**SAN JUAN INTERNSHIP PROGRAM IN CLINICAL PSYCHOLOGY CONSORTIUM**

SAN JUAN, PUERTO RICO

**INTERNSHIP PROGRAM DESCRIPTION**

**HANDBOOK**

**2020-2021**

**APPIC MEMBER - 1550**

**Hospital Pavía Hato Rey,**

**Iniciativa Comunitaria: Clínica de Pitirre**

**Professional Consulting, Inc. in collaboration with**

**Departamento de Corrección y Rehabilitación**

**Secretaría Auxiliar de Programas y Servicios**

**Negociado de Rehabilitación y Tratamiento**

**Clínica de la Albizu, Inc. Mayagüez**

Aida L. García, Ph.D.

Training Director Consortium

Revised May, 2019

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# Consortium Training Committee

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Training Director Consortium

Lisa Marrero, Ph.D.

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Metro Pavia Health Services Systems

Renier Baez, Ph.D.

Clinical Supervisor

Professional Consulting Psychoeducational Services**, Inc.**

**in collaboration with**

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**San Juan Internship Program in Clinical Psychology Consortium**

# Supervisors/Faculty

**Primary Clinical Supervisors/Faculty**

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Esther Rodríguez, Ph.D. Renier Báez, Ph.D.

**Secondary Supervisor/Faculty Training**

Sadia González, Psy.D. Jovette Sánchez, Ph.D.

Norma Piazza, Ph.D.

# Introduction

The San Juan Internship Program in Clinical Psychology Consortium (SJIPCPC or The Consortium) 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 Carlos Albizu University (CAU) provides administrative support to the Consortium, which is an e***xclusively affiliated internship program*** with CAU, through the Internship Psychology Program. Given its affiliated status, the Consortium reserves its twelve (12) internship positions for qualified graduate students of Carlos Albizu University.

The Consortium consists of four (4) major training sites: Metro Pavia Health Services Systems: Hospital Pavía Hato Rey, Iniciativa Comunitaria: Clínica Pitirre, Clínica de la Albizu, Inc. Mayaguez, and Professional Consulting Psychoeducational Services, inc. in Collaboration with Departamento de Corrección y Rehabilitación. A total of eight (8) fully funded interns will participate in the Consortium for the 2019-2020 training year. All participating organizations are described on this Handbook.

The SJIPCPC 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 CAU.

The Consortium is a **member** (Program Code: 1550) of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The administrative office is located at Carlos Albizu University, San Juan, Puerto Rico.

The Consortium 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 SJIPCPC 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.

**Carlos Albizu University**

**The San Juan Internship Program in Clinical Psychology Consortium was developed by Carlos Albizu University in 2010. The SJIPCPC attained APPIC membership as a consortium internship program in the 2012. The SJIPCPC is a cooperative internship training program that includes clinical sites (agencies) across the Puerto Rico. The Consortium consists of four (4) clinical sites in Puerto Rico, operating together under the direction of the Internship Training Director (ITD). The ITD has the authority and responsibility for serving as the designated administrative head of the Consortium and the chairperson of the Training Committee.**

The Internship Training Director (ITD) is faculty of the Carlos Albizu University. The ITD assumes the responsibility before the Consortium 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 The Consortium is Carlos Albizu Universtiy. The Carlos Albizu University provides administrative support to the Consortium, which is an e*xclusively affiliated internship* *program* with Psy.D. and Ph.D academic program.**

Carlos Albizu University (CAU) is a private, independent, non-profit institution with campuses in San Juan, Puerto Rico, San Juan Campus, Mayaguez, Puerto Rico, Mayaguez University Center, and Miami, Florida. CAU 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 CAU include doctoral degrees in Clinical Psychology (Ph.D. and Psy.D.), Ph.D. in General Psychology; Ph.D. in Industrial /Organizational Psychology; Master of Science degree in Industrial /Organizational Psychology; and Bachelor of Science degree in Behavioral Sciences with concentrations in Psychology and Speech and Language Therapy.

The San Juan Campus offers Ph.D. and Psy.D. Programs in Clinical Psychology, which are accredited by the American Psychological Association (APA), licensed by the 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. On September 23rd, 1994, APA accredited the Psy.D., and Ph.D. in Clinical Psychology Programs.

The historical contributions of CAU 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 CAU as an academic alternative to the traditional formation of theory oriented students was vital during this period. Since CAU’s inception, our students have consistently and energetically been involved in the changing face of psychology as a service oriented profession. CAU 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 CAU 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. CAU recruited faculty from diverse professions ranging from anthropologists, sociologists, political scientists, religious leaders, philosophers and lawyers. The early period of CAU was rich with ideas, idealism and strong commitment to generate changes in the field of psychology and mental health in Puerto Rico. CAU 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.

**Location**

San Juan is the capital and largest municipality in Puerto Rico. The 2010 census reported that it has a population of 395,326 which makes it the 42nd-largest city under the jurisdiction of the United States. San Juan was founded by Spanish colonists in 1521, who called it *Cuidad de Puerto Rico* (“City of Puerto Rico”). It is the oldest city in Puerto Rico as well as in United States, and second oldest European-established city in the Americas. Several historical buildings are located in San Juan, among the most notable are the city’s in the Americas. Several historical buildings are located in San Juan, among the most notable are the city’s former defensive forts, *Fort San Felipe del Moro* and Fort San Cristobal. These sites are visited annually by thousands of tourists, students, historians and archeologists. Today, San Juan serves as one of Puerto Rico’s most important seaports, and is the island’s manufacturing, financial, cultural, and tourism center. The city has been the host of numerous important seaports, and is the island’s manufacturing, financial, cultural, and tourism center. The city has been the host of numerous important events within the sports community, including the 1979 Pan-American Games, the Central American and Caribbean Games in 1966, 1993 and 2010, the 2006 World Baseball Classic and Caribbean Baseball Series, and the 2010 Special Olympics.

**Facilities**

The San Juan Internship Program in Clinical Psychology at CAU 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 35 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 the Consortium will be available through Blackboard. Interns will be able to verify appointments, access evaluation forms, applications and other information by logging on to Blackboard.

**Consortium**

The Consortium benefits of a number of cooperating agencies offering a wide variety of field experiences for doctoral students in clinical psychology. The Consortium 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 Director at CAU and the Clinical Director, or representative of each agency. SJIPCPC is governed by a Training Committee, comprised of the Clinical Site Directors from each member organization and the Training Director of the Internship Program at CAU. The Consortium Training Director is designated by the President of CAU.

Through a rigorous screening process, the Training Committee of the Consortium 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 Consortium Training Director coordinates 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 Consortium. The Consortium Training Director will inform the decision to the Director of the agency and discuss any relevant recommendations made by the Consortium Training Committee. A Letter of Acceptance will be issued to the agency to formally introduce it to the Consortium.

It is necessary that the Clinical Director of the Agency or Organization maintain direct communication with the Consortium Training Director. 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 Consortium Training Director. 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 Consortium Training Director presents to the Consortium 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 Consortium Training Director then meets with each agency director to discuss the recommendations of the committee.

**Consortium Governance**

**Training Committee**

The Consortium Training Director 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 Consortium Training Director 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 consortium

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 three (3) 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.

**Consortium Training Director**

The Consortium Training Director 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 Program Director meets, at least, four times a year with the clinical supervisors and secondary supervisor to assess the interns’ progress. The Consortium Training Director has the following duties:

1. Chair all meetings of the training committee according to the agenda previously agreed with the members of the Consortium
2. Chair all meetings of the primary and secondary supervisors
3. Serve as a liaison between the Consortium, 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 SJIPCPC 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 SJIPCPC 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 SJIPCPC 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.

**SJIPCPC Member Agency Clinical Directors**

As part of the Consortium, the Clinical Directors of each agency represent their respective agency and assure the implementation and administration of SJIPCPC’s education and training program. Following is a list of the main responsibilities of each Clinical Director:

* Attend Consortium meetings and represent their respective agency.
* Appoint a designee to attend Consortium meetings whenever the Clinical Director will be absent
* Examine and offer feedback regarding the materials, documents and reports brought forth to the attention of SJIPCPC 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 SJIPCPC Training Committee
* Provide ranking order information of its candidates
* Complete association applications and submit dues to the SJIPCPC Training Committee
* Assure that his or her respective agency observes the training principles established by the SJIPCPC Training Committee
* Foster and coordinate educational and/or training activities

**Communication Between Academic program and**

**The consortium**

The Consortium Internship Training Director writes a formal letter of acceptance to the intern and sends a copy to the Academic 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 Consortium 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 Academic Program Director. The Consortium Training Director 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 Carlos Albizu University (CAU). 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 Consortium 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 Consortium 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 Consortium Training Director, 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 Consortium Training Director, 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 Consortium 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 Consortium Training Director, 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 Consortium Training Director and Training Committee. The payment process of the stipend must be realized as agreed in the Academic Contract and Consortium Agreement.
3. The Consortium Training Director 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, Consortium Training Director 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 SJIPCPC 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 Consortium. 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 Director of the Consortium and the approval by the Training Committee Consortium. 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 following clinical site placements or agencies are members of the Consortium for the 2019-2020 academic year:

**Hospital Pavía Hato Rey,**

**Metro Pavia Health Services Systems**

**Metro Pavia Health Services Systems (MPHSS)** is a private psychiatric hospital system in the metropolitan, west and central region in Puerto Rico. Its central administration is located in the Municipality of Guaynabo. MPHSS is a for profit organization organized under the laws of the Commonwealth of Puerto Rico hereby represented by **Olga Colón, MBA/HCM** and **Lisa Marrero**, **Ph.D.** is the Clinical Director. The Hospital provides a full spectrum of behavioral health services to acute inpatient treatment for adults and older adults with psychiatric and dual diagnosis (psychiatric and substance abuse) disorders.

The Hospital provides intake interviews, preparation of a treatment plan, clinical assessment and diagnostic services, emergency treatment, suicide and homicidal assessment, and consultation. Treatment modalities include adult,group and individual therapy, crisis intervention, orientation family services, and specialized treatment programs. This treatment services are available for patients who are diagnosed with a range of serious mental illness. The Hospital staff is multidisciplinary and is represented by psychiatrists, physicians, clinical psychologists, nursing and clinical social workers.

The Hospital provides the interns the opportunity to develop clinical skills in individual and group therapy and clinical assessment. The training includes seminars in diagnosis and treatment, emergency procedures and management and family orientation. The multidisciplinary team conducts weekly case discussions. Two hours of individual supervision per week are provided to the intern by a licensed doctoral level psychologist.

In addition, two hours of group supervision per week are provided by the Carlos Albizu University under the supervision of a licensed doctoral level psychologist. Finally, three hours of didactic training per week are offered to all interns at CAU.

# Metro Pavia Services Systems will have two (2) full-time internship positions for the 2019-2020 internship years.

**Clinical Supervisors:**

Liza Marrero, Ph.D.

**Clinica de la Albizu, Inc., Mayagüez**

**Clínica de la Albizu, Inc, Mayaguez (CAM)** is a community mental health clinic. The clinic emphasizes on meeting the needs of the community and providing training experience at both the doctoral practicum and doctoral internship levels. Over the past 2 years, the Clinic has served more than 2,000 persons. It is ascribed to Carlos Albizu University.

This internship site provides experiences of ongoing psychotherapy with outpatients, crisis interventions, assessments, psychological and psychodiagnostic testing, individual, family psychotherapy, and consultations to community based programs. Assessment procedures include various measures of stress, anxiety, depression and standard psychodiagnostic batteries. Interns have the opportunity to engage in psychotherapeutic work with outpatients within a wide spectrum of clinical complaints. A minimum of two hours per week of supervision is provided to each intern.

In addition, two hours of group supervision per week are provided by the Carlos Albizu University under the supervision of a licensed doctoral level psychologist. Finally, three hours of didactic training per week are offered to all interns at CAU.

**Clinica de la Albizu, Inc., Mayaguez Learning Center** will have three (3) full-time internship position for the 2019-2020 internship year.

**Supervisors:**

Youssef Ahmad, Ph.D.

Melissa Bezares, Psy.D.

**Iniciativa Comunitaria, Inc.**

Iniciativa Comunitaria, Inc. (ICI) is located in the metropolitan area and offers integrated services to substance abuse patients and families. The goals of the program are directed to offering patients and their families integrated care in the areas of physical, spiritual and emotional health. This program serves a population of out patients/clients, groups and families. ICI is a for profit organization organized under the laws of the Commonwealth of Puerto Rico hereby represented by Juan Nazario, Psy.D., who is the Clinical Director.

ICI arises from the educational needs regarding the HIV/AIDS treatment alternatives available during the 1990’s decade. During this decade AZT was the only treatment alternative available. Dr. Vargas Vidot, along with a group of HIV/AIDs patients and community representatives, recognized the need of having more information and action to benefit these patients. With this purpose in mind, they decided to develop a project to educate the patients and the community about non-traditional treatment options and additional research protocols related to AZT.

Following its incorporation in 1992, ICI began to develop and implement health services programs for the prevention of HIV/AIDS in high risk groups: sex workers, high risk women, drug addicts and homeless people. Since 1998, ICI began to offer rehabilitation services for drug addicts through integrated services programs that range from detoxification to re-entry to daily life.

An integral part of ICI’s efforts and services is its clinic for drug users known as ***Clínica Pitirre***. The clinic offers integrated physical and mental health services for adults who are active drug users and for their relatives. More than 800 patients, from all over the Island, receive services from the clinic each year. The *Pitirre* Clinic staff is multidisciplinary and is represented by psychiatrists, physicians, clinical psychologists, nursing and clinical social workers.

At ***Clínica Pitirre*** UCA’s Interns offer clinical assessment, individual, family and group psychotherapy to patients and their families. It is also required to participated seminars and conferences related to prevention and therapeutic interventions and support groups. The psychotherapeutic models used include psychosocial interventions, cognitive therapy and family and group therapy. The training program is supervised by licensed doctoral level psychologists for a minimum of two hours per week individual supervision. Two hours of individual supervision per week are provided to the intern by a licensed doctoral level psychologist.

In addition, two hours of group supervision per week are provided by the Carlos Albizu University under the supervision of a licensed doctoral level psychologist. Finally, three hours of didactic training per week are offered to all interns at CAU.

# *Clínica Pitirre* will have one (1) full-time internship position for the 2019-2020 internship year.

**Supervisors:**

Esther Rodríguez, Ph.D.

**Professional Consulting Psychoeducational Services, Inc. in Collaboration with Departamento de Corrección y Rehabilitación, Negociado de Rehabilitación y Tratamiento**

Professional Consulting Psychoeducational Services (PCPS) is an organization organized under the laws of the Commonwealth of Puerto Rico hereby represented by **Steven Delgado, M.S.** and **María Rohena**, **Ph.D.** is the Clinical Director. PCPS is an organization dedicated to offer educational and psychological services to schools and communities in Puerto Rico. Also, it has a collaboration agreement with Departamento de Corrección y Rehabilitación, **Negociado de Rehabilitación y Tratamiento to offer psychological services to the inmate population of Puerto Rico.**

The mission of *the* ***Negociado de Rehabilitación y Tratamiento*** *(NEA)* is to provide services to all inmates under the custody of the Administration of Corrections of Puerto Rico. The main purpose of this organization is to provide rehabilitation and treatment services to the inmate population. The objective is to help the individual to recognize and modify those behaviors that promote violent acts and drug and alcohol abuse.

The organization offers a series of evaluation, treatment and orientation services to respond to the particular needs of each inmate. The treatment program for inmates combines therapeutic approach within the framework of social learning theory and cognitive therapy. The correctional facilities are located in the metropolitan, east, and northern region of Puerto Rico. The population served at this site reached a total of 1, 328 inmates last year. NEA is a for in profit organization organized under the laws of the Commonwealth of Puerto Rico, **Renier Baez**, **Ph.D.** is the Clinical Supervisor in Bayamón Region.

***NEA’s*** training experience is focused on preparing students to become general clinicians and providers of mental health services in correctional settings. The major portion of the Internship Program is dedicated to the provision of direct services including initial interviewing, individual and group therapy, psychological assessment and crisis intervention. Interns are gradually exposed to the clinician role, practicing with greater independence as their skills and level of confidence are developed. Specific intern activities include maintaining an individual therapy case load, serving as co-therapist in substance abuse and other therapy groups, forensic evaluations, crisis intervention, case presentation and consulting with staff and other health professionals. Supervision is provided two hours per week by licensed doctoral level psychologists.

In addition, two hours of group supervision per week are provided by the Carlos Albizu University under the supervision of a licensed doctoral level psychologist. Finally, three hours of didactic training per week are offered to all interns at CAU.

# *NEA Bayamón Region* will have two (2) full-time internship positions for the 2019-2020internship years.

# Supervisor:

# Renier Baez, Ph.D.

**Application and Eligibility: Acceptance Procedures**

The San Juan Internship Program in Clinical Psychology Consortium **is a member** (Program Code: 155011) of the Association for Post-doctoral and Psychology Internships Centers (APPIC). You can obtain the internship brochure at www.albizu.edu. (San Juan Internship Program in Clinical Psychology Consortium). In the selection process the Consortium seeks Carlos Albizu University graduate students and will accommodate graduate students from other universities only to fill positions not filled by Carlos Albizu students.

Selection and admission to the San Juan Internship Program in Clinical Psychology Consortium is the responsibility of the Training Committee. Admission to the consortium is primarily based on individual merit and does notdiscriminate 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 consortium an exclusively affiliated program, interns from Carlos 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 withoutbias 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. or Ph.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 progressis evaluated periodically (Intern’s Evaluation Form).
3. Be fully bilingual (Spanish and English).

# Admission Requirements

# The requirements for the Ph.D. and 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 SJIPCPC.

Applications should include the following information and documents:

1. A statement of purpose for the internship experience specifying the applicants interest in the San Juan Internship Program Consortium, a description of their personal strengths and limitations, long and short term goals in psychology and career plans.
2. Fill out an AAPI Application for Psychology Internship. These documents can be downloaded from the APPIC web site (www.appic.org).
3. Two reference letters by faculty members.
4. 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.
5. Curriculum Vitae.
6. One photograph 2 x 2 (to be submitted after admission).
7. Copies of the license and recertification (if applicable).
8. Academic Transcripts.
9. Work sample of a case conceptualization and a psychological assessment report.
10. Interview - An interview with the Training Director of the Consortium, Assistant to the Training Director in Clinical Affairs and Clinical Site Placement Director.

Selection Procedures

The selection process of applicants to the SJIPCPC begins with an evaluation of the candidate’s documentation by the Training Director of the Consortium. This evaluation includes:

* Organization and presentation of the documentation submitted
* Previous experience of the candidate working with populations that are similar to those served by the agency selected
* Previous experience of the candidate working with diverse populations
* The candidate’s experience offering clinical assessment services (total # of hours, type of services)
* The candidate’s experience offering direct clinical services (total # of hours, type of services)
* It is discretionary of the Training Director of the Consortium to take into consideration other criteria

Candidates who fail to pass the initial evaluation process are notified in writing and advised that they might be considered if selected candidates declined the invitation for an interview. Candidates who pass the initial evaluation process will be invited to an interview with a Consortium Agency Clinical Director. Ratings are assigned to each candidate based upon his/her interview according to the guidelines outlined in *“Interviewing Applicants with e doctoral Internship Positions”*. SJIPCPC members complete the Ranking Form and forward the Form to the Training Director.

Applicants who do not qualify will be notified immediately. The selection of interns is primarily based on rating of the applicant’s qualification for internship program using the following criteria:

1. An interview with the Clinical Director of the Clinical Site Placement.
2. Two letters of recommendations from previous professors or training supervisors who know the applicant well.
3. Transcript of Academic and Practicum work as an indication of the scope of psychological knowledge.
4. Sample of a case conceptualization
5. Sample of a psychological assessment report.

# Deadline to submit the application is December 1*, 2019*. Applicants will be considered for the San Juan Internship Program in Clinical Psychology Consortium beginning *August 1st, 2020*.

The applicants’ files will be reviewed by the selection committee and an interview will be scheduled for selected candidates. Applicants who are not accepted will be notified at the earliest possible date.

# Opportunity and Affirmative Action Policies

It is the policy of the Consortium 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 Consortium Training Director in writing before starting the Internship period so that the necessary arrangements can be made for this purpose.

**Stipends and Positions**

# The Consortium currently has nine (9) funded positions in Puerto Rico, with a stipend of $16,125.00 annually. It is a requirement to be fluent in oral and written Spanish and have reading knowledge of English in order to apply to a Consortium Site. These requirements are based on the fact that the population served is predominantly Hispanic and many of the texts used in clinical training are in English.

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

# Philosophy and Model of the Internship Training

The Consortium 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 fellow interns. The program places emphasis on the quality of the relationship between interns and primary and secondary supervisors. 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. 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 Site Placement, 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.

The Consortium is designed to provide a diverse range of training activities and experiences for doctoral clinical psychology students. The Mission of the Consortium is to provide professional growth to the intern in Clinical Psychology, through sequential and didactic training based on a ***Practitioner Scholar Model***. A key factor within the Mission is to understand the cultural and individual differences in an ever changing society and how it relates to clinical practice and the body of scientific knowledge.

Our training program is based on the ***Practitioner Scholar Training*** model. This model of education and training in clinical psychology consists of 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 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.

During the Internship year, the interns from the Ph.D. and Psy.D. Programs are integrated to develop their specific areas of competency. The benefits of these interactions between the two orientations promote greater depth and breadth in the Internship Program. It also generates the expectation that science and practice are interdependent and mutually enriching fields in clinical psychology. Interns are expected to become proficient in ***empirically supported procedures*** and expected to approach each clinical situation with an individualized focus as trained at their sites.

The Consortium 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 Consortium also gives great importance to the quality of the relationship between interns and faculty.

The basis of the Internship experience is acquired through the refinement of the knowledge, skills and attitudes needed for doctoral level positions in Psychology and increased supervised training in areas such as psychotherapy, testing and assessment, supervision, consultation, testing, and research, among others. The program provides a unique opportunity for interns to increase and refine 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 site placements with emphasis 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.

# Internship Program Goals, Objectives and Competencies

The Consortium training model consists of goals to develop scientific and professional knowledge, competencies and attitudes through planned and graded experiences in the areas of direct services, advanced training, and professional development activities. The training model is designed to provide a diverse range of training activities and experiences including, but not limited to:

1. Clinical assessment
2. Clinical intervention
3. Research
4. Clinical supervision
5. Relationship
6. Consultation and Education
7. Management and supervision

The Consortium seeks, through the mentoring approach, a close and continuous relationship between interns and their supervisors and professional resources in the community. The close interaction fosters and encourages the exchange of experiences and knowledge at both, the formal and informal, levels of communication, assures the incorporation of ethical and professional norms and standards into decision making and daily routines during the internship process, as well as address the need to direct and refine the development of professional attitudes, commitments and participation in the field of psychology in the community.

The integration of the Ph.D. and Psy.D. interns in the Consortium offerings serves to enrich each program with the specialized competencies of the interns, demonstrate the benefits of interaction between practitioner and research orientations, fosters greater depth and breadth in the Internship Program, and generates the expectation that science and practice are interdependent and mutually enriching fields of psychology.

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

All SJIPCPC member agencies adhere to the following education and training goals:

***Profession-wide Competency: Assessment***

**Goal #1: Proficiency in clinical assessment and diagnosis**

**Objectives for Goal #1.1:**

* 1. Applies clinical skills during the intake interview, clinical assessment, conceptualization, clinical diagnosis, and treatment plan.

**Competencies Expected for these Objectives #1:**

* + 1. Demonstrates successful initial and follow up interviewing skills with individuals, couples, and families in order to assess mental status.
    2. Applies knowledge on clinical observation; this will help improve reasonable statements about the clients’ affect, flow of thought, general mental status, and quality of speech.
    3. Conducts a clinical interview and integrate clinical information from the client’s: clinical observation, mental status, psychosocial history, psychological evaluations and other sources.
    4. Assesses client risk and intervene appropriately.
    5. Demonstrates skills in conceptualize/formulate cases, diagnosis (DSM-V), and the development of individualized treatment plans, treatment recommendations and intervention strategies.

**Objectives for Goal #1.2:**

1.2: Demonstrates skills in psychometric and psychological evaluation

**Competencies Expected for these Objectives #2:**

1.2.1. Demonstrates competency in selecting appropriate methods to administer and evaluate the client.

1.2.2 Ability to interpret and integrate testing result in an evaluation written report.

***Profession-wide Competency: Intervention***

**Goal 2: Proficiency in clinical intervention**

**Objectives for Goal #2.1:**

2.1 Applies skills in therapeutic interventions during the treatment process.

**Competencies Expected for these Objectives #1:**

* + 1. Ability to conduct ***individual therapy according to conceptualizations***, diagnosis, and treatment plans.
    2. Ability to conduct ***family therapy*** for the families presenting problems.
    3. Ability to conduct ***couples therapy*** for the couples presenting problems.
    4. Ability to conduct ***group therapy*** or ***Psychoeducational groups*** for the clients presenting problems.
    5. Ability to conduct appropriate therapy termination including use of strategies to minimize return of symptoms.

**Integration science and practice**

**Objectives for Goal #2.2:**

2.2 Evaluates and applies scholarly literature related to clinical assessment and intervention

**Competencies Expected for these Objectives #2.2:**

2.2.1 Evaluates interventions and their effectiveness in clinical practice.

2.2.2 Applies evidence-based practice concepts in conceptualization, treatment planning and interventions.

***Profession-wide Competency: Professional values, attitudes, and behaviors***

**Goal 3: Proficiency in reflective practice, self-assessment, coping strategies, professional conduct and lifelong learning.**

**Objectives for Goal #3.1:**

3.1. Demonstrates professional conduct in reflective practice and self assessment.

**Competencies Expected for these Objectives #3.1:**

3.1.1 Demonstrates skills in identifying professional strengths and limitations.

3.1.2 Demonstrates personal and professional awareness of own strengths, limitations and areas of growth as a clinician.

**Objectives for Goal #3.2:**

3.2. Applies positive coping strategies with personal and professional stressors and challenges.

**Competencies Expected for these Objectives #3.2:**

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. Develops professional responsibility, and documentation skills in a variety of settings.

**Competencies expected for these objectives #3.3:**

3.3.1 Demonstrates responsibility and documentation skills with clinical site and Internship Program.

**Objectives for Goal #3.4:**

3.4 To develop an ongoing commitment to continued learning (Life-long learning)

**Competencies Expected for these Objectives #3.4:**

3.4.1 Demonstrates commitment to continued learning in psychotherapy.

3.4.2 Demonstrates commitment to continued learning in psychological evaluation.

3.4.3 Demonstrates commitment to continued learning in areas of clinical research, evidence base, consultation, supervision, and other areas of professional psychology.

3.4.4 Demonstrates skills in delivering didactic presentations and case presentations.

***Profession-wide Competency: Ethical and legal standards***

**Goal 4: Proficiency in ethics and legal matters**

**Objectives for Goal #4.1:**

4.1. Applies 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 #4.1:**

4.1.1 Demonstrates knowledge of ethical principles and laws.

4.1.2 Demonstrates skills in applying ethical principles and law in clinical site and scientific research.

***Profession-wide Competency: Communications and interpersonal skills***

**Goal 5: Proficiency in *Communications and interpersonal skills***

**Objectives for Goal #5.1:**

5.1. Applies interpersonal skills in a variety of settings

**Competencies Expected for these Objectives #3.4:**

5.5.1 Ability to effectively work in multidisciplinary teams.

5.5.2 Demonstrates skills in developing and maintaining an effective professional relationship with clients, peers, faculty, supervisor(s), supervisee(s), and administrative staff.

**Objectives for Goal #5.2:**

5.2. Applies skills in developing and maintaining a professional relationship with the supervisor(s).

**Competencies Expected for these Objectives #3.5:**

5.2.1 Ability to seek consultation or supervision as needed and uses it productively.

5.2.2 Demonstrates skills in developing and maintaining a professional relationship with the supervisor(s).

5.2.3 Appropriately integrate and implement supervisor’s feedback.

5.2.4 Demonstrates openness towards supervisor’s recommendations.

***Profession-wide Competency: Individual and cultural diversity***

**Goal 6: Proficiency in clinical issues of individual differences and diversity**

**Objectives for Goal #6.1:**

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

**Competencies Expected for these Objectives #4.1:**

6.1.1 Ability to establish rapport with clients with different cultural and diverse backgrounds.

6.1.2 Ability to incorporate knowledge of diversity in case conceptualization.

6.1.3 Demonstrates knowledge of different cultural dimensions and its potential influences on self and others.

6.1.4 Ability to implement psychological assessment and interventions for diverse populations.

***Profession-wide Competency: Consultation and interprofessional/ interdisciplinary skills***

**Goal 7: Develop skills in consultation i*nterprofessional/ interdisciplinary skills***

**Objectives for Goal #7.1:**

7.1. Applies professional skills in consultation and community education for diverse populations and diverse settings.

**Competencies Expected for these Objectives #7.1:**

7.1.1 Ability to provide consulting to mental health professionals, teachers, agencies, schools, parents, and others.

7.1.2 Ability to provide community education to mental health professionals, teachers, agencies, schools, parents, and others.

**Clinical Supervision Training**

**Goal 8: Professional competency in providing clinical supervision to student in clinical practicum.**

**Objectives for Goal #8.1:**

8.1. Applies professional skills in clinical supervision.

**Competencies Expected for these Objectives #8.1:**

8.1.1 Develops 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 individual and group formats

8.1.4 Ability to develop the supervisee practice specific clinical skills.

**Components of Training Program**

Interns are required to complete one calendar year, full-time Internship (12 consecutive months) 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 500 hours 25% 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 month term is completedas established in his/her Academic Contract.

The Internship Program consists of four (4) essential components:

1. Clinical Training: direct clinical service activities
2. Psychological Assessment Training
3. Didactic training
4. Professional Development Activities

# Rotation and Intern’s Time Distribution

Interns of both Doctoral Clinical Psychology Programs (Ph.D. and Psy.D.) are required to complete a minimum of 2,000 hours of supervised training activities within the academic year beginning in August through July. Interns are expected to work 40 hours per week. The Intern has to submit his/her program accomplishing the 40 hours per week. This Program has to be an official document signed by the intern’s primary supervisor, secondary supervisor and Consortium Training Director.

Within the SJIPCPC, all interns have two rotations. Following is a description of each one:

**Major Rotation: Training Activities at the Agency/Consortium Clinical Site Placement**

In the major rotation, the interns have to work 30 (75%) hours at the Clinical SitePlacement weekly. Within these 30 hours, two (2) hours have to be destined to direct individual clinical supervision. A minimum of 15 hours per week of direct clinical service are required. A minimum of 25% of the total monthly hours of the Internship (approximately 15 hours) is devoted to direct or face-to-face clinical services: initial interview, crisis intervention, clinical assessment, psychological evaluation (Approximately 2 hours per week), psychotherapy and consultation.

Typically, interns are expected to spend at least 15 hours per week on direct contact with clients and the remaining hours in internship related activities which include: clinical paperwork, report writing, supervision, and didactic seminars. Also, otheractivitiesare the preparation for the psychotherapy sessions, treatment plans, correction and preparation of psychological/psychometric evaluations and reports and administrative duties performed in the Internship Clinical Site Placement.

# Direct clinical service activities include the following (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 (Approximately 2 hours per week)
  7. Consultation/Outreach Community
  8. Crisis Intervention

**Psychotherapy** – Interns are expected to engage in individual, family, couples, and group psychotherapy with populationsthat, 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 CAU. 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.

A minimum 2 hours per week applies for both Ph.D. and Psy.D. interns. The intern's therapeutic, diagnostic, and consulting work is supervised individually by a doctoral level licensed clinical psychologist, for a minimum of two (2) hours per week within the Agency/Clinical Site Placement. 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 Clinical Site Supervisor should not have any type of relation prior to the Internship process with his/her supervisee.

**Minor Rotation: Internship Training Activities at CAU**

Interns work ten (10) hours weekly from CAU. These hours are distributed as follow:

* 2 hours – group supervision in the area of psychological tests
* 4 hours – administration, scoring of psychological tests protocols and writing psychological reports.
* 3 hours – didactic training
* 1 hour – research and clinical supervision training

**Psychological Assessment Training**

Interns’ Supervision Group meet for **two hours** on a weekly basis. Training activities are distributed as follows: two hours per week for group supervision and four (4) hours per week for psychological assessment activities. These four (4) hours are dedicated to the administration, scoring of psychological tests protocols and writing psychological reports.

Following is an example of a typical intern's weekly schedule:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 8:00 | Direct Service |  |  | Direct Service |  |
| 9:00 | Direct Service |  | Psychological Assessment | Direct Service | Individual Supervision |
| 10:00 | Direct Service |  | Psychological Assessment | Direct Service | Individual Supervision |
| 11:00 | Direct Service | Psychological Assessment | Psychological Assessment | Direct Service | Administrative Time |
| 12:00 | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1:00 | Direct Service | Group Supervision | Administrative Time | Direct Service | Direct Service |
| 2:00 | Direct Service | Group Supervision | Administrative Time | Direct Service | Direct Service |
| 3:00 | Administrative Time | Didactic Training | Administrative Time | Administrative Time | Direct Service |
| 4:00 | Administrative Time | Didactic Training |  | Administrative Time | Administrative Time |
| 5:00 |  | Didactic Training |  |  | Administrative Time |
| 6:00 |  | Research and clinical supervision training |  |  |  |
| 7:00 |  | Dinner and meeting socialization with peer |  |  |  |

**Didactic Training: Interns Professional Seminars**

Interns have several opportunities **throughout** the internship year, to attend didactic presentations, workshops and training sessions. The workshops and training sessions are coordinated by both the Consortium’s agencies and the Training Director Consortium. Also, other didactic experiences are lead by internship supervisors. The Curriculum Design Seminars are approved by the Committee Training of the Consortium.

Didactic training activities generally occur and are sponsored by the Internship Program at CAU.The director of the Consortium is responsible of organizing and supervising the three (3) weekly hours of didactic training. All of the interns in the Consortium participate of the three (3) weekly hours of didactic training of the Internship Program at CAU.

A core curriculum of seminar and intern case presentations are provided where all interns meet together on Tuesdays three hours (3 hours) per week irrespective of their particular clinical site placement. Interns will also be expected to present cases throughout the year.

The Director of the Consortium is responsible of organizing and supervising a series of trainings which are programmed during the internship year (12 consecutive months). Interns receive a total of 156 hours per year of training. These training experiences are directed toward strengthening the areas of clinical skills and psychological evaluations.

The amount (hours) of didactic activities is not affected by holidays or even longer breaks (Spring and Winter) as these are replaced the next available Tuesday. In addition, online didactic activities must be completed by the intern during these periods.

A total of 52 didactic trainings (3 hours per week) are held by at Carlos Albizu University during each internship cycle (year) for a total of **156 hours**. The purpose of these meetings is to offer different training experiences each week to every intern. Training seminars are offered every Tuesday from 3:00 to 6:00 pm. Then, from 6:00 to 7:00 pm interns receive research and clinical supervision training. Finally, from 7:00 to 8:00 pm interns celebrate committee meetings and socialize (dinner) during the group supervision meeting.

SJIPCPC’s didactic trainings consist of the Weekly Didactic Training, Intern’s Theme and Case Presentation and Crisis Intervention Seminar. Following is a description of the training activities:

**Workshop**–Topics of the weekly trainings can include psychopharmacology; cultural diversity; assessment and treatment; ethical and legal issues in crisis intervention, dissociative disorders, personality disorders, spirituality and well being, among others.

**Theme and Case Presentation**

Case presentations are required for every intern. These are presented during the weekly didactic trainings. Each intern is responsible for a case presentation and the discussionof a special topic related to the case presented. The case presentation must include the clinical 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.

Interns have to demonstrate they are knowledgeable of the case and discuss the rationale for clinical interventions according to specific psychological principles. Also, they are required to present a current journal article or other scientific evidence that supports his or her clinical approach. Primary supervisors are invited to the presentations.

**Crisis Intervention Seminar**

The Crisis Intervention Seminar (CIS) consists of 12 hours in which the incoming interns are exposed to an overview regarding laws, ethical issues and clinical procedures relevant to crisis intervention situations. A crisis intervention outline has been developed as a structural aid to the seminar presentations. Interns, as well as other professionals, serve as resources for this seminar. The seminar provides an overview of theoretical perspective, legal rules and procedures, ethical issues, and clinical procedures necessary for the understanding and clinical management of crisis interventions.

**Crisis Intervention Seminar Objectives**

1. Obtain knowledge of the theoretical and conceptual models used in crisis interventions.
2. Acquisition of clinical skills in the evaluation and assessment of crisis interventions.
3. Develop advanced clinical skills in handling crisis interventions.
4. Develop advanced skills in the application of confidentiality and ethical-legal issues in crisis intervention.
5. Ability to identify the five basic components of primary psychological care.
6. Develop advanced skills in the evaluation and formulation of treatment plans through the four stage model of crisis resolution.
7. Provide a workshop experience wherein interns are able to apply through simulated experiences their knowledge of social problems (drug addiction, AIDS, domestic violence, homicide ideation, suicide ideation and threats, other) to clinical interventions and case management skills.

**Professional Development**

Interns are expected to attend the seminars offered by the Continuing Education Program at the Carlos Albizu University. They also attend seminars and workshops at the Clinical Site Placement.

**Community Conferences**

All Interns in the Consortium 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. The Training Director of the Consortium supervises the conferences offered by the interns.

# Supervision

# Interns are supervised by a primary and secondary supervisor who are licensed doctoral-level psychologists. Clinical Supervisors (primary and secondary supervisors) are clinically and legally responsible for the cases under their supervision. Each intern will receive a total of 4 hours of clinical supervision per week by two licensed clinical psychologists.

# All interns in the Consortium 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). This norm applies for both, Ph.D. and Psy.D. interns. Additionally, the supervision of interns may be supplemented when the characteristics of a particular case requires the additional expertise from a supervisor member of the Consortium. In order to maintain the excellence in the ethical aspects of supervision, the Consortium recommends that the Supervisor should not have any type of relation prior to the Internship process with his/her supervisee.

**Individual Supervision**

Interns are required to dedicate two hours weekly to individual, face to face, supervision. Interns are supervised by licensed and experienced Clinical Psychologists in the area of therapeutic interventions, diagnostic skills and consulting. In most cases, the Primary Supervisor remains with the intern through the whole internship year.

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

1. review client progress
2. discuss the client’s current status
3. discuss therapeutic techniques and intervention
4. discuss diversity issues
5. review case and consultation notes
6. treatment plan
7. any ethical or assessment issues
8. review psychological written report

In addition, supervision will include regular review and feedback from supervisors on therapy sessions. The method of supervision chosen by supervisor depends on the particular intern’s supervisory needs.

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

Interns are evaluated by primary supervisors five times per year (formal written evaluations). The following competencies are evaluated during the intern’s individual supervision sessions:

1. Clinical Intervention: Therapeutic Process in individual, family and

group therapy

2. Assessment and Psychological Evaluation

3. Ethical Aspects

4. Record Keeping

5. Supervision Process

6. Relationships

a. Behavior within the Internship Program

b. Interaction with other staff members

7. Administrative Aspects

8. Professional development and life-long learning

# Group supervision

The consortium’s interns receive an additional two hours per week of group supervision which are provided by doctoral-level licensed psychologists. These supervision meetings take place at the Internship Program at Carlos Albizu University. Group supervision is an integral component of the training program at SJIPCPC. Interns are evaluated by secondary supervisors three times per year (formal written evaluations). Group supervision is dedicated to supervise psychological assessment activities of the interns at CAU.

**Activity Logs**

All interns in the Consortium are required to keep logs of internship experiences. An Excel spreadsheet will be distributed among interns at the beginning of the internship year. On the second Tuesday of each month, during the didactic training meetings, interns will submit these spreadsheets to the Training Director of the Consortium. The Training Director of the Consortium will review the overall number of hours obtained by each intern as well as the percentage of time spent in certain activities.

# Performance Evaluation Procedures

The Consortium engages in an extensive self-evaluation process which involves the agencies members of the Consortium and interns. It is expected that every intern receives ongoing feedback regarding his or her performance during the major and minor rotation experiences. Also, there are other formal evaluation procedures that are carried out five times per year by his or her individual supervisor (primary and secondary supervisor) and Training Director.

Each clinical site placement supervisor completes an evaluation of the interns’ skills. Also, the Secondary Supervisor completes an evaluation. Competencies are rated on a five-point scale. The intern must obtain a 4.0 rating or higher to demonstrate skill acquisition.

The intern’s performance at their Clinical Site Placement (mayor rotation) and training 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 Primary and Secondary Supervisors are encouraged to give feedback at regular intervals other than the ones established by the Training Committee. The evaluation forms require the signatures of the intern and his/her Primary and Secondary Supervisor to guarantee that the required attention was given to the areas that need improvement and that the evaluation was discussed.

The evaluation of the clinical competencies of each intern within their major rotation (clinical site placement) is based upon information obtained from direct observation, clinical work documents, supervision sessions’ reports, presentations and case discussions. Finally, clinical supervision training and research training pertinent to the minor rotation are evaluated according to the information obtained from direct observation and written documents of the training activities.

The Consortium Training Director evaluates the performance of interns in each of the training components. This evaluation yields the intern’s total score for each training component. Interns receive a mean rating of 4 or greater on each evaluation area of the Consortium Intern Evaluation Form. If the intern obtains less than 80% a process similar to the Due Process is activated. The intern should ask for an appointment with the Training Director to discuss the situation and determine the appropriate steps needed to develop the areas in need of attention.

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 Consortium Director of the Internship Program and the intern will have periodic meetings to evaluate his/her progress.

Interns are evaluated by their supervisors twice during the Fall and Spring Semesters and once during the Summer semester, one of which will be at the end of each semester. During the month of July the Training Director of the Internship Program will verify that every intern has completed all requirements and certifies the successful completion of the internship year.

**Program Evaluation**

The clinical psychology intern is invited to provide informal as well as formal feedback about their training experience and regarding the training program. Psychology interns are asked to formally evaluate in writing the training program three times a year, in November, April and July. The intern’s feedback is reviewed by the Training Director and integrates this data for immediate or future improvements in the program. It is expected that by instituting these mechanisms of mutual assessment both, the intern and the training program of the Consortium, receives periodic feedback so that each may make appropriate changes, if necessary, before minor concerns and dissatisfactions turn into major ones.

# 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 No Pass 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 SJIPCPC 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 aresome 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 Director. If the student is absent for less than two consecutive weeks, he/she has to make up for the lost hours in training activities according to the recommendations of the Internship Program Director and for the time at the Internship Rotation Site according to 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 Training Committee at SJIPCPC for consultation, if necessary, and the intern must comply with 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.

Once the Internship has been terminated for any of the reasons 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 appears in the Academic Calendar.

# Due Process

# The Consortium has a formal Due Process and Grievance Procedure 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 appeal for administrative decisions at the Consortium. Staff and Interns are expected to conduct themselves according to the ethical standards of the American Psychological Association (APA), the Puerto Rico Examination Board of Psychologistsand 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 Due Process only applies to the circumstances mentioned above (See Appendix A).

# 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 Training Director of the Consortium certifies the intern’s hours by sending a certification report to the Registrar’s Office and Academic 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 CAU 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

CAU 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 CAU 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

**SAN JUAN INTERNSHP PROGRAM**

**IN CLINICAL PSYCHOLOGY CONSORTIUM**

**Due Process**

1. **Introduction**

The doctoral program in San Juan Internship Program in Clinical Psychology Consortium (SJIPCPC) 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 San Juan Internship Program in Clinical Psychology Consortium Manual. The SJIPCPC 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.

1. **Definition of un aceptable 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 Consortium Training Director about the discussion.  Any time that any significant concern about an intern’s progress or behavior is brought to the attention of the Consortium Training Director, 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 Consortium. 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 the 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

1. **Procedures for Responding to Inadequate Performance by an Intern**
   1. **Basic Procedures**

With the purpose of identifying potential problems and avoid possible situations which may become major conflicts, SJIPCPC 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 Consortium.

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 Director 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 Training Director 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 Training Director is not the intern's primary or secondary supervisor, the Training Director 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 Training Director, primary or secondary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director 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 Training Director will meet within five working days** with the Intern’s Supervisors (primary and secondary) to discuss the performance rating or the concern.
5. The Training Director will meet with the Clinical Director to discuss the performance rating or the concern **within two working days of the notification by the staff member**.
6. The Training Director, primary or secondary supervisor, and Clinical Director 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 or Training Director has made a decision about an intern's training program or status in the agency, the Training Director and Clinical Director 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 Training Program 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.

1. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
2. 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.
3. Ensuring that interns have sufficient time to respond to any action taken by the program.
4. 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:

1. The Training Director is aware of and concerned with the performance rating.
2. The concern has been brought to the attention of the intern.
3. The Training Director will work with the intern to rectify the problem or skill deficits.
4. The behaviors associated with the rating are not significant enough to warrant a more serious action.
5. 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:

1. A description of the intern's unsatisfactory performance.
2. Actions needed by the intern to correct the unsatisfactory behavior.
3. The time line for correcting the problem.
4. What action will be taken if the problem is not corrected.
5. 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   
Clinical Director 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.

1. **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 academic program Director at CAU. 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, Training Director 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:

1. The intern is required to reduce his or her clinical or other workload;
2. 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.
3. 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.
4. 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.
5. 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 Consortium Training Director, 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, whichis 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 Training Director. The length of a modification schedule period will be determined by the Training Director in consultation with the primary and secondary supervisor and the Clinical Director. The termination of the modification schedule period will be determined, after discussions with the intern, by the Training Director in consultation with the primary and secondary supervisors and the Clinical Director.

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 Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise **improves the behavior associated with the 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 Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the Training Director will discuss with the primary and secondary supervisors and the Clinical Director possible courses of action to be taken.

The Training Director 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 Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Training Director will communicate to the Clinical Director 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 Consortium Policies and Procedures. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the Clinical Director. At the end of the suspension period, the intern's supervisor, in consultation with the Training Director, 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 Consortium Training Committee to determine any disciplinary actions to be taken according to the Consortium 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 Consortium Training Committee to determine any disciplinary actions to be taken according to the Consortium 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 CAU.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 Training Director 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 Training Director will discuss with the Clinical Director 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 Training Director of the Consortium 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 Consortium. 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 Training Consortium Director. 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 Training Director 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 Consortium Training Director. 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 Consortium Training Director 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 Consortium Training Director who, in consultation with the Clinical Director, will review the appeal and decide whether a new Review Panel will be appointed or if the original decision remains. The Consortium Training Director will notify the decision to the intern within ten working days of the appeal’s date.**

**Grievance Procedures**

1. 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:
2. Address the issue(s) informally with the staff members directly involved;
3. 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;
4. 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.
5. 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 Consortium Training Director.
6. Once the formal grievance is received, the Consortium Training Director 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 Consortium Training Director and Training Committee. The panel will consist of three (3) Supervisors selected by the Consortium Training Director 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 Consortium Training Director, 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 Consortium Training Director will either accept or reject the Review Panel's recommendations. If the Consortium Training Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Training Director 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 Training Director within seven (7) working days of the receipt of the Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken.

5. The Training Director 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 Training Director's final decision, the intern has the right to request that two members of the Training Committee of the Consortium evaluate the decision.

7. The Training Director appoints two members of the Training Committee to evaluate the proceedings and decisions taken. A written report will be presented to the Training Director within fifteen (15) calendar days.

8. The Training Director will evaluate the final recommendations and calls for a meeting with the Training Committee to agreed on the course of action regarding the intern.

9. The Training Director will meet with the intern to inform him or her the final decision of the Training Committee.

1. If the recommendation for dismissal is sustained, then the Training Director will communicate the decision to the intern's Academic Program Director.

Rev. March, 2017, by Aida Luz García, Ph.D.