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DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

HANDBOOK 2026 - 2027

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Table of Contents

Welcome Message....4
Doctoral Psychology Internship Training....5
Program Overview....5
Benefits....6
Non-Discrimination and Equal Employment....7
The Hospital Settings....8
North Central Bronx Hospital....8
Jacobi Medical Center....8
Training Objectives....9
The Training Experience....10
Jacobi Medical Center....10
North Central Bronx Hospital....11
Psychological Testing....11
Supervision....12
Interns As Supervisors....133
Research....133
Training Curriculum....13
Clinical Seminar....14
Behavioral Health Grand Rounds....14
Didactics....15
Hospital-Wide Trainings....15
Services Descriptions....16
Behavioral Healthcare Services....16
Inpatient Services....16
Outpatient Services....17
Site-Specific Services Descriptions....18
North Central Bronx Hospital....18
NCB Elective Rotations....18

NCB Year-Long Rotation 20
Jacobi Medical Center 21
Jacobi Elective Rotations 21
Jacobi Year-Long Rotations 24
Evaluation Procedure 28
Performance Evaluation 29
Conflict Resolution and Grievance Procedures 32
Intern Grievance Procedure 36
Maintenance of Records 36
Psychology Faculty 37
North Central Bronx Hospital 37
Jacobi Medical Center 38
Directions 39
North Central Bronx Hospital 39
Jacobi Medical Center 40

Welcome!

September 2026

Dear Psychologist-In-Training,

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

Thank you again for joining us.

Sincerely,

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Doctoral Psychology Internship Training
Program Overview

The NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central Bronx program provides a comprehensive Doctoral Psychology Internship Training Program that has been accredited by the Commission on Accreditation of the American Psychological Association* since 1990. We offer 13 internship positions across two training: 6 positions at North Central Bronx Hospital (NCB) and 7 positions at Jacobi Medical Center (Jacobi). The unified program is overseen by a Network Training Director, a Site Training Director, and a Network-wide Training Committee. In addition, our program is academically affiliated with the Albert Einstein College of Medicine (AECOM) and Montefiore Medical Center (MMC).

A Psychology Intern position, called "Psychologist-in-Training" under NYC Health + Hospitals guidelines, is a twelve-month supervised clinical training position for doctoral candidates in Clinical, Counseling, Health, or School Psychology graduate programs. The Doctoral Psychology Internship Program is under the overall direction of the Network Director of Psychology and Psychological Training, in consultation with the Site Director of Psychological Training, along with the Joint Training Committee between Jacobi and NCB. The Directors are responsible for coordinating the clinical rotations, seminars, supervisors and evaluation procedures for the program along with other members of the Joint Training Committee.

The Internship Program at Jacobi and NCB encompasses a Practitioner Model, with a training philosophy to provide interns with an intensive and wide-ranging clinical training experience in a multicultural urban hospital setting. We teach through an Apprenticeship Model that aims to cultivate professional development of psychologist-practitioners proficient in an array of clinical modalities and therapeutic and assessment techniques in both inpatient and outpatient settings. At the end of our training experience, we are confident that our interns will become our trusted colleagues, who will be able to work with patients from different walks of life and address with a wide array of psychiatric issues in a variety of medical and psychiatric settings. They will be able to safely assess a patient, provide comprehensive and patient centered treatment, and refer them to the appropriate level of care seamlessly. Our interns also develop a strong ability to offer the most therapeutic interventions to a patient through a compassionate and trauma-informed lens.

The comprehensive portfolio of psychiatric services and faculty expertise at each site bring a wide range of specialized training and theoretical orientations to the training program. The programs at each site are essentially similar with a shared philosophy of training and similar training experiences. While there are some differences in the structure of the programs and in certain electives, a core emphasis at both sites is the inpatient psychiatry experience where each intern

functions as a primary therapist. It is our belief that an intensive inpatient experience is invaluable regardless of the work trainees choose to do in the future. The experience has a significant impact on sharpening diagnostic and decision-making skills, and leads to greater ease in working with the wide range of human experiences. An additional core emphasis is to integrate this knowledge and expertise in medical areas of the hospital where our resources are few and far between. Interns become ambassadors of Behavioral Health as our services become more needed in the Integrative Medical Model.

Benefits

The NYC Health + Hospitals stipend for Interns (Psychologists-in-Training) is $53,174. The twelve-month training begins the first week of September. The training year includes 12 accrued holidays, 18 accrued vacation days and 10 sick days. Educational events related to training may be attended when approved by the Training Director, with a maximum of 5 events per year.

Interns will receive extensive information concerning their health benefits during orientation, where they can speak directly with an HR representative. All interns are able to select HIP at their primary insurance carrier through the Management Benefits Fund. Other options may be available during the open enrollment process 30 days from your start date. A dental plan is also provided.

As we are a member of NYC Health + Hospitals and academically affiliated with the Albert Einstein College of Medicine (AECOM), training opportunities within these networks are available to interns (e.g., Grand Rounds at Montefiore, Child Rounds at Bronx Psychiatric Center, library at AECOM, conferences/seminars at any of the hospitals in NYC Health + Hospitals, etc.). Interns are provided offices or shared work spaces to utilize throughout the hospital settings. In addition, each are provided personal recorders for audio recording sessions, which will be collected at the end of the training year.

Once Interns are matched with our sites, they will receive an onboarding packet to complete over the summer with directions for medical and security clearance. Interns will work with HR staff at the hospital that will ensure proper processing of their packets. As both JACOBI 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, and a physical exam including drug screening.

NYC Health + Hospitals has a nepotism policy which discourages the hiring of couples, especially if there is a chance they could work on the same service.

Non-Discrimination and Equal Employment

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

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

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

The Hospital Settings

At the NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central Bronx, psychologists play a major clinical, supervisory, and leadership role on all of the psychiatric services, including areas less traditional for psychologists, such as in psychiatric emergency programs. 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.

North Central Bronx Hospital

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 three 24-bed acute inpatient units, a third growing inpatient unit, an adult outpatient mental health service, a Comprehensive Psychiatric Emergency Program satellite site, and a Partial Hospitalization Program (a six-week day program for acutely ill psychiatric patients).

Jacobi Medical Center

Jacobi Medical Center (Jacobi) is 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 adult inpatient units and an adult outpatient service. Our flagship substance use treatment clinic, Comprehensive Addictions Treatment Center (CATC), is an integrated outpatient program with an intensive outpatient program, ancillary withdrawal service, and the newest addition of the opioid treatment program. Other training opportunities available include the Comprehensive Psychiatric Emergency Program, Bariatric Surgery Program, Adult/Pediatric Consultation-Liaison Psychiatry Service, and Pediatric Neurodevelopmental Assessment Service. Outpatient sites are also available in the Adult and Pediatric Comprehensive Services, Psycho-Oncology Service, and the Family Advocacy Program (for children newly identified as being sexually or physically abused).

New York City Health + Hospitals, including Jacobi and North Central Bronx, is committed to a shared mission and set of core values centered on providing high-quality care to all members of the community, with particular attention to populations that have historically been overlooked, underserved, or disenfranchised. In alignment with this mission, the Psychology Internship Program within Jacobi/NCB plays an integral role in advancing the institution's commitment to accessible, comprehensive care.

NYC Health + Hospitals facilities serve as safety-net institutions, providing care to all patients regardless of their ability to pay. As a result, interns have the opportunity to work with a diverse patient population, including individuals who are uninsured or undocumented, alongside experienced clinical staff. Services provided by interns are billed as an extension of the supervising psychologist's clinical services. Please click here to access New York City Health + Hospitals guiding mission and values.

Training Objectives

The primary training objective of the internship is to provide an intensive clinical experience in a multicultural urban institution. The diverse patient population served by the Network provides a unique opportunity for the intern to become attuned to the ethnic, cultural, psychological, biological and economic factors that shape people's lives. 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 on inpatient and outpatient as available.

4. Crisis Intervention - rotations in the Comprehensive Psychiatric Emergency Program and on the Adult/Pediatric Consultation-Liaison Service provide opportunities to learn diagnostic and crisis intervention skills with adults, children, adolescents and their families.

5. Diagnostic and Psychological Assessment – conduct a variety of psychiatric interviews across settings to inform treatment planning, and develop differential diagnosis; in addition, conduct full psychological assessment batteries to a variety of referrals received throughout the hospital setting.

The Training Experience

Jacobi Medical Center

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

Interns are asked to choose two of the following sites for their elective 4-month rotations:

- Comprehensive Addiction Treatment Center
- Adult/Pediatric Consultation-Liaison Service
- Bariatric Surgery Program
- Pediatric Neurodevelopmental Service

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

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

Year-long outpatient placements at Jacobi are available on the Adult/Geriatric Outpatient Service, Psycho-oncology, the Family Advocacy Program or the Adult & Pediatric Comprehensive Services. Additional options become available as services need.

North Central Bronx Hospital

Interns matched with the NCB site spend two four-month rotations on the two of the short-term inpatient units as a therapist carrying up to six patients. They can elect one 4-month rotation on either the Partial Hospitalization Program or the Comprehensive Psychiatric Emergency Program. Throughout the year, interns carry three to four outpatient therapy cases in the Adult Outpatient Psychiatry Department.

Psychological Testing

At both Jacobi and NCB sites, interns are expected to conduct full-battery evaluations over the course of the training year. The total number of batteries will depend on the service need, however at minimum an intern will complete 3 batteries. In addition to conducting the testing itself, the training includes individual supervision with a testing supervisor and ongoing didactic seminars that address a variety of topics related to psychological assessment. The goal of the NYCH+H/Jacobi/NCB Testing Program is to teach interns how psychological testing may be used within a hospital setting to be of immediate and long-term benefit to the patients we treat.

Referrals are submitted from units throughout the hospital, including various inpatient and outpatient services, day treatment programs, and medical units. Referral questions may include estimation of cognitive abilities, clarification of differential diagnoses, explanation of personality

organization and dynamics, or other more specific and individualized questions. Interns may also conduct neuropsychological screening.

The nature of the test battery depends, in part, on the referral question but interns can expect to administer both traditional standard batteries and focal batteries. In addition, interns have access to a large inventory of psychological assessment instruments and scoring software. Assessment at NYCH+H/Jacobi/NCB is viewed as an integrated component of the therapeutic process that helps to elucidate patients' psychiatric symptoms and psychological struggles. Thus, testers strive to provide timely feedback to both patients and referring clinicians that directly addresses their questions and facilitates treatment. Test reports are generally concise and serve as formal documentation of these conclusions.

Supervision

At Jacobi and NCB, supervision is the highlight of the training process.

Each intern is assigned: (a) a primary outpatient supervisor, who supervises the intern on long-term outpatient cases; and (b) a senior staff member to serve as a year-long Mentor, who oversees the intern's overall internship experience. At Jacobi, two different faculty members assume these roles separately. At NCB, one faculty member assumes both roles.

Inpatient supervision is provided by the unit psychologist on the inpatient service to which the intern is assigned. Supervision in diagnostic testing is assigned on a rotational basis. All of these activities are focused on providing interns feedback and consultation on their clinical work and internship experience.

Interns can expect to receive at least 4 hours of supervision per week, two of which are individual. Further breakdown of the supervision hours is as follow:

- Morning/Primary Rotation – 1 hour of weekly individual supervision
- Year-long Rotation (Afternoon Rotation at Jacobi; Outpatient Rotation at NCB) – 1 hour of weekly individual supervision
- Mentor – 1 hour of weekly individual supervision*
- Group Supervision – 1 hour of weekly group supervision
- Clinical Seminar – 1 hour of weekly group supervision + 30-minute meeting with Director
- Testing Supervision – 1 hour of supervision as needed, when working on a testing case
- Multicultural Group Supervision – 1 hour of biweekly supervision, held at each site.
- Research Meetings - with a research team or mentor, as needed for a particular project

Interns As Supervisors

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

Research

Interns from both sites are expected to participate in developing, or contributing to ongoing research, at our hospital settings. As psychologists, our training has afforded us many skills that can advance our practice. Research has become tremendously valuable in a Health Service Psychology setting. Interns will receive guidance and mentorship from faculty members, which include administrative leadership within the Department of Behavioral Healthcare Services. Didactics about conducting research in the hospital as well as differences between Performance and Quality Improvement are offered to all interns.

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

Training Curriculum

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

- Clinical Seminar (Held Tuesdays at NCB, Fridays at JACOBI)
- Behavioral Health Grand Rounds (Held Wednesdays at both sites)
- Didactic Series (Held every Friday)
- NYC Health + Hospitals system-wide trainings are offered throughout the year

Clinical Seminar

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

- An initial intake
- An ongoing Individual Therapy Session
- A Group therapy session
- A Couples or Family Session
- A Testing Case
- A Termination Session

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

Behavioral Health Grand Rounds

Grand Rounds and other Departmental in-services are held regularly within the Department of Behavioral Healthcare Services. They reflect presenters hosted by different disciplines within Behavioral Health, such as Psychology, Psychiatry, Social Work, and Activities Therapy. Topics vary and often aim to provide the department education on new trends and evidence-based practice. Interns are also required to attend quarterly Performance Improvement Meetings in order to gain exposure to program evaluation at the Divisional level.

Grand Rounds and in-services from other hospital departments, and at the other Einstein-affiliated and NYC Health + Hospitals facilities, are also available to interns, including monthly Schwartz Rounds that includes other medical departments onsite. Notifications regarding upcoming presentations or conferences onsite at the hospital, in addition to Grand Rounds are sent out by Behavioral Healthcare Services.

Didactics

Interns at both sites are required to participate in weekly didactics. Psychology Training faculty from both sites and other contributors are invited to provide didactics on a variety of topics to assist Interns in their clinical work. Topics are often geared toward different therapeutic modalities, the client population of the Bronx, and evidence-based practice that will deepen the intern's work throughout the year. A schedule is provided at the beginning of the year and interns are expected to travel to each site to attend. Didactic seminars are held each Friday from 12:30 - 1:30pm at Jacobi and 12:45 - 2:00pm at NCB. Interns can use our shuttle system to travel from site to site. Interns are also asked to evaluate our Didactic presentations.

A current schedule is offered in the Appendix.

Hospital-Wide Trainings

Interns are required to complete trainings as full-time staff members of the Department of Behavioral Healthcare Services, as well as employees of NYC Health + Hospitals. These trainings are offered in a variety of formats. Required trainings are often scheduled during the first month of the Internship Year, while others are offered as refreshers.

Topics may include the following:

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

Services Descriptions

Behavioral Healthcare Services

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

Inpatient Services

The Acute Inpatient Psychiatry Services comprise 3 units at NCB and 4 units at Jacobi. Acute inpatient units are locked, short term units providing treatment for acute psychiatric disorders of patients who are involuntarily or voluntarily admitted, with an average length of stay of two weeks. The major goals of the inpatient service are to provide rapid and thorough assessment, treatment of the presenting mental illness and discharge planning. The units are structured to provide a milieu treatment setting in which both staff and patients participate in the recovery process.

Patients hospitalized at both sites are primarily from economically disadvantaged, ethnically diverse backgrounds, including Vietnamese, Bangladeshi, Albanian, Chinese, and with the majority being African American and Latinx. Diagnostically, a broad spectrum of presenting problems is seen on the unit, including schizophrenic disorders, major affective disorders, substance abuse, and a range of personality disorders. 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, during their stay. Psychotropic medication is provided by an attending psychiatrist or a psychiatric nurse practitioner. Regular therapeutic community meetings are held, facilitated by a staff member or intern.

The intern functions in the role of psychotherapist on a multidisciplinary team which includes psychology, social work, psychiatry, activities therapy, and nursing. The focus of training will be on assessment and short-term therapeutic interventions. Interns each carry a maximum of six 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 unit psychologist provides weekly supervision on the intern's primary therapy cases and is readily available for on-the-spot consultation.

Outpatient Services

Adult 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 Jacobi, outpatient work may take place at Adult Outpatient Behavioral Health Clinic, Adult & Pediatric Comprehensive Services, Family Advocacy Program, Comprehensive Addiction Treatment Center, Pediatric Neurodevelopmental Service, Bariatric Surgery Program, and the Psycho-Oncology Service. At NCB, all outpatient work takes place at the Adult Behavioral Health Outpatient Service. More detailed descriptions of each of these services at the NCB and Jacobi sites can be found in the next sections.

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

The following experiences are available to interns:

1. 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.
2. Individual Therapy - The intern follows patients in long-term outpatient psychotherapy under supervision. Some intakes may evolve into brief therapy cases as well.
3. Family Therapy - Interns have the option of treating one or more families during the year when available.

4. Group Therapy - The intern may lead or co-lead one of several ongoing therapy groups on the service.
5. 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.

Site-Specific Services Descriptions

North Central Bronx Hospital

At NCB, Interns rotate for four months on each of two acute adult inpatient units. Interns also choose a four-month elective rotation on one of the following services: Partial Hospitalization Program or Comprehensive Psychiatric Emergency Program (CPEP). The year-long outpatient rotation service is also described below.

NCB Elective Rotations

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 multidisciplinary team including psychology, psychiatry, social work, and activities therapy, and 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 am to 4:00 pm five days a week for up to six weeks. During this time, they attend a wide range of groups and benefit from the above-listed services. As a continuation of the 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 activities 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.

Comprehensive Psychiatric Emergency Program – Satellite Site

Located near the medical emergency room, the Comprehensive Psychiatric Emergency Program (CPEP) – Satellite Site 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 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 disturbances.

Psychology interns generally 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 CPEP, a mental status exam is conducted. For some patients, psycho-diagnostic or neuropsychological screening instruments are also administered. After evaluation, patients are held in the CPEP for average lengths of stay between 24-72 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. The intern will have the opportunity to provide such services 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
6. Function as primary clinicians under close staff supervision and participate in all aspects of evaluation and treatment.

NCB Year-Long Rotation

Adult Outpatient Service

The Adult Outpatient Department (OPD) is staffed with a multi-disciplinary clinical team consisting of a director, psychiatrists and a psychiatric nurse practitioner, psychologists, social workers, a community health worker and a nurse. Interns conduct intake evaluations, generally carry two to three outpatients, and may have the opportunity to co-lead an outpatient group. Interns may also provide psychological testing to outpatients to address diagnostic questions. The OPD provides treatment services for an ethnically diverse adult population of socioeconomically lower to middle class, under-resourced people, many of whom confront structural racism in their daily lives. Presenting problems range from acute individual or family crises to more chronic problems, including PTSD + complex trauma, anxiety, depression, psychosis, and management of a severe mental illness. Patients may also have co-morbid substance use disorders and / or personality disorders.

The OPD offers different empirically-based treatment modalities, including psychodynamic/ process-oriented treatment, second and third wave treatments, psychoeducational + supportive therapy, and issue-oriented group therapy. Interns will conduct intake assessments for their assigned patients, which provides the opportunity to hone diagnostic skills. Both interns and OPD staff present their intakes at weekly OPD meetings where the interdisciplinary team discusses disposition and the presenter's conceptualization of the patient's presenting issues and areas of focus for treatment. Ongoing challenging cases are presented and discussed in team. When available, the OPD offers the opportunity for Spanish-speaking interns to be supervised in Spanish on their Spanish-speaking patients. The OPD rotation provides an opportunity for interns to develop increased attunement to cultural factors impacting our patients, learn how different disciplines can be resources to patient care, engage with patients who may be ambivalent or fearful of treatment, make autonomous decisions about diagnosis and treatment goals, and identify and manage patient crises. While interns have an assigned supervisor for their OPD patients, all OPD psychologists and members of the OPD team are available for consultation.

Jacobi Medical Center

At Jacobi, Interns complete one 4-month morning rotation on an acute inpatient unit. Interns may request to complete an additional 4-month rotation on the inpatient units subject to approval by the Training Directors and Training Committee. Interns also completes a 1-month morning rotation in the Comprehensive Psychiatric Emergency Program. Elective morning rotations are available in the Comprehensive Addiction Treatment Center, the Adult/Pediatric Consultation-Liaison Service, the Pediatric Neurodevelopmental Service, and the Bariatric Surgery Program. Year-long rotations are available Adult Outpatient Behavioral Health Clinic, Family Advocacy Program, Adult & Pediatric Comprehensive Services, and Psycho-Oncology.

Jacobi Elective Rotations

Comprehensive Addiction Treatment Center (CATC)

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 ancillary withdrawal process 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 will also be able to work on an Addiction Consult team that visits patients in the ED and on Inpatient Medicine.

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 their caseload and is responsible for doing psychiatric assessments which include mental status exams, completing psychosocial evaluations, developing comprehensive treatment plans and managing overall treatment of the patient. As a member of the treatment team, interns attend all clinical rounds and staff meetings.

Comprehensive Psychiatric Emergency Program (CPEP)

The CPEP is a separate, locked, secure unit with the primary function is to provide consultation to patients-both adults and children-in need of acute psychiatric evaluation for up to 72 hours. We are staffed by an interdisciplinary team including psychiatrists, psychologists, social workers, nurses, and trainees, and we serve a diverse patient population with respect to experiences related to race, culture, ethnicity, age, gender with a wide range of psychiatric diagnoses including severe mental illness, substance misuse, and acute stressors. This rotation intends to provide psychologists-in-training in-depth experience with rapid psychiatric assessment, differential diagnosis, medical comorbidities, and psychopharmacology.

Psychologists-in-training serve as primary clinicians within the interdisciplinary team to provide psychiatric evaluation, and have the opportunity learn to develop formulation and disposition plan quickly, present to and consult with supervising psychologist and psychiatrist, coordinate care for their patients. Psychologists-in-training also have the unique opportunity to provide medical students with supervision and didactics. Psychologists-in-Training receive concurrent supervision by the psychologist and psychiatrist on individual cases, weekly supervision with the unit psychologist, as well as case conference with the inpatient psychology team.

Consultation-Liaison Service (C/L)

The C/L 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 their family. Follow-up care typically involves psychodynamic, trauma-informed, supportive, and palliative approaches to psychotherapy, as well as behavioral plan development for patients with limited impulse control. Interns are also responsible for admitting patients to psychiatric inpatient units if needed, once the patient is medically clear.

Pediatric Neurodevelopmental 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 Baily 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 is recognized as a Center of Excellence by the American Society of Metabolic and Bariatric Surgery (ASMBS). Our multidisciplinary team includes surgeons, a certified dietitian, nutritionists, nurse practitioners, and physician assistants. The psychologist in training plays a key role in this team by providing individual and group psychotherapy, conducting psychological evaluations, and serving as a consultant to the medical team.

Patients are typically referred from the general population, many of whom have not previously engaged with psychological professionals. Consequently, the psychologist in training must quickly establish rapport and trust during diagnostic evaluations to ensure appropriate patient care and inform disposition. This role offers the trainee valuable experience in integrating lifestyle medicine with psychology and working closely with professionals from various disciplines.

The trainee will also develop skills in using evaluations as brief interventions to address specific issues. Short-term psychological services are available to patients before and after weight loss surgery, focusing on evidence-based interventions for a range of co-morbid psychological conditions. Additionally, Pre-Op and Post-Op Emotional Support Groups are conducted to assist patients as they undergo bariatric surgery and adjust to necessary lifestyle changes.

The adult population served (18+) is primarily from the Bronx area, typically obese, predominantly female, and primarily identifies as Black and/or Latina. For trainees interested in providing psychotherapy and evaluations in Spanish, supervision in that language is available.

Jacobi Year-Long Rotations

All of the outpatient services described below are staffed by multidisciplinary teams. Jacobi interns must choose one of the following:

Adult/Geriatric Outpatient Service (AOPD)

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.

Adult & Pediatric Comprehensive Services (ACS/PCS)

The ACS and PCS clinics at Jacobi offer integrated primary care to patients living with HIV/AIDS and their families across the lifespan, as well as preventive care including Pre- and Post-Exposure Prophylaxis (PrEP, PEP). The majority of our patients have been connected to and are receiving services from our clinics for an extended period of time, including long-term survivors in ACS and children and young adults who are perinatally infected in PCS, though we also see many patients who are newly infected or otherwise unable to receive stable care previously. We have an amazing team that includes providers from multiple disciplines such as virology, dentistry, obstetrics and

gynecology, psychology and psychiatry, nursing and nursing practice, social work, case coordination, patient navigation, and administration.

This rotation intends to provide psychologists-in-training with an in-depth experience with providing psychological services in a primary care setting to a population directly or indirectly affected by HIV/AIDS. Psychologists-in-training have the opportunity to sharpen skills in individual, couples, family, group, and health behavior modalities for adults, as well as for children and adolescents when available and appropriate on a case-by-case basis. Psychologists-in-training gain experience in assessing and treating varying degrees of mental health presentations, including but not limited to difficulty coping with trauma, interpersonal and personality disorders, substance use disorders, and depressive and/or anxiety disorders, within a health and community psychology frame that focuses on holistic treatment and collaboration with the medical team.

Psychologists-in-training are also exposed to a variety of theoretical orientations, with a particular emphasis on psychodynamic and behaviorally-oriented approaches to assessment and treatment. Psychologists-in-training may elect to participate in ongoing research or take part in the creation of new programs and treatment based on interest as well [Recent projects include a Survivors' Support Group, Men's Support/Process Group, a Mother-Infant Attachment Group, and a Diabetes and Hypertension Psychotherapy Group].

Family Advocacy Program (FAP)

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.

Psychologists in training 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. 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.

Psychologists in training also participate weekly in FAP team meetings, individual and group supervision and should plan to work at least one late evening per week. Psychologists in training are also relied on to collaborate with other members of the team and community stakeholders to clarify broader problems and identify service gaps.

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.

FAP is committed to providing a culturally responsive, nonjudgmental, trauma informed environment where families are treated with respect, compassion and integrity regardless of their ethnicity, faith, gender, socioeconomic and/or immigration status and envision an integral role in creating a community where children and families are safe and healthy.

Psycho-Oncology Service

The alignment of psychology with medicine is critical in treating the whole person. The Psycho-Oncology service provides therapy to patients receiving care in the outpatient oncology service, and is a unique opportunity for interns to train in this growing field. Patients on this service carry a wide range of diagnoses and are in various stages of illness and treatment. Interns on this service will be offering a greatly needed and much appreciated resource, with the goal of helping patients to improve quality of life, maintain a sense of hope and purpose, and reduce distress and despair. Interns provide individual therapy, crisis counseling, and possibly group therapy within this service, become part of a multidisciplinary team, and help shape the role of psychology within a medical department.

Responsibilities will include carrying a caseload of individual patients and interfacing with an interdisciplinary team to provide flexible and compassionate care. Interns will also have the opportunity to participate in cancer committee meetings and weekly oncology team meetings. Interns will receive weekly individual and group supervision for training as well as to provide important emotional support when working with this population. If interested, research opportunities may also arise.



Learning Objectives:

- To conduct comprehensive clinical interviews and mental status exams with particular sensitivity to medical information and level of functioning as it relates to illness
- To provide flexible, compassionate and integrated psychotherapy for patients who present with a wide range of both mental health symptoms and medical diagnoses/stages of treatment
- To be able to reflect on and explore one's own experiences with cancer and impact on patient care, including the willingness to process existential issues for both self and patient
- To be able to communicate effectively and work efficiently within a multidisciplinary team of oncologists, nursing staff, social workers, and support staff

Evaluation Procedure

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

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

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

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

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



Performance Evaluation

Interns are evaluated across the following competencies:

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

Research

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

Ethical and Legal Standards

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

Individual and Cultural Diversity

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

Professional Values, Attitudes, and Behaviors

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

Communication and Interpersonal Skills

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

Assessment

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

Intervention

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

Minimum Level of Achievement for Profession-Wide Competencies

The evaluation process is focused on tracking an intern's ability to demonstrate competence across these areas. The goal of our training is that as an intern progresses through the year, they will begin to show mastery of several skills in each category and growing level of independence, so that they can function with little supervision as a colleague.

Benchmark

The following are the benchmarks the faculty use to assess an interns' progress:

A Advanced - Skills comparable to autonomous practice at the licensure level above and beyond entry level practice.

HI High Intermediate – Skill level comparable to entry level independent practice where consultation/supervision is independently sought out based on case complexity and self-assessment of clinical skill.

I Intermediate – Should remain a focus of supervision. A common rating during the first half of internship.

E Extern Level – Continued intensive supervision is needed. Most common rating for externship. Routine, but intensive, supervision is needed.

R Requires remedial work if trainee is in internship. Expected rating for externs beginning the externship.

NA Not Applicable

GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competence of I or higher for the first and second trimester evaluations to remain in good standing while progressing through the training program. No competency areas will be rated as R or E. If so, a Performance Improvement Plan should be developed immediately and collaboratively with the Training Director, Supervisors, Mentor and Student to determine next steps.

GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS

100% of competency areas will be rated at a level of competence of HI or higher, which denotes a skill level adequate for entry level independent practice as a PhD or PsyD. No competency areas will be rated as I, R, or E. Note: In particular instances, exceptions could be made in particular specialty area rotations that would take a more intensive course of study to achieve this level of

competency and the major supervisor, training director and trainee agree that a level of I is appropriate for that particular rotation, e.g. a neuropsychology rotation for a general track trainee.

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

Conflict Resolution and Grievance Procedures

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

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

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

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

Although the fourth month evaluation is by no means and should not serve as the first moment when clinical or professional concerns are shared and discussed between supervisor and intern, it is a standard point during the internship year when supervisors and interns provide each other with written feedback accompanied by oral feedback and discussion. Interns meet with each of their supervisors to accomplish this. During this meeting, differences between an intern and



his/her supervisor's appraisals may surface and, in most cases, are resolved through discussion. It is hoped that interns and their supervisors establish a working professional relationship such that both positive and constructive feedback can be offered and received, and that such feedback fosters professional growth. A composite evaluation based on each supervisor's individual evaluations is compiled for the intern's file. The Director meets individually with each intern to discuss this evaluation, receive their evaluations of the program and supervisors, and discuss any modification of training and/or the program that are indicated. If an intern disagrees with the evaluation, s/he can offer an objection in writing (room is provided on the form itself).

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

Definition of Problematic Performance and/or Conduct

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

1. Engaging in dual role relationships
2. Violating confidentiality of persons served
3. Not respecting appropriate boundaries
4. Failing to identify and report high risk behaviors of persons served
5. Leaving or being absent from hospital grounds without supervisor's approval
6. Repeated tardiness
7. Failing to acknowledge or correct a problem that has been identified by a supervisor
8. Not adhering to deadlines for written work as delineated by a supervisor and/or program guidelines
9. Plagiarizing or giving your work to someone else to do
10. Treating peers, persons served, and/or supervisors in a disrespectful or unprofessional manner
11. Non-adherence to the NYCH+H/Jacobi/NCB's Policies and procedures. As employees of NYC Health + Hospitals, interns are responsible for adhering to all policies and

procedures, including wearing ID's, providing appropriate documentation in patients' charts and other hospital records, proper signing of time sheets and request for leaves

Due Process in Identifying and Remediating Problematic Performance and/or Conduct

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

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

Progressive Discipline Procedure and Establishment of Performance Improvement Plan (PIP)

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

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

1. Verbal feedback is provided to the intern regarding any issues based on supervisory notes.

2. If unresolved, the intern's supervisor documents in writing the specific nature of the problem behavior and/or deficiency in need of improvement, as well as a proposed Performance Improvement Plan (PIP) with a projected time frame (e.g., one month) at which time the intern's performance/behavior will be reassessed by the supervisor.
3. The Director, mentor, supervisor and intern meet to discuss the concerns and sign off on the PIP. At the agreed upon reassessment date, the supervisor will meet with the intern to discuss the intern's performance/behavior and document the outcome in writing.
4. If the concerns are resolved, no further action(s) will be taken.
5. If the identified concerns persist, the intern's written dispute will be forwarded to the Director and a meeting will be arranged to include all involved parties. The Director will listen to the issues raised and a revised PIP that is consistent with the program's training guidelines will be instituted with a new reassessment date (e.g., one month). All parties will discuss the PIP, agree to implement it, and will sign off on the new PIP. Depending upon the nature of the issue, the Training Director will inform the intern if s/he feels the problem is significant enough to notify the intern's graduate program.
6. If the concerns at this level are resolved by the new reassessment date, the intern's continued progress will be further monitored over the course of the internship year by his/her supervisors and the Director.

Further Steps Should Problems Persist

If the concerns are not observed to be resolved by the new reassessment date, the Director will document the efforts and outcome of attempts to resolve the problem. This step automatically triggers written notification to the Director of the intern's graduate program. Efforts will be made to involve the Director of the intern's graduate program in decisions towards plans to further assist the intern.

The program's decision that the training guidelines have not been followed or goals have not been met may jeopardize the intern's receipt of certificate of successful completion of internship training. Such a decision is made based on a comprehensive review of the intern's record during the course of internship, and will require a majority vote of the Training Committee. If a decision is made to deny the intern certificate of successful completion of internship, s/he will be notified in writing by August 15th and will be provided a written rationale for the basis of this decision. This decision is binding and the Director of the intern's graduate program will also be notified in writing. It is expected that suggested recommendations for further remediation or corrective educational experience beyond the internship training year would be the responsibility of the intern and the graduate program.

Intern Grievance Procedure

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

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

Maintenance of Records

A file is developed for each intern once they are matched to our site. Intern files include their APPIC applications, Onboarding/Hiring packet, Certificates of Completion for required trainings, Performance Evaluations and any correspondence regarding their progress in the program. These files are maintained as individual intern records at each home site in locked cabinets only accessible by the site training directors, until the completion of their internship year. Afterwards, files are collected and stored by the Network Director of Psychological Training in order to scan records electronically. These files are then digitally stored on a shared drive that requires permission from NYC Health + Hospitals IT department to gain access. The Network Director and Site Directors are the only faculty who have access to this drive. In addition, in order to access to the drive one must log in to a desktop, which is password-protected.



Psychology Faculty

North Central Bronx Hospital

Tiffany Rodriguez, PsyD	Network Director of Psychology & Activity Therapy, Network Director of Psychological Training
Frances Alcantara, PhD	Site Director of Psychological Training, Associate Director of Psychology
Ilana Breslau, PhD	Outpatient Mental Health Service, Outpatient Psychology Supervisor, & Director of Continuing Education
Dilarom Demiralay, PhD	Outpatient Mental Health Service
Charlotte Gendron, PhD	Outpatient Mental Health Service, Outpatient Internship Coordinator
Stephanie Hernandez, PsyD	Pediatric Services
Kellie Lee, PhD	Outpatient Mental Health Service
Lucy March, PhD	Inpatient Psychiatry Service, Inpatient Psychology Supervisor
Emily Miller, PhD	Inpatient Psychiatry
Chandrama Mukherjee, PhD	Inpatient Psychiatry, Associate Director of Psychology Externship Training
Bina Westrich, PhD	Partial Hospitalization

Psychology Faculty

Jacobi Medical Center

Tiffany Rodriguez, PsyD	Network Director of Psychology & Activity Therapy, Network Director of Psychological Training
Jared R. McShall, PhD	Site Director of Psychological Training, Associate Director of Psychology
Jacks Cheng, PhD, MSCP	Adult & Pediatric Comprehensive Services
Rachel Czosniak, PsyD	Inpatient Psychiatry
Joshua Dredze, PsyD	Comprehensive Addiction Treatment Center
Aasha Foster-Mahfuz, PhD	Women's Health, EMPOWER Program, Co-Director of Externship Training
Cierra Hernandez, PsyD	Comprehensive Addiction Treatment Center
Jevian Jean Pierre, PsyD	Psycho-Oncology
Sophie Leser, PsyD	Comprehensive Addiction Treatment Center
George Lederer, PsyD	Inpatient Psychiatry
Eliana Lopez, PsyD	Family Advocacy Program
Sam Marcus, PhD	Consultation Liaison Service
Julia Plaxen, PsyD	Inpatient Psychiatry
Whitney Maynor, PhD	Family Advocacy Program
Julia Plaxen, PsyD	Inpatient Psychiatry
Evan Neuwirth, PhD	Consultation Liaison Service
Molly Nozyce, PhD	Director, Pediatric Neurodevelopmental Services
Hyunyoung Ellen Park, PsyD	Adult Outpatient Psychiatry Program
Sidney Perelman, PsyD	Inpatient Psychiatry
Elena Petrovska, PhD	Adult & Pediatric Comprehensive Services
Ramiz Rafailov, PsyD	Adult & Pediatric Comprehensive Services
Mariela Reyes, PhD	Bariatric Surgery, Co-Director of Externship Training
Shayna Rosensweig, PhD	Lifestyle Medicine

Irena Veshtaj, PsyD	Adult Outpatient Psychiatry Program
Li-Wei Kyle Yuan, PsyD	Adult Outpatient Psychiatry Program

Directions

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 Subway

#4 (Woodlawn) 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 $7 each way. For schedule and routine information, call (718) 652-8400.



Directions

Jacobi Medical Center

1400 Pelham Parkway South

Bronx, New York 10461

Jacobi Medical Center is located 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 Medical Center's main entrance. There is onsite paid parking, as well as street parking, available.

By Subway

Take the uptown #5 (Eastchester-Dyer Ave) to Pelham Parkway-Esplanade or #2 (Wakefield-241 St) train to Pelham Parkway-White Plains Rd, then the Bx12 or Bx12-SBS Bus (Eastbound) to Jacobi Medical Center's main entrance.

By Express Bus

MTA operates an Express Bus (BxM10) to Eastchester Road/Pelham Parkway South from several points on the East side of Manhattan. The cost is $7 each way. For schedule and route information, call (718) 994-5500.