

PSYCHOLOGY INTERNSHIP CONSORTIUM INFORMATION FOR CANDIDATES (Updated July 2022)

The PHSU Psychology Internship Consortium received APA accreditation in March, 2015. It is scheduled for re-accreditation in March, 2022. None of the member agencies of the Consortium is accredited by APA as an independent psychology internship and therefore these agencies do not advertise themselves as such. Information about the accreditation status of the PIC is available from the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

*Note: Due to the COVID-19 pandemic, the APA Office of Program Consultation and Accreditation has rescheduled all its re-accreditation processes. This program is now scheduled to receive its re-accreditation site visit in 2024. Its accreditation status will remain unchanged until then.

PONCE HEALTH SCIENCES UNIVERSITY PSYCHOLOGY INTERNSHIP CONSORTIUM (PIC)

An exclusively affiliated psychology internship program of the Clinical
Psychology Psy.D. and Ph.D. Programs
School of Behavioral and Brain
Sciences Ponce Health Sciences
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PHSU PSYCHOLOGY INTERNSHIP CONSORTIUM (PIC)

MESSAGE FROM THE PIC DIRECTOR

Welcome to the PIC informational brochure. We have worked to make this document as complete as possible to assist you in making an informed decision concerning applying to our program.

More than 10 years ago, the Clinical Psychology PsyD program established an internship training program to meet the clinical training needs of its students. Originally housed at our training clinic, the “CSP”, the internship has grown steadily in terms of the number of interns and the variety of training experiences it offers. While the internship training program remains exclusively affiliated to our academic programs (admitting only students from the PHSU Clinical programs) it offers an extensive variety of training settings and experiences.

Today, the PIC consists of 6 collaborating agencies that provide interns with advanced training in Health Service Psychology. These are the PHSU training clinics at the PHSU Wellness Center(CSP/WC); Hospital del Maestro in San Juan; the Primary Care Psychology Program’s multiple locations across the Island; Damas Hospital in Ponce; Ponce Center for Autism (CEPA); and San Lucas Episcopal Medical Center in Ponce. Together, they offer diverse experiences with a common denominator of excellence in training and supervision.

Established as a consortium in July 2014, the PIC attained APPIC membership as a Consortium program and submitted its accreditation self-study to the American Psychological Association (APA). The PIC attained full, 7-year accreditation effective March 2015. Information about the accreditation status of the PIC is available from the Commission on Accreditation of the APA at (202) 336-5979. Individual members of the PIC are not APA accredited independently as psychology internships and therefore do not advertise themselves as such.

We invite you to consider our program and to contact us with any questions you might have to assist you with your application decision.

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PHSU PSYCHOLOGY INTERNSHIP CONSORTIUM (PIC)

INTERNSHIP SITES



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Model of Training

Developing highly competent, ethical professionals who capable of providing clinical services in diverse contexts is the focus of the PIC. Nonetheless, we view scholarly inquiry as critical to the integrity of clinical practice and both scholarship and practice, as mutually informing. Therefore, we adhere to a ***practitioner-scholar*** model of training. All our training is informed by the scientific literature, which in turn enables interns to receive training in evidenced-based treatments. Interns are encouraged to think through clinical problems using a scientifically-minded, evidence-based approach. More specifically, interns are encouraged to apply scientific methodology to their clinical thinking, and this is expressed in their critical evaluation of clinical interactions, their integration of available information toward hypothesis development or conceptualization, and their hypothesis testing in clinical practice.

Consistent with this philosophy, interns are encouraged to develop their reflective skills and to generate and test hypotheses in their clinical work within the frame of Evidence- Based Practices. Consistent with its mission to develop diversity-sensitive Health Services Psychologists who will be prepared to assume multiple roles in diverse clinical, academic, and professional settings, the Consortium provides training based upon a ***biopsychosocial/systemic model***. Within this orientation, supervisors and faculty emphasize a variety of treatment frameworks and modalities, mostly those that adhere to Evidence Based Practices. These modalities include Cognitive Therapy, various Cognitive-behavioral Therapy modalities including Dialectical Behavior Therapy, Systemic and Postmodern approaches, a range of sensory and systemic treatment approaches for autism and Primary Care Behavior Health (PCBH) principles in health psychology.

The PIC training program is built upon the following guiding principles:

- Application of Evidence-Based practices appropriate to the sociocultural circumstances of those we serve
- Ethical practice
- Respect for all forms of diversity
- Continuous development of professional identity and character

Aims of training, competencies, and evaluation

The PIC's broad training aims, expected competencies and how they are evaluated are as follows:

AIM 1: Promote the competent integration of the knowledge, skills, attitudes, and values that serve as the foundation of clinical practice through the provision of a broad-based training experience.

To this end, training is directed to develop the following Profession-wide competencies (PWC):

- Understanding and command of clinical assessment, diagnosis and conceptualization adapted to diverse populations and problems (**Assessment PWC**).
- Skills and knowledge to appropriately select and apply evidence-based interventions and to document and evaluate therapeutic progress accurately (**Intervention PWC**)
- Articulate, implement, and evaluate consultation services and interventions applying a variety of intervention models (**Consultation PWC**)
- Evaluation and application of current research to clinical practice and to exercise command of methods of scientific inquiry in clinical settings (**Research PWC**)
- Use of appropriate supervisory and teaching strategies/skills to enhance the professional development of practicum students (**Supervision PWC**)
- Develop and employ sound administrative and service delivery skills that reflect the values of the profession, such as thoroughness, timeliness, accountability, and appropriate professional behavior (**Professional values and attitudes PWC**).

AIM 2: To prepare Health Service Psychologists for the ethical delivery of evidence-based psychological services in diverse clinical situations through the provision of a wide variety of sequential, organized, and supervised training experiences.

To this end, training is directed to develop the following Profession-wide competencies (PWC):

- The capacity to successfully manage complex ethical reasoning and decision making in their clinical practice (**Ethical and legal standards PWC**).
- Consolidation of awareness, attitudes of respect, and appropriate responses regarding all dimensions of diversity (e.g., gender, socioeconomic status, affective orientation, ethnicity, physical and mental capacities, religion, spirituality, and age) in their

clinical practice (**Individual and cultural diversity PWC**).

- The ability to recognize and engage in opportunities for effective collaboration with other professionals toward shared goals (**Communication and interpersonal skills PWC**).

The training program aims for interns to develop competencies to the point where they are judged by their supervisors to appropriately use and consistently display these skills and display an advanced level of competence. Throughout the training year, interns receive frequent and specific feedback on their competency development. This promotes a timely, proactive, and collaborative manner of helping the intern build the skills required for entry into the profession. Therefore, all interns are evaluated at 5 different times during the year using the same instruments in all sites of the Consortium. These instruments are matched to the competencies contained within the training objectives. Likewise, interns provide feedback as to their supervisors' ability to help them develop the necessary competencies and as to the program's ability to help them attain the main goals as described above.

Overview of Consortium Training Experiences

The PIC offers the following training experiences. The inclusion of these experiences is consistent with the vision of a doctoral internship training that coherently integrates developmental and functional aspects of human behavior from a biopsychosocial perspective. To this end, the Consortium is designed as a **generalist training** with opportunities to obtain focused training in health psychology, neurocognitive rehabilitation, developmental disorders, and primary care through various specialized trainings:

1. **Required generalist training:** All interns must complete a minimum of 6 months (or 50% equivalent time) of their year in generalist training. Consortium sites that meet this requirement include:

- a. **Outpatient Behavioral Health at the Center for Psychological Services/PHSU Wellness Center (CPS/Wellness):** In this site interns complete their full year or the mandatory 6 months if they match to one of the specialized trainings described below. The CPS/Wellness is the PIC's home site and where all Consortium-wide activities, weekly staff meetings, and case presentations take place. Settings for this option include the PsyD/PhD programs' own training clinic, the Center for Psychological Services (CPS), and the PHSU Outpatient Community Clinics located at the PHSU Wellness Center, where the Psychiatry residency and Child/Adolescent Fellowship training

programs are housed. Both are outpatient facilities serving children, adolescents, families, and adults from Ponce and surrounding towns in the South and Southwestern region of the Island.

****Please note:** The CPS/Wellness also houses the specialized training in Dialectic Behavior Therapy (DBT); interns in this training also must complete the required generalist training at the CPS/Wellness center.

- b. General Outpatient training at the Diagnostic and Treatment Center of the Puerto Rico Teachers Association at Hospital del Maestro (DTC-HM):** Site is the outpatient clinics of the HM, a well- established community hospital serving a large portion of the metropolitan area of San Juan. While this training is housed within a general hospital setting, it meets the generalist requirement as experiences here are not exclusively focused on health psychology. The program subscribes to an intern- focused practitioner-scholar model, with emphasis on providing evidence-based treatments and evaluations as well as interdisciplinary work. In line with other internships developed in the U.S, the specific objectives of this program include the development of evaluation and treatment competencies to serve a broad range of populations.
 - c. Primary Care Psychology Program:** This is a full time, year-long generalist training. This generalist training provides a range of psychotherapeutic, assessment, psychoeducational, and consultation services to a diverse population including People Living with HIV and AIDS (PLWHA) in a multidisciplinary context. The services are available to people ages 13 to 80 but the majority are 21 and older. This program encompasses multiple treatment facilities across the Island, thus providing a highly diversified experience to its interns.
- 2. Specialized training experiences:** The following specialized trainings are to be completed for a period of 6 months full time or half-time concurrently with generalist training according to how the experience is designed:
- a. Health Service Psychology Program (HSPP) at Damas Hospital-- Health Psychology Training:** This is a 6-month-equivalent training where interns divide their work week between the hospital and their generalist training at the CPS/WC. The Damas Hospital is a community medical institution that serves the municipality of Ponce, the second largest city on the Island and surrounding southwestern towns of Puerto Rico. It is a teaching hospital for PHSU Medical interns and Internal Medicine residents.

Through the Hospital's Health Service Psychology Program (HSPP), psychology interns work with patients who will be undergoing cardiovascular interventions, cognitively compromised patients, and patients from the various units of the hospital. Also, the program has established a system of standing orders for evaluation of all patients admitted to critical care units (ICU and Cardiac ICU), and for all patients admitted to Ob/Gyn and the Skilled Nursing Facility.

- b. **Health Service Psychology Program (HSPP) at Damas Hospital-Neurocognitive Rehabilitation Program:** This is a 6-month-long, full-time training. The remaining 6 months are dedicated to generalist training at the CPS/WC. The HSPP provides services to the Hospital's Neurocognitive Rehabilitation Program, which serves a primarily adult patient population who present medical conditions including cerebrovascular accidents, traumatic brain injuries, and amputations. This is the first and only training experience in Puerto Rico for psychology interns where they work at the inpatient level in a neurocognitive rehabilitation unit and where there are standing orders to screen neurocognitive deficits for all patients who are admitted to the unit. Additionally, work with patients pre- surgery in the OR in order to reduce patients' anxiety and provide psychoeducation concerning surgical procedures.
- c. **The Ponce Center for Autism (CEPA):** Interns who match to training in this area spend 2.5 days per week at CEPA throughout the internship year. The remainder of the week these interns are at the CPS/Wellness mandatory generalist setting. In this way, these interns meet the requirement of a minimum of 50% of their total internship time in a generalist training experience. CEPA follows a biopsychosocial developmental approach. Healthcare services are addressed from an interdisciplinary approach. All functional developmental areas, physical, social, emotional, cognitive, behavioral, communication, adaptive, sensory processing and modulation are addressed in an integrative approach. Services are family-centered, culturally competent and based on scientific evidence.
- d. **The San Lucas Episcopal Medical Center (SLEMC) Integrated Pediatric Care Program:** Interns spend 20 hours per week in this elective (50% of their internship time) and the remaining of the total 40 hours per week at the required generalist training at the CPS/Wellness. The SLEMC is a medical institution that serves the greater municipality of Ponce, Puerto Rico's second largest city and

other towns in southwestern Puerto Rico. It is a teaching hospital affiliate of the PHSU. In response to the rapid development of integrated care in pediatrics, the hospital has incorporated into its services psychological and prevention services based on an integrated care model with a biopsychosocial and family- systems orientation. At the center of these services is the hospital's training of PHSU Clinical Psychology students to become professionals and develop research in pediatric health psychology.

The Training Program

General approach

Consistent with the program's practitioner-scholar philosophy and its biopsychosocial, evidence-based orientation, each component of the Consortium encourages a balance between clinical training and scholarship in the application of assessment and intervention techniques. Likewise, the diversity of settings and populations that interns may work with reflect the biopsychosocial orientation where the development of advanced levels of proficiency working within complex systems is supported. The structure of the internship program and its diversity of experiences serve to meet the PIC major training aims:

1. Promote the competent integration of the knowledge, skills, attitudes, and values that serve as the foundation of clinical practice through the provision of a broad-based training experience.
2. Prepare clinical psychologists for the ethical delivery of evidence-based psychological services in diverse clinical situations through the provision of a wide variety of sequential, organized, and supervised training experiences.

Candidates for PIC positions apply using the AAPI and designating the PIC programs for which they wish to be considered in their applications. The Consortium Training sub-committee evaluates each application and determines the programs where applicants will be invited for interviews. Interviews are in-person and are conducted in both group and individual formats. Following the interviews, the Consortium Training sub-committee determines ranks for each of the PIC programs and submits the ranks to the APPIC Match.

In keeping with the need to provide training that is sequential and graded in complexity, once a candidate matches to a PIC program his or her specific

training needs are carefully considered on an individual basis. In all cases and settings, however, regardless of the intern's practicum background, supervision is closer and more detailed at the beginning of the experience and is expected to progress toward increased autonomy as the experience develops.

Supervision

In all training sites of the PIC, interns are provided 4 hours of weekly supervision of which 2 hours must be individual and 2 hours in a group format. Supervisors may determine that an intern requires additional or closer supervision in a given context and are expected to make the necessary arrangements to meet such training needs. Each site strives to provide interns at least 2 different supervisors to facilitate interns' exposure to a diversity of perspectives. Additionally, live and direct observation supervision are provided on a regular basis.

Didactic trainings

In all training sites of the PIC, interns must attend didactic training sessions on topics that are pertinent to the clinical area of the site, e.g., health psychology, autism. Each training site will provide its interns a schedule of its required didactic trainings. Additionally, interns must attend Consortium-wide didactics twice per month. These didactics address topics pertinent to all Health Service Psychologists among them, legal and ethical issues, diversity, technology use in professional services, career development issues. Additionally, Consortium-wide didactics include the required formal case presentations by interns starting at the beginning of the second semester of the training year.

Qualified Candidates

Because the PHSU PIC is a program-affiliated consortium, it is open only to qualified candidates from the PHSU Clinical Psychology PsyD and PhD programs.

The PIC encourages applications from candidates that represent the cultural diversity of the academic programs and of the population of Puerto Rico. The inclusion of diverse candidates is a critical aspect of the PIC, as by its very nature the PIC incorporates a highly diverse set of clinical presentations, clients, and settings. Qualified candidates are those PHSU Clinical Psychology PsyD and PhD students who have met the following requirements at the time of application to the PIC:

1. Completion of all academic program courses and evidence of

satisfactory performance consistent with the PHSU Satisfactory Academic Policy (PHSU Institutional Catalog, 2020-2023).

2. Satisfactory completion of the Comprehensive and Clinical Practice Examinations
3. Completion of total required practicum hours (1100 minimum) as follows:
 - a. Two (2) hours per week for 25 weeks of the first and second semester of the first year attending PSY 581/582 for a total of 50 hours per semester.
 - b. Two (2) hours each week of the first and second semester of the second year attending didactic sessions (Psy 683 / 685) and 8 hours per week of direct clinical contact during 25 weeks for a total of 250 hours semester.
 - c. Two (2) hours each week of the first and second semester of the second year attending didactic sessions (Psy 786 / 787) and 8 hours per week of direct clinical contact during 25 weeks for a total of 250 hours semester.
4. Completion of a minimum 4 comprehensive assessment batteries.
5. Approval of the dissertation proposal.

Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)



	2018-21	
Total # of interns who were in the 3 cohorts	90	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	53	
	PD	EP
	13	11
Academic teaching	2	3
Community mental health center	1	2
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	3	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
<u>Correctional facility</u>	0	0
Health maintenance organization	6	1
School district/system	0	1
Independent practice setting	1	4
Other	0	0
Not employed=5		
Unknown=8		

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

Financial and Other Benefit Support for Upcoming Training Year



Annual Stipend/Salary for Full-time Interns	16,000.00
Annual Stipend/Salary for Half-time Interns	8,000.00
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80 (Equivalent to 10 days, 8 work hours per day)
Hours of Annual Paid Sick Leave	Please see Other benefits below
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other benefits (please describe):	
The PIC will consider interns' need for sick leave on a case-by-case basis and will provide reasonable time to attend to health and/or family needs. Arrangements such as reduced or half-time itineraries (extending the duration of the internship), or extended leave are considered. Additionally, interns are provided weekly dissertation time. Details concerning the use of this time, required authorizations, and conditions are specified in the PIC Internship Manual.	

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

Program Disclosures

As articulated in Standard I.B.2, programs may have "admission and employment policies that directly relate to affiliation or purpose" that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? ☐ Yes
Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values. ☒ No

Internship Program Admissions

The PHSU PIC is a practitioner-scholar internship program framed within a biopsychosocial perspective. It is a generalist program that also provides meaningful specialized training experiences in health psychology, neuropsychological rehabilitation, autism and neurodevelopmental disorders, pediatric primary care, and severe mental and personality disorders. Suitable candidates for the PIC should have completed all required and elective courses of their academic programs; have a minimum total of 1100 hours of practicum; evidence of having completed at minimum 4 comprehensive assessment batteries outside those required within assessment courses; and have an approved dissertation proposal. Coursework and/or practicum experience in psychoeducational testing, health psychology, and Dialectical Behavior Therapy are highly valued. Candidates for internship submit their applications via APPIC (AAPI), are interviewed in both individual and group formats, and enter the APPIC Match. Each program in the PIC has its own Match number, therefore, when applying to the PIC candidates designate the program(s) where they wish to be considered.

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: N **YES: 400 (out of a total of 1100 practicum hours)**

Total Direct Contact Assessment Hours: NO **Y Amount: N/A**

Describe any other required minimum criteria used to screen applicants:

The PIC is a fully affiliated internship consortium; therefore, applications only from PsyD or PhD students from the PHSU School of Behavioral and Brain Sciences are considered. Additionally, progress in the acquisition of professional and personal competencies as reflected by letters of recommendation and supervisors' evaluations, is considered within the review of applications for internship positions.

Application Process

The PHSU PIC fully complies with all APPIC internship application and Match policies and utilizes the AAPI application.

Application deadline is December 1st. The internship year begins July 1st and ends June 30th of the following year.

The PHSU PIC strictly observes APPIC policies at all stages of the application process. Therefore, the PIC does not solicit, accept, or utilize any information that may influence its ranking decisions.

To be reviewed by the Consortium Training sub-committee, all applications must be complete. A complete application package includes:

- The AAPI submitted online within the stated deadline
- CV and cover letter that indicates interest in training experiences or electives
- Academic transcript submitted according to APPIC instructions
- Verification by the DCT
- Three letters of recommendation
- Supplemental materials per APPIC norms: One testing battery report and one case write-up.

Applications are also reviewed as to the amount of experience candidates have had with the interventions and approaches they are likely to employ at the PIC; their stated interest in the training experiences offered and populations served in the PIC; supervised clinical practicum experiences in 3 to 4 settings with a minimum length of placement of one semester in at least 3 different settings; variety of clinical presentations, conditions, age groups, and populations seen in practicum; and evidence of ability to integrate theory and practice as reflected in case write-up or battery.

Internship Interviews

The PHSU PIC conducts in-person interviews by invitation only. Candidates are notified of their interview during the third week of December and interviews take place between the second and third weeks in January, in advance of the

ROLIC deadline for the Match.

All candidates participate in group and individual interviews. The PIC director provides orientation on the interview process to all candidates in advance of the interview period in January. Interviews are conducted by teams of either 2 PIC faculty members or one PIC faculty member and one current intern. To the extent possible, candidates are interviewed by faculty from the PIC training experiences in which they are interested.

Stipends, Health Insurance and Other Benefits

Internship stipends in the PIC are \$16,000 per year, except for interns who match to the PCPP, who are paid at a higher rate in compliance with a HRSA grant that supports PCPP stipends. Interns may purchase health insurance. Administrative staff support the clinical work of interns in all PIC member programs. Interns have 4 vacation days in addition to the PHSU approved holidays per year including the December-January holiday break.

Additionally, interns may be authorized weekly dissertation time as described in the PIC Internship Manual.

Opportunities for intern contact: Interns have their own group email address, which they use to communicate on internship related issues and to promote socialization opportunities. The home facility, CPS/WC, has a work and meeting area for interns that is often a meeting point for both work and informal interactions. When interns who are outside of the CPS/ WC setting attend training activities at the home facility, they traditionally join other interns who are primarily at CPS/WC in this area. Additionally, through the leadership of the Chief Intern and intern representatives to the Consortium Committee, interns develop and carry out a variety of activities directed at promoting self-care, stress reduction, and supportive, health-enhancing activities and interactions. These initiatives are supported and encouraged by the Consortium faculty.

NON-DISCRIMINATION POLICIES

In addition to its own non-discrimination policy, the PHSU PIC abides by all PHSU policies on diversity, equal opportunity, non-discrimination, and reasonable accommodations as follows:

PIC Policy on Cultural and Socioeconomic Diversity

The PHSU-PIC program intends to prepare psychologists for practice in different cultural contexts. In the context of Puerto Rico, diversity is reflected on the many ethnic backgrounds that compose our culture, the varied manifestations of affection and love, and the difference in access to resources in our community. Exposure to patients from different socio-economic backgrounds is expected from all interns. However, exposure to patients from different ethnic backgrounds might not be a frequent experience during a particular year due to the ethnic homogeneity of the community the program serves. Nonetheless, most interns will work with persons who have had migratory experiences and who have multiple experiences of oppression and disenfranchisement.

Discrimination and oppression manifest in the context of Puerto Rico in ways that are both, similar and different from USA. A predominant manifestation of oppression is the variation in access to fundamental resources such as education and health. Discrimination also manifests through racism, sexism, ableism, and heterosexism.

The PHSU-PIC is committed to promote culturally competent services respectful of all manifestations of diversity in our students, clients, and staff.

(Source: PHSU Psychology Internship Consortium Manual, 2022-23)

PHSU Equal Educational Opportunity Policy

The Ponce Health Sciences University (PHSU), as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment based on race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, political affiliation, disability, or status of veteran. Further, the University will continue to take affirmative steps to support and advance its values consistent with the PHSU mission. This policy applies to admission, students, employment, and access to and treatment in PHSU programs and activities. This is a commitment made by the PHSU and is in accordance with federal, state and/or local laws and regulations.

(Source: PHSU Institutional Catalog 2020-2023, Rev. 2021, p.ii)

PHSU Nondiscrimination Policy

The Ponce Health Sciences University (PHSU), as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the School prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, political affiliation, disability, or status of veteran. Further, the School will continue to take affirmative steps to support and advance its values consistent with the PHSU mission. This policy applies to admission, students, employment, and access to and treatment in PHSU programs and activities. This is a commitment made by the PHSU and is in accordance with federal, state and/or local laws and regulations.

For information on PHSU equal opportunity and complaint/grievance procedures, please contact the Dean of Students at 787- 840-2575.

(Source: PHSU Institutional Catalog 2020-2023, rev. 2021, p.70).

PHSU Reasonable Accommodations Policy

The PIC abides by the institutional policy on reasonable accommodations to cover medical and psychological conditions. The full text of the policy appears in the PHSU Catalog 2020-2023, rev. 2021, p. 80.

SEXUAL HARRASMENT, SEXUAL VIOLENCE, GENDER DISCRIMINATIONPOLICY (TITLE IX POLICY)

Title IX of the Educational Amendments of 1972 and its implementing regulations (34 CFR § 106) as administered by the Office for Civil Rights of the Department of Education (collectively referred to as “Title IX”) explicitly prohibits discrimination based on sex by any institution of higher education that receives federal funds. Under Title IX, certain types of sexual harassment, when occurring within the United States and its territories and commonwealths and within the University’s education programs and activities, constitute a form of prohibited sex discrimination.

On May 6, 2020, the United States Department of Education issued new regulations, effective August 14, 2020, defining sexual harassment under Title IX of the Education Amendments of 1972 (“Title IX”) to include three categories of misconduct on the basis of sex that occur within the University’s education programs or activities: quid pro quo harassment by an employee; severe, pervasive, and objectively offensive unwelcome conduct of a sexual nature; and Sexual Assault, Dating Violence, Domestic Violence, or Stalking as defined under the Clery Act and VAWA.

In line with PHSU's prohibition of all forms of discrimination and harassment, including sexual misconduct, the PIC also prohibits these forms of discrimination and abides by the institutional policy to this end. The full text of the policy appears in the PHSU Catalog 2020-2023, rev. 2021, p. 89.

Contact Information

Interested candidates may obtain additional information by contacting

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Candidates may also reach the Director and Associate Director by calling the PHSU Clinical Psychology Programs at 787-840-2575 x2288.

PIC TRAINING EXPERIENCES: DETAILED DESCRIPTIONS

Please refer to Overview section above for general descriptions of the PIC training experiences.

Details on the training provided for each experience follow below:

1. REQUIRED GENERALIST ORIENTED TRAINING (Interns are at these facilities on a full-time basis throughout the training year)

a. Outpatient Behavioral Health at PHSU Center for Psychological Services/Wellness Center (CPS/WC)

Experience overview: The CPS/WC comprises the PHSU PsyD and PhD programs' own training clinic, the Center for Psychological Services (CPS), and the Wellness Center (WC) outpatient clinics where the PHSU Psychiatry Residency training program and the Child and Adolescent Psychiatry Fellowship are housed. Interns who apply to CPS/WC match to the CPS (where 50% of the time focuses on DBT training and 50% on generalist training) or to the WC, where interns work full time with a highly diverse population in close collaboration with the Psychiatry Residency. Therefore, the CPS/WC provides a continuum of experiences for interns. The CPS/WC is also the setting where interns who match to one of the specialized

trainings of the Consortium (Damas Hospital, CEPA and SLEMC) complete their required 50% generalist training. The approaches interns in this setting employ include Family Systems-based, Behavior management, Cognitive Behavioral Therapy (including Third-wave approaches), Narrative, and Interpersonal approaches. All PIC interns are required to complete a minimum of 8 full testing batteries during the internship year.

Interns in the CPS/WC Dialectical Behavior Therapy (DBT) training have the appropriate coursework and pre-internship practicum background and dedicate 50% of their time to the DBT training experience and their remaining 50% to working with community clients who present diverse needs. The DBT training consists of an adaptation to the local population of the training principles of Marsha Linehan and encompasses the group and individual long term treatment aspects as well as the crisis intervention and process group aspects that characterize the approach.

Interns in the WC training program work closely with the Psychiatry Residency staff in serving a highly diverse outpatient population. The training seeks to educate and prepare practitioners from a perspective of cultural diversity and responsiveness to existing health disparities. Psychology interns receive a comprehensive curriculum aimed at empowering them to become independent practitioners in a diverse learning environment that promotes wellness. In line with its main objective, interns in the WC provide therapeutic interventions where psychiatry residents and fellows may be co-therapists; collaborate with the multidisciplinary team; participate in the didactic seminars with the psychiatry residents; and make presentations to the Residency staff and trainees on psychology topics.

Didactic seminars and supervision: Interns participate in mandatory weekly didactic trainings within the DBT training and the WC and receive a minimum of 2 hours of weekly individual supervision. To complete the 4-hour minimum requirement, interns also receive 2 hours per week of group supervision. At the CPS/Wellness, group supervision focuses on the area of evaluation and assessment. This has been designed with the purpose of providing a structured yet rich learning environment where interns discuss assessment findings and their integration with a supervisor and their peers. This format of small (2-3 interns maximum) has been designed acknowledging that training in this area must be of a sequential nature and graded in complexity. Therefore, at the beginning of the internship year, individual attention is provided to each intern in the group to identify their level of testing administration and interpretation proficiency at the outset. All supervision is conducted by doctoral-level licensed psychologists. Interns are also expected to provide an in-depth case presentation at least once during their internship year as part of the Consortium-wide activities calendar.

Additionally, these interns attend Consortium-wide staff meetings and didactics twice per month.

Opportunities to supervise and teach: Each intern is expected to provide weekly supervision to a practicum student in a vertical-team format by following a specified set of supervisory roles. In turn, both the intern and the practicum student are under the supervision of a common supervisor to both for a minimum of one semester of the internship. Specifically, the intern's own individual supervision includes discussion of the process of supervising the assigned practicum student. To develop teaching competencies, interns may elect to serve as Teaching Assistants (TA's) in formal program courses.

b. General Outpatient Training at the Diagnostic and Treatment Center of the Puerto Rico Teachers Association (DTC-HM)

Experience overview: Interns who match to this program work in the outpatient clinic of the Puerto Rico Teachers Association and in the medical units of Hospital del Maestro, where interns are regularly called for consults. Interns provide a minimum of 20 hours per week in direct patient care services. In these settings interns provide therapy services, screenings and consultations for patients in the interdisciplinary teams of the Diabetes, Cardiology and Hypertension, Gynecology, Obesity, and Nephrology clinics. In addition to the two main settings within HM where interns obtain clinical experiences, there are other outpatient and inpatient areas where interns regularly collaborate with the Obesity clinic, from which they receive referrals for evaluations of patients who are being considered for bariatric surgery. Additionally, referrals for neuropsychological evaluations are regularly generated by neurologists who serve the outpatient clinic. This further ensures exposure to a diversity of clients and to interdisciplinary work. Interns are expected to complete a minimum of 8 comprehensive psychological evaluation batteries during their training year. They also complete screenings for all patients employing measures such as the Patient Health Questionnaire (PHQ) and the Generalized Anxiety Disorder-7 (GAD7), both in their Spanish versions.

Additionally, as part of their consults they employ measures that assess symptomatology for individuals with other medical conditions including diabetes, cancer, and obesity. These are specified in the didactic trainings

schedule that corresponds to this generalist training.

Didactics and supervision: Interns participate in mandatory weekly didactic trainings and receive a minimum of 2 hours of weekly individual supervision. One hour is dedicated to group supervision. To complete the 4-hour minimum requirement, interns also receive 2 hours per week of group supervision where they discuss and receive feedback on their assigned psychological evaluation cases. All supervision is conducted by 2 doctoral-level licensed psychologists. They are also expected to provide an in-depth, public case presentation once per month. These interns attend Consortium-wide staff meetings and didactics twice per month.

Opportunities to supervise and teach: Interns in this setting work with practicum students who provide screenings in the medical units of the hospital. They supervise students around interviewing techniques, appropriate documentation, and discuss diagnostic considerations as appropriate and in consultation with their supervisor.

c. Primary Care Psychology Program

Experience overview: Interns who match to this generalist training will be placed either on Immunology Clinics (ICs) or Federally Qualified Health Centers (“FQHC / 330” Centers) across the Island. The Primary Care Psychology program (PCPP) has more than 10 years training and providing behavioral health services in health settings. Interns placed at ICs provide behavioral health services including, psychotherapeutic interventions, behavioral health screening, assessment, psychoeducational, and consultation services for people living with HIV and AIDS (PLWHA) within an integrated multidisciplinary team. Interns placed at FQHC’s provide behavioral health services including psychotherapeutic interventions, behavioral health screening, assessment, psychoeducational, and consultation services for a general population (from pediatric to geriatric patients) who present health-related issues. Both groups of interns will receive advanced trainings focusing on primary care behavioral health, and substance misuse. Interns will acquire experience in teamwork, integration, case discussion and intervention planning alongside a wide variety of primary care health providers. Group supervision will be provided by the PCPP multidisciplinary team (family medicine, nursing, social work, psychology, and public health) that will help students conceptualize their cases and

best address their issues through a biopsychosocial approach. Finally, interns will have the chance to acquire consultation and administrative experience regarding ways to improve our health system, having the opportunity to improve in leadership and administrative skills.

Didactics and supervision: Interns receive a minimum of two hours of individual supervision per week by a doctoral-level licensed psychologist. They also participate in group supervision. Interns have meaningful contact with the multidisciplinary staff of the clinic, with whom they are expected to communicate to ensure the appropriate coordination of services. Interns in this training are expected to make case presentations to the supervisory staff (2 hours/month) and receive didactic trainings at the PCPP. The program is staffed by doctoral-level licensed psychologists who are responsible for intern supervision. PCPP interns participate in mandatory Consortium-wide staff meetings and didactic activities.

Other training and supervision experiences: In all PCPP sites, interns develop their supervisory competencies through a vertical team arrangement where they provide supervision to practicum students in the site. A description of intern supervisory roles is available from the intern's supervisor. As some of the PCPP sites do not have practicum students, interns in those sites are matched to practicum students in other PCPP sites that do have practicum students. Telesupervision is employed in those cases where in-person supervision is not feasible due to geographic distance

IMPORTANT NOTE: Students interested in the Primary Care Psychology Program are encouraged to contact Ms. Darialys Torres, PCPP Administrative Assistant (dtorres@psm.edu) for a brochure that provides more detailed information about the training offered in this program and its settings.

SPECIALIZED TRAININGS (Interns are at these facilities 50% of their time and at the CPS/WC for the remaining 50% to complete generalist training)

- a. Health Service Psychology Program (HSPP) at Damas Hospital--
Health Psychology Training

Experience overview: Interns who match to this training work primarily with an adult population in the general medical floors, with

Ob-Gyn patients including new teenage mothers, and at the Emergency Room. They are expected to spend a minimum of 15 hours per week in direct patient contact providing initial screenings and short-term psychotherapy in addition to performing consultations, evaluations, participating in didactic trainings and receiving supervision.

Interns are expected to spend approximately 15 to 20 hours per week providing therapy primarily in an individual modality. The evidence-based approaches utilized include Cognitive-Behavioral Therapy, Behavioral Medicine health-related behavior modification, and solution-focused behavioral medicine for emergencies and crisis interventions. Insight-oriented approaches are also employed as appropriate. Additionally, interns provide intervention services and support for families of patients who experience suicidal crises. Interns are expected to spend between 4 and 6 hours per week providing services in the Emergency Room.

Contact with patients' families, collateral support, and patient management training is expected to occupy approximately 10 hours of interns' weekly schedules. These services are offered within a systemic orientation that considers the critical importance of family systems and community supports in the sociocultural context of Puerto Rico.

As part of their clinical experience, interns perform psychological evaluations appropriate to the health psychology context and the hospital setting. This experience includes a standardized assessment to all patients admitted to Cardiovascular Surgery Unit, Ob/Gyn Unit, and Critical Care Units, as well as Skilled Nursing Facilities Unit (SNFU). In this setting, the psychological assessment consists of a clinical interview, the use of the Beck Scales, the Mini- mental status examination, and MINI Psychiatric screening. Specifically, SNFU patients require special test batteries for evaluating cognitive functioning. Other scales, such as the Millon Behavioral Medicine Diagnostic are used as needed. Interns are required to submit a minimum of 5 reports that integrate the findings of the assessment instruments utilized with the clinical evaluation of the patient.

Didactics and supervision: The program provides a weekly seminar for advanced practicum students and interns. Topics such as suicidal and self-injuring patients, somatoform disorders, fundamentals of behavioral medicine, and the integration of medicine and psychology, are among the topics included in these seminars. In these seminars, interns are responsible for initiating and conducting discussions that integrate the

topics covered with the clinical case presented.

Interns receive supervision in a variety of contexts and modalities. They receive 2 hours of formally scheduled individual supervision per week from their on-site supervisor (a licensed doctoral level psychologist) and receive 2 hours of group supervision per week, where they make an in-depth case presentation to the supervisor and the other interns. Above and beyond the formally scheduled required supervision, supervisory contact takes place on an informal basis every day given the specific demands and dynamics of the hospital setting. In addition, interns are expected to participate in multidisciplinary staff meetings particularly when a patient is transferred to another service within the hospital, such as the Skilled Nursing Unit (SNFU).

The SNFU team includes members of Internal Medicine Department, Rehabilitation Unit, Nurses, and Social Workers. Often, a family member or caregiver attends the multidisciplinary meeting, resulting in a highly productive case management experience. These interns must attend Consortium-wide staff meetings and monthly didactic activities.

Opportunities to supervise and teach: Interns develop their own supervisory and mentoring competencies by assisting practicum level students with differential diagnoses, report and note writing, and treatment planning. Interns in turn receive supervision of their own supervisory activities with practicum students from their main supervisor, who also supervises the practicum student

b. Health Service Psychology Program (HSPP) at Damas Hospital-- Neurocognitive Rehabilitation Program

Experience overview: Interns who match to this training are expected to spend approximately 15 hours per week providing direct clinical services, of which 70% should include cognitive rehabilitation and remediation interventions. Some of these include SIPA (Self Instructional Pay Attention), CPAT (Computerized Program Attention Training), MBAT (Mindfulness Based Attention Training) SRT (Spaced Retrieval Training for Memory), PROMPT (Prospective Memory Process Training), and Errorless Training.

Neuropsychological assessments are also performed as indicated. Approximately 20% of the weekly time is dedicated to group interventions

for pain management. Pain management related interventions include psychoeducation groups about pain perception and Guided Relaxation Training to enhance pain management. The remaining 10% is dedicated to family training and support for post-discharge home-based rehabilitation activities. Interns are also trained in crisis intervention and receive formal training in managing suicidal, aggressive, and hostile patients.

Additionally, interns spend at least 10 hours per week performing neuropsychological batteries, neurological screenings, pre-discharge functional assessments, and cognitive testing. Generally, interns work on two extended neuropsychological evaluations per week. These evaluations include the Mini Mental Status Examination; Neurological Screening; the Beck Depression and Anxiety Inventories; Blessed Dementia Scale (Spanish translation); COGNISTAT; the Controlled Oral Word Association Test; the Fist- Side-Palm Test; the Grooved Pegboard Test; Hand Dynamometer; the Hooper Visual Organization Test; the Montreal Cognitive Assessment; the Neurobehavioral Functioning Inventory (Family form); the Ponton-Satz Boston Naming Test; the Rey Complex Figure Tests and Recognition Trial; the Stroop Color-Word Test; the Dot Counting Test; Trail Making Test A and B; the Wechsler Adult Intelligence Scale-III (Spanish, EIWA-III); the Wechsler Memory Scale-III; the WHO-UCLA Auditory Verbal Learning Test (Spanish translation); the Wisconsin Card Sorting Test; and the Woodcock Muñoz Achievement Battery. Additionally, all patients are screened with instruments including the Mini Mental, MOCA, BDI, BAI, and BLESSED Dementia Rating Scale. Interns also administer pre-discharge assessments to promote ongoing implementation of rehabilitative techniques.

Didactics and supervision: The program provides a mandatory weekly seminar. Interns receive extensive supervision in a variety of contexts and modalities. They receive a minimum of 2 hours of formally scheduled individual supervision per week from their on-site supervisor and receive 2 hours of group supervision per week, where they make an in-depth case presentation to the supervisor and the other intern. Supervisory contact above and beyond the scheduled supervision takes place on an informal basis every day given the specific demands and dynamics of the hospital setting. In addition, interns are expected to participate and provide their input in multidisciplinary staff meetings 1 hour per week. The staff includes physical, occupational, and speech therapists, a physiatrist, the

unit chief physician, social worker, service coordinator and nurses. These interns must attend Consortium-wide staff meetings and monthly didactic activities.

Opportunities to supervise and teach: Interns develop their own supervisory and mentoring competencies by assisting practicum level students with how to assess and discriminate neurocognitive disorders and medical complications. Interns in turn receive supervision of their own supervisory activities with practicum students from their main supervisor, who also supervises the practicum student. On average, interns spend 2 hours per week in these activities.

Scholarly inquiry and activities: Interns spend approximately 1 hour per week reviewing relevant literature, comparing published patient's profiles with their own cases, and collecting biographical and clinical data from the unit's patients for further site research. Interns at the Clinical Psychology Services and Neurocognitive Rehabilitation Unit at Damas Hospital may also present and participate in the Damas Hospital Annual Scientific Meeting & Symposium where physicians, medical residents and researchers present on a wide range of subjects related to the care of medically compromised patients and latest research in the field of medicine.

c. The Ponce Center for Autism (CEPA)

Experience overview: CEPA has developed a Health Service Psychology Training Program in collaboration with the PHSU Clinical Psychology Programs. Three internship positions are available in this setting. Interns who match to this program complete 20 hours of clinical work per week. Interns are expected to complete a minimum of 13 hours per week in face-to-face patient contact which include a wide range of clinical activities:

1. Psychotherapy: Individual (10 hrs/week of Developmental Individual Differences and Relationship- Based Model or DIR; Applied Behavioral Analysis or ABA; Social Skills Training, Executive Functions Training; Sensory Integration Model); family and couples therapy (support around the child's condition, coping with the child's disability, psychoeducation, CBT approaches to manage distress, consultation around behavior modification, and home-based techniques) and group modalities (2 hrs, Social Skills training, ABA approaches).

2. Psychological assessment (individually and as part of an interdisciplinary team): Developmental, cognitive, personality, psychoeducational, and neuropsychological, psychodiagnostics (especially as related to ASD and developmental disorders) and family functioning as well as report preparation and delivery. Minimum of 5 full batteries including neuropsychological testing.
3. Consultation with collaterals: Relatives, schools, courts, medical staff and other relevant individuals.

Didactics and supervision: The CEPA program includes didactic experiences that focus on the acquisition and consolidation of theory and clinical models to guide specific assessment procedures and interventions within the framework of Evidence- Based Practice (EBP) for children with ASD and other developmental disorders and their families. Advanced training sessions are held weekly throughout the internship year, provided by the center's staff and specialized guest speakers. Students also participate in weekly interdisciplinary case discussions. In addition, they participate in monthly group discussions of scientific articles related to ASD, other developmental disorders, and other related topics as identified by the team. One hour per week is dedicated to topics specific to ASD including intervention techniques, family issues, legal issues, and interactive programs to demonstrate administration of test instruments specific to these disorders.

Interns receive a minimum of two hours per week of formally scheduled individual supervision, of which 1 hour is dedicated to supervision of therapy cases and one hour to testing supervision. Five licensed, doctoral level supervisors provide the required supervision. Interns and supervisors can also be co-therapists in specific cases, which affords interns additional modeling of therapeutic interventions.

There is also a two-hour group supervision session per week, where interns must present new cases after the initial interview and receive multidisciplinary input prior to formally initiating treatment. During these sessions, interns obtain feedback on cases that present treatment and/or management challenges. These interns must attend Consortium-wide staff meetings and monthly didactic activities.

Because these interns spend the rest of their 40 weekly hours at the CPS/WC site for generalist training, they receive a second hour of individual

supervision weekly related to their work in CPS/WC. This is in addition to their testing supervision at CPS/WC usually conducted in two-hour small group supervision sessions. In this way, these interns receive the minimum required of 4 hours total of weekly supervision.

Opportunities to supervise and teach: Interns develop their own supervisory competencies by participating as co- therapists with practicum level students. Interns typically coach these students in the use of DIR and ABA techniques and provide support and modeling with challenging cases. Interns typically spend between 3-5 hours per week in this role. Interns' work with practicum students is supervised by their main supervisor, who is also a supervisor for the practicum student.

Research: Interns have been involved in projects including data collection with the ASD population for the standardization of the DIAL IV. On an ongoing basis, interns have available support for their dissertations as long as their topic is related to ASD and is clinically-oriented research. Support is typically in the form of facilitating access to study participants.

Advocacy/Community outreach—Interns participate in CEPA's community outreach activities such as health fairs, advisory boards including collaborations with local Head Start programs and the Puerto Rico Autism Alliance, currently the largest parent association in Puerto Rico. Interns have also been involved to other advocacy efforts including proposals for public policy around providing insurance coverage for autism- related clinical services and around development of a uniform evaluation protocol for autism that psychologists and other child health care providers may utilize.

d. The San Lucas Episcopal Medical Center (SLEMC) Integrated Pediatric Care Program

Experience overview: Interns who match to this training spend a total of 20 hours at the SLEMC. Interns are expected to spend a minimum of 8 hours per week providing direct clinical therapeutic services using system-based behavior modification, cognitive-behavioral therapy and Motivational Interviewing. In most cases, therapy is provided in a family-systemic modality. Interns also discuss cases regularly with medical staff including specialists, nurses, and social workers. Joint psychologist-physician sessions are also conducted as needed. Additionally, all patients admitted to the care of the Pediatrics Residency teaching staff are

screened for their psychological functioning with measures including the Pediatric Symptom Checklist, MINI KID, MCHAT, ECSA, and AQT.

Didactics and supervision: Interns receive 1 hour of formally scheduled individual supervision per week from their on-site supervisor, a doctoral level licensed psychologist with a certification in Primary Care. Additionally, and in response to the specific dynamics of this setting, interns discuss cases with their supervisor immediately following their assessment of each case. Because these interns spend the rest of their 40 weekly hours at the CPS/WC site, they receive a second hour of individual supervision weekly related to their work in CPS/WC. This is in addition to their testing supervision at CPS/WC usually conducted in two-hour small group supervision sessions. In this way, these interns receive the minimum required of 4 hours total of weekly supervision.

Opportunities to supervise and teach: Interns in this setting work with practicum students in a shadowing modality. They supervise students around interviewing techniques, appropriate documentation, and discuss diagnostic considerations as appropriate and in consultation with their supervisor.

SUCCESSFUL COMPLETION REQUIREMENTS

- 1.) Satisfy the minimum requirement of 2000 total internship hours and 500 face to face hours.
- 2.) Complete a minimum of 8 psychological assessment (testing) batteries including reports according to the specific training experience focus.
- 3.) Attend all required training programs, staff meetings, case conferences and Consortium- wide training activities and meetings.
- 4.) Obtain evaluation ratings that reflect appropriate use and display of skill in all competencies to be developed through training.
- 5.) Demonstrate ethical behavior in all endeavors related to professional and personal behavior while at the training sites and in the community.
- 6.) Comply with all supervision requirements.
- 7.) Employ the prescribed remedies described in the Grievance, Due Process and Appeal procedures in the PIC Manual and provided at the beginning of the training year to address conflicts or difficult issues with patients, staff or with

supervisors.

DIRECTORS AND FACULTY

CONSORTIUM DIRECTORS	RANK	SITE	AREAS OF INTEREST AND EXPERTISE
<i>Maria Garrido, Psy.D</i>	Professor and Assistant Dean for Clinical Training and Consortium Director	<i>CPS-Wellness and HM</i>	Objective Personality Evaluation, Forensic Psychology, CT and CBT therapy, Evidence-based treatments
<i>Nydia M. Cappas, Psy.D., MBA</i> ASSOCIATE DIRECTOR	Professor and Director Primary Care Psychology Program	PCPP	Psychotherapy; health psychology; HIV; mental health administration; program development; poverty
<i>Natalia Dieppa, Psy.D.</i>	Clinical Coordinator for interns and practicum students	CPS-Wellness	Psychotherapy, health psychology, HIV, mental health administration
<i>Nydia Ortiz, Ph.D.</i>	Professor and Dean, School of Behavior and Brain Sciences	CPS-Wellness and Professional Certificate Program in Family and Couple's Therapy	Family and couples therapy, Narrative therapy, Supervision.
<i>Yaritza Lopez, Ph.D.</i>	Associate Professor and Assistant Dean for Academic Affairs, SBBS	CPS-Wellness	Adult and adolescent psychopathology, severe and psychotic disorders, family and group interventions; forensic psychology
<i>Claudia Mantaras, Ph.D.</i>	Assistant Professor and director of the PhD Program	CPS-Wellness	Functional diversity; infant mental health; CBT; Parent Skills Training.

<i>Giselle Medina, Psy.D,</i> Chief Supervisor, San Lucas Episcopal Medical Center specialized training	Professor and Director of the PsyD Program	San Lucas Hosp/CPS-Wellness	Child development, assessment of pre-schoolers, psychological and psychoeducational testing, individual, family and couples psychotherapy.
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CONSORTIUM FACULTY	RANK	SITE	AREAS OF INTEREST AND EXPERTISE
<i>Hiradith Menendez, PsyD</i>	Assistant Professor and supervisor	CPS-Wellness	Adult psychotherapy, personality disorders, crisis intervention, mental health administration, and Dialectic Behavior Therapy (DBT)
<i>Norka Polanco, Ph.D.</i>	Assistant Professor and PhD Program Research Practicum Coordinator	CPS-Wellness	Adult psychotherapy , personality disorders and Dialectic Behavior Therapy (DBT);couples therapy; behavior modification
<i>Luisa Ortiz, PsyD</i>	Assistant Professor	CPS-Wellness	Adult Psychotherapy; poverty and health disparities-psychological evaluation
<i>Tamara Molina-Garcia, PsyD</i>	Clinical Supervisor	CPS-Wellness	Mood disorders; health psychology; pre and perinatal psychology; elderly
<i>Luz Morales, PsyD</i>	Clinical Supervisor	CPS-Wellness	Intimate Partner Violence; couples and family therapy; psychological assessment
<i>Cynthia Batiz, PsyD</i>	Clinical Supervisor	CPS-Wellness	Psychological assessment supervision including learning disabilities and vocational; treatment of ADD/ADHD/anxiety and depression in college-age populations and adults
<i>Mariam Santiago, PsyD</i>	Clinical Supervisor	CPS-Wellness	Early childhood assessment and educational planning; assessment supervision
<i>Monica Ortiz, PhD</i>	Clinical Supervisor	CPS-Wellness	Neuropsychological assessment and developmental disorders
<i>Eunice Alvarado, Psy D</i>	Assistant Professor	CPS Wellness	Adult psychotherapy; forensic evaluations; Dialectic Behavior Therapy (DBT)

<i>Oxalis Jusino, PsyD</i>	Assistant Professor	CPS Wellness	Psychological assessment supervision
<i>Nilde Defendini, PhD</i>	Assistant Professor	CPS Wellness	Crisis intervention; human sexuality; psychotherapy; animal-assisted therapy
CONSORTIUM FACULTY	RANK	SITE	AREAS OF INTEREST AND EXPERTISE
<i>Karla Martinez, PhD.</i>	Assistant Professor	CPS-Wellness	Psychological assessment supervision
<i>Efrain Ríos PsyD</i>	Assistant Professor	CPS Wellness	Adult Psychotherapy; Psychodynamic approaches
<i>Rafael Oliveras</i>	Assistant Professor	CPS Wellness	Neuropsychology and neuropsychological assessment. neurodevelopmental disorders, autism spectrum disorders; cognitive disorders
<i>Antonia Nieves, PsyD</i>	Clinical supervisor	CPS Wellness	Children and adolescents; hypnotherapy; geriatric psychology
<i>Isairy Rodriguez, PsyD</i>	Clinical supervisor	CPS Wellness	Severe mental illness, substance abuse, living with HIV

CONSORTIUM FACULTY	RANK	SITE	AREAS OF INTEREST AND EXPERTISE
<i>Ana Michelle Fernandez, PhD</i> <i>Chief supervisor</i> <i>HM generalist</i>	Clinical Supervisor	HM	Health Psychology research and practice; clinical psychology in hospital-based settings; child and adolescent psychotherapy
<i>Maria Garrido, PsyD</i>	Professor and supervisor	HM	Psychological assessment supervision
<i>Walter Rodríguez</i>	Associate professor and Certified Clinical Neuropsychologist	Damas Health and Neurocognitive Rehabilitation trainings	Neuropsychological assessment, neurocognitive rehabilitation, health psychology

<i>Javier Hernández, PsyD, Chief Supervisor Damas Hospital and Health and Neuro Specialized</i>	Associate Professor and Certified Clinical Neuropsychologist	Damas Health and Neurocognitive Rehabilitation trainings	Neuropsychological assessment, neurocognitive rehabilitation, health psychology
<i>Julio Jimenez, M.D.</i>	Professor	Damas Health training	Health psychology and cancer prevention research; health care administration
<i>Karla Martinez, PhD.</i>	Assistant Professor	Damas Neuro	Clinical neuropsychology; neurocognitive rehabilitation; neuropsychological assessment.
<i>Axel Ramos, Ph.D.</i>	Assistant Professor and Coordinator of the Professional Certification in Neuroscience of Learning	Damas Health	Health psychology research and practice; clinical psychology in hospital settings, health disparities; psychoeducational assessment
<i>Giselle Medina, Psy.D, Chief Supervisor, San Lucas Episcopal Medical Center specialized training</i>	Professor and Director of the Psy.D. program	San Lucas Hosp/CPS-Wellness	Child development, assessment of pre-schoolers, psychological and psychoeducational testing, individual, family and couples psychotherapy.
<i>Nydia M. Cappas, Psy.D., MBA</i> <i>Director, Primary Care Psychology Program (PCPP)</i>	Professor	Primary Care Psychology Program (PCPP)	Psychotherapy; health psychology; HIV; mental health administration; program development; poverty
<i>Viviana Hoyos, Psy D</i>	Assistant Professor and Coordinator. PCPP	Primary Care Psychology Program (PCPP)	Supervision of health psychology interns; Psychotherapeutic techniques personality Assessment
<i>Valerie Toro, PsyD</i>	Assistant Professor and administrator	Primary Care Psychology Program (PCPP)	Systemic approaches, families and couples; supervision of health psychology interns
<i>María Gabriela Márques, Psy D</i>	Assistant Professor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology Interns
<i>Sandra I Rivera, Psy D</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Grace Viñas, Psy D</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns

<i>Omar Alicea, PhD</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Glenda Castro, PHD</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Heriberto Martínez, PhD</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Luis Caraballo, PsyD</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Jeanmarie Marrero, PhD</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Natya Trujillo, PhD</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Naiara Falto, PsyD</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Lexter Rosario, PhD</i>	Clinical Supervisor	Primary Care Psychology Program (PCPP)	Psychotherapy; supervision of health psychology interns
<i>Laura Deliz, Psy D</i> <i>Chief Supervisor and Executive Director, CEPA.</i>	Assistant Professor	CEPA	Neurodevelopmental disorders, autism spectrum disorders, and learning disabilities; mental health administration
<i>Natalia Delgado, Psy D.</i>	Clinical Supervisor	CEPA	Neurodevelopmental disorders, autism spectrum disorders, and learning disabilities, DIR Intervention Model. Applied Behavior Analysis, Social Skills training
<i>Isabel Cajigas, PhD</i>	Clinical Supervisor	CEPA	Neurodevelopmental and learning disorders, autism spectrum disorders, DIR Intervention Model
<i>Aysha González, Psy D</i>	Clinical Supervisor	CEPA	Neurodevelopmental and learning disorders, autism spectrum disorders, DIR Intervention Model
<i>Ismarie Soto, Psy D</i>	Clinical supervisor	CEPA	Neurodevelopmental and learning disorders, autism spectrum disorders, DIR Intervention Model

