

Psychology Doctoral Internship Program



Cooper University Health Care

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Applications due: December 1, 2020

Accreditation Status

The psychology internship in Behavioral Medicine at Cooper University Health Care accepted its first training cohort in July 2020. The program is not accredited by the American Psychological Association; we have submitted an accreditation self-study to APA and have been authorized for a site visit. Please be advised that there is no assurance that we will be able to successfully achieve accreditation. We are not currently an APPIC member; an application for APPIC membership has been submitted and awaiting decision.

Application & Selection Procedures

Eligibility Requirements

Applicants must be authorized to work in the United States. Cooper does not sponsor visa applications for the position. Applicants will be considered from doctoral psychology programs in clinical or counseling psychology that are APA-accredited. No applicants from programs awarding degrees in areas other than psychology will be accepted. All requirements for doctoral internship, including dissertation proposals and passed competency exams, must be completed prior to starting.

Interns are subject to fingerprinting and background checks. Flagged background checks prompt case by case determinations if the issues involved in the conviction are related to job duties. For example, generally a misdemeanor would not be considered a "failed" background check unless there were multiple convictions and related to job duties; Cooper also reviews the recency of the conviction(s).

Cooper also conducts drug screen exams on all new employees prior to beginning work; once on staff interns are also subject to random selection for drug testing. Use of illegal drugs is considered a "failed" drug test. If the candidate has a prescription for an opioid or other controlled substance and the screen matches the prescription that is a "pass." Medical marijuana with a prescription may be a "pass" but the candidate is required to comply with prohibitions on use and possession in the workplace to comply with Federal Drug Free Workplace Act. Match results and selection decisions are contingent meeting these criteria. In addition to the above requirements, it is understood that applicants who are offered an internship position expressly agree that they are able to accept and fulfill a one-year, full-time

training appointment.

Selection Criteria

Applicants for the Cooper Internship Program must be doctoral students in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in the fields of clinical and/or counseling psychology. Selection criteria will also include the applicant's statement of goals, professional interests, and objectives for internship training, and consideration of future professional goals. The applicant's prior training, as they relate to the aims of the program and the rotations offered in the internship program, including settings, clinical and supervisory experiences, will also be considered. The applicant's discussion of their clinical experiences and interests during interviews will be given significant consideration. It is also important that applicants demonstrate interest in gaining entry-level competencies in Behavioral Medicine/Health Psychology.

In our initial advertisements for this internship, promoted on the listservs of various professional organizations and local training programs with well respected histories of commitment to diversity, we have summarized and affirmed Cooper's general policies on non-discrimination as a baseline commitment to diversity. Beyond this baseline, Cooper University Behavioral Medicine strongly affirms our beliefs, which are confirmed in the scientific literature (Tedesco, 2001), that promoting and prioritizing diversity leads to improved near and long term outcomes in student education and in their long term engagement in civic outcome that promotes systemic change. In doing so, this can, among other results, build cultural competency and trust with those who rely on our health systems for their physical and psychological care. In addition, we believe that creating diverse groups of trainees breeds productivity via the opportunity to learn and grow with each other, noting that a multicultural exchange of ideas promotes richer ideas and, in turn, innovation and creativity and solving present and long-standing problems in health care. Given these beliefs, the Cooper University Behavioral Medicine internship is committed to ranking first qualified applicants from minority backgrounds. Lastly, there is large population of Spanish-speaking patients from various backgrounds for whom Behavioral Medicine is regularly consulted; as such, we strive to recruit bi-cultural and bi-lingual Latinx Spanish-speaking applicants who may be able to enhance the provision of psychological care.

Interested candidates who meet the above requirements may apply by providing the following information:

1. A letter of intent which specifies your future professional goals, details of how the internship will contribute toward the achievement of your goals, and a goodness of fit between you and the Cooper psychology doctoral internship program in Behavioral Medicine
2. Curriculum Vitae
3. At least two letters of recommendation from faculty or other professionals who are well- acquainted with you and your qualifications
4. A letter from your graduate institution's Director of Clinical Training (DCT) documenting your status as a student, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete the necessary requirements prior to internship.
5. One copy of all graduate school transcripts.
6. If at the time of application your dissertation has not been completed, please submit a letter from your dissertation chair documenting the timeline for completion of your dissertation.

The deadline for applications is **December 1, 2020.**

Interviews

The application materials of candidates are reviewed in the order they are received. Applicants are strongly encouraged to submit materials as early as possible prior to the deadline. Due to COVID-19, all interviews will occur via telephone and/or video-based (e.g., Web-Ex, Skype). Interviews will be scheduled in December and January. Offers of interviews and appointments will be made by email in accordance with APPIC uniform notification guidelines. Cooper University Health Care strongly adheres to APPIC Internship Selection Guidelines.

Administrative and Financial Assistance

Psychology interns will be paid a stipend of \$31,000.00 for this full-time, one-year training program (52 weeks/2080 hours). Employment will begin on June 28, 2021 and end June 24, 2022. Interns will work 40 hours per week. Cooper provides 13 days of annual general leave (vacation), up to 13 days of sick leave, 6 federal holidays, access to health insurance benefits, and additional time off for professional development as needed. Upon beginning the internship, interns will be scheduled for Cooper's new hire orientation during which health care and other benefits, policies, and procedures will be reviewed. Interns are paid on a bi-weekly basis for 26 consecutive pay periods consistent with Cooper University Health Care procedures. Interns will be contacted by the Cooper Human Resources (HR) Department prior to their start date to begin the required formal on-boarding process including forms for background checks, fingerprinting, and a physical exam.

Cooper University Health Care Doctoral Internship Training Program

Cooper University Health Care is currently recruiting for 2 psychology internship positions within our **Behavioral Medicine** program for the 2020-2021 training year. Interns will gain experience across our inpatient and outpatient Behavioral Medicine/Health Psychology rotations. The internship program aims to prepare applicants for practice at the doctoral level through the development of entry-level competencies in health psychology.

The training environment will promote competency fundamental to the practice of health psychology through clinical, research, and didactic experiences. The attainment of profession-wide competencies will be achieved through the integration of clinical practice, didactics, and supervision as specified by APA accreditation principles including:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

Interns will participate in specifically designed didactic seminars for a minimum of 2 hours per week throughout the training year. It is also anticipated that interns will have the opportunity to supervise pre-doctoral externs with the guidance of licensed clinical psychologists.

Program Aims

This program will train interns to build skills across the profession-wide competencies consistent with the Commission on Accreditation Implementing Regulations for health service psychology. Specific aims of the program include:

1. To train independent health service psychologists to practice at the top of their license by providing an environment conducive to learning all aspects of both general clinical and specialized practice in health psychology. Specifically, interns will learn how to be highly professional, ethical and competent in assessment, evidence-based intervention, treatment recommendations, interdisciplinary consultation, neurocognitive testing, and comprehensive psychological evaluations for surgery.
2. To expose interns to a range of theoretical orientations and types of psychological interventions (cognitive behavioral therapy, acceptance and commitment therapy, motivational interviewing, mindfulness-based), integrated treatment settings, and multidisciplinary teams.
3. To provide an opportunity to work with a diverse patient population (culturally, racially, ethnically, linguistically, socioeconomically, religiously, gender and sexuality, and psychological/psychiatric presenting problems).

Our training is tailored to be consistent with the Standards of Accreditation. At the beginning of the training year, students will be provided with specific performance criteria for each of their rotations that are reflected in our evaluation form. These core competencies are fully consistent with scope of practice of psychologists as identified by the APA and CoA. At the end of the training year, interns are expected to have met passing criteria in all competency domains and to be prepared for further specialized training or an entry-level position.

Training Model and Program Philosophy

Cooper welcomes applicants from all training models who find their goals and interests match well with our training staff. Cooper specifically emphasizes a practitioner-scholar model of training and encourages the development of professional and clinical skills consistent with this perspective. Within this framework, our teaching model is to have each intern work with a wide variety of patients under close supervision in an apprenticeship model with increasing responsibility over the course of the training year. Interns participating in the doctoral internship training program are offered training experiences that encourage the development of professional and scientific skills/competencies, and the conduct of ethical practice and research.

Interns will have an orientation period at the beginning of the training year that will allow ample time to meet with all supervisors and become acclimated to the hospital and clinics.

Requirements for Successful Intern

Performance Expected Competencies

Intern competencies will be formally assessed quarterly (end of September, December, March and June). Interns are evaluated on the nine Profession Wide Competencies required under the APA Standards of Accreditation. Evaluation is based on an intern's ability to demonstrate or provide each element (i.e., knowledge, awareness, or skill) that comprises each competency. The following profession wide competencies are assessed: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes,

and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills. We also incorporate integration of work-life balance and provider wellness by asking interns to identify short and/or long term goals for wellness throughout the year.

Minimum Levels of Achievement for Completion

Competency ratings range along a scale of 1-5 which includes “Needs Remedial Work,” “Entry Level,” “Intermediate,” “High Intermediate,” and “Advanced.”

The goal for intern evaluations done for 1st Quarter/3 months and 2nd Quarter/6 months: Within each of the 9 competency areas, the average of all elements will be 2 (“Entry Level;” Emerging competence with significant supervision to support skill level needed for competence in professional entry-level practice) or greater. Secondly, the goal for intern evaluations done for 3rd Quarter/9 months: Within each of the 9 competency areas, the average of all elements will be 3 (“Intermediate;” minimum level of achievement to be ready for post-doctoral supervised experience) or greater. Lastly, the goal for intern evaluations done for 4th Quarter/12 months: Within each of the 9 competency areas, the average of all elements will be 4 (“High Intermediate;” ready for post-doctoral supervised experience, supervision is focused on further refinement and development of advanced performance) or greater.

Resident Performance, Evaluation, Feedback, Retention, and Termination Decisions

Interns will receive formal written feedback from their clinical supervisors based on the results of the quarterly competency evaluations.

Interns are expected to maintain the internship program’s minimum levels of competency achievement at the 9- and 12-month marks of the program for continued retention in and expected completion of the program. The process of clinical supervision in the internship program is expected to be a dynamic one that includes continuing feedback and dialogue regarding the intern’s performance, continuing progress toward training goals, and developing professional competencies. It is the expectation that any identified deficiencies in the intern’s clinical performance (competencies) or professional conduct (professional values, attitudes, & behaviors) will be identified and addressed in supervision as early as possible in the rotation/training year. It is the expectation that any deficiencies identified by the Director of Training can be remediated informally with supervisory input and direction. The internship program provides a formal policy outlining due process for or any issues requiring formal remediation management. See Appendix IV for an example Remediation Plan.

Psychology Setting

Cooper University Health Care (CUHC), affiliated with Cooper Medical School of Rowan University, is the leading academic health care system in Southern New Jersey. Since 1887, Cooper has been providing high quality health care to all citizens of the region. Cooper also takes great pride in leading efforts to revitalize the city of Camden and surrounding areas, recognizing the need to address all social determinants of health to promote the wellbeing of our citizens.



Cooper University Hospital is southern New Jersey's only Level 1 Trauma Center and is the Delaware Valley's only Level II Pediatric Trauma Center. CUHC offers healthcare services to a diverse population both at Cooper University Hospital and at over 100 outpatient offices in South Jersey and Philadelphia. As an academic medical center, Cooper offers patients quality health care from primary care to specialty care in one or more of its premier Institutes and Centers of Excellence, including: MD Anderson Cancer Center at Cooper, Adult Health, Bone and Joint, Digestive Health, Heart, Neurological, Surgical Specialties, Women's and Children's, Urban

Health, Center for Critical Care Services, Center for Urgent and Emergent Services, Center for Population Health and Center for Trauma Services.

Psychologists at CUHC are directly integrated within several of these clinical settings, but also serve these populations on a consultative basis. This internship is in Behavioral Medicine, a program within the Division of Hospital Medicine. Behavioral Medicine has recently experienced significant growth into various outpatient clinics (Urban Health Institute, Early Intervention Program, Neonatology/NICU, Pediatrics, Inpatient Psychiatry), in addition to seeing medically admitted inpatients on the consultation-liaison service. Cooper psychologists are also leaders in research and hold academic appointments at Cooper Medical School at Rowan University and a secondary appointment at Rowan University.

Program Structure

Interns will have the opportunity to have integrated and interdisciplinary training experiences in multiple settings within Cooper University Health Care for various health-related problems, including: management of chronic illness, treatment non-adherence, pain management, smoking cessation, weight management, insomnia, coping with acute illness and hospitalization, palliative care, and assisting patients' families with coping. There are also opportunities for cognitive and psychological assessment within a primary care setting, receiving referrals from the Urban Health Institute and Family Medicine.

Interns will see a variety of individuals across inpatient and outpatient settings, including patients/families across the lifespan with OB/GYN, Neonatology, Pediatrics, and all adult specialties, including Internal Medicine, Trauma, Cardiology, Neurology, and Orthopedics. Clinical expectations, driven by a cognitive behavioral, acceptance-based, and biopsychosocial models, include assessment, intervention (individual, group, family), psychoeducation, health promotion activities, provider education, and consultation/liaison work. Behavioral Medicine promotes the availability of timely, goal-oriented, brief, and collaborative services designed to be consistent with a fast paced, academic medical environment and contemporary models of reimbursement for cost-effective clinical services. Interns can expect to provide 20 direct service hours per week across rotations and will have at least a total of 2000 internship hours at the end of the training year. Caseloads will be assigned and monitored to make sure that training is cumulative, sequential, and increasing in complexity throughout the year and within individual rotations length of time spent in each rotation throughout the year depends on the needs assessment and stated goals of the interns' Professional Education Plan, as well as the needed time for a sufficient training experience (typically 4-6 months). All interns will experience most, if not all, of the rotations.

Rotations/Clinics

Inpatient Medical Consultation-Liaison: Interns serve in a consultation role for inpatient medical and surgical units throughout the medical center. The consultation reasons provide a wide range of experiences for the intern. Responsibilities include clinical evaluation, development of an appropriate intervention strategy, formulation of recommendations, and facilitation of communication among staff, patients, and family members. Typical examples of consult reasons include: adjusting to medical issues, managing trauma/depression/anxiety symptoms related to medical issues, promoting interpersonal communication with providers and patients, completing legally required brief alcohol screens for trauma patients, completing decision-making/capacity evaluations for medical treatment, as well as creating behavioral plans to facilitate compliance with medical recommendations by assisting in removing barriers and addressing underlying psychological challenges. Interns are encouraged to deliver recommendations in person or by phone/email to staff and physicians, as well as attend interdisciplinary family meetings. This rotation is mandatory and yearlong. Interns will spend approximately 5 hours providing direct clinical service on this rotation.

Primary Care:

Urban Health Institute (UHI): The Urban Health Institute is a primary care program that serves individuals from Camden and the surrounding areas. The goal of UHI is to address a variety of often comorbid health conditions with the goal of improving overall health and reducing use of emergency services and hospital admissions. Given that primary care offices provide about half of all mental health care for common psychiatric disorders in general, Behavioral Medicine is integrated into the UHI to provide brief psychotherapy as well as assessment services. The philosophy is that addressing the whole person and their physical and psychological health is essential for positive health outcomes and cost-effective care. The internship opportunity at UHI will involve primarily brief, outpatient psychotherapy with some opportunity for brief neurocognitive evaluations. With that in mind, and given the target population, interns will be expected to follow their patients into the inpatient medical setting when admitted. Regardless of context, the emphasis will be on brief CBT, Problem-Solving Therapy, Motivational Interviewing, and similar interventions to address psychological issues that are in some way correlated with their health, e.g. depression due to recent diagnosis of a chronic illness, anxiety interfering with treatment, general adherence issues, and so on. There will also be opportunities to design and execute

group therapy sessions. These have so far included emotion regulation groups and mindfulness groups for neurology patients with chronic headaches. Interns on this rotation are expected to remain in close contact with the physicians who refer their patients, often sharing the same physical space and communicating conceptualizations and recommendations in real time. This rotation is mandatory and yearlong. Interns will spend about 3 hours per week providing direct clinical service.

Generally, a comprehensive neuropsychological assessment focuses on a performance-based approach to assessing cognitive functioning, often with the aim exploring cognitive sequelae of medical concerns including brain damage (TBI) or degenerative disease (dementia, Parkinson's Disease) as well as severe mental illness. These assessments involve collection of diagnostic information, differential diagnostic information, assessment of treatment response, and prediction of functional potential and functional recovery. While advances in imaging technology continue to help us understand organic aspects of a presenting concern, neuropsychological assessment are a well-known means of understanding and quantifying issues related to such significant brain changes. Specifically within the Urban Health Institute, clinicians engaged in assessment will assist physicians in both the process of differential diagnosis (e.g. anxiety versus ADHD versus malingering) as well as quantifying dysfunction and disability to monitor disease progress (e.g. consequences of dementia, diabetes, Parkinson's Disease). While most consults will involve a core set of assessment, including the WAIS-IV, WMS-IV, and D-KEFS, overall we take a flexible battery approach and discuss with referring provider and team the need for assessment of specific domains. Assessments conducted here are focused on a specific referral question and meant to be both concise and comprehensive. This is an elective rotation that will last anywhere from 4-6 months, depending on the intern's interests and schedule. Interns will spend about 2-3 hours per week providing direct clinical service.

Cooper EIP Expanded Care program (CEEC) – Integrated Primary Care in HIV: Clinical and research opportunities are available to work in this interdisciplinary, hospital-based clinic that provides a variety of services to psychosocially diverse people living with HIV/AIDS (PLWHA). The CEEC offers the Behavioral Medicine intern the opportunity to work in collaboration with Primary Care, Infectious Disease, Addiction Medicine, and Psychiatry providers as well as medical case management staff. The intern will provide brief outpatient services and mental health assessments in the clinic; provide inpatient consultation for continuity of care of those CEEC patients who are admitted to the hospital; support pre-doctoral externs via secondary supervision; and have the opportunity to coordinate clinical research. Some opportunity exists to evaluate patients for readiness for gender-affirming surgery. The program provides ample opportunity for didactic training, professional presentation, and program development. This is an elective rotation that will last anywhere from 4-6 months, depending on the intern's interests and schedule. While on this rotation, interns will spend about 2-3 hours per week providing direct clinical service.

Women's and Children's Health Institute: This rotation has a multi-area focus divided between various clinics. During this clinical experience, interns will have opportunity to focus on pediatric patients, OB/GYN patients and NICU families.

1. Pediatric patients will be seen in an integrated care model in the general pediatric medical clinics as well as within specialty clinics (options presently include hematology, neurology and GI). Focus is on acute and chronic health concerns but also allows for traditional pediatric concerns such as general behavioral and emotional issues (i.e., ADHD, anxiety, mood issues). Interns will work with an inter-disciplinary team including physicians, residents, RN's, medical students and social workers. Warm handoffs in clinic with brief interventions and option to work with clients on short-term basis is available in this clinic as well. There is also opportunity through the Consultation-Liaison rotation at Cooper to see inpatient pediatric cases. This is an elective rotation that will last anywhere from 4-6

months, depending on the intern's interests and schedule. While on this rotation, interns will spend about 2-3 hours per week providing direct clinical service.

2. OB/GYN patients can be seen both during an inpatient hospital admission as well as in the outpatient clinic (Women's Care Center). There is opportunity to identify pre- and post-partum challenges and provide short-term, evidence-based interventions for adjustment concerns, anxiety, depression, etc. Time spent in the outpatient clinic will include individual 30 minute sessions, as well as warm hand-offs. Interns will work with an inter-disciplinary team including physicians, residents, RN's, medical students and social workers. This is an elective rotation that will last anywhere from 4-6 months, depending on the intern's interests and schedule. While on this rotation, interns will spend about 2-3 hours per week providing direct clinical service.
3. Interns will have the opportunity to meet with families in the Neonatal ICU. Families are often met while inpatient at the hospital and can be seen at bedside. Common referrals include adjustment to premature birth, coping with changing expectations about the birth process, maternity leave, and bonding with baby, as well as challenges related to caring for babies while they are still receiving medical treatment. This is an elective rotation that will last anywhere from 4-6 months, depending on the intern's interests and schedule. While on this rotation, interns will spend about 2-3 hours per week providing direct clinical service.

Inpatient Psychiatry: This rotation serves an opportunity to obtain more generalist training with severe mental illness. Cooper has a 12-bed voluntary psychiatric unit. Interns will attend rounds with the inpatient psychiatry team (which includes the attending psychiatrist, residents, and medical students) to learn more about psychopharmacology and other perspectives on diagnostic considerations. Interns' primary responsibility will be to lead groups and conduct individual therapy. There may also be opportunity for more formal assessment with appropriate cases. Interns can also work with social work to create recommendations for disposition and follow up mental health treatment (e.g., IOP, etc). This is an elective rotation that will last anywhere from 4-6 months, depending on the intern's interests and schedule. While on this rotation, interns will spend about 1-2 hours per week providing direct clinical service.

Bariatric Evaluations: The outpatient bariatric rotation will take place in the Cooper Behavioral Health ambulatory office in Voorhees. Interns will have an opportunity to learn to administer and evaluate patients' appropriateness for bariatric surgery using the latest integrated behavioral health guidelines as per the American Society of Metabolic and Bariatric Surgery and to conduct outpatient individual and group psychotherapy for patients with Binge Eating Disorder, Night Eating Syndrome and disordered eating behaviors in order to prepare them for post-operative lifestyle changes or, in cases of weight regain, re-establish optimal health habits. The interns will have an opportunity to work closely with a multidisciplinary treatment team, including surgeons, dieticians, advanced practice nurses, etc. and collaborate in multidisciplinary team meetings with clinical decision making. There will also be opportunities for outcome research. Emphasis will be on evidence-based treatments for disordered eating and eating disorders, including the Fairburn model of CBT for Binge Eating Disorder, ACT for weight loss, Problem Solving Therapy (Nezu, Nezu, & D'Zurilla, 2013) and Motivational Interviewing. While the clinic schedules 7-8 evaluations per day 5 days per week (1/2 evaluations, 1/2 therapy), interns will be in clinic one day per week and will see 5-6 patients per day for assessment and therapy.

Neuropsychology Rotation: Within the Cooper Department of Neurology, interns gain intensive training in neuropsychological assessment of adults with actual or suspected neurological diseases and disorders. Interns obtain supervised experience of outpatient neuropsychological evaluations of patients referred from the Cooper Neurological Institute (CNI) and other sources

within and outside the Cooper Health System. These evaluations can include comprehensive assessments of epilepsy patients including candidates for epilepsy surgery. Referrals for suspected dementia, concussion, stroke, neoplasm, movement disorders, infectious diseases, and other neurological disorders are also seen as part of this service. In addition, it is common for referrals to come from CNI neurosurgeons (e.g. pre-operative and follow-up assessments of patients with brain tumor), community neurologists, geriatricians, psychiatrists, physiatrists, and primary care providers. Opportunities are available to participate in stroke and neuroradiology rounds, departmental grand rounds, neurosurgical observation, and Wada testing. The Neuropsychology Rotation is available to incoming interns who have interest and prior experience in neuropsychological testing. Neuropsychologists see approximately 12 outpatients per week; interns would likely have 1 patient per week to test, score, write up and provide feedback.

Supervision

Interns will receive 4 hours of supervision per week: at least 3 hours of individual supervision per week by a licensed clinical psychologist, though typically more, as well as 1 hour of group supervision. As this is an academic medical center, various levels of supervision are utilized, including direct/live supervision, consultation/supervision before and after sessions, case presentations, and scheduled formal supervision. Supervision will be provided by the faculty who work in associated clinics where interns are rotating. Group supervision occurs after Monday Health Psychology didactics on a weekly basis; case presentations will also occur to discuss ongoing clinical cases and/or an overview of relevant issues related to the practice of clinical health psychology. See Training Staff section below for additional information on faculty.

The Didactic Program

3-4 hours per week will be spent on didactics to review the current literature and discuss clinical applicability. Didactics will be provided by faculty within the Behavioral Medicine department, as well as other medical specialties at Cooper and local psychologists at other organizations with applicable specialties. This seminar includes a combination of lectures/didactics, case presentations, and a review of the literature. On Mondays, formal presentations relevant to psychological theory and practice both generally within clinical psychology, as well as specific to clinical health psychology (e.g., ACT, CBT-I, DBT, Motivational Interviewing, suicide, addiction, forensic psychology, transgender concerns, diversity considerations in neuropsychological testing, etc) will be provided. This will also include lectures from physicians and advanced practice nurses on the basics of their medical specialties, including foundations of disease and treatment in order to highlight how psychologists can help patients to manage their medical conditions. Discussion will be facilitated to highlight the common psychological considerations (including diagnoses and evidence-based interventions) within each population. There will also be time devoted to reviewing the current literature on developments in clinical health psychology, as well as empirical presentations provided by Behavioral Medicine faculty and other psychologists at outside institutions completing research across specialties in clinical psychology. For 2 hours on Tuesdays, there is a 4-part didactic series on Diversity, Ethics, Supervision, and Research led by various faculty members. Each section will be about 6-10 weeks with associated readings, lecture, and discussion-based learning and further described below:

Individual & Cultural Diversity

- Theoretical and empirical application of several multicultural models, along with current APA multicultural guidelines and application of these models to current cases
- Increasing sensitivity toward individual and cultural diversity in medical settings and

- increasing awareness of the interns' own multicultural history and attitudes
- Individual multicultural seminars on selected topics and diverse populations

Ethical & Legal Standards in Psychology

- Application of the APA Ethical Principles and Code of Conduct
- Review applicable laws, regulations, and policies governing psychologists at the state level
- Recognize ethical dilemmas and be able to apply ethical decision-making processes
- Clinical interventions through an ethical lens including boundaries, dual relationships, and confidentiality
- Issues and considerations in conducting oneself in an ethical manner

Supervision

- Overview of competency-based supervision and development of supervisory style, specific review of conducting supervision from the CBT model
- Addressing competence, legal and ethical issues in supervision
- Issues of diversity in clinical supervision (e.g., clinical care, the training environment, and supervision relationship)

Developing Research in an Academic Medical Center

- Discussion of ethical issues in research, experimental design and methods within a medical center, utilizing descriptive and inferential statistics
- Review of grant writing to fund research, manuscript writing and the peer review process
- Highlighting program development and quality improvement within medical settings

Other Activities: In addition to Behavioral Medicine didactics, various departments hold grand rounds that interns are invited to attend (including Psychiatry, Neurology, Infectious Disease, etc.). Further, should interns have a particular interest in a medical specialty, they are invited to have the experience to round with those respective teams in the inpatient hospital or outpatient ambulatory setting. Lastly, Behavioral Medicine is leading an initiative to introduce a Wellness Program throughout Cooper to medical students, residents, RNs, APNs, and physicians. Interns will have the opportunity to provide mindfulness sessions, provide monthly lectures, and contribute to a peer support program (Resiliency Resources Team).

Schwartz Rounds

Schwartz Rounds, held throughout the year, are moderated discussions about complex clinical cases and ethical issues that confront interdisciplinary providers in the hospital. Schwartz rounds are well-attended by many professional disciplines and are highly intercollaborative. Interns are invited to attend and/or participate in Schwartz Rounds under the supervision of the Mental Health (psychology) representative to the Committee (Dr. Fizur).

Research

In addition to clinical work and supervision, interns will be expected to specify a goal for empirical research or scholarly activity involving collaboration and mentorship with one of our faculty. By the end of the training year, each intern will be expected to provide a specific product of this collaboration, such as a formal presentation as part of didactics, a presentation at a regional or national meeting, or a completed draft manuscript for publication. Ongoing research opportunities will also be available for interns to become involved. Examples of current research by faculty

include:

- *Identifying preliminary quality indicators of a psychology consultation-liaison service at an academic health center (A. Bullock)*
- *Examining the efficacy of Behavioral Medicine in an Urban Primary Care Setting: A structure to reduce Emergency Room Visits – Behavioral Medicine and Urban Health Institute (P. Fizur)*
- *Predicting Distress in Hospitalized Trauma Survivors – Behavioral Medicine and Trauma (K. Gilrain)*

Facility and Training Resources

Cooper currently has adequate space, availability and utility of hospital computers that access the electronic medical record (EPIC), support word processing, and allow Internet-based research. Additionally, there are significant resources through the medical school library and assistance from medical librarians for comprehensive literature searches, as well as testing materials for psychodiagnostic and neuropsychological assessment.

Internship Program Faculty

Kelly Gilrain, Ph.D.

Dr. Gilrain serves as the Director of Behavioral Medicine at Cooper University Hospital. She has worked in Health Psychology for the past 15 years within the following areas: somatic/conversion disorders, in particular PNES at Jefferson University Hospital, Temple's cardiac transplant unit and burn unit and at Pennsylvania Hospital in the Consultation-Liaison Service. She has completed training and evaluations at various neuropsychology clinics on the Philadelphia area focused on both health and forensic concerns. Her interests lie in chronic medical issues, end of life concerns, death and dying, trauma, behavioral medicine program development and provider well-being. She has taught Psychology and Humanities courses in college and universities in the NY and Philadelphia area over the past 24 years. She holds Academic Professorships at Cooper Medical School at Rowan University (CMSRU) as well as Rowan University.

She has been with Cooper since 2010 and developed and implemented the Consultation-Liaison Service within the Medical Hospital under the Department of Hospital Medicine. She has supervised psychology externs since 2010 and has presented at national conferences with Society of Behavioral Medicine (SBM) discussing ways to further Health Psychology programs and training in Academic Medical Centers. She and her team currently have a robust externship program, as well as 1-2 postdoctoral residents per year.

Anastasia Bullock, Psy.D.

Dr. Bullock is a licensed clinical psychologist specializing in health psychology and has worked at Cooper University Healthcare System since 2017. She completed her psychology internship in Medical Psychology at Jackson Health System/University of Miami and her postdoctoral residency at VA Connecticut/Yale School of Medicine.

She is currently serving as the Director of Training. Dr. Bullock provides patient care, as well as coordinates and supervises graduate students on the Behavioral Medicine consultation-liaison service and inpatient psychiatry unit. She also holds a faculty position within Cooper Medical School at Rowan University, teaching medical students on rotation with the Behavioral Medicine team. Within the hospital, she serves on several committees, including Cooper Against Domestic Violence (CADA), Violence Prevention, and Complex Discharge. Dr. Bullock is actively engaged in research within health psychology, including quality indicators of consultation-liaison psychology, trauma, and weight and eating with articles in peer reviewed publications. She is a member of the Association for Psychologists in Academic Health Centers, Society of Behavioral Medicine, and American Psychological Association.

Cori McMahon, Psy.D.

Dr. McMahon is a licensed clinical psychologist specializing in health psychology who has 20 years of experience in direct clinical care, graduate psychology and medical instruction, clinical supervision, and program administration across behavioral health, academic, and medical settings. She focuses her clinical work in chronic disease management and served as previous training director for MD Anderson Cancer Center at Cooper and EIP/Department of Infectious Disease. She holds a faculty position with Cooper Medical School of Rowan University, instructing medical students who rotate with the Behavioral Medicine team and has taught psychology courses at La Salle University since 2002, including serving as visiting faculty for LaSalle's graduate psychology programs in Athens, Greece and Prague, Czech Republic.

Dr. McMahon has a record of health psychology research, publication, and presentations, particularly in the area of psycho oncology, and remains engaged in projects focused on

integrated behavioral healthcare in medical settings, and the use of digital tools to enhance patient engagement, health literacy, and improved doctor-patient communication. She is a member of the Society of Behavioral Medicine, is a National Certified Custody Evaluator, and also serves as VP of Clinical Services for Tridium, Inc., a health technology company based in Philadelphia.

Philip Fizur, Psy.D.

Philip Fizur is a licensed clinical psychologist in the department of Behavioral Medicine at the Cooper University Health Care. He completed his Psy.D. in Clinical Psychology at La Salle University and psychology internship at the Penn State Milton S. Hershey Medical Center in the Department of Psychiatry before completing a post-doctoral fellowship in Behavioral Medicine and Psycho-oncology, also at Cooper.

Philip's clinical and research interests lie in health psychology, neuropsychology, and the integration of web and mobile technologies to help make advances in these areas. Within the domain of health psychology he primarily focuses on the cognitive and behavioral correlates of individuals diagnosed with cancer. This includes cognitive assessment pre and post-treatment, behavioral interventions to improve adherence, and other interventions to assist patients in managing the psychological sequelae of living with a chronic illness. To bolster these efforts he has undertaken significant training in neuropsychology for the purpose of conducting thorough assessments to better understand a patient's baseline level of functioning as well as the cognitive impact of diseases and treatment. To extend assessment and intervention outside of the clinic, he has both studied and created web-based, mobile-friendly applications through which patients can track symptoms, manage medications, and receive reminders of content discussed during face-to-face meetings. Finally, as a member of the Society for Implementation Research Collaboration he strives to better understand and help overcome barriers to effective dissemination and implementation of evidenced based interventions in health-related settings.

Before shifting to psychology, Philip was Associate Director of Information Technology at Temple University in the College of Liberal Arts. Since 1999 he has also worked as an independent technology consultant as well as the director of technology for a leading Philadelphia-based video game publisher. Philip resides in Haddon Heights, NJ with his loving wife Heather and their two children P.J. and Molly. When not engaged in professional or academic endeavors Philip enjoys music (both as a passive listener and active performer), cooking, reading, and photography.

Michael DeAngelo, Psy.D.

Michael DeAngelo, Psy.D., is a licensed clinical psychologist specializing in health psychology within Cooper University Healthcare System. He previously worked at Ancora Psychiatric Hospital in Hammonton, NJ for three years. Dr. DeAngelo provides patient care, as well as coordinates and supervises Behavioral Medicine graduate students in the outpatient offices of the Early Intervention Program. He also holds an adjunct faculty position with Rowan University, teaching undergraduate students in the Psychology Department. In addition, Dr. DeAngelo is an affiliate of the Postpartum Stress Center in Bryn Mawr, PA.

Dina Goldstein Silverman, Ph.D.

Dr. Dina Goldstein Silverman is a licensed psychologist in Pennsylvania and New Jersey and Assistant Professor of Psychiatry and Psychology at The Cooper University Hospital and Healthcare System. She also functions as the Director for the Postdoctoral Residency in Clinical Health Psychology in the Department of Psychiatry. Her functions at Cooper include conducting pre-operative bariatric evaluations and pre- and post-operative psychotherapy with patients enrolled in the Cooper Center for Metabolic and Bariatric Surgery, as well as psychotherapy and psychological evaluations with other outpatient populations with co-morbid medical and mental

health conditions, ranging from cancer diagnoses, anxiety, depression and bipolar disorder and infertility, stillbirth, miscarriage and early neonatal loss and chronic pain. She is also involved developing a comprehensive outpatient behavioral support program for bariatric patients in collaboration with the bariatric dieticians, and she was involved in the development of a pilot program in primary care behavioral health integration in collaboration between the Department of Psychiatry and the Department of Medicine. She has presented seminars on mindfulness-based stress reduction for various hospital departments, and she routinely teaches and provides individual supervision to psychiatry residents, medical students and post-doctoral residents in clinical health psychology; her seminars for psychiatry residents include Motivational Interviewing, Theories of Counseling and Psychotherapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy and Group Therapy.

Dr. Goldstein Silverman received her undergraduate education at The University of Texas at Austin, her M.A. and Ed.M. degrees in Psychological Counseling at Teachers College, Columbia University and her Ph.D. in Counseling Psychology from Temple University, an APA-approved program, where she was the 2006 recipient of the Frank and Mary Ann Dattilio Education Award from the Pennsylvania Psychological Association. Her APA-approved pre-doctoral internship in clinical psychology was completed at The Trenton Psychiatric Hospital, and her APA-approved post-doctoral residency in clinical health psychology was completed at the VA Connecticut Healthcare System. Subsequently, she spent 5 years as the Associate Director for the Student Counseling Center on the Hahnemann Center City Campus of Drexel University. Dr. Goldstein Silverman is a member of the Society for Behavioral Medicine, Division 38 (Health Psychology) and Division 17 (Counseling Psychology) of the American Psychological Association and of the New Jersey Psychological Association, the Southern NJ Psychological Association, the Pennsylvania Psychological Association, and she is an Integrated Health Member of the American Society of Metabolic and Bariatric Surgery. She has co-authored several publications in peer-reviewed journals and a number of book chapters in academic texts, and she is a reviewer for the Journal of Clinical Psychology in Medical Settings. Currently, she is involved in training Rowan University doctoral students in utilizing Acceptance and Commitment Therapy for smoking cessation with the severely and persistently mentally ill as part of a NIH grant and collaboration between Rowan University and the Cooper Medical School of Rowan University. In 2017 and 2019, she was recognized by South Jersey Magazine as a Top Physician, Reader's Choice, and in 2019, she was the recipient of the Department of Psychiatry Program Director's Faculty Award for her contribution and dedication to the teaching of residents. She sees ambulatory patients in the Cooper University Health Care Behavioral Health outpatient offices at 1011 Main Street and at the Ripa Center for Women.

Christina Goodwin, Ph.D.

Dr. Christina Goodwin is a licensed psychologist in New Jersey and Assistant Professor of Psychiatry at The Cooper University Hospital and Healthcare System. Her functions at Cooper include providing psychotherapy and psychological evaluations to adults in an outpatient medical setting. In addition, she is co-developing outpatient mental health programs for the Department of Psychiatry. In her role as Assistant Professor, Dr. Goodwin teaches seminars and provides individual and group supervision to psychiatry residents and medical students. Her seminars focus on the provision of various evidence-based psychotherapies.

Dr. Goodwin's research interests broadly include program development and health psychology. Her past research projects have focused on identifying and evaluating psychological predictors of cardiorespiratory functioning and disease development. She continues to collaborate with researchers both nationally and internationally, and is open to new collaborations. She has provided consultation on the development of clinical programs in cardiopulmonary rehabilitation,

and has developed para-professional training programs for the American Cancer Society.

Dr. Goodwin received her undergraduate education at Virginia Tech, and her MS in Clinical Science from Drexel University. She earned her PhD in Clinical Psychology (health emphasis) from The Ohio State University, where she was recipient of teaching awards and two competitive, university-funded grants to support her research endeavors. She completed both internship and post-doctoral fellowship training at VA Boston Health Care System, during which time she also held academic appointments at Boston University School of Medicine, and Harvard Medical School. She is a member of the Society for Behavioral Medicine, Division 38 (Health Psychology) of the American Psychological Association.

Caitlin A. LaGrotte, Psy.D., M.Ed.

Dr. LaGrotte is a licensed clinical psychologist with a health psychology focus and she has recently joined Cooper University Health System in July of 2020. She completed her psychology internship at Penn State Health Milton S. Hershey Medical Center with a focus on behavioral sleep medicine and her postdoctoral residency at the Center for Obesity Research and Education at Temple University.

She provides psychological consultation and psychotherapeutic intervention for patients and families within the areas of Critical Care Services and Orthopedics. Dr. LaGrotte previous research has been in the areas of sleep, obesity/bariatrics, mild traumatic brain injury, and psychosocial wellbeing in collegiate student athletes. She has published in peer-reviewed journals as well as serves as reviewer for scholarly publications. She is a member of the Society of Behavioral Medicine, Association for Psychologists in Academic Health Centers, and the American Psychological Association.

Andrea J. Casher, Psy.D., ABPP

Andrea J. Casher, PsyD, ABPP is a board-certified clinical neuropsychologist. After earning her doctorate from Hahnemann University in clinical psychology with a specialty in neuropsychology, she has practiced for over twenty years, evaluating individuals with a wide variety of neurologically based cognitive disorders, including dementia, multiple sclerosis, traumatic brain injury, stroke, brain tumors, and epilepsy. Dr. Casher maintains an active role training neuropsychologists in the New Jersey and Philadelphia area, and working with professional societies and patient advocacy groups. Her expertise is critical to the multi-discipline approach to several Cooper neuroscience programs, including neurosurgical interventions in patients with epilepsy. Dr. Casher also participates in clinical research projects.

Mark A. Rader, Ph.D.

Mark A. Rader, PhD, is a licensed psychologist and practicing neuropsychologist who has been in active practice for over thirty-five years. He has been with Cooper University Health Care since 2005, where he conducts neuropsychological evaluations, sees selected patients for individual psychotherapy, and is on the inpatient consultation service. Currently an Assistant Professor of Neurology at the CMSRU, he has been actively involved in the training and supervision of medical students and pre- and post-doctoral students in neuropsychology. In addition to specializing in the diagnosis and management of various etiologies of neurocognitive impairment including traumatic brain injury, dementia, stroke and epilepsy, his experience also includes many years of inpatient and outpatient rehabilitation with a special focus on the diagnosis and treatment of traumatic brain injuries (TBI) and emotional disorders arising from them. He has published and presented on many topics related to TBI and volunteers his time leading a TBI support group.

Merin F. Campbell, Psy.D.

Merin F. Campbell, PsyD, earned her doctoral degree in psychology and certificate in clinical neuropsychology at Widener University's Institute for Graduate Clinical Psychology. She completed a post-doctoral fellowship in neuropsychology within the department of neurology at the Hospital of the University of Pennsylvania. She conducts comprehensive outpatient neuropsychological evaluations, inpatient consultations, and individual psychotherapy sessions. Although Dr. Campbell primarily sees adults and older adults with neurological conditions such as dementia, movement disorders, epilepsy, TBI, tumor, stroke, and MS, she is also a certified school psychologist and experienced with pediatrics and adolescents. She is particularly interested in the role of neuropsychology in neuro-interventional and neurosurgical procedures such as Wada and intraoperative brain mapping.

Local Information

Just across the bridge from bustling Philadelphia, and less than an hour from the Jersey shore, Cooper University Hospital is easy to access. The academic campus is located across the street from two commuter rail lines (PATCO and NJ Transit's River Line) and within walking distance of Rutgers University and Rowan University Camden campuses. The Cooper Health Sciences Campus is located in the heart of Camden's business district. The academic medical center campus is easily accessible by car or public transportation via the commuter high-speed line and bus terminal adjacent to the hospital.



Cooper is conveniently close to Philadelphia. Just a mile-long drive over the Benjamin Franklin Bridge will put you at the doorstep of Philadelphia's cultural, culinary, and historic venues. Food lovers will enjoy the ever-growing restaurant and pop-up establishments available throughout the city. South Jersey also offers a range of living and entertainment options. Quaint towns such as Haddonfield and Collingswood are just 10 minutes away. The lights and action of Atlantic City and popular beach towns such as Cape May and Ocean City are a one-hour drive from Cooper.

Cooper is also short walk or drive from the Camden waterfront, which includes a waterfront park and marina; the Adventure Aquarium; and the BB&T amphitheater, which hosts nationally renowned entertainment throughout the year. Nearby are the Sixers Training Complex, L3 Communications complex, Lockheed Martin, Rutgers University Camden Campus, and Camden County College. A new health sciences building will be co-utilized by students and faculty from Rowan University, Camden County Community College biomedical and Rutgers – Camden Campus as well as some Cooper faculty engaged in collaborative research endeavors.

Administrative Policies and Procedures

In addition to annual and sick leave, interns may request leave for academic/research purposes (e.g., attendance at professional and/or scientific meetings, meetings related to dissertation). Up to 6 days of such leave can be approved. Exactly when leave may be taken is to be worked out with your supervisory psychologists and should be discussed well in advance. For these types of absences, paperwork will need to be filled out and approved at least two weeks prior to traveling.

Nondiscrimination Policies

The psychology internship in Behavioral Medicine at Cooper University Health Care supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act.

Applications from candidates of diversity are strongly encouraged. No applicant will be discriminated against on the basis of race, color, creed, religion, sex, place of national origin, or age. The psychology internship in Behavioral Medicine at Cooper University Health Care strictly adheres to the nondiscrimination policies of the Cooper Health Care System.

Maintenance of Records

The Director of Training is responsible for maintaining all pertinent records of training that are accumulated during the psychology training year including competency evaluations and records relating to supervision hours, clinical rotations, and other relevant professional related training activities. It is the responsibility of the Director of Training to maintain these records for the purposes of verifying the intern's professional activities for licensing boards and other credentialing agencies such as health care privileging boards and other related employment requirements. The records will be appropriately transferred to succeeding training directors.

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions	
The Psychology Internship Program in Behavioral Medicine at Cooper University Health Care provides the opportunity to gain experience across various integrated medical settings at an academic medical center. As such, it is important that applicants' application package demonstrate interest in gaining entry-level competencies in behavioral medicine/health psychology in addition to experience in and goals for additional training in more general clinical psychology. Applicants must be doctoral students in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in the fields of clinical and/or counseling psychology. Additionally, Cooper University Behavioral Medicine internship is committed to ranking first qualified applicants from minority backgrounds; in particular, we strive to recruit bi-cultural and bi-lingual Latinx Spanish-speaking applicants who may be able to enhance the provision of psychological care.	
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	
Total Direct Contact Intervention Hours	Yes - Interns are expected to have at least 600 hours of direct clinical assessment and intervention combined.
Total Direct Contact Assessment Hours	
Describe any other required minimum criteria used to screen applicants: Preferred (but not required) experience in health psychology and working in a medical setting	

Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns : \$31,000.00	
Annual Stipend/Salary for Half-time Interns: Not Applicable	
Program provides access to medical insurance for resident?	<u>Yes</u>
If access to medical insurance is provided	<u>Yes</u>
Trainee contribution to cost required?	<u>Yes</u>
Coverage of family member(s) available?	<u>Yes</u>
Coverage of legally married partner available?	<u>Yes</u>
Coverage of domestic partner available?	<u>Yes</u> , if partner is not offered health insurance through his/her employment
Hours of Annual Paid Personal Time Off (Vacation):	13 days
Hours of Annual Paid Sick Leave:	13 days
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/interns in excess of personal time off and sick leave?	<u>Yes</u>
Other Benefits (please describe):	6 Federal holidays; Release Time for Professional Development

Initial Post-Internship Positions		
<i>*This table is not currently applicable as 2020-2021 is the first internship training year</i> 2017-2020		
Total # of interns who were in the 3 cohorts	NA	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	NA	
	PD	EP
Community mental health center	NA	NA
Federally qualified health center	NA	NA
Independent primary care facility/clinic	NA	NA
University counseling center	NA	NA
Veterans Affairs medical center	NA	NA
Military health center	NA	NA
Academic health center	NA	NA
Other medical center or hospital	NA	NA
Psychiatric hospital	NA	NA
Academic university/department	NA	NA
Community college or other teaching setting	NA	NA
Independent research institution	NA	NA
Correctional facility	NA	NA
School district/system	NA	NA
Independent practice setting	NA	NA
Not currently employed	NA	
Changed to another field	NA	
Other	NA	
Unknown	NA	

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

Grievance/Due Process Procedure Policies

At the beginning of the training year, all interns are given a copy of our Grievance and Due Process Procedure Policies. The grievance procedures policy provides guidelines to assist interns who wish to file complaints. It also explains the process if a supervisor has a concern regarding a student that does not fall under the inadequate performance (i.e., Due Process). The Psychology Internship Training Program abides by published Psychology Internship Training Program disciplinary action, due process and grievance procedures as noted below, as well as Cooper University Hospital new-hire and sexual harassment policies found within the Cooper Policy Network which can be accessed on the Cooper's intranet website within the Quality and Safety tab. See Appendices I, II, and III for details.

Appendix I Grievance Procedure

In the event there is a grievance (unavailability of supervisor, evaluations perceived as unfair, disagreement with remediation plan, workload issues, other staff conflict, etc.) against any party or policy/procedure associated with the internship (e.g., staff member, supervisor, dismissal procedures), the intern is encouraged to resolve the issue informally with the party involved, following *Ethical Principles of Psychologists and Code of Conduct* (APA, 2010).

Informal Process

1. If the problem pertains to a training supervisor, faculty member or other individual, the psychology intern is to first directly discuss the problem with the individual involved. The trainee should clearly indicate to the involved party the date (if applicable) and nature of the conflict or complaint, as well as suggestions as to how the complaint may be appropriately resolved to his/her satisfaction.
2. After 2 weeks, if the intern has attempted to resolve the issue unsuccessfully or the intern does not feel safe discussing the problem directly with the individual involved and believes he/she is in need of the assistance of a third party, the intern should proceed through as many of the following steps as may be necessary in order to resolve the problem.
 1. Discuss the issue with the Training Director. If the grievance is against the Training Director, the intern should direct the complaint to Director of Behavioral Medicine. At this initial exploratory stage, the intern may speak confidentially to either of these individuals to help clarify the problem. In some cases, this contact may be sufficient to resolve the complaint.
 2. If necessary, the Director of Training (or the Director of Behavioral Medicine) may, with the permission of the intern, perform an informal investigation that might include interviewing the parties involved or any party who has evidence concerning the validity of the complaint.
 3. If this informal process fails to lead to the resolution of the grievance within 2 weeks, the intern may utilize the formal grievance procedure as outlined below.

Formal Process

1. A formal grievance can be initiated in writing within seven calendar days after a failure to resolve the issue informally. The written complaint should include a full, factual explanation of the complaint and a suggested solution, as well as be dated and signed.
2. Then a formal meeting of The Grievance Panel will be held to review the complaint. The Grievance Panel is composed of the Training Director – Dr. Bullock, and all Behavioral Medicine faculty who were not involved in the incident. The Grievance Panel will meet in a timely fashion (not to exceed 14 calendar days from the submission of a formal written complaint) and will render a decision about the complaint that will be communicated in writing to all parties involved within 14 calendar days from date of Grievance Panel meeting.

3. If the student deems the decision unsatisfactory and would like to appeal the decision of the Grievance Panel the student may make a final written appeal to the Director of Behavioral Medicine that should include a full explanation of why the intern does not feel the proposed decision was satisfactory, a suggested solution, and should be dated and signed. The Director of Behavioral Medicine will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern. The decision made by the Director of Behavioral Medicine is considered final.

The intern will not be penalized or retaliated against in any way for the use of the aforementioned Grievance Procedure.

Appendix II Due Process

During the orientation period, the Training Director will present to the interns, verbally and in writing, the program's expectations, including but not limited to the procedures for evaluation and the competency requirement. Interns are evaluated on the nine Profession Wide Competencies required under the APA Standards of Accreditation in Health Service Psychology (SoA). Evaluation is based on an intern's ability to demonstrate or provide each element (i.e., knowledge, awareness, or skill) that comprises each competency.

1. Goal for intern evaluations done for 1st Quarter/3 months and 2nd Quarter/6 months: Within each of the 9 competency areas, the average of all elements will be 2 ("Entry Level;" Emerging competence with significant supervision to support skill level needed for competence in professional entry-level practice) or greater.
2. Goal for intern evaluations done for 3rd Quarter/9 months: Within each of the 9 competency areas, the average of all elements will be 3 ("Intermediate;" minimum level of achievement to be ready for post-doctoral supervised experience) or greater.
3. Goal for intern evaluations done for 4th Quarter/12 months: Within each of the 9 competency areas, the average of all elements will be 4 ("High Intermediate;" ready for post-doctoral supervised experience, supervision is focused on further refinement and development of advanced performance) or greater.

Notice, Hearing, and Appeal

Quarterly, the Training Director will review the Intern Evaluation Forms submitted, as well as discuss intern competencies and performance with the supervising faculty. If these goals are not met, a plan for remediation is required. Based on the information gathered, the Training Committee will initiate the following procedures within 1 week of receipt of the quarterly evaluations from rotation supervisors:

If the discussions or evaluations reveal **minor deficiencies** in intern performance, the Director of Training may initially take the following steps; **(a)** obtain more information from the supervisor; **(b)** meet with the Director of Behavioral Medicine to discuss the nature of the difficulties, and/or **(c)** discuss the difficulties with the intern and determine a plan to meet the aforementioned minimum levels of achievement. Once initiated, the Training Committee will complete any or all of these steps within 2 weeks. If these initial steps are unsuccessful or met with additional concerns or if an intern appears to have **significant deficiencies** in performance, or significant concerns raised regarding his/her competence, professionalism, emotional stability, or ethics (it is a matter of professional judgment on part of the Training Director & intern supervisors as to when an intern's deficiencies or behavior should be considered significant versus minor), the following steps will be taken:

1. The deficiencies or concerns will be presented to all clinical training faculty of the internship program. This meeting will take place no more than 7 calendar days from the Training Director's determination that the concerns are to be considered

significant deficiencies. A preliminary determination will be made as to whether the difficulty appears to be of a long-standing nature or specific to this particular internship site. Contacting the intern's graduate program's Director of Training may be an option in attempting to determine the scope of the problem, especially if it is suspected that it is of a long-standing nature.

2. Within 2 days of this meeting, the intern will then be notified in writing that a comprehensive review of their performance is occurring and asked to provide the clinical training faculty with any information relevant to the identified issues. The graduate program may be contacted and asked to provide input and further information on the intern's perceived deficiencies. The Training Director will then meet with the intern to discuss these matters within 7 calendar days.
3. Within 14 calendar days from the notice of the intern, the clinical training faculty and Training Director may decide that there is a need for a Remediation Plan to address the specific area(s) of difficulty, or problematic behavior and outline the remedial steps the intern must take along with a specified time frame to take such steps. A proposed course of action for the intern in question may consist of additional training, additional supervision, reduced patient load, etc.
4. The final Remediation Plan will be put into writing within 2 days of the training faculty's decision to implement this plan, provided to the intern and placed into the intern's file. The Training Director will meet with the intern to review the plan within 7 calendar days from the provision of the Remediation Plan to the intern and provide an opportunity to discuss any concerns.
 - a. If the remediation plan is accepted by the intern, its adherence shall be monitored by the Training Director in conjunction with the intern's supervisor.
 - b. If the intern deems the plan to be unsatisfactory and would like to appeal the remediation plan, the intern may initiate a formal grievance in writing within 7 calendar days after a failure to resolve the issue informally. The written complaint should include a full, factual explanation of the complaint and a suggested solution, as well as be dated and signed.
 - c. Then a formal meeting of The Grievance Panel will be held to review the complaint. The Grievance Panel is composed of the Training Director – Dr. Bullock, and all Behavioral Medicine faculty who were not involved in the incident. The Grievance Panel will meet in a timely fashion (not to exceed 14 calendar days from the submission of a formal written complaint) and will render a decision about the complaint that will be communicated in writing to all parties involved within 2 calendar days from date of Grievance Panel meeting.
5. If the intern deems the decision unsatisfactory and would like to appeal the decision of the Grievance Panel the student may make a final written appeal (within 14 days of the Grievance Panel) to the Director of Behavioral Medicine that should include a full explanation of why the intern does not feel the proposed decision was satisfactory, a suggested solution, and should be dated and signed. The Director of Behavioral Medicine will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern. The decision made by the Director of Behavioral Medicine is considered

final.

6. After the plan for remediation is implemented, the intern will be provided with written feedback on the extent to which the remediation plan has been effective or not in resolving the original deficiency within the time frame provided on the Remediation Plan under "Dates of Evaluation" (which will typically be 1 month).
7. Failure to adhere to remediation plan criteria and/or successfully resolve the area(s) of deficiency could result in an unsatisfactory completion of the internship and/or dismissal/termination from the program (see Dismissal/Termination below).

Appendix III Dismissal/Termination

If the conduct of an intern is considered sufficiently serious to warrant dismissal/termination from the Internship Program such as, severe violations of the *Ethical Principles of Psychologists and Code of Conduct (APA, 2010)*, when imminent physical or psychological harm to a patient is a major factor, or unprofessional behavior is present, (examples include any action which jeopardizes the welfare of patients; the use of or possession of alcoholic beverages, and/or illicit controlled substances while on duty or on Hospital property; breach of Cooper policy; failure to rectify behavior or deficiencies despite feedback, remediation efforts and/or time, etc.), the following shall occur:

The Training Director shall hold a meeting with the clinical training faculty including the Director of Behavioral Medicine to discuss the matter within seven calendar days. The findings from the meeting shall be provided to the intern within two calendar days (the Training Director will ensure that interns have sufficient time to respond to any action taken by the program).

Should the decision be made to dismiss/terminate the intern from the program (a decision which must be unanimous among all those in attendance at the aforementioned meeting), the intern would be notified within two calendar days and provided written documentation of such decision. At that time, the intern will also be provided with a copy of the grievance procedure. If the intern is in disagreement with any aspect of the evaluation procedure, remediation plan, or dismissal/termination procedures, he/she may utilize the intern formal grievance procedure:

1. A formal grievance can be initiated in writing within seven calendar days after a failure to resolve the issue informally. The written complaint should include a full, factual explanation of the complaint and a suggested solution, as well as be dated and signed.
2. Then a formal meeting of The Grievance Panel will be held to review the complaint. The Grievance Panel is composed of the Training Director – Dr. Bullock, and all Behavioral Medicine faculty who were not involved in the incident. The Grievance Panel will meet in a timely fashion (not to exceed 14 calendar days from the submission of a formal written complaint) and will render a decision about the complaint that will be communicated in writing to all parties involved within 2 calendar days from date of Grievance Panel meeting.
3. If the student deems the decision unsatisfactory and would like to appeal the decision of the Grievance Panel the student may make a final written appeal to the Director of Behavioral Medicine (within 14 days of the Grievance Panel) that should include a full explanation of why the intern does not feel the proposed decision was satisfactory, a suggested solution, and should be dated and signed. The Director of Behavioral Medicine will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern. The decision made by the Director of Behavioral Medicine is considered final.

APPENDIX IV**Psychology Intern Remediation Plan****Date of Remediation Plan Meeting:****Name of Intern:****Training Director:****Primary Supervisor:****Names of All Persons Present at the Meeting:****Is this a Notice of Counseling or Notice of Probation:**

Description of the problem(s) identified for which remediation is sought:

Date(s) the problem(s) was brought to the intern's attention and by whom:

Steps already taken by the intern to rectify the problem(s) that was identified:

Steps already initiated by the supervisor(s)/faculty to address the problem(s):

Remediation Plan

<u>Competency/ Skills Deficits Identified</u>	<u>Problem Behaviors Identified</u>	<u>Expectations for Acceptable Performance</u>	<u>Intern's Responsibilities/ Actions</u>	<u>Supervisors'/ Faculty Responsibilities/ Actions</u>	<u>Time-frame for Acceptable Performance</u>	<u>Assessment Methods</u>	<u>Dates of Evaluation</u>	<u>Consequences for Unsuccessful Remediation</u>

I, _____, have reviewed the above remediation plan with my primary supervisor, additional supervisors/faculty, and the Director of Training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

Intern

Training Director

Date

Date

Intern's comments (Feel free to use additional pages):