

**NYC HEALTH + HOSPITALS/NORTH BRONX HEALTHCARE NETWORK
PRE-DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM**

Dear Applicant:

Thank you for your interest in the Internship Program at the North Bronx Healthcare Network (NBHN)! We are one internship with two training sites: *Jacobi Medical Center (JMC)* - a major, urban, campus-like medical center located in the Morris Park neighborhood of the Bronx; and *North Central Bronx Hospital (NCB)*, a smaller, community-based hospital located in the Norwood neighborhood of the Bronx. Both sites emphasize work in inpatient settings and offer a year-long outpatient experience, as well as other electives.

Please take the time to review our 2021-2022 Psychology Internship Program brochure. Note that all JMC interviews will take place on or around January 7th and 14th, 2021. All NCB interviews will be held on or around December 16th, 2020, January 6th, and January 13th, 2021.

We will be operating in accordance with the APPIC Online Application process for the 2021-2022 internship year. Please click on the following link for more information: <http://www.appic.org/Match/About-The-APPIC-Match>. In order to maximize your chances for a successful match, please make note of the following information:

- Each applicant is responsible for compiling all requested documentation, including APPIC Online Application, curriculum vitae, transcripts, one integrated testing report, and *only three* letters of recommendation.
- Your application must be received by **October 30th, 2020 at 11:59 p.m.**
- Please be aware that we participate in the APPIC Internship Matching Program. You must obtain the Application Agreement Package from the National Matching Services, Inc., P.O. Box 1208, Lewiston, NY 14092-8208, Telephone: (716) 282-4013 (www.natmatch.com/psychint). *Note:* Once matched, all interns-to-be are required to pass preliminary background checks including fingerprinting, clearance from the Child Abuse Registry and health clearance, including drug screening, through our Human Resources Department before formal appointment.
- Our APPIC Program Code is 1444. The Match Code for JMC is 144413. The Match Code for NCB is 144412. **Please indicate in your cover letter to which site/sites you are applying. You may apply to either - or both - sites, but submit only one cover letter.**
- We will not consider applications from students who do not demonstrate adequate psychological testing experience. Only applicants who have experience with both personality (including Rorschach) and intelligence testing, as well as with report writing that reasonably extends beyond tests and reports that are required in graduate-level

assessment courses, will be considered for interviews. If you are planning to receive this experience in the year prior to internship, please make it clear in your cover letter as to how this will occur. Include a de-identified, integrated report as Supplemental Materials in your application.

- We seek applications with a specific interest in, and preferably experience with, a community similar to that served by the North Bronx Healthcare Network (i.e. urban poor, multiethnic minority population).
- Racially/ethnically diverse and culturally sensitive applicants are strongly encouraged to apply.
- As part of NYC Health + Hospitals, NBHN is an Equal Opportunity Employer.
- The North Bronx Healthcare Network Internship Program has been accredited by the Commission on Accreditation of the American Psychological Association since 1990. 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

We feel that the program offered at NBHN is unique in its diversity and exciting in its range of experiences. If your career goals are in line with the challenges we offer, please consider applying to one or both of our sites. We are looking for interns who are enthusiastic and eager to learn!

Jantra Coll, Ph.D., Network Director of Internship Training for NBHN

Katharine Chittenden, Psy.D., Site Direction of Internship Training JMC

Kalsang Tshering, Psy.D., Site Director of Internship Training at NCB

NYC HEALTH + HOSPITALS/NORTH BRONX HEALTHCARE NETWORK

PRE-DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

AT

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

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THE PROGRAM

Welcome to our brochure describing the Pre-Doctoral Psychology Internship Program at the North Bronx Healthcare Network.

The North Bronx Healthcare Network 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.

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. Interns are interviewed and selected for a specific site that serves as their home base throughout the training year. There are cross-site seminars and interns may elect specific cross-site rotations and training activities. A regular shuttle service links the two sites, which are separated by an approximately 15-minute ride.

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.

Each site has an Adult Outpatient Service which provides interns with opportunity to engage in year-long therapeutic work, as well as an opportunity to work in the Psychiatric Emergency Room and Consultation Liaison Service. Additionally, JMC has HIV/AIDS adult and pediatric services, the Family Advocacy Program for children newly identified as abused, a Pediatric Neurodevelopmental Assessment Service which serves as an elective, as well as a child outpatient

site, a Bicultural (Spanish-speaking) Inpatient Unit, a Rehabilitation Medicine Inpatient Unit, and substance abuse services including the Comprehensive Addiction Treatment Center Day Treatment Program unique to its site. NCB has an Inpatient Geriatric Unit and a Partial Hospital Program unique to its site. Cross site rotations can be arranged upon request and availability.

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.

Interns from NBHN attend a weekly didactic seminar. The faculty, drawn from both sites, presents a sequential range of clinical topics essential for the psychologist practitioner in a hospital setting. Other seminars and training experiences are detailed under site descriptions.

BENEFITS

The NYC Health + Hospitals stipend for Interns (Psychologists-in-Training) is \$33,323. The twelve-month training begins on September 1st. 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. There are a variety of health plans from which to choose from that become active on the first day of work. A dental plan and Major Medical are also provided. Both sites are accessible by public transportation (NCB is blocks away from the 4 and D subway lines, JMC - also accessible by subway - is one block from the Express Bus) and parking is available at both sites for a fee. A free shuttle connects the two sites. 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.).

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.

HOW TO APPLY

Applicants may apply for the training sites at North Central Bronx Hospital and/or Jacobi Medical Center. The cover letter should specify whether the applicant wishes to apply to one or both sites. The brochure should be read carefully, noting some of the specialty areas available in each site which are described fully in Appendices A and B.

We accept the online APPIC application, available at www.appic.org. Please include an anonymized integrated testing report that includes a Wechsler and a Rorschach in the Supplemental Materials section. If you do not have experience with these tests, please include a report with similar instruments and indicate in your application how you plan to obtain such experience prior to internship.

NORTH CENTRAL BRONX HOSPITAL

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This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

The Psychology Internship Program at the North Bronx Healthcare Network is fully accredited by the
American Psychological Association
Commission on Accreditation
750 First Street, N.E.
Washington, DC 20002-4242
(202) 336-5979

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, 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.

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 complete at least one 4-month inpatient rotation and one or two 4-month elective rotation(s). The elective rotation can be on one of the following sites: Rehabilitation Medicine, Comprehensive Addiction Treatment Center/Detox, Pediatric Neurodevelopmental Assessment Service, Adult/Pediatric Consultation Liaison Service and Bariatric Surgery Program. The Comprehensive Psychiatric Emergency Program is an additional training option that can be combined with one of the other elective rotations. A cross-site rotation at NCB on the Partial Hospital Program or the Inpatient Geriatric Unit is also available.

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

(ACS/PCS). The ideal caseload consists of 5 individual cases, 1 group and 1 family/couple. All services include collaboration with a multidisciplinary team.

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 Hospital 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, conduct intake assessments and may have opportunity to co-lead an outpatient group. The intern may also elect a rotation at JMC (e.g. CATC, Rehabilitation Medicine, Pediatric Neurodevelopmental Assessment Service) dependent on interest and availability. On all rotations, interns make regular presentations of their cases to the larger treatment team with emphasis on a collaborative approach to patient care. Interns also co-lead inpatient therapy groups and do family work/therapy on both the inpatient and outpatient sites.

PSYCHOLOGICAL TESTING

The Psychological Testing Program is an ongoing training experience conducted throughout the 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.

Interns conduct a maximum of four full-battery evaluations over the course of the training year. 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.

Interns receive training through didactic seminars and individual supervision on test feedback and report writing. 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.

SUPERVISION

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 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 team meetings, didactics, clinical seminar described below, and other forums.

SEMINARS AND CONFERENCES

Interns from both sites participate in a year long, weekly didactic program. These classes are taught jointly by faculty from both sites. The time of didactics is adjusted to accommodate the shuttle schedule depending on which site the didactic is being held.

Interns also attend a weekly clinical seminar at their respective sites led by the training directors and other supervising psychologists. This seminar complements the more formal sequence of teaching in the unified curriculum above with practical applications in the clinical settings. A group supervision model in which peer supervision is encouraged with a senior faculty member as consultant is used.

Each clinical service has regular team rounds and clinical case conferences. Grand Rounds and other Departmental in-services are held regularly. Grand Rounds and in-services at the other Einstein-affiliated and H+H hospitals are also available to interns.

Interns are invited to Psychology Department meetings, especially when presentations are made. Interns are also required to attend quarterly Performance Improvement Meetings in order to gain exposure to program evaluation at the Divisional level. As H+H espouses the LEAN philosophy of program improvement, interns are trained in A3 Thinking, the basic tools of LEAN. Interns are also trained in Crisis Management and are offered the opportunity to train in Basic Life Support.

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 some advance experience in this area is important to their professional development.

THE SERVICES

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, Pediatric Medicine Service, 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 Appendices A & B.

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.

NBHN's Response to the COVID Pandemic

Both Jacobi and North Central Bronx, throughout the COVID Pandemic, executed plans to develop telehealth practices across Behavioral Health services at both sites. In the 2019-2020 academic training year, Psychologists-In-Training did still report to work, with some flexibility for telehealth and didactic training at home. However, Psychologists were considered essential workers and were a core part of the Health and Hospitals Helping Healers Heal initiative onsite at the hospital. The Training Directors made a considerable effort to help trainees get the Personal Protective Equipment (PPE) so they felt safe coming to work. We are proud to say that we banded together through the darkest times, and are more than prepared for an eventual Second Wave if that were to occur. We encourage you to bring us questions or concerns if you are interested in our sites. However, we emphasize that our Psychologist-In-Trainings will still participate in face-to-face work with some capacity for telehealth onsite.

APPENDIX A

NORTH CENTRAL BRONX HOSPITAL SITE (NCB)

INPATIENT SERVICES

Interns rotate for four months on each of two acute inpatient units.

CONSULTATION-LIAISON SERVICE/PSYCHIATRIC EMERGENCY ROOM

Within their elective rotation (*see below*), interns will spend one day/per week embedded within the Consultation-Liaison Service/Psychiatric Emergency Room under the supervision of a licensed psychologist. C/L service is an offshoot of the Psychiatric Emergency Room. Located near the medical emergency room, the PER 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 PER 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 Room, there is opportunity for interns to do additional Emergency Room 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

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 also available at JMC. For example, interns may elect a rotation on CATC/Detox, the Pediatric Neurodevelopmental Assessment Service or Rehabilitation Medicine. These rotations sites are described in Appendix B.

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 teammeetings.

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.

OUTPATIENT SERVICE

Interns complete their year-long outpatient work in the Adult Outpatient Mental Health Service. The service is staffed with a multi-disciplinary clinical team consisting of a Director, psychiatrists, psychologists and social workers. Interns conduct intake evaluations, generally carry two to three outpatients and co-lead an outpatient group. There is the opportunity to conduct family therapy when available. Interns are supervised on their individual, group and family therapy as well as on intake evaluations and psychological testing.

The Adult OPD provides diagnostic and treatment services for an ethnically diverse population of primarily lower to middle income African American and Latinx clients. Presenting problems range from acute individual or family crises, anxiety and depressive disorders to management of a chronic mental illness.

The training site offers experience in several treatment modalities such as short and long term individual psychotherapy and process-oriented, psychoeducational, supportive and issue-oriented group therapy.

Initial screening interviews and intake assessments provide opportunities to develop diagnostic skills. New intakes are presented at an intake conference for disposition where an interdisciplinary approach is fostered. Ongoing cases are presented in team meetings. The teams are multidisciplinary and multilingual. There is the opportunity for Spanish speaking interns to be supervised in Spanish on their Spanish speaking patients. In addition, interns participate in clinical rounds where specific issues relevant to working with a chronically mentally ill population in an outpatient setting are addressed. An additional focus of the training is on developing awareness of cultural issues as well as social, political and economic factors as they impact on this population.

APPENDIX B

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-month 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, Oncology Service, the Partial Hospital Program (at NCB) and the Geriatric Inpatient Unit (also at NCB).

The elective sites are described below. The cross-site elective rotations (PHP, Geriatric Inpatient Unit) are described in Appendix A. 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.

ELECTIVE ROTATION SITES

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.

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.

Psychiatric Emergency Room (PER)/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 PER, a mental status exam is conducted. For some patients, psychodiagnostic or neuropsychological screening instruments are also administered. After evaluation, patients are held in the PER 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.

YEAR-LONG ROTATION SITES

All of the Outpatient services described below are staffed by multidisciplinary teams:

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.

Pediatric Medicine Service

The Pediatric Medicine Service offers mental health services to children, adolescents and their families from infancy to age 18. These patients are generally identified for treatment by the Pediatric Neurodevelopmental Assessment Service described above. Services provided include individual, group and family therapy; individual parent counseling; parenting skills groups; mother/child dyadic therapy and working with schools, teachers, etc. Depending on the patient, modalities of treatment include Behavioral, Psychodynamic Play Therapy, CBT and Family Systems. Unlike other outpatient sites, there are no psychiatrists on the service. Psychologists and interns work with pediatricians, nurses and medical social workers in an ambulatory pediatric medical setting.

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.

NORTH CENTRAL BRONX HOSPITAL
PSYCHOLOGY FACULTY

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

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

Iana 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

Michael Palumbo, Ph.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.

NORTH BRONX HEALTHCARE NETWORK

North Central Bronx Hospital
Jacobi Medical Center

APPLICATION PROCEDURES

Requirements for acceptance include: Matriculation in a psychology doctoral program of recognized standing; certification by the graduate program of eligibility for internship (APPIC Part 2); completion of course work and practicum training in diagnostic testing, interviewing and psycho-therapeutic interventions.

The stipend is \$33,323 and carries NYC Health + Hospitals health benefits and vacation days.

The closing date for receiving applications is November 1st. Applicants selected for consideration will be asked to come for personal interviews. Candidates will be selected in accordance with the policies and rules of the APPIC Internship Matching Program. To be eligible to apply to our programs, you must also register for the match. You can request an Applicant Agreement Package from NMS through the matching program web site at www.natmatch.com/psychint.

Our APPIC member code is 1444. The Match code for JMC is 144413. The Match code for NCB is 144412.

HOW TO APPLY:

We accept the APPIC Online Application. Please include with your application:

1. Transcripts of all graduate courses
2. A cover letter indicating to which site/s you are applying (JMC, NCB or both)
3. A current curriculum vitae
4. An anonymized, integrated psychological testing report, with identifying data deleted, including cognitive (preferably Wechsler) and projective tests, including a Rorschach. A neuropsychological battery is not preferable. The report can be included as Supplemental Materials in your application.
5. No more than three letters of recommendations

For more information about our program, please feel free to scan our intern handbook, which is posted online.