Montefiore
THE UNIVERSITY HOSPITAL FOR
ALBERT EINSTEIN COLLEGE OF MEDICINE

Psychology Internship Training Program

Montefiore Medical Center/Albert Einstein College of Medicine

Note: This internship is intended for graduate students who are currently enrolled in APA- or CPA-Accredited Clinical, Counseling, or School Psychology programs and have completed all other requirements for their doctorate degree (PhD, PsyD, and EdD).

Welcome to the Psychology Internship Training Program at Montefiore Medical Center!

Our year-long psychology internship has been accredited by the American Psychological Association (APA) since 1985 and just had a reaccreditation site visit in October of 2012. For more information on the accreditation status of our program, please contact the APA at: American Psychological Association, Commission on Accreditation, 750 First Street, NE, Washington, DC 20002-4242; Phone: 202-336-5979; Web: http://www.apa.org/ed/accreditation

As the academic medical center and University Hospital for Albert Einstein College of Medicine, Montefiore Medical Center is nationally recognized for clinical excellence - breaking new ground in research, training the next generation of healthcare leaders, and delivering science-driven, patient-centered care – all of which has caused it to be ranked among the top hospitals nationally and regionally by U.S. News & World Report.

The Psychology Internship Training Program is housed within the Division of Psychology, which is part of the Department of Psychiatry and Behavioral Sciences at Montefiore Medical Center. Our department has an established reputation for delivering the highest quality clinical care, providing exceptional training opportunities for future psychologists, and is consistently ranked by US News & World Report among the top hospital departments of psychiatry in the nation.

By being housed within the Department of Psychiatry and Behavioral Sciences at a large, academic medical center, our psychology internship training program provides interns with the opportunity to gain exposure to, and collaborate with, experts in virtually every field of medicine - from neurologists to transplant specialists to bariatric surgeons. We also offer cutting-edge elective experiences in areas including: geriatric psychiatry, sleep-wake disorders, marriage education, neuropsychological assessment, an HIV clinic, a managed care company, and many more!

The training sites for the Psychology Internship Training Program are primarily located in or around the Henry and Lucy Moses Hospital, which is on the Moses Campus in the Norwood section of the Bronx (just south of the Westchester County border). For intern candidates who are interested in gaining experience in working with issues of diversity and underprivileged groups, the U.S. Census considers the Bronx to be the most diverse area in the country!

For example, in the Bronx, the majority is Latino (which is unique among the NYC boroughs) and non-English speaking (45% Spanish), and in general there is a 90% chance that any two Bronx residents chosen at random will be of different race/ethnicity. In addition, 28% of the population of the Bronx lives below the poverty line (including 39% of those under age 18). On top of this, many Bronx residents have either been diagnosed with a chronic medical disease such as hypertension (32% of the population), asthma (16% of the population), and diabetes (11% of the population) or have significant risk factors for developing these diseases (e.g., 18% are smokers, 19.5% are former smokers, 29% are obese, and 38% are overweight but not obese).

Thus, while only a 30 minute subway ride from Midtown Manhattan, the Psychology Internship Training Program's location in the Bronx makes it an ideal match for intern candidates who are interested in living and working in New York City, while also gaining experience in working with issues of diversity and underprivileged groups. This includes cross-cultural applications of evidence-based treatments and adjusting evidence-based treatments for patients with comorbid medical conditions and/or multiple psychosocial and environmental stressors (either of which may impact the diagnosis, treatment, and prognosis of their mental health disorders) as well as implementing evidence-based behavioral health treatments for chronic medical diseases (e.g., CBT for smoking cessation, weight management, hypertension, etc.)

Please use the website links at the left to explore the many facets of our Psychology Internship Training Program. If after reviewing the information on our website you have any questions or concerns about our internship and/or clinical rotations, please do not hesitate to contact me.

We at Montefiore are very proud of our Psychology Internship Training Program and our many successful graduates. I hope that you will consider applying to our internship and becoming a part of the Montefiore family, and wish you the best of luck during this important and exciting stage of your career!

Sincerely,

Simon A. Rego, PsyD, ABPP, ACT
Director, Psychology Training

Psychology Internship Training Program Overview

Note: The internship year begins on July 1st and ends on June 30th.

Model, Goal, and Philosophy:

Our psychology internship training program follows a developmental-practitioner-scholar training model. Our goal is to prepare interns for the independent practice of professional psychology that is scientifically-informed. The overarching philosophy supporting this model and goal is that it is the role of the internship to provide a broad set of high quality clinical experiences that are sequential, cumulative, and of graded complexity and based on the specific interests, background, experiences, and professional goals of each intern. We believe that this is best achieved through providing interns exposure to a wide-range of professional activities, in a variety of sites, using a number of different approaches – all of which are informed by clinical science -

and gradually placing the intern in a position of increasing clinical responsibility and autonomy, but with supervision always available and accessible if needed.

Objectives:

Our objective is to produce interns who are competent in a wide-range of professional activities (e.g., psychological assessment and diagnosis, crisis intervention, constructing biopsychosocial formulations, creating evidence-based treatment plans, treating individuals with a variety of psychological and psychosocial problems, implementing various psychotherapies, etc.), who demonstrate initiative in their training experience as they develop their identity as an early career professional psychologist, work in an ethical manner, consider individual and cultural differences and diversity, seek appropriate consultation from other disciplines, can give constructive feedback effectively and respectfully to patients and their family members, as well as to their supervisors, peers, and colleagues, are confident in their ability to make professional decisions independently while also being aware of their limitations, and are able to present/publish their findings in scholarly forums.

In order to achieve these objectives, we have created a range of experiences, which include working in a number of different departments (e.g., psychiatry, neurology, pediatric oncology and hematology, transplant, geriatrics, etc.) and a range of settings (outpatient, inpatient, emergency room, substance abuse treatment program, school, domestic violence program, etc.), while in a variety of different roles (e.g., therapist, consultant, peer, team member), and using different treatment modalities (e.g., individual, couple, family, group, bedside consult, etc.) and theoretical approaches (e.g., CBT, DBT, ACT, PD), and receiving supervision from a variety of professional role models/mentors – all of whom have a commitment to empirically-supported treatments and/or principles.

Specializations

The Psychology Internship Training Program at Montefiore Medical Center offers candidates a choice between two different clinical tracks: an Adult Specialization and a Child and Adolescent Specialization. During the application process, applicants must choose and apply to only one specialization. We place four interns in the Adult specialization and two interns in the Child and Adolescent specialization. Last year (2011), we received 404 applications for these 6 positions. While each of the specializations offers different core and elective rotations, we also ensure that all six interns have shared supervisions, meetings, and curriculum seminars throughout the year.

Below are the core "templates" for the standard rotations in each specialization. It is important to note, however, that these are simply templates, as both specializations offer tremendous flexibility in and around the core rotations. As such, interns in each track are able to customize their internship experience by adding elective rotations (described in the "Clinical Rotations" section) in order to consolidate and expand upon their knowledge, skills, and abilities and meet their individual training needs and goals.

Adult Specialization Template

The Adult Specialization consists of four core rotations that interns move through sequentially throughout the year (note: the order of these rotations will be different for each intern):

- 6-month rotation in the Adult Outpatient Psychiatry Department (AOPD)
  - See approximately 16 patients seen/week, along with co-leading 2 groups
- 4-month rotation on the Adult Psychiatric Inpatient Unit
  - Primary therapist for 3-4 inpatients, co-lead groups, conduct neuropsychological assessments as needed for patients on the unit; primary therapist for 2-3 outpatients
- 1-month rotation in the Psychiatric Observation Suite (POS; our Psychiatric ER)
  - Diagnose, and triage 20-25 patients; primary therapist for 2-3 outpatients
- 1-month rotation in the Addiction Psychiatry Consultation Service in Psychosomatic Medicine
  - Screen, differentially diagnose, and generate written consultation reports for 15-20 patients; conduct 2-3 follow-up visits with each patient during the hospital stay; primary therapist for 2-3 outpatients

CLICK HERE TO VIEW A WEEKLY SCHEDULE OF ONE OF OUR 2012-2013 ADULT TRACK INTERNS

Child and Adolescent Specialization Template

The Child and Adolescent Specialization consists of three core rotations that interns move through simultaneously throughout the year (i.e., during the week interns provide services to all three programs, which are housed in the same location):

- 12-month rotation in the Child Outpatient Psychiatry Department (COPD)
  - 8 patients seen/week, along with 1 family case, 2 groups
- 12-month rotation in the Adolescent Depression and Suicide Program (ADSP)
  - 6 patients seen/week, along with 1 group, DBT Team
- 12-month rotation in the Child and Adolescent Assessment Service
  - 6 comprehensive psychological evaluations

CLICK HERE TO VIEW A WEEKLY SCHEDULE OF ONE OF OUR 2012-2013 CHILD AND ADOLESCENT TRACK INTERNS

Adding Electives to Customize Your Training

As mentioned above, elective rotations can be added to the core rotations based on your specific interests and/or needs. Electives that can be added by interns in either specialization include:

- ACS Family Treatment and Rehabilitation Program
- Behavioral Sleep Medicine Program - Sleep-Wake Disorders Center
- Butler Child Advocacy Center (CAC) Mental Health Team
  Children's Hospital at Montefiore (CHAM) Behavioral Consultation Team
- Geropsychology
- Neuropsychology Assessment Service
- Psychiatry AIDS Connected Ambulatory Program (PACAP)
- Substance Abuse Treatment Program (SATP)/New Directions Recovery Center (NDRC)

- Supporting Healthy Relationships Program
  Transplant Psychiatry Service
  University Behavioral Associates (UBA) Managed Care Company

In addition, interns in the Child and Adolescent Specialization can add as elective rotations the following core rotations from the Adult Specialization:

- Addiction Psychiatry Consultation Service in Psychosomatic Medicine
- Adult Outpatient Psychiatry Department
- Adult Psychiatric Inpatient Unit
- Psychiatric Observation Suite

And, interns in the Adult Specialization can add as elective rotations the following core rotations from the Child and Adolescent Specialization:

- Child Outpatient Psychiatry Department
- Adolescent Depression and Suicide Program

As you can see, there is no limit to the number of ways in which the internship year at Montefiore Medical Center can be customized! And, we're not finished yet! In addition to the choosing which electives to add, interns are also able to structure certain electives into either a one-month (or more) full-time rotation (by reducing or eliminating time from other rotations) or as an addition to their outpatient work (by reducing their outpatient caseloads).

For example, an intern in the adult specialization who has never worked with a geriatric population might choose to add an elective rotation in Geropsycholgy in order to broaden his or her clinical experience before graduating. Even an intern who arrives with a great deal of experience in working with a geriatric population, however, may choose to add an elective rotation in Geropsycholgy – in this case to keep his or her skills sharp and/or to gain experience in working with the elderly in the Bronx and/or with Dr. Gary Kennedy (an internationally-renowned Geriatric Psychiatrist).

In addition, one of these hypothetical interns may choose to add a few geriatric patients during his or her rotation in our adult outpatient psychiatry department for six months, while the other may decide to build an intensive experience working with geriatric patients, which could include providing care at area nursing homes, conducting home visits, and participating in an array of inter-professional seminars and case conferences conducted in collaboration with the training program of the Division of Geriatric Medicine.

SCHOLARLY ACTIVITY

Supervision

At the Psychology Internship Training Program we place great emphasis on supervision. On average, interns in both specializations receive between 5-7 hours of supervision *per week*, 4-5 of which are individual supervision hours and 1-2 of which are group or dyadic supervision hours. As mentioned above, the Psychology Internship Training Program has faculty who are experts in providing supervision in a number of different theoretical approaches (e.g., Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Psychodynamic Psychotherapy, Interpersonal, etc.) and modalities (e.g., individual, couples, family systems, group). Supervision also includes

participating weekly on multidisciplinary treatment teams, as well as reviewing audio and/or videotapes of your sessions or process notes, and being observed behind a two-way mirror.

Didactics

In keeping with the mission of an academic medical center, we place a heavy emphasis on training and education. As such, the department uses Thursday as its academic day. In so doing, interns attend curriculum seminars from 9:00-10:15 and from 1:00-3:00 on Thursdays throughout the year. Some of these seminars are conjointly attended by psychiatry residents and fellows, as well as psychology externs. The curriculum, which is presented by members of the faculty and other invitees, is organized around a number of modules that are directly connected to our goal and objectives, including several lectures on culture and diversity, as well as others on special topics of importance to new professional psychologists. In most years, the curriculum will include:

- General psychiatry
- Emergency management
- Psychopharmacology for psychologists
- General psychopathology
- Psychological testing
- Neuropsychology
- Learning disabilities
- A variety of specific therapeutic approaches, including:
    - Cognitive Behavioral Therapy
    - Dialectical Behavior Therapy
    - Psychoanalytic Therapy
    - Trauma-Focused Therapy for Children
    - Motivational Interviewing
    - Mindfulness Training
    - Acceptance and Commitment Therapy
- Therapy modalities, including:
    - Family Therapy
    - Couples Therapy
    - Marriage/Relationship Education
    - Group and Milieu Therapy for Children
    - Sex Therapy
- Specific disorders and populations, including:
    - Disruptive Behavior Disorders
    - Substance Abuse
    - Geriatrics and End of Life Issues
    - Survivors of Torture
    - Sleep Disorders
    - Headache and Pain
- Careers of psychologists in different settings:
    - Pediatric Consultation/Liaison Psychology
    - Family and Social Medicine
    - AIDS Center
    - Integrated Primary Care Center
    - Transplant Programs
    - School-based Mental Health
    - Forensic Psychology

- Professional development issues:
    - Psychology Licensure
    - Building a Private Practice
    - Ethical Issues
    - Becoming a Supervisor
    - Self-Care and Burnout
    - Dealing Effectively with the Media

CLICK HERE TO VIEW THE 2012-13 CURRICULUM

Interns are also required to attend the weekly Department of Psychiatry Grand Rounds series, which frequently has distinguished invited speakers from across the nation presented on various topics in psychiatry and psychology. Several of these speakers are typically invited for a special, private lunch with the interns immediately following Grand Rounds, and, on occasion, will stay to provide a practical workshop for the interns in place of the afternoon didactics.

CLICK HERE TO VIEW THE 2012-13 GRAND ROUNDS SCHEDULE

On top of all of this, each clinical service to which an intern is assigned has its own weekly case conferences and/or team meetings, which provide our interns with the opportunity to receive consultation with experts and specialists on current clinical cases.

Research

While we do not currently offer a formal research elective, it should be noted that many of faculty are actively engaged in research and often present our interns with opportunities to collaborate on a research project. In some cases, interns have done this on top of their regular activities, while in other cases they have done this by replacing an elective with research time. In addition, each year, interns typically are presented with numerous opportunities to get involved in other scholarly activities with the faculty. These can include: participating in conference presentations and/or invited presentations and collaborating on writing projects such as book chapters, book reviews, journal articles, and even co-authoring a book!

CLICK HERE TO VIEW A SUMMARY (UPDATED YEARLY) OF FACULTY PUBLICATIONS, PRESENTATIONS, AND WORKSHOPS WITH INTERN PARTICIPATION

Major Clinical Rotations

Major Adult Rotations

Adult Outpatient Psychiatry Department (AOPD)
The AOPD is a heterogeneous catchment-area clinic serving over 1,000 outpatients with a variety of psychiatric disorders. Disorders treated in this clinic include various mood and anxiety disorders, personality disorders, psychotic disorders and psychiatric disorders associated with HIV disease. Patients are seen in individual, group or family therapy, and many receive psychopharmacologic treatment as well.

Interns are responsible for all phases of outpatient psychiatric care, including structured assessment, diagnostic and treatment planning, and provision of psychotherapy. All interns are assigned to a treatment team led by an attending psychiatrist, attending psychologist, social workers and psychiatric residents, and receive comprehensive, one-on-one supervision from licensed psychologists with psychodynamic, cognitive behavioral and dialectical behavioral perspectives.

Interns may request supervisors with expertise in a specific theoretical orientation. Otherwise, interns are assigned to a variety of supervisors so that they may be exposed to a range of therapeutic approaches. Interns in the AOPD rotation see patients on a short-term basis but may elect to treat one or two patients for the entire year. Interns also co-lead therapy groups and work as part of a multidisciplinary treatment team.

Adult Psychiatric Inpatient Unit
The Inpatient Psychiatric Unit is a locked 22-bed unit within the general hospital for adult psychiatric patients. This rotation provides an excellent opportunity for interns to be exposed to severe psychopathology, to work within a multi-disciplinary treatment team and to hone their psychological assessment skills.

Psychology Interns serve as primary therapists for patients presenting with a range of affective, psychotic and neuropsychiatric disorders. Interns are responsible for conducting the initial diagnostic evaluation, providing individual and family psychotherapy, and working in close collaboration with the attending psychiatrist and social worker to monitor patients' responses to treatment and formulate disposition plans.

Interns also participate in the unit's group therapy program, as group leaders and peer supervisors. During this rotation, interns have the opportunity to perform brief psychological and neuropsychological assessments and to observe patients with unusual neurological and neuropsychiatric conditions.

This service is also a training unit for psychiatrists, neurologists, social workers, medical students, nurses and art therapists.

Psychiatric Observation Suite (POS) - Psychiatric Emergency Room
The POS—also known as the Psychiatric Emergency Room—is a five-bed crisis intervention service within the general Emergency Department, which is the busiest of all the city's hospitals, and the second-busiest emergency room in the nation!

This rotation introduces interns to patients that are in an acute state of decompensation and distress. Interns learn to quickly diagnose patients, make triage and referral decisions, perform suicide and violence potential assessments, and do crisis intervention. Interns work closely with psychiatrists, nurses and social workers.

Addiction Psychiatry Consultation Service in Psychosomatic Medicine
The Addiction Psychiatry Consultation Service in Psychosomatic Medicine provides consultation liaison services to medically complex patients with admixtures of physical, mental, social and health problems admitted to the general hospital with substance use related-co-morbidity.

During this rotation, interns learn how to screen for addiction problems, differential diagnosis (e.g., delirium versus toxicity), withdrawal management, use of appropriate psychotropic

medications, pain management in the addicted patient, and how to formulate and implement an appropriate treatment plan for patients with co-occurring medical and substance use problems.

Specific evidence-based interventions that are modeled and taught include Motivational Interviewing, Harm Reduction and Relapse Prevention. Interns are part of a busy and visible teaching service team, including Psychiatry Residents, Addiction and Psychosomatic Fellows, and first year medical students and psychology externs, and interact with a range of other disciplines and treatment teams throughout the hospital.

The service averages 80-100 patients per month, and interns typically conduct 10-15 written consultation reports and two-to-three follow-up visits with each patient during the hospital stay.

Major Child and Adolescent Rotations

Child Outpatient Psychiatry Department (COPD)
The Child Outpatient Psychiatry Department treats a heterogeneous group of children and adolescents (ages 4-17) with diagnoses ranging from disruptive behavior disorders, anxiety and depressive disorders, and psychotic disorders to adjustment disorders and learning disabilities.

During this rotation, interns receive intensive training and supervision in psychodynamic psychotherapy, family therapy, cognitive behavior therapy and group therapy. Interns have the opportunity to co-lead both the parenting and child components of the Incredible Years program for treating children with disruptive behavior disorders. Interns also learn how to liaison with schools, foster care agencies, the Committee on Special Education and other relevant organizations.

Adolescent Depression and Suicide Program (ADSP)
The ADSP is a specialty outpatient program serving depressed and suicidal teens (ages 12-19) and their families. Many of these adolescents have experienced significant abuse and have comorbid anxiety, substance-related, personality and disruptive behavior disorders.

During this rotation, interns learn to conduct semi-structured diagnostic interviews and to intervene intensively using dialectical behavior, cognitive behavior, brief psychodynamic and family systems therapies, as well as crisis intervention. Various group therapies are also employed, including parent training and the CBT Coping with Depression course.

Interns also have the opportunity to participate in academic activities, including authoring articles, presenting at conferences, conducting research and leading workshops at local schools regarding adolescent suicide.

Child and Adolescent Assessment Service
The Child and Adolescent Assessment Service helps interns develop proficiency in child/adolescent psychological and neuropsychological testing. At a minimum, interns administer five comprehensive psychological evaluations during the year, with more available for those interested in developing special expertise.

Referral questions typically include assessing for the presence and type of learning disabilities, assessing for the presence of a wide range of diagnoses and the potential need for medication, differential diagnosis, and evaluating the presence of neuropsychological deficits.

Supervision highlights the impact of cultural differences and bilingualism, and employs a developmental framework. Exposure to more traditional instruments, as well as newer, empirically-driven and computerized instruments, is offered. Training in the cross-battery approach to defining learning disabilities is integrated with more conventional theories.

Elective Rotations

ACS Family Treatment and Rehabilitation Program

The Family Treatment and Rehabilitation Program (FT/R) is dedicated to providing comprehensive child-centered, family-focused and strengths based services designed to address the safety and well-being of children and families in the Bronx impacted by a range of challenging family situations, including mental health and/or substance abuse concerns, domestic violence, trauma and poverty. The ultimate goal of the FT/R program is to support families whose children are at-risk for foster care placement. This is accomplished by bringing together formal and informal networks of individuals and agencies that work to support and strengthen families own capacity to meet its needs and nurture and care for their children in their homes. All families accepted into our FT/R program will receive a comprehensive family assessment, intensive case management, ongoing monitoring, and supportive service referrals. This rotation offers a broad array of clinical training opportunities, including opportunities to conduct comprehensive clinical assessments with adults and children, to provide ongoing supportive services to families, and to serve as an integral part of an interdisciplinary FT/R team, committed to maintaining the safety and well-being of children and families in the Bronx.

Behavioral Sleep Medicine Program - Sleep-Wake Disorders Center
The Behavioral Sleep Medicine Program specializes in the diagnosis and treatment of patients that have severe or long standing problems associated with sleep and waking. Interns have the opportunity to participate in the evaluation and treatment of patients that have insomnia, circadian rhythm disorders, nightmares, nocturnal panic disorder, narcolepsy and CPAP compliance difficulties.

Though mostly focused on work with adults, child and adolescent patients are occasionally seen. Interns can also observe polysomnography sleep studies, and are given the opportunity to attend a weekly sleep-wake case conference.

Butler Child Advocacy Center (CAC) Mental Health Team
The Butler CAC Mental Health Team offers interns the opportunity to develop an essential awareness of the field of child abuse prevention and treatment, as well as familiarity with the functioning of child protective services.

Interns will learn about trauma-focused cognitive behavior therapy, an evidence-based model of sexual abuse treatment, as well as therapeutic interventions for traumatic grief and the impact of physical abuse. Interns will work with children, adolescents and their families using a model that makes the non-offending parent or caregiver an integral part of the therapy.

Interns will learn about cases during the fact finding phase, through observation of forensic interviews, conducted by a multidisciplinary team of pediatricians and nurse practitioners, social workers, ACS workers, NYPD detectives (special victims unit) and Assistant District Attorneys. Interns will then be expected to carry cases in the mental health assessment and treatment

phase. The model of intervention is Trauma-focused Cognitive Behavior Therapy. There will also be an opportunity to participate in leading adolescent or parent groups.

Children's Hospital at Montefiore (CHAM) Behavioral Consultation Team
The Behavioral Consultation Team at CHAM gives interns the opportunity to develop an understanding of the ways in which acute and chronic medical illness affect the lives of children and their families, using an ecological developmental model.

Interns will develop skills in the differential diagnosis of psychopathology in medically ill children. Interns create and co-lead outpatient groups for children with chronic illness, participate in individualized and group DBT interventions for patients struggling with adherence to their medical regimen, and liaison with the medical team and provide education about psychosocial issues in the pediatric population.

Interns also provide psychological consultation to children, families and medical teams in the inpatient setting. Interns will work in the department of pediatrics and have the choice to work in an interdisciplinary manner with members of the divisions of nephrology, adolescent medicine, obesity, endocrinology, rheumatology, transplant medicine, infectious disease, hematology and oncology.

Geropsychology
The Geropsychology Program elective offers interns the opportunity to learn about the special needs and challenges of geriatric patients. The geriatric population is faced with mounting health problems, issues relating to death and dying and a decrease in ability for independent living.

Interns interested in working with older psychiatric patients will be assigned cases in the Geriatrics service of the AOPD. If interested, however, interns may also create a more intense elective experience that would include providing care at area nursing homes, conduct home visits, and participating in an array of inter-professional seminars and case conferences conducted in collaboration with the training program of the Division of Geriatric Medicine.

Interns choosing this elective would also have opportunities to work with Holocaust survivors and participate in National Institute of Aging-sponsored research. Supervision is provided by psychologists and psychiatrists with special expertise in this area.

Neuropsychology Assessment Service
The Neuropsychology Assessment Service provides assessment and treatment planning for individuals of all ages in both inpatient and outpatient settings. Interns may participate in assessments as part of their outpatient and/or inpatient rotations. Interns may also have the opportunity to observe brain mapping and Wada (intracarotid sodium amobarbital procedures).

During this rotation, interns develop expertise in the assessment and diagnosis of the cognitive and behavioral effects of various neurological and psychiatric disorders, including traumatic brain injury, dementia, stroke, multiple sclerosis, brain tumors, lupus, epilepsy, learning disabilities and attention deficit disorder.

Psychiatry AIDS Connected Ambulatory Program (PACAP)
The PACAP outpatient treatment services individuals living with HIV/AIDS and comorbid psychiatric disorders. The program also provides services to family members of these patients.

Cases involve a wide range of Axis I and II pathology not limited to health-related concerns, and are treated with a similarly wide range of therapeutic interventions.

Interns have the opportunity to conduct intake assessments, provide individual psychotherapy, and co-lead groups.

Substance Abuse Treatment Program (SATP)/New Directions Recovery Center (NDRC)
The SATP and NDRC are two off-site treatment programs. The SATP treats opioid-dependent patients in a comprehensive methadone maintenance program, and the NDRC treats adults with addictions to other substances in an outpatient setting. Most of these patients are polysubstance abusers, and have comorbid mood and/or anxiety disorders, personality disorders or adjustment difficulties. Many have chronic medical disorders.

During this rotation, interns may be involved in assessment, consultation, individual therapy and group treatment. Interns will learn psychotherapeutic approaches for substance abuse patients in various phases of recovery, from patients who have newly entered treatment to patients who have been abstinent for many years. These psychotherapeutic approaches include motivational interviewing, acceptance and commitment therapy, cognitive behavioral therapy, and psychodynamic therapy.

Supporting Healthy Relationships Program
The Supporting Healthy Relationships Program is a unique opportunity to gain experience working on a federally-funded marriage education research program serving married couples in the South Bronx. This program is designed specifically to enhance relationship skills and strengthen marriages for low-income couples in the greater New York metropolitan area.

The curriculum utilized is John and Julie Gottman's Loving Couples Loving Children, which was shaped by the Gottmans' many years of research on marital functioning. Using a didactic, prevention-based approach, the program teaches relationship skills in a group format.

This rotation offers a broad array of clinical training opportunities, including opportunities to conduct clinical assessments with couples and individuals, co-lead relationship education groups, design and lead groups on topics of intern's choice, provide ongoing supportive services to couples, as well as contribute to marital research/program evaluation projects, as available.

Transplant Psychiatry Service
The Transplant Psychiatry Service provides consultations to all the solid organ transplant teams at the medical center. Psychiatrists, consultation liaison fellows, social workers and psychologists are key participants in the multidisciplinary team that evaluates patients with congestive heart failure, liver diseases and kidney failure.

Psychology interns have the opportunity to work with adult organ transplant patients and their multidisciplinary treatment team. Interns provide both general psychotherapy and behavioral medicine interventions to support the transplant candidate through this process.

University Behavioral Associates (UBA)
UBA is an innovative managed care company founded by the Department of Psychiatry at Montefiore, which delivers behavioral health services to a large population in the Bronx.

Interns in this elective learn about models of managed care, utilization review and reimbursement methodologies. Interns can also elect to rotate at UBA's comprehensive case management program for substance abusing welfare applicants.

Evidence-Based Protocols…and More!

While we pride ourselves on being able to provide intense training and supervision on the most advanced and up-to-date evidence-based treatments, it should be noted that the Psychology Internship Training Program at Montefiore Medical Center does not adhere to one theoretical orientation. In fact, our faculty members represent all of the major schools of psychological thought and are diverse in their backgrounds and training. What unites the faculty is our belief that psychological practice should be scientifically-informed. In addition, we believe that our interns should graduate with a solid understanding of psychological theories and principles, along with strong skills in assessment, conceptualization and formulation – all of which will then guide their selection of specific interventions.

Thus, while many of our faculty members have been actively involved in the development and promulgation of evidence-based treatment protocols, others are strong proponents of adapting these protocols to more complex and challenging populations (i.e., effectiveness), the use of evidence-based *principles* where no protocol exists, and either the integration of various theories of psychotherapy (integrative) or the integration of various techniques into a core theory of psychotherapy (eclectic). In addition, in accordance with our pluralistic approach, we also offer training and supervision in psychodynamic and other therapies that have been critiqued for being under-researched as, in keeping with Fonagy (2006), "the absence of evidence for efficacy is not evidence of ineffectiveness."

We believe that by having a diverse faculty, who are passionate about their interests but also open-minded and accepting of alternate opinions, we can offer interns a stimulating environment in which they check and challenge their preconceived notions of psychopathology and its treatment and, in so doing, can further their professional identity development as they progress through the year.

The following is a sample list of some of the evidence-based protocols that interns can learn as part of their internship training:

- Acceptance and Commitment Therapy-Enhanced Behavior Therapy for Trichotillomania (Woods and Twohig, 2008)
- Behavioral Activation for Depression (Martell et al., 2001; Jacobson et al., 2001)
- Cognitive Behavioral Coping Skills Therapy for Substance Use Disorders (Kadden et al., 1995)
- Cognitive Behavioral Therapy for Child and Adolescent Anxiety Disorders (Kendall, 1994; Kendall et al., 1992)
- Cognitive Behavioral Therapy for Child and Adolescent Depression (Clarke et al., 2001)
- Cognitive Behavioral Therapy for Child and Adolescent Trauma (Cohen et al., 2002; Deblinger & Heflin, 1996; Deblinger et al., 1996)

- Cognitive Behavioral Therapy for Classroom Management (Anhalt et al., 1998; Bahl et al., 2000)
- Cognitive Behavioral Therapy for Eating Disorders (Agras & Apple, 1997; Fairburn, 1985; Fairburn et al., 1993)
- Cognitive Behavioral Therapy for Generalized Anxiety Disorder (Brown & Barlow, 2001; Brown et al., 1994)
- Cognitive Behavioral Therapy for Hypochondriasis (Warwick & Salkovskis, 2001)
- Cognitive Behavioral Therapy for Insomnia (Morin et al., 2006; Lichstein & Morin, 2000)
- Cognitive Behavioral Therapy for Panic Disorder (Barlow & Cerny, 1988; Barlow & Craske, 1994; Craske & Barlow, 2001)
- Cognitive Processing Therapy for Post-Traumatic Stress Disorder (Monson et al., 2006; Chard, 2005; Resick et al., 2002)
- Cognitive Therapy for Major Depressive Disorder (Beck et al., 1979)
- Cognitive Therapy for Obsessive Compulsive Disorder (McGinn & Sanderson, 1999; Salkovskis & Kirk, 1997)
- Cognitive Therapy for Panic Disorder (Clark, 1989)
- Cognitive Therapy for Social Anxiety Disorder (Clark & Wells, 1995; Scholing et al., 1996)
- Comprehensive Cognitive Behavior Therapy for Social Anxiety Disorder (Turk et al., 2001)
- Coping with Depression Course for Adolescent Depression (Clarke et al., 1990)
- Dialectical Behavior Therapy for Borderline Personality Disorder (Linehan et al., 1991; Linehan, 1993a; 1993b)
- Dialectical Behavior Therapy for Suicidal, Self-Injurious Adolescents (Miller et al, 1997; 2004; in press; Rathus & Miller, 2002)
- Exposure and Response Prevention for Obsessive Compulsive Disorder (Foa & Franklin, 2001; Franklin et al., 2002; Kozak & Foa, 1997; Riggs & Foa, 1993)
- Exposure Therapy for Specific Phobias (Bruce & Sanderson, 1998; Craske et al., 1997)
- Group Cognitive Behavioral Therapy for Depression (Lewinsohn, 1974; Lewinsohn et al., 1984)
- Group Skills Training for Posttraumatic Stress Disorder (Resnick & Calhoun, 2001)
- Guided Self-Help for Eating Disorders (Wilson & Pike, 2001)
- Habit Reversal Training for Trichotillomania (Stanley & Mouton, 1996)
- Harm Reduction Therapy for Substance Use Disorders (Tatarsky, 2002)
- Incredible Years Child and Parent Groups for Disruptive Behavior Disorders (Webster-Stratton, 1992; 2001; Patterson & Forgatch, 2005)
- Individual and Group CBT for Child/Adolescent Anger, Aggression, and Externalizing Disorders (Feindler, 1990; Ecton & Feindler, 1990; Feindler & Baker, 2004)
- Interpersonal Therapy for Major Depressive Disorder (Weissman et al., 2000)
- Motivational Enhancement Therapy for Substance Use Disorders (Miller et al., 1994)
- Neuropsychological Educational Approach to Remediation for Psychiatric Patients (Medalia et al. 1998; 2000a; 2000b; 2001; 2002a; 2002b)
- Problem Solving Skills Training for Children and Adolescents (Azrin et al., 2001; Shure, 2001)
- Problem Solving Therapy for Major Depressive Disorder (D'Zurilla et al., 2007; Nezu et al., 1989)
- Prolonged Exposure for Post-Traumatic Stress Disorder (Foa et al., 2004; Foa & Rothbaum, 1998; Padesky et al., 2002)
- Short-Term Psychodynamic Therapy for Major Depressive Disorder (Gabbard & Bennett, 2006)
- Relapse Prevention for Addictive Disorders (Marlatt & Gordon, 1985)
- Transference-Focused Therapy for Borderline Personality Disorder (Doering et al., 2010; Clarkin et al, 2007)

- Twelve Step Facilitation (Nowinski et al., 1995)

Stipend and Benefits

For Internship Year 2013-2014

- Current stipend is $36,000 per year
- 20 vacation days, 12 sick days, and up to 3 conference days
- Comprehensive medical and dental coverage, with a variety of program choices
- Subsidized housing in Montefiore apartment buildings may be available (although apartment size varies and demand currently exceeds supply).
- $15.00 per day to supplement the cost of meals
- Educational resource allowance of $500, which can be used toward purchasing textbooks, software, PDA devices, iPhones, iPads, e-readers, payment of professional society membership dues, etc.
- Interns have their own offices with computers and high-speed Internet access during their outpatient rotations; office space and computers with high-speed Internet access are readily available during all other rotations
- Interns are assigned a Montefiore email address
- Interns are given voicemail-equipped pagers
- Interns have full use of Montefiore and Albert Einstein College of Medicine libraries, including free interlibrary loan and online access to full-text journals and e-books
- Interns have access to our large audio/visual library of psychology training materials and digital audio and video recording equipment

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Application Process

Internship Year 2013-2014
Application Process

Application due date: <u>November 1, 2012</u>

The Psychology Internship Training Program at Montefiore Medical Center is a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). As such, we abide by all APPIC Match Policies.

Applicants for our internship must complete the Association of Psychology Postdoctoral and Internship Centers (APPIC) Application for Psychology Internships Online ("AAPI Online").

The complete AAPI Online must include:

- A brief cover letter indicating whether you are applying to our **adult** specialization or our **child and adolescent** specialization, as applications for these specializations will be considered separately
- AAPI Online

- A current curriculum vitae
- Three letters of recommendation
- Official graduate school transcript(s)

We do **NOT:**

- Require any supplementary materials
  - please do NOT send any additional letters, reports, etc.
- Accept printed application materials!
  - all materials are to be submitted using the AAPI online

Review Process

Applications are reviewed by a team of faculty members from the internship training program. The faculty members consider factors such as practica, externships, and other relevant clinical experiences, scholarly activity, quality of letters of recommendation, GPA, dissertation progress, and personal statement and training goals, as detailed in the AAPI Online essays.

Note: We do not have any minimum practica and academic requirements other than those specified in the APPIC Match Policies.

After all of the applications have been reviewed, a meeting of the reviewers is held to discuss each applicant's application and to determine which of the applicants will be invited for an interview.

Unfortunately, we are only able to invite a limited number of candidates to be interviewed. Applicants who are not selected for interviews will be notified via email on or before **December 15, 2012**, as is specified in the APPIC Directory.

Applicants remaining under consideration will be notified via email and offered an opportunity to visit Montefiore Medical Center on one of several of our interview days, which typically occur early in the month of January.

While an on-site interview is preferred, we recognize that there may be circumstances (e.g., financial, schedule, weather, etc.) that would make visiting in person prohibitive. In these cases, applicants will instead be offered a phone interview. Phone interviews also occur in early January, and will be arranged at a time convenient to both the applicant and interviewer(s).

Interview Day

Our interview day consists of an orientation/overview given by the Director and Associate Director of Psychology Training, followed by several interviews, and concluding with a lunch and site tour with one or more of our current interns.

For telephone interviews, the applicant may be interviewed by one or more of our team of faculty members, either in a conference call, or in a series of separate calls.

In either case, applicants are evaluated independently by each interviewer.

Ranking

After all interviews have been conducted, a meeting is held for all faculty members who conducted interviews. At this meeting, a decision is made concerning whether an applicant should remain under consideration or be eliminated from consideration. Applicants no longer under consideration will be notified via email of this decision.

Applicants remaining under consideration will be rank ordered based on a consensus of the reviewers. Applicants will be ranked on separate lists for the Adult specialization (Match #144312) and for the Child/Adolescent specialization (Match #144313).

Note: Applicants must use these match numbers to identify the specialization when ranking our program.

The Psychology Internship Training Program participates in the APPIC Internship Matching Program. As such, the program submits the rankings electronically to National Matching Services, Inc. by the prescribed deadline.

Additional Policies Governing Intern Selection

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

The Psychology Internship Training Program at Montefiore Medical Center is committed to a policy of equal opportunity in all of its activities, including employment. We make all employment decisions based on the ability and qualifications of the individual applicant to perform the job and, as such, we do not discriminate on the basis of race, color, creed, religion, national or ethnic origin, gender, sexual orientation, gender identity or expression, age, disability, marital status, veteran status, genetic predisposition or carrier status, alienage, citizenship status, or any other legally protected category.

Applications from members of under-represented groups including minorities are especially encouraged to apply.

Internship Directors

Chief of Psychology

Scott Wetzler, PhD, is Vice Chairman and Professor in the Department of Psychiatry and Behavioral Sciences at Montefiore Medical Center and Albert Einstein College of Medicine. He also serves as Chief Operating Officer of University Behavioral Associates, and Executive Director of several substance abuse case management programs, a marriage education program, a family treatment and rehabilitation program, and a home health aide employment and training program.

Dr. Wetzler has published more than 100 articles and book chapters, and is the author of five books. His areas of research have focused on aggression dysregulation, anxiety and mood disorders, personality disorders, substance abuse, and the economics of behavioral care.

In addition to his scholarly activities, Dr. Wetzler has written two books for the general public on relationship topics: *Living With the Passive-Aggressive Man* (1992), published by Simon & Schuster and translated into German, Russian, Czech, Greek, Chinese and Japanese, and *Is It You or Is It Me? How We Turn Our Feelings Inside Out and Blame Each Other* (1998), with Diane Cole, published by HarperCollins and, translated into Norwegian.

Dr. Wetzler has appeared on numerous TV and radio shows, including 20/20 and a recurring role on The View. He recently testified at Congress on the topic of substance abuse.

Director of Psychology Training

Simon A. Rego, PsyD, ABPP, ACT, is a Supervising Psychologist in the Adult Outpatient Psychiatry Department at Montefiore Medical Center and an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Albert Einstein College of Medicine.

He also serves as Director of the Cognitive Behavior Therapy Training Program at Montefiore, and is a consultant to both the Institutional Review Board of the Biomedical Research Alliance of New York and the Sleep-Wake Disorders Center at Montefiore.

Dr. Rego completed his first two postdoctoral years at the University of Pennsylvania's Center for the Treatment and Study of Anxiety, directed by Dr. Edna Foa, an internationally renowned expert in the treatment of anxiety disorders and creator of Prolonged Exposure therapy for post-traumatic stress disorder and exposure and ritual prevention therapy for obsessive-compulsive disorder.

His clinical expertise is in the cognitive-behavioral assessment and treatment of anxiety, mood, sleep and body focused repetitive disorders, and his research interests include effectiveness and dissemination of cognitive behavioral treatments, utilizing cognitive behavioral therapy for diverse populations and the design and implementation of cognitive behavioral training programs.

Dr. Rego is board certified in cognitive behavioral psychology by the American Board of Professional Psychology and certified as a qualified cognitive behavior therapist by the Canadian Association of Cognitive and Behavioral Therapies. He is also a Fellow of the American Academy of Cognitive and Behavioral Psychology and a both a Diplomate and Fellow of the Academy of Cognitive Therapy.

Dr. Rego has authored numerous journal articles and book chapters on topics including panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, hoarding, insomnia, depression, trichotillomania, stress management, and the use of evidence-based psychotherapies in training and practice. He is currently completing books on the treatment of OCD and Panic Disorder and Agoraphobia.

Dr. Rego is Editor of the Trauma Psychology News, a former section editor for The Clinical Psychologist, and a former Editorial Advisory Board member of Moodletter.com. He is ad hoc reviewer for several journals, including American Journal of Psychotherapy, Cognitive & Behavioral Practice, Current Psychiatry, Journal of Contemporary Psychotherapy, Journal of Nervous and Mental Disease.

Dr. Rego is listed in the Who's Who in America, the Who's Who in Medical Sciences Education and the Who's Who Among Executives, Professionals and Entrepreneurs. He was the recipient of the 2008 Virginia Staudt Sexton Award for Distinguished Early Career Psychologists by the New York State Psychological Association.

Dr. Rego is a founding member of the New York City Cognitive Behavioral Therapy Association (NYC-CBT), a member of the Board of Directors of the Anxiety Disorders Association of America and holds leadership positions in the Association for Behavioral and Cognitive Therapies and the Academy of Cognitive Therapy.

He has made television appearances on MSNBC's *Dylan Ratigan Show*, CNN's *American Morning*, ABC's *Good Morning America*, CBS's *Eye on New York*, ABC's *Eyewitness News* and Animal Planet's *Confessions: Animal Hoarding*. He has also been quoted as an expert in many national media outlets including, *The New York Times, USA Today, Forbes, The Financial Times of London, The Toronto Star, CNN.com, ABC News.com, MSNBC.com, WebMD.com, WeightWatchers.com, HealthDay.com, Smart Money Magazine, Woman's Day, Woman's World, Family Circle Magazine*.

Alec L. Miller, PsyD, is a Professor of Clinical Psychiatry and Behavioral Sciences, and Chief of Child and Adolescent Psychology in the Department of Psychiatry and Behavioral Sciences at Montefiore Medical Center and Albert Einstein College of Medicine . He also serves as Director of the Adolescent Depression and Suicide Program and Director of Mental Health Services at PS 8 School-Based Health Program.

Dr. Miller has become internationally known in the areas of adolescent suicidology, non-suicidal self-injury, borderline personality disorder and *Dialectical Behavior Therapy* (DBT). Since 1995, he has headed a clinical research team adapting DBT for outpatient suicidal multi-problem adolescents, as well as contributing to the adaptation of DBT for other populations and settings.

He has received federal, state and private funding for his research and has been an invited member of the *National Institute of Mental Health* (NIMH) consensus meetings regarding adolescent suicide. Dr. Miller has authored or co-authored more than 60 journal articles and book chapters, and is first author of a book, titled *Dialectical Behavior Therapy with Suicidal Adolescents* (2007), published by Guilford Press.

Upon invitation by the American Psychological Association (APA), Dr. Miller developed a psychotherapy training video titled, *DBT for Multi-Problem Adolescents* (2007). In addition, he co-authored a book titled *Childhood Maltreatment, Advances in Psychotherapy-Evidence- Based Practice* (2006). He is in the process of co-authoring two books involving DBT skills training with adolescents in various settings including schools.

Among his numerous awards and honors, Dr. Miller was nominated to be a Fellow of the APA , in both Division 12 (Clinical Psychology) and Division 53 (Clinical Child and Adolescent Psychology). He has served on the Board of Directors of APA, Division 12, and is P ast P resident of the Clinical Emergencies and Crises section.

Dr. Miller also served as the 2007 Division 12 Program Chair of the APA Convention. In 2002, he received the Service Award from the International Society for the Improvement and Training of DBT (ISITDBT), served as the ISITDBT Conference Chair in 2005 and 2006, and currently serves on its Executive Board.

In 2008, Dr. Miller received the Lauretta Bender Honored Lecturer Award. He is an invited member of the International Academy for Suicide Research, a past consultant on the FDA's Suicide Classification Project and past Associate Editor of the journal, *Cognitive and Behavioral Practice*. He is also a founding member of the New York City Cognitive Behavioral Therapy Association (NYC-CBT).

Dr. Miller became a DBT trainer in 1997 and has conducted over 300 lectures and workshops around the world to both lay and professional audiences. He is currently the lead trainer, supervisor and co-investigator of the first randomized trial of adolescent DBT which is being conducted in Oslo, Norway. He is a consultant to numerous DBT research studies internationally as well as to four school districts in Westchester County that have begun implementing DBT in their schools. In addition, Dr. Miller is a School Board Trustee of the IDEAL School in New York City.

As a clinician, Dr. Miller is a practitioner of CBT and DBT and treats adults, adolescents, couples and families at Cognitive and Behavioral Consultants of Westchester, LLP, a private group practice in White Plains, New York. His clinical expertise has been highlighted by various media outlets, including *The New York Times, CNN, ABC News, CBS TV, MSNBC, PBS TV, Teen People Magazine, Redbook, WebMD, The Associated Press.*

Internship Faculty: Training Supervisors, Other Agency/Institution Supervisors, and Other Contributors

Scott Wetzler, PhD
Simon Rego, PsyD, ABPP
Alec Miller, PsyD
Heather Smith, PhD
Dena Klein, PhD
Jenny Seham, PhD
Bryan Freilich, PsyD, ABPP
Sharon Spitzer, PsyD
Brenda Chabon, PhD
Emma Arons, PsyD
Laurie Gallo, PhD
Loren Soeiro, PhD
Claudia Burger, PhD
Shelby Harris, PsyD, CBSM
Samantha Lutz, PhD

Meredith Townes, PsyD
Nicole Cox, PsyD
Joanna Ball, PhD
Rachel Sheffet, PsyD
Arthur Swanson, PhD
Michelle Blackmore, PhD
Donald A. Bux Jr., PhD
Susan Davis, PhD
Jennifer Egert, PhD
Anita Jose, PhD
Ali Khadivi, PhD
Mark Finn, PhD
Vaia Tsolas, PhD
David Masur, PhD
Dawn Buse, PhD

Paul Jayson, MD
Charles Ramesar, MD
Bernard Wyszynski, MD
Richard Catanzaro, MD
Dara Kolodner, MD
Brad Foote, MD
Ana Ozdoba, MD
Nelly Katsnelson, MD
Gary Kennedy, MD
Alessandra Scalmati, MD
Paula Marcus, MD
Carol Hnetila, DO
Lynne Tan, MD
Ruben Gonzalez, MD
Gregory Asnis, MD

Laura Frame, PhD	Elizabeth Wagner, PhD	Aimee Ryan, MD
Tracy Gard, PhD	Maile O'Hara, PhD	Andrea Weiss, MD
Katherine Mitchell, PsyD	Sarah Church, PhD	Eric Hollander, MD
Vicky Brady, PsyD	**Miguelina German, PhD**	Judith Berenson, LCSW
Yael Levin, PhD	Rebecca Schrag, PhD	Margaret Dunlevy, LCSW
Rebecca Hashim, PhD	Leslie Cunningham, PhD	Rosalind Cohen, LCSW

Bold = Former intern

Select Faculty Publications

Joanna Ball, PhD
Assistant Professor of Psychiatry and Behavioral Sciences

Ball, J., Pelton, J., Forehand, R., Long, N., & Wallace, S. Methodological overview of the Parents Matter Program. Special Edition: Journal of Child and Family Studies, 13, 21-34, 2004.

Ball, J., Armistead, L., & Austin, B. The relationship between religiosity and adjustment among African-American, female, urban adolescents. Journal of Adolescence, 26, 431-446, 2003.

Barber, C.N., Ball, J., & Armistead, L. Parent-adolescent relationship and adolescent psychological functioning among African-American adolescents: Self-esteem as a mediator. Journal of Child and Family Studies, 12, 361-374, 2003.

Ball, J., Tannenbaum, L., Armistead, L., Maguen, S., & The Family Health Project Research Group. Coping and HIV infection among African-American women. Women and Health, 35, 17-36, 2002.

Ball, J., Jurkovic, G., Barber, C.N., Fasulo, S., Armistead, L., Koon, R., & Zucker, M. The relationship between community violence exposure and psychological distress in incarcerated male adolescents: Family factors as moderators. The Journal of Aggression, Maltreatment, and Trauma, in press.

Miller, A., Fasulo, S., Ball, J., Jurkovic, G.. Adapting DBT for incarcerated adolescents with complex trauma: Lessons learned from the trenches. American Journal of Psychotherapy, in press.

Brenda Chabon, PhD
Associate Professor of Psychiatry and Behavioral Sciences

Nicolson, S. E., Chabon, B. (2011) Primitive reflexes associated with delirium: A prospective trial," for publication in Psychosomatics (in Press)

Ernst, M, Piazza Waggoner, C., Chabon, B., Murphy, M.K., Nirenberg, B. (2011) Hospital-based Consultation and Liaison Service. In Christine M. Hunter, Christopher L. Hunter and Rodger

Kessler et al Eds. Handbook of Clinical Psychology in Medical Settings: Evidence-Based Assessment and Intervention. New York, NY Sfpringer.f

Murphy, M., Chabon, B., Nicolson, S.E., Delgado, A., Newville, H (2009). Development of a Substance Abuse Consultation and Referral Service in an Academic Medical Center: Challenges, Achievements and Dissemination, Journal of Clinical Psychology in Medical Settings ;16(1):77-86. Epub 2009 Feb 15. PMID: 19219627

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Borus, M.J., Mann, T., and Chabon, B. (1999). Amphetamine use and its correlates among youths living with HIV. AIDS Education and Prevention. 11(3), 232-42.

Rotheram-Borus, M.J., Murphy, D.A., Swendeman, D., Chao, B., Chabon, B., Zhou, S., and Birnbaum, J. (1999). Substance use and its relationship to depression, anxiety, and isolation among youth living with HIV. International Journal of Behavioral Medicine. 6(4), 293-311. PMID: 16250672

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Chabon, B. and Robbins, C. (1986). Cognitive distortions among depressed and suicidal drug abusers. International Journal of the Addictions. 21, 1313-1329.

Sarah Church, PhD
Assistant Professor of Psychiatry and Behavioral Sciences

Carpenter, K.M., Schreiber, E., Church, S., and McDowell, D. (2006) Drug Stroop Performance: Relationships with primary substance of use and treatment outcome in a drug-dependent outpatient sample. Addictive Behaviors. 31: 174-181.

Sullivan M.A., Rothenberg J.L., Suzanne Vosburg, S.K., Church S.H., Feldman, S.J., Epstein, E.M., Kleber, H.D. and Nunes E.V. (2006) Predictors of retention in naltrexone maintenance for opioid dependence: Analysis of stage I trial. American Journal of Addiction; 15 (2), 150-159.

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Church, S.H., Rothenberg, J.L., Sullivan, M.A., Bornstein, G., and Nunes, E.V. (2001) Concurrent substance use and outcome in combined behavioral and naltrexone therapy for opiate dependence, American Journal of Drug and Alcohol Abuse. 27(3): 441-452.

Church, S.H. (2000). Cocaine abuse in the new millennium: We haven't seen the last of this epidemic. [Review of the book Cocaine Abuse: Behavior, Pharmacology, and Clinical Applications] Contemporary Psychology, 54, 449-451.

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Laura Frame, PhD
Marriage Education

Osterhout, R. E., Frame, L. E., & Johnson, M. D. (in press). Maladaptive attributions and dyadic behavior are associated in engaged couples. Journal of Social and Clinical Psychology.

Mattson, R. E., Frame, L. E., & Johnson, M. D. (2010). Premarital affect as a predictor of post-nuptial marital satisfaction. Personal Relationships. Advance online publication. doi: 10.111/j.1475-6811.2010.01315.x

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Bryan Freilich, PhD, ABPP
Assistant Professor of Psychiatry and Behavioral Sciences

Medalia, A, Thysen, J., & Freilich, B. (2008). Do people with schizophrenia who have objective cognitive impairment identify cognitive deficits on a self report measure? Schizophrenia Research, 105, 156-164.

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Tracy Gard, PhD
Assistant Professor of Psychiatry and Behavioral Sciences

Santiago-Rivera, A., Gard, T. The importance of achievement, intimacy, autonomy, and life events among first year college students, Journal of College Student Psychotherapy, 13, 57-73, 1999.

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Miguelina Germán, PhD
Psychologist, Healthy Steps at Montefiore

Gonzales, N.A.,Germán, M., & Fabrett, F. C. (in press). U.S. Latino Youth. In E.C. Chang & C.A. Downey (Eds.) Mental Health Across Racial Groups: Lifespan Perspectives. New York, NY: Springer Publishing Company.

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Carpentier, F.D., Mauricio, A.M., Gonzales, N.A., Millsap, R.E., Meza, C.M., Dumka, L.E., & Germán, M., Genalo, M.T. (2007). Engaging Mexican Origin Families in a School-Based Preventive Intervention. Journal of Primary Prevention. Journal of Primary Prevention, 28 (6), 521-546.

Gonzales, N.A., Dumka, L.E., Mauricio, A.M., & Germán, M. (2007). Building bridges: Strategies to promote academic and psychological resilience for adolescents of Mexican origin. In J.E. Lansford, K. Deater-Deckard, & M.H. Bornstein (Eds.), Immigrant Families in Contemporary Society (pp. 268-286). New York, NY: Guilford Press

Shelby Freedman Harris, PsyD, CBSM
Assistant Professor, Departments of Neurology and Psychiatry

Harris, S.F., Thorpy, M. (in preparation). Hypersomnias. Neurologic Clinics.

Ahmed, I., Thorpy, M., Harris, S.F. (in preparation). Differential Diagnosis of Hypersomnia. Sleep Medicine Clinics.

Harris, S.F., Monderer, R. (in press). Insomnia Due to a Mental Disorder. In C. Kushida (Ed.). Encyclopedia of Sleep. Elsevier, Inc., USA.

Harris, S.F., Thorpy, M. (in press). Diagnosis and Treatment of Parasomnias. In. T. Barkoukis and A. Avidon (eds.). Review of Sleep Medicine, 3rd edition.

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Harris, S.F., Thorpy, M. (2010). Behavioral and Psychiatric Treatment of Parasomnias. In M. Thorpy & Plazzi, G. (eds). The Parasomnias and Other Sleep-Related Movement Disorders. Cambridge University Press.

Monderer, R., Harris, S.F. (2009). Non-pharmacological treatment for narcolepsy. In M. Thorpy, M. Goswami & Pandi-Perumal, S.R. (eds). Narcolepsy: A Clinical Guide. NJ: Humana Press.

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Competence…and Confidence!

In sum, our objectives focus on helping our interns to develop competence in a variety of assessment and therapy skills. As such, during their training, our interns receive intensive supervision on a wide range of assessment and treatment skills, in a number of different clinical settings, using a variety of treatment modalities. These include:

Assessment Skills

- Psychopathological Diagnosis
- Personality Assessment
- Neuropsychological Assessment
- Suicide/Violence Risk Assessment
- Educational/Learning Disability Testing
- Child Abuse Reporting

Treatment Skills

- Cognitive Behavior Therapy
- Dialectical Behavior Therapy
- Psychodynamic Psychotherapy
- Acceptance and Commitment Therapy
- Crisis Intervention
- Motivational Interviewing
- Family Systems
- Cognitive Remediation

Modalities

- Individual
- Family/Couples
- Group
- Multi-family Group
- Consultation/Liaison
- Parent Training

Thus, by the time they graduate, our interns are highly competent in their ability to manage all aspects of clinical care, from assessment and diagnosis to formulation and treatment to crisis management and risk assessment. In addition, they function with high competence in both inpatient and outpatient treatment settings, are comfortable dealing with suicidality, violence, psychosis, and drug addiction, and have a deeper understanding of psychopharmacological and medical issues and how to effectively share care with other disciplines.

As such, by the time they graduate, our interns report that they are highly confident that their skills will allow them to perform effectively in their next position; that they can work collaboratively with health care professionals from other disciplines and participate effectively on interprofessional health care teams; they will stay informed about advances in psychology; they will actively participate in professional organizations; and perhaps most importantly, that they have all the relevant background and knowledge to prepare them effectively for the state licensing examination.

Current Interns and Program Graduates

Academic Year	Track	Name	Graduate School
2011-12	Adult	Jasmine Hudepohl	University of North Carolina - Chapel Hill
	Adult	Victoria Popick	LaSalle University
	Adult	Yael Levin	Yale University
	Adult	Rebecca Greif	Rutgers University
	Child	John Guerry	University of North Carolina - Chapel Hill
	Child	Victoria Taylor	Northwestern University
2010-11	Adult	Jolie Weingeroff	Boston University
	Adult	Sarah Uzenoff	University of North Carolina - Chapel Hill
	Adult	Shari Mintz	Temple University
	Adult	Amy Lehrner	University of Illinois at Urbana-Champaign
	Child	Alix Sarubbi	LaSalle University
	Child	Elizabeth Gellman	Yeshiva University
2009-10	Adult	Nuwan Jayawickreme	University of Pennsylvania
	Adult	Anita Jose	State University of New York - Stony Brook
	Adult	Meredith Perlman	Yeshiva University
	Adult	Alexandra Garcia-Mansilla	Fordham University
	Child	Rebecca Hashim	Fairleigh Dickinson University
	Child	Sameena Groves	Fairleigh Dickinson University
2008-09	Adult	Michelle Blackmore	Temple University
	Adult	Patrick Brown	Washington University - St. Louis
	Adult	Laura Pratchett	Pacific Graduate School of Psychology - Stanford
	Adult	Kimberly Van Orden	Florida State University
	Child	Miguelina German	Arizona State University
	Child	Julie Ryan	State University of New York - Albany
2007-08	Adult	Stella Bitran	Boston University
	Adult	Ilyse Dobrow DiMarco	Rutgers University
	Adult	Luke Schultz	Temple University
	Adult	Jamie Schumpf	Yeshiva University

	Child	Dena Klein	Rutgers University
	Child	Emily Preheim DuPre	Loyola University Chicago
2006-07	Adult	Sharon Cohan-Sung	University of California – San Diego
	Adult	Melissa Gartenberg	Rutgers University
	Adult	David Pressman	Columbia University
	Adult	Erica Woodin	State University of New York – Stony Brook
	Child	Samuel Fasulo	Georgia State University
	Child	Emily Israel	Yeshiva University
2005-06	Adult	Shelby Harris	Yeshiva University
	Adult	Elyssa Kushner	LaSalle University
	Adult	Kore Nissenson	Rutgers University
	Adult	David Yusko	Rutgers University
	Child	Nira Golombeck	St. John's University
	Child	Deborah Neft	Rutgers University
2004-05	Adult	Michael Maher	Rutgers University
	Adult	Vaia Tsolas	Adelphi University
	Adult	Colleen Jacobsen	Fordham University
	Adult	Elana Kun	Long Island
	Child	Carrie Spindel	Yeshiva University
	Child	Jennifer Muehlenkamp	Northern Illinois University
	Neuro	Giselle Braganza	Catholic University of America

Frequently Asked Questions

How many applications do you receive?

Last year, we received 406 applications for our 6 slots.

How many applications do you interview and how do you decide?

We typically select approximately 25 applicants to be interviewed in each of the specializations. Selections are made based on a review of the application materials. We recognize that there are many, many excellent applicants that are not invited for an interview.

We are committed to a policy of equal opportunity and make all employment decisions based on the ability and qualifications of the individual applicant to perform the job and, as such, we do not discriminate on the basis of race, color, creed, religion, national or ethnic origin, gender, sexual orientation, gender identity or expression, age, disability, marital status, veteran status, genetic predisposition or carrier status, alienage, citizenship status, or any other legally protected category. Applications from members of under-represented groups including minorities are especially *encouraged* to apply**.**

Where are you located?

The training sites for the Psychology Internship Training Program are primarily located in or around Montefiore Medical Center's Henry and Lucy Moses Hospital, which is on the Moses

Campus in the Norwood section of the Bronx (just south of the Westchester County border). Contrary to the Bronx's reputation in movies, our neighborhood is beautiful, historic, and quite safe. In fact, we are adjacent to Van Cortlandt Park, the fourth largest park in New York City! We are easily accessible by car (parking is available at a cost), subway (just a 30 minute subway ride from Midtown Manhattan) and express bus.

What job benefits are offered?

In addition to the stipend of $36,000, interns receive full medical and dental benefits with a range of choices, as well as 20 vacation days, 12 sick days, and up to 3 conference days. Interns also receive $15.00 per day to supplement the cost of meals, subsidized housing (not guaranteed), and a $500 educational allowance that can be used toward textbooks, membership dues, software, PDAs, iPads, e-readers, etc.

Do you accept half-time interns for a two-year program?

Yes, but only under extraordinary circumstances and this is not typical. In addition, since there are few such applicants, we need to make special arrangements. Therefore, candidates wishing to pursue this option may not be considered within the computerized match and should mention this during their interviews here.

Are the current interns satisfied with the program?

When you are invited for an interview, you will have an opportunity to speak with our current interns about their experiences here, and to follow up with them at a later time. We ask our interns to formally evaluate the program at the end of the year across all areas (supervision, rotations, didactics, etc.) and our interns uniformly rate our training program as excellent and report being very satisfied. They frequently comment on being particularly impressed by the high quality of supervision, the intensity of the clinical training and the flexibility of the training program to meet their specific professional development needs.

Are child/adolescent track interns allowed to treat adult patients, and are adult track interns allowed to treat children and adolescents?

Yes. Interns essentially create their own roster of patients from among the entire list of ambulatory clinics.

Are child/adolescent track interns allowed to do an inpatient or psychiatric emergency room rotation?

Yes. However, since the inpatient rotation requires a nearly full-time commitment, the intern's outpatient case load would need to be significantly reduced during that time. Thus, these rotations would occur at the end of the year to avoid unnecessary interruptions in the treatment of outpatients.

Are interns able to treat outpatients during their inpatient or psychiatric emergency room rotations?

Yes. Interns will have time to treat two or three outpatients during those rotations.

Can interns continue to treat patients who they have been seeing during their graduate training?

It is possible, however, these patients would need to be registered in our outpatient clinics based on their insurance and geographic eligibility, and be seen on-site. Our clinics accept only certain insurances, and have a sliding scale policy for self-pay patients.

Do interns have an opportunity to participate in research?

Yes. The psychology faculty at Montefiore has an active research program in anxiety and depression, personality disorders, behavioral health services utilization, psychological assessment using self-report tests, cognitive behavior therapy, dialectical behavior therapy, adolescent suicide, and neuropsychology and cognitive remediation.

Interns have historically participated in all aspects of research from study design and literature review, to subject recruitment and data collection, to data analysis and dissemination of findings. Interns frequently present data at scientific conferences, and have served as first authors and co-authors on numerous scholarly papers and book chapters. For a summary of the faculty publications, presentations, and workshops on which previous interns have participated, click here.

Do interns have access to computers and the Internet?

Yes. Every office has a computer with high-speed internet access and all interns are assigned a hospital email address. The Department of Psychiatry uses an electronic medical record and interns are expected to record all progress notes and treatment plans electronically.

Do interns succeed in finding employment after the internship year?

Yes. Although the job market is highly competitive, graduates of the Montefiore internship have an excellent track record of finding initial employment. Many graduates are recruited into clinical and research staff positions at Montefiore or its affiliated institutions.

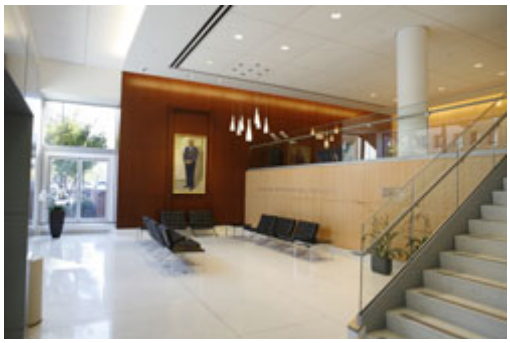
Our interns are marketable, in part, because they have developed special clinical skills (i.e., neuropsychological assessment, cognitive behavior therapy, dialectical behavior therapy) and worked with unique populations (suicidal adolescents, AIDS patients, anxiety and depressed patients, and substance abusers).

Here is a sample of positions that our recent graduates have taken:

- Research scientist positions at New York State Psychiatric Institute and at New York University Child Study Center (with Marylene Cloitre, PhD, a former Montefiore intern)
- Research psychologist positions at the University of Pennsylvania (with Edna Foa, PhD)
- Postdoctoral fellowships at the University of Pennsylvania (with Aaron Beck, MD), Weill-Cornell Medical Center (with Baruch Fishman, PhD), suicide research at the University of Rochester (with Yeates Conwell, MD), and the Bronx VA (with Rachel Yehuda, PhD)

- Tenure-track faculty positions at university-based departments of psychology
- Positions at Montefiore (such as supervisor in our Home Health Employment and Training program, clinician in our adult and child outpatient clinics, transplant unit, sleep-wake disorders center, etc.)
- Positions in various group practices (CBT/DBT Associates, Center for Cognitive and Dialectical Behavior Therapy, etc.)

Resources



The Spencer Foreman, M.D. Pavillion at Moses

Academy of Cognitive Therapy

Albert Einstein College of Medicine Department of Psychiatry and Behavioral Sciences

American Academy of Cognitive and Behavioral Psychology

American Board of Professional Psychology

American Psychiatric Association

American Psychological Association (APA)

American Psychological Society

Anxiety Disorders Association of America

APA - Division 12 (Society of Clinical Psychology)

APA - Division 12 – Section III (Society for a Science of Clinical Psychology)

APA – Division 40 (Clinical Neuropsychology)

APA – Division 56 (Trauma Psychology)

APPIC - Association of Psychology Postdoctoral Internships

Association for Behavioral and Cognitive Therapies

Association for Contextual Behavioral Science

Beck Institute

Behavioral Tech, LLC

International OCD Foundation

International Society for Traumatic Stress Studies

Montefiore House Staff Office

Montefiore Medical Center

National Institute of Mental Health

Trichotillomania Learning Center