



Jacobi | North Central Bronx

NYC HEALTH + HOSPITALS/ NORTH BRONX HEALTHCARE NETWORK

PRE-DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY HANDBOOK

2019-2020



Jantra Coll, Psy.D., Network Director of Internship Training at Jacobi

Kalsang Tshering, Psy.D., Site Director of Internship Training at North Central Bronx

September 2019

Dear Psychologist-In-Training,

We are delighted to welcome you to New York City Health + Hospitals: North Central Bronx Hospital/Jacobi Medical Center! The faculty, staff and patients are all eager to get to know you and we are honored that you have entrusted us with this crucial aspect of your training. This year will be challenging, inspiring and hopefully rewarding. Our best advice to you is to stay open to new experiences and be curious about yourself and the work that you do. Please review this handbook to familiarize yourself with key policies and procedures regarding our internship training program. You will receive additional materials in your Hospital-Wide Orientation and on your different rotations.

Thank you again for joining us.

Sincerely,

Jantra Coll, Psy.D.
Network Director of Psychological Training
Director of Psychology
Jacobi Medical Center

Kalsang Tshering, Psy.D.
Director of Psychological Training and Services
North Central Bronx

PRE-DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

AT

**Jacobi Medical Center
and
North Central Bronx Hospital**

<u>Table of Contents</u>	3
Program Overview	5
Benefits	6
Non-Discrimination and EEO Policy	6
The Hospital Settings	7
• North Central Bronx Hospital (NCB)	7
• Jacobi Medical Center (JMC)	7
Training Objectives	8
The Training Experience	9
Psychological Testing	9
Supervision	10
Interns as Supervisors	10
Research	10
Training Curriculum	11
Description of Services	13
• Behavioral Health Services	13
• Inpatient Service	13
• Outpatient Service	14
<u>North Central Bronx Hospital Site</u>	15
• Consultation Liaison Service/Psychiatric Emergency Service	15
• Elective Rotations	16
- Acute Geriatric Inpatient Unit	16
- Partial Hospitalization Program	16
<u>Jacobi Medical Center Site</u>	18
• JMC Elective Rotations	18
- Inpatient Rehabilitation Medicine Service	18
- Comprehensive Addiction Treatment Center: Detox	18
- Comprehensive Addiction Treatment Center: Outpatient	19
- Comprehensive Psychiatric Emergency Program (CPEP)	19
- Consultation Liaison Service	20
- Pediatric Neurodevelopmental Assessment Service	20
- Bariatric Surgery Program	21

• JMC Elective Rotations, cont.	
- Psycho-Oncology	21
• JMC Year-long Rotations	21
- Adult/Geriatric Outpatient Clinic	21
- HIV/AIDS Adult Consultation Service/Pediatric Consultation Service	22
- Family Advocacy Program	22
Evaluation Procedure	23
Evaluation of Performance	24
Minimum Level of Achievement	25
Conflict Resolution and Grievance Procedures	27
Intern Grievance Procedure	30
Maintenance of Records	30
Department of Psychology Faculty: North Central Bronx Hospital	31
Department of Psychology Faculty: Jacobi Medical Center	32
Directions to North Central Bronx Hospital	33
Directions to Jacobi Medical Center	34
Appendix	35
- North Bronx Healthcare Network Shuttle	36
- Consent for Audio/Video Recordings	37
- Evaluation of Intern Performance	38
- Intern Evaluation of Site	42
- NYC Health & Hospitals: EEO Policy	49
- Didactic Schedule	59
- Clinical Seminar Schedule	60
- Rotation Schedules	62

NYC HEALTH + HOSPITALS/NORTH BRONX HEALTHCARE NETWORK

PRE-DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

PROGRAM OVERVIEW

Accredited by the Commission on Accreditation of the American Psychological Association* since 1990, The North Bronx Healthcare Network (NBHN) provides a comprehensive Psychology Internship Training Program with two training sites: one at North Central Bronx Hospital and one at Jacobi Medical Center. We have 13 internship positions, six at NCB and seven at JMC. The unified program is overseen by a Network Training Director, a Site Training Director, and a Network-wide Training Committee. The Network is academically affiliated with the Albert Einstein College of Medicine. A Psychology Intern position, called "Psychologist-in-Training" under New York City Health and Hospital guidelines, is a twelve-month supervised clinical training position for doctoral candidates in Clinical, Counseling, Health or School Psychology graduate programs. The Psychology Internship Program is under the overall direction of the Network Director of Psychological Services and Training, in consultation with the Site Director of Psychological Services and Training, along with the Joint Training Committee. The Directors are responsible for coordinating the clinical rotations, seminars, supervisors and evaluation procedures for the program along with other members of the Training Committee.

The Internship Program at NBHN encompasses a Practitioner Model. Our philosophy of training is to provide interns with an intensive and wide-ranging clinical training experience in a multicultural urban hospital setting. Our primary mode of teaching is through an Apprenticeship Model. Our goal is the professional development of psychologist-practitioners proficient in an array of clinical modalities and therapeutic and assessment techniques in both inpatient and outpatient settings. At the end of our training experience, we believe that our Interns will be able to address patients with a wide array of psychiatric issues in a variety of medical settings. They will be able to safely assess a patient, work through their current treatment, and refer them to the next level of care seamlessly. Our interns develop compassion, a deeper trauma-informed lens, and a strong ability to offer what is at the moment the most therapeutic to the patient. Interns, who successfully complete our training experience, are truly considered colleagues.

The comprehensive psychiatric services and faculty at each site bring a wide range of specialized training and theoretical orientations to the training program. The programs at each site are essentially similar with a shared philosophy of training and similar training experiences. While there are some differences in the structure of the programs and in certain electives, a core emphasis at both sites is the inpatient psychiatry experience where each intern functions as a primary therapist. It is our belief that an intensive inpatient experience is invaluable for whatever work trainees choose to do in the future. The experience has a significant impact on sharpening diagnostic and decision-making skills, and leads to greater ease in working with the wide range of human experiences. An additional core emphasis is to integrate this knowledge and expertise in medical areas of the hospital where our resources are few and far between. Interns become ambassadors of Behavioral Health as our services become more needed in the Medical Model.

BENEFITS

The NYC Health + Hospitals stipend for Interns (Psychologists-in-Training) is \$33,323. The twelve-month training begins the first week of September. The training year includes 11 holidays, 18 vacation days and 10 sick days. Educational events related to training may be attended when approved by the Training Director. Interns will receive extensive information concerning their health benefits during orientation, where they can speak directly with an HR representative. All interns are able to select HIP at their primary insurance carrier through the Management Benefits Fund. A dental plan is also provided. As we are a member of NYC Health + Hospitals and academically affiliated with the Albert Einstein College of Medicine (AECOM), training opportunities within these networks are available to interns (e.g. Grand Rounds at Montefiore, Child Rounds at Bronx Psychiatric Center, library at AECOM, conferences/seminars at any of the NYC H+H hospitals, etc.). Interns are provided offices and shared work spaces to utilize throughout the hospital settings. In addition, each are provided personal recorders for audio recording sessions.

Once Interns are matched with our sites, they will receive an onboarding packet to complete over the summer with directions for medical and security clearance. Interns will work with HR staff at the hospital that will ensure proper processing of their packets. As both JMC and NCB are municipal hospitals, official appointment to the internship position depends on successful completion of a fingerprinting background check (\$99 fee), State Child Abuse Registry check (\$25 fee) and a physical exam including drug screening. NYC Health + Hospitals has a nepotism policy which discourages the hiring of couples, especially if there is a chance they could work on the same service.

NON-DISCRIMINATION AND EQUAL EMPLOYMENT

It is the policy of NYC Health + Hospitals to provide equal employment opportunity to all employees and applicants of the System regardless of actual or perceived age, alienage or citizenship status, color, disability, gender (including sexual harassment), gender identity, marital and partnership status, national origin, pregnancy, race, religion/creed, sexual orientation, status as a Veteran or Active Service Member, arrest or conviction record, caregiver status, credit history, unemployment status, salary history, and/or status as a victim of domestic violence, stalking, and sex offenses and/or any other protected class under the applicable federal, state and local antidiscrimination laws. Please see NYC Health + Hospitals policy statements located in the Appendix.

*** Questions related to the program's accredited status should be directed to the Commission on Accreditation:**

**Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, D.C. 20002
Phone: (202)336-5979/ Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation**

THE HOSPITAL SETTINGS

North Central Bronx Hospital (NCB) is a modern municipal hospital located in the Norwood area of the Bronx. It is one of 11 acute care hospitals operated by NYC Health + Hospitals. The hospital serves an ethnically and socioeconomically diverse patient population. Open since 1977, NCB was established as a community-oriented facility in both its philosophy and outreach programs.

As a general hospital, NCB is distinguished as one of the first city hospitals to offer a primary care model for ambulatory care as well as for its innovative midwifery program in OB-GYN. It is also the first hospital in New York State to be approved as a SAFE (Sexual Assault Forensic Examiner) center of excellence.

NCB has an impressive scope of Behavioral Healthcare Services. These services include two 25-bed acute inpatient units, a 14-bed geriatric inpatient unit (age 55+), an adult outpatient mental health service, an adult psychiatric emergency service including consultation/liaison services and a Partial Hospital Program (a six-week day program for acutely ill psychiatric patients).

Jacobi Medical Center (JMC), also a facility of NYC Health + Hospitals, is the largest public hospital in the Bronx and serves as a level one trauma center, a specialized regional referral center and a community hospital. It is a 774-bed teaching hospital, affiliated with the nearby Albert Einstein College of Medicine, employing approximately 4500 people who provide care to over a million residents of the Bronx as well as the Greater New York area.

In addition to a full spectrum of acute and general inpatient and outpatient medical services, Jacobi offers several special programs of note, including a state-of-the art Hyperbaric Center for fire victims and others suffering from carbon-monoxide poisoning and oxygen-deprivation; the only Burn Unit in the Bronx and the second largest unit in New York City; a Regional Snakebite Center, operating in cooperation with the Herpetology staff of the nearby Bronx Zoo; and a Women's Health Center, which has been acclaimed for its efforts to successfully manage high-risk pregnancy, reduce infant mortality and raise birth weight.

Behavioral Healthcare Services at Jacobi include four 25-bed acute inpatient units (one primarily for Spanish-speaking patients) and an outpatient service with sub-specialties in Adults and Geriatrics. Outpatient sites are also available in the Adult and Pediatric AIDS Primary Care Services, the Pediatric Outpatient Service and the Family Advocacy Program (for children newly identified as being sexually or physically abused). An additional service providing training opportunities is the Comprehensive Addiction Treatment Center, an integrated inpatient detoxification and outpatient day-treatment substance abuse program. There are also training opportunities available in the Psychiatric Emergency Room, Bariatric Surgery Program, Rehabilitation Medicine, Psycho-Oncology, Pediatric/Adult Consultation/Liaison Service and Pediatric Neurodevelopmental Assessment Service.

At both NCB and JMC, psychologists play a major clinical, supervisory and leadership role on all of the psychiatric services, including areas less traditional for psychologists, such as the Psychiatric Emergency Service. The range of training opportunities within the Behavioral Healthcare Services and in related departments allows us to tailor a program to the specific interests of each intern while retaining the core components essential to an internship training experience.

TRAINING OBJECTIVES

The primary training objective of the internship is to provide an intensive clinical experience in a multicultural urban institution. The diverse patient population served by the Network provides a unique opportunity for the intern to become attuned to the ethnic, cultural, psychological, biological and economic factors that shape people's lives in often devastating ways. The emphasis of the learning experience is on helping the student integrate a growing theoretical and psychodynamic understanding with practical knowledge of specific assessment and treatment approaches. Interns are exposed to patients with a broad range of psychological issues and mental disorders at different levels of functioning.

The diversity of the clinical settings provides the opportunity to observe and work with patients at all phases of their involvement with the mental health system. Patients may be followed from their entry into the emergency service, through crisis intervention or hospitalization, to longer-term aftercare.

Diagnostic skills are sharpened through the supervised program in psychological testing as well as through practice in interviewing. Students learn to conduct formal mental status interviews and apply both structured and less structured clinical interviewing techniques appropriate to patient and service.

Over the course of the year, interns become practiced in the following therapeutic modalities:

1. Individual Therapy - provide brief psychodynamic, supportive and short-term crisis intervention with inpatients and longer-term outpatients. While the primary orientation of the staff is psychodynamic, there is exposure to a wide range of evidence-based theories and techniques, including family systems theory, relational theory, CBT, DBT, Gestalt and behavioral techniques.
2. Group Therapy - co-lead inpatient and outpatient groups of adults, adolescents and/or children. Groups can include process groups as well as specialty/task-oriented groups (e.g. DBT Skills Training Group, STAIR for trauma group, etc.).
3. Family Therapy – provide family and couples work with inpatients and outpatients as available.
4. Crisis Intervention - rotations on the Adult Psychiatric Emergency Room Service and the Pediatric/Adult Consultation/Liaison Service provide opportunities to learn diagnostic and crisis intervention skills with adults, children, adolescents and their families.

THE TRAINING EXPERIENCE

Interns matched with the **Jacobi Medical Center (JMC)** site will complete at least one 4-month acute inpatient rotation and two 4-month elective rotation(s). These rotations vary in hourly requirements, but generally occur in the mornings. Interns are also asked to choose a year long outpatient rotation, which often occurs in the afternoons.

Interns are asked to choose two of the following sites for their elective inpatient rotations:

- Rehabilitation Medicine,
- Comprehensive Addiction Treatment Center/Detox,
- Adult/Pediatric Consultation Liaison Service
- Bariatric Surgery Program
- Psycho-Oncology

Interns are able to combine certain rotations, most often medical units. We do our best to accommodate the learning goals of each intern.

In addition, to further bolster our interns' assessment abilities, they are asked to complete at least a month in our Comprehensive Psychiatric Emergency Program.

Year-long outpatient placements at JMC are available on the Adult/Geriatric Outpatient Service, the Comprehensive Addiction Treatment Center, the Family Advocacy Program or the Adult/Pediatric HIV Primary Care Service

Interns matched with the **North Central Bronx Hospital (NCB)** site spend two four-month rotations on the two short-term inpatient units as a therapist carrying up to five patients. They can elect a four-month rotation on either the Partial Hospitalization Program or the Acute Geriatric Inpatient Unit, within which they will also be embedded one day/per week within the Consultation-Liaison/Psychiatric Emergency Room Service. Throughout the year, interns carry three to four outpatient therapy cases in the Adult Outpatient Psychiatry Department.

PSYCHOLOGICAL TESTING

At both sites, Interns conduct a maximum of four full-battery evaluations over the course of the training year. In addition to conducting the testing itself, the training includes individual supervision with a testing supervisor and ongoing didactic seminars that address a variety of topics related to psychological assessment. The goal of the NBHN Testing Program is to teach interns how psychological testing may be used within a hospital setting to be of immediate and long-term benefit to the patients we treat.

Referrals are submitted from units throughout the hospital, including various inpatient and outpatient services, day treatment programs, and medical units. Referral questions may include estimation of cognitive abilities, clarification of differential diagnoses, explanation of personality organization and dynamics, or other more specific and individualized questions. Interns may also conduct neuropsychological screening. The nature of the test battery depends, in part, on the referral question but interns can expect to administer both traditional standard batteries and focal batteries. In addition, interns have access to a large inventory of psychological assessment instruments and scoring software.

Assessment at NBHN is viewed as an integrated component of the therapeutic process that helps to elucidate patients' psychiatric symptoms and psychological struggles. Thus, testers strive to provide timely feedback to both patients and referring clinicians that directly addresses their questions and facilitates treatment. Test reports are generally concise and serve as formal documentation of these conclusions.

SUPERVISION

At the North Bronx Healthcare Network, supervision is the highlight of the training process. Interns can expect to receive at least four hours of supervision per week, two of which are individual. Your supervision schedule will break down to the following:

Morning Rotation – One hour of weekly individual supervision
Afternoon Year-long – One hour of weekly individual supervision
Mentor – One hour of weekly individual supervision (JMC*)
Group Supervision – One hour of weekly group supervision
Clinical Seminar – One hour of weekly group supervision + 30-minute meeting with Director
Testing Supervision – One hour of supervision as needed, when working on a testing case
Research Meetings with a research team or mentor, as needed for a particular project

Each intern is assigned a primary outpatient supervisor, who supervises the intern on long-term outpatient cases, as well as a senior staff member to serve as a year-long Mentor who oversees the intern's overall experience. *At JMC this role is assumed by two different faculty members, while at NCB this role is assumed by one faculty member. Inpatient supervision is provided by the Psychologist on the inpatient service to which the intern is assigned. Supervision in diagnostic testing is assigned on a rotational basis. Interns can expect 2-4 hours of individual supervision per week, plus group supervision in the form of group supervision and clinical seminar described in more detail below. All of these activities are focused on providing interns feedback and consultation on their work and internship experience.

INTERNS AS SUPERVISORS

Interns at both sites are exposed to differing supervisory experiences with instruction and supervision on their supervision. These experiences can range from providing formal consultation to medical students on their psychodynamic formulations to supervising an extern on a case or a group. As many interns go on to supervise after graduation, we feel more experience in this area is important to their professional development. Interns will be assigned an extern to either provide case consultation during the extern didactic schedule or to provide brief supervision over three or four sessions regarding a case. This usually begins after the first rotation change, when interns feel settled in their roles and more confident about supervising.

RESEARCH

Interns from both sites are expected to participate in developing, or contributing to ongoing research at our hospital settings. As psychologists, our training has afforded us a number of skills that can advance our practice. Research has become tremendously valuable in a Health Service Psychology setting. Interns will receive guidance and mentorship from faculty members, which include administrative leadership within Department of Psychiatry. Didactics about conducting research in

the hospital as well as differences between Performance and Quality Improvement are offered to all trainees. Interns will be asked from the beginning of Internship to think about topics that interest them and whether there are current projects occurring at the hospital that they would like to join. Interns are asked to develop research ideas, contribute to ongoing research conversations, participate in literature reviews or collect data depending on the areas they work in. Regular meetings will be scheduled to assist Interns in thinking critically about a project. Interns will be asked to provide presentations on their research projects in our Grand Rounds towards the end of their internship year.

TRAINING CURRICULUM

A robust training curriculum is provided throughout the Network to support the training experience. The weekly curriculum is mandatory for Interns to attend at both sites and includes:

- Clinical Seminar (Held Tuesdays at NCB; Wednesdays at JMC)
- Behavioral Health Grand Rounds (Held Wednesdays at both sites)
- Didactic Series (Held every Friday)
- In addition, several trainings are scheduled and offered throughout the year through NYC Health and Hospitals Behavioral Health Department and Corporation Wide.

Clinical Seminar: Interns at both sites are required to participate in weekly clinical seminars. Interns are scheduled to provide presentations on their clinical work in a workshop format where their peers and a faculty consultant lead a discussion regarding the clinical material presented. Each intern will have the opportunity to present the following material throughout the year:

- An initial intake
- An ongoing Individual Therapy Session
- A Group therapy session
- A Couples or Family Session
- A Multicultural presentation of a case
- A Testing Case
- A Termination Session

Interns alternate presentations, and are matched with faculty members, who are new to the cases. Interns are encouraged to showcase their work and tailor presentations according to areas they invite feedback on. Interns are also asked to bring audio or video-taped sessions, if their patients consented. Interns are provided a schedule for the seminars at orientation and are asked to contact their faculty consultant at least a week in advance of their presentation. Interns provide a write up of their presentation to the faculty member, and together they plan the seminar for that week. These presentations are geared toward enriching the intern's training experience, and are non-evaluative. A current schedule for both sites is offered in the Appendix.

Behavioral Health Grand Rounds: Grand Rounds and other Departmental in-services are held regularly within the Department of Behavioral Health. They reflect presenters hosted by different disciplines within Behavioral Health, such as Psychology, Psychiatry, Social Work, and Activities Therapy. Topics vary and often aim to provide the department education on new trends and evidence-based practice. Interns are also required to attend quarterly Performance Improvement Meetings in order to gain exposure to program evaluation at the Divisional level. Grand Rounds and in-services at the other Einstein-affiliated and H+H hospitals are also available to interns, such as the Monthly Schwartz Rounds onsite that includes other medical departments in the hospital.

Notifications regarding upcoming presentations or conferences onsite at the hospital, in addition to Grand Rounds are sent out by Behavioral Health Administration.

Didactics: Interns at both sites are required to participate in weekly didactics. Psychology Training faculty from both sites and other contributors are invited to provide didactics on a variety of topics to assist Interns in their clinical work. Topics are often geared toward different therapeutic modalities, the client population of the Bronx, and evidence-based practice that will deepen the intern's work throughout the year. A schedule is provided at the beginning of the year and interns are expected to travel to each site to attend. Didactic seminars are held each Friday from 12-2:00pm. Interns are able to use our shuttle system to travel from site to site. Interns are also asked to evaluate our Didactic presentations. A current schedule is offered in the Appendix.

Hospital-Wide Trainings: Interns are required to complete a number of trainings as full-time staff members of the Department of Behavioral Health, as well as employees of New York City Health and Hospitals. These trainings are offered in a variety of formats. Required Trainings are often scheduled during the first month of the Internship Year, while others are offered as refreshers.

Topics include the following:

- 2-Day Hospital Wide Orientation, which covers Quality Assurance, Risk Management, Confidentiality, Patient Safety, Fire Safety, LEAN Performance improvement, Hospital Mission and Vision, Disaster Preparedness, Infection Control, Community Relations, Code of Conduct, Human Resources, Labor Relations, Sexual Harassment, LGBT Training, Cultural Diversity, Incident Reporting, Patient Rights, mandated Reporting, Workplace Violence.
- EPIC Electronic Medical Record Training, which occurs at Metropolitan Hospital
- Preventing and Managing Crises Situations: Behavioral Health led-training to learn about and protect patients in agitated states throughout acute psychiatry departments
- Other topics are ICARE training, Planetree, Human Trafficking trainings, all of which are usually offered throughout the year at different times for the ease of our employees.

DESCRIPTION OF SERVICES

Behavioral Health Services:

The Behavioral Health Department at both JMC and NCB include the following areas that interns will be exposed to at both sites: Acute Inpatient Psychiatry, Adult Outpatient Psychiatry, and Psychiatry Emergency Service/Comprehensive Psychiatric Assessment Program. Interns are expected to rotate through these areas to solidify their clinical skills in diagnostic interviewing, clinical case presentations, crisis intervention, individual/group psychotherapy, and couple/family interventions. Interns will develop skills in differential diagnoses and become familiar with psychopharmacological interventions. These skills are the cornerstone of our training program, and interns are then able to choose elective rotations where they can learn to utilize these skills with a variety of patients, with different treatment models and teams.

Acute Inpatient Service

The acute inpatient Units (three at NCB and four at JMC) are locked, short term units providing treatment for acute psychiatric disorders. The average length of stay on the inpatient units is two weeks, and as such, much of the focus of training will be on assessment and short-term therapeutic interventions. One unit at NCB is for geriatric patients while one unit at JMC is a bicultural (Latinx) unit. A number of patients are involuntarily committed to the hospital and their average length of stay is approximately two weeks. The units are structured to provide a milieu treatment setting in which both staff and patients participate in the recovery process.

The intern functions in the role of psychotherapist on a team which includes psychology, social work, psychiatry, creative arts therapy and nursing. The major goals of the inpatient service are to provide rapid and thorough assessment, treatment of the presenting mental illness and discharge planning.

Patients hospitalized at both sites are primarily from economically disadvantaged, ethnically diverse backgrounds, e.g., Vietnamese, Bangladeshi, Albanian and Chinese, with the majority being African American and Latinx. Diagnostically, a broad spectrum of presenting problems are seen on the unit, including schizophrenic disorders, major affective disorders, substance abuse and a range of character pathologies. On admission, an attempt is made to gather comprehensive information about the individuals, their past and their current environment. The goal is to understand which factors in a person's life may have converged to contribute to the need for the current psychiatric hospitalization.

As noted, treatment on the units stresses the use of the milieu. Patients are seen individually, with their families and in groups. Psychotropic medication is provided by an attending psychiatrist. Regular therapeutic community meetings are held, facilitated by a staff member or intern.

Interns each carry a maximum of five patients at a time. The intern is responsible for the coordination of care involved in managing the case, presenting at team meetings, helping to think through discharge plans and maintaining chart notes. The intern is also expected to observe and co-lead group therapy and community meetings on the unit.

The Supervising Psychologist on the unit provides weekly supervision on the intern's primary therapy cases and is readily available for on the spot consultation.

Outpatient Service

The Psychiatric Outpatient Services provide treatment for an ethnically diverse, primarily lower to middle-income African American and Latinx populations. The multidisciplinary staff is comprised of a medical director, psychiatrists, psychologists and social workers. Presenting problems range from acute individual or family crises to chronic mental illnesses.

At JMC, outpatient work is done at the Adult and Geriatric outpatient clinic, Adult and Pediatric HIV Primary Care Services, Family Advocacy Program (for children newly identified as physically or sexually abused), Comprehensive Addiction Treatment Center Intensive Outpatient Program, Pediatric Neurodevelopmental Assessment Service, Bariatric Surgery Program, and the Psycho-Oncology Service.

At NCB, all outpatient work is done at the Adult Behavioral Health Outpatient Service. More detailed descriptions of each of these services at the NCB and JMC sites can be found in the next sections.

As training sites, the outpatient clinics provide a rich practicum experience which includes experience in several treatment modalities such as short- and long-term individual psychotherapy, group, couples and family therapy. Initial screening interviews, intake assessments and psycho-diagnostic testing provide opportunities to develop diagnostic skills. New intakes and ongoing cases are presented at weekly team meetings where an interdisciplinary approach is fostered.

The following experiences are available to interns:

Intake - The intake evaluation is a comprehensive biopsychosocial profile of the patient which includes a mental status examination and can take up to three sessions. Consultations with other staff, psychiatry and other medical subspecialties are included if needed. After completion, the case is presented at an intake conference for disposition. Typical dispositions include long-term psychotherapy, family therapy, crisis intervention and/or group psychotherapy.

Individual Psychotherapy - The intern follows patients in long-term outpatient psychotherapy under supervision. Some intakes may evolve into brief therapy cases as well.

Family Therapy - Interns have the option of treating one or more families during the year when available.

Group Therapy - The intern may lead or co-lead one of several ongoing therapy groups on the service.

Supervision - Interns receive approximately one hour of individual supervision for individual psychotherapy patients and one hour of supervision for family therapy and groups. Groups may be co-led with another trainee or staff member.

NORTH CENTRAL BRONX HOSPITAL SITE (NCB)

Consultation-Liaison Service and Psychiatric Emergency Service

Within their elective rotation (*see below*), interns will spend one day/per week embedded within the Consultation-Liaison Service/Psychiatric Emergency Service under the supervision of a licensed psychologist. C/L service is an offshoot of the Psychiatric Emergency Service. Located near the medical emergency room, the PES is a separate, locked, secure unit. It is comprised of a patient waiting area, nurses' station, four small observation rooms with beds and three interviewing rooms. The functioning of the unit is overseen by a nurse and several clerks, aides and hospital police. Patients who come to the PES are most often people with chronic and severe mental illness whose conditions are exacerbated by a current stressor and who present with acute psychotic symptoms. Psychiatric emergency room patients also frequently present with drug and alcohol induced disturbed behavior or mood disturbances.

The Consultation-Liaison intern is paired with the C/L psychologist who provides psychiatric consults to the adult medical/surgical units and the pediatric units. Problems resulting in consult requests may include assessing a patient's ability to make health care decisions, medical management of patients who are also psychiatrically ill, making a differential diagnosis between psychosis and delirium, determining the existence of conversion symptoms as well as more routine assessment of depression/suicidality and/or agitated behavior. Unlike other rotations, interns gain extensive experience understanding the interaction between psychiatry and medicine. Additionally, interns gain experience assessing high risk cases (e.g., suicide attempts) and determining the appropriate discharge plans accordingly.

Interns start by making consults with the psychologist, first observing and then being observed. As interns gain competence, they do the consult themselves. All consults are then presented to the psychiatrist for discussion of diagnosis, treatment and disposition. If the patient has an extended medical stay, interns may provide follow-up supportive and/or crisis counseling with the patient and/or the patient's family. Interns may also be responsible for admitting patients to psychiatric inpatient units after they have completed their medical care.

As noted, since the C/L service is run from the Psychiatric Emergency Service, there is opportunity for interns to do additional Emergency Service work. In this capacity, psychology interns may function as primary clinicians along with a psychologist, a psychiatrist and a social worker. Primary clinicians are responsible for evaluating and determining disposition for patients, for whom upon entry to the PER, a mental status exam is conducted. For some patients, psycho-diagnostic or neuropsychological screening instruments are also administered. After evaluation, patients are held in the PER for lengths of stay up to 24 hours. When patients are held, the clinician observes changes in the patient's condition to make the most appropriate diagnosis and disposition. For example, a patient who presents with psychotic symptoms and recent drug use may be observed to see if the symptoms subside as drug blood levels decrease. Intake interviews and brief counseling sessions with the patient and family aid in diagnosis and disposition. Interns learn how to facilitate outpatient referrals for follow up treatment as necessary.

Emergency room clinicians are also called upon to make psychiatric consultations to adult patients on inpatient medical units, for example: patients who don't adhere to their medical regimens, assessments of patients' competency to make health care decisions and the medical management of

patients who are also psychiatrically ill. The intern will have the opportunity to provide such consultation under the supervision of a psychologist and/or psychiatrist.

In summary, the intern experience may include:

1. Conducting a mental status exam and writing a mental status report
2. Conducting ongoing evaluation and observation of patients resulting in case formulation, recommendations and initial treatment goals
3. Conducting individual and family intakes and crisis counseling sessions
4. Planning appropriate disposition and discharge
5. Providing psychiatric consultation to adult inpatient medical units

NCB ELECTIVE ROTATIONS

Interns choose a four-month elective rotation on one of the following Services: the Acute Geriatric Inpatient Unit or the Partial Hospitalization Program. Cross-site elective rotations are occasionally available at JMC. For example, interns may select a rotation on CATC/Detox, the Pediatric Neurodevelopmental Assessment Service or Rehabilitation Medicine.

Acute Geriatric Inpatient Unit

This unit operates similarly to the adult inpatient units. The patient population includes older adults from ages 55 and up who often present with a myriad of psychiatric and medical problems and, very commonly, dementia.

As the therapist, the intern provides thorough assessment and treatment planning, psychotherapy and assistance in discharge planning. Given the nature of the population, psychotherapy is often supplemented by coordination with family members, whose help may be needed in making difficult placement decisions (e.g., placing a parent in a nursing home).

The intern also learns to administer and interpret neuropsychological tests that help to establish a diagnosis of dementia or identify other causes of the presenting problem. In addition, the intern co-leads group therapy on the unit. Formal, weekly, on-site, individual supervision, as well as supervision on an as-needed basis, is provided by the unit's psychologist. The intern participates as a full member of the treatment team in daily morning reports and weekly team meetings.

Partial Hospitalization Program

The Partial Hospitalization Program (PHP) at NCB provides short-term, intensive outpatient evaluation and treatment to adults with acute psychiatric symptoms who would otherwise require inpatient treatment. The purpose of PHP treatment is to prevent or reduce psychiatric inpatient stays and to help patients with acute symptoms improve to the point that they can transition back into the community. The PHP has a multi-disciplinary team (psychology, psychiatry, social work, activity therapy) that offers the following services:

- Screening and intake
- Psychiatric and psychosocial assessment
- Health screening and referral
- Medication therapy and education

- Individual psychotherapy
- Group psychotherapy
- Family meetings
- Activity and creative arts therapy
- Case management, advocacy and linkage
- Crisis intervention services

Patients attend the PHP from 9:00 a.m. to 4:00 p.m. five days a week for up to six weeks. During this time, they attend a wide range of groups and benefit from the services listed above. As a continuation of the services provided during inpatient treatment, the PHP also strives to provide a structured, therapeutic milieu in which the whole community participates in the treatment process. The PHP is an active training site for psychology and activity therapy as well as for physician assistants. Interns function as primary clinicians under close staff supervision and participate in all aspects of evaluation and treatment.

JACOBI MEDICAL CENTER SITE (JMC)

Interns spend one four-month rotation on an acute inpatient unit (one of which is a bicultural unit for patients who are monolingual Spanish speaking or whose families are - on this unit, there is the opportunity for Spanish speaking interns to be supervised in Spanish on their Spanish speaking cases.) and two four-months rotations on two elective rotations. It is possible, however, to spend two four-month rotations on the inpatient units and one four-month rotation on one of the elective rotations.

Elective rotations are available in the Comprehensive Psychiatric Emergency Program, Comprehensive Addiction Treatment Center, the Consultation Liaison Service (adult and pediatric), the Pediatric Neurodevelopmental Assessment Service, Rehabilitation Medicine Service, the Bariatric Surgery Program, and Psycho-Oncology Service. The elective sites are described below. The various year-long rotation sites (Adult/Geri OPD, Pediatric Medicine, Family Advocacy Program, Adult/Pediatric HIV/AIDS Mental Health Services are also described below.

JMC ELECTIVE ROTATIONS

Inpatient Rehabilitation Medicine Service

A rotation through the Jacobi Rehabilitation Medicine Service provides an opportunity to work with a diverse adult population, most of whom have sustained a recent trauma (e.g. gunshot wound, stroke, head injury, amputation, being struck by a vehicle, burn, spinal cord injury). The 24 bed, inpatient rehab unit receives patients from other Jacobi medical and surgical units as well as from other hospitals in the community. Complicating the individual's physical rehabilitation may be significant personal/social issues such as substance abuse, personality and/or mood disorders, dementia, anxiety, etc. The psychologist and the psychology intern are part of a multidisciplinary team of medical doctors, nurses, occupational and physical therapists, a speech pathologist and social workers who meet weekly to update and plan strategies and for discharge planning. The psychology intern works with patients individually and in groups and participates in family meetings to provide short-term treatment oriented towards assisting the patient in the recovery process and helping him/her to gain a realistic understanding of his/her situation.

Comprehensive Addiction Treatment Center: Inpatient Detox Unit

The Inpatient Detox Unit is a 16-bed unit treating a variety of people with chemical dependence who present with acute medical, psychiatric and psychosocial concerns. Many patients arrive in a state of crisis and often have histories of multiple addictions, trauma and poor social support. The goals are to medically detox each individual, assess and address their treatment needs and offer appropriate referrals upon discharge. An interdisciplinary team is assigned to each patient. The patient needs to be medically and psychiatrically stable upon completion of a 3-5 day detox.

On Inpatient Detox, the intern provides a variety of psychological services. All patients get a full psychiatric assessment upon arrival. Depending on their mental status, other interventions may be utilized. These include crisis intervention, medication and, on some occasions, a transfer to inpatient psychiatry. A team approach is the model employed and the intern helps to coordinate treatment with the psychiatrist and counselors/social workers.

The intern will learn how to assess patients in this acute phase of their treatment. With comorbidity, differential diagnoses can be challenging. There will be opportunities to provide psychoeducation, supportive therapy and run a group. By being part of the CATC inpatient and OPD, one can observe both the challenges and opportunities for growth and change.

Comprehensive Addiction Treatment Center: Intensive Outpatient Program

The CATC Intensive Outpatient Program offers comprehensive addiction treatment to patients at various stages of recovery. The program utilizes a combination of individual, group, and pharmacological treatment to help patients achieve and maintain recovery. Our patients present with a range of substance use disorders and complex psychological presentations that require intensive services. Our multidisciplinary treatment team consists of psychiatrists, nurses, psychologists, social workers, addiction counselors, activity therapists and a vocational counselor.

During this rotation, the psychologists-in-training have the opportunity to follow patients from their first day of admission through the inpatient detox into outpatient treatment. In this way, interns are thoroughly immersed in the challenging process of working with patients as they progress through the different phases of treatment. Interns carry a caseload of up to 3 patients in the Outpatient Program in addition to running psychoeducational and psychotherapeutic groups. While the emphasis is on group therapy, the intern is expected to work individually with the patients on his or her caseload and is responsible for doing psychiatric assessments which include mental status exams, completing psychosocial evaluations, developing comprehensive treatment plans and managing overall treatment of the patient. As a member of the treatment team, interns attend all clinical rounds and staff meetings.

Comprehensive Psychiatric Emergency Program (CPEP)

The Comprehensive Psychiatric Emergency Program is a separate, locked, secure unit. It is comprised of a patient waiting area, nurses' station, observation rooms with beds and interviewing rooms. The functioning of the unit is overseen by a nurse and several clerks, aides and hospital police. It also has six beds for extended observation of patients for up to 72 hours.

Patients who come to the CPEP are most often people with chronic and severe mental illness whose conditions are exacerbated by a current stressor and who present with acute psychotic symptoms. Psychiatric emergency room patients also frequently present with drug and alcohol induced disturbed behavior or mood.

Psychology interns function as primary clinicians along with psychiatrists and social workers. Primary clinicians are responsible for evaluating and determining disposition for approximately two patients daily. When patients enter the CPEP a mental status exam is conducted. For some patients, psycho-diagnostic or neuropsychological screening instruments are also administered. After evaluation, patients are held in the CPEP for lengths of stay up to 24 hours. Some may be admitted to the Comprehensive Psychiatric Emergency Program (CPEP) where they can stay for up to three days. When patients are held, the clinician observes changes in the patient's condition to make the most appropriate diagnosis and disposition. For example, a patient who presents with psychotic symptoms and recent drug use may be observed to see if the symptoms subside as drug blood levels decrease. Intake interviews and brief counseling sessions with the patient and family aid in diagnosis and disposition. Interns learn how to facilitate outpatient referrals for follow up

treatment. In general, it is optimal for an intern to see a case from initial contact through to disposition (inpatient admission, transfer, OPD program). Each clinician presents his/her cases for discussion of diagnosis, treatment and disposition.

In summary, the intern experience includes:

1. Conducting a mental status exam and writing a mental status report
2. Conducting ongoing evaluation and observation of patients resulting in case formulation, recommendations and initial treatment goals
3. Conducting individual and family intakes and crisis counseling sessions
4. Planning appropriate disposition and discharge

Consultation-Liaison Service

The Consultation-Liaison intern is paired with the C/L psychologists who provide psychiatric consults to the adult medical/surgical units and the pediatric units. Problems resulting in consult requests may include assessing a patient's capacity to make health care decisions, medical management of patients who are also psychiatrically ill, making a differential diagnosis between psychosis and delirium, determining the existence of conversion symptoms, as well as more routine assessment and management of depression/suicidality and/or agitated behavior. Unlike other rotations, while on C/L interns gain extensive experience understanding the interaction between psychiatry and medicine. Additionally, interns gain experience assessing high-risk cases (e.g., suicide attempts) and determining the appropriate discharge plans accordingly.

Interns start by making consults alongside the psychologist, first observing and then being observed. As interns gain competence, they do the consult on their own. All consults are then presented to the attending psychiatrist for discussion of diagnosis, treatment and disposition. If the patient has an extended medical stay, interns may provide follow-up supportive and/or crisis counseling with the patient and/or the patient's family. Interns are also responsible for admitting patients to psychiatric inpatient units if needed, once the patient is medically clear.

Pediatric Neurodevelopmental Assessment Service

This service provides neuropsychological and developmental assessments to children from birth through age 18. Interns on this service are able to have an intensive learning experience about human development and assessment. Among other, more traditional assessment tools, interns can learn how to administer the Bayley on newborns and how to assess children through behavioral observation and play therapy. There may also be opportunity to practice time limited behavioral therapy with parents and children together. Interns may assess for developmental disorders and underlying psychological problems using psychological testing, etc. This allows for an understanding of how psychological testing is different for younger age groups. There is specific focus on learning and differentiating between Attention Deficit Hyperactivity Disorder, Asperger's Syndrome and Autism. Interns learn to detect disorders that frequently go unrecognized by psychologists and physicians, including regulatory disorders and a variety of learning disabilities. Interns are also given the opportunity to develop their presentation skills and work closely with medical students and pediatric residents. This includes time spent in the Premature Baby Clinic and the Neonatal Intensive Care Unit. By coming to understand the developmental process, interns learn how disorders in infancy and childhood influence adolescence and adulthood.

Bariatric Surgery Program

The Bariatric Surgery Program at Jacobi Medical Center is a designated Center of Excellence by the American Society of Metabolic and Bariatric Surgery (ASMBS). Our multidisciplinary team consists of surgeons, a certified dietician, nurses and physician assistants. The role of the psychologist in training involves providing individual and group psychotherapy, conducting psychological evaluations, and functioning as a consultant to the medical team. Patients in the Bariatric surgery program are referred from the general population, most of whom have not encountered psychological professionals in the past. As such, the psychologist in training is charged with the task of quickly establishing rapport and trust in the context of diagnostic evaluation in order to provide appropriate disposition for patients. The trainee will gain experience in understanding the interface between medicine and psychology, and will have the opportunity to work closely with professionals of other disciplines. The trainee will also develop skills to use evaluations as brief interventions to focalized issues. Psychological services are available to patients before and after weight loss surgery. Supervision in Spanish can be offered to trainees interested in conducting psychotherapy and evaluations in that language.

Psycho-Oncology

The alignment of psychology with medicine is important in treating the whole person; the psycho-oncology service is now providing therapy and helping to train interns in this growing field. The psychology interns will have the opportunity in this new rotation to provide individual therapy, crisis counseling and possibly group therapy in this service. The intern will be offering a greatly needed and much appreciated resource. You will become part of a team.

The interns will be able to work 1-2 mornings per week during a 4 month rotation. This is in conjunction with other services during the other 3-4 mornings: bariatric medicine, med rehab, CPEP and pediatric neurodevelopmental. There may also be a year-long afternoon rotation 1-2 days per week. There are monthly cancer committee meetings and weekly oncology team meetings. Attendance will depend on one's schedule. In addition, there will be some regular didactics by the oncology staff to train the interns. There will be both individual and group supervision for trainees on a weekly basis. We want to provide both training and emotional support in our work. Research opportunities may also arise.

JMC YEAR-LONG ROTATIONS

All of the Outpatient services described below are staffed by multidisciplinary teams. JMC Interns must choose one of the following:

Adult/Geriatric Outpatient Service

Patients in the Adult Outpatient Department (AOPD) are closely followed by a treatment team composed of a psychiatrist and a primary therapist, who may be a psychologist, social worker, or a psychology intern. Therapists work collaboratively with their supervisor and a designated psychiatrist to manage challenging cases. Medical back-up and medication management are provided by attending psychiatrists. Clinicians maintain contact with patients' families and other agencies as needed.

Patients in the AOPD are seen in many different modalities of treatment including individual and group psychotherapy; individual and group psychoeducation; individual psychopharmacology and medication groups; and family therapy and couples therapy. The clinical orientation of the staff is wide-ranging and includes psychodynamic, relational, CBT, DBT, supportive, and family systems approaches.

Psychology interns are an integral part of the treatment team. Interns conduct psychiatric intakes, see individual patients, couples, and co-lead one or two groups with a psychologist. Interns are expected to attend a weekly treatment team meeting to discuss new patients as well as challenges with current patients. Interns attend teaching rounds conducted by the psychologists in the service where interns discuss their cases and receive feedback from the group.

HIV/AIDS Adult Consultation Services/Pediatric Consultation Services

ACS and PCS offer primary care to patients with HIV/AIDS and their families. The multidisciplinary team includes MD's, nurse practitioners, social workers, nurses, case managers and psychologists. Mental Health Services, including individual, group and family therapy as well as assessments, are provided by psychologists on the team. There is also a part-time psychiatrist to provide psychopharmacological treatment. The setting facilitates the ability of mental health clinicians to coordinate treatment with medical providers. The service uses a "one-stop shopping" model of mental health where multiple members of the same family can be seen on one service. Interns carry several individual cases for the duration of the training year. They also co-lead a group and treat families when available.

The Family Advocacy Program

The Family Advocacy Program (FAP) is a child advocacy center consisting of a multidisciplinary team that identifies assesses and treats children and adolescents who have been physically assaulted, sexually assaulted and/or neglected and their non-offending parents/caretakers. Psychology Interns are afforded a rich and vigorous training experience that includes biopsychosocial intake assessments (including clinical interviews, MSE and administration and scoring of behavior checklists), disposition planning/referrals, psychotherapy (family and individual), parenting support, crisis intervention, collateral/advocacy responsibilities and group development/facilitation. Trauma-Focused Cognitive Behavior Therapy (TF- CBT), Dialectical Behavioral Therapy (DBT) and family based relational therapy inform a model that works intensively with families as they navigate through victimization, surviving and thriving in the context of trauma and a myriad of psychosocial stressors. Interns also participate weekly in FAP team meetings, individual and group supervision.

Families that are identified as appropriate for mental health treatment (following a forensic interview) are availed an array of individualized services, as delineated above, tailored to the meet the needs of the individual child and their family. Parenting, Family and Group therapy are critical aspects of the work here at FAP where many of our families struggle with the impact of recent disclosure of abuse complicated by chronic and acute psychosocial stressors including but not limited to single parenting, homelessness, parental mental and physical illness, exposure to domestic violence, substance abuse, family disruptions in attachment and/or ACS involvement.

These treatment modalities are especially useful in providing much needed psychoeducation and skills building which is supported by a more relational approach to treatment that is meant to address “relational trauma disruptions in safety, trust and loyalty showing sensitivity to the feelings of powerlessness, vulnerability and betrayal experienced by many of our families. Students are also relied on to collaborate with other members of the team and community to clarify broader problems and identify service gaps.

EVALUATION PROCEDURE

It is our belief that trainees learn best when they are given regular and clear feedback in a positive atmosphere of mutual respect and openness. Thus, interns receive regular feedback on their clinical work in individual supervision sessions. Many of the weekly supervisory staff meetings are devoted to discussions of interns' progress with a focus on identifying the strengths and the gaps in their knowledge and experience. Specific problem areas arising on a rotation are discussed in the context of the trainee's functioning on prior rotations as well as with different supervisors. The goal is always to enhance the needed skills and clinical understanding of the trainees.

A formal mutual evaluation procedure between supervisors and trainees occurs three times during the year at the fourth, eighth and twelfth month. Evaluations are both oral and written. Trainees are asked to fill out an evaluation of their experience at those times. The supervisors have the opportunity of reviewing the intern's evaluation of the supervision process and mutual discussion of the process is encouraged.

The supervisory teams meet to fill out an evaluation form on each intern supervisee. After discussion of the feedback, the mentor or Training Director and intern sign the evaluation form. The Director of Training meets with each intern to discuss mutual feedback about their training experience. A copy of each evaluation (fourth, eighth and twelfth month) is sent to the Graduate Program, unless otherwise requested by the graduate program or when special problems arise (see problem and grievance procedures). All feedback to the graduate program is discussed with the interns.

Evaluation of the Internship program is also a constant process, involving regular discussions in psychology staff meetings, feedback sessions with service directors and ongoing discussions with the trainees in individual and group supervision.

It is also important that supervisors receive ongoing training in conducting supervision and have the opportunity to discuss issues of supervision with a more senior supervisor. It is our policy to provide supervision for staff both individually and through an ongoing discussion group on supervisory issues.

EVALUATION OF PERFORMANCE

Interns are evaluated across the following competencies:

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention: Interviewing
- Intervention: Individual, Group, Family Psychotherapy
- Intervention: Crisis Intervention
- Supervision: Supervisory Relationship; Clinical Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

Research:

While on Internship, Interns are expected to demonstrate their independent ability to critically evaluate and disseminate research within our Behavioral Health department, and at the local, regional, or national level. The focus is on the ability to integrate science and practice, to develop and share new knowledge. Interns are expected to attend didactics and ongoing research meetings to identify areas that will benefit from scholarly research, organize meetings to discuss and develop plans for exploring these areas. Interns will often meet with a mentor to discuss these projects ongoing. Interns will also be able to share their findings within the Department of Psychology and Behavioral Health. Interns are encouraged focus on an area of personal interest and share their findings.

Ethical and Legal Standards:

Interns are expected to demonstrate knowledge and application of the current APA Ethical Principles of Psychologists and Code of Conduct. They will demonstrate this knowledge and appreciation in their clinical work with patients, as staff members of the hospital, through relationships with other staff members. They will be vigilant of ethical dilemmas and properly address them with support of their supervisors.

Individual and Cultural Diversity:

Interns should demonstrate an overall understanding of how their own personal/cultural history, attitude and biases may affect how they understand and interact with people different from themselves. They should be knowledgeable about the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities. Interns are encouraged to develop a strong awareness of how individual and cultural differences can affect their professional roles and how to apply a framework for working effectively with areas of individual and cultural diversity.

Professional Values, Attitudes, and Behaviors:

Interns must reflect the values and attitudes of psychology in a way that shows their efforts of balancing their professional and personal lives. They must show an ability to engage in self-reflection when necessary and utilize supervision and the evaluation process as a vehicle to develop their professional selves.

Communication and Interpersonal Skills:

Interns will develop competency in working with colleagues in a professional manner that provides the highest standard of care to patients. Interns must demonstrate awareness of situational demands with colleagues, and a readiness to communicate and adjust behavior and perspective. In essence, interns must be able to communicate effectively with others and with team members in the effort to promote patient care.

Assessment:

Interns must demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. Overall, Interns must demonstrate knowledge of a variety of assessment tools, diagnostic, cognitive and personality assessment tools. They must demonstrate comfort with interviewing and administering assessment tools, scoring, compiling data for a report, and providing feedback.

Intervention:

Interns are expected to develop their competency in therapeutic interventions such as short-term and long-term psychotherapy, group therapy, couples/family therapy across a variety of settings.

Minimum Level of Achievement for Profession-Wide Competencies

The evaluation process is focused on tracking an intern's ability to demonstrate competence across these areas. The goal of our training is that as an intern progresses through the year, he/she/they will begin to show mastery of several skills in each category and growing level of independence, so that they can function with little supervision as a colleague. Interns need to maintain a rating of at least a 3 to complete our internship training program successfully. We hope that Interns aim higher and most do. The following are the benchmarks the faculty use to assess an interns' progress:

- 5 – Outstanding; Functioning at the level of a licensed psychologist
- 4 – Exceeds Expectations; Can function with minimal supervision
- 3 – Meets Expectations; Ongoing need for routine supervision
- 2 – Underperforming; Needs frequent and intensive supervision
- 1-Needs Considerable Improvement; despite ongoing, intensive supervision
- NA- Not Applicable

A copy of the current evaluation form is available in the appendix. Other evaluations, such as the self-evaluation, and evaluations of training site, are also available in the Appendix, and will be distributed electronically.

CONFLICT RESOLUTION AND GRIEVANCE PROCEDURES

At the onset of the internship orientation process (first week of September), all interns are given a copy of this Psychology Internship Training Handbook as part of their orientation materials. The Director then reviews with them the following Conflict Resolution/Grievance Policy. Interns sign a form upon completion of their departmental orientation acknowledging they have read and understand the policy.

When it appears that a psychology intern is not performing at the program's expected level of competence and/or professionalism, there are a number of procedures that are utilized to identify, assess and clarify the issues in order to more effectively advise and assist the trainee. The program's goals include facilitating the professional and clinical growth of the trainee to the best of his or her resources and the resources of the Department of Psychology.

Interns can best understand the evaluation process by referring to a copy of the evaluation form, which is provided in their orientation materials during their orientation. As per the above evaluation policy, the Psychology Internship Program assesses interns' performance and conduct on an ongoing basis. Feedback from supervisors facilitates interns' professional growth by acknowledging strengths and identifying performance or conduct that needs improvement.

Supervisors meet at least every other week to discuss supervisory issues and intern performance. During this meeting, supervisors have an opportunity to share positive feedback about interns as well as express concerns regarding clinical or professional performance. As described in the above evaluation policy, interns receive formal evaluations at the end of the fourth, eighth and twelfth month of internship. They also provide written evaluations of the program and supervisory experience to their supervisors at those times.

Although the fourth month evaluation is by no means and should not serve as the first moment when clinical or professional concerns are shared and discussed between supervisor and intern, it is a standard point during the internship year when supervisors and interns provide each other with written feedback accompanied by oral feedback and discussion. Interns meet with each of their supervisors to accomplish this. During this meeting, differences between an intern and his/her supervisor's appraisals may surface and, in most cases, are resolved through discussion. It is hoped that interns and their supervisors establish a working professional relationship such that both positive and constructive feedback can be offered and received, and that such feedback fosters professional growth. A composite evaluation based on each supervisor's individual evaluations is compiled for the intern's file. The Director meets individually with each intern to discuss this evaluation, receive their evaluations of the program and supervisors, and discuss any modification of training and/or the program that are indicated. If an intern disagrees with the evaluation, s/he can offer an objection in writing (room is provided on the form itself).

The Director is responsible for communicating with the graduate programs about each intern's activities and progress. This is typically done at the fourth, eighth and twelfth month intervals but, at any time, if problems arise that cannot be remedied successfully by the internship program, the Director may notify the graduate program.

Due Process in Evaluation and Remediation:

The internship training program follows due process guidelines to ensure that decisions are not arbitrary or discriminatory. The program uses the same procedures to evaluate all interns and the due process guidelines include the following:

1. Interns will receive written information regarding program expectations for professional functioning.
2. Evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions for making decisions about problematic performance or conduct are outlined in written statements given to each intern.
4. Remediation plans are outlined for identified inadequacies, and the plans include time frames for remediation and specify consequences for failure to rectify the inadequacies.
5. Interns will receive a written description of procedures that may be used to appeal the program's actions.
6. Decisions or recommendations regarding an intern's performance or conduct are based on input from multiple professional sources.
7. Problems of a significant nature will be communicated to the graduate program. Program actions and their rationale will be documented in writing and will be shared with all relevant parties.

Definition of Problematic Performance and/or Conduct:

Problem behaviors are those behaviors that supervisors perceive as disrupting the quality of clinical services, relationships with peers, supervisors or other staff, or an intern's ability to comply with appropriate standards of professional and/or ethical behavior. Some examples of problematic behaviors include the following (NOTE: This list is not exhaustive. Problematic behaviors also include all behaviors discouraged by this internship's program guidelines, the hospital's policies and procedures, and APA's Ethical Guidelines):

1. Engaging in dual role relationships
2. Violating confidentiality of persons served
3. Not respecting appropriate boundaries
4. Failing to identify and report high risk behaviors of persons served
5. Leaving hospital grounds or being absent from hospital grounds without supervisor's approval
6. Repeated tardiness
7. Failing to acknowledge or correct a problem that has been identified by a supervisor
8. Not adhering to deadlines for written work as delineated by a supervisor and/or program guidelines
9. Plagiarizing or giving your work to someone else to do
10. Treating peers, persons served and/or supervisors in a disrespectful or unprofessional manner
11. Non-adherence to the North Bronx Healthcare Network's Policies and procedures. As employees of the Health and Hospital Corporation, interns are responsible for adhering to all policies and procedures, including wearing ID's, providing appropriate documentation in patients' charts and other hospital records, proper signing of time sheets and request for leaves

Consistent with HHC policy, the internship program uses a progressive discipline procedure in instances where an intern engages in problem behavior.

Interns are continuously evaluated and informed about their performance with regard to the goals and objectives of the internship program. Although interns are formally evaluated at four, eight and twelve month intervals, they may receive feedback regarding concerns/problems/deficiencies prior to and/or after the formal evaluations. Procedures to address intern deficiencies include the following:

1. The intern's supervisor documents in writing the specific nature of the problem behavior and/or deficiency in need of improvement, as well as a proposed action plan with a projected time frame (e.g., one month) at which time the intern's performance/behavior will be reassessed by the supervisor.
2. The supervisor and intern meet to discuss the concerns and sign off on the action plan. At the agreed upon reassessment date, the supervisor will meet with the intern to discuss the intern's performance/behavior and document the outcome in writing.
3. If the concerns are resolved, no further action(s) will be taken.
4. If the identified concerns persist, the intern and the Director will be notified in writing and the intern will have one week from receipt of written notification to document any disagreement s/he may have regarding the supervisor's continued concern(s). The intern's written dispute will be forwarded to the Director and a meeting will be arranged to include all involved parties. The Director will listen to the issues raised and a revised action plan that is consistent with the program's training guidelines will be instituted with a new reassessment date (e.g., one month). All parties will discuss the plan, agree to implement it and will sign off on the new action plan. Depending upon the nature of the issue, the Training Director will inform the intern if s/he feels the problem is significant enough to notify the intern's graduate program.
5. If the concerns at this level are resolved by the new reassessment date, the intern's continued progress will be further monitored over the course of the internship year by his/her supervisors and the Director.
6. If the concerns are not observed to be resolved by the new reassessment date, the Director will document the efforts and outcome of attempts to resolve the problem. This step automatically triggers written notification to the Director of the intern's graduate program. Efforts will be made to involve the Director of the intern's graduate program in decisions towards plans to further assist the intern.
7. The program's decision that the training guidelines have not been followed or goals have not been met may jeopardize the intern's receipt of certificate of successful completion of internship training. Such a decision is made based on a comprehensive review of the intern's record during the course of internship, and will require a majority vote of the Training Committee. If a decision is made to deny the intern certificate of successful completion of internship, s/he will be notified in writing by August 15th and will be provided a written rationale for the basis of this decision. This decision is binding and the Director of the intern's graduate program will also be notified in writing. It is expected that suggested recommendations for further remediation or corrective educational experience beyond the internship training year would be the responsibility of the intern and the graduate program.

Intern Grievance Procedure:

The Internship Training Program is committed to a fair and impartial review of intern concerns, conflicts and grievances, with the majority of concerns resolved expeditiously and informally. Most often, these are issues of relationship with staff or other interns. The handling of such issues brought by or about an intern is a stepwise process, typically handled by the most appropriate on-site supervisor or the intern's Mentor. If no resolution or agreement is attainable at this level, the site Director will consult with the trainee, the supervisor and other involved parties. The Director may seek further consultation and/or mediation by involving the Director of the other site. The Director hears all issues brought by the parties and makes a recommendation about the best manner to resolve the grievance. A written recommendation will be provided to all parties involved within three weeks of the Director being notified of the grievance. Communication with the trainee's graduate program may be part of that consultation.

In the rare event that the problem is not resolved to the satisfaction of the intern or concerned staff, the Director may conclude that an independent body needs to have a final say on the matter and refer the matter to the departmental Grievance Committee. The intern may also request such a referral. A memorandum is submitted describing the grievance, the supporting facts and attempts at remediation. The Grievance Committee consists of the Director of Psychiatry at NCBH, The Director of Inpatient Services at JMC, and selected Behavioral Healthcare Services faculty from JMC and NCBH who are not directly involved in the intern's training program. The findings and recommendations of this committee will exhaust the appeal process on the departmental level. This, of course, does not preclude an intern from pursuing other grievance options afforded them through appropriate hospital, local, state or national professional or regulatory bodies.

Maintenance of Records:

A file is developed for each intern once they are Matched to our site. Intern files include their APPIC applications, Onboarding/Hiring packet, Certificates of Completion for a number of trainings, Evaluation of Performances and any correspondence regarding their progress in the program. These files are maintained as individual intern records at each home site in locked cabinets only accessible by the site training directors, until the completion of their internship year. Afterwards, files are collected and stored by the Network Training Director in order to scan records electronically. Files from the past 10 years are kept as hard copies for ongoing credentialing purposes and older files are stored in an alternate location, sponsored by the Hospital Institution. These files are also scanned electronically for easy accessibility on the Network Training Director's computer, which is password-protected.

NORTH CENTRAL BRONX HOSPITAL
PSYCHOLOGY FACULTY

Kalsang Tshering, Psy.D., Director of Psychology and Training

Gladys Acevedo, Ph.D., Outpatient Mental Health Service

Ilana Breslau, Ph.D., Outpatient Mental Health Service

Eleonora Cavalca, Ph.D., Consultation/Liaison Psychiatry Service

Banu Erkal, Ph.D., Associate Director, Partial Hospitalization Program

Lucy March, Ph.D., Inpatient Psychiatry Service

Sunita Mohabir, Ph.D., Geriatric Inpatient Psychiatry Service, Co-Director of Psychology Externship Training

Marissa Neto, Ph.D., Outpatient Mental Health Service, Co-Director of Psychology Externship Training, Outpatient Internship Training Coordinator

Hana Paisner, Ph.D., Inpatient Psychiatry Service

Arthur Roh, Ph.D., Partial Hospitalization Program

Willann Stone, Ph.D., Rehabilitation Medicine Service

JACOBI MEDICAL CENTER
PSYCHOLOGY FACULTY

Jantra Coll, Psy.D., Network Director of Internship Training, Director of Psychology,
Clinical Director of Comprehensive Addiction Treatment Center

Ruhi Agharabi, Inpatient Psychiatry

Frances Alcantara, Ph.D., Co-Director of Externship Training, Bariatric Surgery Program

Aasha Foster, Ph.D., Consultation Liaison Service

Katharine Chittenden, Psy.D., Pediatric Comprehensive Services

Gabrielle Cione, Ph.D., Co-Director of Externship Training, Pediatric and Adult Comprehensive
Services

Justine Gervacio, Psy.D., Inpatient Psychiatry

Tiffany Rodriguez, Psy.D., Inpatient Psychiatry

S. Jenny Klein, Psy.D., Inpatient Psychiatry, Inpatient Coordinator

Steven Goldfinger, Psy.D., Inpatient Detox, Comprehensive Addiction Treatment Center, Psycho-
Oncology

Adam Rossi, Ph.D., Adult Comprehensive Services

Shira Spiel, Ph.D., Family Advocacy Program

Whitney Maynor, Ph.D., Family Advocacy Program

Mariela Reyes, Ph.D., Consultation Liaison Service

Molly Nozyce, Ph.D., Director, Pediatric Neurodevelopmental Services

Katherine Bell, Psy.D., Comprehensive Psychiatric Emergency Program, Psycho-Oncology

Victoria Sliva, Ph.D., Comprehensive Addiction Treatment Center, Outpatient Services

Willann Stone, Ph.D., Rehabilitation Medicine

David Ullmann, Psy.D., Adult & Geriatric OPD

Helene Geramian, Psy.D., Adult & Geriatric OPD

Sarah Luem, Psy.D., ED Addiction Lead Team

DIRECTIONS TO
NORTH CENTRAL BRONX HOSPITAL
3424 KOSSUTH AVENUE
BRONX, NEW YORK 10467

BY CAR:

1. Bronx River Parkway to Gunhill Exit. Make left if going north (right if going South). Continue straight to DeKalb Avenue. Make left on Dekalb - find parking. Hospital is left of the divide.
2. West Side Highway to Henry Hudson Parkway to Mosholu Exit. Mosholu to West Gunhill. Turn left on West Gunhill. At West Gunhill and Jerome there is a Municipal Lot. Walk up West Gunhill (it becomes East Gunhill) Make right at Dekalb Ave. to NCB.
3. Major Deegan to East 233rd Street Exit. Make right turn at Exit if going north (straight if going south). Stay right of divide at the 1st light after Exit - Jerome Avenue. Make left on Gunhill Road. Right on Dekalb. Find parking. Hospital is on left of divide.

PARKING:

Municipal Parking Garage at Jerome Avenue (Between Gunhill Rd. and 211th Street). Montefiore Hospital Parking Lot at 210th Street off Bainbridge Avenue.

BY TRAIN:

#4 (Woodlawn Jerome) to Mosholu Parkway. Walk two blocks north and turn right on 208th Street. After one block, take left fork of "V" intersection which is Kossuth Avenue. The hospital is one block ahead.

BY EXPRESS BUS:

MTA operates an Express Bus (BXM 4) to BAINBRIDGE and 210th Street in the Bronx from Madison Avenue in Manhattan. Discharge points from the Bronx are on Fifth Avenue. The cost is \$5.00 each way. For schedule and routine information, call (718) 652-8400.

DIRECTIONS TO
JACOBI MEDICAL CENTER
1400 PELHAM PARKWAY SOUTH
BRONX, NEW YORK 10461

Jacobi Medical Center is located at 1400 Pelham Parkway South in the Morris Park/Pelham Parkway neighborhood of the northeast section of the Bronx. All services are provided in old Jacobi Hospital (Building 1), new Jacobi Hospital (Building 6), the Nurses' Residence (Building 4) and the Ambulatory Care Building (Building 8).

BY CAR:

Bronx River Parkway or Hutchinson River Parkway or New England Thruway (I-95) to Pelham Parkway. Exit on Williamsbridge Road (Right turn from Bronx River Parkway, Left from I-95 & Hutchinson River Parkway). Take the Service Road to the Jacobi Hospital entrance.

BY SUBWAY:

Take the IRT #5 or #2 train to Pelham Parkway or White Plains Rd, and the BX 12 Bus (Eastbound) to Jacobi Medical Center's main entrance.

BY EXPRESS BUS:

MTA operates an express bus to Morris Park Ave from several points on the East side of Manhattan. The cost is \$5.00 each way. For schedule and route information, call (718) 994-5500. Get off at Eastchester Road.

APPENDIX

- North Bronx Healthcare Network Shuttle	36
- Consent for Audio/Video Recordings	37
- Evaluation of Intern Performance	38
- Intern Evaluation of Site	42
- NYC Health & Hospitals: EEO Policy	49
- Didactic Schedule	59

*Information about clinical seminars and rotations are offered by email and during orientation when interns are successfully onboarded. They would then be added to this appendix.