



CARES

PSYCHOLOGY INTERNSHIP

PROGRAM HANDBOOK

2024-2025

Community Assistance Resources and Extended Services, Inc.

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Introduction

Community Assistance Resources and Extended Services Inc. (CARES) Clinical Psychology Doctoral Internship Program (CIP) follows a Practitioner-Scholar Model of clinical training incorporating 2,000 hours of supervised clinical experiences. It is expected that interns will engage in the provision of clinical services around 50% of their time. Weekly individual and group supervision are provided, as well as a robust schedule of didactic seminars to enhance interns' knowledge and skills.

2-4 interns will participate in a 12-month training program in the year 2024-2025

Accreditation Status

The CARES Clinical Psychology Doctoral Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). *Our Program Code is 2472.*

The CARES Clinical Psychology Doctoral Internship Program has been granted a ten-year accreditation from the American Psychological Association with the date of initial accreditation as February 28, 2023.

Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation American Psychological Association 750 1st Street, NE, Washington, DC 20002. Phone: 202-336-5979 E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation

Program Aims

The aim of the CARES Internship Program is to prepare doctoral candidates for careers as psychologists who are proficient in providing comprehensive clinical evaluations and therapeutic interventions for individuals with intellectual/developmental disabilities and/or mental health conditions, from young children through adulthood. The importance of personal and professional growth is emphasized in all aspects of the training program. CARES Internship Program is dedicated to upholding the highest standards of ethical and professional conduct. Furthermore, CARES Internship Program takes pride in its past trainees who have obtained state licensure and employment in a variety of settings.

Program Philosophy

Designed in the Practitioner-Scholar Model, CARES Internship Program consists of varied training experiences to facilitate a smooth transition from doctoral study to professional functioning through the acquisition of advanced clinical skills that integrate theory and practice. Interns carry caseloads of children, adolescents, and/or adults with disabilities and/or mental health diagnoses and provide services to individuals, groups, and/or families.

All interns obtain advanced training in assessment, diagnosis and evaluation and are exposed to numerous evidence-based intervention and treatment modalities. Interns gain expertise in behavioral intervention, outpatient assessment and treatment, individual psychotherapy throughout the lifespan, and group psychotherapy.

Interns gain skills and knowledge by working side by side with supervising psychologists. This apprenticeship model allows for frequent direct observation of supervisors, as well as immediate consultation, feedback, and teaching. Regularly scheduled and intensive supervision is conducted according to cognitive and behavioral theoretical orientations. Throughout supervision, interns are challenged to explore and self-reflect on their learning and clinical decisions. Supervisors work in close proximity to interns and are readily available to teach, supervise, mentor, and consult on clinical decisions.

Psychology Interns work with multidisciplinary teams that include Psychologists, Social Workers, Board

Certified Behavior Analysts (BCBA), and Psychiatric Professionals. This working environment provides a unique opportunity for collaborative learning and leads to a more holistic understanding of the individual from various facets.

We believe that the Internship Program is a mutual learning experience. Interns bring a fresh perspective and new ideas that provide the opportunity for supervisors to keep pace with new trends in the field. Interns’ varied backgrounds and experiences add depth to the learning atmosphere in the Internship Program and they provide a vital level of energy and enthusiasm to the supervisory process. This allows them to grow professionally and also contribute to the growth of their supervisors.

Overall Aim of the Training Program

The aim of the CIP is to prepare doctoral candidates for careers as psychologists who are proficient in assessment and intervention for children and adults with autism, intellectual and developmental disabilities, and/or mental health issues, including anxiety, depression, disruptive behaviors, ADHD, and PTSD. Particular emphasis is given to intensive training in Applied Behavior Analysis (ABA), cognitive-behavioral therapy, diagnostic testing, and comprehensive report writing. The implementation of evidence-based interventions is supported with fidelity to the models.

A core focus of CIP training is the impact of multicultural values, language, and behavioral principles on the therapeutic process. The vast age range of individuals served at CARES (birth through adulthood) allows for a rich experience of disorder manifestation and intervention across the lifespan. CARES programs serve a historically underserved population of Chinese and Hispanic immigrant families as well as a wide range of NYC residents. Many staff is bilingual and interpretation is provided in the language of the client. Our clinicians develop targeted, culturally sensitive behavioral interventions to help our clients enhance their skills and achieve personal outcomes across multiple settings. This multicultural diversity provides interns with a profuse opportunity to observe and learn how diversity informs and interfaces with clinical practice.

The internship year facilitates a smooth transition from doctoral study to professional functioning through the acquisition of advanced clinical skills that integrate theory and practice. Clinical experience, along with didactics and supervision, assist interns in developing critical thinking, self-reflection, and interpersonal skills to provide the tools and strategies which will be needed throughout the course of their careers.

CIP Training Competencies

In accordance with APA guidelines, CIP will provide interns array of training experiences over the internship year which allow them to gain professional competencies expected of qualified psychologists.

Competencies	Outcomes
1- Research	<ul style="list-style-type: none"> • Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities via professional publication or presentation at the local, regional, or national level. • Utilizes scholarly literature and other resources to inform practice with diverse clients. • Demonstrates independent ability to collect, integrate and critically assess data from interventions to guide ongoing treatment and recommendations.

2- Ethical and Legal Standards	<ul style="list-style-type: none"> • Demonstrates knowledge of and acts in accordance with each of the following: <ul style="list-style-type: none"> ○ The current version of the APA Ethical Principles and Code of Conduct; ○ Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; ○ Relevant professional standards and guidelines. • Recognizes ethical dilemmas which may arise and applies ethical decision-making processes in order to resolve dilemmas that occur. • Conducts self in an ethical manner in all professional activities.
3- Individual and Cultural Diversity	<ul style="list-style-type: none"> • Demonstrates an understanding of how his or her personal/cultural history, attitudes, and biases may affect how an intern understands and interacts with people different from him or herself. • Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity. • Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles. • Demonstrates the ability to independently apply his or her knowledge and approach in working effectively with the range of diverse individuals and groups encountered during the internship. • Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity.
4- Professional Values and Attitudes	<ul style="list-style-type: none"> • Behaves in ways that reflect the values and attitudes of psychology. • Engages in self-reflection regarding personal and professional functioning. • Engages in activities to maintain and improve performance, well-being, and professional effectiveness. • Actively seeks and demonstrates openness and responsiveness to feedback and supervision. • Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training.
5- Communication and Interpersonal Skills	<ul style="list-style-type: none"> • Develops and maintains effective relationships with a wide range of individuals. • Produces and comprehends oral, nonverbal, and written communications. • Demonstrates effective interpersonal skills and the ability to manage difficult communication well.
6- Assessment	<ul style="list-style-type: none"> • Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors. • Demonstrates an understanding of human behavior within its context (e.g., family, social, societal, and cultural). • Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. • Selects and applies assessment methods that draw from the best available empirical literature. • Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. • Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases. • Communicates orally and in written documents the findings and implications of comprehensive assessments in an accurate and effective manner.

7- Intervention	<ul style="list-style-type: none"> • Establishes and maintains effective relationships with recipients of psychological services. • Develops evidence-based intervention plans specific to the service delivery goals. • Implements interventions informed by the current scientific literature. • Demonstrates the ability to apply the relevant research literature to clinical decision making. • Modifies and adapts evidence-based approaches effectively. • Evaluates intervention effectiveness.
8- Supervision	<ul style="list-style-type: none"> • Demonstrates knowledge of supervision models and practices. • Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals. • Demonstrate the ability to reflect on the supervision process and assume a more consultative approach as he or she progresses across levels of training. • Provides psychology trainees or other health professionals with appropriate feedback during group supervision.
9-Consultation and Interprofessional/ Interdisciplinary Skills	<ul style="list-style-type: none"> • Demonstrates knowledge and respect for the roles and perspectives of other professions. • Applies knowledge about consultation in direct or simulated (e.g. role play) consultations.

Professional Development over the Internship Year

The major aim of the CIP is to gradually develop interns' competence in successfully performing their tasks as psychologists. Interns are expected to increase their autonomy within all components of Training. These competencies are assessed on two levels: Midyear and End of the Year. . Each level is defined below as it specifically relates to each competency area.

Research:

Midyear:

Interns are involved in data-driven activities and learn to collect and assess clients' behaviors and progress. They learn how to analyze test scores from various resources into a comprehensive report and make adequate recommendations in regard to clinical diagnoses and treatment. Interns join journal club activities and are expected to actively participate in discussions of critically reviewing updated research literature.

End of the Year:

Interns gain mastery in their ability to collect, integrate, critically analyze data into a comprehensive report, and make clinical diagnoses. They demonstrate an independent ability to select and use evidence base interventions when working with diverse clients. Similarly, they collect and critically assess data from interventions to guide ongoing treatment and recommendations. Interns will present in journal clubs and one of the seminars, showing the ability to critically evaluate and disseminate research in an effective and engaging manner.

Ethics and Legal Standards:

Midyear:

Interns review with supervisors the current version of the APA ethical principles and code of conduct, the state code of conduct for custodians of people with special needs, as well as the due process and grievance policies

during the onboarding and orientation process. As CARES caters to individuals with disabilities, the interns acquire knowledge and are expected to act in accordance with the APA guidelines for the assessment and intervention of persons with disabilities. Interns are also expected to actively participate in seminars and journal clubs that specifically address professional ethics and conduct during the training year. Discussion regarding ethical dilemmas is encouraged during individual and group supervision and the interns learn to apply clinical judgment in recognizing potential ethical dilemmas.

End of the Year:

Interns demonstrate the capacity to apply the APA ethical code to clinical practice and gain confidence in applying ethical principles when interacting with patients, colleagues, and supervisors. They show good clinical judgment in recognizing potential ethical and legal considerations relevant to clinical cases and engage in collaborative discussions with supervisors to resolve ethical dilemmas.

Individual and Cultural Diversity:

Midyear:

In supervision and didactic seminars, interns are encouraged to explore their own personal/cultural history, attitudes, and biases. During the internship year, they encountered individuals and groups from diverse backgrounds and cultures, often different from themselves. They develop an awareness of diversity factors in multiple populations and develop a greater understanding of various cultures.

End of the Year:

At this level, interns are capable of recognizing how cultural background and views may affect the therapist and client in clinical treatment and assessment. When working with clients from backgrounds different from their own, interns maintain a stance of openness, curiosity, and respect. Interns demonstrate a greater level of autonomy in processing and reconciling diversity factors when encountering a range of diverse individuals and groups.

Professional Values and Attitudes:

Midyear:

Interns are expected to conduct themselves professionally when interacting with staff and clients. They demonstrate responsible work habits, follow all policies of the agency, meet deadlines, and keep accurate records. Interns attend didactic seminars and clinic meetings and are encouraged to actively participate in discussions. They engage in self reflection and can accept and effectively utilize feedback from supervisors to improve their clinical skills. They are able to better define career goals and express case conceptualizations based on research and theory.

End of the Year:

Interns gain competency in their roles as evaluators, diagnosticians, and therapists. They present cases in group supervision and demonstrate the capacity to apply ethical principles and clinical theory to practice. They advance in their confidence and degree of independence when responding to progressively complex situations.

Communication and Interpersonal Skills

Midyear:

Interns participate and interact in a work environment with a multidisciplinary team of healthcare professionals. They are expected to develop and maintain effective and professional relationships with colleagues within and outside of the agency, supervisors, supervisees, and those receiving professional services. Interns present cases during individual and group supervision, develop the ability to write informative notes, and produce compressive reports using professional language and concepts.

End of the Year:

At this level, interns communicate effectively with other professionals within and outside the agency. They write comprehensive evaluation reports, informative and well-integrated session notes, and measurable treatment plans. Interns participate in consultations and meetings with individuals and family members to discuss evaluation results and treatment plans, and share progress. Furthermore, interns demonstrate a strong ability to build rapport and working relationships, and manage difficult conversations with clients.

Assessment:

Midyear:

The focus of this level is mastering the principles of a clinical interview, basic assessment strategies, and choosing appropriate tests for evaluation. Interns are provided with opportunities to observe and then demonstrate the administration of basic psychological assessments under supervision. Interns advance to performing psychological evaluations independently. They are expected to conduct, administer, score tests accurately, and write organized testing reports in a timely manner. Interns at this level gain mastery in analyzing test scores and understanding tests in terms of client diagnosis, functional and dysfunctional behaviors, and brain functioning.

End of the Year:

Interns expand their mastery of the array of assessment tools required for diagnostic evaluations. They assume greater autonomy in performing comprehensive assessments across the life span. They are expected to fully integrate multiple sources of clinical information in their assessments and diagnoses (test scores, clinical interview, diversity factors, client history, previous reports, and medical information where appropriate). Interns apply knowledge of functional and dysfunctional behaviors and human behavior within its context to the assessment and/or diagnostic process. They give case presentations of the full process of evaluation, beginning with the reason for referral, assessments conducted, diagnoses, and recommendations.

Clinical Interventions:

Interns are assigned clinical cases with regard to the case complexity and the intern's ability to address the treatment needs of the client.

Midyear:

Interns are taught through modeling and observations how to deliver effective behavioral interventions and provide psychotherapy. They demonstrate the ability to develop rapport, establish a therapeutic relationship, create a safe and supportive environment, and interact with diverse clients. During supervision, interns discuss intervention planning, implement, as well as monitor progress and effectiveness. Interns learn to apply knowledge of human behavior and cultural variables to their treatment plans and interventions.

End of the Year:

Interns at this level are expected to demonstrate increasing autonomy in planning evidence-based interventions, carry out treatment plans successfully, and manage limits/boundaries in the therapeutic relationship. They demonstrate the ability to formulate comprehensive case conceptualizations, develop and create treatment plans that apply research, diversity characteristics, and contextual variables to treatment. Furthermore, interns evaluate intervention effectiveness, adapt intervention goals and methods consistent with ongoing evaluation.

Supervision:

Midyear:

Interns at this level are able to successfully engage in the supervisory relationship, seek supervision when

appropriate, and discuss diagnoses and treatment plans. Interns work with various supervisors and develop knowledge of supervision models and practices. They are encouraged to apply their learned clinical knowledge to reflect on cases, share clinical experiences, and provide feedback to peers and colleagues in group supervision.

End of the Year:

In their own supervision interns are able to discuss more complex psychotherapy processes, identify obstacles to progress, and joint problem solving. They demonstrate the ability to reflect on the supervision process and assume a more consultative approach. Interns are provided with the opportunity to lead or co-lead multidisciplinary team meetings and group supervision under the observation of a licensed psychologist. They apply knowledge of supervision in direct or simulated practice with other health professionals and peer supervision.

Consultation and Interprofessional/ Interdisciplinary Skills:

Midyear:

Interns participate and interact in a work environment with a multidisciplinary team of health care professionals such as licensed psychologists, social workers, BCBA, and psychiatrists. They are expected to develop and maintain effective and professional relationships with other healthcare professionals. Interns develop an understanding of the unique roles of the different disciplines.

End of the Year:

Interns understand their specific role as psychologists on a multidisciplinary team and recognize how their role is distinct from other disciplines. They participate in consultations and meetings with colleagues within and outside of the agency, supervisors, supervisees, and those receiving professional services to discuss evaluation results, develop treatment plans, and share progress.

The Content of the Training Program

Agency Background

CARES is a nonprofit organization, which has served over 8,000 individuals across the life span with Autism Spectrum Disorder (ASD) Intellectual/Developmental Disabilities, and their families, since its inception in 2005. In recent years, CARES has added new clinical programs to diagnose and treat both children and adults with mental health conditions, such as anxiety, depression, disruptive behaviors, ADHD, and PTSD. Interns spend their time across three of CARES' treatment programs, the Early Intervention/ABA Program, Clinical Services, and Adult Day Habilitation. In addition, CARES offers opportunities for eligible children and their families to participate in multiple program options including the Children's Health Home, Home and Site based Respite, Community Habilitation, and prevocational programs.

The CARES clinical population is extremely diverse, including individuals from a wide array of cultures, disabilities, ethnicities, religions, and socio-economic levels represented in the New York City Metropolitan area. CARES' programs serve a historically underserved population of recent Chinese and Hispanic immigrant families who are caring for children with significant impairments. Many CARES staff are bilingual. Interpretation of evaluations is provided in the language of the client. Our clinicians develop targeted, culturally sensitive behavioral interventions to enhance skills and achieve personal outcomes across multiple settings.

The Internship Experience

Clinical Programs and Placement

Interns will be engaged in three of CARES' programs – Early Intervention, Clinical Services, and Adult Day Habilitation.

The Early Intervention/ABA program serve approximately 300 children and families each year. Early intervention services are provided to children from birth to 3 years. Children can be treated in a variety of settings, including the child's home or community locations. Methods may include Discrete Trial Training, Natural Environment Teaching, and Social Skills Groups for children who are diagnosed with Autism. Interns receive rigorous training in the theory and practice of ABA, provided by Board Certified Behavior Analysts (BCBA) at the beginning of the internship year. After completion of the training, interns are assigned their own cases where they deliver behavioral services as well as provide counseling support for parents and caregivers. Intern's training and supervision in ABA are matched based on the intern and family's language and culture.

Clinical Services - CARES operates two NYS-licensed outpatient clinics for children and adults, one for individuals with intellectual/developmental disabilities (certified by OPWDD under Article 16), and the other for individuals with mental health issues (certified by OMH under Mental Health Outpatient Treatment and Rehabilitative Services - MHOTRS). The OPWDD clinic delivers comprehensive evaluations and therapeutic services for children and adults with known or suspected intellectual/developmental disabilities and the MHOTRS clinic delivers services to children and adults with mental health issues, including anxiety, depression, disruptive behaviors, ADHD, and PTSD.

Interns' caseload includes treating patients in both clinical programs. This enriches the interns' opportunity to deliver varied therapeutic modalities for individuals across the lifespan, supporting clients and their families, as well as learning to provide group interventions. In addition, interns will develop clinical proficiency in the theories and methods of psychological assessments and diagnoses. They will administer comprehensive diagnostic evaluations for individuals across the life span with Autism, Intellectual/Developmental Disabilities, and those presenting with varied mental health conditions.

Adult Day Habilitation Program serves post-secondary school students with a variety of intellectual/developmental disabilities in both center and community-based settings. Community and day habilitation programs focus on developing and enhancing skills in areas such as activities of daily living, communication and social interactions, prevocational training, and self-advocacy. Interns will be trained in a variety of community locations. These can include recreational sites and trips to places of interest. In this program, interns will be trained in providing individual and group therapy to decrease challenging behaviors, develop treatment plans to achieve personal goals, support individuals to participate in integrated community settings, and provide behavioral consultations.

CARES programs employ multidisciplinary teams consisting of Psychologists, Social Workers, Board Certified Behavior Analysts, and Psychiatric Professionals. This interaction and approach afford interns a rich array of experiences across a broad range of disciplines and provides interns with unique exposure to the wide array of professional perspectives that characterize numerous disciplines.

CARES conducts an active ongoing research program. Topics addressed include analyses of various behavioral methodologies, interventions, and curricula to evaluate efficacy. Interns with a keen interest in pursuing research may participate in ongoing CARES research studies; this may take the form of performing pre or post-

assessments, data collection, statistical analyses, literature reviews, and other potential contributions.

Supervision of Interns

Interns receive regularly scheduled and intensive supervision, including two hours of individual supervision and two hours of group supervision provided by licensed psychologists weekly throughout the internship year. In addition, interns receive one hour of weekly supervision from a Board Certified Behavior Analyst (BCBA) to support their delivery of ABA with fidelity. Supervision is such that it becomes less prescriptive and more consultative as the year progresses. During individual and group supervision, interns are challenged to thoughtfully explore and reflect on their learning and clinical decisions. This allows interns to present cases, expand their repertoire of clinical interventions and assessments, plan treatment, and evaluate the treatment progress. Pre-pandemic all supervision was provided in person. Presently, supervision is a combination of in person and Telesupervision.

For additional information see Appendix 6.

Training Resources and Facilities

Interns will be provided with access to all of the assessment materials, scoring materials, computers and forms needed to provide comprehensive clinical evaluations and related reports. Some measures can be implemented via iPads which are available for use when clinically indicated. Services are provided at varied sites in the home/community as well as at CARES' two community sites. One is located in Manhattan and the other in Brooklyn, New York.

For additional information see Appendix 3.

Curriculum Training Topics

Weekly didactic seminars focus on core issues in mental health, intellectual/developmental disabilities, assessment and diagnostic strategies, as well as clinical interventions. The robust schedule of didactic seminars is targeted to enhance interns' knowledge and skills in the areas of mental health, intellectual/developmental disabilities, treatment and assessment. The didactic seminars are provided by seasoned professionals and in a wide range of materials. They cover the theories which guide treatment methodologies, provide strategies for active implementation, as well as facilitate differential diagnoses. Previous didactic seminars have addressed the following topics.

ADHD Assessment and Treatment

ADOS-2 Training

Applied Behavior Analysis RBT Training - workshop Series

Assessment of Developmental Disabilities

Bayley Scales of Infant and Toddler Development - 4th Edition

Challenging Behaviors

Child Abuse and Sexuality

Cognitive Behavioral Therapy for Depression and Anxiety

CP and Motor Disorders

Cultural Competency and Diversity

Dialectical Behavior Therapy

Developmental Milestones and Red Flags

Early Intervention in NYS - Assessment and Intervention

Enhancing the Therapeutic Process through Strengths-Based Expressive Creative Arts Modalities

Ethical Issues in Clinical Practice

Evolution of the DD field

Genetic Causes of ID/DD

Mandated Reporting

Mindfulness

Nutrition & Feeding Disorders in People with DD

Parent-Child Relationships

Person-Centered Planning

Postural Care/PT for Children and Adults with ID/DD

Program Evaluation

Psychopharmacology

Speech and Language Disorders

Substance Abuse and Addictions

Suicidal Prevention Assessment

Toxic Stress and the Science behind Brain Development

Trauma-Informed Therapy

Intern Selection Criteria

The CARES Psychology Intern Program follows the standard Association of Postdoctoral Psychology Internship Centers (APPIC) guidelines and participates in the APPIC match program for intern selection. This internship site agrees to abide by the APPIC policy that no person at the training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Applicants should provide information, including a graduate school transcript, curriculum vitae, a (redacted) psychological evaluation, and three letters of reference. Acceptance to the program after the match is conditional upon the successful completion of pre-employment drug screening and a background and FBI fingerprint check in accordance with applicable law. Random drug testing may also be conducted to the maximum extent allowed by applicable law. A current medical form and the required vaccinations are necessary for participation in the CARES Internship program due to NYS Department of Health regulations.

Members of the Training Committee review all applications submitted. Special focus is given to applications that show that the candidate possesses a strong interest in individuals with Developmental Disabilities and Mental Health. Applications by candidates coming from Clinical, Counseling, School, Developmental, Neuropsychology, and Health Psychology programs (Ph.D. and PsyD) may be accepted. Preference is given to applicants from APA and CPA accredited programs. Applicants from minority backgrounds or who are fluent in another language are strongly encouraged to apply.

Qualified applicants are contacted by email or phone for interviews. All applicants invited to interview are also invited to a virtual open house to meet the multidisciplinary staff and current trainees to learn more about the Internship Program. Candidates are invited to an in-person or Zoom interview (for candidates located outside the Tristate area) with representatives of the Training Committee. Interviews typically last between 60 and 75 minutes. During the interview, applicants are to respond to general questions related to their prior experience, training, assessment, and therapy. In addition, applicants are asked to respond to a selection of questions after reviewing two vignettes. Following the interview process, applicants are rated based on their demonstration of clinical knowledge, experience, self-awareness, organization skills, professionalism, and expressed interest in learning and mastering new skills.

Candidates must have completed all academic coursework and comprehensive examinations leading to a doctoral degree, from a degree granting program in professional psychology e.g., clinical, counseling, school, prior to the start of the internship. A minimum of 500 hours of supervised practicum experience in child or adult settings is a preliminary requirement. We prefer applicants who have completed at least ten integrated psychological, psychoeducational, or neuropsychological reports.

Questions regarding the program or application procedure may be addressed to:

Sharon Shkedi, PsyD, Training Director

CARES, Inc.

465 Grand Street, 2nd Floor New York, NY 10002

212-420-1970

sshkedi@caresnys.org

For additional information see Appendix 1.

Benefits and Human Resources

Interns receive a stipend at the annualized rate of \$38,000, which is paid semimonthly. All required deductions for federal, state, and local taxes and all authorized voluntary deductions are withheld automatically from the paycheck. Arrangements for direct deposit of paychecks can be made through Human Resources. This position includes eligibility for employer-sponsored health insurance (subject to the terms and conditions of the applicable plan as may be amended from time to time), \$25/month towards your cellphone expenses, and a subsidy towards a monthly MetroCard (for public transportation) for community-based travel. Funds for the internships come from the clinical services, donations, and state contracts which CARES maintains.

The agency provides vacation time to ensure that its employees have adequate rest from their job responsibilities. Interns are entitled to two weeks of paid vacation and six paid personal or sick days. CARES observes many national and Jewish holidays and provides time off with pay. Additional time off may be available for work-related conferences or bereavement, where applicable.

For additional information see Appendix 3.

Cultural Diversity and Statement of Nondiscrimination

Cultural and Individual Diversity

CARES is committed to supporting cultural and individual diversity. CARES' didactic and clinical trainings are designed to increase understanding and sensitivity of cultural and individual diversity. We welcome candidates from various racial, ethnic, religious, and cultural backgrounds. Both client population and staff are representative of the diverse composition of New York City. CARES Internship Program makes ongoing efforts to recruit and maintain a diverse staff.

For additional information see Appendix 2.

Statement of Nondiscrimination

CARES is committed to the principle of equal employment opportunity. Under no circumstances will CARES discriminate on the basis of sex, race, creed, color, religion, national origin, ancestry, age, marital status, sexual orientation or preference, disability which can be reasonably accommodated, veteran status, or any other protected characteristic as established by law. This policy of Equal Employment Opportunity applies to all policies and procedures related to recruitment and hiring, compensation and benefits, termination, and all other terms and conditions of employment.

For additional information see Appendix 2.

The Training Program Faculty

Sharon Shkedi, PsyD - Training Director

Danielle Russo, PsyD

Jacqueline DeGroat, M.S.Ed. PsyD

Deniz Sidali PhD

Leah Esther Lax, PhD

Policies and Procedures

CARES Internship Program Policies and Procedures are appended to this Handbook (Appendices 1-7). The Agency's Policy and Procedure Manual is given to interns during orientation. Key policies and procedures are reviewed with interns. Policies and procedures are available for internship applicants upon request. To ensure the intern is well informed, all policies are reviewed and any resulting questions of the intern are addressed at the initiation of their internship.

Performance Evaluation of Interns

Interns are formally evaluated by their supervisors twice annually, at the midpoint and the end of the internship year. Evaluations are conducted using a standard rating form, which includes specific feedback regarding the interns' performance and progress. The results of the written evaluation are shared with the intern's Director of Clinical Training (DCT). It is an important process of the internship to provide feedback, guidance, and evaluations to interns to inform their practice.

- a. The evaluation will include written summary information of the intern's performance in all major competence areas that are a focus of internship training.
- b. Interns have the opportunity to review their written evaluations with supervisors to ensure the fullest possible communication between supervisors and interns.
- c. Evaluation procedures provide written feedback that validates trainees' achievements by noting areas of unusual strength and excellence and facilitates trainees' further growth by identifying areas that would benefit from additional training.
- d. The program provides the DCT with a copy of interns' written evaluations concerning their progress in the Internship Program.

For additional information see Appendices 4 and 8.

Appendix 1 Intern Selection and Academic Preparation Requirements Policy

Application Process

CARES Psychology Doctoral Internship Program (CIP) offers 2-4 full-time internship positions. The number of available internship positions each year is a function of supervisor availability and postdoctoral students accepted. Students interested in applying for the Cares Internship Program should submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of the following materials:

1. A completed online AAPI
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI).
5. A sample de-identified Assessment Report
6. Official transcripts of all graduate coursework

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

Application Screening and Interview Processes

CIP will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning the internship will be considered preferred:

1. A minimum of 500 intervention hours;
2. A minimum of 10 comprehensive assessments;
3. Bilingual and multicultural background;
4. Dissertation proposal defended;
5. Experience or interest in working with individuals with intellectual/developmental disabilities;
6. Some experience or interest in working with diverse populations across the lifespan;
7. Current enrollment and good standing in an APA- or CPA-accredited doctoral program.

All applications will be reviewed by CIP's Training Committee using a standard Applicant Rating Scale and evaluated for potential goodness of fit with the program. The Training Committee meets to determine which applicants to invite for interviews based upon the results of this review process.

Applicants are notified whether they are invited to interview by email on or before December 18. Interviews are scheduled on a first come, first served basis and will occur in person or via Zoom (for candidates located outside the Tristate area) with representatives of the Training Committee. Interviews are conducted using a standard interview protocol, although members of the Training Committee may ask additional interview questions of applicants as they deem appropriate.

Participation in the APPIC Match

The Training Committee holds a meeting within two working weeks of the completion of interviews to determine applicant rankings. The full application package and information gleaned from the interview process are utilized to determine applicant rankings. As a member of APPIC, CIP participates in the national internship matching process by submitting its applicant rankings to the National Matching Service. CIP abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking- related information from any intern

applicant.

Questions regarding any part of the selection process or CIP's academic preparation requirements may be directed to Dr. Sharon Shkedi, Training Director.

All interns who match to CIP must provide proof of eligibility to work in the United States in accordance with applicable law and must successfully pass a fingerprint-based background check before beginning employment. Additionally, CARES is an alcohol, tobacco, marijuana, and drug-free workplace. All interns must pass a drug screen. Interns also must provide results from tuberculosis (TB) screening test from the previous 12-months; however, it must cover their internship year. Instructions for providing this information or completing the background check, drug screen and TB screening are sent out to all who match after the match process is complete. This information is also covered in the internship Handbook which is available via link on CARES' website as well as in the APPIC Directory. It is available upon request from any applicant via email to the Training Director.

Appendix 2 Diversity and Non-Discrimination Policy

The CARES Psychology Doctoral Internship Program (CIP), like all CARES' programs, actively supports diverse applicants. Diversity is respected and celebrated across CARES. Interns and all staff function within a safe, learning environment which is inclusive and geared to enriching the field of psychology. It is CARES' belief that ensuring a diverse environment promotes personal growth, strengthens the workplace and communities. Staff and interns are supported to feel comfortable and respected in a climate where success is achievable. Interns are supported to gain fluency and competency with a diverse population as this is a cornerstone of the programs and services CARES provides.

CARES is located in NYC which is home to speakers of over 200 languages, 40% of whom are born outside the United States. Providing multilingual and multicultural services for underserved populations is a hallmark of CARES programs, enabling CIP to include competency in diversity. CARES serves children and adults with intellectual/developmental disabilities, medical conditions and/or emotional needs. Since its inception, CARES always sought staff for recruitment who reflect the many cultures of the families served. Providing support to families by clinicians from their ethnic, racial and linguistic background has been documented to result in enhanced client comfort, better treatment compliance and fewer hospital readmissions.

As CARES' clients are diverse, it is essential to facilitate a diverse training environment. This benefits interns from diverse backgrounds and ensures that they are supported throughout their training. CIP believes that a diverse environment contributes to the overall quality of the training provided and enriches opportunity for all participants. Interns are expected to acquire the skills, perspective, knowledge and awareness needed to provide competent services to all who seek services. Competency is expected across linguistic and cultural parameters. Interns' acquisition of such competencies is evaluated both at the midpoint and in their summative assessments.

CARES does not discriminate based on an applicant's race, color, religion, gender, sexual orientation, age or disabilities unless such factor represents a barrier to successfully treating our clients. Applicants are evaluated based on their experiences, the quality of their training and practicum and their perceived fit within the CARES Internship Program.

Appendix 3 Stipend, Benefits and Resources Policy

The annual stipend for all interns at CARES Psychology Doctoral Internship Program (CIP) is \$38,000. As employees of CARES, interns are eligible to receive comprehensive health benefits (subject to the terms and conditions of the applicable plans), 10 days of Paid Time Off (PTO), up to 56 sick/personal hours* and 7 additional paid holidays annually. Questions regarding specific benefits packages can be directed to CARES' Human Resources Department at hr@caresnys.org. Interns should submit requests for time off to their primary supervisor at least two weeks in advance of the anticipated leave date, in particular during holiday periods, such as year-end, to ensure coverage of patients on their caseload. Interns are responsible for communicating anticipated absences to all supervisors for whom work will be missed. Sick leave must be communicated to the intern's primary supervisor as soon as the intern is physically able to do so. Supervisors are available for any questions related to time off or release time. In the event an intern experiences a personal or family emergency which renders them unable to complete their internship on schedule, CIP will use its best efforts to extend such internship and training to afford the intern the opportunity to complete their internship.

*Please note sick time is accrued for every 30 hours worked you earn 1 hour of sick/personal leave that must be taken in at least 8 hour increments.

CIP has access to numerous resources. All interns are provided with individual desk space, access to a computer, office phone, voicemail, printers, software, ID badges and basic office supplies. Therapeutic toys, intervention manuals, assessment materials, other training materials and access to the DSM 5 and ICD-10 are provided by CIP. Additional materials that may be needed may be purchased with advanced supervisory and or Training Committee written approval. Each intern additionally has access to administrative and IT support and receives training and support on the Agency's EHR as well as client scheduling support.

Appendix 4 Evaluation, Retention and Termination Policy

All interns are expected to complete 2,000 hours of training during their internship year. It is essential for interns to meet the hour requirement and obtain sufficient ratings on all evaluations in order to demonstrate that they have progressed satisfactorily through and completed the CARES Internship Program. Intern evaluations, certificates of completion and a copy of the program handbook are maintained by the Training Director in a secure digital file, indefinitely. Intern evaluations and any other relevant feedback is provided to the intern and to their Director of Clinical Training (DCT) at a minimum of twice annually, once at the mid-point and at the end of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

Interns are required to demonstrate minimum levels of achievement across all competencies and training elements. Interns are formally evaluated by their supervisors twice annually, at the midpoint and at the end of the internship year. Evaluations are conducted using a standard rating form, which includes specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of their expected training competencies and the related training elements. The Training Director along with the supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion at each time point.

At the midpoint, a minimum level of achievement on each evaluation is defined as an average rating of 4 for each competency, with no element rated less than a 3. Successful completion of the internship year is contingent upon achievement of a minimum competency of 4, with no element rated less than a 4. The rating scale for each evaluation is a 5-point scale, with the following rating values: 1 = Remedial, 2 = Beginning/Developing Competence, 3 = Intermediate Competence, 4 = Proficient Competence, 5 = Advanced Competence. If an intern receives a score less than 3 on any training element at the mid-year evaluation, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated.

If an intern enters into the formal review step of the Due Process procedures due to concern by a supervisor, or an inadequate rating on an evaluation during their internship year, their DCT will be notified. If successful completion of the program comes into question at any point during the internship year the DCT will be contacted. This ensures that their doctoral program DCT, who has a vested interest in the intern's progress, is kept engaged and collaborates with CARES to support an intern who may be experiencing difficulties during the internship year. Additionally, the DCT is notified of any further action that may be taken as a result of the Due Process procedures, up to and including termination from the program.

In addition to the evaluations described above, interns complete a written evaluation of their supervisor and a written program evaluation at the mid-point and at the end of the training year. Feedback from these evaluations is used to inform changes or improvements to the training program.

Appendix 5 Due Process and Grievance Procedures Policy

Intern's Rights and Responsibilities

- Interns have the right to make a grievance about any element of the training program or the agency at all times during the fellowship.
- Interns have the right to remediate problems and receive support and assistance in resolving concerns.
- Interns have the right to be treated in a respectful manner throughout the due process and grievance procedures.
- Interns have the right to have their concerns and viewpoints heard in the process.
- Interns have the right to appeal decisions with which they disagree.
- Interns are responsible to engage and respond professionally and make attempts to remediate competency concerns.

The Program's Rights and Responsibilities

- The program has the right to make decisions about the best way to support an intern in remediating behavioral or competency concerns.
- The program has the right to implement the due process policies and procedures (outlined below) at any time during the internship.
- The program has the right to be treated respectfully throughout the due process and grievance procedures.
- The program is responsible to engage with the intern in a respectful manner.
- The program is responsible to support the intern to achieve the competencies and aims of the program.

Due Process

Definition of Problematic Behavior

During the course of the internship, situations may arise in which the intern's level of performance, attitude, and willingness to perform duties or inability to control personal reactions may interfere with the intern's professional functioning to a degree that rises to a level of a problem in the opinion of the intern's supervisor. Formal evaluations of the intern's competence are a component of, or could trigger, the Due Process procedures. In addition, inappropriate conduct on the part of the intern at any time during the internship, not limited to formal evaluations, can also trigger the Due Process procedures. Such behaviors may include but are not limited to:

- Failure to follow through on supervisor's recommendation(s) as identified in supervision
- A skill deficit that cannot be improved by intervention through supervision
- Behavior(s) which require an inordinate amount of attention from the supervisory staff
- Behavior(s) that negatively impacts client care
- Behavior(s) that negatively affects the intern's ability to function on a team
- Behavior(s) that violates agency standards

1. **Informal Initial Discussion.**

If an intern exhibits problematic behavior (see above) which is identified by the supervisor and/or Training Director, the supervisor and/or Training Director will initially conduct an informal discussion with the intern regarding the problematic behavior and the intern will be provided with the opportunity to respond to the concerns, including providing any documentation in support of the intern's position.

2. **Notice:**

In the event that the problematic behavior continues despite the informal discussion, the intern will be provided with written notice to attend a meeting with the Training Committee (Training Director, a Senior Clinical Supervisor, and the Program Director) to be convened within 2 working weeks. The intern's DCT will be informed of the situation and will be kept apprised of all developments which occur from the point of notice and going forward. The intern's DCT will be offered the opportunity to submit any relevant information regarding the intern, to the committee.

3. Hearing:

At this meeting, the intern will be provided with the opportunity to hear the concerns regarding his or her problematic behavior(s) and to respond to them. The action for remediation and a timetable for correction will be reviewed at this meeting as well. If necessary, the meeting will be adjourned for a maximum of 3 business days, or such alternative time established by the Committee, in order to allow the intern to prepare a more comprehensive response or to provide documentation.

4. Findings:

Findings from the hearing can include a determination that the intern will be placed on formal notice, will receive a written warning in their file, will be provided with additional support, or that a formal remediation plan is needed.

In the event the conduct of an intern is an ethical violation or one which places the integrity of the program or the health and safety of patients at risk, the intern may be subject to immediate dismissal from the program. In this case, the DCT will be advised immediately.

5. Remediation

A. Remediation Plan –

- i. If the Training Committee concludes that the behavior is amenable to remediation, a remediation plan will be prepared in writing and agreed to by the Training Committee and the intern within 7 business days of the meeting.
- ii. The remediation plan will specify any support the program will put in place to address the situation (e.g., additional supervision, scheduling changes, etc.) as well as the behavioral alterations which are expected from the intern.
- iii. The remediation plan will be in place for 30 days, or such alternative timeframe set by the Committee and will be reviewed thereafter by the Training Committee with the intern. During the implementation of the remediation plan, the intern will be notified that he/she is in a Probationary Period.

B. Probationary Period –

The intern will be advised that s/he is in a probationary period pending his or her adherence to the remediation plan. At the end of the probationary period, which will continue for the duration of the remediation plan, the Training Committee will reconvene and review what has occurred, i.e., whether the matter has been fully resolved, progress has occurred or the behavior is continuing. In the event the behavior has been resolved, the intern will be notified that the probationary period has concluded successfully. In the event, that substantial progress has occurred, but the problematic behavior still continues, the committee may consider extending the probationary period. In the event the problematic behavior continues with minimal or no improvement during the probationary period, the Training Committee will consider the dismissal of the intern.

6. Appeal Procedures:

- a. Within 7 working days of each step identified above, except with respect to dismissal from the program, the intern will be provided with the opportunity to appeal the actions taken by the program in respect of the identified problematic behavior. Notice of the appeal and the basis for the appeal with any supporting documentation must be submitted by the intern in written form to the Training Committee members. The appeal process will involve a senior licensed psychologist who did not participate in the initial hearing and who is not the Training Director of the program.
- b. Within 14 working days of receiving the appeal from the intern, a meeting with the CEO of the agency

will be held.

- c. A formal written decision will be provided to the intern within 7 business days of this meeting. This decision will be final and not subject to further Appeal.
- d. All steps of the remediation process may be appealed by the intern, except for dismissal for cause or the final determination below.

7. Final Determination

At the conclusion of the probationary period, as was defined initially by the Training Committee, or as extended by the Training Committee, a meeting will be held to review the initial presenting issue and to discuss the progress made by the intern. A final decision will be made on whether sufficient improvement has occurred to permit the intern to complete their training year or whether dismissal is warranted. The DCT will be advised of this meeting and afforded the opportunity to attend. As noted above, this decision is not subject to appeal.

8. Dismissal from the Internship

Dismissal of the intern from their training year can occur in either of two instances. One is the immediate dismissal described under 4 above. The second is after multiple corrective measures have been implemented and all stages of due process have occurred and the intern remains unable or unwilling to correct his/her problematic behavior. In both instances, the intern's DCT will be notified.

Grievance Procedures

At all times during the internship, interns have the right to make a grievance about any element of the training program. Some examples may include, but are not limited to, an intern experiencing problems with the training program due to allegations of poor or absent supervision, unreasonable workload and/or unreasonable scheduling. In the event a grievance does not relate to staff within the Internship Program, the Training Director may involve the Agency's HR Department in the Grievance process.

1. Informal Initial Discussion:

The intern should first try to settle the grievance through informal discussion with his or her supervisor. In the event the grievance relates to staff outside of the Internship Program, the Training Director will facilitate an informal meeting with the individual involved. If the Training Director feels it is appropriate he or she will facilitate meetings with the aggrieved parties.

2. Complaint:

In the event that the grievance cannot be settled through informal discussion, the intern can submit a written complaint to the Training Director. Such complaint shall set forth any and all details alleged by the intern. If the grievance is with respect to an alleged action of the Training Director, the intern will be advised to bring the grievance to the Program Director. The recipient of the complaint shall convene a meeting of the Training Committee within 7 business days of receipt. The Agency's HR department may be asked to participate, if the subject of the grievance is outside of the Internship Program. The DCT will be informed of the complaint and the subsequent steps taken with respect thereto.

3. Initial Review Process:

To facilitate a review of the grievance, the Training Committee will meet to formally hear the intern's grievance. Any member about whom the grievance is made, whether the Training Director or another member of the Training Committee will be excused from this meeting. At this meeting, the Committee will determine a subsequent course of action and by whom it will be conducted. This may include a meeting with the parties independently, or jointly, to collect additional information or to verify or dispute the alleged grievance. This shall take no longer than 14 working days. All parties will be notified by the Committee and invited to present any additional or supporting information.

4. Second Review Process:

Within 7 working days of receipt of any subsequent information, the Training Committee shall reconvene to review the written complaint and any relevant data which has been gathered (with any member about whom the grievance is made, whether the Training Director or another member of the Training Committee excused from this meeting). The Committee shall prepare a report, setting forth its recommendations and provide it to the intern, within 7 working days of the meeting.

5. Appeal Procedure:

a. The intern will be afforded the opportunity to appeal any decision of the committee within 7 working days of receiving the report and recommendations. Notice of the appeal and the basis for the appeal with any supporting documentation must be submitted by the intern in written form, to the Training Committee members, excluding a member about whom the grievance has been made. The appeal process will involve a senior licensed psychologist who did not participate in the hearing conducted at the Second Review Process.

b. Within 14 business days of receiving the appeal, a meeting with the intern and the Senior Licensed Clinician

- will be held. The Program Director shall be informed and invited to attend this meeting.
- c. A final formal written decision will be provided to the intern within 7 working days of this meeting. This decision is not subject to further appeal.

Appendix 6 Telesupervision Policy

The CARES Psychology Doctoral Internship Program (CIP) uses videoconferencing to provide supervision to all interns. Previous to the COVID-19 Pandemic, at CIP, all supervision, both individual and group, was provided in person. The pandemic introduced social distancing, quarantining and posed other challenges to continuing to meet in person. As a result, Telesupervision, using simultaneous video and audio was implemented. At this time, it is also being used; however, it is anticipated that at some point in the future in person supervision will resume. Using the lessons learned from telehealth, it is likely a combination of Telesupervision and in person supervision will be utilized once the pandemic has abated.

Telesupervision is utilized in order to promote interaction and socialization among interns, since interns are frequently dispersed across separate training sites. Interns and a faculty facilitator meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Individual and/or group Supervision in this format is required for all current CIP interns for two (2) hours each week, at a regularly scheduled time. CIP places high value on cohesion and socialization of intern cohorts and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. The use of videoconference technology for supervisory experiences is consistent with CIP's model and training aim as CIP places a strong training emphasis on access to behavioral healthcare in underserved areas, which often includes the use of telehealth services, as well as during public health emergencies, national disasters or weather emergencies where travel is curtailed or unavailable.

CIP recognizes the importance of supervisory relationships. Individual and/or group Supervision is led by members of the CIP Training Committee, on a rotating basis, in order to provide interns with the opportunity to experience a breadth of supervisory relationships and supervision modalities. It is expected that the foundation for these supervisory relationships will be cultivated initially during CIP's orientation, such that interns will have formed relationships with the entire Training Committee prior to engaging in supervision via videoconference. For all clinical cases discussed during group supervision, full professional responsibility remains with the intern's primary supervisor and any crises or other time- sensitive issues are reported to that supervisor immediately. Interns are provided contact information for all CIP supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary.

All CIP videoconferencing occurs over secure network using site-administered videoconferencing technology and is HIPAA compliant. Supervision sessions using this technology are recorded only if appropriate for training purposes and all participants are notified if this is deemed to be the case, thus protecting the privacy and confidentiality of all trainees. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year and are offered the use of secure devices. Technical difficulties that cannot be resolved on site are directed to the CARES Information Technology Department.

Appendix 7 Parental Leave Policy¹

Birth, adoption and parenting of children are common phenomena among psychology interns and postdoctoral trainees and may impact their training year. It is important to consider what is appropriate and reasonable for parents, what is practical and feasible for the site and how to ensure that the trainee receives the full benefit of the training experience.

The CARES Internship Program (CIP) would like to arrive at a mutually agreeable solution to accomplish the following:

- Allow appropriate parental leave for parents and their new children.
- Provide sufficient time for bonding with new children and postpartum recuperation (in the event of birth) for mothers, which may include physical healing, establishing breastfeeding (should a mother choose to do so) and managing with postpartum depression or anxiety.
- Ensure that trainees meet CIP's aims, training goals, competencies and outcomes.
- Comply with state, federal and institutional standards regarding parental leave.

Considerations:

Issues may arise relating to the structure, content and process of the training experience for those individuals who miss some of their internship or postdoctoral fellowship for family reasons. These include, but are not limited to: orientation to the site, consideration of responsibilities upon their return, the clinical needs of the population served, participation in didactics and cohort issues.

Internship applicants should remember the binding nature of the APPIC Match when submitting their rank order lists. Trainees and sites often ask about the possibility of deferment of the internship year. Pregnancy and adoption, in and of themselves, are not grounds for deferment.

It is important for trainees who request parental leave to understand that while CARES will try to be as accommodating as possible, there are real considerations that may restrict the amount of leave that can be granted. For example, the training program must ensure that trainees have achieved the program's aims, training requirements, competencies and outcomes and have received a sufficient number of hours of training.

Range of Options:

The timing of leave being requested during the internship year will have a direct bearing on the options that may be considered. In some cases, it will be determined that the trainee may take a leave in the training year and extend the training year as necessary. As CARES' training is sequential, a delayed start of more than 2-3 weeks will impact the intern's ability to benefit from the required training hours. Similarly, early termination of more than 2-3 weeks will create a gap in patient treatment. Each of these scenarios will require a written plan to determine how the trainee will complete the required number of hours of training and to achieve the program's requirements. Such a plan will involve the Director of Clinical Training from the trainee's doctoral program as well as the CARES HR Department.

While APPIC does not endorse a standard amount of parental leave, it is strongly recommended that both parties be as flexible and creative as possible when establishing an agreement. This applies to arrangements for birthing, non-birthing and adopting parents. CARES will encourage interns to first use their vacation or personal days earned to date, with the birth parent able to file for disability (insurance carrier provides for 6 weeks after a vaginal birth and 8 weeks after a caesarean delivery) and either parent is able to take up to 12 weeks of leave under the Family Medical Leave Act (FMLA). The disability is available after 30 business days of full-time employment. The disability insurance policy will pay up to 66% of the intern's average weekly wage or stipend. Paid Family

Leave is available after 26 weeks of full-time employment.

CARES will work with interns to thoughtfully and collaboratively match the needs of both the trainee and the program. It might be possible for the trainee to conduct some activities at home, such as report writing. Some arrangements may include a number of full weeks of leave combined with some weeks of part-time leave.

Although the amount of time granted for leave varies from site to site, most often, birth mothers and adoptive parents are able to take between 6 and 12 weeks of parental leave. It can be very difficult to complete a full training experience when a longer leave (such as 12 or more weeks) is taken which most sites are not able to accommodate. It is important to ask for what one needs while at the same time being collaborative and flexible as there may be structural, human resources, budgetary, clinical considerations and other types of constraints that training programs must manage.

While not all mothers want or are able to breastfeed, CARES will work with breastfeeding women who may need to express breast milk while onsite. In such a case, a private area will be provided with adequate time to express milk. Sites and trainees will need to discuss the amount of time needed and how it may impact the daily schedule.

Appendix 8 Intern Evaluation Form

CARES Internship Program - Intern Evaluation Form

Intern Evaluation: To be completed by the supervisors

Intern: _____ Supervisor: _____

Dates of Evaluation: _____ to _____ Training site: _____

Methods used in evaluating competency:

- Direct Observation
 Review of Audio/Video
 Case Presentation
 Documentation Review
 Supervision
 Comments/Scoring from other Staff/Faculty

1 -- Remedial	
Significant skill development required; remediation necessary	
2 -- Beginning/Developing Competence	
Expected level of competence pre-internship; close supervision required in most cases	
3 -- Intermediate Competence	
Expected level of competence for intern by mid-point of the training program; routine or minimal supervision required on most cases	
4 – Proficient Competence	
Expected level of competence for intern at completion training program; ready for entry-level practice	
5 – Advance Competence	
Rare rating for interns; able to function autonomously with a level of skill representing that expected beyond the conclusion of internship	
Competency 1 - Intern will achieve competence in the area of: Research	
<ul style="list-style-type: none"> Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities via professional publication or presentation at the local, regional, or national level. Utilizes scholarly literature and other resources to inform practice with diverse clients. Demonstrates independent ability to collect, integrate and critically assess data from interventions to guide ongoing treatment and recommendations. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 2 - Intern will achieve competence in the area of: Ethical and Legal Standards	
<ul style="list-style-type: none"> • Demonstrates knowledge of and acts in accordance with each of the following: <ul style="list-style-type: none"> ○ The current version of the APA Ethical Principles and Code of Conduct; ○ Relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional, and federal levels; ○ Relevant professional standards and guidelines. • Recognizes ethical dilemmas which may arise and applies ethical decision-making processes in order to resolve dilemmas which occur. • Conducts self in an ethical manner in all professional activities. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 3 - Intern will achieve competence in the area of: Individual and Cultural Diversity	
<ul style="list-style-type: none"> • Demonstrates an understanding of how his or her personal/cultural history, attitudes and biases may affect how an intern understands and interacts with people different from him or herself. • Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity. • Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles. • Demonstrates the ability to independently apply his or her knowledge and approach in working effectively with the range of diverse individuals and groups encountered during the internship. • Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 4- Intern will achieve competence in the area of: Professional Values and Attitudes	
<ul style="list-style-type: none"> • Behaves in ways that reflect the values and attitudes of psychology. • Engages in self-reflection regarding personal and professional functioning. • Engages in activities to maintain and improve performance, well-being and professional effectiveness. • Actively seeks and demonstrates openness and responsiveness to feedback and supervision. • Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 5- Intern will achieve competence in the area of: Communication and Interpersonal Skills	
<ul style="list-style-type: none"> • Develops and maintains effective relationships with a wide range of individuals. • Produces and comprehends oral, nonverbal and written communications. • Demonstrates effective interpersonal skills and the ability to manage difficult communication well. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
Competency 6- Intern will achieve competence in the area of: Assessment	
<ul style="list-style-type: none"> • Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors. • Demonstrates an understanding of human behavior within its context (e.g., family, social, societal and cultural). • Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. • Selects and applies assessment methods that draw from the best available empirical literature. • Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. • Interprets assessment results to inform case conceptualization, classification and recommendations while guarding against decision-making biases. • Communicates orally and in written documents the findings and implications of comprehensive assessments in an accurate and effective manner. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE		
Comments:		
Competency 7- Intern will achieve competence in the area of: Intervention		
<ul style="list-style-type: none"> • Establishes and maintains effective relationships with recipients of psychological services. • Develops evidence-based intervention plans specific to the service delivery goals. • Implements interventions informed by the current scientific literature. • Demonstrates the ability to apply the relevant research literature to clinical decision making. • Modifies and adapts evidence-based approaches effectively. • Evaluates intervention effectiveness. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE		
Comments:		
Competency 8- Intern will achieve competence in the area of: Supervision		
<ul style="list-style-type: none"> • Demonstrates knowledge of supervision models and practices. • Applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals. • Demonstrate the ability to reflect on the supervision process and assume a more consultative approach as he or she progresses across levels of training. • Provides psychology trainees or other health professionals with appropriate feedback during group supervision. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE		
Comments:		

Competency 9- Intern will achieve competence in the area of: Consultation and interprofessional/interdisciplinary skills	
<ul style="list-style-type: none"> • Demonstrates knowledge and respect for the roles and perspectives of other professions. • Applies knowledge about consultation in direct or simulated (e.g. role play) consultations. 	<input type="checkbox"/> <input type="checkbox"/>
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	
OVERALL RATING (average of broad competence area scores)	
Comments on Intern's overall performance:	

I acknowledge that my supervisors have reviewed this evaluation with me.

Intern Signature

Supervisor's Signature

Supervisor's Signature

Training Director's Signature

Appendix 9 Trainee Admissions, Support and Outcome Data

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 8/15/2023

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Special focus is given to applications that show that the candidate possesses a strong interest in individuals with developmental disabilities and mental health. Candidates with experience or interest in working with diverse populations across the lifespan will be considered preferred. Applicants from minority backgrounds or who are fluent in another language are strongly encouraged to apply.

Applications by candidates coming from clinical, counseling, school, developmental, neuropsychology, and health psychology programs (Ph.D. and PsyD) may be accepted. Preference is given to applicants from APA and CPA accredited programs.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	YES		Amount: 500
Total Direct Contact Assessment Hours	YES		Amount: 50 (or ten 10 comprehensive assessments)

Describe any other required minimum criteria used to screen applicants:

All interns who match to CARES Internship Program (CIP) must provide proof of eligibility to work in the United States in accordance with applicable law and must successfully pass a fingerprint-based background check before beginning employment.

Additionally, CARES is an alcohol, tobacco, marijuana, and drug-free workplace. Random drug testing may also be conducted to the maximum extent allowed by applicable law.

A current medical form, required vaccinations and the results from tuberculosis (TB) screening test from the previous 12-months [however, it must cover their internship year], are necessary for participation in the CARES Internship program due to NYS Department of Health regulations.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$38,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No*
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	Up to 56	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): \$25/month towards your cellphone expenses Pre-tax Transit plan available. Work related travel via mass transit is covered by CARES.		

* CARES Internship Program provides medical insurance (subject to the terms and conditions of the applicable plan(s)). CARES covers 100% of the cost of a single on the low plan. Trainees may elect to cover their spouse/dependents or choose the high plan and the trainee contributes the difference on a pre-tax basis. All benefits are subject to the terms and conditions of the applicable plans and policies, as may be amended from time to time.

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
Total # of interns who were in the 3 cohorts	8	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	5	
	PD	EP
Academic teaching	PD =	EP =
Community mental health center	PD =	EP =
Consortium	PD =	EP =
University Counseling Center	PD =	EP =
Hospital/Medical Center	PD =	EP =
Veterans Affairs Health Care System	PD =	EP =
Psychiatric facility	PD =	EP =
Correctional facility	PD =	EP =
Health maintenance organization	PD =	EP =
School district/system	PD =	EP =
Independent practice setting	PD = 3	EP =
Other	PD =	EP =

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.