

H A N D B O O K

Clinical Psychology Internship Training Program

Department of Psychiatry and Behavioral Sciences

**Albert Einstein College of Medicine/
Montefiore Medical Center**

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INTRODUCTION

Welcome to the Psychology Internship Training Program in the Department of Psychiatry and Behavioral Sciences at Montefiore Medical Center! We hope this will be a wonderful year full of new challenges and exciting opportunities.

The internship year provides an excellent opportunity to build upon your strong foundation of clinical skills and academic knowledge in order to create a bridge from your graduate training to the world of professional psychology practice. We hope that the unique experiences you will have this year will serve to both challenge and inspire you. Here at Montefiore, we strive to help you develop your professional identity through a balance of encouraging your independence and offering you support. While our psychology faculty members are diverse in their theoretical orientations and represent the many paths a psychologist may take, they are all committed to the goal of sharing their wisdom and experience in order to maximize your learning throughout the internship year.

This handbook is provided to make your transition into the department as smooth as possible. You will likely have many questions at first, and hopefully the information provided here will help to clarify two most frequently asked questions at the start of the year: “What am I supposed to be doing?” and “Who am I supposed to be working with?” Please review the handbook and use it as a reference during the first few weeks – and return to it throughout the year as new questions arise!

Life at Montefiore Medical Center may seem overwhelming at first, but rest assured that as you become oriented to each clinical service and gain familiarity with the policies and procedures, you will start to feel more and more comfortable. If you have any questions at any time, please feel free to contact me or any of our faculty members for assistance. We’re all here to help!

Best wishes and enjoy your internship year!

Simon A. Rego, PsyD, ABPP, ACT
Director of Psychology Training

MISSION, VISION, AND GOAL

The psychology internship training program is sponsored by Montefiore Medical Center, an academic medical center that was established in 1884 as a hospital for patients with chronic illnesses. Montefiore Medical Center's history is rich with pioneering medical firsts and research, as well as an exceptional dedication to the community.

Montefiore Medical Center's Mission and Vision, which serve as our guide for continuous improvement and advancement, involve a dedication to learning, research and collaboration in the passionate pursuit of excellence in the delivery of care.

Mission

To heal, to teach, to discover and to advance the health of the communities we serve.

Montefiore constantly strives to build upon our rich history of medical innovation and community service to improve the lives of those in our care. This is exemplified in our exceptional, compassionate care and dedication to improve the well-being of those we serve.

Vision

To be a premier academic medical center that transforms health and enriches lives.

Through an enduring partnership with Albert Einstein College of Medicine, Montefiore aims to combine clinical care with research in order to deliver the most current treatments available to our patients. Together, with state-of-the-art facilities and the highest ethical standards, we aim to challenge the limits of healthcare to enhance the lives of everyone we care for.

Goal

To prepare interns for the professional practice of psychology through education and training experiences that help the interns to develop a professional identity comprised of both a sense of high competency and confidence, which ultimately enables them to handle a wide range of clinical issues and responsibilities and to function independently in variety of clinical psychology settings.

We believe that, today more than ever, there are many different ways to practice professional psychology and many different clinical settings in which it can be practiced. In addition, we have found that increasingly, graduate students from clinical psychology programs arrive at our internship with a broad range of experience, interests, backgrounds, and goals.

As such, we believe it is important for our internship training program to be able to help interns build/strengthen a high level of competence in a core set of skills that are critical for the professional practice of psychology, and at the same time, believe in the benefits of offering a range of experiences that allow interns to continue to pursue and develop areas of personal interest/expertise. As a result, we aim to prepare all of our interns to feel competent and confident in their work with patients and their family members, as well as with other professionals – while also being flexible enough to enable our interns to pursue training and supervision in different clinical settings, working with a variety of clinical populations, and using a range of clinical interventions.

Based on this philosophy, you will have considerable flexibility in developing a “customized” training experience that is tailored to fit each of your specific interests, goals, and needs. And yet, what will remain consistent across this diverse set of electives is our goal to help you develop a professional identity and self-confidence that will enable you to handle a wide range of clinical responsibilities and to function independently upon completion of your year.

A. ADULT TRACK

MAJOR CLINICAL ROTATIONS

1. Adult Outpatient Psychiatry Department ("AOPD"):

Judith Berenson, LCSW	Director, Outpatient Services
Ana Ozdoba, M.D.	Medical Director, AOPD
Sybil Mouzon, M.D.	Associate Medical Director
Emma Arons, Psy.D.	Attending Psychologist
Laurie Gallo, Ph.D.	Attending Psychologist
Loren Soeiro, Ph.D.	Psychologist, PACAP
Claudia Burger, Ph.D.	Psychologist, PACAP/AOPD
Brad Foote, M.D.	Attending Psychiatrist
Nelly Katsnelson, M.D.	Attending Psychiatrist
Gary Kennedy, M.D.	Attending Psychiatrist
Mary Alice O'Dowd, M.D.	Attending Psychiatrist, Psychosomatic Medicine CL
Maria Gomez, M.D.	Attending Psychiatrist, Psychosomatic Medicine CL
Naala Schrieber, M.D.	Attending Psychiatrist, Psychosomatic Medicine CL
Howard Foreman, M.D.	Attending Psychiatrist, Psychosomatic Medicine CL
Arelis Delgado, LCSW	Social Worker, Psychosomatic Medicine CL
Rosalind Cohen, LCSW	Social Worker
Ed Medina, LCSW	Social Worker
Aracelis Turino, LCSW	Social Worker
Galina Raykin, LCSW	Social Worker
Claudia Sigala, LCSW	Social Worker
Wanda Banks	Administrative Coordinator, AOPD
Anne Ernest, LCSW	Clinical Coordinator, AOPD
Beatrice Guagenti	Receptionist, AOPD
Irene Acevedo	Receptionist, AOPD
Gina Waynes	Administrative Assistant
Bertha Leandry	Administrative Assistant
Arvetter Marine	Administrative Assistant
Kay Antonio	Administrative Assistant
Judy Martell	Administrative Assistant
Tomasita Alvarez	Administrative Assistant, PACAP
Eneida Sierra	Administrative Assistant, Psychosomatic Medicine CL

The AOPD is a general catchment area clinic that treats a heterogeneous group of approximately 1000 patients, representing 10,000 visits per year. Patients are seen in individual, group or family therapy, and many receive psychopharmacologic treatment as well. There is no single therapeutic approach or orientation in the AOPD since different clinical supervisors (including off-service supervisors who are responsible for co-signing all notes) recommend different therapeutic approaches. Interns may request specific supervisors, if they wish. Otherwise, we assign interns to a variety of supervisors so that they may be exposed to a range of therapeutic approaches. All interns are assigned to a treatment team led by an attending psychiatrist and attending psychologist, and also includes social workers and psychiatry residents. Interns in the AOPD rotation see patients on a short-term basis (although they are permitted to carry 2-3 AOPD patients when off-service, if they wish). Each intern in the AOPD will be assigned to his or her own office with a computer, internet access, and hospital email.

All patients must be registered in the AOPD. When a patient comes into the AOPD, s/he is given a form to fill out for registration. The initial appointment is considered the intake, and an initial evaluation and treatment plan is completed. Most patients are covered by insurance such as

Medicaid and Medicare. A few patients pay a sliding scale fee, which is determined using a sliding scale, and ranges from approximately \$30 to \$160 per visit.

Each intern is assigned an administrative supervisor who is responsible for overseeing the assignment of all patients, for ensuring that the case is presented in the team meeting, for charting and documentation, for utilization review (i.e. medical necessity and appropriateness of treatment, authorization by managed care companies), for transfer and disposition, and for maintaining the intern's full patient load. Interns should address any and all administrative questions to their administrative supervisor. Interns must complete activity sheets in order to record the clinical services they provide, and these sheets are to be submitted via e-mail each day. At the beginning of the rotation, interns will be given a copy of the AOPD Policy and Procedures Manual.

An intern's typical caseload will consist of approximately 16 visits per week and 1 group. Since many patients do not attend each week, the weekly number of attended visits will be lower than the total number of patients assigned. While several of these cases may be transferred to the intern from a previous intern, interns will also be assigned to a weekly intake clinic, in order to build/maintain their caseloads. Interns typically average one intake evaluation per month while on the AOPD rotation. Interns are also required to attend a weekly case conference (with the psychiatry residents) and present at least one case (including the write up) at one of the weekly case conference meetings. Interns are required to attend a bi-monthly staff meeting and may also attend an optional DBT Consultation Group.

2. Adult Psychiatric Inpatient Unit ("Klau-2"):

John Navas, MD	Psychiatrist, Unit Chief
Sharon Spitzer, PsyD	Primary Supervisor, Administrative Director
Laura Gardner, MD	Attending Psychiatrist
Adam Knowles, MD	Attending Psychiatrist
Frances Hernandez, LMSW	Sr. Social Worker
Lenice Cabrera, LMSW	Sr. Social Worker
Amy Dinella, LCAT	Supervisor, Therapeutic Rehab Program
Beverly Redula, CTRS	Therapeutic Rehab Staff
Hana In, LCAT	Therapeutic Rehab Staff
Latifat Okeke, RN	Administrative Nurse Manager
Marta Colon, RN	Patient Care Coordinator Nurse
Bryan Freilich, PsyD, ABPP	Neuropsychological Testing Supervisor
Stacy Schulman	Administrative Assistant
Retha Johnston	Administrative Assistant

The Adult Psychiatric Inpatient Unit (Klau 2) is a locked, 22-bed unit within the general hospital for adult psychiatric patients. Klau-2 provides comprehensive diagnostic and short-term acute, psychiatric treatment for male and female patients, age 18 and older. The service's overall approach is to perform a psychiatric and psychosocial evaluation, establish a working diagnosis, and provide immediate pharmacological, psychological and milieu treatment, with the aim of returning the patient to the family and community as rapidly as possible. All patients receive multi-modal treatment, including psychopharmacology and individual, group and family therapy. In many cases, patients have concomitant medical problems and some may present with neuropsychiatric diagnoses. Treatment is provided by two, multi-disciplinary teams, comprised of an attending psychiatrist, attending psychologist, social worker, therapeutic rehabilitation staff, psychiatric residents (and occasionally medical students), psychology interns, social work interns, and nursing staff.

The psychology intern functions as the primary therapist on the treatment team and coordinates with the attending psychiatrist to complete the initial diagnostic evaluation. The intern provides

daily, individual psychotherapy and works in close collaboration with the treatment team to monitor patients' response to treatment and formulate disposition plans. The psychiatrist provides psychopharmacologic management and other medical evaluations. The social worker, or social work intern, is responsible for organizing disposition planning and assisting the psychology intern in providing family therapy to the patients. The nursing staff handles the management of patients on the unit and works with the primary therapist to create and monitor patients' individual behavior plans.

Psychology interns also participate in the unit's Group Therapy Program, as group leaders and peer supervisors. Interpersonal Group Therapy takes place twice weekly and is co-led by trainees from Psychiatry, Psychology and Social Work. Group co-leaders and observers meet post-group to process the group therapy sessions and meet weekly for group therapy supervision. Supervision for both individual and group psychotherapy is provided by the attending psychologist, Dr. Sharon Spitzer. Additionally, interns have the opportunity to perform brief psychological and neuropsychological assessments. Psychological testing is supervised by Dr. Bryan Freilich.

On the first day of the rotation, psychology interns will receive an orientation to Klau-2, including a description of unit activities, required meetings, paperwork responsibilities and unit contact information. Team assignments and supervisory arrangements will be made at the beginning of the rotation. Interns will also receive a key to the unit, a locker for personal belongings, and a mailbox in the administrative area. The mailbox must be checked frequently during the day for notice of newly assigned admissions and telephone messages. Morning rounds, team meetings (in which you are carrying a case on the team), community meetings, group therapy and supervision, staff meetings and case conferences are mandatory.

3. Psychiatric Observation Suite ("POS"):

Paul Jayson, M.D.	Director, POS
Adele Munsayac, M.D.	Attending Psychiatrist
Talya Gilaad, M.D.	Attending Psychiatrist
Lillian Colon, M.D.	Attending Psychiatrist
Susan Weinstein, M.D.	Attending Psychiatrist
Elba Figueroa, LCSW	Social Worker
Leslie Berrios, LCSW	Social Worker
Yadira Fortunato, LCSW	Social Worker
Lauren Rosenblum LCSW	Social Worker
Jasmine Herrera	Administrative Assistant (Days)
Jessica Acevedo	Administrative Assistant (Nights)

The POS is a 5-bed unit within the psychiatric emergency room. Patients are seen either in the POS, psychiatric ER or as a psychiatry consult in the medical or pediatric ER. Patients, most of whom are acutely ill, are seen for immediate evaluation, crisis intervention, and disposition. Length of stay in the ER is a matter of hours, while in the POS patients may stay for up to a few days. Patients are assigned to interns by Dr. Jayson or the Chief Resident and interns are supervised closely by Dr. Jayson and the other attending psychiatrists. Rounds and meetings also occur every day on an adhoc basis and Dr. Rego is also available to meet with the POS intern for 30 minutes per week for additional supervision and support

4. Addiction Psychiatry Consultation Service:

Brenda Chabon, Ph.D.	Psychologist
Howard Foreman, M.D.	Psychiatrist
Arelis Delgado, L.C.S.W.	Social Worker

The Addiction Psychiatry Consultation Service in Psychosomatic Medicine provides consultation liaison services to medically complex patients with a range of physical, mental, social and health problems admitted to the general hospital with substance use related-co-morbidity. Interns learn how to screen for addiction problems, differential diagnosis (e.g., delirium versus toxicity), withdrawal management, use of appropriate psychotropic medications, pain management in the addicted patient, and how to formulate and implement an appropriate treatment plan for patients with co-occurring medical and substance use problems. Specific evidence-based interventions that are modeled and taught include Motivational Interviewing, Harm Reduction and Relapse Prevention. A busy and visible teaching service, interns are part of a team that includes Psychiatry Residents, Addiction and Psychosomatic Fellows, first year medical students and psychology externs, and interact with a range of other disciplines and treatment teams throughout the hospital. The service averages 80-100 patients per month, and interns typically conduct 10-15 written consultation reports and 2-3 follow up visits with each patient during the hospital stay. Dr. Brenda Chabon provides supervision of interns in their clinical evaluation of patients, as well as in their consultative role to other providers.

B. CHILD AND ADOLESCENT TRACK

MAJOR CLINICAL ROTATIONS

1. Child Outpatient Psychiatry Department ("COPD"),
2. Adolescent Depression and Suicide Program ("ADSP")
3. Child and Adolescent Assessment Service:

Sandra Pimentel, Ph.D.	Chief, Child and Adolescent Psychology
Judith Berenson, LCSW	Director, Outpatient Services
Carol Hnetila, D.O.	Medical Director, COPD
Aiyana Rivera Gonzalez, M.D.	Attending Psychiatrist
Heather Smith, Ph.D.	Associate Director, ADSP, Attending Psychologist
Miguelina German, Ph.D.	Director of ADSP Research
Jenny Seham, Ph.D.	Attending Psychologist
Michelle Lupkin, Ph.D.	Attending Psychologist
Becky Hashim, PhD.	BCT CHAM Psychologist
Kristin Perret, Ph.D.	Supervising Psychologist
Margaret Lescher, LCSW	Intake Coordinator, Senior Social Worker
Robert Feiguine, Psy.D.	Adjunct Supervisor
Rachel Kandel, Ph.D.	Adjunct Supervisor
Rachel Haddad, Ph.D.	Adjunct Supervisor
Laura Fuhrman, Psy.D.	Adjunct Supervisor
LaVerne Lynch	Office Manager, COPD
Blanca Valentin	Receptionist, COPD
Elizabeth Villegas	Receptionist, COPD
Madelyn Garcia	Senior Office Assistant and Records, COPD

1. Child Outpatient Psychiatry Department (COPD)

The Child Outpatient Psychiatry Department consists of a catchment area clinic for a heterogeneous group of children and adolescent patients (ages 4-17) with diagnoses ranging from disruptive behavior disorders, anxiety and depressive disorders, and psychotic disorders to adjustment disorders and learning disabilities. Interns in the COPD will serve as primary therapists for individual and family cases (patients will be assigned across all ages and diagnoses), co-therapists for group therapy, and conduct evaluations of children and

adolescents. During this rotation, interns receive intensive training and supervision in psychodynamic psychotherapy, family therapy, cognitive behavior therapy, and group therapy. Interns have the opportunity to co-lead groups for children with disruptive behavior disorders as well as the Behavior Regulation Movement Group. Interns also learn how to liaison with schools, foster care agencies, the Committee on Special Education and other relevant organizations.

2. Adolescent Depression and Suicide Program (ADSP)

The ADSP is a specialty outpatient program within the COPD that serves depressed and suicidal teens (ages 12-19) and their families. Many of these adolescents have experienced significant abuse and have comorbid anxiety, substance-related, personality and disruptive behavior disorders. During this rotation, interns learn to conduct semi-structured diagnostic interviews (e.g., K-SADS) and to intervene intensively as primary therapists for individual and family cases, co-therapists for group therapy and multi-family skills training using dialectical behavior, cognitive behavior, brief psychodynamic and family systems therapies, as well as crisis intervention. Various group therapies are also employed, including DBT multi-family skills training group, DBT graduate group, as well as parent training groups. Some patients receive concomitant psycho-pharmacological treatment. Interns also have the opportunity to participate in academic activities, including authoring articles, presenting at conferences, conducting research and leading workshops at local schools regarding adolescent suicide.

3. Child and Adolescent Assessment Service

The Child and Adolescent Assessment Service within the COPD helps interns develop proficiency in child/adolescent psychological and neuropsychological testing. At a minimum, interns administer five comprehensive psychological evaluations during the year, with more available for those interested in developing special expertise. Referral questions typically include assessing for the presence and type of learning disabilities, assessing for the presence of a wide range of diagnoses and the potential need for medication, differential diagnosis, and evaluating the presence of neuropsychological deficits. Supervision highlights the impact of cultural differences and bilingualism, and employs a developmental framework. Exposure to more traditional instruments, as well as newer, empirically-driven and computerized instruments, is offered. Training in the cross-battery approach to defining learning disabilities is integrated with more conventional theories.

C. COMBINED TRACK

MAJOR CLINICAL ROTATIONS

1. Adult Outpatient Psychiatry Department ("AOPD")

Rebecca Fink MD	Director, Outpatient Services
Galina Bass, MD	Attending Psychiatrist
Helen Choi, MD	Attending Psychiatrist
Abdelrahman Selim, MD	Attending Psychiatrist
David Reynolds, MD	Attending Psychiatrist
Sybil Mouzon, MD	Attending Psychiatrist
Katrina McCoy, PhD	Attending Psychologist/Administrative Supervisor
Tracy Gard, PhD	Assoc. Director Training/Supervising Psychologist
Simon A. Rego, PsyD, ABPP	Director of Training, Supervising Psychologist
Scott Wetzler, PhD	Chief Psychologist, Supervising Psychologist
Miliagros Gonzales, LCSW	Program Manager
Michael Schmidt, LCSW	Clinical Supervisor

Jessica Bonds, LCSW	Social Worker
Miriam Echevarria, LMSW	Social Worker
Rose Fishbein-Brum, LCSW	Social Worker
David Goldberg, LMSW	Social Worker
Adam Lukeman, LMSW	Social Worker
Janet Ortiz-Simpkins, LMSW	Social Worker
Greg Katz, LMSW	Social Worker
Beverly Punter-Knox, LCSW	Social Worker
Cassie Powell, LMSW	Social Worker
Jose Rodriguez, LMSW	Social Worker
Panthea Saidipour, LMSW	Social Worker
Karen Smaltz, LCSW	Social Worker
Veronica Saravia, LMSW	Social Worker

The AOPD rotation for the Combined Track is housed on our Wakefield Campus in the Farrand Building. It is a general catchment area clinic that treats a heterogeneous group of approximately 1500 patients, representing 26,000 visits per year. Patients are seen in individual and/or group therapy, and many receive psychopharmacologic treatment and have comorbid substance abuse issues. Interns therefore learn to share care and discuss the contribution of psychological factors with other mental health professionals.

The Combined Track interns' typical AOPD caseload will consist of seeing approximately 6 patients per week, co-leading a group (e.g., DBT skills group) for 6 months, conducting intakes, and providing psychological testing for patients in the AOPD and on the adult inpatient unit (as needed/requested). Since many patients do not attend each week, the total number of individual patients assigned may be higher than the actual number of patients seen. While several of these cases may be transferred from the outgoing intern to the incoming intern, some may also be discharged or transferred to another staff member in the clinic. As such, interns will also be assigned intakes in order to build/maintain their caseloads as well as strengthen their intake evaluation and case formulation skills. Interns typically average one - two intake evaluations per month until they have a full caseload; intake evaluations then occur, as needed, when cases are discharged.

All patients must be registered in the AOPD. When a patient comes to the AOPD for the first time, the patient is given some forms and measures to fill out as part of the registration process. The initial appointment is considered the intake, and an initial evaluation and treatment plan is completed. Most patients are covered by insurance such as Medicaid and Medicare. A few patients pay a sliding scale fee, which is determined using a sliding scale, and ranges from approximately \$30 to \$160 per visit. Interns must complete activity sheets in order to record the clinical services they provide, and these sheets are to be submitted to a member of the AOPD's clerical staff each day. At the beginning of the rotation, interns will be fully oriented to the AOPD Policy and Procedures.

The Combined Track interns will see patients in the AOPD for the entire year, while simultaneously seeing patients in the Child Outpatient Psychiatry Department (see below). There is no single theoretical orientation in the AOPD since different clinical supervisors (including off-service supervisors who are responsible for co-signing all progress notes) use different approaches to therapy. The Combined Track interns are assigned to a variety of supervisors so that they are exposed to a range of theoretical orientations and therapeutic styles.

Each intern in the Combined Track will also be assigned a licensed psychologist who will act as their administrative supervisor and be responsible for overseeing the assignment of all patients, ensuring that new cases are presented in the team meeting, charting and documentation issues, utilization review (i.e. medical necessity and appropriateness of treatment, authorization by

managed care companies), transfer and disposition of cases, and maintaining the intern's full patient load. Interns should address any and all administrative questions to their administrative supervisor.

Each intern in the AOPD rotation for the Combined Track will be assigned to a private office with a computer for access to the electronic medical record, hospital email, Internet, etc. Each intern will also each be assigned to a multidisciplinary treatment team consisting of an attending psychiatrist, attending psychologist, and social workers that meets weekly to review new cases and discuss progress with ongoing cases. Each intern in the AOPD rotation for the Combined Track may also attend a weekly staff meeting (schedule permitting), which often includes either an educational component or case conference.

2. Child Outpatient Psychiatry Department (COPD)

Fredrick Matzner, MD	Medical Director
Amanda Zayde, PsyD	Attending Psychologist/Administrative Supervisor
Sandra Pimentel, PhD	Supervising Psychologist
Michelle Sotelo, NP	Psychiatric Nurse Practitioner
Bruce Webber, LCSW	Social Worker
Dan Summer, LCAT	Creative Arts Therapist
Evan Webster, LCAT	Creative Arts Therapist

The COPD rotation for the Combined Track is also housed on our Wakefield Campus in the Carpenter Building and provides services to a heterogeneous group of approximately 250 children and adolescent patients (ages 4-17), representing approximately 5000 visits per year. Diagnoses range from disruptive behavior disorders (ADHD, ODD, CD), anxiety, adjustment, and mood disorders, complex trauma, personality disorders, and psychotic disorders to learning disabilities.

The Combined Track interns' typical COPD caseload will consist of seeing approximately 4 patients per week, co-leading 1 group (e.g., Mentalization-Based Parenting Group) for 6 months, conducting intakes, and performing psychological testing on patients in the COPD (as needed). Since many patients do not attend each week, the total number of patients assigned may be higher than the actual number of patients seen. While several of these cases may be transferred from the outgoing intern to the incoming intern, some may also be discharged or transferred to another staff member in the clinic. As such, interns will also be assigned intakes in order to build/maintain their caseloads as well as strengthen their intake evaluation and case formulation skills. Interns typically average one -two intake evaluations per month while on the COPD rotation.

All patients must be registered in the COPD. When a patient comes to the COPD for the first time, the patient is given a number of forms and measures to fill out as part of the registration process. The initial appointment is considered the intake, and an initial evaluation and treatment plan is completed. Most patients are covered by insurance such as Medicaid. A few patients pay a sliding scale fee, which is determined using a sliding scale, and ranges from approximately \$30 to \$160 per visit. Interns must complete activity sheets in order to record the clinical services they provide, and these sheets are to be submitted to a member of the COPD's clerical staff each day. At the beginning of the rotation, interns will be fully oriented to the COPD Policy and Procedures.

The Combined Track interns will each see patients in the COPD for the entire year, while simultaneously seeing patients in the Adult Outpatient Psychiatry Department (see above). The intern will also receive intensive training and supervision in psychodynamic psychotherapy, family therapy, cognitive behavior therapy, dialectical behavior therapy, play therapy, group

therapy, and parent guidance. Interns also learn how to liaison with schools (e.g., review IEPs to make sure the patient has appropriate academic accommodations at school), foster care agencies, the Committee on Special Education and other relevant organizations.

There is no single theoretical orientation in the COPD since different clinical supervisors (including off-service supervisors who are responsible for co-signing all progress notes) use different approaches to therapy. The Combined Track interns are assigned to a variety of supervisors so that they are exposed to a range of theoretical orientations and therapeutic styles.

Each intern in the COPD rotation for the Combined Track will also be assigned a licensed psychologist who will act as their administrative supervisor and be responsible for overseeing the assignment of all patients, ensuring that new cases are presented in the team meeting, charting and documentation issues, utilization review (i.e. medical necessity and appropriateness of treatment, authorization by managed care companies), transfer and disposition of cases, and maintaining the intern's full patient load. Interns should address any and all administrative questions to their administrative supervisor.

The Combined Track interns will also be assigned to a treatment team consisting of an attending psychiatrist, attending psychologist, social workers, creative arts therapists, and a psychiatric nurse practitioner that meets weekly to review new evaluations and admissions and discusses progress with ongoing cases and administrative work. A portion of the meeting is also dedicated to training and case presentations. Interns in the COPD rotation for the Combined Track will be assigned to a private office with a computer for access to the electronic medical record, hospital email, Internet, etc.

ELECTIVES

If you are interested in pursuing any of the following electives, let Dr. Rego and/or Drs. Pimentel or Gard know and they will try to arrange your schedule to accommodate your preferences. This is your internship year and we will do our best to tailor it to your personal objectives. Interns in the adult track typically select at most **one** elective, which usually occupies the equivalent of a full day per week for 6 months during the Adult Outpatient Psychiatry Department rotation. For interns in the Child and Adolescent and Combined Tracks, electives usually occupy one day per week throughout the year (Fridays for Child Track interns and Wednesdays or Fridays for Combined Track interns), but can also be made into a more intense (i.e., 3 day/week) rotation during the certain months of the year (e.g., June).

Behavioral Sleep Medicine Program at the Sleep-Wake Disorders Center

During this one-day per week rotation, interns will learn about the diagnosis and treatment of patients who have severe or long standing problems associated with sleep and waking. Interns have the opportunity to participate in the evaluation and treatment of patients who have insomnia, circadian rhythm disorders, nightmares, nocturnal panic disorder, narcolepsy and CPAP compliance difficulties. Though mostly focused on work with adults, child and adolescent patients are occasionally seen. Interns can also observe sleep studies. Interns are also given the opportunity to attend a weekly sleep-wake case conference. Supervision is provided by Shelby Harris, PsyD, C.BSM.

Child Advocacy Center (CAC) Mental Health Team

This one-day per week elective is in the Butler Child Advocacy Center (CAC) of Montefiore Children's Hospital. A rotation with the CAC mental health team offers interns the opportunity to develop an essential awareness of the field of child abuse treatment, as well as familiarity with the functioning of child protective services. Interns will learn about cases during the fact finding phase, through observation of forensic interviews, conducted by a multidisciplinary team of pediatricians and nurse practitioners, social workers, ACS workers, NYPD detectives (special victims unit) and Assistant District Attorneys. Interns will then be expected to carry cases in the mental health assessment and treatment phase. The model of intervention is Trauma-focused Cognitive Behavior Therapy. Other interventions offered include: AF-CBT (Alternative for Families) in cases of coercive parental behavior and risk for physical abuse, SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress), Parent-Child Psychotherapy; and PSB-CBT (Problematic Sexual Behaviors-CBT). Two licensed psychologists are available to provide individual supervision for at least one hour a week: Nicole Cox, PsyD and Rachel Sheffett, PsyD.

Children's Hospital at Montefiore (CHAM) Behavioral Consultation Team

This one-day per week rotation gives interns the opportunity to develop an understanding of the ways in which acute and chronic medical illness affect the lives of children and their families, using an ecological developmental model. Interns can choose from several different clinical opportunities which may include the creation and co-leadership of outpatient groups for children with chronic illness, conducting individualized CBT and DBT interventions for patients struggling to adhere to their medical regimen or adjust to illness, and liaisons with the medical team to provide education about psychosocial issues in the pediatric population. Interns will also provide psychological assessment and consultation to children, families, and medical teams in the inpatient setting. Opportunities for research participation are also available on several ongoing projects (e.g., DBT for medical non-adherence, neuropsychological assessment of sickle cell disease). Supervision is provided by Becky Hashim, Ph.D. and Leslie Cunningham, Ph.D.

Comprehensive Services Model (CSM) Program

The CSM is a program funded by New York City's Human Resources Administration (HRA) to provide evaluation and case management services to substance abusing public assistance

recipients in the Bronx, with the goal of assisting them to engage in treatment, become clinically stable, and ultimately self-sufficient through employment. Interns selecting this rotation are able to conduct evaluations for employability, as part of a comprehensive case management program for substance abusing welfare applicants. Interns can also learn about disability and employability criteria and decision-making. Individual supervision of at least one hour per week is provided by Joanne Pearl, CSW.

Family Treatment and Rehabilitation Program

The Family Treatment and Rehabilitation Program (FT/R) is dedicated to providing comprehensive child-centered, family-focused and strengths based services designed to address the safety and well-being of children and families in the Bronx impacted by a range of challenging family situations, including mental health and/or substance abuse concerns, domestic violence, trauma and poverty. The ultimate goal of the FT/R program is to support families whose children are at-risk for foster care placement. This is accomplished by bringing together formal and informal networks of individuals and agencies that work to support and strengthen families own capacity to meet its needs and nurture and care for their children in their homes. All families accepted into our FT/R program will receive clinical assessment, intensive case management, ongoing monitoring, and supportive service referrals. This rotation offers a broad array of clinical training opportunities, including opportunities to conduct comprehensive clinical assessments with adults and children, to provide ongoing supportive services to families, and to serve as an integral part of an interdisciplinary FT/R team, committed to maintaining the safety and well-being of children and families in the Bronx. Supervision will be provided by Anita Jose, Ph.D., as well as other trainers in the program.

Geropsychology

For interns interested in working with older psychiatric patients, they may be assigned cases in the Geriatrics service of the AOPD. If interested, however, interns may also create a more intense elective experience that would include providing care at area nursing homes, conduct home visits, and participating in an array of inter-professional seminars and case conferences conducted in collaboration with the training program of the Division of Geriatric Medicine and comprehensive dementia assessments at the Center for the Aging Brain. Interns choosing this elective would also have opportunities to work with Holocaust survivors and participate in NIMH-sponsored research. Supervision is provided by geriatric psychiatrists Gary Kennedy, M.D., Alessandra Scalmati, M.D., and Mirnova Ceide, M.D.

Managed Addiction Treatment Services (MATS) Program

MATS is an innovative case management program designed for the high-risk, high-need Medicaid patients in the Bronx. The aim of the program is to help stabilize such patients by providing support, advocacy, and assistance with navigating the health care and social services systems, in order to improve access to all forms of ambulatory medical, behavioral health, and chemical dependency services, increase engagement and adherence to care, improve health outcomes, and reduce preventable hospitalizations and emergency department visits. Interns would learn about accountable care and health care reform during this rotation. Individual supervision of at least one hour per week is provided by Don Bux, PhD.

Neuropsychology Assessment Service

Interns may elect to perform additional neuropsychological testing with adult and child (or pediatric) inpatients and outpatients referred to the Neuropsychology Assessment Service. The Neuropsychology Service provides assessment and diagnosis of the cognitive and behavioral effects of various neurological and psychiatric disorders, including traumatic brain injury, dementia, stroke, multiple sclerosis, brain tumors, lupus, epilepsy, learning disabilities and attention deficit disorder. These batteries are supervised by Bryan Freilich, PsyD, ABPP.

Psychiatry AIDS Connected Ambulatory Program/HIV Clinic (PACAP)

Interns interested in working with patients with HIV disease (or their significant others) may be assigned cases in the Psychiatry HIV Program. Cases involve a wide range of Axis I and II pathology as well as deep socioeconomic, relational and health-related concerns, and are treated with a similarly wide range of therapeutic interventions as well as a close collaboration with psychiatry. Supervision is provided by Loren Soeiro, Ph.D., ABPP.

Research Elective

The psychology faculty at Montefiore Medical Center has an active research program in anxiety and depression, personality disorders, behavioral health services utilization, cognitive behavior therapy, dialectical behavior therapy, adolescent suicide, and neuropsychology, and applied clinical research using case studies or groups treated with evidence-based therapies and assessed using empirically-based measures. Interns interested in clinical research opportunities can elect to protect 4-6 hours of time for mentored research on a variety of research projects, with proportionate reductions in the clinical load. Interns have historically participated in all aspects of research including: literature review, study design, subject recruitment and data collection, data analysis, and dissemination of findings. Interns have frequently presented data at scientific conferences and have also served as first authors and co-authors on numerous scholarly papers and book chapters. Research mentors include: Drs. Scott Wetzler, Simon Rego, Sandra Pimentel, and Miguelina Germán.

Rose F Kennedy Children's Evaluation and Rehabilitation Center (CERC)

Rose F Kennedy Children's Evaluation and Rehabilitation Center (CERC), in the Department of Pediatrics in the Albert Einstein College of Medicine provides interns with the opportunity to work in the Group Attachment Based Intervention (GABI) an intensive parent-child intervention developed for families with birth to three children, when there is a concern about a parent's ability to parent due to an array of psychosocial stressors. Families are referred to GABI by pediatricians, ACS, Family Court and other preventive agencies. GABI is part of CERC which consists of a multi-disciplinary team of developmental behavioral pediatricians, psychiatrists, psychologists, and social workers, among other developmental specialists. Interns will learn how to conduct a trauma-informed clinical intake, including administering the Adult attachment Interview (AAI), the Parent and Child – Adverse Childhood Experiences Questionnaires, and behavioral health screenings. Interns will participate in GABI which include child-parent psychotherapy, parent groups, child groups and video feedback sessions. Group supervision is provided by two licensed psychologists and a licensed social worker: Anne Murphy, PhD, Marilina Rufino, PhD and Brooke Allman, LMSW.

Substance Abuse Treatment Program (SATP)/New Directions Recovery Center (NDRC)

These are two off site treatment programs: the SATP treats opioid dependent patients in a comprehensive methadone maintenance program; NDRC treats adults with addictions to various substances in an outpatient setting. Interested interns may elect a one-day per week rotation, including assessment, consultation, individual therapy, and group treatment. There are opportunities to gain experience in Acceptance and Commitment, Cognitive Behavioral, Integrative, Motivational Interviewing and Psychodynamic interventions. Supervision is provided by Katherine Mitchell, Psy.D. and/or Dan Sullivan, Psy.D.

Supporting Healthy Relationships Program

This is a unique opportunity to gain experience working on a federally-funded relationship education research program serving couples in the South Bronx. The program, called Supporting Healthy Relationships (SHR), is designed specifically to enhance relationship skills and strengthen relationships for low-income couples in the greater NYC area. The curriculum utilized is Drs. John and Julie Gottman's Loving Couples Loving Children which was shaped by Gottman's many years of research on marital functioning. The curriculum has also been modified to fit our diverse community by adding aspects of Dr. Sue Johnson's Emotionally Focused Couples Therapy and the Prevention and Relationship Enhancement Program (PREP)

by Stanley & Markman). While most clinicians work with couples using therapy as an intervention, our program encourages a clinician's role in prevention, before couples are distressed. This rotation offers a broad array of clinical training opportunities. We provide opportunities to conduct clinical assessments with couples and individuals, co-lead relationship education groups, design and lead groups on topics of intern's choice, provide ongoing supportive services to couples, as well as contribute to marital research/program evaluation projects as available. Supervision will be provided by Jantra Coll, PsyD as well as other trainers in the program.

Transplant Surgery Programs

The psychosocial service to the Transplant Surgery Programs provides consultation to all the solid organ transplant teams at the medical center. Psychiatrists, psychologists, consultation liaison fellows, and social workers are key participants in the multidisciplinary team that evaluates patients with congestive heart failure, liver diseases, and kidney failure. Interns will have the opportunity to carry a small caseload of transplant patients for individual psychotherapy, meet with Dr. Townes weekly for supervision, attend meetings with Dr. Marcus for psychiatric/medical consult when needed, attend selection meetings, observe and participate in multidisciplinary teams as they make crucial decisions related to transplant listing and treatment planning, participate in bedside evaluations/interventions, co-lead existing intervention/support groups, lead one or two psycho-educational group meetings on a topic of interest to them and pertinent to the patient population (mindfulness, reward planning, cognitive restructuring, insomnia, weight management, interpersonal effectiveness, etc.), and attend multidisciplinary psychiatric didactic meetings. The schedule for this rotation is flexible, and, within reason, can be tailored to an intern's availability. The psychologist is on site Tuesdays, Wednesdays, and Thursdays, so the intern must be available for supervision on one of those days. Supervision is provided by Meredith Townes, PsyD and Paula Marcus, M.D.

University Behavioral Associates

UBA is an innovative managed care company founded by the Department of Psychiatry at MMC which delivers behavioral health services to a large population in the Bronx and Westchester. Interns in this elective learn about models of health care reform, managed care, utilization review, and reimbursement methodologies. Supervision is provided by Scott Wetzler, Ph.D.

DOCUMENTATION

Documentation and record keeping represent a critical aspect of an intern's work. Interns will be responsible for preparing progress notes. These notes may be part of an electronic medical record or may be hand-written, depending on the protocol of the particular rotation.

Although it may be time-consuming, the writing of progress notes is mandatory and part of each intern's responsibilities as they learn to become a professional psychologist. As is the case with all clinical staff, interns must be conscientious about creating and maintaining the clinical record and completing all other documentation in a timely fashion. Remember, "*If you didn't document it, it didn't happen*" is the rule of thumb in most clinical settings.

In addition, as a general rule, interns should keep in mind that the patient's electronic and paper charts are legal documents. Thus, the chart is not an appropriate place for supervisory process notes or speculations. The chart is a permanent record of the patient's treatment. Please consult with your supervisor about the type and style of note you are to do.

In general, progress notes should be: (a) succinct, only focusing on the most important aspects of the session; (b) objective, if others had watched your session, they would agree with what you observed; and (c) non-judgmental and strengths-based (remember, patients have the right to access their medical records). This does not mean that you should omit, distort, downplay, or ignore challenges and/or areas of difficulty. It is meant to remind you that you should be clear and concise about what happened, but not every single detail of the session needs to be documented in your progress note - especially information that is not clinically relevant and might cause unnecessary embarrassment to your patient if he or she were to read it or it were to end up as part of a public record. Be respectful!

Interns should also complete the chart with the understanding that a possible adversary (i.e., lawyer or insurance company), may read it when the treatment is being challenged – such as if there is a lawsuit against you and the hospital for malpractice or if an insurance company is looking for assessing whether services performed deserve reimbursement.

In addition, most, if not all rotations include the documentation and regular updating of some type of treatment plan. The treatment plan should define problems in concrete, behavioral terms, with measurable goals, and specific interventions. Target dates must be applied to each problem and goal. In some settings, interns may need to leave space for other disciplines to contribute to this treatment plan. As the treatment progresses, additional problems and treatments may be added to the treatment plan.

CURRICULUM

Though clinical rotations are the primary focus of the internship, the **Psychology Curriculum** is an important addition to your work here. It is crucial that interns attend all lectures. Non-attendance at seminars is not acceptable and, in order to accommodate the teaching schedule, interns are excused from their clinical services during seminar time. It is also important that interns arrive on time for the seminars and participate fully in them.

The curriculum consists of: (1) a Thursday morning and afternoon seminar series usually for the intern class alone but occasionally conducted conjointly with psychiatry residents and fellows and/or externs; (2) Thursday morning Department of Psychiatry Grand Rounds; and (3) the specific curriculum for each clinical service.

The Thursday seminar series typically takes place from 9:00-10:15 and 1:00-3:00 and most often at 3317 Rochambeau Avenue, but occasionally the start and end times may vary, and the location may be at 3331 Bainbridge Avenue or in one of the Klau Pavilion Conference Rooms of the main hospital (refer to the curriculum schedule for specific details). The curriculum is organized according to modules including the following topics:

- General Psychiatry: Clinical Interviewing of Children and Adolescents, Clinical Interviewing of Adults, Mental Status Exam, Legal/Ethical and Privacy Issues, Local Area Resources/Services for Patients
- Emergency Management: Preventing and Managing Crisis Situations, Suicide Assessment, Child Abuse Reporting, Violence Potential, Relationship Violence
- Psychological Testing, Neuropsychology, and Learning Disabilities
- Psychopharmacology for Psychologists – Children and Adult patients
- General Psychopathology
- Specific Therapeutic Approaches: Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Psychoanalytic and Psychodynamic Therapy, Trauma-Focused Interventions for Children, Motivational Interviewing, Mindfulness Training, Acceptance and Commitment Therapy
- Specific Therapy Modalities: Family Therapy, Couples Therapy, Group and Milieu Therapy for Children, Sex Therapy, Multisystemic Therapy for Substance Abuse, Marriage Education, Mentalization-Based Parenting Interventions, Group Therapy
- Specific Disorders and Populations: Disruptive Behavior Disorders, Substance Abuse, Geriatrics and End of Life Issues, Survivors of Torture, Sleep Disorders, Eating Disorders
- Careers of Psychologists in Different Settings: Pediatric Consultation/Liaison Psychology, NYPD, AIDS Center, Integrated Primary Care Center, Transplant Programs, School-based Mental Health, Forensic Psychology
- Professional Development Topics: Psychology Licensure, Private Practice, Ethical Issues, Becoming a Supervisor, Self-Care and Burnout, Integrating Science and Practice, Navigating the Job Market, and Working with the Media
- Culture and Diversity
- Integrated Care: Pediatric and Adult Health Services
- Theories and Methods of Consultation, Program Planning, and Evaluation

The Thursday **Grand Rounds Series** consists of invited speakers from across the nation who present on various topics in psychiatry and psychology. You will receive the complete schedule at the start of the year. Grand Rounds take place from 10:30-12:00 in the Cherkasky Auditorium in the Silver Zone of the main hospital. Occasionally, speakers are invited for a “lunch with the

interns” immediately following Grand Rounds and, at times, to give a practical workshop during the afternoon didactics slot. You will be notified of these events as the year progresses.

A **Psychology Division Meeting**, with faculty and all interns, is held on the 2nd Monday of each month, from 11:00-12:00 in the Conference Room at 3317 Rochambeau Avenue. At this time, interns may discuss clinical cases, journal articles, or professional issues of general interest to all psychologists. An **Intern Meeting** with Dr. Rego to discuss training issues is held on the 1st Thursday of each month from 12:00-1:00 at the same location.

BENEFITS (STIPEND, TIME-OFF, MEDICAL BENEFITS, ETC.)

Stipend: The internship stipend is currently \$40,000 per year. Taxes and benefit costs are withheld from the biweekly paycheck. You have the option of direct deposit or picking up your check personally at the House Staff Office.

Vacation, Conference, and Sick Days: All interns are entitled to twenty vacation days and twelve sick days for the year. We ask that you try to arrange to use two weeks vacation during the first half of the academic year and two weeks during the second half. Approval for the dates selected must be given by your administrative supervisor and directors of the clinical service at least two weeks prior to the planned date. Only under extraordinary circumstances will vacation days be permitted during the first and last two weeks of the year. In addition, you may request up to five conference days. Approval for conference days must be given by Dr. Rego. Please note that travel expenses are generally not reimbursed. Interns requests for financial support for conferences will reviewed on a case-by-case basis and will require authorization from both the Dr. Rego and Executive Regional Administrator. Please refer to the "Intern Time-Off Procedures" hand-out for detailed information about how to submit time off requests and call out for sick days.

Medical Benefits: Montefiore Medical Center has an excellent benefit program. The program is made up of a broad range of coverage that offers both flexibility and the opportunity for solid financial protection for you and your enrolled family members. Montefiore provides three medical options. The choices represent an indemnity plan with high deductibles and co-payments, an indemnity plan with low deductibles and co-payments, and a point of service plan for medical care primarily delivered at Montefiore. Each of these choices is available to you at different costs, and you should choose the one which is most appropriate to your personal circumstances. Besides medical options, there are prescription drug, vision, dental options, life insurance, etc. The selections and costs are explained in full by our Benefits Office at the beginning of the internship year. An enrollment booklet will be made available at that time.

Educational Resource Allowance: All interns are entitled to an educational resource allowance of up to a maximum of \$500.00. This can be used towards: (1) Purchasing academic textbooks or journal subscriptions, (2) Payment of professional society membership dues, (3) Purchasing educative software, and (4) Purchasing personal digital assistant (PDA) capable devices (for example: PDA wireless telephones, PDA touch, PDA devices, I-Touch, I-Phone, I-Pad, and e-readers). The following procedures should be followed: obtain an "Employee Business Expense & Travel Reimbursement Form" from the department or House Staff Office. Once you have filled out the form and attached original receipts for purchases/expenses, it must be submitted to Dr. Rego for his approval and signature and then forwarded to the House Staff Office for review, tracking, and approval by the Director of House Staff Office as second signature.

House Staff Debit Card Meal Program: Montefiore Medical Center will provide \$15.00 per day to supplement the cost of three meals. Your identification badge (ID) will be programmed to serve as a debit card and loaded with weekly allotments (\$15.00/day) that can be used to purchase a variety of breakfast, lunch, and dinner offerings in the Medical Center Food Pavilion at Moses Division, the Coffee Shop at Moses, the CHAM Kiosk, the Northwest Kiosk, the Cafeteria at the Wakefield Division, and the Coffee Shop at the Wakefield Division. The debit cards cannot be used for purchases from the mobile food carts

Parking: Please advise us, as soon as possible, if you intend to drive to work and will need a parking space as the number of available spaces is extremely limited. There are three different locations, when available, which use a diverse fee scale: (1) The 210th St. garage, which is

directly across the street from the main entrance to the hospital, has a monthly charge of \$100, and is open 24/7; (2) The 3450 Wayne Ave. garage, which is one/two blocks east of the main entrance, has a monthly charge of \$90, and closes at 11:00pm; and (3) The Shandler Field parking lot, which is 5 blocks away and provides a shuttle bus to and from the hospital, has a monthly charge of \$65, and closes at 6:00pm.

Housing: Subsidized housing is available to house staff at Montefiore Medical Center, including psychology interns, but cannot be guaranteed. There are two locations adjacent to the hospital (3411 Wayne Avenue and 3450 Wayne Avenue) and one location located in Riverdale (3636 Waldo Avenue) with shuttle bus availability. Apartment sizes range from studios to two bedrooms, many of which have balconies. The Riverdale apartment building is of higher quality, in a nicer neighborhood, but at a higher rent. More information can be found at: www.montefiore.org/housing.

Health Sciences Library: The Health Sciences Library is located on the 2nd Floor of the Moses Research Tower and is open from Monday through Friday from 9:00am - 10:00pm, and Saturday from 9:00am - 4:45pm. Interns are allowed access to the library and are eligible to use all library services and privileges once they have a Montefiore I.D. badge. Resources include: electronic databases such as PubMed, Ovid MEDLINE, and Cochrane with full text, online journals and e-books. Computer workstations, laptops, wifi and printers are also available in the library. Materials not available in the library or online can be obtained through interlibrary loan. Your I.D. also entitles you to access to the Einstein library which has more resources and is located on the East Campus. A Shuttle bus travels between Montefiore and the Einstein Complex a number of times a day.

Computers: All clinical offices are equipped with computers with internet access, and interns are assigned hospital email addresses in GroupWise, the medical center e-mail system. Please note that the hospital has a strict policy regarding the protection of patient information over email, as well as responsible internet usage. Interns on clinical services without private offices will have access to computers in shared office space. Interns are also able to use the many computers in the Health Sciences Library.

Pagers and Voice Mail: All interns will receive a pager with voice mail to be returned at the end of internship. There is a \$50 deposit due when you receive your pager. This fee is refunded to you upon return of the pager. In addition, all private offices have voice mail.

Diplomas: Although you haven't yet started the internship program, you should know that interns receive diplomas signed by the Director of Training, Chairman of the Department of Psychiatry and Behavioral Sciences, President of Montefiore Medical Center, and Dean of Albert Einstein College of Medicine upon completion of the training program!

EVALUATIONS

The Internship program is strongly committed to ongoing evaluations on multiple levels:

- intern evaluation of his or her own performance
- supervisor evaluation of intern performance
- intern evaluation of supervisors
- intern evaluation of training program, including core rotations, electives, and didactics.

Supervisors are expected to give informal feedback to interns throughout the year, regarding the quality of their work. Formal written evaluations are completed twice during the year: once in December and once in June. All supervisors prepare written, quantifiable evaluations on a 5 point Likert scale, covering the following domains: Diagnostic and Assessment Skills, Treatment and Consultation Skills, Ethical Understanding and Behavior, Diversity in Psychological Practice, Professional Development and Demeanor, and specific training areas (cognitive behavioral therapy, psychodynamic therapy, dialectical behavior therapy, etc.). In addition, there is a narrative section for a broader description of the intern's strengths and weaknesses.

These evaluations are placed in the interns' files. Dr. Rego meets with each intern to discuss these evaluations, first in December, and then again in June, and each intern must sign a confirmation sheet indicating that he or she has read each of the evaluations. At the end of the year, a summary letter, including an average of these evaluations, is sent to each intern's graduate school.

The **minimum requirement** for successful completion of the internship is to achieve an average rating across all competencies of 3 ("Trainee's performance meets expectations of his/her position") or higher at the end of the internship year, with no final ratings of 1 ("Trainee's performance does not meet the minimum acceptable level for his/her position").

In meetings with supervisors as well as in the monthly meetings with Dr. Rego, interns are encouraged to discuss professional issues, training issues, areas of clinical competence which he or she would like to develop, or any issue which interferes with their professional identity. Then, at the end of the year, interns are asked to formally evaluate their own competence and confidence level since the formation of professional identity represents a major objective of the training program.

Throughout the year, interns are informally asked to evaluate the program, rotations, didactics, and supervisory relationships. At year-end, interns are asked to anonymously provide formal evaluations concerning all aspects of the training program, such as clinical rotations, supervisors, and seminars. This represents an important source of feedback regarding the quality of the training we offer, and each year we make adjustments (from slight to major) to our program based on the prior year's trainees' comments and recommendations.

We appreciate your cooperation in this effort.

POLICIES

The Internship is covered by Montefiore Medical Center Medical Staff Bylaws, Montefiore Medical Center Medical Staff Rules and Regulations, and Montefiore Medical Center House Staff Policies and Procedures. Psychology Faculty are considered Allied Health Professionals at the Medical Center with hospital appointments and defined clinical privileges, and Psychology Interns are considered House Staff in an accredited training program.

Among the relevant policies, summarized in the House Staff Manual, are the following:

- Risk management
- Procedures for evaluation and due process
- Chart completion
- Leave of absence
- Behavioral health services
- Nondiscrimination and anti harassment
- Physician impairment and drug abuse policy
- Professional conduct reporting policy
- Dress code guidelines

In addition, interns are entitled to certain benefits defined in their contract (signed prior to employment) which include: duration of training, compensation, medical benefits and disability insurance, vacation time, liability coverage, support services (including counseling, medical and/or psychological treatment), leave of absence for sickness or parenting, and limited work hours. Psychology interns do not have on-call responsibilities, but must work a minimum 45 hours per week (in order to meet statute licensure requirements).

Due Process and Grievance Policy:

The Psychology Training program is committed to resolving any problems or issues which arise for interns during the course of the training year. If a problem arises with any facet of the training program (e.g., the requirements, conflict with a supervisor, gender or race discrimination, sexual harassment, unfair practices), the intern and Director of Training will discuss it, and make every effort to resolve it informally.

However, if the intern is not satisfied, he/she is advised to file a written formal grievance with the Director of Training. The grievance will be reviewed by the Executive Vice-Chairman of the Department of Psychiatry at Montefiore Medical Center. The Executive Vice-Chairman together with the Director of Training will meet with the complainant and any other relevant parties to the grievance. If necessary, legal advice will be sought. The Executive Vice-Chairman and the Director of Training will communicate the decision to the Chairman of the Department of Psychiatry and Behavioral Sciences. The Chairman may choose to accept the decision or refer it back to the Director of Training and Executive Vice-Chairman for continued investigation and review. Once the Chairman accepts the decision, it is communicated in person to the intern and there will be a written record made of the decision. Interns also have the right to consult with the Department of Human Resources at Montefiore Medical Center, and may report any perceived violations to the American Psychological Association (Committee on Accreditation, 750 First St, NE, Washington, DC 2002-4242. Tel: 202-336-5979).

The Psychology Internship's due process and grievance policies and procedures are consistent with guidelines recommended by APPIC. This includes a definition of levels of impairment (distinguishing between a remediable problem and an impairment which does not change after

feedback); a process of remediation and sanction alternatives (i.e. verbal warning; written acknowledgment which will ultimately be removed from the intern's file; written warning of consequences and actions needed to correct impairment and notification of intern's right to review; schedule modification; probation; suspension of direct service activities; administrative leave; dismissal); a process for responding to negative evaluations by supervisor; due process guidelines and procedures; and grievance procedures due to an intern challenge or a training staff member challenge. The Training Director will provide interns with written feedback regarding the success or lack of success of the remediation plan.

We attach the following document to apprise you of your rights, but please note that, to date, no intern has ever failed to complete the internship successfully; no intern has ever been put on probation; and no intern has ever filed a grievance!

POLICY: THE IDENTIFICATION AND MANAGEMENT OF INTERN PROBLEMS/IMPAIRMENT

This document provides interns and staff a definition of impairment, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or impairment.

Definition of Impairment

Impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning. While it is a professional judgment as to when an intern's behavior becomes impaired rather than problematic, a problem refers to a trainee's behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairment when they include one or more of the following characteristics: the intern does not acknowledge, understand, or address the problem when it is identified; the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training; the quality of services delivered by the intern is sufficiently negatively affected; the problem is not restricted to one area of professional functioning; a disproportionate amount of attention by faculty is required; and/or the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Remediation and Sanction Alternatives

It is important to have meaningful ways to address impairment once it has been identified. In implementing remediation or sanction interventions, the faculty must be mindful and balance the needs of the impaired or problematic intern, the patients involved, members of the intern training group, the training staff and other agency personnel.

Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Written Acknowledgement to the intern formally acknowledges that the TD is aware of and concerned with the performance rating, that the concern has been brought to the attention of the intern, that the TD will work with the intern to rectify the problem or skill deficits, and that the behaviors associated with the rating are not significant enough to warrant more serious action. The written acknowledgement will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

Written Warning to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain: a) a description of the intern's unsatisfactory performance; actions needed by the intern to correct the unsatisfactory behavior; b) the time line for correcting the problem; what action will be taken if the problem is not corrected; and c) 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 by

the TD. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

Schedule 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. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. 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 supervisors; b) change in the format, emphasis, and/or focus of supervision; c) recommending personal therapy; 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 TD in consultation with the Associate Director of Training. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the Associate Director of Training.

Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the TD 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 rating. The intern is informed of the probation in a written statement which includes: the specific behaviors associated with the unacceptable rating; the recommendations for rectifying the problem; the time frame for the probation during which the problem is expected to be ameliorated, the procedures to ascertain whether the problem has been appropriately rectified. If the TD determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the TD will discuss with the Associate Director of Training possible courses of action to be taken. The TD 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 the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the TD will communicate that if the intern's behavior does not change, the intern will not successfully complete the internship.

Suspension of Direct Service Activities requires a determination that the welfare of the intern's patient has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the TD. At the end of the suspension period, the intern's supervisor in consultation with the TD will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

Administrative Leave involves the temporary withdrawal of all responsibilities and privileges. If the Probation Period, Suspension of Direct Service Activities, 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 will be informed. The TD informs the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

Dismissal from the Internship involves the permanent withdrawal of all responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient 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, TD will communicate to the intern's academic department that the intern has not successfully completed the internship.

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 faculty member has concerns about an intern's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated: The faculty member will consult with the TD to determine if there is reason to proceed and/or if the behavior in question is being rectified. If the faculty member who brings the concern to the TD is not the intern's Associate Director of Training, the TD will discuss the concern with the intern's Associate Director of Training. If the TD and Associate Director of Training determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the faculty member who initially brought the complaint. The TD will meet with all supervisors on the Training Committee to discuss the performance rating or the concern and possible courses of action to be taken to address the issues. The TD and Associate Director of Training may meet to discuss possible course of actions. Whenever a decision has been made by the TD about an intern's training program or status, the TD will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's Associate Director of Training. If the intern accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

Due Process: General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures, which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

During orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.

Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals. Articulating the various procedures and actions involved in making decisions regarding impairment. Communicating, early and 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. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the intern handbook. The Intern Handbook is provided to interns and reviewed during orientation. Ensuring that interns have sufficient time to respond to any action taken by the program. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Due Process: 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 TD and the intern or faculty, the steps to be taken are listed below.

Grievance Procedures

There are two situations in which grievance procedures can be initiated. An intern can challenge the action taken by the TD or a member of the faculty may initiate action against an intern. These situations are described below.

Intern Challenge

If the intern wishes to formally challenge any action taken by the TD, the intern must, within five (5) working days of receipt of the TD decision, inform the TD, in writing, of such a challenge. When a challenge is made, the intern must provide the TD information supporting the intern's position or concern. Within three (3) working days of receipt of this notification, the TD will consult with the Executive Vice Chairman of the Department and will implement Review Panel procedures as described below.

Staff Challenge

If a faculty member has a specific intern concern that is not resolved by the TD, the faculty member may seek resolution of the conflict by written request to the TD for a review of the intern's behavior. Within three (3) working days of receipt of the faculty member's challenge, the TD will consult with the Executive Vice Chairman and a Review Panel will be convened.

Review Panel and Process

When needed, a review panel will be convened by the TD. The panel will consist of the TD and Executive Vice Chairman. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. Within five (5) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report, including any recommendations for further action. Recommendations made by the Review Panel will be made by unanimous vote and presented to the Chairman of the Department of Psychiatry and Behavioral Sciences. Within three (3) work days of receipt of the recommendation, the Chairman will either accept or reject the Review Panel's recommendations. If the Chairman rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Chairman may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision. If referred back to the panel, they will report back to the Chairman within five (5) work days of the receipt of the Chairman's request of further deliberation. The Chairman then makes a final decision regarding what action is to be taken. The Training Director informs the intern, and if necessary, the training program of the decisions made. If the intern disputes the Chairman's final decision, the intern has the right to contact the Department of Human Resources to discuss this situation.

ADMINISTRATIVE TASKS PRIOR TO STARTING

Once you have returned the signed contract, you are required to take a **physical exam** which includes blood tests. This examination can be performed by the Occupational Health Service (OHS) of Montefiore Medical Center or by your personal physician.

If you intend to use your personal physician, then please contact House Staff to send you the necessary medical forms which your doctor must complete.

If using OHS, you should contact the House Staff office (see below) so they can arrange an appointment for you with OHS prior to the start date. You should also ask a member of the House Staff office if you can stop by at the time of your physical, so you can complete the necessary administrative paper work (e.g. W-4 forms, etc.). In addition, you should find out what identifying papers are required (i.e. birth certificate or passport).

Once you have completed your medical clearance and administrative paper work, you will be able to obtain your I.D. badge from Security (located on 3324 Rochambeau Avenue). This can be prior to, but no later than, your start date.

Once you have an I.D. badge, you will be eligible for many of the benefits listed on pages 18 and 19 of this handbook (e.g., apply for a parking, use of Health Sciences Library, etc.).

ADMINISTRATIVE ASSISTANCE

Psychology Internship Training Program

Our internship program coordinator, Ms. Lynda Guagenti, is located on the 3rd floor of our administrative building (3317 Rochambeau Avenue) and can be reached at: 718-920-4797.

House Staff Office

The House Staff Office is located on the Moses Campus at 150 East 210th Street, 3rd Floor (4th doorbell). Our contact, Ms. Ariana Sanati and can be reached at: 718-920-2625. In general, members of the House Staff office are very helpful and cooperative, but if you encounter any problems, please contact our internship program coordinator, Ms. Lynda Guagenti.

TECHNICAL SUPPORT

All clinical offices are equipped with computers with internet access, and interns are assigned hospital email addresses in Microsoft Office 365, the medical center's e-mail system. Interns on clinical rotations without private offices will have access to computers in shared office space. Montefiore has a 24 hour/day hotline for technical support that can be reached at: 718-920-4554 or servicerequest@montefiore.org. They will ask for your computer ID, which is typically labeled on the front of the computer monitor and CPU tower.

OTHER IMPORTANT HOSPITAL PHONE NUMBERS

Benefits: 914-378-6530

Human Resources: 914-378-6570

Occupational Health Services (for Employee Physicals): 718-920-5406

Payroll: 914-378-6400

Parking Garage: 718-920-5691

Pharmacy: 718-920-4934

Security: 718-920-6131