

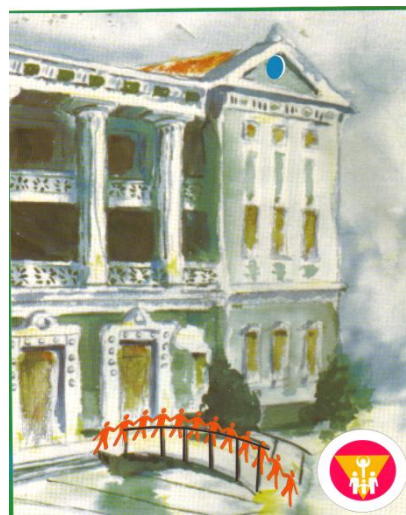
THE COMMUNITY MENTAL HEALTH, INC. (CMHC)

At CARLOS ALBIZU UNIVERSITY

SAN JUAN CAMPUS



DOCTORAL INTERNSHIP PROGRAM BROCHURE



2013-2014 Training Year

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INTRODUCTION

The Community Mental Health CMHC, Inc. (CMHC) is a private non-profit outpatient organization affiliated with the Carlos Albizu University (CAU), located in San Juan, Puerto Rico. The CAU is a professional school of psychology which has both PhD and PsyD Clinical Psychology Programs accredited by the American Psychological Association (APA). The CMHC considers students eligible to begin their Internship Program, after they have fulfilled the following requirements upon admission to the program:

1. Candidates have completed all pre-internship clinical practice and academic requirements of his/her doctoral program.
2. Candidates have obtained approval from their Academic Program Director to begin their internship.

Notes:

- **The CMHC follows the guidelines set forth by the APA and the Association of Psychology Postdoctoral and Internship Centers (APPIC) regarding internship programs. Doctoral candidates must complete a minimum of 2,000 internship hours. This Doctoral Internship should be completed during one calendar year, but a two-year part-time internship may be considered with the Clinical Director's approval.**
- **The CMHC agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.**
- **The CMHC encourages individuals of diverse background with regard to age, color, disabilities, gender, nation, origin, religion, ethnicity, race, sexual orientation, and other diverse personal or demographic characteristics to apply.**

SETTING

The CMHC is a private, non-profit outpatient community mental health treatment facility founded in 1966. The CMHC is affiliated to the CAU, a professional school of psychology. (See the CMHC Organizational Chart and Professional Directory in Appendix 1 and 2). The CAU is a private non-profit university level institution offering upper division Bachelor's, Master's, and Doctoral degrees in psychology. CAU is accredited by the Middle States Association of Colleges and Schools and is licensed by the Puerto Rico Council of Higher Education. Its PhD and PsyD Programs are accredited by the APA.

The CMHC serves the needs of low-income and minority clients in a broad spectrum of clinical areas. The site provides culturally-sensitive psychological services to the greater San Juan community area and adjacent municipalities. In its affiliation with the CAU, the CMHC serves both as a practicum site for master's and doctoral level students, as well as internship site for doctoral candidates.

PHYSICAL FACILITIES

- Fifteen therapy rooms.
- Two supervision rooms equipped with two-way mirrors, video and audio equipment.
- Two play therapy rooms.
- Two family therapy rooms.
- Six supervision rooms.
- One waiting area.

LOCATION

San Juan (from the Spanish *San Juan Bautista*, "Saint John the Baptist") is the capital and largest municipality in Puerto Rico. The 2000 census reported that it has a population of 433,733, which makes it the 42nd-largest city under the jurisdiction of the United States. San

Juan was founded by Spanish colonists in 1521, who called it *Ciudad de Puerto Rico* ("City of Puerto Rico"). It is the oldest city in Puerto Rico as well as in the United States, and the second oldest European-established city in the Americas. Several historical buildings are located in San Juan, among the most notable are the city's former defensive forts, Fort San Felipe del Morro and Fort San Cristobal. These sites are visited annually by thousands of tourists, students, historians and archeologists. Today, San Juan serves as one of Puerto Rico's most important seaports, and is the island's manufacturing, financial, cultural, and tourism center. The city has been the host of numerous important events within the sports community, including the 1979 Pan-American Games, 1966 and 1955 Central American and Caribbean Games, the 2006 World Baseball Classic and Caribbean Baseball Series, and the 2010 Special Olympics.





El Morro



Old San Juan



San Juan Seaports



Play Therapy Rooms



Play Therapy Rooms



Students' Area



Waiting Area



Individual Therapy Rooms



Family Therapy Rooms



Family Therapy Room

Group Therapy Room

MISSION

- To serve as a training center for psychology graduate students that promotes the development of their professional skills and competencies through supervised clinical work.
- To provide mental and behavioral health services to the community following the ethical principles and professional standards of the American Psychological Association (APA).
- To foster up-to-date clinical research in students' and faculty's wide areas of interest.

VISION

- The **CMHC** Internship Program is committed to enhancing Interns' clinical knowledge, skills, and competence through the psychotherapeutic, assessment and supervisory experiences they will acquire while working at the site.
- Interns at the **CMHC** are trained to provide quality mental and behavioral health services through the use of various empirically validated theoretical and practical models.
- At the **CMHC** Internship Program, Interns are able to enhance their professional skills by applying the academic and theoretical knowledge they have acquired through their doctoral programs in a practical manner (i.e., running a community mental health **CMHC** and offering quality mental and behavioral services).
- The **CMHC** Internship Program values diversity, promotes respect for individual differences and has a profound commitment to the improving the quality of the Old San Juan and Metropolitan Area community population.

- The Internship Program at the **CMHC** provides behavioral and mental health services with the collaboration of a multidisciplinary professional team. (e.g., Social Workers, Psychiatrists, Psychologists, Speech Therapists, and Substance Abuse Advisors).

CLINICAL SERVICES

The **CMHC** Internship Program is designed to provide Doctoral Interns with a diverse range of training experiences and activities, including the following services:

1. Initial screening interviews.
2. Individual psychotherapy.
3. Group psychotherapy.
4. Family and couples therapy.
5. Crisis intervention.
6. Psycho-Diagnostic Assessments for the purposes of determining appropriate school placement, psychological diagnosis and/or treatment, among others.
7. Psycho-educational presentations and psychological consultation for schools and other community based organizations.
8. Specialized psychological services to victims of sexual abuse, violent crimes, and domestic violence.
9. Services for children with violent and aggressive behavior.
10. Research projects with specific populations.
11. Referral to psychiatric evaluation.
12. Consultation to private and public agencies.

PHILOSOPHY, OBJECTIVES, GOALS

The Internship Program experience at the **CMHC** aims to facilitate the clinical and professional development of the Doctoral Interns. In general, Interns are expected to be more

autonomous and assume greater responsibility than students in practicum training. The Interns are expected to enhance their development in the following clinical areas: individual and couples therapy, systemic family therapy, psycho-diagnostic evaluation, crisis intervention and community consultation. Interns are free to choose from which of the above areas they would like to enhance their experience in. Interns should have enough discretion, ethical judgment, and sense of responsibility to work within a flexible structure. In fact, this is considered to be an important step towards preparing the intern to work independently as a professional psychologist. In conclusion, the Internship is considered the corner stone of the doctoral training experience and a period of transition towards complete professional responsibility.

The CMHC Internship Program seeks to achieve the following goals and objectives:

1. Provide training experiences that foster the Intern's ability to integrate clinical theory and practice.
2. Recognize the Intern's professional skills and promote their continuous development in the most current state of the art and evidenced-based psychological approaches and interventions.
3. Facilitate the Interns' transition from graduate students to professional psychologists by fostering their sense of professional identity consistent with the highest standards of clinical practice.
4. Enhance Interns' diagnostic skills through the use of their clinical judgment and the psychological diagnostic criteria based on the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM).
5. Increase the Interns' evaluation skills through the administration of cognitive, psychological and/or socio-emotional tests, scoring, interpretation and development of an integrated psychological report.

6. Supervise the development of specific skills, professional and clinical judgment in accordance with the Interns' interests and needs.
7. Establish and maintain a clinical training program that fulfills the institution's mission of providing services to low income and at risk populations.
8. Polish Interns' professional judgment when applying the APA's and the Code of Ethics of the Puerto Rico Psychologists Board in the delivery of clinical services.
9. Instill a clear understanding of the dynamics within therapeutic and the supervisory relationship and process.
10. Improve the Interns' sense of social commitment and responsibility with special emphasis on serving low income and high-risk clients.

CLINICAL PROGRAMS AT THE CMHC

Domestic Violence Program

The Domestic Violence Program (DVP) provides specific psychological services to women that have experienced domestic violence and their children. These services may include orientation, counseling, consultation, individual and/or family therapy, psychological assessment, and referrals, among others. The main purpose of the Program is to provide these clients with essential skills for overcoming the trauma of the experience, and enable them to acquire a sense of empowerment. The quality of the service is maximized by providing additional specialized resources. All services rendered are evaluated by our clients to determine their level of satisfaction.

The Program's main goal is to increase the number of women that overcome the traumatic experience. This Program encourages the healing process in order for clients perceive themselves as survivors of domestic violence. As a secondary goal, this program attempts to assure that women who have experienced domestic violence have access to

specialized psychosocial services in order to regain emotional stability and increase their coping skills.

The main objectives of the Program are as follows:

- Provide psychotherapeutic interventions and referrals to women who have experienced domestic violence and their children.
- Develop a network of services, with public and private agencies, to ensure that women who have experienced domestic violence receive the necessary support including; psychological and social services essential to overcoming the trauma of their experience and enable them to acquire a sense of empowerment.

The Program is sponsored by the Women's Advocate Office and receives referrals from government agencies, non-profit and private organizations. The referrals are screened through telephone or face-to-face interview designed to evaluate the client's situation and determine if the program's criteria are being met. Each referral is then discussed with the Program Director who determines the case assignment. All services are provided in a warm and safe environment, always considering the ethical standards of the profession of psychology.

The Intern assigned to the Program has the responsibility to complete the initial screening interview. Based on the particular needs of the client, the Intern will assign the case to a qualified practicum student/ therapist with specialized training in the area. The client, in collaboration with the therapist, begins the empowerment process by establishing her own risk level and developing a safety plan. This initial intervention will assist in developing rapport, empathy and promoting the healing process. The clinical services are solely available at the CMHC in San Juan, PR (Monday through Thursday from 9:00am to 8:00pm and Friday to Saturday from 9:00am to 4:00pm).

The Domestic Violence Program parts from the premise that violence is not an individual problem, but a social one. Therefore, the Program also works towards educating the community on how to prevent violence. It offers an opportunity for Interns to learn about domestic violence and become mindful of the psychological impact that violence has on their clients. Throughout the years, doctoral students have made great contribution to the field with their dissertations on the topic.

The DVP recognizes that violence within households has a high prevalence rate in Puerto Rico, despite the increasingly negative impact it has. The DVP promotes the development of a public policy that establishes specific procedures to responsibly and sensibly address the situations that involve domestic violence, sexual aggression, and discrimination, among others. The DVP utilizes an interdisciplinary intervention model based on the model developed by Dr. Lenore E. A. Walker (1992), known as Abused Women and Survivor Therapy.

The Intern will learn how to apply different intervention models to be used with this specialized population through regular training workshops. In turn, the Intern will be exposed to the different intervention models by participating from case presentations. Training workshops will provide the Intern with enhanced competencies, including: a basic understating of the legal concepts required to advocate for those who have experienced domestic violence, crisis intervention, case consultation, development of strategic safety plans for clients who may be in imminent danger, psychological and psychometric evaluations focused on the emotional traumatic effects domestic violence has had on them, and individual and family therapy. Also the Intern will have the opportunity of research on domestic violence and related topics.

Psychological Services for Children, Youth, Adults, and their Families Program (PSCYAFP)

The PSCYAFP provides psychological services for a broad population that request psychological services for a wide variety of reasons, including mental disorders or bio psycho-social stressors. Such clients tend to be referred from public and private agencies, schools (all levels), as well as from professionals' private practice. Parents or legal guardians often solicit the services due to their children having been diagnosed with or suffering from symptoms related to ADHD, Major Depression, Anxiety, PTSD, Reactive Attachment Disorder, Conduct Disorder, Eating Disorders, Oppositional-Defiant Disorder, Gender Identity Disorder, Learning Disorders, among others. The PSCYAFP also serves self-referred adults presenting similar diagnosis, as well as other conditions related to family problems, substance abuse, mood, personality, and adjustment disorders, trauma, partner/relational problems, occupational problems, among others. Clients are offered individual, family, couples or group therapy as well as psycho-diagnostic evaluations (i.e., comprehensive psychological assessment). To have access to these psychological services the potential client may call the CMHC and complete an initial screening process to determine whether the CMHC offers the services needed. When requesting services for a minor, it is required that a parent or legal guardian solicit the services. Interns are in charge of completing the initial screening interviews and after discussing the case with the Clinical Director, assigning it according to the readiness and schedule of the therapist (i.e., practicum student or Intern) available. To assign a case the Clinical Director, Interns and the Staff Supervisor take into consideration, the client's presenting problem, the complexity of the case and the therapist's clinical and academic experience. The CMHC serves a wide-range population with the exception of clients who are involved in legal disputes, those who may be chronically mentally ill or those with chronic histories of substance abuse.

During 2012, the PSCYAFP served a total of 3,602 clients. A total number of 29,701 sessions (i.e., individual, family and couples therapy) were conducted with these clients. This

reflects an average of 8 sessions per client. With regards to psycho-diagnostic evaluations, a total of 476 were administered.

Interns assigned to the PSCYAFP provide individual, couple, family, group psychotherapy and psychological assessment services. The Program is dedicated to providing the highest quality training for Interns as they have a hands-on experience of what running a mental health clinic and offering an assortment of outpatient psychological services to the community entails. Interns are involved in crisis intervention management, supervising practicum students and providing case consultation to those seeking it (e.g., school directors, parents, judicial system social workers and practicum students). Interns are expected to complete their internship in a year while working full-time, however a two-year part-time internship may be considered with the Clinical Director's approval.

The Sexual Abuse Support Program for Children and their Families

The Sexual Abuse Support Program for Children and their Families (SASPCF) operates under the support of the Administration for Families and Children of the Government of Puerto Rico. This is a specialized program which provides individual and group psychotherapy to sexually abused children and adolescents. The Program also provides family therapy and clinical support in order to help the victim's family members cope with the psychological impact of the sexual abuse. These psychotherapeutic services are provided by doctoral licensed psychologists, practicum students, and interns in clinical psychology. The Program also provides services that include assessment of the sexual abuse allegations, forensic evaluations, group counseling with parents and non-offender custodians, and psychological evaluations. Finally, the SASPCF supports scientific research initiatives on issues related to child sexual abuse and conducts a wide variety of trainings and workshops for professionals and groups involved with children that have been sexually abused.

The SASPCF receives referrals from the social workers of the Department of Family and Protective Services. The clinical staff, including the Interns, discuss and analyze the cases according to the services needed. This Program is composed by a multidisciplinary team of licensed Psychologists and Clinical Social Workers, Clinical Supervisors, Interns pursuing a doctoral degree in clinical psychology, Interns pursuing a master's degree in social work, and an Attorney at Law. The participants receive the services at the facilities of the Mental Health Community Clinic located in Old San Juan and in Cayey.

The process of assessing allegations of sexual abuse is based on a Forensic Comprehensive Model (Kuehnle, 2009, 1996; Cantón Duarte y Cortés, 2008; Faller, 2007, 2003), along with the guidelines of the American Professional Society on the Abuse of Children (APSAC, 1997). As part of the process the SASPCF is involved and collaborates with the legal procedures, ensuring that child protection and therapeutic treatment occurs after the allegations.

Every week the clinical staff conducts case conference meetings to review the client's psychotherapeutic treatment plans, goals, or the forensic evaluation process, and/or results. When the psychotherapeutic treatment plan goals have been achieved, or when the forensic evaluation report is completed, the therapist or the evaluators, respectively, are responsible for reviewing their intervention results with the referral social workers and their attorneys in preparation for the court litigation.

The Interns who complete their internship in this specialized program have the opportunity to participate in a forensic scenario, refining their individual, group, and family clinical skills. They also perform a broad variety of case consultations with social workers, attorneys, physicians, prosecutors, and other professionals related to the legal system.

CLINICAL DEVELOPMENT DURING INTERNSHIP

The Internship's Training Program is designed to provide Interns with a well-rounded training experience and an environment that promotes both, support and challenges. The Internship aims to positively contribute to the Interns' enhancement of his/her professional and clinical skills. Interns are expected to be independent, self-assured, able to work as part of a team and have a flexible, yet assertive attitude. During the internship process:

- Interns' professional and clinical growth will be fostered through their involvement in a wide-range of clinical and administrative experiences.
- Interns will have the opportunity to transition from doctoral students to mental health professionals capable of managing their own private practice.
- Interns will master the process of conceptualizing cases from different theoretical perspectives, provide rationale for the particular theory chosen and apply these during practice while utilizing evidenced-based treatments.
- Interns will augment their assessment skills through the completion of psycho-diagnostic evaluations with clients of different ages and writing Integrative Psychological Report detailing test results, diagnosis and recommendations.
- Interns' knowledge of and adherence to ethical standards will be reinforced through every day practice and consultation with Supervisors and the Clinical Director.
- Interns' self-awareness will be promoted as it relates to the supervisory and therapeutic relationship and how the Interns' personal characteristics may influence both the supervisory and the therapeutic process.

DIRECT SERVICES

Individual Psychotherapy: Interns are expected to engage in individual psychotherapy with clients (ages four and older) suffering from moderate to acute

levels of psychopathology. Interns will conceptualize all their cases from the theoretical background of their choosing and will develop a treatment plan based on this. The CMHC promotes the use of evidenced-based treatment modalities and the exploration of alternate modalities to the standard Cognitive-Behavioral evidenced-based approach.

Group Psychotherapy: Interns will have the opportunity to develop their own therapy and/or support groups based on their interests and the needs perceived in the CMHC. Some examples of the past therapy groups offered include: Female adults survivors of Sexual Abuse.

Family Therapy and/or Couples Therapy: Interns are expected to develop competence in family and couples therapy. Such cases will be regularly assigned and in the same manner as with individual psychotherapy, Interns will conceptualize and develop treatment plans for their cases, although from a systems perspective.

Psycho-Diagnostic Evaluations: Interns are expected to display a high-level of competence while conducting psychological assessments that evaluate clients' cognitive, personality and socio-emotional functioning. Interns will complete a minimum of four full-battery assessments during the course of their training.

Initial Screening Interview: Interns will collaborate with other CMHC personnel in completing initial screening interviews in order to determine if the potential client requesting psychological services is eligible for the services the CMHC offers. Often, past clients and/or potential future clients walk into the CMHC requesting psychological services. Interns meet with these clients in person and conduct an initial screening interview to better understand the presenting problem, symptoms and refer to the appropriate services needed.

Crisis Management: At other times, Interns may have to appropriately attend to and manage crisis situations that may arise with clients that walk into the clinic and/or are receiving services at the CMHC. Interns are expected to assist, manage, and appropriately address all crises occurring at the CMHC with the assistance of their Supervisors. If the Intern's Supervisor is not available, the Clinical Director must be contacted immediately. The CMHC has developed a protocol to manage these crisis interventions. Crisis handled by telephone should be referred to a psychiatrist or appropriate mental health emergency facility.

INDIRECT CLINICAL SERVICES

Administrative Tasks and Case Assignment: Interns will participate from clerical work, staff meetings, case consultation, preparation for therapy sessions, clinical record keeping, psychological report writing, developing case conceptualizations and treatment plans, statistical and administrative reports, and developing presentations for the community.

Clinical Supervision: Licensed Clinical Psychologist will supervise Interns' clinical work 4 hours per week during formal supervision time. Two supervisors will be assigned to each Intern. One supervisor will oversee the Intern's psychotherapeutic work and the other will supervise the psychological assessment process (i.e., two hours each once a week). Interns will complete theoretical case conceptualizations with diagnosis and treatment plans for their entire caseload that will be reviewed and approved by their Psychotherapy Supervisor. Interns' Supervisors are responsible for co-signing the progress notes, all external correspondence, activity logs and the integrative psychological reports. Group supervision is also provided for interns on a weekly basis, to encourage interaction and exposure to a wider variety of clinical and supervision issues. On occasion,

interns will be required to obtain the client's permission to audio-record or videotape sessions in order to be reviewed by the supervisor. Faculty members are also available to provide additional support within their areas of expertise.

Didactic Training Experience: All Interns, regardless of the program in which they participate, are required to meet each Friday and attend the scheduled didactic training session. Interns devote a total of 10% of their time (i.e., 4 hours weekly) to the didactic training experience. (See the Didactic Training Experience section on page 22 for more information).

Initial Screening Interview (via telephone): Interns will collaborate with other CMHC personnel in completing initial screening interviews in order to determine if the potential client requesting psychological services is eligible for the services the CMHC offers. Clients consistently call the CMHC a wide-range of services. Interns talk to the clients via telephone and provide them with a general understanding of the psychological services offered and their cost. When an adult client chooses to solicit a specific service, the Intern will complete an initial screening interview to better understand the presenting problem, symptoms and refer to the appropriate services needed. The Intern will complete a form detailing the presenting problems, some background information, a brief risk-assessment and the time he/she has available to receive the services. When soliciting services for a child or adolescent, a legal guardian and/or parent will have to complete the initial screening interview form with an Intern.

Community Presentations: During the course of their training, Interns are expected to provide at least two psycho-educational presentations and/or workshops in areas of their interest to sites that are in need of that specific psychological information (e.g., schools on bullying). This is an opportunity for

the Intern to give back to the community and enhance his/her public speaking and presenting skills. In addition, the Intern will strengthen his/her knowledge of the area presenting on.

Consultation: Interns are expected to employ a portion of their time during the year as psychological consultants. The type of consultation depends of the clinical program to which they were assigned and the caseload they are working with. Most of the time the Interns perform telephone or face-to-face consultation duties with practicum students, CMHC personnel, social workers, psychologists from public and private agencies, physicians, lawyers, school directors, shelter directors, counselors, and police officers, among others.

DIDACTIC TRAINING EXPERIENCE

All Interns, regardless of the program in which they participate, are required to meet each Friday and attend the scheduled didactic training session. Interns devote a total of 10% of their time (i.e., 4 hours weekly) to the didactic training experience. These sessions include the following topics:

Ethics in Psychology

The Ethics in Psychology Seminar meets during the first three weeks of the internship. Guest experts discuss topics related to the ethical practices of the profession and legal issues regarding professional relationships and multicultural issues.

Crisis Intervention

The Crisis Intervention Seminar meets weekly for two weeks to discuss how to manage crisis situations with at-risk population.

Law & Psychology

The Law and Psychology Seminar meets weekly for six weeks. Experts in this area will present Interns with an in-depth review of Puerto Rico's State Law as it relates to the prevention and intervention of domestic violence, protection of the mentally ill, child sexual abuse allegations, forensic evaluation interview process, expert interview report requirements, and child sexual abuse reports in court.

Violence, Family, & At-Risk Children

The Violence, Family, and At-Risk Children Seminar meets weekly for eight weeks. Staff and guest speakers review with the interns sexual abuse concepts as applied to children, adolescents, and adults. Examples of these topics include the psychological consequences of sexual abuse, sexual abuse theoretical conceptualizations and diagnosis, indicators of sexual abuse, posttraumatic stress disorders in children and adult survivors of sexual abuse, typical and atypical sexual behavior in children, and psychosocial aspects of domestic violence.

Therapeutic Strategies in Psychotherapy

The Therapeutic Strategies in Psychotherapy Seminar meets for fifteen weeks and is designed to assist interns in becoming more proficient in psychotherapeutic strategies and therapeutic interventions to assist abused children, adolescents, and adults to overcome their traumatic experiences. Domestic violence and other trauma experiences are reviewed and discussed. Individual, family, and group therapeutic models are explored and reviewed. Cognitive behavioral therapy, play therapy, survival therapy, memory and recovery, and critical incident stress management are an example of the themes discussed.

Clinical Supervision

The Clinical Supervision Seminar meets for two weeks. The purpose of this seminar is to provide the Interns with an understanding of supervision and how it will apply to their work setting. The theoretical and practical aspects of the most widely used models of clinical

supervision are reviewed. In addition, the legal aspects of supervision are discussed and the profession's ethical guidelines are analyzed.

Health

The Health Seminar meets for three weeks and is oriented towards allowing the Intern a broader understanding of sexually transmitted diseases, the neuropsychological aspects of the neurobehavioral interview and how this impacts the individual's mental status, and the use of pharmacology in the treatment of mental disorders.

Evaluation & Assessment

The Evaluation and Assessment Seminar meets weekly for two weeks. The goal is to provide the interns with a review of the Wechsler Intelligence Scales and review the interpretative guidelines for Puerto Rico. The Interns will also learn how to interpret the Wechsler Intelligence Scales from a neuropsychological perspective. The seminar provides Interns with a review of current literature related to assessment and a discussion of ethical dilemmas regarding testing.

Gender & Sexuality

The Gender and Sexuality Seminar meets once for a review of homophobia, stigmatization, and social exclusion in Puerto Rico. The goal is to increase awareness on Puerto Rico's gender social construction and socially accepted prejudices.

Case Analysis & Presentation

The Case Analysis & Presentation Seminar meets for six weeks. The goal is to develop the intern's skills in the process of case discussions. Through case discussions the program strives to assist the interns in becoming more proficient in relating symptoms and signs of psychopathology to diagnostic criteria. Case discussions also provide the opportunity to explore challenging cases the Interns may have encountered. Key topics of discussion in these sessions are child and adolescent sexual abuse treatment models and adult survivors.

INTERNSHIP SCHEDULE

In order to adequately complete their Internship training at the CMHC, Interns must complete a total of 2,000 hours, within 500 to 850 will be direct-contact hours (i.e., face-to-face). Per APPIC standards, Interns are expected to commit full-time (i.e., 40 hours per week) to their Internship year. Only with special approval from the Clinical Director may an Intern complete their Internship during a two-year part-time (i.e., 20 hours per week) period. Internship will begin July 1st of the year the Intern is accepted to Internship and will be completed by July 31st of the following year (i.e., twelve consecutive months). By the time Interns complete their Internship experience, they are provided with a certificate that confirms their successful completion of the Internship Program.

Full Time/I Year (40 hours/Weekly Minimum)

<u>CLINICAL TRAINING ACTIVITIES</u>	Weekly	Annual	%
<u>Direct Clinical Services:</u>	17	850 hrs	42.5%
Individual therapy			
Group Therapy			
Couples Therapy			
Family Therapy			
Psycho-Diagnostic Assessment			
Crisis Intervention			
Initial Screening Interview			
 <u>Indirect Clinical Services</u>			
<u>Administrative Tasks/ Case Assignment:</u>	15	750 hrs	37.5%
Clerical work			
Staff meetings			
Case consultation			
Preparation for therapy sessions			
Clinical record keeping			
Psychological report writing			
Developing case conceptualizations and treatment plans			
Statistical and Administrative Records			
Developing community presentations			
<u>Supervision:</u>	4	200 hrs	10%
Psychotherapy Supervision			
Assessment Supervision			
<u>Didactic Training Experience</u>	4	200 hrs	10%
<i>Total:</i>	40	2000 hrs	100%

ADMISSION POLICY

Selection and admission to the CMHC training program is the responsibility of the Clinical Director with the assistance of the CMHC Program Directors, the Administrative Director, and the Clinical Supervisors. The CMHC bases admission primarily on individual merit and does not discriminate on the grounds of age, sex gender, color, ethnic group, sexual orientation, race, religion, national origin, or disability. The CMHC seeks to include interns from diverse socioeconomic, geographic, ethnic, religious, and ideological sectors of society. The CMHC accepts interns from the CAU as a first choice and if there any remaining internship positions, students from other universities are considered. Therefore, graduate students from other universities are welcomed to apply. The CMHC requires applicants to be bilingual (i.e., Spanish and English), since the population we serve is primarily Spanish-speaking and all documentation is completed in the same language. We encourage students from other universities to apply to our internship program. Malpractice insurance coverage is provided by the CMHC for activities performed by Interns under the scope of their training. In addition, interns are encouraged to acquire their own professional liability insurance and to maintain their membership in the American Psychological Association and the Code of Ethics of the Puerto Rico Psychologists' Board. The CMHC abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

ADMISSION CRITERIA

Applicants should reflect the following in their personal statements and letters of recommendation for admission:

PERSONAL TRAITS

1. Capacity for empathy, sensitivity and sincerity.
2. Enthusiasm, motivation for training, and demonstration of interest in their career.

3. Resilience and persistence in goal attainment.
4. Personal security, a high level of self-worth, confidence, and ability to perform efficiently in a clinical setting.
5. Personal stability and maturity – evidence of knowledge and awareness of clinical strengths and level of competency.
6. Openness and personal flexibility – ability to receive feedback and apply constructive criticism to improve performance.
7. Communication skills – ability to communicate effectively and sensitively with clients and coworkers.
8. Culturally sensitive – ability to interact with individuals, families, and groups from a diverse variety of cultural and intellectual backgrounds.

COGNITIVE ABILITIES

1. Analytic abilities — proficiency in quantitative, deductive, and inductive reasoning.
2. Ability to verbally communicate with others accurately and objectively without bias or prejudice.
3. Ability to write clearly at a professional level.

PROFESSIONAL QUALITIES AND EXPERIENCE

1. Definite interest in working with outpatient clients and a clear understanding of his/her motivation for assisting others.
2. Demonstration of initiative, responsibility and reliability in applicant's vocational and academic field.

EDUCATIONAL BACKGROUND

1. Enrollment and good academic standing in a PsyD or PhD Program.

2. Prior practicum experience of at least 780 hours with diverse populations. This is used to determine the applicant's overall readiness to undertake Internship.
3. Be fully bilingual (Spanish and English).

APPLICATION PROCEDURES

The CMHC is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and currently participates from their Match Program. In order to apply to either of the CMHC programs, the applicant must register and create an account through the AAPI Online Applicant Portal. <https://portal.appicas.org/> This portal is used by students who are applying to Psychology Predoctoral Internship Programs that participate in the APPIC Match. The AAPI Online is a service offered by the Association of Psychology Postdoctoral and Internship Centers (APPIC). For more information on the Match Program, applicants can refer to the APPIC website section detailing information: http://www.appic.org/match/5_3_match_application.html#NEWS . After creating their APPI accounts, the applicants should follow all APPI regulations and procedures in order to upload the required and supplemental materials by the stated deadlines, interview with Internship sites, rank the desired sites and verify match results. The applicants' file (i.e., materials uploaded and submitted to the CMHC Doctoral Internship Program through their account with the APPI Online service) will be reviewed by the Selection Committee and an interview will be scheduled for selected candidates. It is important to note that applicants who have not completed the APPI Online application process will not be considered for Internship Positions at the CMHC. When the applicant is uploading the required documentation to the APPI Online Portal, he/she should also upload a copy of an Integrative Psychological Assessment Report and a copy of a theoretical case conceptualization that includes a treatment plan as Supplemental Documents that the CMHC requires.

Applicants interested in more information about the CMHC, may visit the “Access the Directory Online” section of the APPIC website provided above or go to http://www.appic.org/directory/4_1_directory_online.asp. While on that site, applicants must click on “Search for Internship Programs” located in Puerto Rico in order to find the CHMC site and its detailed application requirements.

STIPENDS

The current intern stipend is \$15, 000 annually. This stipend is divided into 11 pay periods for the year.

GRIEVANCE PROCEDURES

GRIEVANCE AND DUE PROCESS FOR ADMINISTRATIVE CONCERNS

Interns and program staff are subject to the policies and procedures outlined in the CMHC Administrative and Clinical Manual Procedures. Training on these policies is made available to all Interns, practicum students, volunteers, and staff each summer prior to the beginning of the new Internship year.

INTERNS’ RIGHTS AND RESPONSIBILITIES

Interns’ Rights

1. The right to a clear statement of general rights and responsibilities upon entry into the Internship Program, including a clear statement of goals and parameters of the clinical training experience.
2. The right to be trained by professionals in accordance with the APA and PR ethical code and guidelines.
3. The right to be treated with professional respect, that recognizes the training and experience the Interns bring.

4. The right to ongoing evaluation that is specific, respectful, and pertinent.
5. The right to engage in an ongoing evaluation of the Pre-Doctoral Internship Program's clinical training experience.
6. The right to initiate an informal resolution of a problem that might arise during the Internship experience (e.g., supervision, case assignments, etc.) by first and foremost directly contacting the person and/or persons involved. If no progress towards resolution is made with the person and/or persons involved after reaching out to them to discuss problematic matters face-to-face, the Intern should contact the appropriate Clinical Supervisor (i.e., therapy or assessment) to try to resolve the problem. If the problem is not resolved with the Clinical Supervisor's assistance, the Clinical Director may be contacted.
7. The right to due process and appeal to the Clinical Director to manage problematic situations after informal resolution attempts have failed (i.e., first with the person and/or persons involved, second with the appropriate Clinical Supervisor) or to determine when rights have been infringed upon.

Interns' Responsibilities

1. The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that these responsibilities will be exercised and their implementation is viewed as a function of competence.
2. The responsibility to behave within the principles set forth by the statutes and regulations of the American Psychological Association (APA), the Code of Ethics of the Puerto Rico Psychologist's Board and the CMHC regulations.
3. The responsibility to be open to professionally appropriate feedback from supervisors, professional staff and agency staff.

4. The responsibility to give constructive feedback that evaluates the training experience or other experiences during the Internship experience.
5. The responsibility to conduct in a professionally appropriate manner if due process is initiated.
6. The responsibility to actively participate in the training, clinical services and the overall activities of the CMHC.
7. The responsibility to meet clinical training expectations by developing competency in the following areas: psychotherapeutic, psychological assessment, initial screening interviewing, crisis management, and case consultation skills, as well as other areas delineated in the position description and position evaluation forms (see attached).

UNACCEPTABLE BEHAVIOR AND DUE PROCESS FOR TRAINING CONCERNS

This due process procedure involves all Interns and staff at the CMHC.

DEFINITION OF UNACCEPTABLE BEHAVIOR

It is a professional judgment as to when an Intern's behavior becomes problematic rather than of concern. Interns may exhibit behaviors, attitudes, or characteristics that are of concern and require remediation, but are not unexpected or excessive for professionals in training. Unacceptable behavior covers conduct, which interferes with the professional functioning of the individual observed in one or more of the following ways:

1. The Intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic and/or didactic training.
3. An inability to control personal stress, strong emotional reactions and/or psychological dysfunction, which interfere with professional functioning.

REMEDICATION AND SANCTION ALTERNATIVES

(NOTIFICATION PROCEDURES TO ADDRESS UNACCEPTABLE BEHAVIOR)

It is important to have meaningful ways to address unacceptable behavior once it has been identified. In implementing remediation or sanction interventions, the staff must be mindful and balance the needs of the Intern, the clients, practicum students and others involved in the Intern's clinical training experience, the supervision staff, and other CMHC staff.

A. Informal Stage

This stage is flexible and pursues a quick resolution of the problem. It can be resolved by discussion among the involved parties. The Intern's Clinical Supervisor will be the person responsible for notifying the Intern promptly about the deficiency and the specific steps required to correct it. The notification may be oral or written depending on the severity of the deficiency, but should be specific and detailed.

1. Verbal Warning – alerts the intern of the need to correct unacceptable behavior identified by the supervisor.
2. Written Acknowledgment – formally notifies the Intern that:
 - a. The Clinical Director is aware of and concerned with the performance rating.
 - b. The concern has been brought to the attention of the Intern.
 - c. The Clinical Director will work with the Intern to rectify the problem or skill deficits.
 - d. The behaviors associated with the rating are not significant enough to warrant a more serious action.
3. The written acknowledgment will be removed from the Intern's file when the Intern responds to the concerns and successfully completes the internship.

B. Formal Stage

The grievance procedure may need to escalate to a formal stage when the informal stage fails to achieve the desired results.

1. Written Warning - Indicates to the Intern the need to discontinue an inappropriate action or behavior. This letter will contain:

- a. A description of the Intern's unsatisfactory performance.
- b. Actions needed by the Intern to correct the unsatisfactory behavior.
- c. The time line for correcting the problem.
- d. What action will be taken if the problem is not corrected.
- e. Notification that the Intern has the right to request a review of this action.

A copy of this letter will be kept in the Intern's file. Consideration may be given to removing this letter at the end of the Internship experience by the Clinical Director in consultation with the Intern's Clinical Supervisor. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

(REMEDICATION AND SANCTIONS)

2. Schedule of Modification - is a time-limited, remediation-oriented, closely supervised period of training designed to return the Intern to a more fully functioning state. Modifying an Intern's schedule is an accommodation made to assist the Intern in responding to personal reactions to environmental stress, with the full expectation that the Intern will complete the Internship experience. This period will include, more closely scrutinized clinical supervision conducted by both Clinical Supervisors in consultation with the Clinical Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- a. Increasing the amount of supervision, either with the same or other Clinical Supervisors.

- b. Change in the format, emphasis, and/or focus of clinical supervision.
- c. Recommending the Intern seek psychological services.
- d. Reducing the Intern's clinical or other workload.
- e. Requiring specific academic coursework.

The length of a schedule modification period will be determined by the Clinical Director in consultation with the Clinical Supervisor that oversees the area (i.e., therapy or assessment) under scrutiny. The termination of the schedule modification period will be determined, after discussions with the Intern, by the Clinical Director in consultation with the Intern's appropriate Clinical Supervisors.

3. Probation – is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the Intern to complete the Internship experience and to return the Intern to a more fully functioning state. Probation defines a relationship in which the Clinical Director systematically monitors for a specific length of time the degree to which the Intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate behavior. The Intern is informed of the probation in a written statement that includes:

- a. The specific behaviors associated with the unacceptable conduct.
- b. The recommendations for rectifying the problem.
- c. The time frame for the probation, during which the problem is expected to be ameliorated.
- d. The procedures to ascertain whether the problem has been appropriately rectified.

If the Clinical Director determines that there have been no sufficient improvements in the Intern's behavior to remove the Probation or Modified Schedule, then the Clinical Director will discuss with the Intern's Clinical Supervisors the possible courses of action to

be taken. The Clinical Director will communicate in writing to the Intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action, which the Clinical Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. The Clinical Director will communicate to the Academic Program Director of the matter and if the Intern's behavior does not change the intern will not successfully complete the Internship experience.

4. Suspension of Direct Service Activities – requires a determination that the welfare of the Intern's client has been jeopardized. Such activity would require notification to the CMHC Ethical Committee, and would first subject the Intern to any disciplinary action. Therefore, direct service activities will be suspended for a specified period as determined by the Clinical Director. At the end of the suspension period, the Intern's supervisor in consultation with the Clinical Director will assess the Intern's capacity for effective functioning and determine when direct service can be resumed.

5. Administrative Leave – involves the temporary withdrawal of all responsibilities and privileges as determined by the Clinical Director, in accordance with CMHC Policies and Procedures. If the probation period, suspension of direct service activities, and/or administrative leave interferes with the successful completion of the training hours needed for completion of the Internship, this will be noted in the Intern's file and the Intern's Academic Program Director will be informed. The Clinical Director will inform the Intern of the effects the administrative leave will have on the Intern's stipend, and successful completion of the Internship.

6. Dismissal – from the Internship involves the permanent withdrawal of the Intern from the Internship Program, responsibilities and privileges, as determined by the Clinical Director, in accordance with CMHC Policies and Procedures. When specific

interventions do not, after a reasonable time period, rectified the impairment and the intern seems unable or unwilling to alter his/her behavior, the Clinical Director will discuss with the Intern's Academic Program Director the possibility of termination from the training program or dismissal from the CMHC. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA and/or the Code of Ethics of the Puerto Rico Psychologists' Board, or when imminent physical or psychological harm to a client is a major factor, or the Intern is unable to complete the Internship due to physical, mental or emotional illness. When an Intern has been dismissed from the Pre-Doctoral Internship Program, the Clinical Director will communicate to the Intern's Academic Program Director that the Intern has not successfully completed the Internship Program.

C. Procedures for Responding to Inadequate Performance by an Intern

If an Intern receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff has concerns about an Intern's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff will consult with the Clinical Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff who brings the concern to the Clinical Director is not the Intern's supervisor, the Clinical Director will discuss the concern with the Intern's supervisor.
3. If the Clinical Director and clinical supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Clinical Director and the staff who initially brought the complaint along with the supervisor will document the concern.

4. The Clinical Director will inform the Intern's Academic Program Director the performance rating or the concern.
5. The Clinical Director and the supervisors may meet to discuss possible courses of action.
6. Whenever the Clinical Director and the clinical supervisors have made a decision about an Intern's training program or status in the CMHC, the Clinical Director will inform the Intern in writing and will meet with the Intern to review the decision. This meeting may include the Intern's Clinical Supervisors. If the Intern accepts the decision, any formal action taken may be communicated in writing to the Intern's Academic Program Director. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
7. The Intern may choose to accept the conditions or may choose to challenge the action.

(APPEAL PROCEDURES)

In the event that an intern does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The intern should file a formal appeal in writing with all supporting documents, with the Clinical Director. The intern must submit this appeal within 5 work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance). The document should include specific aspects of the plans for remediation that the intern rejects. An amended plan for remediation as perceived by the intern could be included too.
2. Within three work days of receipt of a formal written appeal from the intern, the Clinical Director will consult with CMHC staff related to the intern grievance and

then decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.

3. In the event that the intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Clinical Director, then that appeal is reviewed by the Clinical Director who will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is final.

D. Due Process: General Guidelines

Due process ensures that decisions about Interns are not arbitrary or personally biased. It requires that the CMHC identify specific evaluative procedures that are applied to all Interns, and provide appropriate appeal procedures. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, communicating to the Interns, in writing, the Pre-Doctoral Internship Program's expectations related to professional functioning and discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals, at least twice during the academic semester.
3. Articulating the various procedures and actions involved in making decisions regarding impairment.
4. Communicating, often, with graduate programs about any suspected difficulties with Interns and when necessary, seeking input from these academic programs about how to address such difficulties.

5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the Intern that describes how the Intern may appeal the program's action.
7. Ensuring that Interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

DUE PROCESS: GRIEVANCE PROCEDURES

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. When a matter cannot be resolved between the Intern, CMHC staff, or the Clinical Director the steps to be taken are listed below.

INTERNS' COMPLAINT OR GRIEVANCE ABOUT SUPERVISOR, STAFF, OTHER TRAINEE OR THE TRAINING PROGRAM

A. INTERN GRIEVANCE PROCEDURE

There may be situations in which the Intern has a complaint or grievance against a supervisor, staff, another trainee, or the program itself, and in which the Intern wishes to file a formal grievance. The following steps are intended to provide the Intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences. The Intern who wishes to file a formal grievance should:

1. Discuss the issue with the supervisor, staff, other trainee, or Clinical Director in an effort to resolve the problem.
2. If the matter cannot be resolved, or it is inappropriate to discuss with the other supervisor, the issue should be raised with the Clinical Director; if the Clinical Director is the object of the grievance, or unavailable, the issue should be raised with the President of the CMHC.
3. If the Clinical Director cannot resolve the matter, he/she will choose agreeable staff acceptable to the Intern and request that individual to mediate the matter. Written material will be sought from both parties.
4. If mediation fails, and the complaint is against another trainee, or the program, the Clinical Director will convene a Review Panel consisting of three clinical supervisors. The Review Panel will review all written materials (from the Intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome. If mediation fails and the complaint is against staff, grievance procedures dictated by CMHC staff policies will be followed, but the President of the CMHC will have the last decision regarding the complaint. The President has 30 working days to make a final decision about the dispute. Her/ decision will be informed in writing to the Intern. This is the last internal resource available to the Intern.
5. The guidelines above are intended to provide the Intern with means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievance in good faith will not experience any adverse personal or professional consequences.

B. STAFF GRIEVANCE PROCEDURE

If one of the CMHC staff involved in the Intern's clinical training has a specific concern about an Intern, the staff should:

- a. Discuss the issue with the Intern(s) involved.
- b. If the issue cannot be resolved informally, the CMHC staff involved in the Intern's clinical training should discuss the concern with the Clinical Director. The Clinical Director may meet with the Intern and the CMHC staff involved individually or with both, to assist in mediation of the issue.
- c. Finally if the Clinical Director cannot resolve the issue, the CMHC staff involved in the Intern's clinical training may request that a Quality Assurance Committee be convened to hear this grievance and, make a decision within (5) working days. If the Intern does not agree he/she may request a hearing with a Review Panel.

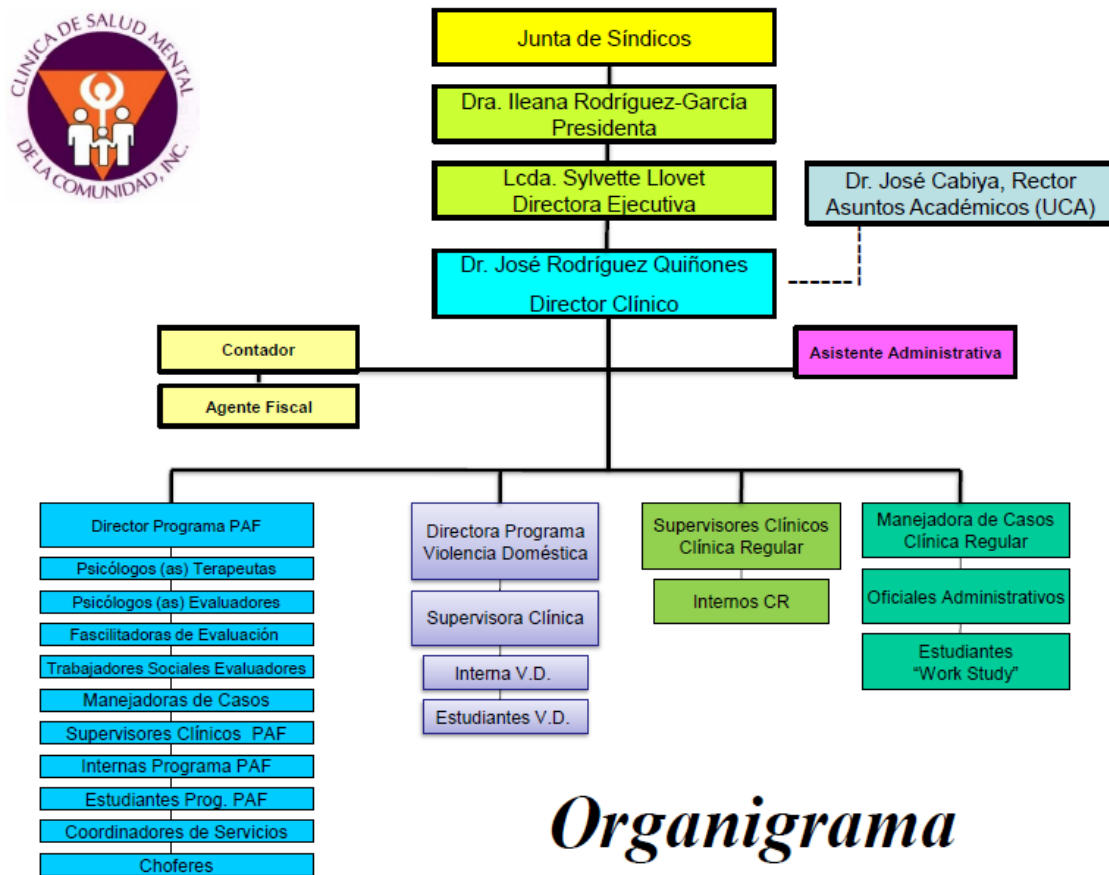
REVIEW PROCEDURES / HEARING

1. When needed, a review panel will be convened by the Clinical Director. The panel will consist of three CMHC staff involved in the Intern's clinical training selected by the Clinical Director. The Intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. Interns will be strongly encouraged to consult with their Academic Training Program for advice and guidance should the Intern meet with the Review Panel.
2. Within five (5) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) working days of the completion of the review, the Review Panel submits a written report to the Clinical Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) working days of receiving the recommendation, the Clinical Director will either accept or reject the Review Panel's recommendations. If the Clinical Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Clinical Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the Clinical Director within five (5) working days of the receiving the request of further deliberation. The Clinical Director then makes a decision regarding what action is to be taken.
5. The Clinical Director informs the Intern, staff members involved, and if necessary members of the training staff, of the decision and any action taken or to be taken.
6. If the Intern disputes the Clinical Director's final decision, the Intern has the right to appeal to the President of the CMHC. The President has 30 working days to make a final decision about the dispute. His/her decision will be informed in writing to the Intern. This is the last internal resource available to the Intern.

Appendix 1

Community Mental Health Clinic, Inc. (CMHC)
Organization Chart



Organigrama

Appendix 2

Community Mental Health Clinic Professional Directory			
Office Telephone			
(787) 725-6500			
Fax Number (787) 977-4833 / (787) 993-3365			
Position	Name	E-mail	Telephones & Exts.
Executive Director	Lcda. Sylvette Llovet	sllonet@sju.albizu.edu	1115
Clinical Director	José Rodríguez, Ph. D.	jrodriguezq@sju.albizu.edu	1106
Administrative Assistance	Asha Arnold Rosa	aarnold@sju.albizu.edu	1582
Case Manager	Mariam Cruz Nieves	mcruz@sju.albizu.edu	1140
Administrative Officer and Record Room	Edgardo Rivera	erivera@sju.albizu.edu	1205
Administrative Officer and Record Room	Izamar González	igonzaez@sju.albizu.edu	1205
Administrative Officer and Record Room	Betzaida Cordero	bcordero@sju.albizu.edu	1205
Receptionist	Mary Ann Matos	mamatos@sju.albizu.edu	1566
Receptionist	Virgen Santiago	vsantiago@sju.albizu.edu	1575
Domestic Violence Program (DVP)			
Program Director	María V. Ruiz, Psy. D.	mvictoria@sju.albizu.edu	1107
Intern	Sandra Luna		1117
Psychological Services for Children Youth, Adults and their Families Program			
Clinical Director	José Rodríguez, Ph. D.	jrodriguezq@sju.albizu.edu	1106
Clinical Supervisors			1566
Interns	Emmanuel Mascorro		1201
	Ana M. González		1202
			1203