

INTERN HANDBOOK

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Accredited by:
American Psychological Association
Commission on Accreditation:
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I. Internship Program Description

AGENCY OVERVIEW

Astor Services was founded in 1953 to provide residential treatment to children with emotional and behavioral challenges as an alternative to hospitalization. Since that time, the agency has evolved and expanded and currently provides a wide range of services across a varied continuum of care with partial hospitalization, day treatment, outpatient, school-based, home-based, and community preventive services using strength-based and evidence-informed/based treatment approaches.

VISION

To be the preeminent behavioral health and educational services partner in the community where all children, adults and families can realize their full potential through help, healing, and hope.

MISSION

Astor provides essential supports, tools and high quality, comprehensive behavioral health and educational services to engage, empower and strengthen children, adults and families in all communities.

CORE VALUES

Respect

- for the inherent worth and diversity, equity and inclusion of children, adults, families, and employees.
- for the remarkable strength and resilience of those with whom we work and serve.
- for the agency's heritage and philosophy.

Hope

- through a climate of optimism among children, adults, families and our employees.
- through acknowledging and supporting the strengths and resiliency of each child, adult and family.

- through the creation of an environment that promotes employee wellness and support for everyone in our community.

Quality

- achieved by striving for excellence and attaining the highest level of professional and ethical practice in every aspect of the agency.
- achieved by developing, exploring, and implementing effective approaches to achieve optimal outcomes.
- achieved by employing and retaining qualified employees and supporting their professional development and career path.

Partnership

- with children, adults and families that nurtures an atmosphere of engagement.
- with Astor employees to support overall wellbeing.
- with our community stakeholders to advance quality of care.

Integrity

- built on honest and transparent communication.
- built on ethical principles.
- built on equity, diversity, and inclusion.

DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

Astor's Doctoral Internship program has been accredited by the American Psychological Association since 1964, within a dozen years of the Astor's founding! Astor is dedicated to the training of staff, doctoral psychology interns, and other discipline trainees, in order to provide the highest quality care possible for our clients and families. The last site visit was in July 2018 with re-accreditation conferred for three years, extended until our next re-accreditation site visit scheduled to occur in 2023.

The educational philosophy of Astor's clinical, health service, psychology internship program is based on a Practitioner-Developmental-Apprentice model with scholarly pursuit. This model is based on a training mission emphasizing direct clinical practice consistent with the tradition of professional psychology training in the United States (practitioner), facilitating the transition from intern to professional psychologist (developmental), and providing consistent guidance for quality clinical service delivery, as well as personal and professional growth (apprentice). Review of research literature, integration of evidence-based treatment, and program evaluation/design projects (scholar) rounds out the internship. Taken together, each of these categories builds upon an intern's prior training in psychology and provides a training experience that is sequential, cumulative, and graded in complexity.

Astor is committed to structuring training experiences that provide professional development for both staff and students. All of our trainees become integrated members of the programs providing clinical services that they are placed with, attending team-building meetings and training seminars alongside staff members whenever possible.

At the core of Astor's mission is service delivery, which fits perfectly with professional psychology training that emphasizes direct clinical work. Therefore, clinical practice is the primary medium that fosters the educational and professional growth of interns while they are at Astor. The primary focus and purpose of the Astor internship program is to assure breadth as well as quality of training for a variety of mental health services professional practices.

The internship has a total of two (2) internship positions in Dutchess County (Match Code #148812). Each of these internship positions involves year-long placements in our adolescent partial hospitalization setting (205 South Avenue, Suite 105, Poughkeepsie, NY for clients ages 11 to 18) 3 days per week along with the Poughkeepsie outpatient clinic (46 Lincoln Avenue, Poughkeepsie, NY for clients ages 0 to 26 plus caregiver clients of any age) 2 days per week. The internship has a total of three (3) internship positions in Bronx County (Match Code #148814). Each of these internship positions involve year-long placements in an elementary school-aged day treatment setting (516 East Tremont Avenue, Bronx, NY for clients ages 5 to 12) 3 days per week and outpatient clinic setting (750 Tilden Street, Bronx, NY for clients ages 0 to 26 plus caregiver clients of any age) 2 days per week.

Jennifer Brody, Psy.D., Director of APA-Accredited Doctoral Internship, Astor Services, 6339 Mill Street, Rhinebeck, NY 12572, Cell: (845) 663-4042, Fax: (845) 876-2020, jbrody@astorservices.org

DUTCHESS INTERNSHIP: MATCH CODE # 148812 (2 positions)

PARTIAL HOSPITALIZATION PROGRAM - (3 days per week)

PHP Director: Samantha Kroener, LMHC, CASAC skroener@astorservices.org

Intern Supervising Psychologist: Kathy Mills, Psy.D. kmills@astorservices.org

- Services provided include initial assessment, daily Dialectical Behavior Therapy (DBT) skills training groups, weekly individual and family therapy, caregiver only sessions and caregiver DBT Skills group weekly, as well as case coordination including referrals
- Cases include a wide demographic, gender, ages between 11-18 years old, and diagnostic range - clients typically will be experiencing symptoms related to suicidal behavior, self-injurious behavior, homicidal ideation, substance use, and other symptoms impacting their ability to function in one or more environments of life
- Participation in structured evidence-based treatment training protocols under the supervision of clinician trained and experienced in the protocol appropriate to the case (e.g., CBT, DBT, TF-CBT, family therapy, etc.)
- Compliance with NYS OMH (Office of Mental Health) policies and maintenance of cases in Electronic Health Record (EHR)
- Collaboration with supervisor, psychiatric staff, and evidence-based treatment trained PHP staff
- Consultation with parents, teachers, and other collaterals
- Coordination of treatment and services with other significant others, including home-based services personnel, teachers, preventive case workers, DSS workers, foster care caseworkers, and/or inpatient psychiatric hospital staff
- Advocacy for the children and families via case management
- Crisis intervention as needed
- Interdisciplinary treatment team meeting and staff meetings, including DBT team meeting
- Some maintenance of managed-care and insurance status, including treatment authorizations and interface with case managers

POUGHKEEPSIE OUTPATIENT CLINIC (Lincoln Avenue) - (2 days per week)

Regional Director of Outpatient Clinics: Megan York, LMHC, myork@astorservices.org

Clinic Supervisor: Kimberly Kish, LMHC, kkish@astorservices.org

Assistant Supervisors: Nicole Cotto, LMSW, ncotto@astorservices.org + Jessica Reynolds, LMHC, jreynolds@astorservices.org

Intern Supervising Psychologist: Jennifer Brody, Psy.D., jbrody@astorservices.org

- Clinical service delivery of intakes, individual therapy, family therapy, and a multi-family DBT group for high-risk adolescent clients and their caregivers
- Cases will have a wide variety of emotional and behavioral issues ranging in severity and are selected for as wide a demographic, gender, age, and diagnostic range as possible from available referrals
- Participation in structured evidence-based treatment training protocols under the supervision of clinician trained and experienced in the protocol appropriate to the case (e.g., CBT, DBT, TF-CBT, play/expressive therapy, family therapy, etc.)
- Compliance with NYS OMH (Office of Mental Health) policies and maintenance of cases in Electronic Health Record (EHR)

- Collaboration with supervisor, psychiatric staff, and evidence-based treatment trained PHP staff
- Consultation with parents, teachers, and other collaterals
- Coordination of treatment and services with other significant others, including home-based services personnel, teachers, preventive case workers, DSS workers, foster care caseworkers, and/or inpatient psychiatric hospital staff
- Advocacy for the children and families via case management
- Crisis intervention as needed
- Interdisciplinary treatment team meeting (set up similarly to a DBT consultation team) and staff meetings as needed
- Some maintenance of managed-care and insurance status, including treatment authorizations and interface with case managers

Family Therapy

Supervisor: Jennifer Brody, Psy.D., Director of APA-Accredited Doctoral Internship, jbrody@astorservices.org

- Group family therapy supervision monthly for 1 hour
- Movement beyond basic overview of all types of family therapy approaches
- Extensive review of Brief Strategic Family Therapy with applications to cases
- Exposure to parent management strategies and various family therapy topics

BRONX INTERNSHIP: MATCH CODE # 148814 (3 positions)

DAY TREATMENT PROGRAM (3 days per week)

Deputy Director of Bronx Programs: Jurine Walker, LCSW-R, jwalker@astorservices.org

Program Director: Savita Ramdhanie, LCSW-R, sramdhan@astorservices.org

Assistant Director: Theresa Venticinque, LCSW, tventici@astorservices.org

Interim Intern Supervising Psychologist: Todd Karlin, Psy.D., Chief Program Officer, tkarlin@astorservices.org

- Caseload of seven to eight long-term treatment cases (ages 5 – 12) with a wide range of severe emotional-behavioral difficulties
- Interns work with the majority of their cases throughout the entire internship year
- Treatment modalities include milieu treatment, group therapy, individual therapy, family therapy/systems work, crisis intervention (Therapeutic Crisis Intervention (TCI) and CARE Cornell Model training provided), and psychiatric treatment
- Interns are involved in all aspects of treatment, with the primary therapeutic modality being group therapy - each intern will co-lead two classroom-based groups twice weekly based on CBT manualized treatments and focused on developing affective awareness and coping, cognitive awareness and coping, and adaptive problem-solving skills
- In-vivo therapeutic interventions within the day treatment milieu by way of interns being on Classroom/Child Support Team duty for two half-day periods working with a variety of children on and beyond their caseloads
- Integration into a multidisciplinary team model through participation in psychiatric consultations, daily clinical rounds, two weekly clinical treatment team meetings (including case presentations and addressing larger classroom management issues), and one weekly day treatment program staff meeting
- Consultation with parents, teachers, and other collaterals
- Coordination of treatment and services with other collaterals, including foster agencies, preventative case workers, Administration for Children's Services (ACS) workers, and inpatient psychiatric hospital staff
- Advocacy for the children and families via case management
- Supervisory experiences if available (e.g., group co-facilitation with educational staff)
- Program development/evaluation of day treatment components if needed/wanted

OUTPATIENT CLINIC (Tilden Street) – (2 days per week)

Regional Director of Outpatient Clinics: Stephanie (Roscoe) Rogers, LMFT, sroscoe@astorservices.org

Clinic Supervisor: Megan Wright, PsyD, mwright@astorservices.org

Assistant Supervisor: Shynise Rawls, LMHC, srawls@astorservices.org

Intern Supervising Psychologist: Jamila Codrington, PhD, jcodrington@astorservices.org

- Clinical service delivery of intakes, individual therapy, and family therapy

- Cases will have a wide variety of emotional and behavioral issues ranging in severity and are selected for as wide a demographic, gender, age, and diagnostic range as possible from available referrals
- Participation in structured evidence-based treatment training protocols under the supervision of clinician trained and experienced in the protocol appropriate to the case (e.g., CBT, DBT, TF-CBT, play/expressive therapy, family therapy, etc.)
- Compliance with NYS OMH (Office of Mental Health) policies and maintenance of cases in Electronic Health Record (EHR)
- Collaboration with supervisor, psychiatric staff, and evidence-based treatment trained PHP staff
- Consultation with parents, teachers, and other collaterals
- Coordination of treatment and services with other significant others, including home-based services personnel, teachers, preventive case workers, DSS workers, foster care caseworkers, and/or inpatient psychiatric hospital staff
- Advocacy for the children and families via case management
- Crisis intervention as needed
- Interdisciplinary treatment team meeting (set up similarly to a DBT consultation team) and staff meetings as needed
- Some maintenance of managed-care and insurance status, including treatment authorizations and interface with case managers

Therapeutic Crisis Intervention (TCI) - 4 days at start of internship

Trainer: Jurine Walker, LCSW-R, jwalker@astorservices.org

- Crisis prevention
- Crisis as opportunity
- De-escalating the crisis
- Managing the crisis
- Safety interventions

Parent Child Interaction Therapy (PCIT)

Supervisor: Sara E. Weiss, LCSW-R, sweiss@astorservices.org

- Evidence Based Treatment for children aged 2-7 with disruptive behavior disorders and their caregivers
- Caregiver and child are seen together
- 2 Phases: Child Directed Interaction (CDI)--Teaches caregivers skills to use to enhance the parent/child relationship; Parent Directed Interaction (PDI)--Teaches caregivers effective behavior management techniques
- Based in social learning and attachment theories
- Utilizes a coaching model
- Data driven
- Group PCIT supervision every other week for 1 hour
- Cases as available

Additional Training Highlights for BOTH Dutchess + Bronx interns:

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- 10-hour online course to be completed prior to the internship

Parent Child Interaction Therapy (PCIT)

- 10-hour online course to be completed prior to the internship

Psychological Testing

Supervisor: Mary Nichols, Psy.D., Director of Clinical Outcomes, CANS & TCOM,
mnichols@astorservices.org

- Complete 1-2 full batteries, including cognitive, academic and projective testing as needed
- Consultation to parents and clinical staff
- Group testing supervision every other week for 1 hour
- Additional individual testing supervision as needed

Program Development/Evaluation

Supervisor: Mary Nichols, Psy.D., Director of Clinical Outcomes, CANS & TCOM,
mnichols@astorservices.org

- Group program evaluation supervision every other week for 1 hour
- Program evaluation includes the study of the processes and the outcomes of a program/service or a defined part of a program/service
- Interns will work together to complete a formative program evaluation project related to quality improvement initiatives at Astor Services
- Interns are responsible for evaluating the characteristics and setting conditions among clients at Astor clinics who made suicide attempts during the previous year
- Suicide Prevention/Zero Suicide implementation is the intervention to be studied and the primary dataset is drawn from the Electronic Health Record
- The project is ongoing and each year a new cohort of interns takes responsibility for monitoring and evaluation efforts
- Suicide Attempts data project structure:
 - Needs Assessment and project planning (find out who stakeholders are and what they need to get out of it, divvy up responsibilities among all five interns)
 - Literature Review (bullet points and citations only, focus on current national trends in prevalence and intervention strategies)
 - Data preparation and analysis (Excel work, cleaning and transformation, descriptive statistics)
 - Data interpretation and Summary (full slide deck includes more of the literature review and all data analyses performed)
 - Present results and recommendations to stakeholders (attend committee meeting, more concise slide deck -just the highlights with brief literature review, relevant findings and actionable information)

Supervision/Mentorship

Supervisor: Jennifer Brody, Psy.D., Director of APA-Accredited Doctoral Internship,
jbrody@astorservices.org

- Matching each intern with a student from their program or other, if needed
- One half hour per week via telephone (no video)
- Focus on process (mentorship) not content (clinical cases)

- Weekly reaction log with end-of-year write-up covering a theme to briefly research and report on

Cognitive-Behavioral Therapy (CBT) Supervision/Training

Supervisor: Jennifer Brody, Psy.D., Director of APA-Accredited Doctoral Internship,
jbrody@astorservices.org

- Weekly reflection logs using CBT elements and ensure consistent communication with internship director
- Learn to create CBT process recording overlays for case reviews

Clinical Supervision

Supervisors: Supervising Psychologists vary per setting (see staff list for identified supervisors)

- Up to 4 average hours of weekly supervision: Individual supervision is 2 hours weekly with a licensed psychologist, one hour per site; Group supervision hours vary for play therapy, testing, program development/evaluation, family therapy, and/or PCIT

Trainings

Trainers: vary based on expertise for a particular topic

- Weekly webinar on wide variety of treatment and professional development topics (sample topics include: play therapy, trauma treatment, culturally-relevant assessment and treatment, behavioral modification, educational advocacy, dream work, narrative therapy techniques, family therapy, theory of change, psych shorts, side-gigs)
- Agency-wide trainings on treatment approaches, assessment techniques, risk management, etc.

- Outpatient clinic onboarding to cover Electronic Health Record (EHR) documentation and techniques to best balance all that needs to occur for successful scheduling and service delivery
- 2 paid training days provided for conference attendance to participate and share information upon return

Presentations

- Clinical case presentations and facilitation of mindfulness activities during outpatient team meetings
- Zero Suicide Committee meeting presentation on suicide program evaluation
- Internship Completion Celebration Treatment Trends Talk with a Tangible Takeaway: select a topic to talk about for 10 minutes at most without the use of technology (slides, etc.) and have a handout to provide with either an outline of your talk or an activity related to the topic – to be compiled together in an Astor-OID (Outgoing Intern Digest) and shared with clinical staff

INTERNSHIP STAFF – [internship supervisors + supervising psychologists are noted next to staff name]



Jennifer Brody, Psy.D., Internship Director + Dutchess Outpatient Clinic, Supervision, + Family Therapy Supervising Psychologist

Dr. Jennifer Brody is a New York State Licensed Psychologist and a National Register Health Service Psychologist. She is Director of the APA-Accredited Doctoral Psychology Internship, a clinician, and she is supervising the two Dutchess interns at the Poughkeepsie Clinic. She was a clinical trainee at Astor Services for two years starting in 2000 and is thrilled to carry forth the training torch with the care that was afforded her.

Dr. Brody holds a doctorate in clinical psychology from William James College in Newton, MA. Her APA Internship was at Dutchess County Department of Behavioral and Community Health in Poughkeepsie, NY. Dr. Brody has taken care to broaden her skills in the areas of clinical service provision, human service administration, assessment, research, teaching, supervision, consultation, and program/curriculum development, so that she can be the most flexible psychologist that she can be.

Dr. Brody has experience in a variety of clinical settings, including schools, hospitals, human service agencies, residential treatment centers, and organizations ranging in size and industry. She has provided training and supervision for clinical staff and trainees to respond to acute and chronic issues across a broad continuum of care, including crisis intervention, partial hospitalization, residential treatment, outpatient programming, and school and home-based services.

Dr. Brody employs an eclectic treatment and supervisory approach, primarily from a cognitive-behavioral framework infused with expressive techniques of play, art, music, movement, and story-telling, as she creatively designs learning activities that are both enjoyable and informative in cultivating successful development. She has an advanced training certification and faculty position in a solution-focused process that propels motivation. She promotes integrative, strengths-based approaches that result in positive outcomes.



Jamila Codrington, Ph.D., Bronx Outpatient Clinic Supervising Psychologist

Dr. Jamila Codrington is a New York State licensed psychologist and clinical supervisor at Astor Services (Tilden Outpatient Clinic), where she has worked since 2004. Dr. Codrington is also an

Adjunct Professor at New York Theological Seminary and Past President of the New York Association of Black Psychologists. She earned her Ph.D. in Counseling Psychology at the University of Maryland at College Park and received specialized postdoctoral training in the evaluation and treatment of court-involved/incorrigible youth. Her clinical interests include trauma, coping and resilience, mental health issues among the juvenile justice population, racial identity development, culturally-syntonic and holistic therapeutic interventions, and expressive arts in therapy. Dr. Codrington has published in professional journals including the *Journal of Multicultural Counseling and Development*; *Dreaming*; and *Cultural Studies of Science Education*, as well as book chapters in *Helping Beyond the 50-Minute Hour: Therapists Involved in Meaningful Social Action* and *Culturally and Racially Attuned Play Therapy: Towards A Social Justice Approach*. Dr. Codrington has served on the Association of Black Psychologists' Public Policy Committee and co-authored the Association's position paper on *Special Education and the Mis-education of African American Children*. She has presented her scholarly work at conventions for the Association of Black Psychologists, American Psychological Association, and American Counseling Association, as well as at the Diversity Challenge Conference, Teachers College Winter Roundtable, Caribbean Regional Psychology Conference, and International Congress of Psychology.



Michele Conner Shephard, PsyD, MBA

Michele Conner Shephard, PsyD, MBA, is the Director of Outpatient Counseling Centers and Budget Resource Specialist at Astor. She started at Astor in 1999 as a Post-Doctoral Fellow within the Article 31 mental health clinics. She now oversees 14 mental health clinics and more than 50 school-based mental health clinics within the Hudson Valley and the Bronx. She develops operational and performance measurements for the program and reviews budgetary metrics with finance and divisional leadership to implement effective controls to ensure maximum revenue for services delivered. She assists in developing rapid process improvement or other consultation approaches to support programs in reaching their clinical and budgetary objectives. Dr. Conner-Shephard has clinical and budgetary experience in outpatient clinics, community schools, residential settings, partial hospitalization, day treatment, and other outpatient programs. She has been both an adjunct professor and a teaching assistant for the School of Business at Marist College. She received her doctorate from Florida Institute of Technology in Clinical Psychology and her MBA from Marist College. She is a member of the Psychology honor society, Psi Chi, and the Business honor society, Beta Gamma Sigma.



Nicole Cotto, LMSW

Nicole graduated from Adelphi University with her Master's in Social Work with a specialization in trauma in 2017 and also attained licensure in 2017. Nicole began her Astor Journey as an intern with the Adolescent Day Treatment Program. Nicole then joined the Out Patient Clinic team in December of 2017 as a full time clinician in Poughkeepsie. Nicole was promoted to an assistant supervisor of the Poughkeepsie and Hyde Park outpatient clinics in December of 2019. In addition, Nicole is managing the satellite clinics in Head Start, and Premier Pediatrics, as well as helping to manage the Rhinebeck Clinic. Nicole's area of interest is adolescent and young adult hood, trauma, and personality disorders.



Alan Fong, LCSW

Alan joined Astor in 2023 as Assistant Executive Director of Clinical Services after serving as the founding Senior Clinical Director at a telemental health startup providing care to those with serious mental illness across 10 states. Alan has nearly 20 years of management and operational experience in educational and clinical settings. He has been part of the leadership teams that helped launch innovative programs, including the Futures adolescent co-occurring disorders program at Mount Sinai and Growing Up Green Charter Schools in Queens, NY. Alan is also a child and family trained clinician with experience in school and community-based clinics with clinical interests in trauma and family work.



Briana Johannesen, PsyD

Briana is a clinical psychologist who completed her doctoral program at William James College in Newton, MA. She has worked in a variety of settings, with a primary focus on serving children and families in their own communities to increase access to care and promote health equity. She has a particular interest in working with caregivers and providers, with the goal of strengthening the system of care surrounding children and families in our communities. She joined Astor in 2021 as the Director of Clinical Training, where she is able to focus on supporting Astor staff in getting the training they need to feel confident and competent in their various roles.



Todd Karlin, PsyD, Interim Bronx Day Treatment Supervising Psychologist

Todd Karlin, Psy.D., MS.Ed., Chief Program Officer and interim Day Treatment supervising psychologist. Dr. Karlin assists in administrative support across the entire internship. Dr. Karlin started at the agency as a clinician in the therapeutic preschool in 2002. He was program director of the early school-age day treatment program for 11 years. Before assuming his current position, he oversaw Astor's Bronx school expansion of licensed satellite clinics, consultation, casework, and family engagement services. Although now responsible for clinical programming in both the Bronx and Hudson Valley, Dr. Karlin continues to remain highly involved with the school programs, and co-chairs the NYC School-based Mental Health Committee. He received his masters and doctorate from Pace University in school-clinical child psychology.



Kimberly Kish, LMHC

Kimberly Kish graduated from Marist College with a master's degree in Mental Health Counseling in 2012. She became a Licensed Mental Health Counselor in 2014. She joined the Astor team in 2012 as a clinician in the Bridges to Health Program working with children in foster care placement. In 2013, Kimberly took the position with the Poughkeepsie Counseling Center as a full time clinician and during her time here, helped co-facilitate DBT groups for adolescents and their families. She was promoted to Clinic Supervisor at the Dover Clinic in 2015. Then in 2017, she was promoted to Clinic Supervisor of the Hyde Park and Rhinebeck Counseling Centers. Kimberly became the Poughkeepsie Clinic Supervisor in July 2021, returning to the clinic she first began at. Kimberly is responsible for supervision and oversight of all clinical staff, interns and administrative staff in the Poughkeepsie Clinic. Kimberly's area of interest is trauma as well as DBT and working with older adolescents.



Samantha Kroener, LMHC CASAC

Samantha has been working with youth and their families since 2010. Samantha graduated with her Masters in Mental Health Counseling in 2014. Prior to working at Astor has held an array of positions in settings such as residential treatment, inpatient psychiatric hospitalization, 28-day rehabilitation, school-based clinic, PINS Diversion, and outpatient services including IOP for OCFS and OASAS. She joined Astor Services in 2017 at the Dutchess Adolescent Partial Hospitalization Program, bringing with her a clinical foundation in Dialectical Behavior Therapy.

As a clinician she began taking interns in 2018 and was promoted to Site Coordinator/Supervisor in January of 2020. She has taken a team of interns annually ranging from BSW to MHC. In 2022, Astor Services opened a second adolescent PHP location in Rockland County, which Samantha now oversees in her role as Program Director of Partial Hospitalization Programs.



Daniel Korovikov, PsyD

Dr. Korovikov is a New York licensed psychologist and the Director of Analytics at Astor Services, significantly aiding with the intern selection process. Dr. Korovikov graduated from Yeshiva's Combined School-Clinical Child Psychology PsyD program in 2014, and he was a doctoral intern at Astor. Dr. Korovikov has worked as a clinician and supervisor in the outpatient clinic, satellite school clinic, and day treatment school settings. Most recently, he has shifted towards analytics and leads the newly developed Analytics Team.

Currently, he is involved in a variety of program evaluation and program development projects, many of which have their roots in the clinical/supervisory work done in prior years. These range from dashboards that help outpatient clinicians manage their daily responsibilities to large-scale behavior tracking systems to help evaluate the functioning of day treatment and residential clients.

The reason Dr. Korovikov ranked Astor for his internship was for its "broad-based experiences plus a more restrictive environment experience". Additional reasons to rank Astor high include: "much program development/evaluation experience (thanks to Savita), a variety of models/approaches to working with kids, and the opportunity to work with a very challenging population where one must balance safety and child development rather than just safety (e.g., inpatient hospitals)".



Stephanie McCoubrey, LCSW-R

Stephanie McCoubrey graduated from Adelphi University with a master's degree in Social Work in 2009. She joined the Astor team in October 2009 as a clinician in the Poughkeepsie Clinic. Stephanie transferred to the Kingston Clinic when it opened in 2012. In 2014, Stephanie was promoted to Assistant Clinic Supervisor and has supervised all or some of the Ulster Clinics until promoted to Assistant Regional Director in 2023. Part of Stephanie's current role is coordinating onboarding for all clinical staff, including interns.



Kathy Mills, Psy.D., Dutchess Partial Hospitalization Supervising Psychologist

Dr. Mills is Director of Crisis Services. She has worked at Astor since starting as a Doctoral Psychology Intern in 2000. She joined the staff as a Clinical Coordinator in the Residential Treatment Center in 2001. Since that time, she had several leadership roles and was promoted to Clinical Director of the Residential Programs in 2014, providing clinical leadership to the residential programs until the closure of the residence in 2023. Dr. Mills' areas of interests include childhood trauma, sexual behavior problems in children, and integrating clinical services into the therapeutic milieu. She has been part of the leadership team for the implementation of CARE and DBT in the residential programs.



Mary Nichols, Psy.D., Testing + Program Evaluation Supervising Psychologist

Dr. Mary Nichols is the testing and program evaluation supervisor for all 5 interns across the internship. Dr. Nichols completed a doctorate in Clinical Psychology from the Graduate Institute of Professional Psychology at the University of Hartford in 2012. She currently holds a license to practice as a Psychologist in New York State. She came to Astor in 2009 as an APA Psychology Intern and then completed her dissertation research focused on neuro-cognition and insight in young adults with schizophrenia. Dr. Nichols clinical and research interests focus on severe mental illness in children and adolescents, psychological assessment, program evaluation, and treatment of psychosis and post-traumatic stress. In her current position as Director of Clinical Outcomes, CANS & TCOM, she facilitates ongoing support for improving clinical use of the CANS-NY and the reporting of outcomes data at the agency.



Savita Ramdhanie, LCSW-R

Savita Ramdhanie began working at Astor Day Treatment as a Social Work student. After completing that year, she had another placement elsewhere. She realized very soon into her placement that she missed the work she did at Astor and pushed to get a job here! She was able to secure one and 197 years later, she is still here!

She enjoys the high activity level and the organized 'chaos'! She also enjoys working with the milieu. "The teamwork is amazing and something that we strive for. We are a learning and teaching environment!"



Shynise Rawls, LMHC

Shynise Rawls graduated from Capella University with a master's degree in Mental Health Counseling in 2020. She became a licensed Mental Health Counselor in 2023. She joined the Astor team in 2021 as a clinician in Tilden outpatient clinic working with children, teens and families. Shynise has been promoted to Assistant Clinic Supervisor in 2023. Shynise is currently supervising, training and interviewing prospective clinicians. She is responsible for assisting in the oversight of the Tilden clinic located in the Bronx through collaboration with clinic leadership.



Jessica Reynolds, LMHC

Jessica graduated from Marist College with her Master's in Mental Health Counseling in 2018 and obtained licensure in 2020. Jessica has been with Astor since 2017, starting out as an intern with the Poughkeepsie team, working as a Family Advocate as she completed her degree, and transitioning to a full time clinician in October 2018. She was promoted to an assistant supervisor of the Poughkeepsie Outpatient Clinic in August 2021. Jessica's area of interest is multicultural counseling with a focus on LGBTQ+ identifying adolescent and adult clients.



Stephanie Rogers, LMFT

Stephanie "Roscoe" Rogers graduated from Long Island University with a master's degree in Marriage and Family Therapy in 2015. In May 2015 she joined the Poughkeepsie clinic as a per diem clinician and quickly transitioned to full time. During her time as a clinician, she worked at the OPC satellite of Poughkeepsie Headstart and co-facilitated DBT & VOICES groups. In 2017 Stephanie was promoted as the Ellenville clinic and Families Together supervisor. In May of 2018 Stephanie began her transition and supervised the OPC Dover clinic. As the Dover clinic supervisor, she supervised and fostered her team and was always willing to lend a helping hand to her colleagues in other clinics and across regions. She began her role as the Acting Regional Director of Outpatient Clinics in the Bronx, November 2022 and officially gained the title May 2023. Like her Hudson Valley counterpart, Stephanie oversees and is responsible for the Tilden and Highbridge clinics in the Bronx and partners with clinical leadership to foster and grow the OPC program.



Theresa Venticinque, LCSW

Theresa Venticinque has been working for Astor since June of 1999, straight out of Graduate School at Fordham University where she received her Masters in Social Work. Theresa had done a small internship in Astor's Family Support Program as a Senior in College and knew she wanted to work here! Sure enough, she came back to work in The Program as a Recreational Assistant when in Graduate School and applied for a position as a clinician in the Day Treatment Program shortly before Graduating. She held that position for two years and then in 2001 was Promoted to Team Leader. In 2017, Theresa was promoted to Intake Coordinator where she has

worked with schools throughout NYC in a collaborative effort to help children be certified for Day Treatment Services. In June of 2022, she was promoted to Assistant Director of the Bronx Day Treatment Programs and still supervises Clinical Staff and carries a small Caseload. Theresa has Post-Masters Certificates in Play Therapy as well as Clinical Supervision. In addition to her role at Astor, She serves as an Adjunct Professor at Fordham University's Graduate School of Social Services Online Program. She was recently also appointed as an Adjunct Professor at the School of Social Work at Syracuse University's Falk College where she will be teaching Family Systems Theory in their Online Program. During her "free time" she loves to read novels, Binge watch shows on Netflix with her husband and play with her puppy, "Chewy"!



Jurine Walker, LCSW-R

Deputy Director of Bronx Programs (Day Treatment/Transitions/SYNC). Oversight of Bronx Day Treatment Programs. She has been with Astor since 2003, after receiving her MSW from Fordham University in May, 2003.



Sara E. Weiss, LCSW-R, PCIT Supervisor

Sara E. Weiss, LCSW-R has been working at Astor for more years than she'd care to admit! After working as a clinician at Astor's therapeutic pre-school for a number of years, Sara moved on to become the Intake Director of Astor Day Treatment Program's Bronx School Aged sites, a position she held until the end of September 2017. Along the way and simultaneous with her work as Intake Director, she supervised social work interns and staff at Astor's now closed Tilden Day Treatment site where she also carried cases and provided clinical support and coverage "on the floor" as needed.

From approximately June 2015 until the end of September 2017, she was involved with helping to develop, staff and supervise SYNC (Serving Youth in their Communities), then a pilot program under the auspices of the State Office of Mental Health which recently went live. This program, developed in response to the then proposed State Plan Amendment services (SPA), provides services to children in their "natural" environments in order to keep them out of more restrictive educational placements, psychiatric hospitals and/or residential facilities.

Following her stint at SYNC, Sara worked as a clinical supervisor in the School Based Behavioral Health and Training Program (SBBHT) and spent much of her time supervising clinicians in Astor's school-based clinics located in community elementary, middle and high schools. At the end of October 2018, Sara left SBBHT to return to Astor's therapeutic pre-school and is currently its Clinical Director.

Sara has a longstanding connection with Astor's pre-Doctoral Psychology Internship program where she initially supervised interns doing mental status evaluations for day treatment program candidates. More recently she has served as the Parent Child Interaction Therapy (PCIT) mentor/champion to Astor's Psychology interns by providing exposure to PCIT through semi-monthly seminars and by acting as co-therapist on Outpatient Clinic cases where PCIT is recommended. She has remained at Astor throughout these many years because of her commitment to its Mission Statement and Core Values as well as due to the many varied opportunities for professional development it has afforded her.

Sara received her Master's degree in Social Work from Columbia University School of Social Work and her B.A. from Bryn Mawr College.



Megan York, LMHC

Megan York graduated from Marist College with a master's degree in Mental Health Counseling in 2009. She became a Licensed Mental Health Counselor in 2013. She joined the Astor team in 2010 as a clinician in the Bridges to Health Program working children in foster care placement. Megan has also worked as a clinician in the Home Based Crisis Intervention Program and the Partial Hospitalization Program. In 2013, Megan has been promoted from Assistant Clinic supervisor in 2014 then to Clinic Supervisor of the Poughkeepsie clinic in 2015. Megan was assisted in supervising, training and interviewing prospective interns. Since July 2021, she is the Regional Director of Outpatient Clinics for the Hudson Valley. She is responsible for oversight of all Hudson Valley outpatient clinics through collaboration with clinic leadership.

II. Intern Selection

APPLICATION PROCESS

Respect for Cultural and Individual Differences

Astor is an equal opportunity employer with a strong commitment to providing an environment that is free from all forms of discrimination and harassment. Compliance with all applicable City, State, or Federal laws prohibiting discrimination and harassment affirms our pledge to providing an environment that supports dignity, productivity, and creativity.

Astor serves a highly diverse population. Astor values trainees from diverse backgrounds and makes every effort to recruit intern candidates, graduate trainees, and staff from a diverse background. This internship program strongly encourages applicants from diverse cultural backgrounds including APA Minority Fellows to apply to our program.

Consistent with APA's Multicultural Guidelines, the internship program offers interns the opportunity to expand their understanding of the impact of their own cultural and diverse individual differences on their work with clients, and the impact of these cultural and diverse factors on their clients' work with them. This is achieved through the agency's personnel policies, the internship and agency's didactic programming, the issues discussed and processed in supervision and training seminars, and the experience of working with the agency's client population which represents a diverse population.

Understanding human diversity issues is an integral part of the training program provided to interns. Competency in this area is one of the core goals of the internship program.

This program adheres to APA principles and guidelines for its policies regarding intern selection, admission requirements, evaluation, and due process. *This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. No formal complaints and/or grievances have been filed against the program and/or against individuals associated with the program since its last accreditation site visit.*

Application

The Astor Services doctoral psychology internship program requires the APPI Online and participates in the APPIC Internship Matching Program. Applicants can download an Applicant Agreement from the Matching Program website at: www.natmatch.com/psychint. Instructions for completing the Online Application for Psychology Internship (APPI) may be obtained from the APPIC website at <http://www.appic.org>. Astor is not permitted to accept printed copies of applications.

It is preferred that applicants have completed a **minimum of 500** hours of practicum clinical experience in clinic, school, inpatient, hospital, or residential settings with children or adolescents and a **minimum of 50** hours of assessment experience with children or adolescents.

Astor Services requires:

1. the APPIC application
2. cover letter specifically stating which site(s) are being applied to
3. three letters of recommendation
4. copies of graduate school transcript(s)
5. curriculum vitae
6. a final copy of an integrated psychological assessment report of a de-identified anonymous child or adolescent client that includes cognitive and projective testing that was completed while on externship

Applicants with valid Green Cards to enter and study in the United States are invited to apply but must have proper up-to-date and complete documents at the time of interview. US Citizenship is preferred.

The deadline for applications changes slightly each year due to calendar changes but is typically the second Friday in November and applicants who are invited for interviews are notified by December 15th. If accepted to interview at both internship placements, two separate interviews may occur - one for Bronx County and one for Dutchess County, with the ability to

have an open application in both programs but interview with only one. Interviews are held remotely in January. In the event of technical difficulties, we will do our best to make sure each intern feels that they have been treated fairly.

Application Review

The applicant's curriculum vitae is carefully reviewed for goodness of fit between the clinical behavioral service delivery of Astor and the intern applicant's clinical practicum experience. We look at not only the number of hours of clinical experience but also at the quality of their training: where they were placed and for how long, whether they have worked with severely emotionally challenged children and adolescents, whether they have day treatment, residential or hospital experience in addition to clinic or school experience. We also look at the number of hours per client they work with, whether they have family therapy or group experience, and training specifically in trauma or working with complex trauma.

Applicant essays and letters of recommendations also help Astor staff in review of the applicants. We also look at the cover letter and see whether the applicant specifically is interested in working with our client population and has expressed a desire for aspects of our training. Letters of recommendation often help in assessing the types of experiences the applicant has had, any significant issues we need to consider, such as ability to be flexible and work with emotionally demanding cases.

Interview Process

Applicants selected for an interview will receive e-mail notification. Interview format is the same for both Bronx County and Dutchess County internship placements. It includes general program orientation with introductions, individual interview with one staff member, a group Q + A with the Internship Director, a group Q + A with current interns, and a slideshow with many visuals for applicants to best understand the internship. Instructions for scheduling interviews are included in acceptance for interview notification e-mails.

Current interns are not included in the formal direct interviews of internship applicants. However, they are included in meeting the applicants, describing each program setting, and answering questions about their experience in the internship and their view of it. The small group meetings are held without any internship staff present. Intern perspectives are also

included in internship discussions about their impressions of the applicants and evaluation of the internship interview process to help continue to shape the process so that it is the best it can be.

III. Intern Policies, Due Process, and Grievance Procedures

POLICIES

Intern Handbook

Interns are provided with an Intern Handbook during Internship Orientation that is also available through the Astor website. The Intern Handbook contains internship descriptions, staff profiles, program policies, procedures, and requirements for successful completion of the internship. The Internship Director reviews the Intern Handbook with the interns and supplies supplemental materials throughout the internship year.

Benefits

Interns are an integral part of Astor and are respected and responded to as professionals. Their title is “Doctoral Psychology Intern.” The total stipend for all interns is \$35,318.00, paid biweekly, with benefits that are provided to Astor employees. This includes medical, vision, and dental coverage, Employee Assistance Program (EAP) services including counseling on a variety of topics and product/service discounts, paid time off of 12 sick days, 13 holidays, 4 personal days, 4 weeks (20 days) vacation (Bronx interns follow the day treatment school recess calendar, which typically aligns with an end of December, third week in February, second week of April, and the third week in August), and 5 bereavement days. Interns also have the opportunity to attend outside trainings for up to 2 days, with the expectation that they will share what they have learned with their intern cohort and Internship Director. The total internship hours that is recorded on internship verification forms is 2000 for approximately 48 weeks with an average of 45 hours/week, taking into account the use of a variety of time-off benefits.

Clearance

All applicants matched must be cleared by an agency physical, the NYS Abuse Registry, and fingerprint check prior to starting. Interns are required to have completed a ten (10) hour on-line TF-CBT training and ten (10) hour on-line PCIT training. Certificates of completion need to be submitted prior to the starting date of the internship.

Liability

Interns are governed and covered by Astor's liability and malpractice insurance for clinical staff. Interns must adhere to agency policies outlined in the Employee Handbook, which is distributed during the agency orientation, as well as the American Psychological Association Ethical Principles of Psychologists and Code of Conduct: <https://www.apa.org/ethics/code>.

Avoidance of Actions Restricting Program Access

From the application review to the interview process to orientation and beyond, care is taken to avoid any and all actions that would restrict program access on grounds that are irrelevant to success. For example, personal life phase situation questions are not asked nor does any discussion take place that doesn't focus on the professional application of clinical services in the various programs that interns participate in. Grievance procedures are outlined in full during the orientation period to make clear all avenues for an intern to take if they ever believe that actions that would restrict program access on grounds that are irrelevant to success are or have been occurring.

Administrative support/technology

Each program site where the interns are placed has clerical support available as needed, with an administrative assistant for support including scheduling, along with an agency-wide IT department that maintains the electronic/technical infrastructure. There are IT staff members available for the Dutchess programs and the Bronx programs. Any electronic or technical difficulties are addressed, whether they be by interns or regular staff, via putting in an email to the HelpDesk. The request is acknowledged within minutes, and then processed within the day and scheduled. Each intern is supplied with a computer at each location they are in for working with our Electronic Health Record (EHR), accessing files for internship documentation and resources, use of email, and access to the internet.

Training materials, space, and equipment

Within the outpatient setting, interns have private offices to provide services with a variety of materials to be used for therapy sessions. Each office has a desk, chairs, separate small table/chair for clients to engage in activities on, computer, telephone, etc. There is flexibility in interns being able to decorate the office as they prefer. Videotaping is available through a procedure outlined by the Internship Director, both in-office and/or for telehealth sessions. Within the restrictive setting (day treatment for the Bronx program and partial hospitalization for the Dutchess program), interns have access to computers and other communication equipment, office space, and therapeutic activity space as needed, with the ability to have

privacy when needed. There is flexibility in interns being able to provide input to the setting, with regard to bulletin board information/decoration, and other milieu elements. There is typically no videotaping within the restrictive settings.

Testing materials

Each year, the testing materials available within each program area are reviewed to make sure that the latest assessment materials and forms are available for the interns. The Testing Supervisor coordinates with the Internship Director and/or Chief Program Officer for ordering any testing materials. Central Administration oversees the payment for these expenses and is committed to the internship that all supplies and materials are up-to-date and available.

Knowledge base

Astor has a part-time librarian available to interns and all agency staff with access to a wide range of resources through the NOVEL-NY program. A list of the available databases can be found at: <https://novelnewyork.org/pfriendlydatabases.php>. In addition, our membership in Southeastern New York Library Resource Council (SENYLRC) places us in a resource sharing program with over 100 public, college, hospital, historic, and specialty libraries throughout the region (Membership List: https://www.senylrc.org/member_directory) SENYLRC's Resource Sharing, Hospital Library Services Program, and Medical Information Services Program provides access to a wide variety of professional knowledge bases, articles and books.

Intern Records

All doctoral intern files are maintained by the Internship Director such that internship verification can occur at any point.

ADA-Compliance

All of Astor's program sites are compliant with the ADA. There are elevators available wherever stairs may be required to go up or down to different levels.

DUE PROCESS

Due process and fair treatment policies at the agency and department level are the same as for the interns and internship program. Interns are subject to the same guidelines and rules regarding ethical and professional conduct. Should an intern significantly violate ethical principles and/or display inappropriate professional conduct, they would be subject to termination of their internship, which is the same as what an Astor employee would be subject to. Astor's internship program follows due process guidelines to ensure that decisions about interns are not arbitrary nor personally based. The program uses the same procedures to evaluate all interns, and it has appeal procedures that permit any intern to challenge program decisions.

GRIEVANCE PROCEDURES

The areas of possible grievance to be resolved by the above procedures, include, but are not limited to, the following:

- Assignment or definition of intern duties
- Interpretation and implementation of internship policies and guidelines
- Evaluation of intern performance by an intern supervisor
- Intern-intern conflicts
- Intern-staff conflicts
- Intern-Internship Director conflict

All concerns should first be brought directly to the intern's immediate supervisor at the program site in question for resolution. The Internship Director should also be informed. If needed, the Internship Director coordinates a meeting of any involved parties to work toward a settlement. If this does not resolve the issue, the Internship Director then brings the issue to the attention of the Chief Program Officer (CPO) and makes recommendations for a final resolution. If an intern has a grievance with the Internship Director, the intern can consult with an immediate Supervisor or directly to the CPO for consultation and resolution.

Resolution of grievances will be considered an outcome deemed acceptable to the principal(s) to the complaint. When a resolution is reached, no further steps in the process will be taken and the matter will be considered closed. Any single principal to the grievance retains the right to carry the process forward by denial of resolution, and to appeal the decision up to the highest level, which is the Chief Executive Officer (CEO) of Astor Services. Once an appeal reaches the CEO for final action or decision, the grievance process will be completed with no further appeals possible. Additional guidance regarding due process may be accessed through the APPIC website at: <https://www.appic.org/>

Interns are also under the same agency protection as employees and consultants for filing grievances. If an intern believes they have witnessed or have been subjected to any form of discrimination (including, but not limited to, sexual harassment) by another employee or third party (such as volunteers, vendors, contractors or visitors), they must promptly report such alleged discrimination in accordance with the complaint procedure in the Employee Handbook.

IV. Internship Performance and Completion Requirements

Astor's Practitioner-Developmental-Apprentice with scholarly pursuit model of training is accomplished through a variety of carefully planned and sequenced activities related to the practice of professional psychology. In order for each intern to experience a degree of depth and intensity in their time at Astor, training activities run concurrently for the entire training year. Interns are oriented to Astor during their first few weeks. During this time, interns have frequent orientation meetings with the Internship Director, meet with supervisors, connect to various program directors and specialists within the agency; orient with human resources, and engage in site-specific training for the settings they will be working in. These meetings assist in the interns' gradual assimilation into the agency. The late-summer starting date for interns occurs during a time of year when agency activities are somewhat quieter, just prior to the revving up for the start of school schedules. This allows for a gradual introduction into the agency, an increase in the availability of staff agency-wide, and for the interns to become acclimated before most clients go back to school and agency intakes begin to pick up in volume.

During the initial phase of the training year, interns are oriented to the agency and are closely guided through their case assignments and activities. Throughout this phase, interns may shadow staff in activities, supervisors may observe or join counseling sessions and/or review recordings of sessions, and supervisors review and provide feedback on documentation. The interns' caseloads are built gradually during this period until most of their time is spent in direct service delivery, which is monitored through dashboards with productivity percentage requirements that are shared with interns. During the middle phase of the training year, interns continue to be closely supervised through any and all of the initial phase of training methods, with more independence to the intern provided (e.g., to propose solutions while asking questions). As the year progresses, interns are expected to balance their need for close guidance with a developing sense of confidence and competence in the decisions they make and services they provide. Interns should come to feel integrated into the agency in a manner consistent with staff clinicians. During the final phase of internship, each intern should be indistinguishable from that of a staff member. Astor is committed to the hiring of interns into post-doc and agency positions as available.

The internship program employs an integrative prescriptive model of individual strengths and evidence-informed/based methods of treatment. Treatment is viewed as a collaborative process between the therapist and client(s) which helps lead to successful outcomes. The overarching goal of the internship program is to prepare psychologists with the knowledge and skills needed for entry into the practice of psychology. For internship completion, each intern will be able to demonstrate an intermediate to advanced level of knowledge and competence with children, adolescents, selected adults, and families in each of the competency areas.

Competencies

Profession-Wide:

Research

Ethical and Legal Standards

Individual and Cultural Diversity

Professional Values and Attitudes

Communication and Interpersonal Skills

Assessment

Intervention

Supervision

Consultation

Site-Specific:

Program Evaluation

Confidence as a Professional

Strengthening Clinical Skills

Direction of Subsequent Career

Working with Complex Systems

Crisis Intervention

By the end of the internship training year, each intern will be able to demonstrate an intermediate (“2=Meets Expectations”) to advanced (“3=Exceeds Expectations”) level of knowledge and competence with children, adolescents, selected adults, and families in each of the following areas:

Research

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).
- Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level.

Ethical and Legal Standards

- Be knowledgeable of and act in accordance with each of the following:
 - The current version of the APA Ethical Principles of Psychologists and Code of Conduct;

- Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
- Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Individual and Cultural Diversity

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Professional Values and Attitudes

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Communication and Interpersonal Skills

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated.

- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Assessment

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect 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.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Supervision

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of

supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

Consultation

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Site-Specific:

Program Evaluation (also considered an application of core competency of Research)

- Study the processes and the outcomes of a program/service or a defined part of a program/service
- Work as a group to complete a formative program evaluation project related to quality improvement initiatives
- Evaluate the characteristics and setting conditions among clients
- Present results and recommendations to stakeholders

Confidence as a Professional

- Maintaining an open and committed attitude towards self-evaluation and learning
- Recognizing the limits and use of supervision and consultation
- Cooperating and collaborating with other professionals and service providers
- Remaining open to feedback from peers, colleagues, and supervisors and incorporating feedback from others in a meaningful and appropriate manner

Strengthening Clinical Skills

- Demonstrating the ability to form therapeutic relationships with individuals of various ages, developmental levels, and with a range of presenting problems
- Communicating empathy, respect, and warmth to clients for the purpose of establishing rapport and a working therapeutic alliance
- Demonstrating the ability to address ruptures and/or strains within the working alliance.
- Maintaining a collaborative and empathic attitude towards clients and an appreciation for individual diverse ethnic, cultural and gender differences
- Demonstrating knowledge and competence in the selection and implementation of appropriate, evidence-based or evidence-informed, therapeutic and psycho-educational techniques and treatment modalities within the context of individual, group, and family therapy
- Demonstrating the ability to conceptualize cases according to a particular theory or combination of theories that is clinically sound
- Formulating realistic and appropriate treatment goals with clients that are individualized
- Providing or coordinating referral to case management services which demonstrate coordination with other service providers and community resources to meet the needs of the client and his/her family.

Direction of Subsequent Career

- Identifies strengths and challenges to work on during internship
- Considers competency and experience levels to determine what further training is desired
- Decides what to pursue post-doctoral program

Working with Complex Systems

- Develop and maintain critical thinking in any environment
- Produce quality written and verbal communication
- Formulate logical inferences and hypotheses to guide work
- Evaluate environmental demands and resources
- Reflect before taking professional action
- Recognize personal capabilities for independent work versus need for guidance
- Take initiative on case assignments and special projects

Crisis Intervention

- Understand how to identify high risk behavior (e.g., self-injurious/suicidal, homicidal or injurious to others, running away, etc.)
- Assess what constitutes a threatening environment (e.g., client's home is a direct threat to client's safety)
- Learn how to use self in assessment, co and self-regulation, relationship building, communication, and self-care

- Know the effects of trauma on behavior
- Identify the stress model of crisis
- Alert supervisors as needed to assist in crisis intervention
- Complete documentation related to crisis intervention
- Refer to support services
- Engage/re-engage clients to maintain level of care
- Review outreach done and if more can be implemented

Evaluations

Intern evaluation tools include orientation self-assessment, individualized training plan, 3-month evaluation and self-assessment, mid-year and end-year intern assessment (with supervisor evaluations by interns, program evaluation and exit interviews), mid-year and end-year intern self-assessment, and our Profession-Wide Competencies Assessment (PWCA).

Interns complete a self-assessment during orientation upon entering the internship, at 3 months, at mid-year (which includes the same items as the orientation self-assessment), and again at end-year (which includes the same items as the orientation self-assessment). They also complete an evaluation of their primary (restrictive and clinic settings) and secondary supervisor (testing) at mid-year and end-of-year. The primary and secondary supervisors complete a 3-month, mid-year, and end-of-year evaluation of each intern. Each of these evaluations is reviewed with both parties (supervisors and interns) and this review is documented on the evaluation.

Interns create and record individualized training plan goals and change them at any point. The Internship Director reviews interns' individualized training plan goals during orientation. Supervisors review and recommend modifications to interns' individualized training plan goals mid-year. Interns rate their progress on their individualized training plan goals using the same scale as other items on the self-assessment (and list them within this document) both mid-year and end-year.

A Profession-Wide Competencies Assessment (PWCA) is completed by primary supervisors on each intern at the end of the internship. Each profession-wide competency is listed, with specific criteria, and the supervisor marks yes or no as to whether the intern has met that competency.

The 3-month evaluation, Mid and End-Year Intern Assessment, and PWCA are the three tools that are used to measure intern performance (and are not self-assessments or intern self-report on supervisors or internship program). Minimum levels of achievement (MLAs) for each evaluation tool are as follows:

- 3-month evaluation – ratings are “yes” or “no” - any item that is not rated as “yes” should have a corrective action plan that is to be implemented by the mid-year evaluation.
- Mid-Year Intern Assessment – ratings are “1=Development Needed,” “2=Meets Expectations,” “3=Exceeds Expectations,” and “N/A=Not Applicable” - any item that is rated “1=Development Needed” should have a corrective action plan that is to be implemented by the end-year intern assessment.
- End-Year Intern Assessment - ratings are “1=Development Needed,” “2=Meets Expectations,” “3=Exceeds Expectations,” and “N/A=Not Applicable” – all items should be rated at a “2=Meets Expectations,” “3=Exceeds Expectations,” or “N/A-Not Applicable.”
- PWCA - ratings are “yes” or “no” – all items should be rated as “yes.”

Corrective Action Plans

Corrective Action Plans (CAPs) are created collaboratively between supervisor and intern, with the Internship Director participating as needed in the creation of the CAP and consistently monitoring progress. Items rated lower than expected (on the 3-month evaluation, this refers to any item that is not rated as “yes,” and on the mid-year intern assessment, this refers to any item that is rated “1=Development Needed”) are listed with specifics for success [e.g., What can be done to help achieve the competence item such as new organizational strategy?], review date [1 month from date of document], and rating at time of review on scale used on mid-year and end-year evaluations [1, 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 2]. Items with ratings of 2 will be considered complete for corrective action plan. Items with ratings less than 2 at time of review will need to continue to be monitored for another month and, if needed, for each month up until the next review period (mid-year following the 3-evaluation or end-year following the mid-year evaluation). The Training Director of the intern’s doctoral program would also be notified of any need for CAPs to be able to assist the intern to reach levels of expectancy toward successful completion of the internship.

Communication with Training Programs

The internship program communicates with the doctoral programs on a regular basis. At the start of the internship, upon being matched with the internship, both the newly matched intern, with a copy to the doctoral program Training Director, are sent an email regarding acceptance to the internship.

During the internship, communication with the doctoral program for any reason is covered by consent given by the interns at the beginning of the internship. The interns fill out an Authorization to Exchange Information for communication with the doctoral program Training Director which has the name, address, email address, and phone number of the Training Director. The interns are informed at the start that this consent will be used for regular communication with evaluations, end of year letters, as well as for any issues regarding intern

functioning or lack of attainment of the required competencies that may jeopardize the intern's completion of the internship.

At mid-year and end-year points of the internship, doctoral programs are sent a copy of intern evaluations by primary and secondary supervisors. At the end-year point, the doctoral program Training Director is also sent a letter stating successful completion of the internship by the intern.

Communication within the Internship

Astor maintains an 'open door' policy with regard to supervision of interns. While the interns receive one hour of individual supervision associated with each of their program sites with a licensed psychologist for a total of two full hours of individual supervision per week, they receive additional supervision time as needed. Interns often receive more than their two hours with their licensed psychologist primary supervisors and/or with secondary supervisors who are available for clinical supervision and crisis intervention with high-risk clients. Weekly staff meetings/group supervision occurs in the outpatient clinics and restrictive settings. In addition, interns receive monthly or bi-monthly group seminars/supervision in assessment, program evaluation, family therapy or PCIT (Parent-Child Interaction Therapy), and play therapy, which amounts to at least another average hour per week.

The Internship Director frequently checks in with the interns to assess their level of functioning, any programmatic or supervisory issues, and level of self-care. All interns have the cell phone numbers of their primary supervisors as well as the Internship Director. Interns are encouraged to directly communicate with the Internship Director at any point. Feedback is also given to the interns informally throughout the year during supervision and trainings. Should the Internship Director become aware of any necessary feedback for an intern from other agency staff or colleagues regarding the intern, such information would be shared verbally, and if necessary, in writing, with the intern as soon as possible.

At the end of the year, the interns complete a review of the internship (program evaluation) with a choice to not to be able to be identified, and they also meet individually with the Internship Director to share their views of how the internship could be improved and areas that they felt went well and do not need change. This feedback is used to modify the internship as much as possible based each year.

Completion

Interns receive a certificate at the conclusion of the internship program upon satisfactory completion of professional competencies on all internship evaluations.