NYC HEALTH+ HOSPITALS | Woodhull

BEHAVIORAL HEALTH DEPARTMENT

Psychological Services

Clinical Health Psychology Internship Program

NYU Langone Health

WELCOME TO WOODHULL MEDICAL CENTER

Introduction to Woodhull Medical Center

We welcome you to Woodhull Medical Center's Internship Program in Clinical Health Psychology. In this brochure, you will find a description of our hospital, a view of our neighborhood, information about our population, and a summary of our training modality. We have been accredited by the American Psychological Association since 2007. Questions related to the program's accreditation status should be directed to the Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002. Phone: (202) 336-5979; E-mail: apaaccred@apa.org.

NYC Health and Hospitals (H+H), the largest municipal hospital and health care delivery system in the United States, is dedicated to providing the highest quality health care services for all New Yorkers with compassion, dignity, and respect, and regardless of immigration status or ability to pay. We are an integrated network of hospitals, community-based health centers, long term care and rehabilitation facilities, home care services, correctional health services and a health plan, MetroPlus. Our diverse team of healthcare professionals 45,000+ provide culturally responsive care to more than one million patients every year in more than 70 patient care locations across the five boroughs of New York City. Its mission is the pursuit of excellence in:

- Comprehensive and compassionate health services of the highest quality to all those needing care in an atmosphere of dignity and respect.
- Health promotion, disease prevention, and the delivery of health care and serving as advocates, innovators, and educators in partnership with the communities we serve.
- Improving the satisfaction of our patients, staff and other customers and enhance our primary care services. Develop strategic alliances with public and private partners. Match needs with resources.
- Health care education of graduate students in Psychology.

Woodhull Medical and Mental Health Center, is one of 11 municipal hospitals of New York City Health + Hospitals, a public benefit corporation created by the New York State legislature in 1970, to manage and assume the responsibility for the operation of municipal hospitals throughout the five boroughs of New York City. Woodhull Medical and Mental Health Center, is situated in the Bedford-Stuyvesant section of Brooklyn. Woodhull has 403 beds with an average of 23,000 admissions per year. Opened in 1982, Woodhull is a full-service city hospital providing a wide range of inpatient medical and mental health services, and ambulatory care services. The ambulatory services include Surgery, Physical Medicine and Rehabilitation, Pediatrics, Geriatric Care, Obstetrics, Gynecology, Cardiology, Dentistry, The Pride Health Center (focused on caring for the LGBTQ+ community), Bariatric Care, and Behavioral Health Care. A state-of-the-art Emergency Department provides necessary emergency services to the community. There are separate areas for adult, pediatric, and psychiatric cases. The Emergency Department is open twenty-four (24) hours a day, seven days a week. The medical center is fully accredited by the Joint Commission (JC).

Woodhull Medical and Mental Health Center is the sole provider of inpatient obstetrical, psychiatric, and physical medicine, and rehabilitation services in the North Brooklyn area. Our service areas have been given status as a Federal Health

Manpower Shortage Area I (HMSA I), which indicates a severe paucity of health care providers compared to population at large.

On August 1, 2007, Woodhull Medical and Mental Health Center entered into an affiliation agreement with New York University/Langone Medical Center. North Brooklyn encompasses the major areas of Woodhull Medical Center. According to the 2018 census data, Woodhull serves some of the most economically disadvantaged neighborhoods in the borough. The demographics of the area's population are approximately 42% Latinx, 42% Black, 10% White, 4% Asian, and 2% other.

Census data indicate that new immigrants have been arriving in the area at a slightly higher rate than the rest of Brooklyn, originating primarily from the Caribbean, Poland, Ecuador, Mexico, and China. The majority of the Hospital revenue (approximately 70%) is generated from Medicaid reimbursements. The medical center recorded 8,608 inpatient admissions during FY year 2020, along with over 56,981 emergency room visits. Among patients treated at the medical center, 16% are Medicare beneficiaries, 42% are Medicaid beneficiaries, 17% of the facility's patients are individuals whose care is funded by an HMO or other private health insurance plan, and 23% are self-pay.

Woodhull Medical and Mental Health Center is located in Bedford-Stuyvesant area, 8 miles from Manhattan. The hospital is easily accessible by public transportation or car. It is within a 15-minute drive of New York City and provides easy access for local community residents and persons from nearby New York and New Jersey suburban areas. New York City is the most populous city in the United States, with its metropolitan area ranking among the largest urban areas in the world. Brooklyn is known as the city's most populous borough and for its cultural, social, and ethnic diversity, an independent art and music scene, distinct neighborhoods and a unique architectural heritage. It is also the only borough outside of Manhattan with a distinct downtown area. For more information visit: brooklyn.com or brooklynonline.com.

Woodhull Medical Center and the Behavioral Health Department is the primary sponsor of the psychology internship program. Statewide, H+H has approximately 35,000 employees, including a multidisciplinary clinical staff composed of psychiatrists, advanced practice nurses, psychologists, social workers, and counselors. Woodhull Medical Center provides the full-range of behavioral health services to individuals throughout the life span.

The North Brooklyn hub of NYC Health and Hospitals primarily serves residents of Bushwick/Williamsburg and surrounding areas, and is a major player in Brooklyn's public mental health system. It provides psychologists-in-training seeking to become culturally competent psychologists with excellent training opportunities and experience working with an economically disadvantaged and underserved population made up predominantly of people from African American and Latinx communities.

MISSION STATEMENT AND PHILOSOPHY

Our Mission

The mission of Woodhull Medical and Mental Health Center is to deliver high quality services with compassion, dignity, and respect to all, without exception. We strive to promote and ensure wellness, serving as advocates, innovators, and educators in partnership with the diverse communities we serve.

Our Vision

To be a fully integrated equitable health system that enables all New Yorkers to live their healthiest lives. We are the Gateway to Healthcare in North Brooklyn. We are partners with the Community. We are a resource for other health care providers.

Our Values

ICARE: integrity, compassion, accountability, respect and excellence. We strive to improve the satisfaction of our patients, staff and other customers and enhance our primary care services. Attract more patients to Woodhull. Develop strategic alliances with public and private partners. Match needs with resources. Maintain quality standards. Increase cost effectiveness.

Program Philosophy

Woodhull Medical and Mental Health Center's Behavioral Health department is dedicated to responding to the specific behavioral needs of diverse groups across the life span. The Psychology Internship Program is committed to training professional psychologists in an environment that supports, promotes, and implements a cultural context perspective to mental health services, as well as contributing to the provision of culturally and linguistically competent services to non-dominant groups of Brooklyn.

However, cultural competence as a service delivery approach is applied to systems that serve people representing diversity along a variety of dimensions, including those related to gender, age, income level, geographic region, neighborhood, sexual orientation, religion, and physical disability. The major aim of our training program is to foster the trainee's acquisition of skills as a clinician, as a provider of clinical, consultative, and preventative services that address the needs of different age groups. We emphasize the coordination of intensive theoretically based, supervised, clinical experiences with systematic evaluations in clinical and community practice. The program provides required rotations that address the needs of Adults, Children, Adolescents, and Families who experience a variety of psychological difficulties. These rotations expose the psychologists-in-training to a broad range of patient populations and disorders. It is our view that these types of experiences will help create a strong foundation of clinical skills and help psychologists-in-training practice regardless of the area of psychology in which they will specialize.

Within this model, it is anticipated that close supervisory relationships will develop, and supervising psychologists are aware of their responsibilities as mentors and professional role models. A major focus of the internship experience at Woodhull is the development of the psychologist-in-training's ability to work with other professionals and to understand their role in the context of a team approach. We believe that psychologists are uniquely qualified to understand and enhance communication among disciplines and that their level of education and training prepares them for leadership positions. The development of a mature professional identity is just as important as the clinical skills acquired during the training year. Particularly in this era of limited resources, it is vital that psychologists-in-training understand the changing role of a psychologist in a hospital setting and managed care's effect on the way that psychology will be practiced in the future. Finally, we espouse a strong commitment to the ethical principles of psychologists.

Program Aims

The predominant aim of the Woodhull Medical Center's Internship in Clinical Health Psychology is to provide culturally competent training to the next generation of health service psychologists that: 1. Prepares them for entry-level practice in which they deliver high quality services within an integrated (medical and mental) healthcare system. 2. Fosters growth and development of psychologists who take interest in applying their knowledge to better serve an increasingly culturally diverse community. 3. Fosters the ability to integrate social justice issues and can effectively apply their knowledge and skills to ensure access, availability and affordability of psychological interventions to meet the needs of the public. 4. Fosters an inclusive perspective to leadership and development, including scholarly contributions that help disseminate and demystify psychological knowledge to the community. 5. Fosters and encourages the highest acquisition and integration of advanced clinical skills within a context of culturally sensitive, ethical practice standards.

TRAINING MODEL

The combination of diverse populations, training facilities, and eclectic supervisors offers a multitude of training options. Within the core structure of the internship, the program is individualized to meet each trainee's specific needs. Clinical rotations are assigned after an initial assessment of each psychologist-in-training's interests, experiences, and training needs. Thereafter, regular meetings with the internship director allow the psychologist-in-training to remain aware of options available, and to be involved in the decision-making process regarding the specific components of their program as it evolves. Attempts are made throughout the year both to address gaps in the trainee's previous experiences and to augment and nourish the special interests of each psychologist-in-training.

The primary objective of Woodhull Medical Center's Internship in Clinical Health Psychology is to prepare psychologists-in-training for the practice of professional psychology with children and adults with a wide range of levels in functioning. Training includes experiences in psychological assessment, evaluation, consultation, and treatment of high need, underserved populations. The program provides an integrated year of training which emphasizes both breadth and depth of clinical exposure. The internship year consists of 4 full year rotations (Child & Adolescent Outpatient, Adult Outpatient, Psychodiagnostic Testing, and Adult Inpatient/Mobile Crisis Team). In order to obtain a beginning concentration in a particular area of clinical psychology, trainees must also complete a minimum of two minor rotations within our "elective" specialties, thereby assuring that breadth of exposure is achieved. The overall training objectives of the program reflect a commitment to the development of clinical psychologists who are scientist practitioners and scholar-practitioners with broadly-based clinical skills.

The following principles guide our training staff and students in meeting the goals and objectives of the program:

- The internship program contains mandatory requirements that are essential to the development of competency in providing psychological services to clients with a wide range of difficulties and levels of functioning in the identified developmental age range, with particular focus on services for underserved people from non-dominant ethnic and cultural groups.
- The emphasis on a dual track-based rotation in Child & Adolescent and Adult; (2) elective rotation assignments; (3) community involvement; (4) seminars; and (5) a diversified supervision process. The particular experiences acquired will vary according to the trainees' needs and interests, the combination of rotations selected, and the nature of the trainee's clinical background and experience.
- Psychologists-in-training learn to work collaboratively and cooperatively with each other, engaging in joint projects, mutual support, and peer feedback and supervision.

PROGRAM STRUCTURE

The internship year begins the first week in September and ends on the last working day in August. Psychologists-in-training typically work 40 hours per week to satisfy all clinical and agency requirements, thus affording psychologists-in-training a minimum of 1820-2080-hour internship (above the minimum required for licensure). Psychologists-in-training are expected to provide approximately 18 face-to-face client contact-hours per week. As the agency uses both 30-minute and 45-minute therapy hour as a standard (with 15 minutes following for case notes and related paperwork), this generally translates into a caseload of approximately 8-10 cases in Child & Adolescent Outpatient services and 10 in the Adult services. Patients are typically seen on a weekly or bi-weekly basis.

Every required core rotation involves direct clinical activities. Clinical activities are organized so that psychologists-in-training acquire and refine basic skills in assessment, consultation, and intervention with a variety of populations. The Internship program offers intensive training in five specific areas (required core rotations) of clinical psychology: (1) Adult Outpatient (full year); (2) Adult Inpatient Clinical (6 months); (3) Child/Adolescent Outpatient (full year); (4) Psychodiagnostic Assessment (full year); and (5) Crisis Intervention (Mobile Crisis, 6 months). All psychologists-in-training are admitted to the core rotations and will select an area of concentration, which represents their professional focus and/or interests. Each psychologist-in-training completes core rotations and a minimum of two elective rotations within their area of specialization. The elective rotations are determined at the beginning of the internship year by the psychologist-in-training with input from the Director and Assistant Director of Psychology Training.

Core Treatment Rotation

Outpatient Level of Care

The Outpatient Clinic at Woodhull Medical Center has the responsibility for providing comprehensive behavioral health services within the Northern Brooklyn area. Most of the patients who receive services at Woodhull experience multiple, co-occurring clinical problems as well as social stressors such as lack of financial resources, inadequate school placements, adapting to a new culture, or involvement with the foster care system. Services offered include initial evaluation and assessment of prospective patients, emergency crisis-oriented services, outreach and engagement, short-term and long-term care, and continuing individual, family, and group psychotherapy on an outpatient basis. Abundant individual and group supervision is provided for individual and group treatment with an adjunct bi-weekly clinical case seminar that examines clinical, systemic, and professional development issues.

The Child & Adolescent Outpatient Department provides English and bilingual (English/Spanish) assessment and treatment services to youngsters between the ages of 3-18 years and their families. This rotation emphasizes exposure to children/adolescents and families presenting with a broad range of presenting problems including histories of trauma, psychotic disorders, mood disorders, learning disabilities, ADHD, obsessive-compulsive disorder, post-traumatic stress disorder, eating disorders, and ASD. Psychologists-in-training have access to supervisors representing a variety of theoretical orientations (e.g., cognitive-behavioral, psychodynamic, attachment, interpersonal, and family systems). Psychologists-in-training participate as members of multidisciplinary treatment teams that specialize in working with children and adolescents. Close collaboration occurs with school teachers, social workers, psychiatrists, and caregivers. Clinical treatment typically occurs within the context of individual, family, dyadic, and/or group therapy modalities utilizing evidence-informed interventions. Psychologists-in-training also may have the opportunity to provide consultation regarding behavior management in the classrooms and/or consultation to local schools.

The Adult Outpatient Department provides English and bilingual (English/Spanish) treatment which include diagnosis and evaluation, short-term and long-term individual and group therapy, medication, and psychological testing to individuals starting at 18 through the developmental spectrum. This rotation emphasizes exposure to individual and group therapy. Patients are experiencing a variety of emotional difficulties, ranging from anxiety and mood disorders to personality, dissociative, and psychotic disorders, often paired with significant histories of trauma. Referrals to the Adult OPD most

often result from the individuals themselves, although referral from physicians, inpatient settings, local hospitals, the justice system, other community agencies and the Department of Social Services also occur. Therapy interventions allow a variety of approaches to client treatment to provide for trainee clinical growth and refinement of a variety of therapeutic techniques. Psychologists-in-training participate as members of multidisciplinary treatment teams that specialize in working with adults and close collaboration occurs with social workers, psychiatrists, psychologists, counselors, and nurses.

Psychologists-in-training also participate in referrals to additional services offered at the Adult OPD when appropriate: The **Center for Integrated Health (CIH)** is a combined medical/mental health clinic that is co-located within the Adult Outpatient Psychiatric Department. The program, which opened in 2011, enables OPD patients with both behavioral and medical conditions to see a team of doctors who can collaborate and coordinate their care and help them avoid drug interactions. An array of services is offered, including screenings for chronic conditions such as diabetes, hypertension, HIV testing, and cardiac, and respiratory disease. This program has improved compliance with medical care, decreased the number of psychiatric admissions, lessened medical complications, demonstrated improved rates of chronic disease control, and achieved a significantly higher rate of patients attending their scheduled primary care appointments. Patients in the Adult OPD may also be referred for services within the home; **NYC H+H/Community Care** is a critical element in H+H's integrated healthcare delivery, targeted toward providing services for low-income individuals who have been significantly underserved by existing home care services. Nurses (or other professional staff members) visit patients at home to help them manage their chronic conditions or acute illnesses. Home health aides assist patients with daily activities such as shopping, meal preparation, bathing, and communicating with friends and family. These ongoing relationships help patients maintain their connection to the outside world.

Psychologist-in-Training Participation in OPD: Psychologists-in-training carry approximately 18-20 cases throughout the year in our Adult and Child/Adolescent clinics. Psychologists-in-training can complete this requirement by including core and elective experiences. Training caseloads are provided to ensure a variety of treatment experiences as well as focused experience in a diagnostic area of particular interest. In this core rotation, the major portion of the clinical time is spent in the provision of individual, group, and family treatment. Psychologists-in-training work as part of a multidisciplinary treatment team, including social workers, psychiatrists, and other clinical and non-clinical staff. Psychologists-in-training are responsible for treatment of their clients and administrative responsibilities (maintenance of appropriate documentation, including treatment plans, progress notes, etc.). By the end of the year, psychologists-in-training are expected to independently develop treatment plans that require minimal correction. In addition, psychologists-in-training participate in an outpatient intake rotation, generally completing between 10 and 15 intake evaluations over the course of their internship. In this service, psychologists-in-training will more frequently collaborate with family members, and as such, the trainee will learn how to organize and formulate clinical findings when two or more generations are involved. The trainee will also gain experience in integrating information from school settings.

Inpatient Level of Care: Within this experience, psychologists-in-training may carry individual cases, participate in case management, and lead groups. Participation in the milieu and meeting regularly with the clinical team are central aspects of the experience. In addition, psychologists-in-training must review treatment plans for their clients and maintain regular contact with the treatment team, which includes psychiatrists, medical students, social workers, nurses, music and arts therapists, and patients' families. In addition, all psychologists-in-training must conduct a small applied QI/PI project within the Inpatient units, typically focusing on some aspect of service delivery or performance improvement.

Mobile Crisis Unit: All psychologists-in-training will assist in the assessment of cases in crises, and learn the bases of decisions regarding hospitalization. The more acute experience will be primarily an apprenticeship, in which Psychologists-in-Training watch experienced clinicians, and then participate along with them. During the course of the rotation, they may have an opportunity to conduct assessments independently and review them immediately afterward with a supervisor. Psychologists-in-Training will be involved in the assessment of the full age range of patients. Psychologists-in-Training will participate in this rotation one day per week for the six months they are not on their internship rotation. In- vivo supervision plus an additional 1-hour group supervision per week is provided by a psychologist.

Group Treatment: All psychologists-in-training are expected to participate in leading or co-leading at least two group therapy programs during the course of the internship year (one outpatient, one inpatient; one of the two must be led independently to meet the requirement). This requirement can be met in the OPD and in many of the elective settings (i.e., Substance Use and Recovery, Virology, etc.). Supervision for the group therapy experience is provided on a biweekly basis by a licensed psychologist (1 hour/week) and in an in-vivo, apprentice-style if the psychologist-in-training is co-leading a group with a more experienced clinician.

Group Therapy

- **Child/Adolescent Group Therapy:** Psychologists-in-training may lead or co-lead a group in the Child & Adolescent Outpatient Services, either with a staff member or another psychologist-in-training. Groups may focus on particular age ranges, diagnostic categories, skills, or content areas. Psychologists-in-training might also develop a group for a selected population of their interest. Supervision will be provided by the staff member who is the co-therapist, or by an assigned supervisor, if psychologists-in-training lead a group together as well as supervision through group seminar.
- **Parenting Skills Group:** Psychologists-in-training may lead or co-lead a parenting group in the Child & Adolescent Outpatient Services. The groups will utilize a curriculum focusing on enhancing and developing parenting skills of parents with children ages 4-12 or adolescents ages 13-16. Groups will include the use of reading materials, verbal discussions, activities, visual aids and homework. Groups will be held in either English or Spanish. During a Spanish speaking term of a group, psychologists-in-training who are not fluent in Spanish may also run a parallel group in English with guidance, a structured curriculum, and supervision.
- **Adult Group Therapy:** Psychologists-in-training may lead or co-lead a group in the Adult Outpatient Services, either with a staff member or another psychologist-in-training. Groups may be focused on particular diagnostic categories, skills, or particular content areas. Psychologists-in-training might also develop a group for a selected population of their interest. Supervision will be provided by the staff member who is the co-therapist, or by an assigned supervisor, if psychologists-in-training lead a group together.

Core Assessment Rotation

Outpatient Intake Evaluations
Inpatient Intake Evaluations
Psychodiagnostic Assessment (Outpatient and Adult Inpatient)
Crisis Evaluations (ER, Mobile Crisis, CPEP, and Inpatient)

Intake Evaluations: Psychologists-in-training conduct intakes in the Child & Adolescent and Adult Outpatient Services. Psychologists-in-training receive individual supervision on their intakes from a psychologist in the outpatient services during the 10 months they are in this rotation. This supervision typically begins in an apprentice fashion, as psychologists-in-training observe and participate in intakes conducted by their supervisors. Eventually, psychologists-in-training conduct the intakes on their own and are supervised weekly in this activity (with a minimum requirement for independently conducted intakes in each core OPD).

Psychodiagnostic Assessment (Outpatient and Inpatient): All psychologists-in-training spend approximately 3 hours a day per week throughout ten months engaged in formal psychological evaluations of both children/adolescents and adults. These include clinical interviews, cognitive testing, use of instruments measuring adaptive functioning, and projective and objective personality testing, neuropsychological screening, learning disabilities assessment, and assessment of dementia. Psychologists-in-training are expected to prepare assessments (minimum number of reports depends on availability and need, typically between 6-8 reports) and present findings to clients and families, as appropriate, and to make recommendations regarding diagnosis, treatment, school placement, and other discharge plans. Psychologists-in-training are provided individual supervision in psychological testing by a licensed psychologist on a weekly basis. They will also

be involved in a monthly Testing Seminar conducted by licensed psychologists who have an interest in psychodiagnostic testing. Psychologists-in-training will be expected to demonstrate basic competency in testing. Psychologists-in-training will be assessed by testing supervisors in September as to the skills in administration, scoring, and interpretation of basic instruments. This will be done initially by review of psychologist-in-training's APPIC applications and discussion. Individual supervision will be provided by the supervisors identified, on a weekly basis. Supervisors expect 6 batteries minimum, but might be more depending on need, to be completed. Psychologists-in-training are expected to devote a minimum of one hour per week to these activities for the duration of the internship year. By the end of the year, psychologists-in-training are expected to complete at least two reports with minimal corrections. In addition, there is a didactic seminar and Testing Lab associated with the testing rotation.

Crisis Evaluation: Psychologists-in-training receive individual supervision on their crisis assessments from a licensed psychologist in our Mobile Crisis Service during the months they are in this rotation. As with the intake assessments, the supervision usually begins in an apprentice fashion and may develop into one in which psychologists-in-training present the assessments they have done independently. In this setting, psychologists-in-training also work with a multidisciplinary team who review the cases and assess the patients as well.

Required Didactic Experience

Woodhull Medical Center Orientation: The orientation session for all new employees of Woodhull Medical Center is held on the first month of employment, typically September. The psychologists-in-training attend this along with all other new employees. Among other topics, employees learn about Woodhull's regulatory requirements, HIPAA compliance laws, patient safety requirements, and hospital benefits.

Behavioral Health Department Orientation: The orientation is conducted for all new employees and psychologists-in-training and externs of Woodhull Medical Center's Behavioral Health Department. The orientation includes a discussion of the Behavioral Health Department's mission, vision, values, and goals, as well as its organizational structure and general policies and procedures. In this meeting, issues of confidentiality, HIPAA requirements, health and safety procedures, patient rights, cultural diversity, clinical documentation, and child and elderly abuse reporting are covered. The complete psychological services handbook is distributed.

Internship Orientation: Throughout September, different activities are scheduled to ensure that psychologists-in-training are prepared to transition smoothly to the program. Immediately after the Woodhull Medical Center and the Behavioral Health Department's orientations, typically the third full day of employment, the psychologists-in-training meet as a group with the Director and Assistant Director of Training. At this point, the requirements of the internship program are reviewed in detail. The psychologists-in-training are given the internship orientation manual and it is carefully reviewed with the Director of Training/Assistant Director of Psychology Training. The psychologists-in-training are also taken on a walking tour of the Behavioral Health Department and of Woodhull Medical Center.

History of Bushwick Community: Scheduled in early September to introduce psychologists-in-training to the history of Bushwick. During this class, demographic aspects of the population are reviewed, and there is a discussion of the various neighborhoods and communities within Brooklyn. The psychologists-in-training go on two half-day visits to the Bushwick community during late September. These are independent visits where a psychologist-in-training can walk through the neighborhood, schedule to stop at a spiritual house, a school, an employment training facility, a local restaurant, and/or multi-service non-profit agency serving the community of Bushwick. At each facility, psychologists-in-training can schedule to meet with a staff member who tells them about the resources and challenges in the area.

EPIC (Electronic Medical Record): We require all psychologists-in-training to take two full-day trainings (one Ambulatory, one Inpatient) in our medical record keeping system at the onset of their training. This training allows the psychologist-in-training to access and appropriately document in patients' medical records.

Street Art Project: Psychologists-in-training are asked to observe pre-selected street art/murals in the neighborhood to better understand the social and emotional life of the area. This allows the psychologists-in-training to begin to take in the neighborhood, its local social messages, and hone observational skills.

Additional Seminars (full year)

Psychologist-in-Training Group Meeting and Supervision: Twice a month group supervision for 75 minutes is provided by the Director of Training and Assistant Director of Training. Within this context, psychologists-in-training have the opportunity to discuss and present concerns about their progress through the program. This is the forum in which the psychologists-in-training discuss their educational experiences. In addition, they may elect to discuss individual treatment cases and present didactic material of special interest to them.

Psychological Assessment Seminar and Lab: The lab provides psychologists-in-training an opportunity to reflect and discuss "everyday questions" regarding testing/assessment. This meeting will follow a peer supervision format where psychologists-in-training and a faculty member will explore administration, scoring, writing, and feedback issues.

Complex Trauma Focused Discussions: Traumatic exposure has been implicated as a risk factor for numerous major mental health disorders, including depression, substance use/dependence, and PTSD. Trauma is also associated with physical health problems (e.g., ischemic heart, chronic lung and liver disease), negative health behaviors (e.g., smoking and severe obesity), difficult social, academic, and/or occupational functioning and overall decreased quality of life. This seminar will address the relevance of trauma to general clinical practice in children and adults. Discussion will also include knowledge of trauma science and the different types of best practice informed treatment.

Advanced Issues in Behavioral Health:

1. Cultural Context Competency: covers issues associated with racial, ethnic, religious, gender, sexual orientation, age, and ability differences.
2. Ethics and Risk Management: covers general issues of ethics and risk management for psychologists, as well as guidelines APA has issued for specific areas.
3. Professional Development: psychologists from the community and within Woodhull are invited to discuss licensing issues, EPPP exam, private practice development and varied non-traditional roles of psychologists.
4. Advanced Issues in Behavioral Health: covers advanced issues in clinical practice including PTSD, Substance Use and Recovery, DBT, Child Maltreatment, Chronic Mental Illness, Play-Therapy. The topics covered vary depending on training needs.

Other Didactic Experiences: Internal training seminars sponsored by H+H, and web-based trainings. For example, previous trainings have included learning about the DSM-V, Play Therapy for Young Children, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), CBT for Psychosis, and the Impact of Gentrification on the Community.

Core Educational Activity/Teaching Experience: Psychologists-in-training develop and present, with the supervision of a mentor, a topic about a body of psychological knowledge to a target audience. The topic must cover some aspect of multicultural competency. Audiences can be mental health professionals inside Woodhull Medical Center, professionals, or non-professionals who have requested training from Woodhull staff, (e.g., teachers, a church group, community organizations, Child Protective Services, Head Start programs, etc.).

All core rotations are located at Woodhull Medical Center.

Elective Rotations

Number of months and hours vary depending on rotation.

Some of the services described as part of the core program are also available as elective rotations. Students already scheduled for these experiences may choose to spend more than the minimal time or take on more than the minimal number of cases. For example:

Psychologists-in-training may spend more time in the Inpatient service.
Psychologists-in-training may pick up more than one therapeutic group.

In addition, electives are available in the following service areas:

Assertive Community Treatment: ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illness. It provides highly individualized services directly to consumers. ACT patients receive multidisciplinary services similar to those of a psychiatric unit, but within their own homes and communities. The ACT team is composed of psychiatrists, social workers, nurses, substance use and vocational rehabilitation counselors, and psychologists.

Bilingual (English/Spanish) Clinical Experience: Psychologists-in-training will work collaboratively with Child & Adolescent and Adult Outpatient Service supervisors to provide services to the Latinx community of Bushwick. Psychologists-in-training will provide individual and/or family therapy in Spanish to children/adolescents and adults attending the outpatient department. Psychologists-in-training are required to provide at least one psychoeducational presentation (in Spanish) to the Latinx community or to staff who work in various community agencies. Psychologists-in-training participate in group/individual supervision (in Spanish) for 1 hour per week for 12 months. Supervision is provided by a Bilingual/Bicultural licensed psychologist.

CPEP/Emergency Room: The psychologist-in-training will be exposed to the daily operations of a Psychiatric Emergency Room by evaluating patients with a broad range of mental health difficulties, including psychotic and affective illnesses requiring hospitalization to adjustment disorders and cases needing brief supportive interventions or referral to outpatient treatment. The psychologist-in-training will have the opportunity to provide interim follow-up on high risk cases by seeing the patient with the Mobile Crisis unit until the patient attends their first outpatient appointment. In addition, psychologists-in-training will acquire a working knowledge of medications used in an ER setting to treat specific mental disorders, and learn about the side effects that contribute to non-compliance. The psychologist-in-training will work under the supervision of a full-time psychiatrist and a licensed psychologist.

LGBTQ+: This elective rotation within Child and Adult Outpatient Services is grounded in a Gender and Sexual Orientation-Affirming model, which embraces and celebrates all identities and relationships. Psychologists-in-Training will participate in didactic sessions and weekly group or individual supervision designed to enhance their understanding and competency in providing culturally sensitive care. During this rotation, psychologists-in-training will engage in both individual and group therapy, working with patients along the gender and sexual orientation spectrums. They will have the opportunity to explore issues related to identity, acceptance, and resilience in a supportive therapeutic environment. This rotation aims to equip psychologists-in-training with the skills and confidence to provide affirming and effective mental health services to diverse populations.

Virology Center: The clinic provides medical services for children and adults who are affected by HIV. The interdisciplinary mental health team includes psychiatrists, psychologists, social workers, and rehabilitation and addiction counselors. The clinic offers an array of individual and group mental health services, including mental health assessments, psychiatric consultations, individual psychotherapy, and group psychotherapy (Support Groups, Anger Management, Substance Use Groups, etc.), as well as substance use counseling and treatment adherence counseling. Psychologists-in-training who elect to take this rotation may co-lead groups with a Virology staff member.

Mobile Crisis Unit: Psychologists-in-training may elect to extend their required, six-month Mobile Crisis rotation to include additional elective experience. Psychologists-in-training will assist in the assessment of cases in crises, and learn the bases of decisions regarding hospitalization. The more acute experience will be primarily an apprenticeship, in which psychologists-in-training watch experienced clinicians, and then participate along with them. Toward the end of the

rotation, they may have an opportunity to conduct assessments independently and review them immediately afterward with a supervisor. Psychologists-in-training will be involved in the assessment of the full age range of patients. In-vivo supervision plus an additional 1 hour of supervision per week is provided by a licensed psychologist.

OB Clinic Collaborative: The Department of Obstetrics, Gynecology and Women's Health offers expertise in the management of high-risk pregnancies, the treatment of malignancies in the reproductive system, and the treatment of difficult gynecological problems. The department also offers complete primary obstetrical and gynecological care for teenagers and young adult women, ages 15-21. Psychologists-in-trainings' participation focuses on women's reproductive mental health needs in an effort to reduce stress and improve well-being; high levels of stress have been shown to increase the risk of adverse outcomes for women and newborns. Increasingly, assessment and management of mood and anxiety problems during pregnancy entails consideration of life stress and interpersonal relationships with partners, friends, and family members. Services would provide pregnant and postpartum women with emotional support through groups and/or individual meetings.

Lifestyle Medicine (LM): This clinic provides an approach to preventing and treating lifestyle-related chronic diseases using evidence-based lifestyle modification as a primary treatment modality. The American College of Lifestyle Medicine (ACLM), the leading professional society in this field, encourages changes across 6 pillars: a whole-food, predominantly plant-based eating pattern; physical activity; stress management; restorative sleep; positive social connections; and avoidance of substance use. A strong body of evidence supports the benefits of LM in preventing and treating CVD, hypertension, T2DM, and other lifestyle-related chronic conditions. Psychologists-in-Training will complete intakes and run groups on this rotation.

Consultation Liaison (Brief Behavioral Intervention-BBI): Psychiatric consults are requested by attending physicians, residents, nurses, or other health care providers from a variety of specialty units for patients hospitalized for medical diagnoses and experiencing comorbid psychological difficulties. Consultations are commonly requested for assessment of depression, anxiety, suicidal ideation, behavioral changes, psychosis, delirium, cognitive impairment, substance abuse and decisional capacity. After an initial assessment by the Consultation Liaison psychiatrist, with whom the psychologists-in-training will work closely, patients will be referred to psychologists-in-training for brief, bedside interventions for the duration of their inpatient stay. During this rotation, psychologists-in-training will strengthen differential diagnostic skills when working with the medically ill, as well as learn to communicate and collaborate effectively with physicians and other providers involved in the patient's care. Psychologists-in-training may also collaborate with patients seen by the Consult for Addiction Treatment and Care in Hospitals (or CATCH) program. Supervision will be provided by a licensed psychologist.

Quality Improvement/Performance Improvement Project (QI/PI): In addition to the required Inpatient QI project, Psychologists-in-Training can select to conduct a small applied research/outcome evaluation project, typically focusing on an evaluation of some aspect of service delivery in one of the service units to which they are assigned. This project is designed in collaboration with the supervisor, the Training Director, and the Director of Psychological Services, with the findings communicated orally and in written form to the unit supervisor/administrator and staff. To fulfill this requirement, Psychologists-in-Training may also participate in the development of services in which goals and outcome measures for a proposed project are identified. Examples of Quality Improvement Projects include attendance rates to screening/intake/treatment appointments, role of attendance in the effectiveness of treatment and clinic functioning and exploring high rates of readmits to the Inpatient unit.

Substance Use and Recovery Program (SUR): Psychologists-in-training carry 1-3 substance use and recovery outpatient cases and participate in the intensive outpatient program. Clients present with a range of alcohol and other substance use disorders and addictions. Psychologists-in-training will conduct intake evaluations, observe and run groups, and participate in treatment team meetings. Supervision is held 1 hour per week provided by a licensed psychologist.

Ride the Bike: The goal of this rotation is to turn NYC youth onto cycling and living a more active life in a way that is fun and safe. This program nurtures healthy living habits and lifestyles in our young people and provides them with a "mentorship" relationship outside the therapy office, as made possible by sponsors and partner groups. Rides are planned

from May through October, with at least two to four seasoned and senior Kids Ride Club leaders on each ride (usually more). Psychologists-in-Training work with the senior leaders to keep the rides safe, make sure groups stay together, help with planned activities, and of course, to develop healthy relationships with the youngsters. There is a brief orientation for kids and leaders before every ride. Volunteers receive a free cycling jersey after 3 rides, a pair of matching shorts after 6, and other accessories (cap, gloves, etc.) after 9 additional rides.

SUPERVISION

Core Supervision

The Psychology Department is committed to the ongoing professional development and education of its psychologists-in-training and seeks to promote in the group a commitment to the pursuit of personal and professional exploration in supervision. The psychologists-in-training will have three primary supervisors for the core Child, Adult, and Testing caseloads, and will receive at least three hours per week of individual supervision, as well as a number of additional hours of group supervision and other learning experiences. In addition to the core competency areas, supervisors also teach and provide supervision to psychologists-in-training in specific methods of assessment and treatment approaches, e.g. clinical interview-based assessments, the administration and interpretation of specific psychological tests, cognitive behavioral therapy, dynamic therapy, treatment interventions for trauma victims, etc. depending on the particular rotation and particular supervisor.

Psychologists-in-training will also have a supervisor for the six months spent in the Inpatient units and with the Mobile Crisis team. These supervisors will meet one hour per week with psychologists-in-training in addition to providing in-vivo supervision in the milieu or out in the field.

Elective Supervision

In addition to the primary supervisors, each psychologist-in-training will have several other designated supervisors assigned to him or her during the course of the year. Supervision in these settings is in the form of individual meetings, small group supervision, and apprentice experiences. Each psychologist-in-training's training program is different based on the rotations they have elected, but considering both core and elective supervision, a psychologist-in-training typically receives at least three hours of individual supervision, and at least six hours per month of paired or group supervision.

Supervision styles and theoretical orientations vary, but there is a common emphasis on psychodynamic, cognitive behavioral, developmental, and family systems perspectives informing our conceptualizations and treatment approaches. Clinical supervision will also be available in assessment and treatment seminars, which utilize audiotape and case conference methodology. Psychologists, psychiatrists, social workers, and mental health specialists throughout the hospital are also available for consultation and teaching in their areas of expertise. Complementing basic individual and group supervision, through the process of working closely with a number of different supervisors, psychologists-in-training are also exposed to role modeling and mentoring on an ongoing basis.

A Core Case Seminar is required for all psychologists-in-training. This didactic will provide training and supervision in the core cluster areas of: Adult Development, Trauma, Diagnosis, Community Systems and Services, and Professional Development. As our hospital serves a very diverse linguistic, ethnic, and economic population, our programs also offer ongoing training in multicultural issues as they inform the work of the psychologist.

Mentorship

Valuable internship experiences not only include effective supervision, but also, a large component of mentoring. Mentors can help guide students through their training experience by having the opportunity to reflect on their experience in a supportive, educational atmosphere. The mentor can pass on a wealth of experience and knowledge, and benefits from a fresh perspective and new ways of thinking.

In early October, psychologists-in-training are provided with a list of psychologists who have volunteered to become their mentors, with description of their professional interests and contact information. Selecting a Mentor is **optional.**

EVALUATION

Multicultural competency and scholarly inquiry are central commitments of our internship program and therefore are crosscutting core competencies that are embedded in each of the other core competency goals. Training in the core competencies occurs through both didactic and practicum experiences that include participation in department-wide core seminars and colloquia for all psychologists-in-training, as well as in site-specific seminars, in-service training, supervision, and teaching associated with particular rotations. Individual core competencies are listed below. Core competency training in each of the particular practicum placements/rotations is tailored to the needs of a particular target population being served (e.g., individuals whose primary language is not English). Psychologists-in-trainings' performance in the core competencies is assessed on an ongoing basis through individual supervision, group supervision, treatment team meeting, formal assessments completed by individual supervisors and then discussed with the psychologists-in-training by their primary supervisor and Director of Psychology Training.

Competency Model of Evaluation

The fundamental aim of our internship program is to promote the professional development of psychologists-in-training in each of the nine core competency categories: I) communication and interpersonal skills; (II) individual and cultural diversity; (III) professional values, attitudes and behavior; (IV) ethical and legal standards; (V) assessment; (VI) intervention; (VII) consultation and interprofessional/interdisciplinary; (VIII) supervision; and (IX) research and scholarship. Training in the core competencies occurs through an organized program consisting of multiple experiences. These include but are not limited to: the delivery of professional services in the core and elective placements; supervision and mentoring; participation in structured training such as the core seminar; and completion of a scholarly project. The progress of psychologists-in-training in developing these competencies is assessed by supervisors informally throughout the year and formally through written assessments at two points of time during the year. The competency categories and the individual competencies are as follows:

I. Communication and Interpersonal Skills

A. Communicates effectively
B. Forms positive relationships with others
C. Manages complex interpersonal situations
D. Demonstrates self-awareness as a professional

II. Individual and Cultural Diversity

A. Demonstrates awareness of diversity and its influence
B. Develops effective relationships with culturally diverse individuals, families, and groups
C. Applies knowledge of individual and cultural diversity in practice
D. Pursues professional development about individual and cultural diversity

III. Professional Values, Attitudes and Behavior

A. Displays professional behavior
B. Engages in self-assessment and self-reflection
C. Demonstrates accountability
D. Demonstrates professional identity
E. Engages in self-care essential for functioning effectively as a psychologist

IV. Ethical and Legal Standards

A. Demonstrates awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research
B. Recognizes and manages ethical and legal issues in Health Service Psychology practice, training, and research
C. Adheres to the APA Ethical Principles and Code of Conduct

V. Assessment

A. Conducts clinical interviews
B. Appropriately selects and applies evidence-based assessment methods
C. Collects and integrates data
D. Summarizes and reports data

VI. Intervention

A. Formulates case conceptualizations and treatment plans
B. Implements evidence-based interventions
C. Monitors the impact of interventions

VII. Consultation, Interprofessional/Interdisciplinary and Systems-Based Practice

A. Provides consultation (e.g. case-based, group, organizational systems)
B. Engages in interprofessional/interdisciplinary collaboration
C. Engages in systems-based practice

VIII. Supervision

A. Seeks and uses supervision effectively
B. Use supervisory feedback to improve performance
C. Facilitates peer supervision/consultation
D. Provides individual supervision/peer consultation (if applicable)

IX. Research and Scholarship

A. Displays critical scientific thinking
B. Uses the scientific literature
C. Implements scientific methods

Evaluation Process

Toward the end of the first month of internship (September), each psychologist-in-training will complete a self-evaluation. This self-evaluation will assist in the identification of strengths and areas for further growth and development.

In addition to the on-going feedback and evaluation which is a natural part of the supervision process, each psychologist-in-training receives formal, written evaluation ratings from each of their primary supervisor at midpoint (March) and at the completion of each training year (August). Throughout the year, and formally at the end of the year, psychologists-in-training are asked to include suggestions for improving the training program overall. Particular attention is paid to diversity of cases and volume, supervision, and on-site seminars.

Requirements for Completion of Internship

To successfully complete the internship, psychologists-in-training are expected to meet the following requirements: 1) A minimum of 1820 hours: The internship requires one year of full-time training to be completed in no less than 12 months. Psychologists-in-training must complete a minimum of 1820 hours of supervised, on-duty time during the internship year. Psychologists-in-training have the option of completing additional hours beyond the 1820 hours to meet certain states' licensing requirements. 2) Psychological Assessment: Psychologists-in-training must complete a minimum of six assessment reports. These assessments must be based on data integrated from multiple sources and must include written reports with diagnostic impressions and recommendations. Assessments based solely on interviews do not meet this requirement. 3) Didactic Training: Psychologists-in-training are required to attend weekly seminars presented by department faculty members and are encouraged and often required to attend in-service conferences and other didactic presentations associated with their rotations. 4) Case Presentations: In addition to informal case presentations made in supervision, psychologists-in-training are required to present one psychotherapy case and one assessment/diagnostic case as part of the Psychology Internship Case Seminar Series in order to demonstrate competency in these areas. 5) Competence in Clinical Activities:

Goal for Psychologist-in-Training Evaluations Done prior to 12 Months (mid-year): The goal for a psychologist-in-training is to obtain an overall rating of 3 or higher in their Mid-Year evaluations. This indicates that the psychologist-in-training has achieved an average rating of at least 3 across all competency areas. Competency areas will be rated at a level of competence Average Performance (3) or higher. For all Competency areas rated with an average score below a 3 (for example, 1- Performance Insufficient, or 2- Requires Remedial Work) an immediate skill development plan is required in order to assist the psychologist-in-training in progressing to a higher level of functioning.

Goal for Psychologist-in-Training Evaluation Done at 12 Months (end-of-year): The goal for a psychologist-in-training is to obtain an overall average rating of 3 or higher in their End-of-Year evaluations in order to graduate from internship. No competency area averages or items will be rated with a score of 1 - Performance Insufficient or score of 2 - Requires Remedial Work; psychologists-in-training will not graduate with any scores of 1 or 2. If a psychologist-in-training receives a score of 1 or 2 in their End-of-Year evaluation, a skill development plan will be discussed with the psychologist-in-training's home graduate program and could include extension of internship to complete remedial work and/or failure to graduate.

PROGRAM SELF-ASSESSMENT AND QUALITY IMPROVEMENT

The internship program is committed to program self-assessment and quality improvement. The Director, Assistant Director, Training Supervisors, and current Psychologist-in-Training class have the basic responsibility for program self-assessment and quality improvement. The program is evaluated in an on-going manner by both supervisors and Psychologists-in-Training, both participating in maintaining the program current and effective. The Director of Psychology Training, Assistant Director, and training supervisors review Psychologists-in-Training evaluations of the internship experience and suggestions for improvements. The Training Supervisors are responsible to ensure the goals, objectives of the internship, and that opportunities for improvement are considered. Informal evaluation of the internship is a continuing on-going process. Psychologists-in-Training are encouraged to bring up issues, concerns, and suggestions for improvement throughout the year to their supervisors, Assistant Director, and the Director of Psychology Training. The Director and Assistant Director meet briefly with the Psychologists-in-Training at the beginning of each weekly Psychologist-in-Training seminar to discuss possible concerns. Mid-year and at the completion of the program, Psychologists-in-Training meet with the Director to provide a more detailed evaluation of the internship. This includes a description of the primary activities of each rotation, including aspects of the rotation found to be most beneficial and suggestions for improving rotations. The Psychologists-in-Training are also asked to include suggestions for improving the training program overall. Particular attention is paid to diversity of cases and volume, supervision, facility resources, and on-site seminars.

DUE PROCESS AND GRIEVANCE PROCEDURES FOR PSYCHOLOGISTS-IN-TRAINING

Psychologists-in-Training are employees of Woodhull Medical Center, and, as such, are entitled to the avenues open to all employees concerning problems that may come up during their internship year. In general, employees are encouraged to discuss concerns, complaints, and grievances with their immediate supervisors, and to take those concerns up the supervisory chain of command if the situation is unresolved after discussion with the immediate supervisor.

In the case of the internship program, the supervisory chain of command that exists for psychologists-in-training regarding their experience as psychologists-in-training is as follows:

1. Direct supervisor for the specific clinical rotation in which the student is located
2. Director of Psychology Training and Director of Psychological Services
3. Chairman Department of Behavioral Health

In addition, psychologists-in-training may register complaints or concerns about issues in a particular service at Woodhull Medical Center with the following individuals:

1. Clinician Supervisor of the unit
2. Clinician Administrator of the unit
3. Director of Services

Psychologists-in-training may also discuss concerns about a particular service with the Director of Training, Dr. Carla Pereyra D'Aiello, or with the Chairperson of the Department of Behavioral Health, Dr. Rajvee Vora.

Psychologist-in-Training's concerns are important to us and we never want Psychologists-in-Training to feel that any avenues of access are closed. Psychologists-in-Training are free to consult with the Training Directors in their home institutions, with outside official or unofficial mentors, with other supervisors, or with anyone else whom the Psychologists-in-Training feel would be helpful.

The Hospital recognizes that employees may have more difficulty bringing complaints through the normal chain of command in certain cases, and has offices in charge of certain types of issues, which employees may access directly. At the beginning of the internship year, Psychologists-in-Training will be expected to complete Woodhull's orientation sessions that educate students about their rights and obligations.

OFFICE HOURS AND VACATION POLICY

The general office hours for the internship are 8:30 a.m. - 5:30 p.m., Monday through Friday, with one 9:00am-6:00pm day. However, the psychologist-in-training's professional responsibilities may extend the workweek beyond its customary 40 hours depending on the individual training program. Psychologists-in-Training are designated sick and annual leave days.

Stipend

The 2025-2026 stipend is anticipated to be approximately $53,174 for the twelve-month period.

Holidays

September	Labor Day
October	Indigenous Peoples' Day
November	Election Day, Veterans Day, Thanksgiving
December	Christmas
January	New Year's, Martin Luther King Jr. Day
February	Washington's Birthday, Lincoln's Birthday (floating holiday)
May	Memorial Day
June	Juneteenth
July	Independence Day

Woodhull Medical and Mental Health Center is an Equal Opportunity/Affirmative Action Employer and does not discriminate based on an individual's sex, race, color, religion, age, disability, veteran status, national or ethnic origin, sexual orientation, or gender identity or expression.

APA Accreditation Status

This internship program is fully accredited by the Office of Accreditation of The American Psychological Association. Questions related to the program's accreditation status should be directed to the Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002-4242. Phone: (202) 336-5979; E-mail: apaaccred@apa.org. This internship site agrees to abide by the APPIC Match Policies.

APPLICANT QUALIFICATIONS FOR PSYCHOLOGY INTERNSHIP

The Training Committee at Woodhull Medical Center has identified the following criteria as essential qualifications in order for applicants to be considered for the internship program:

1. Enrolled in an APA approved doctoral training program in clinical, counseling, or clinical and community psychology;
2. Minimum of 400 face-to-face hours of assessment and intervention (350 Direct Contact Intervention Hours and 50 Direct Contact Assessment hours combined) at the time of application
3. At least three years of graduate training;
4. Have a Master's Degree by start of internship;
5. Passed the comprehensive or qualifying exam by the application deadline;
6. Approved dissertation proposal by the application deadline; and
7. Prospective psychologists-in-training must have approval to pursue an internship from their program Training Director.

Applying to the Internship Program

Applicants for Woodhull Medical Center Internship must submit the following materials by **November 14, 2025**.

- APPIC Application for Psychology Internship (AAPI2010) Form (This on-line application form is available from the APPIC Web Site at http://www.appic.org/)
- Official transcripts of related graduate work.
- **Three letters** of recommendation from professionals who have observed the candidate's academic and applied performance. Two of these evaluations must be from clinical practicum supervisors.
- Current Curriculum Vitae.
- In the opening lines of the cover letter, please write in **bold** the name of your graduate program.

Psychologist-in-Training Selection Process Dates:

- November 14th, 2025 - Woodhull Medical Center Application Deadline.
- December 2025– Final day of selection and notification by e-mail of candidates for interviews. Candidates who are finalists for the internship will be asked to have a personal interview. We are expecting to schedule in-person and virtual individual and group interviews, with one day of virtual interviewing offered; virtual interviews will be assigned on a "first come, first serve" basis and are not guaranteed for all applicants. We will inform all interviewees for the 2025-2026 internship cycle of any changes in our schedule to support safe and equitable practices.
- Please bring/send a small, passport-like picture of yourself to the interview. On the back of the picture, please write your full name and date of interview. It is very helpful for us to have your picture when we discuss potential psychologists-in-training and develop our rank order list. Your picture will be shredded once the match process is complete, or if you prefer, we can mail it back to you. If you would like the photo mailed back, please provide a self-addressed envelope on the date of your interview.
- Woodhull Medical Center adheres to the procedures established by the Association of Psychology Postdoctoral and Internship Centers (APPIC) for notifying candidates. Internship offers will be coordinated through the APPIC Internship Matching Program. Our program code number is 1746. 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.

APPLICANT INTERVIEW POLICY

An interview with our staff of psychologists and a visit to our site is very helpful in assessing the fit between an applicant's training needs and the opportunities our internship program offers. For that reason, we require an on-site or virtual interview as part of the application process. After an initial review of the applications we receive, we contact selected applicants in December to invite them for interviews. If the applicant is not selected for an interview, they will be notified by email during the last week in December.

Our interviews are scheduled for January. Groups of eight to ten applicants are invited to interview at one time. We ask that applicants set aside 4 hours to spend with us. Applicants will be scheduled for one individual interview, one group interview, a group meeting with the Director and Assistant Director of Psychology Training for an overview of the program, a group meeting with various supervisors and staff to learn about different rotations, and a group meeting with the current group of psychologists-in-training to hear about their experiences and to take a tour of the facility.

- Please bring/email a small passport-like picture of yourself to your interview. It is very helpful for us to have your picture when we discuss potential psychologists-in-training and develop our rank order list. Your picture will be shredded or returned to you (if requested) once the match process is complete.

- If you are scheduled for a virtual interview, you will be provided with a link to our WebEx meeting room prior to the start of your interview.

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 psychologist-in-training applicant.

INTERNSHIP ADMISSION, SUPPORT, INITIAL PLACEMENT DATA

Internship Program Admissions
Date Program Tables are updated: Beginning of Internship Year/September

Briefly describe in narrative form Important Information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on psychologist-in-training selection and practicum and academic preparation requirements:

The Internship in Clinical Health Psychology at Woodhull Medical Center provides a generalist training within a clinical model to meet the mental health needs of underserved populations. All psychologists-in-training are required to participate in year-long core rotations within the Adult and Child & Adolescent Departments and two consecutive, 6-month rotations with Adult Inpatient Services/Crisis Intervention (Mobile Crisis). All interns are required to take part in a year-long Psychodiagnostic Testing rotation. Psychologists-in-training are also required to develop an area of interest by selecting from minor rotations, which are offered based upon supervisory availability: Virology (formerly HIV/AIDS), Substance Use and Recovery (SUR) Services, Bilingual Community Outreach (Spanish/English) Service, DBT, ACT, CPEP, Obstetrics, LGBTQ+, Consultation/Liaison. Required experiences, such as Mobile Crisis, Group Psychotherapy, etc., may also be extended and be counted toward elective experiences. We offer significant supervision in all minor and core rotations. Psychologists-in-training will also participate in a didactic and trauma seminar series. An interview with our faculty members and a visit to our site (if interviewed-in-person) is required to assess the fit between applicants' training needs and the opportunities our internship offers. After an initial review of the applications received, we contact selected applicants during December to invite them to interview. If applicants are not selected for an interview, they will be notified by email during the last week in December. Applicants will be scheduled for an individual interview, a group interview, a meeting with current psychologist-in-training class, and a meeting with current faculty. Applicants who are bilingual (English/Spanish) will, in addition, have a 30-minute interview and information session in Spanish with a faculty member to better assess skill level and interest in bilingual/bicultural work.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, Indicate how many:

Total Direct Contact Intervention Hours	☐ N	☒ Y	Amount: 350
Total Direct Contact Assessment Hours	☐ N	☒ Y	Amount: 50

Describe any other required minimum criteria used to screen applicants:

1. Enrolled in an APA approved doctoral training program in clinical, counseling, or clinical and community psychology;
2. Minimum of 400 face-to-face hours of assessment and intervention (350 Direct Contact Intervention Hours and 50 Direct Contact Assessment hours combined) at the time of application
3. At least three years of graduate training;
4. Have a Master's Degree by start of internship;
5. Passed the comprehensive or qualifying exam by the application deadline;
6. Approved dissertation proposal by the application deadline; and
7. Prospective psychologists-in-training must have approval to pursue an internship from their program Training Director.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Psychologists-in-training	$53,174	
Annual Stipend/Salary for Half-time Psychologists-in-training	NA	
Program provides access to medical insurance for psychologist-in-training?	☒ Yes	☒ No
If access to medical insurance is provided:		
Trainee contribution to cost required?	☐ Yes	☒ No
Coverage of family member(s) available?	☒ Yes	☐ No
Coverage of legally married partner available?	☒ Yes	☐ No
Coverage of domestic partner available?	☒ Yes	☐ No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	112	

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2021 – 2024	
Total # of psychologists-in-training who were in the 3 cohorts	12	
Total # of psychologists-in-training who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	4	
Federally qualified health center	2	6
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		

STATEMENT OF NONDISCRIMINATION

Woodhull Medical and Mental Health Center is an Equal Opportunity/Affirmative Action Employer and does not discriminate based on an individual's sex, race, color, religion, age, disability, veteran status, national or ethnic origin, sexual orientation, or gender identity or expression.

NEW YORK CITY~ HEALTH AND HOSPITALS CORPORATION
HUMAN RESOURCES
POSITION DESCRIPTION

Position Title: Psychologist-in-Training
No Occupational Group

Title Code:

General Statement of Duties and Responsibilities:

Under direct supervision by a qualified psychologist, without latitude for independent or un-reviewed action or decision, performs work of ordinary professional difficulty and responsibility, in the field of Clinical Psychology.

Examples of Typical Tasks:

- Participates in treatment program by administering psychotherapy, i.e. Individual and group psychotherapy, and interpreting and presenting therapeutic results.
- Administers and scores standard group and individual psychological tests.
- Selects test batteries to be administered.
- Administer, analyzes and interprets test results. Prepares reports of psychological findings for inclusion in clinical case records.
- Consults with psychologists, psychiatrists, physicians, and psychiatric social workers regarding the diagnoses, prognoses, and recommendations for treatment of individual cases.
- Attends and participates in Psychological Services staff meeting, and general staff conferences.
- Maintains suitable records and files of test performances and therapy progress of patients.
- Participates in research by collecting, analyzing, and summarizing data.
- May participate in instruction and/or in-service training in individual areas of expertise, or through presentation of psychodiagnostic and psychotherapeutic case material.

Direct Line of Promotion: None.

DIRECTIONS

760 Broadway Brooklyn, New York 11206
General Information: (718) 963-8000

By Car

From Brooklyn:

Take the Brooklyn-Queens Expressway (BQE) to Flushing Avenue exit. Turn right on Flushing Avenue and go two blocks. Make right onto Franklin Avenue. At the end of the block make left onto Park Avenue. Go straight for one and a half miles. Make left onto Throop Avenue. Parking lot on right hand side of street. Or take the Jackie Robinson (Interboro) Parkway to the Bushwick Avenue exit. Continue to Myrtle Avenue. Make left on Myrtle and go to Throop Ave. Make right on Throop. Hospital and parking lot on the right, immediately past Park Avenue.

From Manhattan:

Take Williamsburg Bridge. After crossing bridge bear right to reach Broadway. Make left onto Broadway. Continue on Broadway for approximately 15-20 lights. Make right onto Sumner Avenue. At next light make right onto Park Avenue. Go one block and make right onto Throop Avenue Parking lot on right hand side of street.

From the Bronx And Queens:

Take Bronx-Whitestone Bridge to the Whitestone Expressway to Grand Central Parkway (GCP). Take the GCP West to the Brooklyn Queens Expressway (BQE). Take the BQE to Flushing Avenue. Continue on Flushing Avenue for about 910 lights and make a right turn onto Broadway and continue as above.

From Staten Island:

Take the Verrazano Bridge to the Brooklyn-Queens Expressway (BQE). Take the BQE to Flushing Avenue exit. Turn right on Flushing Avenue and go two blocks. Make right onto Franklin Avenue. At the end of the block make left onto Park Avenue. Go straight for one and a half miles. Make left onto Throop Avenue. Parking lot on right hand side of street.

By Subway

J or M to Flushing Ave. stop at Broadway
G to Flushing Ave. stop walk down Flushing Ave. to Broadway Hospital at corner L
to Myrtle Avenue and change for the J or M trains, to Flushing Ave, stop

By Bus

No. 15 Bus – New Lots
No. 40 Bus – Ralph Avenue
No. 46 Bus – Utica Avenue
B. 43 Bus - Tompkins Avenue
No. 54 Bus – Myrtle/Wyckoff Avenues
No. 57 Bus – Manhattan Avenue
No. 62 – Bus – Graham Avenue
Q 24 Bus – Bway/Lafay Ave No. 40 Bus
No. 25 Bus – Fulton/Bway No. 46 Bus
No. 26 Bus – Wyckoff/Myrtle No. 10 Bus
No. 38 Bus – Seneca/Myrtle No. 40 Bus
No. 44 Bus – Nostrand/Emmons No. 57 Bus
No. 48 Bus – Meeker/Gardener No. 57 Bus
B. 82 Bus – Penn/Seaview No. 40 Bus No.
52 Bus – Palmetto/St. N No.