Program or Internship Rotation Site for two consecutive weeks, but less than a calendar month, he/she will receive a NO PASS (NP) for that semester and has to make arrangements with the Internship Director and his/her Clinical Supervisor and Internship Rotation Site Director to complete the requirements. If the student is absent for a calendar month or more, he/she will receive a grade of NP (No Pass) that semester and he/she must start the Internship process all over again starting with the Acceptance Procedure to the Program and no worked hours or experiences will be accredited.

Expelled Interns from their Internship Rotation Sites: If the intern has been expelled from his/her Internship Clinical Site because of his/her non-fulfillment of the norms and procedures and/or have not been evaluated satisfactorily (80% or more) in either of the three evaluation areas, the Internship will be ended automatically, a grade of No Pass (NP) will be given and no hours or experiences will be accredited. The case will be presented to the Committee on Clinical Quality at MUC for consultation, if necessary, and the intern should submit to the recommendations provided. The Program Director will then meet

with this student in order to present to him/her with a Program of Corrective Activities to be completed before starting the Internship again at another year.

Once the Internship has been terminated for any reason explained above, the student can apply for the next year of Internship and will be subject to the norms, procedures and regulations of this new internship period. The intern has to supply a written notification to the Internship Program to re-activate his/her file to apply for the next Internship Program; the deadline for application is notified in the Academic Calendar.

Stipends and Positions

Each agency provides a stipend that is distributed according to the policies and schedule of that agency. The MIPCP reviews its stipends annually and every effort is made to maintain stipends at competitive levels when compared to other internship programs in Puerto Rico.

Internship Certification Ceremony

The one year of Internship training experience is completed when the intern completes the 12 consecutive month period and at least 2,000 hours of intensive and extensive training activities (from August 1st to July 31st), the minimum of 25% or 500 direct (face-to-face) contact with clients and completes all the requirements (evaluations, monthly reports, workshops, etc.).

The internship program coordinator certifies the intern's hours by sending a certification report to the Registrar's Office and Program Director as soon as the group of interns completes the period of training and all the requirements are met. A ceremony is held in July in which a certification document (Certificate of Internship Completion) is given.

Opportunity and Affirmative Action Policies

It is the policy of the Internship Program of MUC to adhere to the State and Federal laws and regulations relating affirmative action and equal opportunity. Candidates will be assessed with no discrimination on the basis of race, color, creed, sex, natural origin, age, sexual orientation or physical handicap. Applicants who do not qualify will be notified immediately. If selected, an individualized program will be designed reflecting the interest and needs of the Intern. The Internship Program abides by APA and APPIC policies and guidelines.

Insurance

MUC will provide the following insurance policies (“*Póliza contra accidente de estudiantes*”, and Malpractice Insurance).

Any claim for an accident occurred within the premises of the rotation site must be submitted according to the dispositions of MUC or AU Public Responsibility Insurance. The director of the rotation site must notify immediately the Internship Program Director and submit an incident report within the 24 hour period following the accident.

Finally, the director of the rotation site and the supervisor must notify the Internship Program in written immediately after a client submits a claim related to an intern.

Appendix A

Due Process

MAYAGUEZ INTERNSHIP PROGRAM IN CLINICAL PSYCHOLOGY

Due Process

I. Introduction

The doctoral program in Mayagüez Internship Program in Clinical Psychology (MIPCP) is committed to providing a professional training of excellence. Both staff and interns are expected to conduct themselves according to the ethical standards established by the American Psychological Association (APA), the Puerto Rico Examination Board of Psychologists, as well as all policy and laws that apply to the practice of psychology in Puerto Rico.

Interns and staff are subject to the policies and procedures outlined in the Mayagüez Internship Program in Clinical Psychology Manual. The MIPCP has a cardinal norm of treating all interns equally and to administer all policies and procedures consistently. When an intern's performance is unsatisfactory or the policies or procedures are violated, corrective actions to address the offense may be taken. Generally, corrective actions are administered in a progressive disciplinary fashion which normally would involve the following order: verbal warning, written warning (with remediation), and dismissal from internship. Sometimes, misconduct by an intern may be serious enough that steps in the disciplinary process may be dispensed and the intern would be immediately terminated. Misconduct will be investigated in each instance, and the proper disciplinary step will be applied.

Training on these policies is made available to all interns and staff members each summer prior to the beginning of the new Internship year. This due process procedure covers all interns.

Recognizing the possibility that concerns, dissatisfactions, and/or grievances may arise on the part of the clinical psychology intern, training program or the Clinical Site Placement from the training process, it is important that there are well established and clear policies and procedures to attempt to satisfactorily resolve such situations. The following process is intended to provide due process protections for the psychology intern and training staff, will be employed to resolve problems identified by the intern or training program staff. The process is sequential with each successive step being utilized if the previous step did not successfully resolve the problem. The

seriousness and urgency of the problem or grievance will determine at which step the process will be initiated.

In order to provide an opportunity for issues to be identified and addressed before they develop into major problems, it is important that both, clinical psychology interns and the training program provide feedback to each other. In addition to informal feedback, a formal evaluation feedback as well as periodic evaluation of the training experience must be provided.

A. Definition of un acceptable behavior

Any staff member or peer who experiences concerns about any aspect of an intern's behavior is expected to discuss that concern directly with the intern and to inform the internship program coordinator about the discussion. Any time that any significant concern about an intern's progress or behavior is brought to the attention of the internship program coordinator, the importance of this concern and the need for related action will be assessed by the Internship training staff.

Unacceptable Behavior covers conduct which interferes with the professional functioning of the individual observed in one or more of the following ways:

1. Failure and/or reluctance to attain and assimilate professional standards into one's inventory of professional behavior.
2. Failure to acquire the professional skills required to meet an acceptable level of competency.
3. An inability to control personal stress, strong emotional reactions and/or psychological dysfunction, which interfere with professional functioning.

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, but are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.
3. The quality of services delivered by the intern is sufficiently negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.

6. The trainee's behavior does not change as a result of feedback, remediation efforts, and/or time.

Below is a list of violations which includes the type of inappropriate behaviors and conduct that may result in disciplinary actions up to and including the dismissal of an intern from the Internship. This list should not be viewed as all inclusive. Additionally, the training committee reserves the right to impose disciplinary actions up to and including the dismissal of the intern for other inappropriate or dangerous actions.

- Excessive Absenteeism/Tardiness
- Failure to report for work or failure to call in to report absences for 3 consecutive work days
- Bringing prohibited contraband to work including but not limited to weapons, alcohol, illegal drugs, or sexually explicit material
- Failure to complete required training in a timely manner
- Sleeping on the job
- Misuse of company property
- Failure to follow policies and procedures
- Insubordination, either intentionally or implied, by actions or words spoken
- Unsatisfactory performance on the job
- Using tobacco products on the job or smelling of tobacco while at work
- Working under the influence of drugs or alcohol
- Positive Drug Test or failure to cooperate with drug testing procedures
- Sexual Harassment
- Endangering the lives of patients or other staff members
- Fighting or physically threatening co-workers or patients
- Falsifying records including but not limited to, employment records, timesheets, or patient records
- Theft of company property
- Breach of confidentiality

II. Procedures for Responding to Inadequate Performance by an Intern

A. Basic Procedures

With the purpose of identifying potential problems and avoid possible situations which may become major conflicts, MIPCP has established a formal evaluation procedure in which the intern receives periodical assessments during the training process, in clinical, supervision and didactic areas.

Interns receive five formal written evaluations from their respective supervisors, two times per session in Fall and Spring and one in Summer, or according to the calendar established by the MIPCP.

The evaluation is designed to identify strengths and weaknesses, such as: case conceptualization, clinical interventions, ethics and professional behavior, and sensitivity to human diversity. The evaluation process is shared with the intern who has an opportunity to respond before it is forwarded to the internship program coordinator and later to the intern's academic program.

If an intern receives an "unacceptable rating" (**i.e. a score of 3 or less**) from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence). **A rating of 3 or less in any of the competencies evaluated will trigger the implementation of a remedial plan.** The following procedures will be initiated:

1. **Within 5 working days of the occurrence**, the staff member will consult with the internship program coordinator to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the internship program coordinator is not the intern's primary or secondary supervisor, the internship program coordinator will discuss **within two working days of the notification by the staff member** the concern with the intern's primary and secondary supervisor.
3. If the internship program coordinator, primary or secondary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the internship program coordinator will inform **within two working days** the staff member who initially brought the complaint.
4. **If it is determined that the alleged behavior in the complaint, if proven, would constitute a serious violation, the internship program coordinator will meet within five working days** with the Intern's Supervisors (primary and secondary) to discuss the performance rating or the concern.

5. The internship program coordinator will meet with the director of clinical training to discuss the performance rating or the concern **within two working days of the notification by the staff member.**
6. The internship program coordinator, primary or secondary supervisor, and the director of clinical training may meet to discuss the possible course of action. **This meeting must be held within five working days of the notification to the Clinical Director.**
7. Whenever the director of clinical training or the internship program coordinator has made a decision about an intern's training program or status in the agency, the internship program coordinator and the director of clinical training will inform the intern in writing and will meet with the intern to review the decision **within five working days of the date of the decision.** This meeting may include the intern's primary or secondary supervisor. If the intern accepts the decision, any formal action taken by the internship program coordinator may be communicated in writing to the intern's academic program **within two working days of the date the decision was informed and accepted by the intern.** 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 challenge the action. **The procedures for challenging the action are presented in Section III (Appeal Procedures).**

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to **all trainees**, and provides appropriate appeal procedures. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. **During the orientation period, the program's expectations related to professional functioning are presented to the interns' in writing. These expectations are discussed in both group and individual settings.**
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals, at least five times per year.
3. Articulating the various procedures and actions involved in making decisions regarding impairment.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these 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. Providing a written procedure to the intern that describes how the intern may appeal the program's actions. Such procedures are included in the

Internship Program Description Handbook provided to interns and discussed during orientation.

7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing, and to all relevant parties, the actions taken by the program and its rationale.

B. Notice

Every intern is expected to behave according to the ethical principles of the profession of psychology. However, when an unethical conduct has been identified, it is important to have meaningful ways to address this unacceptable behavior. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern's training group, the supervision staff, and other Internship Program personnel.

Following is a description of the different steps to be taken, in this particular order, whenever a supervisor, or rotation site staff, have concerns about an intern's behavior or performance.

1. Verbal Warning

Verbal Warning alerts the intern of the need to discontinue the unacceptable behavior under discussion. As this is an informal intervention, no record of this action is kept.

If, after this informal intervention, the intern continues with unacceptable behavior, his or her supervisor must be informed and the subject discussed during a supervision session. The supervisor will inform the intern that there is a due date for the situation to be completely solved or other disciplinary actions may be taken.

2. Written Acknowledgment

Written Acknowledgment to the intern formally notifies that:

- a. The internship program coordinator is aware of and concerned with the performance rating.
- b. The concern has been brought to the attention of the intern.
- c. The internship program coordinator will work with the intern to rectify the problem or skill deficits.

- d. The behaviors associated with the rating are not significant enough to warrant a more serious action.
- e. The written acknowledgment will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

The grievance procedure may need to escalate to a formal stage when the informal stage fails to achieve the desired results.

3. Written Warning will identify possible sanctions and describe the remedial action plan.

Written Warning to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:

- a. A description of the intern's unsatisfactory performance.
- b. Actions needed by the intern to correct the unsatisfactory behavior.
- c. The time line for correcting the problem.
- d. What action will be taken if the problem is not corrected.
- e. Notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the internship program coordinator in consultation with the Training Committee and the intern's supervisor. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. **EXCEPTION:** An intern will be immediately placed on suspension if he or she has committed a felony, has sexual contact with a client or commits any other serious ethical violation. Subsequent actions will be determined by the training staff which may include reporting the incident to the program director at MUC. A formal hearing procedure must be held no later than ten (10) working days from the date the intern was suspended. A decision regarding the intern final status will be taken at this hearing.

The intern has the right to appeal the decision according to the following procedure:

C. Remediation Consideration and Sanctions

After all interested parties (Training Committee, director of clinical training and other relevant members of the training staff) have made a careful deliberation process; a remediation plan might be implemented that includes possible sanctions. The seriousness of the actions play a decisive role when considering remediation plans and sanctions. Remedial actions and sanctions

are listed below and may be implemented in any particular order deemed appropriate.

1. Remedial Action Plan

The purpose of the Remedial Action Plan is to provide the intern with a clear written statement of what behaviors are deemed problematic and to facilitate the intern's ability to make the desired changes. The need to protect the client and agency welfare will be incorporated into this plan when these issues are relevant to the problematic behavior. Several possible, and perhaps concurrent, courses of action may be included in modifying a schedule. Examples of potential components of a Remedial Action Plan are:

- a. The intern is required to reduce his or her clinical or other workload;
- B. The intern is required to more responsibly attend to professional duties such as completion of case notes, or attending scheduled client and supervision sessions regularly and on time.
- C. The intern is provided with additional supervision time, or the format and focus of supervision is modified in order to facilitate the development of therapeutic skills.
- D. The intern is required to complete additional readings, courses, or to attend relevant workshops in order to supplement knowledge in deficient areas. Increased monitoring of the intern's performance is instituted by measures such as additional review of case notes and therapy tapes by the Primary and Secondary Supervisor.
- E. The intern is required to obtain therapy in order to address personal issues that are seen as interfering with his/her professional development or behavior.

If it is determined that the welfare of the intern and/or clients have been seriously jeopardized, the intern's ability to see clients may be significantly reduced or suspended for a specified period. This will be documented in the Remediation Action Plan.

The Remedial Action Plan must be a written document signed by all parties to the Remedial Action Plan, with copies going to (a) the intern, (b) the internship program coordinator, and (c) any additional training staff member directly involved in the remediation.

The internship training staff will meet with the intern and the primary supervisor or secondary supervisor at a designated time after the development of the plan to assess compliance with the plan and progress in the program. Failure to adhere to the plan or to make sufficient progress will be evaluated for appropriate consequences and/or the need for modification of the plan.

The Remediation Action Plan includes a Modification Schedule, which 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. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the director of clinical training. The length of a modification schedule period will be determined by the internship program coordinator in consultation with the primary and secondary supervisor and the director of clinical training. The termination of the modification schedule period will be determined, after discussions with the intern, by the internship program coordinator in consultation with the primary and secondary supervisors and the director of clinical training.

2. Probation

Probation is also a time limited, remediation-oriented, more closely supervised training period. It's purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the internship program coordinator 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 rating. The intern is informed of the** probation in a written statement that includes:

- a) the specific behaviors associated with the unacceptable rating;
- b) the recommendations for rectifying the problem;
- c) the time frame for the probation during which the problem is expected to be corrected; and
- d) the procedures to ascertain whether the problem has been appropriately rectified.

If the internship program coordinator determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the internship program coordinator will discuss with the primary and secondary supervisors and the director of clinical training possible courses of action to be taken.

The internship program coordinator will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the internship program coordinator has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the internship program coordinator will communicate to

the director of clinical training that, if the intern's behavior does not change, the intern will not successfully complete the internship.

3. Suspension of Training Activities

A. Suspension of Direct Service Activities

Suspension of Direct Service Activities requires a determination that the welfare of the intern's client has been jeopardized. Such activity would require notification of the regarding client's rights, and would first subject the intern to any disciplinary action mandated by the Internship Policies and Procedures. Therefore, direct service activities will be suspended for a specified period as determined by the internship program coordinator in consultation with the director of clinical training. At the end of the suspension period, the intern's supervisor, in consultation with the internship program coordinator, will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

B. Suspension of Clinical Supervision Training

Suspension of Clinical Supervision Training requires a determination that the welfare of the students under supervision and their corresponding clients has been jeopardized. Such determination would require notification to both, the Intern and the students under his/her supervision, that said supervision relationship has been terminated and a new Supervisor (Intern) will be assigned. It is the sole responsibility of the Training Committee to determine any disciplinary actions to be taken according to the Due Process.

C. Suspension of Research Training

Suspension of Research Training requires a determination that the welfare of the subjects participating in an Intern's research project has been jeopardized. This determination includes, but is not limited to, violation of the ethical standards to be observed while conducting psychological research. Such determination would require notification to both, the Intern and the subjects participating in his/her research project. It is the sole responsibility of the Training Committee to determine any disciplinary actions to be taken according to the Due Process.

4. Administrative Leave

Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the clinical site placement or internship program at MUC. If the Probation Period, Suspension of Direct Service Activities, Suspension of Clinical Supervision Training or Research Training 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 will be informed. The internship program coordinator will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

5. Dismissal from the Internship

When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable, or unwilling, to alter his or her behavior, the internship program coordinator will discuss with the director of clinical training the possibility of dismissal from the training program or dismissal from the agency.

Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, the Puerto Rico Examination Board of Psychologists Code of Ethics, as well as all policy and laws that apply to the practice of psychology in Puerto Rico 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.

The internship program coordinator of the MIPCP calls for a meeting with the Training Committee and presents a report of all the proceedings carried out with the intern. Based on this report, the Training Committee decides whether they ratify the recommendation for dismissal from the Internship Program. Dismissal from the Internship Program involves the permanent withdrawal of all agency responsibilities and privileges and training program, as determined by the Training Committee of the MIPCP. The decision of the Committee is final and cannot be overruled by any person outside the Committee such as managerial staff from the university where the intern is enrolled.

In cases involving severe violations of the APA Code of Ethics, where imminent harm to clients is a prominent concern, where there is a preponderance of unprofessional behavior, or lack of change in behaviors for which a trainee has been placed on remediation, dismissal may be recommended. In such cases, this decision will be made by the entire training staff and subject to approval by the internship program coordinator. The intern will be notified immediately and will be provided with a copy of the documentation and informed of grievance and appeal procedures. Dismissal means that the intern would be terminated from employment payment and the training program. In the latter case, the agency will make recommendations to the academic program regarding further remediation and/or a career shift.

If the intern is in disagreement with any aspect of the remedial action or dismissal procedures, she/he may utilize the designated intern grievance procedures. The intern may grieve the validity of concerns that have been raised, the requirements of a Remedial Action Plan, and/or the process used during the remediation procedure.

When an intern has been dismissed from the internship program, the internship program coordinator will communicate to the intern's academic program that the intern has not successfully completed the internship.

III. Appeals Procedures

The following appeal procedure must be followed by an intern who disagrees with the remediation, sanctions or handling of the grievance:

- 1) The intern should file a formal complaint, in writing, and all supporting documents, with the internship program coordinator. If the intern is challenging a formal evaluation or remediation or sanctions, the intern must do so within five (5) working days of receipt of the evaluation.
- 2) Within three (3) working days of a formal complaint, the internship program coordinator must consult with the Training Committee and then decide whether to implement Review Panel procedures as described below or respond to the appeal without a Panel being convened.
- 3) Interns have the right to contest the decision made by the Review Panel through a formal appeal **within seven working days of the notification. This appeal is received by the internship program coordinator who, in consultation with the director of clinical training, will review the appeal and decide whether a new Review Panel will be appointed or if the original decision remains. The internship program coordinator will notify the decision to the intern within ten working days of the appeal's date.**

Grievance Procedures

- A. If an intern understands that there are situations in the rotation site that may hinder his or her academic and professional development (for example: poor supervision, unfair evaluations, the supervisor is not available or difficult to contact, excessive workload, interpersonal relations issues with other staff members, etc.) he or she can:
 1. Address the issue(s) informally with the staff members directly involved;
 2. If an informal attempt is unsuccessful, then the intern must take the situation to the attention of the Clinical Director of the Clinical Site Placement or appropriate staff member;

3. The Clinical Director, or appropriate staff member, may serve as a mediator between the intern and the staff member in trying to arrive to a solution satisfactory to both parties.
4. In those cases where informal attempts to resolve the issues are unsuccessful, the intern has the right to file a formal grievance, with all the evidence, with the internship program coordinator.
5. Once the formal grievance is received, the internship program coordinator has seven (7) working days to implement the Review Procedures described below and inform the intern of the decision.

V. Review Panel and Process/Hearing

1. When needed, a review panel will be convened by the internship program coordinator and Training Committee. The panel will consist of three (3) Supervisors selected by the internship program coordinator and Training Committee. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within ten (10) working days, a hearing will be conducted in which the appeal and all relevant materials are presented. Within ten (10) working days of the completion of the review, the Review Panel submits a written report to the internship program coordinator, including any recommendations for further actions. Recommendations made by the Review Panel must be approved by a majority vote.
3. Within seven (7) working days of receipt of the recommendation, the internship program coordinator will either accept or reject the Review Panel's recommendations. If the internship program coordinator rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the internship program coordinator may refer the situation back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the internship program coordinator within seven (7) working days of the receipt of the coordinator's request of further deliberation. The internship program coordinator then makes a final decision regarding what action is to be taken.
5. The internship program coordinator informs the intern, staff members involved and, if necessary, members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the internship program coordinator's final decision, the intern has the right to request that two members of the Training Committee of the MIPCP evaluate the decision.
7. The internship program coordinator appoints two members of the Training Committee to evaluate the proceedings and decisions taken. A written report will be presented to the internship program coordinator within fifteen (15) calendar days.
8. The internship program coordinator will evaluate the final recommendations and calls for a meeting with the Training Committee to agree on the course of action regarding the intern.
9. The internship program coordinator will meet with the intern to inform him or her the final decision of the Training Committee.
9. If the recommendation for dismissal is sustained, then the internship program coordinator will communicate the decision to the intern's Program Director.

Rev. March, 2018, by Aida Luz García, Ph.D.

Rev. February 2020, by Melissa Bezares- Hernández, Psy.D.

Rev. August 2021, by Rut F. García Robles, Ph.D.