

SUNY UPSTATE MEDICAL UNIVERSITY

DOCTORAL INTERNSHIP IN PSYCHOLOGY

POLICIES AND PROCEDURES MANUAL

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Core Internship Personnel Contact Information

(For full faculty list, see internship website)

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Welcome to SUNY Upstate! This policy manual is designed to introduce you to the basic structure, settings, and policies of the internship. Whenever you have a question about the internship, it is likely to be answered here, or in the SCS policy manual, or in the Assessment policy manual.

The Settings of Your Internship

SUNY Upstate Medical University comprises both a four-college university and an academic health center. The university primarily educates students from New York State, but also those from around the country and the world. The Upstate University Health System, including University Hospital and numerous satellite operations, serves 1.8 million people from Syracuse and the larger Central New York region. Upstate is the only academic medical center in Central New York. Given the clinical catchment area of the medical center, and the fact that both the academic and clinical enterprises prioritize access for those from all socioeconomic backgrounds, our interns have the opportunity to work with a diverse group of people across all of the internship's settings.

Psychology Internship Outpatient Caseload Policy

Interns are expected to carry an outpatient caseload of 8-10 hours per week. This may mean carrying more than 8 or 10 patients if you are seeing some of your patients less than once every one or two weeks. On the other hand, it could mean seeing fewer outpatients if some are being seen for multiple hours per week.

Groups are counted in terms of the number of hours per week you are serving as a therapist/cotherapist. You may increase your caseload beyond ten hours only after consulting with the Dr. Miller and the appropriate supervisor(s).

Child interns take their outpatient cases solely from the Children's Outpatient Clinic, and Adult track interns from the Student Counseling Service. Patients from specific assigned rotations are seen in addition to the basic caseload. Interns do not see patients in the "private practice," or Psychiatry Faculty Practice.

All treatment must be supervised by internship-approved, credentialed (licensed) members of the faculty (i.e., Psychologists, Psychiatrists, Social Workers, or Nurse Practitioners). When there is any ambiguity about the appropriateness of a particular case, consult Dr. Miller or Saletsky (if child track) and the relevant supervisor.

Core Outpatient Settings

Located one block from the hospital, The Psychiatry and Behavioral Sciences Department occupies two buildings at 713 and 719 Harrison St. –referred to as TU3 and TU4, respectively (“TU” is hospitalese for “Treatment Unit.” The adult internships offices, the office of the Director of the

Internship, and all of the adult track Full-Time Faculty, are on the first floor of TU4 (719 Harrison). This space also houses the University Student Counseling Service, where adult interns will have all of their outpatient experience.

The offices of the child track interns and faculty, including the coordinator of the child track, are in TU3 (713 Harrison). TU3 is also home to the hospital-based community child and adult clinics.

The two buildings house a vibrant community of faculty, staff, and trainees from the disciplines of clinical psychology, psychiatry, social work, and nursing. We create an atmosphere of collaboration and exchange not only across disciplines, but across theoretical points of view and divergent professional interests. The setting contributes to an overall model of training that emphasizes pluralism, exposure, team-based care, and curiosity, all of which we believe will help prepare you for the complexities of work in the field at a professional level.

Upstate Student Counseling Services

Holly Vanderhoff, Ph.D. Co-Director of SCS

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All of the adult track interns’ outpatient therapy will be done with Student Counseling Services. Below is a brief overview. Please see the separate Student Counseling Manual for more detail.

Mission: The Student Counseling Service (SCS) promotes students' personal wellbeing and professional growth through the provision of mental health services to students and educational and outreach programming to the University community.

Student Counseling Services provides the outpatient clinical experience for the adult-track internship. Located at 719 Harrison St., and serving the “university side” of the medical center, the Student Counseling Service (SCS) provides psychotherapy, community outreach, and pharmacotherapy to the 1,550 matriculated students who are enrolled in our four colleges (Medicine, Nursing, Health Professions, and Graduate Studies). Many of our students are from New York State, but a significant number come from other states and nations, and range in age from 18 to 60+, with a mean age (within SCS) of 24. 66% of the student patients we see are female, and 57% are white. While student patients come from all four colleges, the majority are medical students; the most prevalent diagnoses are anxiety and depressive disorders, but SCS treats a breadth of presenting problems, including personality and psychotic disorders.

Student Counseling Services provides:

Individual counseling and psychotherapy: Brief and longer-term individual counseling and therapy from a variety of approaches to address presenting concerns

Couples therapy: Treatment for relational and/or marital problems for couples, regardless of sexual orientation. At least one member of the couple must be a matriculated Upstate student.

Psychopharmacological Consultation and Treatment: Evaluation of need for and ongoing management of psychiatric medications.

Diagnostic assessment: Clinical assessment of symptoms, with focus on diagnostic determination to inform treatment planning. SCS does not provide requested or mandated assessment for documentation for third parties or for disability accommodations.

SCS staff, resident clinicians, and faculty supervisors are covered under Public Officers’ Law for the services rendered to students through SCS. Student patients are not Hospital/Clinic patients and these cases are not subject to oversight by the Clinic nor its Director.

University Hospital Child/Adolescent Psychiatry Clinic

These clinics are housed in TU3, apart from the main hospital building. Founded as training clinics, they have evolved into major centers of outpatient care for the community. Adjunct to the Child and Adolescent clinic is the ENHANCE program, a primary care setting serving children in foster care, where interns are able to work under the direction

Psychological Assessment

Your psychological assessments will be generated by the inpatient psychiatric unit, and will be under the supervision of Dr. Sperry (see assessment service description). You are likely to perform about 10 inpatient assessments over the course of the year. See separate psychological assessment manual.

Adult Track Rotations

For adult-track interns, the year is divided into four three-month rotation periods. During each of these, 20 hours per week is reserved for your current rotation. These rotations occur on the inpatient psychiatry unit (4B), the inpatient physical medicine and rehabilitation unit (2N), and the outpatient child clinic.

Child-track rotations are described under separate cover.

Child and Adolescent Clinic

This rotation provides experience in the diagnosis and care of child and adolescent patients in an interdisciplinary setting. The experiences of the rotation are varied, and can be individualized to the intern's interests, and revolve around a core experience of the Child Diagnostic Team.

Physical Medicine and Rehabilitation (2N)

The Health Psychology Rotation consists of clinical work and observational experiences primarily within the Physical Medicine and Rehabilitation Department (PM & R) at University Hospital.

Weekly activities include completing initial evaluations for inpatients, providing supportive psychotherapy and brief interventions, and patient and family education. Supervision is provided as needed and scheduled at least one hour weekly. Typical caseload is to gradually build up to 7-8 patients by the mid-point, depending on the level of need of the caseload. Residents are encouraged to attend patient care rounds and family meetings as needed, and are also encouraged to interact with and observe other disciplines. Other opportunities include observing outpatient post-concussion evaluations, observing outpatient neuropsychological evaluations, observing Psychosocial Oncology evaluations, observing Transplant evaluations, and learning more about the brain injury education groups.

Each intern is expected to present an in-service at the end of their rotation. This is a half-hour presentation on a topic of interest to the resident and relevant to other rehabilitation psychologists. Residents can also attend any in-service that is offered in the department.

Elective Rotation

Adult Track Interns Only: During one of your four, three-month rotation periods, you will develop a personalized rotation, in consultation with faculty and the Director of Internship Training. The rotation includes activities in direct service and/or research in specialty areas which build on areas of particular interest to the intern. Areas of focus might include further experience on one of the other three rotations, or Student Counseling, work with the Cancer Center, a research or scholarly project with a faculty member, a community-based experience, or extended training in an area that interests you in collaborating with a faculty member. You may also choose to use up to 8 hours of your elective weekly time for your dissertation.

Electives often include time spent in two or three areas.

Inpatient Psychiatry (4B)

The inpatient psychiatry unit, opened in 1969, houses 23 beds, and specializes in acute care of both voluntarily and involuntarily admitted adults, admitting between 800-1000 patients per year. The patients are primarily white (77%), followed by African American (15%) and Latino (5%). 68% are unemployed. An estimated 85% are diagnosed with personality disorders, while 74% are diagnosed with Mood Disorders and 15% with psychotic disorders. [The unit](#) adopts an interdisciplinary model, in which the intern works as part of a team of psychiatrists, psychologists, social workers, nurses, occupational therapists, recreational therapists, and mental health therapy aides. The Adult

Track intern provides individual psychotherapy, psychological assessment, and group psychotherapy on the unit under the direction of a licensed psychologist, Susan Sperry, Ph.D.

Outline of Activities on 4B:

Interns will...

- Attend the Daily Morning Report meeting on at least two days per week to coordinate patient assignments and discuss patient care with other providers.

- Provide DAILY individual psychotherapy for 2 to 3 patients, seeing each patient Monday - Friday for 30 minutes per day. After each session, interns write a brief progress note detailing: Brief patient mental status report (Mood / Affect; Thought Process / Content; Speech; Behavior; Insight; Judgment); overview of session content; plan for follow-up. Progress notes focus on the diagnosis-related symptoms and the outcome of interventions (i.e., progress or not) on reducing symptoms. Co-lead at least two sessions of Dialectical Behavior Therapy (held Monday – Friday 1:30 PM to 2:30 PM) per week. Groups to teach DBT skills on 4-B require adaptation to patients' diverse functional levels, diagnoses, and daily fluctuation in group attendance. Interns

develop skills: in explaining DBT concepts through simple examples; engaging patient involvement through asking them to share experiences and insights relevant to topics discussed; flexibly covering DBT material as patients' involvement indicate; and managing off-topic remarks and disruptive behavior. Interns' involvement as co-leader grows over the course of the rotation so as to increase responsibility in a manner that promotes growth and independent function.

-Can chose to participate in the Process Therapy Group that is conducted by Drs. Megna and Leontieva; this process group allows patients to explore the events that led to their recent hospitalization as well as the changes that must occur to promote success as they leave 4-B. Attend supervision with Dr. Sperry consisting of two scheduled half-hour hour meetings per week, in addition to informal supervision during preparation for groups. The objective of supervision is to help interns develop greater comfort and facility in: conceptualizing severe psychopathological states; understanding related treatment strategies; and interacting with patients and staff in a way that enhances the therapeutic environment.

-Attend 4-B family meetings as indicated

-Attend other 4-B professional activities, such as occupational therapy, recreational therapy, art therapy, music therapy, social work assessments, and spiritual care meetings

Regarding psychological assessments of 4-B, 4-B Adult assessment referrals are assigned one every FOUR weeks on a rotating basis, which will give each intern the possibility of completing 10 inpatient assessments. Referring psychiatrists and nurse practitioners may request assessment of overall cognitive function (WAIS and/or personality assessment (MMPI-2 / TAT). For each assessment, interns:

-Speak with the referring psychiatry resident to gather concrete information and to assist him/her in refining the referral question. If the referral question involves diagnostic clarification, engage the resident in a discussion about the diagnoses under consideration and current evidence supporting each. This process may involve education about what information psychological assessment can provide.

-Complete a clinical interview under the direct in-person supervision of Dr. Sperry. During this meeting, interns take extensive notes to use in writing "Relevant History" section of reports. Testing may begin immediately after the clinical interview, if the intern's schedule allows.

-Enter a brief progress note after each testing session that addresses: Length of time of meeting and tasks completed; brief patient mental status report (Mood / affect; Thought Process / Content; Speech; Behavior; Insight; Judgment); patient approach to testing and task performance; statement as to whether testing is completed (and if so, state "Full report to follow.)

-Score all administered tests, then create and submit summary tables within 48 hours of completing testing.

-Receive direct supervision from Dr. Sperry to aid in the interpretation of test results.

-Provide feedback to patient and to referring providers.

Goals of feedback to providers are to:

-Provide education for residents about assessment (for example, explaining what the measure assesses, “average” scores, etc.).

-Help providers understand current patient function.

-Explain how your assessment fits or differs from their diagnostic conceptualization.

-Offer suggestions of things that may benefit the patient in improving symptoms and increasing function.

Goals of feedback to patients are to:

-Broadly inform the patient about findings are based on completed testing.

-Explain results in a way that validates their experience.

-Answer questions the patients may have about testing.

-Explain that this assessment reflects a “snapshot of how you are right now” and that function may change and improve as treatment progresses.

A conjoint meeting with patient and provider can be very helpful in bringing together psychological and psychiatric perspectives, and aids patients in feeling that their care is coordinated by the treatment team.

Create a brief assessment report. See Assessment policy manual for details on the structure of these reports.

Advisement, Evaluation, Grievance, and Termination Policies

Advisement and Evaluation

The small number of interns and the regular and frequent collaboration with faculty during your clinical work makes advisement and intern evaluations an ongoing process throughout your year with us. You will have many opportunities in seminars, one-to-one supervision and other departmental activities to discuss your progress and to air any concerns you might have.

You will receive formal feedback in the middle and the end of your internship year. At those times, each supervisor will provide written feedback to Dr. Miller, who will synthesize the information and discuss your progress with you. You have the opportunity to discuss any concerns you might have on these occasions as well.

The internship supervisors meet monthly and discuss intern progress as a group.

Problems from the Intern's Perspective and Formal Grievance Policy

If you have a concern that needs to be addressed, we recommend you take the following steps.

1. Talk to a supervisor and/or bring it up to the group in Director's Rounds. If your concern involves a particular supervisor, first discuss the matter with him/her in an effort to resolve any differences in a collegial and respectful manner. If your concern involves the program itself or other issue, raise the issue with the appropriate supervisor or discuss in Director's Rounds if you feel that is appropriate. Should these discussions fail to resolve the matter, proceed to step 2.
2. Speak individually with Dr. Miller. After hearing your concern and discussing the issues involved, the Director of Clinical Training may be able to take direct action to resolve the matter. If the issue involves a faculty-intern relationship, the director may choose to proceed to step #3. If, however, involving the faculty member at issue would be inappropriate, the codirector may choose other avenues, such as involving university-level offices. Please be advised that faculty are required to report to the Office of Diversity and Inclusion any reports of sexual harassment or discrimination based on age, gender, sexual orientation, race, or disability.
3. Conjoint meeting. Where appropriate, a meeting that includes the intern, the faculty member and Dr. Miller. If this meeting does not resolve the matter, proceed to step #4.

4. Hearing with a committee of the faculty. The Director of Clinical Training will form a committee of the faculty including two full-time faculty members of his choosing and one faculty member of the intern's choosing to hear the issue and recommend action.

Final decisions on resolution depend upon the process that is most appropriate to the issue. In cases which must involve administrators beyond the Director of training (the chair of Psychiatry, Title IX office, etc.), final decisions will be reached by consensus in accordance with governing principles. In cases which do not need to involve administration beyond the internship program, final decisions are made solely by the Director of Training after consultation with the committee.

Identification and Remediation of Insufficient Competence and Problematic Behavior

Our internship is committed to ensuring that interns leave the program as highly competent psychologists, and take our role as the final step in the doctorate seriously as a duty to the intern, as well as to the profession.

When we identify problems in competence or professional behavior, we ensure that we support the intern's development by taking reasonable and explicit steps toward remediation.

Over the course of the internship year intern performance is monitored in a number of ways, including bi-annual ratings from supervisors on the program's competency scales (see below for these evaluation forms); ongoing evaluation and feedback on participation in weekly supervision, seminars and meetings; direct observation of live or video/audio recordings of the intern delivering clinical services; and scrutiny of intern's written clinical notes and assessment/consultation reports. Intern performance is routinely discussed among supervisors and with the Training Director at Training Committee meetings.

Identification of Insufficient Competence of Problematic Behavior

Insufficient Competence of Problematic Behavior are identified in several ways, including:

The intern receives a rating of 2 or less from more than one supervisor on the majority of items in any Domain.

A supervisor or instructor brings a concern about the intern's professional or ethical behavior, clinical competence, or collegiality to Dr. Miller.

A complaint is made to a Dr. Miller by another intern, patient, or departmental colleague about the intern's behavior.

A concern about the intern's behavior or performance is brought to a supervisors' meeting, and is not adequately addressed in the meeting.

Remediation and Due Process

Notice

In the case of bi-annual evaluations or supervisory concerns, the intern will first be made aware of the supervisor's concern through review of the evaluation, and/or in supervisory feedback before the written document is created. In the case of complaints to the training director, the latter will meet with the intern to inform them of the concern and discuss the intern's perspective on the matter. The intern will also be informed in writing of the concern.

Hearing

Level One: In matters that can be addressed less formally (per the judgment of the Director), a remediation plan will be made as the outcome of a collaborative meeting with the supervisors involved, and the internship Director. The remediation plan will be put in writing and delivered to the intern, and the consequences of unsatisfactory completion will be made clear to the intern. The Director of Clinical Training at the intern's home program will be notified in writing as well.

Level Two: In matters in which the training director deems it appropriate, a formal hearing will be held. This hearing will include the intern, the Director of training, the complainant, one additional member of the full time faculty of Dr. Miller's choosing, and one member of the full-time faculty of the intern's choosing. This will lead to a collaborative decision on remediation. In cases where the Director judges that remediation is possible and practicable, the remediation plan will be put in writing and delivered to the intern, and the consequences of unsatisfactory completion will be made clear to the intern in that plan. The Director of Clinical Training at the intern's home program will be notified in writing as well. The remediation plan will include clear and observable criteria for successful completion.

Level Three: In more serious matters, the hearing may involve university personnel beyond the internship faculty, such as the department chair, the Office of Diversity and Inclusion, and Human resources, whose policies on due process may be found on the University Website. In such cases, the remediation plan may not be practicable or appropriate, and may be bypassed in favor of immediate termination.

N.B.: Each intern is eligible only for one remediation plan.

Successful Completion of Remediation Plan:

The intern will be notified in writing that they have successfully remediated the issue after review by the remediation committee and director of training.

Lack of Successful Completion of Remediation Plan

Should an intern fail to successfully complete the remediation plan, or be found after a level two hearing to have egregiously violated the Ethical Standards for Psychologists, or engages in other behaviors which are cause for termination according to the policies of the SUNY Upstate Medical University, termination from the internship will be considered. If termination is a consideration, the Director of Training will communicate with the intern's home

program. The internship also reserves the right to withhold a certificate of completion from the intern even if most or all of the year has been completed. Any final decision is left to the sole discretion of the Director of the Psychology Internship with appropriate due process guidance from the University.

Appeal

Interns have the right to due process, and to question their ratings, feedback, and the behavior of their supervisors (see grievance policy, above), including the remediation process outlined above. That process must be initiated in a signed letter from the intern to the Training Director expressing their concerns. If the intern continues to feel the evaluation or remediation process did not follow the policies outlined above, or that their concerns (in the case of grievance) have gone unheeded, the intern has the right to file a formal grievance with the UUP according to the procedures in the Agreement between the State of NY and UUP.

Moonlighting Policy (Adopted 8.2022)

No employment of an intern involving provision of psychological services outside of the internship, for the duration of the internship, is permitted under any circumstances.

This includes any form of self-employment in the provision of psychological services, as well as pro-bono work in the provision of psychological services as a free agent or as an employee of an outside agency.

We strongly discourage any form of employment outside of the internship as it is highly likely to impede the intern's learning and performance. Should the intern decide to pursue moonlighting that does not involve psychological services, the internship training director must be aware of and approve any moonlighting activities. Such approval must be obtained from the training director before the additional employment activity begins, and the training director can refuse approval without cause. Should such activity be approved:

- The intern must report moonlighting hours each week to the TD.
- The intern must be evaluated monthly as performing at satisfactory or above level by all supervisors, seminar leaders, and training director.
- Moonlighting hours must not be during business hours of Monday – Friday, 8:30-5:00.
- Moonlighting must not interfere with intern's scholarly, clinical, or professional development, or the clinical or scholarly functioning of the internship site.

SUNY Upstate and Public Officer's Law do not cover any liability incurred as a result of employment outside the intern's job duties as part of this internship.

Maintenance of Records

Intern personnel records, including the original application, performance evaluations, any formal complaints, and updated contact information on the intern's departure from the program, are kept permanently by the Psychology Division. We have traditionally kept paper records in a locked cabinet accessible only to the Director of training and the administrative assistant, but transitioned as of 2018 to an electronically based record kept on a secure shared drive only accessible to those same individuals.

Supervision Requirements

Interns receive a baseline two hours per week of individual supervision per week for their outpatients (clinic and student counseling) cases. They are assigned two supervisors who provide one hour each. In addition, interns receive close ongoing supervision on their rotations and other clinical experiences (4B, child, Physical Medicine, and where applicable, DBT, elective). In each case, supervision is provided by the rotation supervising psychologist, unless the service is provided by another discipline. Interns receive separate supervision for assessments from the inpatient psychologist.

Diversity and Nondiscrimination Philosophy and Policies

Our program is marked by its deep commitment to diversity and inclusion. We seek for our engagement with the university, the local community, and each other to be informed by constant reflection about questions of identity, difference, and power. Our year-long curriculum privileges deep critical engagement with questions of culture, diversity, and analysis of social power.

We also recognize that we are living in a historical moment in which attention to questions of diversity and inclusion have taken center stage. We are careful to remain open to various points of view on how best to approach these questions, and hold as a central value the importance of dialogue across differences, even

(and especially) when that dialogue may make us uncomfortable. As a program with roots in the phenomenological, psychoanalytic, humanistic and natural scientific traditions, we value a stance that takes into account the incompleteness of our intuitive answers about the complexities of human experience, and endeavor to think about such questions rigorously rather than through rote recitation.

We strongly encourage applications from candidates of diverse and under-represented backgrounds, including but not limited to people of color, people with disabilities, LGBTQIA people, and people who have lived in poverty. Diversity is a key component of decisions regarding invitations to interview and rankings, as

we know that diversity adds to the richness of the internship experience and edifies all of us in the Psychology Division and Psychiatry Department.

We seek to help one another adhere to these principles in the Psychology Internship. The Director of

Training, Our departmental Diversity Advocate, (Dr. Siphon Mbuqe) and our Diversity and Inclusion

Committee are available for consultation regarding related issues. Complaints regarding discrimination will be forwarded to the Office of Diversity and Inclusion, per university policy.

SUNY Upstate Non-Discrimination Notice

Nondiscrimination Notice Pursuant to University policy, the University is committed to fostering a diverse community of outstanding faculty, staff, and students, as well as ensuring equal educational opportunity, employment, and access to services, programs and activities, without regard to an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction. Employees, students, applicants or other members of the University community (including but not limited to vendors, visitors, and guests) may not be subject to harassment that is prohibited by law, or treated adversely or retaliated against based upon a protected characteristic. The University's policy is in accordance with the federal and state laws and regulations prohibiting discrimination and harassment. These laws include the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973,

Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964 as Amended by Equal Employment Opportunity Act of 1972, and the New York State Human Rights Law. These laws prohibit discrimination and harassment, including sexual harassment and sexual violence. Inquiries regarding the application of the Title IX and other laws, regulations and policies prohibiting discrimination may be directed to: Carl Thomas Interim Title IX Coordinator/Affirmative Action Officer Office of Diversity and Inclusion 711 Jacobsen Hall Work: (315) 464-5234 Fax: (315) 464-5232 Email: diversity@upstate.edu

Psychology Internship Book Reimbursement Policy

The Department of Psychiatry provides books for psychology interns for their core didactics. In addition to the textbooks provided by the Department, interns receive a \$200 book allowance to be reimbursed during their internship year. Reimbursement should be submitted to the Psychology Division Program Coordinator (Claire Neale) for review and processing.

She will need your name, home address, your social security#, printout of books that were ordered and receipt showing they are paid for.

We are not able to reimburse for sales tax or shipping cost.

Please submit reimbursement requests by the middle of July. It usually takes 2-3 weeks to receive your reimbursement, which will be a check. To cut down on paperwork, we ask that you please submit all your orders in one request.

Paid Time Off

The "House Staff Agreement" of SUNY Upstate calls for Paid Time Off (PTO) as follows:

Sick Leave: You are allowed 15 sick days per year, and earn them at the rate of 1.25 days per month. If you need to be out for more than three consecutive workdays, this becomes a leave of absence from the HR perspective, and requires you to be in touch with the HR department and submit documentation from your healthcare provider.

COVID-19 NOTE: IF YOU HAVE ANY SYMPTOMS OF COVID 19, YOU MUST NOT COME IN TO THE OFFICE UNTIL YOU HAVE BEEN TESTED AND CLEARED TO RETURN.

Holidays Will be subject to the holiday policy of SUNY Upstate at the time of the holiday. When a particular service conducts activities on holidays which require you to work on a holiday, compensatory time will be earned. All holiday time earned must be entered into Self-Serve.

Please see Upstate's annual holiday calendar on their website for exact days and categories of holidays:
<https://www.upstate.edu/payroll/calendar.php>

Vacation: 15 days for the year/the intern earns 1.25 days per month

Professional Activities: Interns may, with the permission of the training director, also take up to five days per year to attend professional meetings, job interviews, if this does not conflict with the needs of the Department. The intern will need to provide proof of the activity in their time off request.

Time Off Approval: All requests for paid time off are at the discretion of the director. If your time off request interferes with your educational process or with patient care, it may be denied. Unused vacation time is compensated for at the end of the internship year.

Time off requests are submitted to Jamie Murphy for approval by Dr. Miller This is done by filling out the Leave Form (found on the L Drive, under "psychology internship" or through Jamie Murphy).

All vacation must be scheduled far enough in advance to allow for adequate coverage of clinical services.

Because of the clinical demands of most services, vacations longer than a week at a time are discouraged. Any unusual requests (e.g. vacations greater than a week) are subject to special approval by the training director.

All interns are responsible for arranging coverage of their patients with fellow interns for any absence, i.e., vacation, sick leave (if more than a day).

We will try to be fair and flexible to accommodate special needs.

Monthly Timesheet: Each month you will be asked to complete your time sheets (via email) on the SUNY Self-Serve. Please document all of your time off there. The Director of Training signs your timesheets monthly.
<https://selfserve.upstate.edu/ais/applications/>

Calendar: Outlook

While there are several pieces of clinical software that keep parts of your schedule (Epic and Titanium, for example), it is important to keep your entire schedule in one place should a supervisor or administrator need to locate you.

All interns are expected to keep their entire schedule in the Outlook calendar. This includes rotations, seminars, patients, supervision, etc. Clinic and SCS (Student Counseling Service) patients can be indicated by their initials in order to preserve confidentiality.

Please grant read-access for your calendar to Dr. Miller, Dr. Saletsky, and Jamie Murphy.

Please set this up during the first week of internship. Jamie Murphy can help you with this.

Telephone

All phone extensions are dialed with the "4" from the prefix 464. So if your number is 464-1234, you can dial in-house 4-1234. To dial out, press 9 plus the full phone number. For long distance, please use the code provided you by telecom.

To set up voicemail:

Dial 4-8300

If you set this mailbox up from your phone, when voice mail answers it will prompt: "please enter your security code."

When prompted for your security code enter the default 1995

You will now be prompted through the new user tutorial. This takes about 2 minutes.

You will be prompted to choose a new security code. The tutorial will prompt you to "record your name."

(You'll want to record your name & department/service name here.) The tutorial will then prompt you to "record a personal greeting for your mailbox." (see below message)

Continue listening to the tutorial. When the tutorial is finished, you will hear: "you have no messages. To record & send a message press 2, for phone manager functions, press 3. To quit, press the * key." Press the * key 3 times & Call press will hang up

Your outgoing message should be clear and professional. Please talk with a faculty member if you have questions about this.

Video Recorded Medical Record Storage Policy

Residents, interns, and social work trainees video record their therapy sessions and store these sessions on a secure location on the hospital service (O: drive). It is important to remember that these are medical records and storage other than the O: drive is strictly prohibited with one exception: In order to bring sessions to external supervisors for review, the trainee may use a password protected, encrypted thumb/flash drive (provided by the department).

For the sake of confidentiality and conservation of server space, please delete sessions as soon as you and the supervisor have finished reviewing them.

The thumb/flash drive must be returned to Jamie Murphy at the end of the internship year or you can keep it if you verify that you have deleted all information from the thumb / flash drive.

Flash Drive Password Instructions

It is extremely important to keep confidential patient information safe, and because you may need to load videos onto a flash drive for an offsite supervisor we are asking you to please download Verbatim's EasyLock Software by clicking on the link below:

http://www.verbatim.com/index/support.php?lang_id=1&cat=1552&action=supportitems&pid=5451

Choose EasyLock Software Download.

Find the exe file under "downloads" on your computer

Plug in your flash drive

Copy and paste the file into your store and go flash drive, as if copying a file into your flash drive.

Create a password

Save all videos into the encrypted flash drive.

Each time you open the flash drive you will need to double click the EasyLock exe file, which will prompt your password.

Appendix: Biennial and Per-Rotation Competency Evaluation

Please familiarize yourself with this evaluation, as this will be how your supervisors will evaluate you twice per year. The actual evaluation is within the online MedHub application, but is reproduced here for your reference.

Basis for Evaluation:	Please ✓:	# of Cases:
Supervision of testing cases	<input type="checkbox"/>	
Supervision of therapy cases	<input type="checkbox"/>	_____
Observation of interviews	<input type="checkbox"/>	_____
Observation of seminar participation	<input type="checkbox"/>	_____
Observation of research skills or academic activities	<input type="checkbox"/>	_____

Please rate interns in all applicable categories relative to level of training and experience. (Scale is 1-5. A score of 3 represents the Minimum Acceptable Level for competence for a graduating psychology intern).

Intervention

Creates and attends to rapport and a positive alliance

Constructs case formulation

Sophistication of analysis of process

Paces interventions appropriately

Holds therapeutic frame/boundaries

Successfully interacts with collaterals

(parents/families/groups/children) where indicated

Uses appropriate range of approaches and techniques

Responds appropriately to crises

Understands and makes good use of therapy supervision

Displays general knowledge of therapy and understands scholarly methods for advancing clinical knowledge and practice

Considers and integrates the clinical significance of issues of difference, diversity, and inclusion.

Comments:

Assessment and Consultation

Skill in administration & scoring of psychological testing

Skill in interpretation of psychological testing

Diagnostic interviewing skills

Quality of clinical judgment

Quality of written and verbal communication and integration of assessment and consultation results

Displays a competent, thoughtful clinical judgment with regard to issues of diversity, inclusion and difference
Comments

Research/Scholarly Acumen

Please indicate the theoretical orientation or scientific approach to which you are exposing this intern:

Openness to learning this and other theoretical approaches

General understanding of theoretical principles and scholarly evidence underlying this approach

Application of specific interventions based on this theory

Thoughtfully incorporates learning from this theory into clinical practice

Understands and explores similarities and differences between theories

Thinks critically about this and other theoretical approaches

Seminar Participation

Comments:

Consultation and Interprofessional Skills

Ability to work with outside agencies in gathering information during treatment and /or assessment /consultation

Ability to collaborate with professionals in other disciplines during treatment and /or assessment /consultation

Ability to work with co-therapists (Ph.D., Psy.D., LCSW, NP, etc.) in group

therapy

Ability to communicate about and coordinate client care with members

of other professions (e.g., school personnel, nursing staff, hospital social workers, psychiatrists, physical therapists, rehabilitation physicians, pediatricians, etc.)

Comments:

Professional Values, Attitudes and Behaviors

Awareness of and sensitivity to ethical dilemmas and their solutions

Eagerness/ openness to learn/ motivation

Openness and responsiveness to feedback

Seminar Participation

Promptness and quality of clinical documentation

Ability to work independently

Ability to deal with stressful situations / crises

Reflexive self-assessment

Ethical and Legal Standards

Demonstrates familiarity and facility with APA Ethics Code and New York State Law

Identifies and works to clarify and resolve ethical problems in treatment professional environment And the

Demonstrates familiarity with the history and philosophical context of Psychology's relationship with ethics

Examines own ethical thinking beyond the letter of the ethics code

Individual and Cultural Diversity

Reflects on own personal/cultural history, attitudes, and biases and their impact on how the intern views and interacts with others (including those of different backgrounds).

Demonstrates knowledge of current theory and scientific discourse regarding diversity

Considers and integrates the clinical significance of issues of difference, diversity, and inclusion across all other domains.

Participates well in Identity and Difference Seminar

Supervision

Provides helpful peer supervision feedback in case consultations with psychology trainees and medical residents

Participates well in supervision seminar

Demonstrates facility with theories of supervision

Communications and interpersonal skills

Demonstrates interest in and respect for colleagues whose interests and training may differ from the intern's own

Integrates facility with professional concepts and communication with a basically compassionate and humane interpersonal approach

Communicates in conflicted and otherwise difficult situations in a way that maintains respect for the other, even when radical disagreements occur

AVERAGE RATING: across all competencies .

Comments:

Areas for future growth: