

Psychology Internship Training Program
Department of Psychiatry and Behavioral Sciences
**Albert Einstein College of Medicine/
Montefiore Medical Center**

HANDBOOK

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INTRODUCTION

Welcome to the Psychology Internship Training Program in the Department of Psychiatry and Behavioral Sciences at Albert Einstein College of Medicine/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 presenting you with rich and complex cases while both offering you support and encouraging your independence. While our psychology faculty members are diverse in their theoretical orientations and represent the many paths a psychologist may take, they are all united in their commitment to sharing their wisdom and experience with you in order to maximize your learning throughout the internship year.

This handbook is provided to help make your transition into the department as smooth as possible and to address many of the frequently asked questions that arise during the internship year. Hopefully, the information provided here will at least 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 doing it with?” Please review the handbook and use it as a reference during the first few weeks – and then keep it around so you can use it as a resource throughout the year!

Life at Montefiore Medical Center (and in the Bronx!) 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 of the hospital, you will feel increasingly comfortable. If you have any questions at any time, please feel free to contact me or any of our faculty members for assistance. We are all here to help make this year all that you had hoped for - and more!

Best wishes and enjoy your internship year!

A handwritten signature in black ink, appearing to read 'Simon A. Rego', with a stylized, overlapping loop structure.

Simon A. Rego, PsyD, ABPP, A-CBT
Chief of Psychology and 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 health service psychology. Through offering 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 settings.

We believe that, today more than ever, there are many different ways to practice professional psychology and many different academic, research, and clinical settings in which it may 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 capitalize on the many different opportunities our system provides in order to allow each trainee to customize their year to focus on the APA profession-wide competency areas that are most critical for them to build before completing their doctoral degrees. At the same time, we believe in the benefits allowing interns to pursue and develop competency in areas of personal interest. As a result, we pride ourselves in making our program 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 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.

ADULT TRACK**MAJOR CLINICAL ROTATIONS****Adult Outpatient Psychiatry Division (“AOPD”):**

Maria Gomez, M.D.	Medical Director, AOPD
Jacob Hartman, M.D.	Associate Medical Director, AOPD/ONTrackNY
Rachel Held, Ph.D.	Lead Psychologist, AOPD
Regina Musicaro, Ph.D.	Director, THRIVE
Dawn Colena, LCSW	Director Ambulatory Psychiatry, Chair DEI
Jenise English, LCSW	Clinical Manager, AOPD/COPD
Melissa Cintron-Arroyo, LCSW	Clinical Manager, COPD/ACUTE
Denise Guarino, Psy.D.	Attending Psychologist, DBT AOPD Clinical Director
Shahab Motamedinia, Ph.D.	Senior Psychologist, AOPD/PD Training Director
Simon A. Rego, PsyD, ABPP, A-CBT	Supervising Psychologist
Austin Eklund, PhD.	Attending Psychologist, AOPD
Yash Bhambhani, Ph.D.	Supervising Psychologist, SATP
Aaron Breslow, Ph.D.	Supervising Psychologist, TGNB Elective
Lillian Colon, MD	Attending Psychiatrist AOPD/POS
Nelly Katsnelson, M.D.	Attending Psychiatrist
Adele Munsayac, MD.	Attending Psychiatrist, AOPD/POS
Hanya Shatara, LCSW	Senior Social Worker, AOPD
Erika Overman, LCSW	Senior Social Worker, AOPD
Jillian Santana, LMSW	Social Worker, AOPD
Luz Zuniga, LMSW	Social Worker, AOPD
Leila Hekmati, LCSW	Social Worker, AOPD
Nazeela Gafur, LCSW	Social Worker, AOPD
Paula Haynes, LMSW	Social Worker, AOPD
Andrea Martinez Kondracke, MD	Division Chief, Dept of Psychiatry & Medicine/Director of Consultation Liaison Psychiatry & Transplant Psychiatry Director, POS
Rebecca Klein, MD	Attending Psychologist, POS/ACUTE/CL
Kahlil DuPerry, Psy.D.	Lead Psychologist, Transplant Psychiatry
Lisa Teh, Ph.D.	Psychologist, OnTrackNY Team
Dalal Badreddine, Ph.D.	Social Worker, OnTrackNY Team
Paola Disla, LMSW	Nurse Practitioner AOPD/ OnTrackNY Team
Teresa Lebron-Correa	Nurse Practitioner AOPD
Anu Vazhappilly	Administrative Supervisor
Marlene De La Cruz	Administrative Assistant
Gina Waynes	Administrative Assistant
Irene Acevedo	Administrative Assistant
Arvetter Marine	Administrative Assistant
Tariq Sall	Administrative Assistant

The Moses AOPD is an Article 31 Clinic that treats a heterogeneous group of approximately 1500 patients, representing 25,000 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) 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 a full caseload of patients (approximately sixteen visits/week) while on the AOPD rotation and also carry 2 AOPD patients when they are off-service. Each intern in the AOPD will be assigned to his or her own office with a computer, internet access, phone line and extension, and hospital email.

All patients must be registered in the AOPD. When a patient applies for treatment in the AOPD, s/he/they are given an intake packet 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 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). Dr. Held serves as the AOPD Lead Psychologist and intern coordinator which includes overseeing the assignment of all patients, maintaining the intern's full patient load, and for case transfer and disposition. Interns should address any and all administrative questions to their administrative supervisor and discuss caseload issues with Dr. Held.

An intern's typical caseload will consist of approximately 12 individual visits per week and one group, one family and one couples case. The AOPD is licensed as a telehealth provider, so interns will get experience in conducting telehealth in addition to traditional in person visits. 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 an intake clinic, in order to build/maintain their caseloads. Interns are expected to complete five initial diagnostic evaluations, one of which will be an evaluation for gender affirming medical procedures for Transgender and Gender nonbinary patients. In addition, they will complete one neuropsychological testing case. Interns are also required to attend Friday case conference (with the psychiatry residents) approximately every other week, and present at least one case (including the write up) at one of the weekly case conference meetings. Interns are required to attend a weekly TGNB Consultation Meeting and choose to be a member of either the DBT Consultation Team or THRIVE consultation Team.

Psychiatric Observation Suite ("POS"):

Rebecca Klein, M.D	Director, Psychiatric Emergency Service Moses, and CHAM
Dawn Colena, LCSW	Assistant Director of Ambulatory and Emergency Services
Melissa Cintron-Arroyo, LCSW	Clinical manager Clinical Director of Psychiatry, Montefiore-Moses Campus and
Melissa Rooney, M.D.	Children's Hospital at Montefiore; Attending Psychiatrist
Adele Munsayac, M.D.	Attending Psychiatrist
Lillian Colon, M.D.	Attending Psychiatrist
Linda Chokroverty, M.D.	Attending Psychiatrist
Joan Gerbasi, M.D.	Attending Psychiatrist
Stephen Mondia, M.D.	Attending Psychiatrist
Paroma Mitra, M.D.	Attending Psychiatrist
Kahlil DuPerry, Ph.D.	Attending Psychologist
Natoya McKenzie, LCSW	Senior Social Worker
George McCray, LCSW	Social Worker
Gisell Perez Ortiz, LCSW	Social Worker

Linda Ruban, LMSW	Social Worker (Thursday evenings and weekends)
Jacqueline Torres	Social Work Assistant
Paulette McEwen	Social Work Assistant
Jasmine Herrera	Administrative Assistant (Days)
Kai Roman	Administrative Assistant (Nights)
Chiquana Gibbs	Administrative Assistant (Weekends)

The POS is a 5-bed unit within the adult emergency department for patients presenting with psychiatric complaints. Patients are seen either in the POS, the main ED, or in the pediatric ED. Interns will gain exposure to a wide range of diagnoses and psychopathology, including mood and psychotic disorders, suicidality and homicidality, substance use disorders, trauma-related disorders, malingering and neurodevelopmental disorders. Interns will conduct diagnostic interviews, gather collateral from families, providers, and outside agencies and present treatment recommendations to an attending psychiatrist and/or psychologist. Interns will gain competence in conducting safety and risk assessments, determining indications for hospitalization vs. discharge and providing brief crisis interventions. Interns will consult with attending psychiatrist or chief resident on cases where medications/other medical interventions appear appropriate

Psychiatry Consultation Liaison Service (“CL”):

Andrea Kondracke, M.D.	Division Chief, Director of Consultation Liaison Psychiatry
Shilpa Lad, M.D., M.S.	Associate Director, Consultation Liaison Psychiatry, Moses
Lauren Helm, M.D.	Attending Psychiatrist
Joseph Kim, M.D.	Attending Psychiatrist
Daniel Helman, M.D.	Attending Psychiatrist
Stefania Buonocore, M.D.	Attending Psychiatrist
Kahlil DuPerry, Ph.D.	Attending Psychologist
Katie Console, Ph.D.	Attending Psychologist
Sandra Atkins, LCSW	Social Worker, Addiction Psychiatry
Judy Martell	Administrative Assistant

The Moses Psychiatry C/L rotation provides psychological consultation services in one of the largest teaching hospitals and public safety-net medical centers in New York City. Given the diversity of treatment units covered, a full range of medical and psychiatric issues are encountered on this fast-paced service. This also lends itself to a wide range of cultures and international communities that are represented in our patient population. Thus, interns are required to incorporate diversity and cultural awareness throughout all aspects of service delivery. The C/L service provides the interns exposure to collaborating with a vast array of hospital based medical teams and to enhance skills in the overall management and treatment of medically and/or psychiatrically compromised patients. Psychological consultation may be requested for a number of concerns. Some of these include: pre-existing psychiatric issues, current illness-related distress, wide-ranging adjustment issues, behavioral management strategies, poor adherence to treatment, and to address capacity issues to provide informed consent and/or clearance for hospital discharge. Psychology Interns will learn the rapid assessment of medically compromised patients, the ability to render a diagnosis, and provide brief bedside evidenced based treatment in medical areas that require rapid decision-making and follow-up. The rotation also provides learning and exposure to multiple health psych and behavioral medicine training opportunities within a medical inpatient setting. The attending psychologist and the team of attending psychiatrists and addiction social worker provide supervision of interns in their clinical evaluation of patients, as well as in their consultative role

to other providers. This services also provides opportunities learn alongside medical students, psychiatry residents, and C/L psychiatry fellows.

Montefiore Einstein Center for Transplantation - Transplant Psychology Service

Lisa Teh, PhD	Psychologist
Christine Cho, PsyD	Psychologist
Peter Spyrou, MD	Psychiatrist

The Montefiore Einstein Center for Transplantation is a Center of Excellence in kidney and liver transplantation. We pride ourselves in providing state-of-the art multidisciplinary care for patients undergoing kidney, pancreas, and liver transplantation, as well as kidney and liver living donation. The psychology and psychiatry services are fully integrated into the transplant program and highly regarded across disciplines. Interns will work within the transplant team to assess for psychological contraindications to liver and kidney transplantation and living donation, as well as provide inpatient assessment and therapy for patients hospitalized post-transplant and presenting with a variety of psychological concerns, including alcohol/substance use disorders, depression, and anxiety. Interventions used with transplant patients are based on CBT, motivational interviewing, and mindfulness. Interns will work closely with members of the multidisciplinary team including surgeons, hepatologists, nephrologists, social workers, and nurses to provide high-quality integrated care for transplant recipients and living donors. There are opportunities to participate in multidisciplinary team meetings with the transplant team. Clinical supervision and consultation will be provided by Drs. Teh, Cho, and Spyrou.

Research:

All interns are required to participate in research during the year and will have protected research time for up to 1 day per week for the entire internship year. The psychology faculty at Montefiore are currently involved in research in number of different areas, including: anxiety and depression, personality disorders, behavioral health services utilization, psychological assessment, cognitive behavior therapy, dialectical behavior therapy, mentalization-based therapy, adolescent suicide, and eating disorders. Interns may select a faculty member from our Research Mentor List (available upon request) or seek and request an alternate mentor (e.g., a professor from their graduate institution, other faculty member at Montefiore or Einstein) with whom the intern already has – or would like to form – a mentor-mentee relationship. Mentors provide an average of 1 hour per week of supervision to the intern during their research rotation. Mentors may help the intern develop and carry out a new project or may have an existing project which the intern can contribute to in a substantial way. Examples of scholarly projects include hypothesis-driven studies, descriptive studies (e.g., chart reviews, questionnaire administration), secondary analyses of existing data sets, and literature reviews. Surveys, QI projects, or program design, implementation, and evaluation projects that benefit our patients or services will also be considered. Regardless of the type of project, the intern must take ownership of a significant aspect of it, and it must lead to a “deliverable” (e.g., manuscript suitable for journal submission or abstract suitable for conference submission) at the local (including the host institution), regional, or national level, ideally by the end of the internship year. A Research Mentor-Mentee Contract should be completed and signed, ideally by the end of the first month of the year and the mentee will provide quarterly progress reports and a project summary at the end of the training year, by June 15 each year.

CHILD AND ADOLESCENT TRACK

MAJOR CLINICAL ROTATIONS

Child Outpatient Psychiatry Division (“COPD”), Anxiety and Mood Program (“AMP”), Adolescent Dialectical Behavior Therapy Program (“DBT-A”), Eating Disorders Program at Montefiore (“EDPM”), and Child and Adolescent Assessment Service.

Note: All Child and Adolescent Track Interns will be provided a COPD/AMP Policy and Procedures Manual during orientation.

Sandra Pimentel, PhD	Chief, Child and Adolescent Psychology
Audrey Walker, MD	Chief, Child and Adolescent Psychiatry
Dawn Colena, LCSW	Director, Ambulatory Services
Jennifer Petras, MD	Medical Director, COPD
Jenise English, LCSW	Clinical Manager
Maria Alba, PsyD	Attending Psychologist
Gifty Ampadu, PhD	Attending Psychologist
William Buerger, PsyD	Attending Psychologist
Jenny Seham, PhD	Attending Psychologist
Lauren Yadlosky, PhD	Attending Psychologist
Leila Hekmati, LCSW	Social Worker
Donica Labassiere, LMSW	Social Worker
Gerri Martin, LCSW	Social Worker
Sofia Reverendo, LCSW	Social Worker
Samira Rabbanifar, MD	Attending Psychiatrist
Kathleen Jung, MD	Attending Psychiatrist
Melissa Dackis, PhD	Supervising Psychologist
Robert Feiguine, PsyD	Supervising Psychologist
Madeline Abrams, LCSW	Family Therapy Supervisor
Monisha James	Administrative Supervisor
Madelyn Garcia	Senior Office Assistant and Records
Blanca Valentin	Receptionist, COPD

Child Outpatient Psychiatry Division (COPD)

The Child Outpatient Psychiatry Division is a New York State Office of Mental Health licensed community clinic for a heterogeneous group of children and adolescent patients (ages 4-21) 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, adolescents, and emerging adults. During this rotation, interns receive intensive training and supervision in cognitive behavior therapy, family therapy, psychodynamic psychotherapy, and group therapy. Interns have the opportunity to co-lead youth and parent groups. Interns also learn how to liaison with schools, foster care agencies, the Committee on Special Education, and other relevant organizations.

Anxiety and Mood Program (AMP), Adolescent Dialectical Behavior Therapy Program (DBT-A), Eating Disorders Program at Montefiore (EDPM), Arts and Integrated Medicine (AIM) in Psychiatry, and Becoming an Emerging Adult at Montefiore (BEAM).

The Anxiety and Mood Program (AMP) at Montefiore Medical Center's Moses Child Outpatient Psychiatry Division offers evidence-based interventions for children, adolescents, and emerging adults with primary and comorbid anxiety, mood, and related disorders. AMP serves children and adolescents, ages 4 to 21 years old, and families from the surrounding Bronx communities. Interns will learn to conduct comprehensive intake assessments (e.g., ADIS) and will serve as primary therapists for youth experiencing anxiety (e.g., social anxiety disorder, generalized anxiety, separation anxiety disorder, panic disorder, phobias, OCD, PTSD), depression, tics, trichotillomania, and related concerns. During this rotation, interns will provide individual and family-based cognitive behavioral treatments (e.g., Coping Cat, Exposure/Response Prevention, Trauma-Focused CBT, Comprehensive Behavioral Intervention for Tics, Parent Management Training), and serve as co-leaders in Cognitive Behavioral Group Therapy for socially anxious adolescents. Interns will participate in multidisciplinary team rounds, and collaborate with teachers, school personnel, pediatricians, or other providers who may be involved in the child or teen's care. 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 youth anxiety, depression, and related topics.

The DBT-A Program is a specialty outpatient program within the Anxiety and Mood Program that serves depressed and suicidal teens and emerging adults (ages 12-21) and their families. Many of these youth have experienced trauma and have comorbid anxiety, substance-related, personality and disruptive behavior disorders. During this rotation, interns learn protocol-adherent Dialectical Behavior Therapy for Adolescents serving as primary therapists for individual and family cases and co-therapists for group therapy and multi-family skills training. Interns also learn crisis intervention skills. Various group therapies are also employed, including DBT multi-family skills training group and DBT graduate group. Some patients receive concomitant psycho-pharmacological treatment.

The Eating Disorders Program at Montefiore (EDPM) is a multidisciplinary, outpatient program within the Anxiety and Mood Program in the Moses COPD and the Department of Adolescent Medicine at the Children's Hospital at Montefiore. This service provides evidence-based care for children and adolescents presenting with anorexia, bulimia, other eating disorders. During this rotation, interns serve as individual and family therapists using Family Based Treatment (FBT) and DBT-informed care. Interns may collaborate closely with the multidisciplinary team, including the physician, psychiatrist, social worker, and dietician. Over the course of the year, interns will be able to conduct assessments specific to eating disorders and have the option to carry an eating disorder case.

Arts and Integrative Medicine (AIM) in Psychiatry provides programming that integrates evidence-based and evidence-informed arts interventions, community and environmental engagement, mindfulness practice and technology as part of a person's comprehensive mental health treatment plan. AIM encompasses programming utilizing the arts (dance, visual arts, improvisational theater), yoga, and gardening. Over the course of the year, interns will have the opportunity to participate in varied capacities (e.g., co-lead, volunteer, clinically observe if their patients are participants) of AIM programming including the Youth Empowerment Series (YES) Art Gallery, YES Garden Project, PhotoVoice, HearYourSong, and Behavior Regulation Movement Groups performances.

The Becoming Emerging Adults (BEAM) program offers developmentally informed, evidence-based interventions for emerging adults with a wide range of presenting concerns. The program aims to offer assessment, treatment, consultation, education, and training to improve our ability to meet the needs of emerging adults as they present to and transition among clinics across our hospital system. We work across our medical system in partnership with Moses AOPD and Wakefield COPD and AOPD. Interns will have the opportunity to provide assessment, intervention and transition services to these emerging adults and their families. Interns will also have the opportunity to co-lead a College Readiness Group, which aims to prepare our college-bound patients.

Child and Adolescent Assessment Service

The Child and Adolescent Assessment Service within the COPD helps interns develop proficiency in comprehensive child/adolescent psychological and diagnostic assessment. At a minimum, interns administer five comprehensive diagnostic evaluation assessments during the year, with more available for those interested in developing special expertise. Referral questions typically cover a wide range of diagnoses and presentations and often include making differential diagnoses and assessing for the need for medication. Interns will also complete two full neuropsychological assessments evaluating the presence of neuropsychological deficits and learning issues. Supervision highlights the impact of health disparities, race-based trauma, cultural differences, and bilingualism, and employs a developmental framework.

Research

All interns are required to participate in research during the year and will have protected research time for up to 1 day per week for the entire internship year. The psychology faculty at Montefiore are currently involved in research in number of different areas, including anxiety and depression, personality disorders, behavioral health services utilization, psychological assessment, cognitive behavior therapy, dialectical behavior therapy, mentalization-based therapy, adolescent suicide, and eating disorders. Interns may select a faculty member from our Research Mentor List (available upon request) or seek and request an alternate mentor (e.g., a professor from their graduate institution, other faculty member at Montefiore or Einstein) with whom the intern already has – or would like to form – a mentor-mentee relationship. Mentors provide an average of 1 hour per week of supervision to the intern during their research rotation. Mentors may help the intern develop and carry out a new project or may have an existing project which the intern can contribute to in a substantial way. Examples of scholarly projects include hypothesis-driven studies, descriptive studies (e.g., chart reviews, questionnaire administration), secondary analyses of existing data sets, and literature reviews. Surveys, QI projects, or program design, implementation, and evaluation projects that benefit our patients or services will also be considered. Regardless of the type of project, the intern must take ownership of a significant aspect of it, and it must lead to a “deliverable” (e.g., manuscript suitable for journal submission or abstract suitable for conference submission) at the local (including the host institution), regional, or national level, ideally by the end of the internship year. A Research Mentor-Mentee Contract should be completed and signed, ideally by the end of the first month of the year and the mentee will provide quarterly progress reports and a project summary at the end of the training year, by June 15 each year.

COMBINED TRACK**MAJOR CLINICAL ROTATIONS**

Wakefield Adult Outpatient Psychiatry Division (“AOPD”)

Natalia Markova, DO	Clinical Director, Wakefield Psychiatry
Ana Valentin, LCSW	Director, Clinical Operations Wakefield Psychiatry
TBA	Medical Director, Adult Outpatient Psychiatry
Nahmias, Julia MD	Associate Medical Director, Adult Outpatient Psychiatry
Shanette Taylor	Administrative Supervisor
Arlene Detchkov, LCSW	Clinical Manager
Michael Schmidt, LCSW	Clinical Supervisor
Wendy Fuller, PhD	Lead Psychologist/Supervising Psychologist
Simon A. Rego, PsyD	Supervising Psychologist
Traci Maynigo, PsyD	Supervising Psychologist
Aaron Breslow, PhD	Supervising Psychologist
Jack Keefe, PhD	Supervising Psychologist
Galina Bass, MD	Attending Psychiatrist
Paroma Mitra, MD	Attending Psychiatrist
Natalya Knafel MD	Attending Psychiatrist
Brielle Cardieri, MD	Attending Psychiatrist
Maria Gallo Ruiz MD	Attending Psychiatrist
Harris Wild DO	Attending Psychiatrist
Elisabeth Maher, NP	Nurse Practitioner
Samuels, Terry-Ann RN	Nurse
Kadiann Letts RN	Nurse
Kollie Saygbe, LCSW	Senior Social Worker
Rose Fishbein-Brum, LCSW	Social Worker
Jessie Gonzalez, LMSW	Social Worker
Marchena, Kelly LMSW	Social Worker
Murrain, Deja LMSW,	Social Worker
Tatiana Pagan, LMSW	Social Worker
Beverly Punter-Knox, LCSW	Social Worker
Lucie Schwartz, LMSW	Social Worker
Ivette Rodriguez, LMSW	Social Worker
Wakefield Recovery Center	
Shayanpour, Mahrokh MD	Director, Wakefield Recovery Center
Shanior Robinson	Clinical Manager, Wakefield Recovery Center

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 four individual patients per week plus one couple, co-leading DBT skills group and attending DBT consultation team for 6 months, conducting intakes, and providing psychological testing for patients in the AOPD and on the adult inpatient unit (as needed/requested), and can conduct neuropsychological assessments via our Neuropsychological Assessment Service (NAS) on the

Moses Campus. 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 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. 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 electronic medical records (EPIC), hospital email, internet, video and audio for telehealth, 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. Staff meetings are Wednesdays at 9am.

Child Outpatient Psychiatry Division (COPD)

Kashmira Rustomji, MD, MPH	Medical Director
Arlene Detchkov, LCSW	Clinical Manager
Amanda Zayde, PsyD	Supervising Psychologist/Administrative Supervisor
Olivia Derella, PhD	Supervising Psychologist
Sandra Pimentel, PhD	Supervising Psychologist
Veena Muthusamy, MD	Psychiatrist
Rachel Horne, LMSW	Social Worker
Ilyana Sori, LMSW	Social Worker

Camille Allen, LMSW
Evan Webster, LCAT
Elyssa Lopez

Social Worker
Creative Arts Therapist
Secretary

The COPD rotation for the Combined Track is also housed on our Wakefield Campus in the Farrand Building and provides services to a heterogeneous group of approximately 250 child, adolescent, and emerging adult patients (ages 4-21), representing around five thousand 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 three individual patients and one family therapy case per week including one BEAM patient, co-facilitating a CARE mentalizing-focused parenting group for 6 months, conducting intakes, and completing psychoeducational assessments with patients in the COPD (as needed). Since some patients do not attend each week, the total number of patients assigned may be higher than the target number of visits per week. 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 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 is completed; the treatment plan is completed within 7 days of the intake and must be printed and signed by the therapist and by the treating psychiatrist. Most patients are covered by insurance such as Medicaid. A few patients pay a sliding scale fee, which is determined using a sliding scale. Patients can be referred to the financial aid office for payment arrangements. 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, mentalization-based therapy, and group therapy. 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 frameworks.

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.

Each intern in the COPD rotation for the Combined Track will be assigned to a private office with a computer for access to electronic medical records (EPIC), hospital email, internet, video and audio for telehealth, etc. The Combined Track interns will also be assigned to a treatment team consisting of attending psychiatrists, attending psychologists, social workers, and a creative arts therapist, who meets weekly to review new evaluations and admissions and to discuss progress with ongoing cases and administrative work. A portion of the meeting is also dedicated to training and case presentations.

Research:

All interns are required to participate in research during the year and will have protected research time for up to 1 day per week for the entire internship year. The psychology faculty at Montefiore are currently involved in research in number of different areas, including: anxiety and depression, personality disorders, behavioral health services utilization, psychological assessment, cognitive behavior therapy, dialectical behavior therapy, mentalization-based therapy, adolescent suicide, and eating disorders. Interns may select a faculty member from our Research Mentor List (available upon request) or seek and request an alternate mentor (e.g., a professor from their graduate institution, other faculty member at Montefiore or Einstein) with whom the intern already has – or would like to form – a mentor-mentee relationship. Mentors provide an average of 1 hour per week of supervision to the intern during their research rotation. Mentors may help the intern develop and carry out a new project or may have an existing project which the intern can contribute to in a substantial way. Examples of scholarly projects include hypothesis-driven studies, descriptive studies (e.g., chart reviews, questionnaire administration), secondary analyses of existing data sets, and literature reviews. Surveys, QI projects, or program design, implementation, and evaluation projects that benefit our patients or services will also be considered. Regardless of the type of project, the intern must take ownership of a significant aspect of it, and it must lead to a “deliverable” (e.g., manuscript suitable for journal submission or abstract suitable for conference submission) at the local (including the host institution), regional, or national level, ideally by the end of the internship year. A Research Mentor-Mentee Contract should be completed and signed, ideally by the end of the first month of the year and the mentee will provide quarterly progress reports and a project summary at the end of the training year, by June 15 each year.

NEUROPSYCHOLOGY TRACK

MAJOR CLINICAL ROTATIONS

Neuropsychology Assessment Service (“NAS”):

Bryan Freilich, Psy.D.	Director of Neuropsychology
Nicole Feirsen, Ph.D.	Associate Director, Adult Neuropsychological Services
Jodi Uderman, Ph.D.	Associate Director, Pediatric Neuropsychological Services
Elyssa Scharaga, Ph.D.	Associate Director, Westchester Neuropsychological Services

The NAS is an outpatient assessment program in the Department of Psychiatry and Behavioral Sciences at Montefiore Medical Center. It is located in its own building on the Moses Campus. The NAS serves a heterogeneous group of children (ages five and up), adolescents, adults, and older adults with a variety of conditions, including but not limited to Alzheimer’s disease and other dementias, mild cognitive impairment, stroke, traumatic brain injury/concussion, Parkinson’s disease and other movement disorders, multiple sclerosis, epilepsy, anoxic brain injury, HIV-associated neurocognitive disorder, systemic lupus erythematosus, sickle cell disease, brain tumors and other types of cancers associated with cognitive changes (e.g., leukemia and breast cancer treatments), ruptured aneurysms/arteriovenous malformations, attention-deficit/hyperactivity disorder, and specific learning disorders. The Neuropsychology Specialization intern will spend the full year at the NAS where they will see two cases per week. The intern will also have the opportunity to supervise junior trainees in this setting.

Clinical Electives:

The Neuropsychology Specialization intern will spend 12 months (1 day/week) completing other electives within the Psychology Internship Training Program, including (but not limited to) the Adult Outpatient Psychiatry Department (AOPD), Child Outpatient Psychiatry Department (COPD), Psychiatric Observation Suite (i.e., psychiatric emergency room), The Psychiatry Consultation Service, The Montefiore Einstein Center for Transplantation Psychosocial Service, and Burke Rehabilitation Hospital. For a full list of available electives, please see: <https://www.montefiore.org/psychology-internship-elective-rotations>.

Research:

The Neuropsychology Specialization intern is required to participate in research during the year and will have protected research time for up to 1 day per week for the entire internship year. The psychology faculty at Montefiore are currently involved in research in number of different areas, including neurocognitive disorders, anxiety and depression, personality disorders, behavioral health services utilization, psychological/neuropsychological assessment, cognitive behavior therapy, dialectical behavior therapy, mentalization-based therapy, adolescent suicide, and eating disorders. Interns may select a faculty member from our Research Mentor List (available upon request) or seek and request an alternate mentor (e.g., a professor from their graduate institution, other faculty member at Montefiore or Einstein) with whom the intern already has – or would like to form – a mentor-mentee relationship. Mentors provide an average of 1 hour per week of supervision to the intern during their research rotation. Mentors may help the intern develop and carry out a new project or may have an existing project which the intern can contribute to in a substantial way. Examples of scholarly projects include hypothesis-driven studies, descriptive studies (e.g., chart reviews, questionnaire administration), secondary analyses of existing data sets, and literature reviews. Surveys, QI projects, or program design, implementation, and evaluation projects that benefit our patients or services will also be

considered. Regardless of the type of project, the intern must take ownership of a significant aspect of it, and it must lead to a "deliverable" (e.g., manuscript suitable for journal submission or abstract suitable for conference submission) at the local (including the host institution), regional, or national level, ideally by the end of the internship year. A Research Mentor-Mentee Contract should be completed and signed, ideally by the end of the first month of the year and the mentee will provide quarterly progress reports and a project summary at the end of the training year, by June 15 each year.

ELECTIVES

We pride ourselves in being able to offer our interns flexibility in and around the core rotations of all four tracks. In fact, there is almost no limit to the number of ways in which your internship year can be customized! Elective rotations may be used to fill a gap in your training or to expand upon your existing knowledge, skills, and abilities. If you are interested in pursuing any of the following electives, let Dr. Rego and/or Drs. Held, Pimentel, Zayde, or Freilich know, and they will try to arrange your schedule to accommodate your preferences. This is your internship year so we encourage you to think of your own specific interests and/or training needs and goals when considering which (if any) electives to add to your core rotations, and we will do our best to tailor them to meet your personal objectives.

Interns typically select **one** or **two** electives for the year. Electives typically occupy either a half or full day per week for 6 months. Certain electives, however, can be made into a more intense rotations, extended in duration, and/or woven into the week, rather than planned as “carved out” days. Speak to your Associate Director if you have any questions.

Note: You should always arrange to have coverage for your clinic cases when you are at an off-site elective just in case a clinic patient calls/presents with an urgent issue. You should also let the front desk staff member know how/where to reach you and who is covering for you. If contacted by the front desk of the clinic, you should call back as soon as possible to determine whether your patient needs to be seen that day. If so, and you cannot return in a timely manner, the front desk should contact the person covering your urgent patient issues that day.

Anxiety and Mood Program (AMP)/ Adolescent Dialectical Behavior Therapy Program (DBT-A)

Note: Required for the Child and Adolescent Track but can be made into an elective for interns in the other tracks.

The Anxiety and Mood Program (AMP) at Montefiore Medical Center's Child Outpatient Psychiatry Division is a specialty program that offers evidence-based interventions for youth with primary and comorbid anxiety, mood, and related disorders. AMP serves children, adolescents, and emerging adults, ages 4 to 21 years old, and families from the surrounding Bronx communities. In this elective, interns will have the opportunity to conduct as least two comprehensive intake assessments (e.g., ADIS) and will serve as primary therapists for up to two youth cases experiencing anxiety (e.g., social anxiety disorder, generalized anxiety, separation anxiety disorder, panic disorder, phobias, OCD, PTSD), depression, tics, trichotillomania, and/or related concerns. To the extent possible, elective cases can be selected for intern's training preferences. During this rotation, interns will provide and receive weekly supervision on individual and family-based cognitive behavioral treatments (e.g., Coping Cat, Exposure/Response Prevention, Trauma-Focused CBT, Comprehensive Behavioral Intervention for Tics, Parent Management Training), and can elect to serve as co-leaders in Cognitive Behavioral Group Therapy for socially anxious adolescents, Arts and Integrated Medicine Groups, or College Readiness and Transition Groups for graduating high school seniors. Interns will participate in multidisciplinary team rounds and collaborate with teachers, school personnel, pediatricians, or other providers who may be involved in the child or teen's care. Interns also have the opportunity to participate in scholarly activities, including authoring articles, presenting at conferences, conducting research, and leading workshops and in community service events for local groups.

The Adolescent Dialectical Behavior Therapy (DBT-A) Program is a specialty outpatient program within the Anxiety and Mood Program that serves multi-problem adolescents and emerging adults (ages 12-21) who engage in suicidal, self-injurious, and high-risk behaviors,

and their families. Many of these adolescents have experienced significant trauma and have comorbid anxiety, substance-related difficulties, and personality and disruptive behavior disorders. During this elective, interns learn to conduct comprehensive diagnostic interviews and Dialectical Behavior Therapy. Interns serve as primary therapists for at least one individual DBT case and have the opportunity to co-lead DBT multi-family skills groups. As part of this elective rotation, interns learn crisis intervention skills and learn to facilitate DBT consultation team. Interns will receive individual supervision and participate in multidisciplinary rounds and DBT consultation team.

Autism and Obsessive-Compulsive Spectrum Program

For psychology interns interested in working with children, adolescents or adults with autism, Prader-Willi Syndrome (PWS) and OCD spectrum patients, they may be involved in assessment of highly specialized patients who are considering entering a clinical trial in the Autism and Obsessive-Compulsive Spectrum Program. If interested, interns may also create a more intense research elective experience that would include participating in research studies and administering behavioral rating scales on cannabinoids in autism, oxytocin during speech therapy in autism, Vagal Nerve Stimulation in PWS, a novel GABAA-a5 receptor modulator in autistic children, GLYP1 agonists vs dietary intervention in PWS, a histamine agonist in PWS, and treatment of white matter abnormalities in autism. Interns will participate in seminars, case conferences and scholarly activities such as grant writing and manuscript preparation. Supervision is provided by psychiatrist Eric Hollander and psychologist Casara Ferretti.

Becoming an Emerging Adult at Montefiore (BEAM) Program

The Becoming an Emerging Adult at Montefiore (BEAM) Program is a multi-site specialty program that offers developmentally informed, evidence-based interventions for emerging adults with a wide range of presenting concerns. The program offers assessment, treatment, consultation, education, and training to improve our ability to meet the needs of emerging adults as they present to and transition among clinics across our health system. Interns who participate in this elective will receive specialized training in the unique developmental needs of emerging adults in both child and adult outpatient settings and how to adapt their treatment appropriately. Interns will serve as the primary therapist for individual emerging adults and will also have the opportunity to participate in scholarly activities, including authoring articles, leading trainings for staff throughout the health system, and presenting at conferences. Supervision is provided by Dr. Sandra Pimentel and Dr. Amanda Zayde.

Behavioral Health Integration Program (BHIP)

The Pediatric Behavioral Health Integration Program (BHIP) provides evidence-informed, integrated behavioral health care for children and their families within Montefiore's primary care network. Pediatric BHIP has two distinct components: HealthySteps (HS) and Child and Adolescent Psychology and Psychiatry (CAPP). Within HS, clinicians provide developmental and behavioral support and guidance to families with children aged 0-5 years, through an attachment- and trauma-informed lens. CAPP targets school-aged and adolescent youth with mild to moderate depression, anxiety, ADHD/disruptive behaviors, and trauma. BHIP psychologists coordinate care with primary care providers by offering developmental and behavioral health services within the practice and ensuring shared treatment plans and goals within the electronic medical record system. The program is in various Pediatric primary care sites which serve up to an estimated 90,000 children throughout the Bronx. Working alongside pediatricians, a multidisciplinary team of Psychologists, Social Workers and Psychiatrists provide evidence-informed behavioral health services across the pediatric lifespan (birth through 21 years of age). The emphasis is on population health, and thus all pediatric patients receive mental health screens during routine medical appointments which allows the program to identify children with mild to moderate behavioral health symptoms and intervene preventatively. When

selected as an elective rotation, the intern will be assigned to a specific primary care site and learn to work collaboratively with a team of pediatric medical and behavioral health providers. Interns will be expected to complete brief assessments and conceptualizations based on the use of appropriate screeners and clinical interview, conduct short term interventions for mild to moderate mental health problems and provide referrals to additional needed services. Coordination of care between the intern and primary care provider (PCP), as well as relevant systems such as school and community resources, will ensure a comprehensive approach to assessment and treatment. As community and health system guidelines continue to evolve, BHIP services will continue to be a blend of both face-to-face and telehealth services. Individual supervision of at least one hour per week will be provided by a licensed psychologist.

Butler Center for Children and Families

The Butler Center for Children and Families is a dual-licensed clinic for primary care and mental health, specializing in trauma and child abuse and neglect. The mental health clinic, a satellite of COPD (Child and Adolescent Psychiatry) is a full service OMH clinic with a psychiatrist, a psychologist, and three clinical social workers. A one day a week rotation with the OMH clinic at the Butler Center offers Psychology interns the opportunity to develop an essential awareness of how to assess for and treat psychological sequelae of trauma, and how to manage complex trauma within the therapeutic alliance, whether due to sexual or physical abuse, exposure to domestic and/or community violence, a perilous immigration journey, or the living conditions of urban poverty. The ensuing symptoms of PTSD, anxiety disorders, depressive disorders, and behavioral problems, including problematic sexual behaviors are addressed with evidence-based interventions including Trauma-focused CBT, and Problematic Sexual Behavior CBT, a treatment that can be administered in a group or individual family format. Interns will carry a small caseload with the goal of completing a course of TF-CBT with at least one patient and family. Services are offered in English and Spanish. Interns will also be able to familiarize themselves with the forensic part of the process of addressing abuse by observing interviews conducted by a multi-disciplinary team (child protective service workers, forensic interviewers, pediatrician, nurse practitioner, detectives, social workers and ADAs or Assistant District Attorneys). Although the bulk of the forensic phase now takes place mostly off-site, the rotation will include an opportunity to tour the Bronx Child Advocacy Center located in the South Bronx and to observe forensic interviews conducted at the Butler Center. A licensed psychologist is available to provide individual supervision for at least one hour a week, Dr. Rachel Sheffet.

Child Welfare Programs

The Montefiore/ University Behavioral Associates child welfare programs 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 these programs 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 child welfare 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 co-facilitate voluntary groups (e.g., parenting groups) for families, to facilitate structured Family Team Conferences, to provide in-vivo supervision to case management and therapeutic staff during in-home visits, and to create and deliver clinical trainings to staff. Interns will serve as an integral part of an interdisciplinary team, committed to maintaining the safety and well-being of children and

families in the Bronx. One hour of individual supervision per week will be provided by Anita Jose, Ph.D., Melissa Ramrattan, Ph.D., and other trainers in the program.

The Cognitive Behavioral Sleep Medicine Program at the Sleep-Wake Disorders Center

The Cognitive Behavioral Sleep Medicine (CBSM) Program at the Sleep-Wake Disorders Center provides interns with the opportunity to learn about the diagnosis and treatment of patients who have problems associated with sleep and wake. Interns can participate in the evaluation of patients who have insomnia, hypersomnia, narcolepsy, circadian rhythm disorders, nightmares, and difficulty adjusting to PAP therapy for sleep apnea. Interns will learn cutting-edge treatments, such as Cognitive Behavior Therapy for Insomnia (CBT-I), Systematic Desensitization for PAP Adherence, and Imagery Rehearsal Therapy (IRT) for Chronic Nightmares. Though mostly focused on work with adults, child and adolescent patients are occasionally seen. Individual supervision of at least one hour per week is provided by a clinical psychiatrist and behavioral sleep medicine specialist: Dr. Usman Riaz

The Connecting and Reflecting Experience (CARE) Program

Note: Required for the Combined Track but can be made into an elective for interns in other tracks.

The Connecting and Reflecting Experience (CARE) is a multi-site, innovative specialty program that offers a mentalizing-focused group intervention to parents and other primary caregivers who experience parent-child relational stress and difficulties in their capacity to reflect upon the mental states that underlie their own and their children's behavior. CARE is a bigenerational, transdiagnostic program that integrates perspectives from attachment theory and developmental psychopathology and serves caregivers of children typically ranging in age from 6 to 18. A new program extension in partnership with Reproductive Psychiatry will also offer CARE groups for postpartum parents with perinatal mood and anxiety disorders. In initial studies, CARE has been found to reduce parenting stress, improve caregiver reflective functioning, and strengthen youth-reported attachment security. This elective rotation is ideal for interns who are interested in group therapy, mentalization-based therapy, attachment theory, parenting interventions, and/or gaining a deeper understanding of how clinical work and research can inform and enrich one another. During this rotation, interns receive training and weekly group supervision in the CARE model and will co-facilitate a parenting group. In addition, CARE offers interns the opportunity to engage with an ongoing program of clinical research; there may also be opportunities to assist with program development and training. Supervision is provided by Drs. Amanda Zayde and Olivia Derella.

The Department of Rehabilitation Psychology and Neuropsychology at Burke Rehabilitation Hospital

The Rehabilitation Psychology and Neuropsychology Department provides comprehensive neuropsychological and psychological services to inpatients admitted to Burke's 150-bed acute rehabilitation hospital and to outpatients through the Burke-Montefiore Physician Practice. Our department serves a culturally- and linguistically-diverse population of medically and neurologically complex adults and older adults at various stages of rehabilitation following injury or illness, many of whom have also have comorbid psychiatric conditions. In this 3-month minimum elective, the intern will gain experience providing inpatient psychological and neuropsychological services, including assessment and psychotherapy, to patients admitted to Burke for acute rehabilitation. The intern will learn how to perform an efficient bedside diagnostic interview in response to consults from the multidisciplinary treatment team. Common consult questions include diagnostic clarification, concern for mood disorder or adjustment difficulty following illness or injury, and behavior management. The intern will also perform bedside cognitive screens and neuropsychological assessments to characterize cognitive status, clarify diagnosis, and guide treatment planning. As patients are often in the very early stages of injury, interns will be exposed to acute neurologic and medical presentations (e.g.,

delirium and acute stroke syndromes) less commonly seen in outpatient settings. Interns will follow patients during their admission to provide individual psychotherapy (typically in a CBT, ACT, or supportive modality), support the patient's family and treatment team, and re-evaluate mood or cognition as appropriate. Interns may also attend multidisciplinary inpatient team rounds (TBI, stroke, & mixed neurologic/spinal cord injury units), join rehabilitation didactics with our psychology externs, and observe rehabilitation therapists and physicians depending on day of attendance. Services may be provided via translation to ensure access to services for all inpatients. For interns who opt for a 6- or 12-month rotation, outpatient individual psychotherapy, cognitive remediation, and, depending on scheduling, group psychotherapy experiences are also available. This is an in-person externship located on site at Burke Rehabilitation Hospital, located in White Plains. This elective is best suited for interns with a strong interest in working with neurologically and medically complex populations and who have prior experience in neuropsychology or health psychology. Interns will receive individual supervision provided by licensed clinical psychologists specialized in neuropsychology and rehabilitation psychology: Dr. Julie Shulman and Dr. Jamie Twaite, ABPP-CN.

The Eating Disorders Program at Montefiore (EDPM)

The Eating Disorders Program at Montefiore (EDPM) is a collection of providers with specialized training in the treatment of youth with eating disorders. EDPM spans both inpatient medical and outpatient levels of care. The inpatient medical stabilization unit at the Children's Hospital at Montefiore services children who are acutely medically unstable secondary to their eating disorder symptoms. Psychology provides targeted assessment, consultation, and preliminary treatment to these patients alongside their multidisciplinary treatment team. The Multidisciplinary Recovery Center (MRC) at EDPM is an integrated, outpatient multidisciplinary care center where patients are followed by a team of specialists that includes adolescent medicine, psychology, social work, nutrition, and psychiatry. MRC @ EDPM treats youth ages 4 to 21 for a variety of eating/feeding disorders using empirically supported treatments and evidenced based practice. All patients are actively engaged in intensive psychotherapy for eating disorders at the Moses COPD. Families are integrated into care throughout the treatment process. Patients receive a combination of individual, family, caregiver-only, and group services based on their unique treatment plan. MRC @ EDPM is the only Joint Commission accredited outpatient eating disorders program in the greater NYC area that services families with Medicaid. Interns doing a 6mo rotation with EDPM will join psychologists on the inpatient medical stabilization unit providing care to patients and families at CHAM and participate in weekly EDPM Psychology Rounds meetings and monthly EDPM multi-disciplinary team case conferences. Given the variability in the inpatient census, supervision will be provided on the fly and scheduled as needed with Drs. Maria Alba or Lauren Yadlosky. Interns committing to a 12mo rotation with EDPM will also carry an outpatient caseload of 2-3 patients at MRC @ EDPM, with opportunities to join groups pending interest and availability, and have weekly supervision of at least one hour with Dr. Lauren Yadlosky.

Einstein Student Mental Health Center (ESMHC)

The Einstein Student Mental Health Center (ESMHC) serves culturally diverse medical students, PhD students, MSTP trainees, and postdoctoral fellows at Albert Einstein College of Medicine on Montefiore Medical Center's Jack and Pearl Resnick Campus. This elective offers interns in all three specializations a unique opportunity to join a programmatic effort at Montefiore/Einstein to promote mental health literacy and increase the accessibility and suitability of mental health services to a culturally diverse and often highly stressed clinical population. The ESMHC employs a brief psychotherapy framework for most patients, which therefore requires efficient diagnostic assessment, case conceptualization, and treatment planning, as well as a strong background in, and commitment to using, short-term evidence-based treatments such as Brief Psychodynamic Therapy, CBT, DBT, and/or ACT. Interns will serve as the primary therapist for 4-6 individual therapy cases at a time. Opportunities may also

exist for interns to participate in outreach initiatives to coordinate with Einstein to promote healthy mental health practices via student workshops or co-leading a time-limited therapy group on a specific topic relevant to student needs (e.g., organizational skills, international student mental health, supporting students from marginalized populations, stress management). Individual supervision of at least one hour per week is provided by a licensed psychologist, Dr. Raura Doreste, PhD (CBT/ACT) or Dr. Sarika Persaud, PsyD (Psychodynamic).

Forensic Psychology Elective: EAC Diversion and Reentry Programs: Brooklyn, Bronx, Queens, Manhattan, and Staten Island

EAC, a not-for-profit agency with a large criminal justice division, provides court-based diversion (alternative to detention and incarceration) and jail-reentry services for individuals with serious mental illness involved in the criminal justice system. EAC's program is designed to clinically assess defendants charged with felonies or misdemeanors for the presence of psychiatric and/or substance use disorders, refer eligible defendants to treatment in the community, monitor their progress, and communicate this progress to the court and other criminal justice partners. The goal of both the diversion and reentry programs is to help offenders with serious mental illness into appropriate community care, focusing on individualized approaches to rehabilitation and risk management. The EAC team collaborates with the District Attorney's office, the defense bar, and the treatment courts in all five boroughs to identify and evaluate individuals who may be appropriate for mental health diversion services. Using empirically-validated testing batteries, EAC provides in-depth diagnostic evaluation of the defendant including diagnostic, cognitive, personality, malingering, and violence risk assessment, and identifies appropriate treatment resources that can meet the needs of the individual. Results of the assessments are communicated to the courts via formal forensic reports. Psychology interns will be part of interdisciplinary teams of master's level forensic case managers, a clinical social worker, and a licensed psychologist. Trainees will be mostly involved in diversion cases although could also be involved in re-entry cases with clients who are difficult to engage or require psychological testing. Doctoral interns will conduct forensic psychological evaluations for the courts with a special focus on violence risk assessment, present cases to the psychologists during clinical meetings and supervision and become involved in treatment planning. Once a defendant has been accepted for diversion, interns may be responsible for making referrals to treatment providers, monitoring the individual for progress and compliance, and providing the courts with regular updates on treatment progress. Trainees will be involved in communications with defense attorneys, prosecutors and treatment providers involved in their clients' cases. Weekly didactics will cover a range of topics relevant to mental health and the criminal justice system.

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., Mirnova Ceide, M.D., and Allison Glasgow, M.D.

Klau 2, Adult Inpatient Psychiatry

Klau 2 is a 22-bed, adult acute psychiatric unit within the main medical center. Klau 2 serves adults, ages eighteen and over, presenting with a wide range of serious mental illness. These patients represent the most underserved psychiatric population in the area. Patients are offered a multi-disciplinary treatment approach that includes a broad range of traditional mental health

services, as well as other wellness-oriented treatments designed to enhance recovery for those with mental illnesses. Individual, family, and group psychotherapy, creative arts, recreational, milieu and pharmacological therapies are employed in accord with the specific needs of the patients and assessed on an ongoing basis in treatment team meetings.

Upon admission, each patient is assigned to a primary therapist, a Psychology Intern, or a Psychiatry Resident. Additionally, patients are assigned to a team comprised of an attending psychiatrist, psychologist, social worker, integrative behavioral therapists, nurses, mental health assistants, and trainees of various disciplines. As the primary point person for the patient, Psychology Interns are the patient's main advocate. Your multidisciplinary team collaborates with the patient to create an individualized plan throughout treatment. As primary therapist, you take the lead in involving the patient's family and/or significant others (based on patient's needs and wishes), as well as outpatient treatment providers, in order to ensure a comprehensive disposition plan, so that the patient is returned to the community in a safe and expeditious fashion.

Psychology Interns on Klau 2:

For many psychology interns, the inpatient unit rotation provides a novel opportunity to work with patients during their most vulnerable psychiatric phase, and to serve the underserved. Since this may be an Intern's first *or last* opportunity to work with an inpatient psychiatric population, this experience provides unique training where Psychology Interns learn more flexibility, creativity, and real-life intensive psychotherapy as they bear witness to a patient's recovery from acute illness to discharge.

By providing both assessment and treatment in this multidisciplinary setting, Interns learn how to apply their clinical knowledge base to this population, honing their skills in creatively collaborating with their supervisor and multidisciplinary treatment team, adapting evidence-based treatment to match patients' current acute therapy needs, and assisting them through the most acute phases of mental illness towards their recovery.

During their rotation, Psychology Interns will acquire or further develop their skills in: comprehensive admissions assessments and differential diagnosis; acute individual, group, and family psychotherapy; crisis intervention, as well as case formulation; treatment planning; case presentations; and preparation of progress notes and discharge summaries.

Treatment and supervision focus on the use of evidence-based treatment models, modified, and adapted to the setting and population, as part of a recovery-oriented model of care. Treatments include integrated treatment for co-occurring disorders, time-limited interpersonal therapy, strengths-based therapy, motivational interviewing, crisis intervention, social skills training, dialectical behavior therapy, cognitive behavior therapy, illness management and recovery, family psychoeducation, and psychopharmacology.

Elective Options:

Psychology Interns have the opportunity to participate on Klau 2 via two options:

1. 4 Day/week rotation (2-4 months):

This 4-day/week rotation enables the Psychology Intern to fully become part of the treatment team, work in intensive therapy (individual and milieu) with a variety of patients presenting with (complicated and fascinating) acute mental illness and hone their clinical and creative skills outside of the standard therapy format. The 4-day Psychology Internship rotation allows interns to serve as the Primary Therapist for 2-3 patients at a time. This includes daily individual psychotherapy sessions, twice weekly group therapy, daily communication with multidisciplinary treatment team and collaborating in the development of their patient's milieu treatment. This 4-day rotation includes the following:

- Clinical Patient Care:
 - o As Primary Therapist for 2-3 identified patients during their hospitalization, Interns will initiate daily individual therapy and collaborate with the team in family meetings, behavior plans and milieu treatment.
 - o As part of the Klau 2 trainee Cohort (including psychiatry residents and creative arts interns), the Psychology Intern will:
 - § Co-lead Inpatient Interpersonal Group Therapy
 - § Co-lead an additional Group Therapy (choice of orientation)
 - § Co-lead daily Patient Community Meetings
- Team meetings:
 - o Participate as Primary Therapist in Nurses' morning report, multidisciplinary treatment team, sign out/consultation with Attending Psychiatrist
- Supervision:
 - o Participate in regular, frequent individual supervision with Psychologist (Dr. Sharon Spitzer) and weekly group therapy supervision with all Klau2 trainees (psych residents and interns)
 - o Participate in weekly Chief Resident supervision with all Klau2 trainees
 - o Participate in weekly PBL (Participant Based Learning) rounds
 - o Participate in weekly case conferences

2. 3 Day part time rotation (2-4 months):

This 3-day rotation allows Psychology Interns to become an adjunct team member on the multidisciplinary treatment team. Interns will have the opportunity to work with patients on an individual and group basis and will hone their therapy skills with this unique population. Interns will gain increased understanding and practice in working as part of a multidisciplinary team and participate on Klau 2 as follows:

- Clinical Patient Care:
 - o Meet each day with 2-3 identified patients for psychotherapy during their hospitalization
 - o Co-lead Inpatient Interpersonal Group Therapy
 - o Rotate into leading Patient Community Meetings
- Team meetings:
 - o Participate as Primary Therapist in Nurses' morning report, multidisciplinary treatment team, sign out/consultation with covering resident and Attending Psychiatrist
- Supervision:
 - o Participate in individual supervision with Psychologist (Dr. Sharon Spitzer) and weekly group therapy supervision with all Klau 2 trainees (psych residents and interns)

Possible Additions:

- Participate in weekly Chief Resident supervision with all Klau2 trainees
- Co-lead an additional Group Therapy (choice of orientation)
- Participate in weekly case conferences
- Participate in weekly PBL (Participant Based Learning) rounds

Neuropsychology Assessment Service

Note: Required for the Adult Track but can be made into an elective for interns in the other tracks.

Interns may elect to perform additional neuropsychological testing with adult and/or pediatric 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, cancer, sickle cell disease, lupus, epilepsy, learning disabilities and attention

deficit disorder. These batteries are supervised by Bryan Freilich, PsyD, ABPP, Nicole Feirsen, PhD, Elyssa Scharaga, PhD, and Jodi Uderman, PhD.

OnTrackNY

The OnTrackNY program at Montefiore is a multidisciplinary outpatient treatment team serving adolescents and young adults with early psychosis. The OnTrack team provides comprehensive mental health services including individual and group psychotherapy, medication management, peer support, education/employment assistance, and family support. During this rotation, interns are trained in the evaluation and treatment of patients with a recent onset of psychotic symptoms such as hallucinations, delusions, and disorganized thinking. Interns carry individual psychotherapy patients, co-lead groups, attend team meetings, and learn to utilize the recovery model of treatment and shared decision-making process with patients and their families. Supervision is provided by the team leader, attending psychologist Dr. Dala Badreddine.

Psychiatric Observation Suite (POS) – Psychiatric Emergency Room

Note: Required for the Adult Track but can be made into an elective for interns in the other tracks.

The POS is a 5-bed unit within the adult emergency department for patients presenting with psychiatric complaints. Patients are seen either in the POS, the main ED, or in the pediatric ED. Interns will gain exposure to a wide range of diagnoses and psychopathology, including mood and psychotic disorders, suicidality and homicidality, substance use disorders, trauma-related disorders, malingering and neurodevelopmental disorders. Interns will conduct diagnostic interviews, gather collateral from families, providers, and outside agencies and present treatment recommendations to an attending psychiatrist and/or psychologist. Interns will gain competence in conducting safety and risk assessments, determining indications for hospitalization vs. discharge and providing brief crisis interventions. Interns will consult with attending psychiatrist or chief resident on cases where medications/other medical interventions appear appropriate.

Psychiatric Consultation Service

Note: Required for the Adult Track but can be made into an elective for interns in the other tracks.

The Psychiatric Consultation Service rotation consists of experiences in the Psychiatry Consultation-Liaison Service and Abdominal Transplant.

While working with the transplant team, interns will learn to assess for psychological contraindications to liver and kidney transplantation and living donation, as well as provide consultations for patients hospitalized post-transplant and presenting with a variety of psychological concerns, including addictions, depression, and anxiety. Interventions used with transplant patients are based on CBT, motivational interviewing, and mindfulness. Interns are part of a multidisciplinary team including surgeons, hepatologists, nephrologists, social workers, and nurses. There are opportunities to participate in multidisciplinary team meetings with the transplant team.

The Psychiatry Consultation-Liaison Service provides the interns exposure to collaborating with a vast array of hospital based medical teams and to enhance skills in the overall management and treatment of medically and/or psychiatrically compromised patients. Psychological consultation may be requested for a number of concerns. Some of these include: pre-existing psychiatric issues, current illness-related distress, wide-ranging adjustment issues, behavioral management strategies, poor adherence to treatment, and to address capacity issues to provide informed consent and/or clearance for hospital discharge. Psychology Interns will learn the rapid assessment of medically compromised patients, the ability to render a diagnosis, and provide brief bedside evidenced based treatment in medical areas that require rapid decision-making

and follow-up. Dr. Lisa Teh provides supervision in the transplant service and Drs. Kahlil DuPerry and Katie Console provide supervision of interns on the C/L service.

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

The Under 5 Trauma Services program at the Rose F Kennedy Children's Evaluation and Rehabilitation Center (CERC), in the Department of Pediatrics at Montefiore Medical Center provides interns with the opportunity to work in the Group Attachment Based Intervention (GABI) an intensive parent-child treatment 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 preventive agencies. GABI is part of RFK 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) for clinical understanding, the Parent and Child – Adverse Childhood Experiences Questionnaires, and behavioral health measures. Interns will participate in GABI which includes dyadic psychotherapy, parent groups, child groups and video feedback sessions. Interns will also have one individual parental mental health case. GABI sites are located in all five boroughs and involve an online training in the model, monthly all team trainings with key experts in field in addition to quarterly video sessions reviewed in supervision. Individual and Group supervision is provided by Anne Murphy, PhD, and team.

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

The Substance Abuse Treatment Program (SATP) and New Directions Recovery Center (NDRC) provide integrated substance use counseling, primary medical care, and psychiatric services to over 1,000 patients. SATP provides methadone maintenance for individuals with opioid use disorder and NDRC offers intensive outpatient treatment for a range of substance use disorders, including alcohol, cocaine, cannabis, benzodiazepines, and PCP. Interns will provide individual and group therapy, intake assessments and crisis intervention. Interns will also work closely with a team of psychologists, addiction counselors, medical providers, and other clinicians to provide integrated treatment services within a harm-reduction framework. Interns may also have the opportunity to assist with group supervision for psychology externs. The rotation is typically 1 day per week for 3 to 6 months but can be flexible. SATP and NDRC are co-located at 2058 Jerome Avenue on the Burnside Avenue stop of the 4 train. Supervision is provided Yash Bhambhani, Ph.D., Sydney Brinson, Psy.D., and Jairo Arce-Morales, Ph.D. Interns will also have the opportunity to provide therapy and receive supervision in both English and Spanish.

Supporting Healthy Relationships & HERO Dads Programs

This is a unique opportunity to gain experience working on either or both of two federally funded family strengthening research programs serving couples and individuals in the South Bronx and greater NYC area. Our clinical focus has a psychodynamic base, with specific training in multicultural treatment considerations, as well as couples-, family-, and group-focused modalities.

Supporting Healthy Relationships (SHR) is designed specifically to enhance relationship skills and strengthen relationships for low-income couples who have or are expecting children. The relationship education curriculum is based primarily on Gottman's *Bringing Baby Home*, which was shaped by his many years of research on couple 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.

HERO Dads (Healthy, Empowered, Resilient, Open Dads), is focused on providing a wide range of services for low-income adult parents with non-custodial children. The parenting and relationship psychoeducation workshops are based on an empirically supported curriculum, *24/7 Dad*, developed by the National Fatherhood Initiative. HERO Dads is based on the notion that non-custodial fathers lack models of responsible fatherhood and are subject to numerous stressors that undermine their ability to remain engaged with their children and meet their child support obligations. We believe that relationship and parenting education, coupled with access to employment services that address these stressors, will support, and strengthen fragile families.

This rotation offers interns a broad array of clinical training opportunities to increase their competency in couple- and parent-based prevention techniques (as well as some specific interventions) while serving a population that encompasses a broad variety of ages, cultures, psychiatric diagnoses, and levels of functioning. To accomplish this goal, the intern will conduct clinical assessments with couples and/or individuals, co-lead relationship and/or parenting education groups, design, and lead workshops on topics of the intern's choice, provide ongoing supportive services to couples and individuals (e.g., short-term therapy, crisis intervention, case management services), as well as contribute to program evaluation projects for either program as available. Supervision will be provided by Dr. Traci Maynigo and Dr. Moshe Moeller, as well as other trainers in the program.

Terra Firma

Note: Bilingual Spanish/English required.

Terra Firma is a medical-legal-mental health partnership providing integrated medical, legal, mental health and social support services to Unaccompanied Immigrant Children (UIC) and asylum-seeking families. Terra Firma's flagship program is housed in Montefiore Bronx Health Collective, a community health center and FQHC located in the South Bronx. At the Bronx Health Collective, children and families in the Terra Firma program are given a medical home where they have access to culturally sensitive and linguistically appropriate mental health services. Terra Firma complements these core services with acculturation and enrichment activities such as ESOL classes, nutrition classes, photography workshops, and soccer. In this integrated model, healthcare professionals play a crucial role in improving immigration outcomes by providing a safe environment in which immigrants can receive trauma-informed care. Working in conjunction with pro bono immigration lawyers, medical and mental health professionals provide written evaluations and oral testimony that support the legal cases of the Terra Firma participants. This approach corroborates their histories, increases their likelihood of receiving legal protection, and mitigates re-traumatization.

Montefiore Einstein Center for Transplantation - Transplant Psychology Service

The Montefiore Einstein Center for Transplantation is a Center of Excellence in kidney and liver transplantation. We pride ourselves in providing state-of-the art multidisciplinary care for patients across the lifespan undergoing kidney, pancreas, and liver transplantation, as well as kidney and liver living donation. The psychology and psychiatry services are fully integrated into the transplant program and highly regarded across disciplines. Interns will also work with the transplant team to assess for psychological contraindications to liver and kidney transplantation and living donation, as well as provide inpatient assessment and therapy for patients hospitalized post-transplant and presenting with a variety of psychological concerns, including alcohol/substance use disorders, depression, and anxiety. Interventions used with transplant patients are based on CBT, motivational interviewing, and mindfulness. Interns will work closely with members of the multidisciplinary team including surgeons, hepatologists, nephrologists,

social workers, and nurses to provide high-quality integrated care for transplant recipients and living donors. There are opportunities to participate in multidisciplinary team meetings with the transplant team. Clinical supervision and consultation will be provided by Drs. Lisa Teh, Christine Cho, and Peter Spyrou.

University Behavioral Associates

UBA is an innovative managed care company founded by the Department of Psychiatry at MMC which manages behavioral health services to a large population in the Bronx and Westchester. Interns choosing this research elective on behavioral population health and social care networks will learn about patterns of utilization, models of health care reform, managed care, social determinants of health, and reimbursement methodologies. Supervision is provided by Scott Wetzler, Ph.D. and Howard Forman, MD.

WeCARE Program

The WeCARE program is funded by New York City's Human Resources Administration (HRA) to provide evaluation and case management services to welfare recipients with medical and/or psychiatric disorders, 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. Interns can also learn about disability and employability criteria and decision-making. Individual supervision of at least one hour per week is provided by Ross Mendlinger, PhD. and Lavonna Branker, MD.

DOCUMENTATION

Documentation and record keeping represent a critical aspect of an intern's work. Interns will be responsible for writing progress notes on each of their patients. Most often, these notes are part of an electronic medical record (EMR) called "Epic" that the hospital uses across most sites.

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. **Generally, this means completing your note within 24-72 hours of the end of a session.** And remember: "*If you don'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 chart is a legal document. Thus, the chart is not an appropriate place for 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 should be writing on each particular rotation/elective.

In general, 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. This does not mean that you should omit, distort, downplay, or ignore risks, changes in status, and/or areas of difficulty. You should be clear and concise about what happened, while keeping in mind that 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 (e.g., if he or she were to read it, if another provider were to review it, or it were to end up as part of a public record). Relatedly, please note that in 2018 our EMR began to incorporate a "break the glass" feature that allows providers outside of psychiatry to view the charts/notes of our patients when necessary. In addition, patients and parents of child/adolescent patients have the right to access their medical records.

If you choose to obtain remote access to the EMR so you can complete notes while off-site, you must do so in ways that are HIPAA-compliant (i.e., please be mindful of where you complete notes, and under no circumstances should notes be completed in a public location).

You should also complete the note 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. Typically, initial treatment plans are due within either 7 days (for the AOPD) or 30 days (for the COPD) of the initial assessment. Treatment Plan Updates (TPUs) are due every 90 days (for both clinics). 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. It is the responsibility of the primary clinician to submit Treatment Plans in a timely fashion.

Please be sure to check in with each of your supervisors about their expectations regarding charting – in terms of both content (i.e., what to include in your notes) and process (e.g., provide them with a draft first or enter directly into the EMR). Many sites will have a sample template available for you to use.

CURRICULUM

Though clinical rotations and research are the focus of the internship year, the psychology curriculum is also a key component of your work here. In order to accommodate the lecture schedule, interns are excused from their clinical services every Thursday. It is important that you make every attempt to attend all of the lectures. In addition, you should plan your schedule so you can arrive on time and participate fully in all of the lectures. Finally, you will complete an evaluation of each lecture, and should do so in a timely manner.

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 psychology externs; (2) Department of Psychiatry Grand Rounds (see next page); 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, most often in the ground floor conference room at 3317 Rochambeau Avenue. You are expected to be onsite for the months of July and August, and then for the first two weeks each month, beginning in September. Occasionally the start and end times, location, and presence of the presenter (some may 'Zoom' in) and interns may vary. Please 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, Primer on Neuroscience
- Emergency Management: Suicide Assessment, Child Abuse Reporting, Violence Potential, Relationship Violence, NSSIBs
- Psychological Testing, Neuropsychological Assessment, Learning Disabilities, ADHD
- Psychopharmacology for Psychologists – Children and Adult patient populations
- Specific Therapeutic Approaches: Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Psychodynamic Therapy, Trauma-Focused Interventions for Children, Motivational Interviewing, Mindfulness Training, Emotionally Focused Therapy for Couples, Sex Therapy, Multisystemic Therapy for Substance Abuse, Marriage Education, Mentalization-Focused Parenting Interventions, Mindfulness-Based Relapse Prevention
- Specific Therapy Modalities: Family Therapy, Sex/Couples Therapy, Marriage Education, Group Therapy, Emotionally Focused Therapy with Couples
- Specific Disorders and Populations: Children and Adolescents, Substance Abuse, Geriatrics, Sleep Disorders, Eating Disorders, Women's Mental Health, Perinatal Mood and Anxiety Disorders, Autistic Individuals, Neurodivergent patients, Responsible Fatherhood, Personality Disorders
- Careers of Psychologists in Different Settings: Healthcare and Justice for Immigrant Children, Consultation & Liaison Psychology, Global Mental Health, AIDS Center, Integrated Primary Care Center, Transplant Programs, School-based Mental Health, Forensic, Healthcare and Justice for Immigrant Children
- Professional Development Topics: Psychology Licensure, EPPP, Private Practice, Self-Care and Burnout, Perinatal Mental Health, Integrating Science and Practice, Navigating the Postdoc/Job Market, and Working with the Media
- Race, Culture and Diversity: Race, ethnicity, LGBTQ, Cultural Humility, ACT with Diverse Populations, Culture-Based Countertransference, Cultural Differences in Relationships, Bias-Reduction Theory and Training, Liberation Health, Multiracial Identity Development, Racialized Beauty Standards
- Integrated Care: Pediatric and Adult Health Services, Digital Therapeutics
- Technology applications in research and treatment

DEPARTMENT GRAND ROUNDS AND OTHER MEETINGS

The **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 in the fall once it has been finalized for the year. Grand Rounds take place on Thursdays between September and June, from 10:30-12:00, in the Cherkasky Auditorium in the Silver Zone of the main hospital on the Moses Campus (a Zoom option is also available). Frequently, the speakers stay for a lunch with the trainees (interns and residents) immediately following Grand Rounds. You will be notified of these lunches as the year progresses and are encouraged to sign up and attend as many of these as your schedule permits.

An **Intern-Only Meeting** with Dr. Rego is held on the 2nd Thursday of each month from 3:00-4:00 in the Conference Room at 3317 Rochambeau Avenue. The meeting is used to discuss and problem-solve any training issues as well as have interns present on their upbringing and the factors that influenced them into becoming a psychologist.

A **Psychology Division Meeting** with Dr. Rego, the internship faculty, the interns and the postdocs is held on the 3rd Thursday of each month, from 12:10-1:00 via Zoom. Typically, one intern per meeting takes a turn presenting (informally) an ethical dilemma to the group. Occasionally, cases, journal articles, or professional issues of general interest to all psychologists are discussed.

Starting in September, interns and postdocs meet on the 4th Thursday of each month from 3:00-4:00 via Zoom with a different faculty member to engage in an informal discussion on the topic of "**Becoming a Supervisor**". The meeting will give you an opportunity to connect with faculty at different stages in their careers to share more about what they do in supervision and who/what has shaped their supervisory style, as well as answer any questions you may have for them.

An **Intern-Only Meeting** with an outside psychologist (and former intern), Dr. Adella Nikitiades, is held each Thursday from 4:00-5:00 via Zoom (and occasionally in the Conference Room at 3317 Rochambeau Avenue). This meeting is designed to offer the interns from all four tracks a time and place to support one another, seek guidance from the group leader, and process any challenging issues that arise during the internship year.

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

Stipend: The internship stipend is currently \$ 47,752.80 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: In addition to the nine hospital holidays, 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. Financial support of up to \$2000 is available for conferences in which you are presenting but requires pre-authorization from Dr. Rego. 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 different 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: Montefiore Medical Center provides an educational resource allowance of up to a maximum of \$500.00 to Montefiore Medical Center House Staff Officers on Montefiore payroll each academic year for: (1) Purchase of academic textbooks, journal subscriptions, (2) Payment of professional society membership dues, (3) Purchase of educative software, (4) Purchase of personal digital assistant devices (e.g., wireless telephones, I-Phone, I-Pad, and e-readers) and laptops, (5) Purchase of Educational Courses (Spanish, etc.), (6) Payment for Licensure Fees, and (7) Payment for Conference Registration Fees. Interns should obtain an "Employee Business Expense & Travel Reimbursement Form" from the department or House Staff Office, complete the form, and attach original receipts for purchases/expenses. Note: the form must be submitted to Dr. Rego for his approval.

Parking: Please advise us, as soon as possible, if you intend to drive to work and will need a parking space. Subsidized garage parking is available to House Staff on the medical center premises but the number of available spaces is extremely limited. For more information please call: 718-920-5691.

Housing: Subsidized housing is available to house staff at Montefiore Medical Center, including psychology interns, but cannot be guaranteed and is in high demand. 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, Wi-Fi, 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 Microsoft Outlook. 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 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 have not yet started the internship program, you should know that interns receive diplomas signed by the Director of Training, Chairperson 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 core rotations, electives, and supervisors
- intern evaluation of the training program, including didactics and Grand Rounds.

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 profession-wide competencies: research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills. In addition, certain rotations and electives may create additional rotation-specific aims and competencies with interns rotating through. There is also a rating given for overall performance (1-5 scale) and finally, a narrative section for summarizing the intern's strengths and areas for growth.

Dr. Rego, along with the Associate Director for each specialization, meet with each intern individually to discuss these evaluations in January and in June, and each intern must sign at the bottom of each evaluation to indicate that he or she has read it. These evaluations are then placed in the interns' files. At the end of the year, a summary letter, including an average score across all of these evaluations, is sent to each intern's graduate school program.

While scores of 1 or 2 are permitted at the mid-year point, the **minimum requirement** for successful completion of the internship is to achieve a rating across all competencies of 3 ("Intermediate: Competency sufficient for entry-level practice. Occasional supervision needed") or higher at the end of the internship year, with no final ratings of 1 ("Requires remediation") or 2 ("Entry level: Intensive supervision is needed"), as well as a minimum rating of 3 ("Competent: Meets all expectations. Knowledge, skills, and judgment are appropriate for level of training. Has desired personal and professional qualities") on the "Overall Performance" rating on page 4.

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 they would like to develop, or any issue which is interfering with the development of their professional identity. In addition, each intern will meet individually with Dr. Rego during the first month of the internship year to set clinical and professional development goals that will be revisited at the mid-point and end of the year. Finally, 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 also encouraged to evaluate the program, rotations, didactics, and supervisory relationships informally. If, however, any issues arise at a rotation or elective or with a supervisor that you are uncomfortable with, interns are encouraged to bring them to the attention of Dr. Rego and/or Drs. Held, Pimentel, Zayde, and Freilich as soon as possible - so it can be addressed and resolved. 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 adjust (both slight and major, when necessary) the 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 (emailed to you as a separate document), 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 enough hours to meet state licensure requirements (currently 1750 hours for NY; maximum 45 hours/week).

Post-Match Policies

Please note that APPIC has asked for sites that have specific application requirements that must be met after the Match is completed (e.g., background checks, drug testing, etc.) to be more specific in describing these requirements in our public information in advance, so that candidates can understand our requirements and choose not to apply to our site if they do not meet them. Most importantly, it minimizes the chance of our program being matched to a candidate who is ineligible for hire.

Background Checks

In terms of background checks, for nearly 40 years, New York Correction Law Article 23-A (better known as “Article 23-A”) has prohibited New Yorkers from being denied a job simply because of their arrest or criminal records. Starting on October 27, 2015, a new city law called the Fair Chance Act (“FCA”) required most employers in New York City to wait until after a conditional offer of employment before asking about or considering a job candidate’s criminal record. At that point, employers may only revoke a job offer consistent with Article 23-A.

In other words, the Fair Chance Act makes it illegal for most employers in New York City to ask about the criminal record of job applicants before making a job offer. This means that applications and interview questions cannot include inquiries into an applicant’s criminal record. This allows the applicant to be judged strictly on his or her qualifications. In addition, under Article 23-A, New Yorkers cannot be denied work simply because of a criminal record. An

applicant may only be denied a position if there is a direct relationship between the applicant's criminal record and the prospective job or if it can be demonstrated that employing the applicant would create an unreasonable risk to the employer's property or to the safety of specific individuals or the general public.

Employers must consider nine factors in making our determination. If we determine that a direct relationship exists, we must also evaluate the factors to determine whether the risk is decreased. If there is no direct relationship, all of the factors may be considered in determining whether an unreasonable risk exists. The factors are:

- That New York public policy encourages the licensure and employment of people with criminal records.
- The specific duties and responsibilities of the prospective job.
- The bearing, if any, of the person's criminal record on her or his fitness or ability to perform one or more of the job's duties or responsibilities.
- The time that has elapsed since the occurrence of the events that led to the applicant's criminal conviction, not the arrest or conviction itself.
- The age of the applicant when the events that led to her or his conviction occurred.
- The seriousness of the applicant's conviction record, judged by the applicant's conduct. Note that the Commission does not consider convictions for possession or sale of a controlled substance to be particularly serious.
- Any information produced by the applicant, or produced on the applicant's behalf, regarding her or his rehabilitation or good conduct. Because we are required to consider this information, we must affirmatively request it from applicants.
- The legitimate interest of the employer in protecting property and the safety and welfare of specific individuals or the general public.
- If an applicant has a certificate of relief from disabilities or a certificate of good conduct, we must presume he or she is rehabilitated.

For more information, see: <http://www.nyc.gov/html/cchr/html/coverage/fair-chance-employers.shtml>

Pre-Employment Drug Testing Policy

Montefiore Medical Center is committed to ensuring a safe, healthy, productive, and efficient work environment for its Associates, patients, and visitors. Accordingly, the Medical Center has established a pre-employment drug-testing program for job applicants and other individuals seeking to work, train or volunteer at the Medical Center.

This policy is applicable to all applicants for temporary or regular employment, and all other individuals seeking to work, train, or volunteer at Montefiore Medical Center, including interns, residents, independent contractors who will work on site and individuals referred through employment agencies (hereinafter referred to collectively as "applicants"). Applicants must undergo and pass a drug test before they actually commence employment, work, training, or volunteer activity at Montefiore Medical Center. The pre-employment drug testing policy does not apply to persons under 18 years of age.

Procedure:

Montefiore Medical Center's pre-employment drug testing procedure complies with applicable federal, state, and local law. All applicants (as defined above) must undergo a pre-employment drug test and must receive a negative test result as a condition of employment, work, training, or

volunteer activity. The pre-employment drug test is administered after the applicant receives from Montefiore Medical Center a conditional offer of employment, work, training, or volunteer opportunity. New hire processing will not be initiated until the drug testing has been completed with satisfactory results.

At the time Montefiore Medical Center extends to the applicant a conditional offer of employment, work, training or volunteer opportunity, the applicant will promptly be provided with the documents he/she will need to comply with the pre-employment drug testing procedure.

These documents include:

- A Forensic Drug Testing Custody and Control Form
- A list of drug testing collection sites approved by the certified laboratory from which applicant will select the most convenient site.
- An acknowledgement and consent form which the applicant must return to the Recruitment Department at the time he/she receives a copy of this policy.

An applicant is required to provide a urine specimen at an approved collection site within forty-eight (48) hours of receiving from Montefiore Medical Center an offer of employment, work, training, or volunteer opportunity. If the day after the applicant receives such an offer is not a business day in which a collection site is open, the applicant will be allowed seventy-two (72) hours to provide the urine specimen.

Negative Test Results

The HR Recruiter will be informed by the certified laboratory of negative test results within two (2) days from the collection date.

Positive Test Results

When an applicant tests positive for drugs, the certified laboratory will automatically retest the original specimen before concluding that the test result is positive. The Medical Officer (“MRO”) will then contact the applicant directly to review positive test results. If the MRO determines that there is no valid reason for the positive tests results, the applicant will be ineligible to work, train, or volunteer at Montefiore Medical Center.

Negative Dilute Results

When a test result comes back as a ‘negative dilute,’ the applicant will be given an opportunity to retest once within a 24-hour timeframe. If the second test result comes back as a ‘negative dilute’ again, the applicant will be ineligible to work, train, or volunteer at Montefiore Medical Center.

Refusal to Submit a Drug Test

Although an applicant has the right to refuse to submit to a pre-employment drug test, Montefiore Medical Center will not consider the applicant who so refuses. Moreover, Montefiore Medical Center will consider the following conduct by an applicant as a refusal to submit to a drug test:

- Refusing or failing to appear to a substance abuse test within a specified time, as determined by Montefiore Medical Center, after being directed to do so;
- Failing to remain at the testing site until the testing process is complete;
- Failing to provide a urine specimen for collection; failure to provide a sufficient amount of urine when directed, without an adequate medical explanation;
- Failing or declining to take a second drug test that Montefiore Medical Center or collector has directed to be taken;
- Failing to undergo a medical examination or evaluation, as directed by the MRO as part

of the verification process, or as directed by Montefiore Medical Center as part of the “shy bladder” procedures;

- Adulterating or substituting a urine sample, or attempting to adulterate or substitute a urine sample; or
- Failing to cooperate with any part of the testing process such as delaying the collection, testing or verification process or otherwise engaging in conduct that obstructs or manipulates, or attempts to obstruct or manipulate, the testing process.

This policy is not a contract of employment. If an applicant fails to comply with this policy, the applicant will be ineligible for employment.

Questions regarding the meaning or application of this policy should be directed to the Montefiore Medical center Recruitment Department.

Maintenance of Records of Intern Performance

As evidence of your progress through the program (as well as for future reference and credentialing purposes), we document and permanently maintain accurate records of your training experiences, including all evaluations, correspondence with your program, and your certificate of internship completion.

Intern files are organized by year and kept in locked cabinets, in a large, locked, filing room that is housed in the same building as the Chief Psychologist/Director of Psychology Training, to which only select administrative faculty and the Internship Coordinator have access. Files from the past decade are kept onsite, and older files are stored offsite (Iron Mountain: Data & Records Management).

As a backup measure, key files (e.g., evaluations, contracts, etc.) are also scanned and stored electronically on the Internship Coordinator’s personal computer, which is password protected.

Supervision Requirements

Supervision is a core element of the Psychology Internship Training Program to optimize delivery of patient care and aide trainees’ development of professional competencies. Supervision of psychology interns is provided primarily by licensed psychologists in the Department of Psychiatry and Behavioral Sciences. Interns receive a minimum of four hours per week of face-face clinical supervision, two of which must be provided individually by licensed clinical psychologists. Beyond these two hours, supervision will be provided by licensed clinical psychologists or other properly licensed/credentialed mental health professionals (e.g., Board-Certified Psychiatrist). The Director and Associate Directors of Psychology Training review and confirm the appropriateness of credentials of all supervisors in the internship program.

Supervision may be exercised in a variety of methods and formats. Direct observation is prioritized as it allows supervisors to provide a more accurate level of assessment and evaluation of observable aspects of trainees’ development of the profession-wide competencies, as well as the quality of the services provided, that cannot be obtained through any other methods. To facilitate the use of direct observation, digital video-cameras and audio-recorders are available for interns in each track and can be signed out for use throughout the year.

Classification of Supervision

These categories must be in place depending on the clinical situations:

- Direct, Live: Supervisor is physically present with the intern (e.g., sitting in on intakes, mental status exams at the start of the training year, co-leading groups, co-therapy, one-way mirrors, live synchronous audio-video streaming)
- Direct, Review: (a) Post-hoc review of audio-recordings of sessions
(b) Post-hoc review of video-recordings of sessions
- Indirect, Live: (a) Supervisors immediately available i.e., within the confines of the site while patient care is occurring

(b) Supervisor available by telephone to discuss while patient care is occurring
- Indirect, Review: Post-hoc case discussion, process notes

Each patient assigned to an intern must have an identified, credentialed faculty member assigned to supervise the case. Each elective rotation must have an identified, credentialed supervisor assigned. Supervisors are assigned by the Director and Associate Directors of Psychology and vary by specialization/track. Supervisor assignments for all rotations and electives are made available to all interns at the start of the internship year.

Role of the Director and Associate Directors of Psychology Training

The Director and Associate Directors of Psychology Training must assign the degree of progressive responsibility and supervisory role for each intern. The Director and Associate Directors of Psychology Training ensure that supervisors evaluate each intern in accordance with all relevant profession-wide competencies and using standardized criteria.

Role of the Supervisors

Supervisors must work with interns to schedule regular weekly, individual supervision time of at least one hour, face-to face.

Supervisors should review the criteria on the Supervisor Evaluation of Intern Performance Form at the start of the supervisory relationship with the intern, in order to establish goals and guidelines.

Supervisors are required to complete Supervisor Evaluation of Intern Performance Form semi-annually and/or at the conclusion of an elective rotation. Supervisors must evaluate the intern using one of the two forms of direct observation at least once during the intern's rotation (i.e., cannot only rely on indirect observation methods – see above). Supervisors must ensure that the intern has an updated consent for audio/video-recording form signed for patients under their care that will be recorded for direct observation purposes.

Supervisors must co-sign notes in the electronic medical record in a timely fashion (e.g., within 24 hours).

Supervisors are encouraged to address issues of culture and diversity in all cases.

Supervisors are required to attend the monthly internship supervisors' meeting. If they are unable to attend, they should provide verbal or written updates regarding the intern(s) they are supervising to the Director/Associate Directors of Psychology Training.

Role of the Psychology Intern

Interns must work with supervisors to schedule regular weekly, individual supervision time of at least one hour, face-to face.

Interns should review the criteria on the Supervisor Evaluation of Intern Performance Form at the start of the supervisory relationship with their supervisor, in order to establish goals and be clear of the criteria and competencies on which they will be evaluated. Interns must ensure that they updated consent for audio/video-recording for patients in their care who be recorded for direct observation purposes.

The intern must be knowledgeable of the limits of his/her abilities and scope of authority in clinical events.

Interns must complete notes in the electronic medical record and route to their supervisors in a timely fashion (e.g., within 24 hours) for co-signing. Interns should work with supervisors to clarify preferred note content and structure.

Interns must complete the Evaluation of Internship Rotation and Evaluation of Supervisory Contact Form at the conclusion of each elective and/or semi-annually and submit to the Director of Psychology Training.

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 Chairperson of the Department of Psychiatry and Behavioral Sciences. The Chairperson 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 Chairperson 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 timeline 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 timeframe 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 timeframe 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 Chairperson 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 Chairperson 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 Chairperson. 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) workdays 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 Chairperson of the Department of Psychiatry and Behavioral Sciences. Within three (3) workdays of receipt of the recommendation, the Chairperson will either accept or reject the Review Panel's recommendations. If the Chairperson rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Chairperson 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 Chairperson within five (5) workdays of the receipt of the Chairman's request of further deliberation. The Chairperson 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 INTERNSHIP

Before you can be cleared to start, 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 the House Staff Office (HSO) to send you the necessary medical forms which your doctor must complete. If using OHS, you should contact the HSO (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 HSO if you can stop by at the time of your physical, so you can complete the necessary administrative paperwork (e.g., W-4 forms, etc.). In addition, you should find out what identifying papers are required (i.e., birth certificate or passport).

Pre-Employment Drug Testing Policy: Medical Center has established a pre-employment drug-testing program for job applicants and other individuals seeking to work or train at the Medical Center. This policy is applicable to all applicants for employment, and all other individuals seeking to work, train, or volunteer at Montefiore Medical Center (including interns). Applicants must undergo and pass a drug test before they actually commence employment, work, training, or volunteer activity at Montefiore Medical Center.

Once you have completed your medical and drug testing, background check, and administrative paperwork, you will be able to obtain your ID badge from Security (3324 Rochambeau Avenue). This can be prior to, but no later than, your start date. Once you have an ID badge, you will be eligible for many of the benefits listed in 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 third 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 (fourth doorbell). The Program Manager, Ms. Jennifer Burke can be reached at: 718-920-2340. In general, members of the House Staff office are extremely helpful, 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; Payroll: 914-378-6400
House Staff Office: 718-920-2341; Occupational Health Services (for Employee Physicals): 718-920-5406; Parking Garage: 718-920-5691; Pharmacy: 718-920-4934; Security: 718-920-6131