

# H A N D B O O K

## Clinical Psychology Internship Training Program

Department of Psychiatry and Behavioral Sciences

Albert Einstein College of Medicine/  
Montefiore Medical Center

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## **INTRODUCTION**

Welcome to the Psychology Internship Training Program in the Department of Psychiatry and Behavioral Sciences at Montefiore Medical Center! We hope this will be a wonderful year full of new challenges and exciting opportunities.

The internship year provides an excellent opportunity to build upon your strong foundation of clinical skills and academic knowledge in order to create a bridge from your graduate training to the world of professional psychology practice. We hope that the unique experiences you will have this year will serve to both challenge and inspire you. Here at Montefiore, we strive to help you develop your professional identity through a balance of encouraging your independence and offering you support. While our psychology faculty members are diverse in their theoretical orientations and represent the many paths a psychologist may take, they are all united in their commitment to the goal of sharing their wisdom and experience in order to maximize your learning throughout the internship year.

This handbook is provided to make your transition into the department as smooth as possible. You will likely have many questions at first. Hopefully the information provided here will help to clarify two most frequently asked questions at the start of the year: “What am I supposed to be doing?” and “Who am I supposed to be working with?” Please review the handbook and use it as a reference during the first few weeks – and then return to it throughout the year as new questions arise!

Life at Montefiore Medical Center may seem overwhelming at first, but rest assured that as you become oriented to each clinical service and gain familiarity with the policies and procedures, you will start to feel more and more comfortable. If you have any questions at any time, please feel free to contact me or any of our faculty members for assistance. We’re all here to help!

Best wishes and enjoy your internship year!

Simon A. Rego, PsyD, ABPP, ACT  
Chief Psychologist and Director of Psychology Training

## **MISSION, VISION, AND GOAL**

The Psychology Internship Training Program is sponsored by Montefiore Medical Center, an academic medical center that was established in 1884 as a hospital for patients with chronic illnesses. Montefiore Medical Center's history is rich with pioneering medical firsts and research, as well as an exceptional dedication to the community.

Montefiore Medical Center's Mission and Vision, which serve as our guide for continuous improvement and advancement, involve a dedication to learning, research and collaboration in the passionate pursuit of excellence in the delivery of care.

### Mission

**To heal, to teach, to discover and to advance the health of the communities we serve.**

Montefiore constantly strives to build upon our rich history of medical innovation and community service to improve the lives of those in our care. This is exemplified in our exceptional, compassionate care and dedication to improve the well-being of those we serve.

### Vision

**To be a premier academic medical center that transforms health and enriches lives.**

Through an enduring partnership with Albert Einstein College of Medicine, Montefiore aims to combine clinical care with research in order to deliver the most current treatments available to our patients. Together, with state-of-the-art facilities and the highest ethical standards, we aim to challenge the limits of healthcare to enhance the lives of everyone we care for.

### Goal

To prepare interns for the professional practice of psychology through education and training experiences that help the interns to develop a professional identity comprised of both a sense of high competency and confidence, which ultimately enables them to handle a wide range of clinical issues and responsibilities and to function independently in variety of clinical psychology settings.

We believe that, today more than ever, there are many different ways to practice professional psychology and many different clinical settings in which it may be practiced. In addition, we have found that increasingly, graduate students from clinical psychology programs arrive at our internship with a broad range of experience, interests, backgrounds, and goals.

As such, we believe it is important for our internship training program to be able to build upon each trainee's competencies in a core set of profession-wide competency areas that are critical for practice in health service psychology. At the same time, we believe in the benefits of offering a range of experiences that offer site-specific competency areas, in order to allow interns to pursue and develop competency in areas of personal interest/expertise. As a result, we aim to prepare all of our interns to feel competent and confident in their work with patients and their family members, as well as with other professionals – while also being flexible enough to enable our interns to pursue training and supervision in different clinical settings, working with a variety of clinical populations, and using a range of clinical interventions.

Based on this philosophy, you will have considerable flexibility in developing a "customized" training experience that is tailored to fit each of your specific interests, goals, and needs. And yet, what will remain consistent across this diverse set of electives is our goal to help you develop a professional identity and self-confidence that will enable you to handle a wide range of clinical responsibilities and to function independently upon completion of your year.

## **A. ADULT TRACK**

### **MAJOR CLINICAL ROTATIONS**

#### **1. Adult Outpatient Psychiatry Department ("AOPD"):**

Shaina Siber, LCSW	Director, Outpatient Services
Ana Ozdoba, M.D.	Medical Director, AOPD
Adam Knowles, M.D.	Associate Medical Director
Dawn Colena, LCSW	Assistant Clinic Director
Laurie Gallo, Ph.D.	Attending Psychologist
Amy Kranzler, Ph.D.	Attending Psychologist
Julie Woulfe, Ph.D.	Attending Psychologist
Shahab Motamedinia, Ph.D.	Attending Psychologist, AOPD/PACAP
Lillian Colon, MD	Attending Psychiatrist AOPD/POS
Brad Foote, M.D.	Attending Psychiatrist
Nelly Katsnelson, M.D.	Attending Psychiatrist
Gary Kennedy, M.D.	Attending Psychiatrist
Adele Munsayac, MD.	Attending Psychiatrist, AOPD/POS
Alessandra Scalmati, MD	Attending Psychiatrist/Geriatric Clinic
Mary Alice O'Dowd, M.D.	Attending Psychiatrist, Psychosomatic Medicine CL
Maria Gomez, M.D.	Attending Psychiatrist, Psychosomatic Medicine CL
Naala Schrieber, M.D.	Attending Psychiatrist, Psychosomatic Medicine CL
Howard Foreman, M.D.	Attending Psychiatrist, Psychosomatic Medicine CL
Alexis Briggie, Ph.D.	Attending Psychologist, Psychosomatic Medicine CL
Sandra Atkins, LMSW	Social Worker, Psychosomatic Medicine CL
Ed Medina, LCSW	Social Worker
Aracelis Turino, LCSW	Social Worker
Galina Raykin, LCSW	Social Worker
Erika Overman, LCSW	Social Worker
Neury Rosario, LMSW	Social Worker
Lionel Wininger, Ph.D.	Psychologist, On TrackNY Team
Christina Osorio, LMSW	Social Worker, On TrackNY Team
Teresa Lebron-Correa	Nurse Practitioner AOPD/ OnTrackNY Team
Anthony Segno	Peer Specialist/OnTrackNY Team
Wanda Banks	Administrative Supervisor, AOPD
Beatrice Guagenti	Receptionist, AOPD
Irene Acevedo	Receptionist, AOPD
Gina Waynes	Administrative Assistant
Jane Sapeg	Administrative Assistant
Arvetter Marine	Administrative Assistant
Kay Antonio	Administrative Assistant
Judy Martell	Administrative Assistant
Monisha James	Administrative Assistant, Psychosomatic Medicine CL

The AOPD is a general catchment area clinic that treats a heterogeneous group of approximately 1000 patients, representing 10,000 visits per year. Patients are seen in individual, group or family therapy, and many receive psychopharmacologic treatment as well. There is no single therapeutic approach or orientation in the AOPD since different clinical supervisors (including off-service supervisors who are responsible for co-signing all notes) recommend different therapeutic approaches. Interns may request specific supervisors, if they wish. Otherwise, we assign interns to a variety of supervisors so that they may be exposed to a range of therapeutic approaches. All interns are assigned to a treatment team led by an attending psychiatrist and attending psychologist, and also includes social workers and psychiatry residents. Interns in the AOPD rotation see a full caseload of patients (approximately 16 visits/week) while on the AOPD rotation and also carry 2 AOPD patients when they are off-

service. Each intern in the AOPD will be assigned to his or her own office with a computer, internet access, and hospital email.

All patients must be registered in the AOPD. When a patient comes into the AOPD, s/he is given a form to fill out for registration. The initial appointment is considered the intake, and an initial evaluation and treatment plan is completed. Most patients are covered by insurance such as Medicaid and Medicare. A few patients pay a sliding scale fee, which is determined using a sliding scale, and ranges from approximately \$30 to \$160 per visit.

Each intern is assigned an administrative supervisor who is responsible for ensuring that the case is presented in the team meeting, for charting and documentation, for utilization review (i.e. medical necessity and appropriateness of treatment, authorization by managed care companies). Dr. Gallo serves as the AOPD intern coordinator which includes overseeing the assignment of all patients, maintaining the intern's full patient load, and for case transfer and disposition. Interns should address any and all administrative questions to their administrative supervisor, and discuss caseload issues with Dr. Gallo. At the beginning of the rotation, interns will be given a copy of the AOPD Policy and Procedures Manual.

An intern's typical caseload will consist of approximately 16 individual visits per week and 1 group. Since many patients do not attend each week, the weekly number of attended visits will be lower than the total number of patients assigned. While several of these cases may be transferred to the intern from a previous intern, interns will also be assigned to an intake clinic, in order to build/maintain their caseloads. Interns are expected to complete 5 initial diagnostic evaluations, as well as 1 testing case. Interns are also required to attend a weekly case conference (with the psychiatry residents) and present at least one case (including the write up) at one of the weekly case conference meetings. Interns are required to attend a bi-monthly staff meeting and a weekly DBT Consultation Team Meeting.

## 2. Adult Psychiatric Inpatient Unit ("Klau-2"):

John Navas, MD	Psychiatrist, Unit Chief
Sharon Spitzer, PsyD	Primary Supervisor, Administrative Director
Laura Gardner, MD	Attending Psychiatrist
Johanna Cabassa, MD	Attending Psychiatrist
Frances Hernandez, LMSW	Sr. Social Worker
Lenice Cabrera, LMSW	Sr. Social Worker
Beverly Redula, CTRS	Therapeutic Rehab Staff
Stephanie Condra, LCAT	Supervisor, Therapeutic Rehab
Jesse Asch, CAT,	Therapeutic Rehab
Latifat Okeke, RN	Administrative Nurse Manager
Marta Colon, RN	Patient Care Coordinator Nurse
Bryan Freilich, PsyD, ABPP	Neuropsychological Testing Supervisor
Stacy Schulman	Senior Administrative Assistant
David Washington	Administrative Assistant

The Adult Psychiatric Inpatient Unit (Klau 2) is a locked, 22-bed unit within the general hospital for adult psychiatric patients. Klau-2 provides comprehensive diagnostic and short-term acute, psychiatric treatment for male and female patients, age 18 and older. The service's overall approach is to perform a psychiatric and psychosocial evaluation, establish a working diagnosis, and provide immediate pharmacological, psychological and milieu treatment, with the aim of returning the patient to the family and community as rapidly as possible. All patients receive multi-modal treatment, including psychopharmacology and individual, group and family therapy. In many cases, patients have concomitant medical problems and some may present

with neuropsychiatric diagnoses. Treatment is provided by two, multi-disciplinary teams, comprised of an attending psychiatrist, attending psychologist, social worker, Integrative Behavioral Therapy (IBT) staff, psychiatric residents (and occasionally medical students), psychology interns, and nursing staff.

The psychology intern functions as the primary therapist on the treatment team and coordinates with the attending psychiatrist to complete the initial diagnostic evaluation. The intern provides daily, individual psychotherapy and works in close collaboration with the treatment team to monitor patients' response to treatment and formulate disposition plans. The psychiatrist provides psychopharmacologic management and other medical evaluations. The social worker is responsible for organizing disposition planning and assisting the psychology intern in providing family therapy to the patients. The nursing staff handles the management of patients on the unit and works with the primary therapist to create and monitor patients' individual behavior plans.

Psychology interns also participate in the unit's Group Therapy Program, as group leaders and peer supervisors. Interpersonal Group Therapy takes place once weekly and is co-led by trainees from Psychiatry and Psychology. Group co-leaders and observers meet post-group to process the group therapy sessions and meet weekly for group therapy supervision. Supervision for both individual and group psychotherapy is provided by the attending psychologist, Dr. Sharon Spitzer. Additionally, interns have the opportunity to perform brief psychological and neuropsychological assessments. Psychological testing is supervised by Dr. Bryan Freilich.

On the first day of the rotation, psychology interns will receive an orientation to Klau-2, including a description of unit activities, required meetings, paperwork responsibilities and unit contact information. Team assignments and supervisory arrangements will be made at the beginning of the rotation. Interns will also receive a key to the unit, a locker for personal belongings, and a mailbox in the administrative area. The mailbox must be checked frequently during the day for notice of newly assigned admissions and telephone messages. Morning rounds, team meetings (in which you are carrying a case on the team), community meetings, group therapy and supervision, staff meetings and case conferences are mandatory.

### 3. Psychiatric Observation Suite ("POS"):

Paul Jayson, M.D.	Director, POS
Adele Munsayac, M.D.	Attending Psychiatrist
Lillian Colon, M.D.	Attending Psychiatrist
Shreya Nagula, M.D.	Attending Psychiatrist
Linda Chokroverty, M.D.	Attending Psychiatrist
Elba Figueroa, LCSW	Social Worker
Kara Lissy, LCSW	Social Worker
Lauren Rodriguez, LCSW	Social Worker
Jasmine Herrera	Administrative Assistant (Days)
Brandon Madison	Administrative Assistant (Nights)
Ashley Ford, MD	Chief Resident (2018-2019)
Mitchell Rovner, MD	Chief Resident (2018-2019)

The POS is a 5-bed unit within the psychiatric emergency room. Patients are seen either in the POS, psychiatric ER or as a psychiatry consult in the medical or pediatric ER. Patients, most of whom are acutely ill, are seen for immediate evaluation, crisis intervention, and disposition. Length of stay in the ER is a matter of hours, while in the POS patients may stay for up to a few days. Patients are assigned to interns by Dr. Jayson or the Chief Resident and interns are supervised closely by Dr. Jayson and the other attending psychiatrists. Rounds and meetings also occur every day on an adhoc basis and Dr. Rego is also available to meet with the POS intern for 30 minutes per week for additional supervision and support

#### 4. Addiction Psychiatry Consultation Service:

Alexis Briggie, Ph.D.	Psychologist
Howard Foreman, M.D.	Psychiatrist
Sandra Atkins, L.C.S.W.	Social Worker

The Addiction Psychiatry Consultation Service in Psychosomatic Medicine provides consultation liaison services to medically complex patients with a range of medical, psychological, and social issues admitted to the general hospital with substance use related co-morbidity. Interns learn how to screen for substance use disorders, 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 issues. Specific evidenced-based interventions that are modeled and taught include Motivational Interviewing, CBT for Substance Use Disorders, Harm Reduction, and Mindfulness Based Relapse Prevention. A busy and visible teaching service, interns are part of a team that includes Psychiatry Residents, Addiction and Psychosomatic Fellows, and medical students, 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 2-3 follow up visits with each patient during the hospital stay. Dr. Alexis Briggie provides supervision of interns in their clinical evaluation of patients, as well as in their consultative role to other providers.

### **B. CHILD AND ADOLESCENT TRACK**

#### **MAJOR CLINICAL ROTATIONS**

Child Outpatient Psychiatry Department ("COPD"), Anxiety and Mood Program ("AMP"), Adolescent Depression and Suicide Program ("ADSP"), Eating Disorders Program at Montefiore ("EDPM"), and Child and Adolescent Assessment Service.

Note: All Child and Adolescent Track Interns will be provided a COPD/AMP Policy and Procedures Manual during orientation.

Sandra Pimentel, PhD	Chief, Child and Adolescent Psychology
Audrey Walker, MD	Chief, Child and Adolescent Psychiatry
Shaina Siber-Sanderowitz, LCSW	Director, Ambulatory Services
Dawn Colena, LCSW	Assistant Director, Ambulatory Services
Carol Hnetila, DO	Medical Director, COPD
Melissa Dackis, PhD	Attending Psychologist
Dennise Garcia-Sevilla, PhD	Attending Psychologist
Michelle Lupkin, PhD	Attending Psychologist
Jenny Seham, Ph.D.	Attending Psychologist
Uri Meller, MD	Attending Psychiatrist
Jessica Eisenberg, MD	Attending Psychiatrist
Margaret Lescher, LCSW	Intake Coordinator, Senior Social Worker
Diana Chavez, LMSW	Social Worker
Robert Feiguine, PsyD	Supervising Psychologist
Erez Harari, PhD	Supervising Psychologist, Family Therapy
Bertha Leandry	Administrative Supervisor
Madelyn Garcia	Senior Office Assistant and Records
Blanca Valentin	Receptionist, COPD
Elizabeth Villegas	Receptionist, COPD

## Child Outpatient Psychiatry Department (COPD)

The Child Outpatient Psychiatry Department consists of a catchment area clinic for a heterogeneous group of children and adolescent patients (ages 4-21) with diagnoses ranging from disruptive behavior disorders, anxiety and depressive disorders, and psychotic disorders to adjustment disorders and learning disabilities. Interns in the COPD will serve as primary therapists for individual and family cases (patients will be assigned across all ages and diagnoses), co-therapists for group therapy, and conduct evaluations of children and adolescents. 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 groups for children with disruptive behavior disorders as well as the Behavior Regulation Movement Group. Interns also learn how to liaison with schools, foster care agencies, the Committee on Special Education and other relevant organizations.

## Anxiety and Mood Program (AMP), Adolescent Depression and Suicide Program (ADSP), and Eating Disorders Program at Montefiore (EDPM)

The Anxiety and Mood Program (AMP) at Montefiore Medical Center's Child Outpatient Psychiatry Department offers evidence based interventions for children and adolescents with primary and comorbid anxiety, mood, and related disorders. AMP serves children and adolescent, ages 4 to 21 years old, and families from the surrounding Bronx communities. Interns will learn to conduct comprehensive intake assessments (e.g., ADIS) and will serve as primary therapists for youth experiencing anxiety (e.g., social anxiety disorder, generalized anxiety, separation anxiety disorder, panic disorder, phobias, OCD, PTSD), depression, tics, trichotillomania, and related concerns. During this rotation, interns will provide individual and family-based cognitive behavioral treatments (e.g., Coping Cat, Exposure/Response Prevention, Trauma-Focused CBT, Comprehensive Behavioral Intervention for Tics, Parent Management Training), and serve as co-leaders in Cognitive Behavioral Group Therapy for socially anxious adolescents. Interns will participate in multidisciplinary team rounds, and collaborate with teachers, school personnel, pediatricians, or other providers who may be involved in the child or teen's care. 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 youth anxiety, depression and related topics.

The ADSP is a specialty outpatient program within the Anxiety and Mood Program that serves 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 protocol-adherent Dialectical Behavior Therapy for Adolescents serving as primary therapists for individual and family cases, co-therapists for group therapy and multi-family skills training. Interns also learn crisis intervention skills. Various group therapies are also employed, including DBT multi-family skills training group for middle schoolers and older adolescents and DBT graduate group. Some patients receive concomitant psycho-pharmacological treatment.

The Eating Disorders Program at Montefiore (EDPM) is a multidisciplinary, outpatient program with the Anxiety and Mood Program in the Child Outpatient Psychiatry Department and the Department of Adolescent Medicine at the Children's Hospital at Montefiore. This service provides evidence-informed care for children and adolescents presenting with anorexia, bulimia, and other eating disorders. Over the course of the year, interns will conduct comprehensive assessments specific to eating disorders and carry at least one eating disorders case. Interns will work as part of an interdisciplinary team that includes psychologists, adolescent medicine specialists, psychiatrists, nurses, and social workers.

## Child and Adolescent Assessment Service

The Child and Adolescent Assessment Service within the COPD helps interns develop proficiency in comprehensive child/adolescent psychological and diagnostic assessment. At a minimum, interns administer five comprehensive diagnostic evaluations assessments during the year, with more available for those interested in developing special expertise. Referral questions typically cover a wide range of diagnoses and presentations and often include making differential diagnoses and assessing for the need for medication. Interns will also complete two full neuropsychological assessments evaluating the presence of neuropsychological deficits and learning issues. Supervision highlights the impact of cultural differences and bilingualism, and employs a developmental framework.

### **C. COMBINED TRACK**

#### **MAJOR CLINICAL ROTATIONS**

##### **1. Adult Outpatient Psychiatry Department (“AOPD”)**

Natalia Markova, MD	Director, Outpatient Services
Galina Bass, MD	Attending Psychiatrist
Sarah Hodulik, MD	Attending Psychiatrist
Jyothsna Karlapalem, MD	Director, Wakefield Recovery Center
Marc Campbell, MD	Attending Psychiatrist
Anvi Vora, MD	Attending Psychiatrist
Katrina McCoy, PhD	Attending Psychologist/Administrative Supervisor
Simon A. Rego, PsyD, ABPP	Supervising Psychologist
Scott Wetzler, PhD	Supervising Psychologist
Traci Maynigo, PsyD	Supervising Psychologist
Any Kranzler, PhD	Supervising Psychologist
Julie Woulfe, PhD	Supervising Psychologist
Miliagros Gonzales, LCSW	Program Manager
Michael Schmidt, LCSW	Clinical Supervisor
Jessica Bonds, LCSW	Social Worker
Miriam Echevarria, LMSW	Social Worker
Rose Fishbein-Brum, LCSW	Social Worker
David Goldberg, LMSW	Social Worker
Adam Lukeman, LMSW	Social Worker
Janet Ortiz-Simpkins, LMSW	Social Worker
Greg Katz, LMSW	Social Worker
Beverly Punter-Knox, LCSW	Social Worker
Cassie Powell, LMSW	Social Worker
Jose Rodriguez, LMSW	Social Worker
Karen Smaltz, LCSW	Social Worker
Veronica Saravia, LMSW	Social Worker

The AOPD rotation for the Combined Track is housed on our Wakefield Campus in the Farrand Building. It is a general catchment area clinic that treats a heterogeneous group of approximately 1500 patients, representing 26,000 visits per year. Patients are seen in individual and/or group therapy, and many receive psychopharmacologic treatment and have comorbid substance abuse issues. Interns therefore learn to share care and discuss the contribution of psychological factors with other mental health professionals.

The Combined Track interns' typical AOPD caseload will consist of seeing approximately 6 patients per week, co-leading a group (e.g., DBT skills group) for 6 months, conducting

intakes, and providing psychological testing for patients in the AOPD and on the adult inpatient unit (as needed/requested). Since many patients do not attend each week, the total number of individual patients assigned may be higher than the actual number of patients seen. While several of these cases may be transferred from the outgoing intern to the incoming intern, some may also be discharged or transferred to another staff member in the clinic. As such, interns will also be assigned intakes in order to build/maintain their caseloads as well as strengthen their intake evaluation and case formulation skills. Interns typically average one - two intake evaluations per month until they have a full caseload; intake evaluations then occur, as needed, when cases are discharged.

All patients must be registered in the AOPD. When a patient comes to the AOPD for the first time, the patient is given some forms and measures to fill out as part of the registration process. The initial appointment is considered the intake, and an initial evaluation and treatment plan is completed. Most patients are covered by insurance such as Medicaid and Medicare. A few patients pay a sliding scale fee, which is determined using a sliding scale. Patients can be referred to the financial aid office for payment arrangements. At the beginning of the rotation, interns will be fully oriented to the AOPD Policy and Procedures.

The Combined Track interns will see patients in the AOPD for the entire year, while simultaneously seeing patients in the Child Outpatient Psychiatry Department (see below). There is no single theoretical orientation in the AOPD since different clinical supervisors (including off-service supervisors who are responsible for co-signing all progress notes) use different approaches to therapy. The Combined Track interns are assigned to a variety of supervisors so that they are exposed to a range of theoretical orientations and therapeutic styles.

Each intern in the Combined Track will also be assigned a licensed psychologist who will act as their administrative supervisor and be responsible for overseeing the assignment of all patients, ensuring that new cases are presented in the team meeting, charting and documentation issues, utilization review (i.e. medical necessity and appropriateness of treatment, authorization by managed care companies), transfer and disposition of cases, and maintaining the intern's full patient load. Interns should address any and all administrative questions to their administrative supervisor.

Each intern in the AOPD rotation for the Combined Track will be assigned to a private office with a computer for access to the electronic medical record, hospital email, Internet, etc. Each intern will also each be assigned to a multidisciplinary treatment team consisting of an attending psychiatrist, attending psychologist, and social workers that meets weekly to review new cases and discuss progress with ongoing cases. Each intern in the AOPD rotation for the Combined Track may also attend a weekly staff meeting (schedule permitting), which often includes either an educational component or case conference. Finally, interns will attend DBT consultation team for 6 months while running DBT group.

## 2. Child Outpatient Psychiatry Department (COPD)

Fredrick Matzner, MD	Medical Director
Amanda Zayde, PsyD	Attending Psychologist/Administrative Supervisor
Sandra Pimentel, PhD	Supervising Psychologist
Michelle Sotelo, NP	Psychiatric Nurse Practitioner
Bruce Webber, LCSW	Social Worker
Dan Summer, LCAT	Creative Arts Therapist
Evan Webster, LCAT	Creative Arts Therapist
Francy Barahona	Secretary

The COPD rotation for the Combined Track is also housed on our Wakefield Campus in the

Farrand Building and provides services to a heterogeneous group of approximately 250 children and adolescent patients (ages 4-21), representing around 5000 visits per year. Diagnoses range from disruptive behavior disorders (ADHD, ODD, CD), anxiety, adjustment, and mood disorders, complex trauma, personality disorders, and psychotic disorders to learning disabilities.

The Combined Track interns' typical COPD caseload will consist of seeing approximately 4 patients per week, co-leading 1 group (e.g., Mentalization-Based Parenting Group) for 6 months, conducting intakes, and performing psychological testing on patients in the COPD (as needed). Since some patients do not attend each week, the total number of patients assigned may be higher than the actual number of patients seen. While several of these cases may be transferred from the outgoing intern to the incoming intern, some may also be discharged or transferred to another staff member in the clinic. As such, interns will also be assigned intakes in order to build/maintain their caseloads as well as strengthen their intake evaluation and case formulation skills. Interns typically average one -two intake evaluations per month until they have a full caseload; intake evaluations then occur, as needed, when cases are discharged.

All patients must be registered in the COPD. When a patient comes to the COPD for the first time, the patient is given a number of forms and measures to fill out as part of the registration process. The initial appointment is considered the intake, and an initial evaluation is completed; the treatment plan is completed by the third visit. Most patients are covered by insurance such as Medicaid. A few patients pay a sliding scale fee, which is determined using a sliding scale. Patients can be referred to the financial aid office for payment arrangements. At the beginning of the rotation, interns will be fully oriented to the COPD Policy and Procedures.

The Combined Track interns will each see patients in the COPD for the entire year, while simultaneously seeing patients in the Adult Outpatient Psychiatry Department (see above). The intern will also receive intensive training and supervision in psychodynamic psychotherapy, family therapy, cognitive behavior therapy, dialectical behavior therapy, play therapy, group therapy, and parent guidance. Interns also learn how to liaison with schools (e.g., review IEPs to make sure the patient has appropriate academic accommodations at school), foster care agencies, the Committee on Special Education and other relevant organizations.

There is no single theoretical orientation in the COPD since different clinical supervisors (including off-service supervisors who are responsible for co-signing all progress notes) use different approaches to therapy. The Combined Track interns are assigned to a variety of supervisors so that they are exposed to a range of theoretical orientations and therapeutic styles.

Each intern in the COPD rotation for the Combined Track will also be assigned a licensed psychologist who will act as their administrative supervisor and be responsible for overseeing the assignment of all patients, ensuring that new cases are presented in the team meeting, charting and documentation issues, utilization review (i.e. medical necessity and appropriateness of treatment, authorization by managed care companies), transfer and disposition of cases, and maintaining the intern's full patient load. Interns should address any and all administrative questions to their administrative supervisor.

The Combined Track interns will also be assigned to a treatment team consisting of an attending psychiatrist, attending psychologist, social workers, creative arts therapists, and a psychiatric nurse practitioner that meets weekly to review new evaluations and admissions and discusses progress with ongoing cases and administrative work. A portion of the meeting is also dedicated to training and case presentations. Interns in the COPD rotation for the Combined Track will be assigned to a private office with a computer for access to the electronic medical record, hospital email, Internet, etc.

## **ELECTIVES**

If you are interested in pursuing any of the following electives, let Dr. Rego and/or Drs. Pimentel or Zayde know and they will try to arrange your schedule to accommodate your preferences. This is your internship year and we will do our best to tailor it to your personal objectives. Interns in the adult track typically select **one** elective, which usually occupies the equivalent of a full day per week for 6 months during the Adult Outpatient Psychiatry Department rotation. For interns in the Child and Adolescent and Combined Tracks, electives usually occupy one day per week throughout the year (Friday is the best day for Child Track interns and Wednesdays or Fridays are the best days for Combined Track interns). Some electives (e.g., POS) however, can be made into a more intense (i.e., 3days/week) rotation during the final month of the year.

Note: If a patient presents to the clinic with an urgent issue while you are at an off-site elective, the front desk staff member should be instructed to page you. You should call the clinic immediately and determine whether your patient needs to be seen that day. If so, and you cannot return in a timely manner, the front desk should contact the psychologist assigned to cover urgent issues that day.

### Addiction Psychiatry Consultation Service in Psychosomatic Medicine

Note: Required for the Adult Track but can be made into an elective for interns in the other tracks.

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 specific evidence-based interventions for substance abuse, including Motivational Interviewing and Harm Reduction and Relapse Prevention, while in the role of a consultant. Interns also 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. 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. Individual supervision of at least one hour per week is provided by a licensed psychologist: Dr. Alexis Briggie.

### Adult Psychiatric Inpatient Unit

Note: Required for the Adult Track but can be made into an elective for interns in the other tracks.

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. Individual supervision of at least one hour per week is provided by a licensed psychologist: Dr. Sharon Spitzer.

### Anxiety and Mood Program (AMP) and the Adolescent Depression and Suicide Program (ADSP)

Note: Required for the Child and Adolescent Track but can be made into an elective for interns in the other tracks. The Anxiety and Mood Program (AMP) at Montefiore Medical Center's Child Outpatient Psychiatry Department is a specialty program that offers evidence based interventions for children and adolescents with primary and comorbid anxiety, mood, and related disorders. AMP serves children, adolescents and emerging adults, ages 4 to 21 years old, and families from the surrounding Bronx communities. In this elective, interns will have the opportunity to conduct at least two comprehensive intake assessments (e.g., ADIS) and will serve as primary therapists for up to two youth cases of experiencing anxiety (e.g., social anxiety disorder, generalized anxiety, separation anxiety disorder, panic disorder, phobias, OCD, PTSD), depression, tics, trichotillomania, and/or related concerns. To the extent possible, elective cases can be selected for intern's training preferences. During this rotation, interns will provide and receive weekly supervision on individual and family-based cognitive behavioral treatments (e.g., Coping Cat, Exposure/Response Prevention, Trauma-Focused CBT, Comprehensive Behavioral Intervention for Tics, Parent Management Training), and can elect to serve as co-leaders in Cognitive Behavioral Group Therapy for socially anxious adolescents, Behavior Regulation Movement Groups, or Skills Group for Adolescents with Eating Disorders. Interns will participate in multidisciplinary team rounds, and collaborate with teachers, school personnel, pediatricians, or other providers who may be involved in the child or teen's care. Interns also have the opportunity to participate in scholarly activities, including authoring articles, presenting at conferences, conducting research and leading workshops and in community service events for local groups.

The Adolescent Depression and Suicide Program is a specialty outpatient program within the Anxiety and Mood Program that serves depressed and suicidal teens and emerging adults (ages 12-21) and their families. Many of these adolescents have experienced significant abuse and have comorbid anxiety, substance-related, personality and disruptive behavior disorders. During this elective, interns learn to conduct comprehensive diagnostic interviews and Dialectical Behavior Therapy. Interns serve as primary therapists for at least one individual DBT case and have the opportunity to co-lead DBT multi-family skills training groups for middle-schoolers or graduate group. As part of this elective rotation, interns learn crisis intervention skills. Interns will receive individual supervision and participate in DBT consultation team.

#### Autism and Obsessive Compulsive Spectrum Program, Anxiety and Depression Program

For interns interested in working with children, adolescents and adults with autism and OCD spectrum patients, or adults with anxiety and depression, they may be assigned cases in the Autism and Obsessive Compulsive Spectrum Program or Anxiety and Depression Program. If interested, interns may also create a more intense research elective experience that would include participating in research studies on cannabinoids in autism, oxytocin in Prader Willi syndrome, vasopressin 1a antagonists for social communication in autism, neuromodulation with TMS and DBS in OCD and related disorders, and new treatments for intermittent explosive disorder and Tourette syndrome. Interns will participate in seminars and case conferences and scholarly activities. Supervision is provided by psychiatrist Dr. Eric Hollander and neuropsychologist Dr. Bonnie Taylor.

#### Behavioral Sleep Medicine Program at the Sleep-Wake Disorders Center

During this one-day per week rotation, interns will learn about the diagnosis and treatment of patients who have severe or long standing problems associated with sleep and waking. Interns have the opportunity to participate in the evaluation and treatment of patients who 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 also have the opportunity to attend a weekly sleep-wake case conference. Supervision is provided by Shelby Harris, PsyD, C.BSM.

#### Behavioral Health Integration Program (BHIP)

The Pediatric Behavioral Health Integration Program (BHIP) provides evidence-informed

integrated behavioral health care for children and their families within Montefiore Medical Group. We provide HealthySteps programming for prevention and intervention in children ages birth through age five, and treatment of mild to moderate anxiety, depression, attention/disruptive behavior disorders and trauma-related issues in school-aged and adolescent children. This program exists in 20 pediatric primary care sites which serve an estimated 90,000 children. Working alongside pediatricians, a multidisciplinary team of psychologists and psychiatrists provide evidence informed behavioral health services across the pediatric lifespan (birth through 18+ years). The emphasis is on population health, and thus all pediatric patients receive mental health screens during routine medical appointments which allow the program to identify children with mild to moderate behavioral health symptoms and intervene in a preventative fashion. When selected as an elective rotation, the intern will be assigned to a specific primary care site and learn to work collaboratively with a team of pediatric medical and behavioral providers. Interns will be expected to complete brief assessments, based on the use of appropriate screeners and clinical interview, and conduct short term interventions for mild to moderate mental health problems. Coordination of care between the intern and primary care provider (PCP), as well as relevant systems such as school and community resources, will ensure a comprehensive approach to assessment and treatment. Individual supervision of at least one hour per week will be provided by a licensed psychologist (Vanessa J. Pressimone, PhD, NCSP; Teresa Hsu-Walklet, PhD). If the intern's schedule allows, the intern will also have the opportunity to participate in monthly Pediatric BHIP-wide meetings that offer professional development training.

#### Butler Center For Children and Families

The Butler Center is a dual-licensed clinic for primary care and mental health, addressing issues of child abuse and neglect. The mental health clinic, a satellite of COPD (Child and Adolescent Psychiatry) is a full service OMH clinic with a psychiatrist, a psychologist, three clinical social workers and SW interns. A one day a week rotation with the OMH clinic at the Butler Center offers Psychology interns the opportunity to develop an essential awareness of how to treat trauma, whether it takes the form of sexual or physical abuse, exposure to domestic and/or community violence, a perilous immigration journey, or the living conditions of urban poverty. The ensuing symptoms of PTSD, anxiety disorders, depressive disorders and behavioral problems, including problematic sexual behaviors are addressed with evidence-based interventions such as: TF-CBT or Trauma-focused CBT; AF-CBT or Alternative for Families in cases of coercive parental behavior and risk for physical abuse; and PSB-CBT or Problematic Sexual Behavior CBT, a program of concurrent groups for parents and children. Services are offered in English and Spanish responding to the needs of recent immigrants. Interns will also be able to familiarize themselves with the forensic part of the process of addressing abuse by observing some interviews conducted by a multi-disciplinary team (child protective service workers, forensic interviewers, pediatrician, nurse practitioner, detectives, social workers and ADAs or Assistant District Attorneys) although the bulk of the forensic phase now takes place mostly off-site. A licensed psychologist is available to provide individual supervision for at least one hour a week Dr. Rachel Sheffet.

#### Child Welfare Programs

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 clinical assessment, intensive case management, ongoing monitoring, and supportive service referrals. A subset of

FT/R families is currently involved in Court Ordered Supervision (FT/R-COS) through the Bronx Family Court; this would entail frequent interface between families, child welfare providers, and the legal system. Finally, parents involved in the FT/R or FT/R-COS programs have the opportunity to be involved in a treatment study including the provision of the evidence-based Incredible Years and Seeking Safety interventions. This rotation includes exposure to FT/R and FT/R-COS cases and 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. In addition, rotating interns may be able to co-facilitate Incredible Years and Seeking Safety sessions with clients. Supervision will be provided by Anita Jose, Ph.D., Melissa Ramrattan, Ph.D., Charu Sood, Psy.D., and other trainers in the program.

#### Comprehensive Services Model (CSM) Program

The CSM is a program funded by New York City's Human Resources Administration (HRA) to provide evaluation and case management services to substance abusing public assistance recipients in the Bronx, with the goal of assisting them to engage in treatment, become clinically stable, and ultimately self-sufficient through employment. Interns selecting this rotation are able to conduct evaluations for employability, as part of a comprehensive case management program for substance abusing welfare applicants. Interns can also learn about disability and employability criteria and decision-making. Individual supervision of at least one hour per week is provided by Joanne Pearl, CSW.

#### The Eating Disorders Program at Montefiore (EDPM)

The Eating Disorders Program at Montefiore (EDPM) The Eating Disorders Program at Montefiore (EDPM) is a multidisciplinary program with the Anxiety and Mood Program in the Child Outpatient Psychiatry Department and the Department of Adolescent Medicine at the Children's Hospital at Montefiore (CHAM). Our program was formed due to the lack of availability of specialized treatment for low income patients presenting to our clinics with eating disorders. At this time there are no other outpatient clinics in New York City (all five boroughs) that provide specialized treatment for eating disorders for child and adolescent patients who have Medicaid. Additionally, our medical unit is one of the few in the area equipped to treat patients presenting with medical instability related to severe eating disorders. The EDPM provides evidence-informed care for children and adolescents (ages 5 – 21) presenting with Anorexia Nervosa, Bulimia Nervosa, Avoidant Restrictive Feeding and Eating Disorder (ARFID), and Other Specified Feeding and Eating Disorder (OSFED). In addition to interventions that target primary eating disorders, we provide comprehensive care that may also include treatment for depression, anxiety, PTSD, and personality disorders. Interns doing an elective rotation in the EDPM may choose to work with patients on our inpatient medical unit (CHAM 6), our outpatient department, or a combination of both. Interns may also choose to participate in our ongoing research. Our inpatient unit admits patients with eating disorders presenting with medical instability. Once on this unit patients receive comprehensive medical and psychiatric assessments. Interns working on CHAM 6 will participate in every phase of treatment on the unit including initial assessment, individual and family therapy, and ongoing consultation with the medical team. Interns choosing to work with a patient in our outpatient setting will be assigned 1-2 cases with a primary diagnosis of an eating disorder. Our treatment program uses multiple evidence-based approaches including Family-based Treatment (FBT) and Dialectical Behavior Therapy (DBT). Interns may also participate in bi-monthly rounds with the Adolescent Medicine team, including Nancy Dodson, MD and Alicia Hoffman, LCSW. Individual supervision of at least one hour per week will be provided by Dr. Michelle Lupkin, Clinical Director, EDPM.

#### Forensic Psychology Elective: EAC Diversion and Reentry Programs: Brooklyn, Bronx, Queens and Manhattan

EAC, a not-for-profit agency with a large criminal justice division, provides court-based diversion

(alternative to incarceration) and jail-reentry services for individuals with serious mental illness involved in the criminal justice. EAC's program is designed to clinically assess defendants charged with felonies or misdemeanors for the presence of psychiatric and/or substance use disorders, refer eligible defendants to treatment in the community, monitor their progress, and communicate this progress to the court and other criminal justice partners. The goal of both the diversion and reentry programs is to help offenders with serious mental illness into appropriate community care, focusing on individualized approaches to rehabilitation and risk management. The EAC team collaborates with the Brooklyn District Attorney's office, the defense bar, and the treatment courts in all 5 boroughs to identify and evaluate individuals who may be appropriate for mental health diversion services. Using empirically-validated testing batteries, EAC provides in-depth diagnostic evaluation of the defendant including diagnostic, cognitive, personality, malingering, and violence risk assessment, and identifies appropriate treatment resources that can meet the needs of the individual. Results of the assessments are communicated to the courts via formal forensic reports. Psychology interns will be part of a clinical team of masters level forensic case managers, a clinical social worker, a licensed psychologist and a psychiatrist. Trainees will be mostly involved in diversion cases although could also be involved in re-entry cases with clients that are difficult to engage or require psychological testing. Doctoral interns will conduct forensic psychological evaluations for the courts with a special focus on violence risk assessment, present cases to the psychologists and psychiatrist during clinical meetings and supervision, and become involved in treatment planning. Once a defendant has been accepted for diversion, interns may be responsible for making referrals to treatment providers, monitoring the individual for progress and compliance, and providing the courts with regular updates on treatment progress. Trainees will be involved in communications with defense attorneys, prosecutors and treatment providers involved in their clients' cases.

#### Geropsychology

For interns interested in working with older psychiatric patients, they may 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 and comprehensive dementia assessments at the Center for the Aging Brain. Interns choosing this elective would also have opportunities to work with Holocaust survivors and participate in NIMH-sponsored research. Supervision is provided by geriatric psychiatrists Gary Kennedy, M.D., Alessandra Scalmati, M.D., and Mirnova Ceide, M.D.

#### Neuropsychology Assessment Service

Interns may elect to perform additional neuropsychological testing with adult and/or pediatric outpatients referred to the Neuropsychology Assessment Service. The Neuropsychology Service provides assessment and diagnosis of the cognitive and behavioral effects of various neurological and psychiatric disorders, including traumatic brain injury, dementia, stroke, multiple sclerosis, cancer, sickle cell disease, lupus, epilepsy, learning disabilities and attention deficit disorder. These batteries are supervised by Bryan Freilich, PsyD, ABPP.

#### OnTrackNY

The OnTrackNY program at Montefiore is a multidisciplinary treatment team serving adolescents and young adults with early psychosis. The OnTrack team provides comprehensive mental health services including individual and group psychotherapy, medication management, peer support, education/employment assistance, and family support. During this rotation, interns are trained in the evaluation and treatment of patients with a recent onset of psychotic symptoms such as hallucinations, delusions, and disorganized thinking. Interns also learn to utilize the recovery model of treatment and shared decision making with patients and their families. Supervision is provided by the team leader, licensed psychologist Dr. Lionel Wininger.

### Psychiatric Observation Suite (“POS”):

Note: Required for the Adult Track but can be made into an elective for interns in the other tracks.

The POS is a 5-bed unit within the psychiatric emergency room. Patients are seen either in the POS, psychiatric ER or as a psychiatry consult in the medical or pediatric ER. Patients, most of whom are acutely ill, are seen for immediate evaluation, crisis intervention, and disposition. Length of stay in the ER is a matter of hours, while in the POS patients may stay for up to a few days. Patients are assigned to interns by Dr. Jayson or the Chief Resident and interns are supervised closely by Dr. Jayson and the other attending psychiatrists. Rounds and meetings also occur every day on an adhoc basis. Dr. Rego is also available to meet with the POS intern(s) for additional supervision and support.

### Psychiatry AIDS Connected Ambulatory Program/HIV Clinic (PACAP)

Interns interested in working with patients with HIV disease (or their significant others) may be assigned cases in the Psychiatry HIV Program. Cases involve a wide range of psychopathology and personality disorders as well as deep socioeconomic, relational and health-related concerns, and are treated with a similarly wide range of therapeutic interventions as well as a close collaboration with psychiatry. Supervision is provided by Shahab Motamedinia, Ph.D.

### Research Elective

The psychology faculty at Montefiore Medical Center has an active research program in anxiety and depression, personality disorders, behavioral health services utilization, cognitive behavior therapy, dialectical behavior therapy, adolescent suicide, mentalization-based therapy, eating disorders, and applied clinical research using case studies or groups treated with evidence-based therapies and assessed using empirically-based measures. Interns interested in clinical research opportunities can elect to protect 4-6 hours of time for mentored research on a variety of research projects, with proportionate reductions in the clinical load. Interns have historically participated in all aspects of research including: literature review, study design, subject recruitment and data collection, data analysis, and dissemination of findings. Interns have frequently presented data at scientific conferences and have also served as first authors and co-authors on numerous scholarly papers and book chapters. Research mentors include: Drs. Sandra Pimentel, Amanda Zayde, Laurie Gallo, and Michelle Lupkin, Jenny Seham, Scott Wetzler, and Simon Rego.

### Rose F Kennedy Children’s Evaluation and Rehabilitation Center (CERC)

Rose F Kennedy Children’s Evaluation and Rehabilitation Center (CERC), in the Department of Pediatrics at Montefiore Medical Center provides interns with the opportunity to work in the Group Attachment Based Intervention (GABI) an intensive parent-child treatment developed for families with birth to three children, when there is a concern about a parent’s ability to parent due to an array of psychosocial stressors. Families are referred to GABI by pediatricians, ACS, Family Court and preventive agencies. GABI is part of RFK CERC which consists of a multi-disciplinary team of developmental behavioral pediatricians, psychiatrists, psychologists, and social workers, among other developmental specialists. Interns will learn how to conduct a trauma-informed clinical intake, including administering the Adult attachment Interview (AAI), the Parent and Child – Adverse Childhood Experiences Questionnaires, and behavioral health screenings. Interns will participate in GABI which includes dyadic psychotherapy, parent groups, child groups and video feedback sessions. Interns will also have one individual parental mental health case. GABI sites are located in all five boroughs and involve an online training in the model, monthly all team trainings with key experts in field in addition to quarterly video sessions reviewed in supervision. Individual and Group supervision is provided by: Anne Murphy, PhD, Hannah Knafo, PhD and four LCSWs.

### Substance Abuse Treatment Program (SATP)/New Directions Recovery Center (NDRC)

The Substance Abuse Treatment Program (SATP) and New Directions Recovery Center (NDRC) provide integrated substance use counseling, primary medical care and psychiatric

services to over 1,000 patients. SATP provides methadone maintenance for individuals with opioid use disorder and NDRC offers intensive outpatient treatment for a range of substance use disorders, including alcohol, cocaine, cannabis, benzodiazepines and PCP. Interns will take part in several clinical opportunities including individual and group therapy, intake assessments, and crisis intervention. Interns will also work closely with a team of psychologists, addiction counselors, medical providers and other clinicians to provide integrative treatment services within a harm-reduction framework. SATP and NDRC are co-located at 2058 Jerome Avenue on the Burnside Avenue stop of the 4 train. Supervision is provided by Daniel Sullivan, PsyD.

#### Supporting Healthy Relationships Program

This is a unique opportunity to gain experience working on a federally-funded relationship education research program serving couples in the South Bronx. The program, called Supporting Healthy Relationships (SHR), is designed specifically to enhance relationship skills and strengthen relationships for low-income couples in the greater NYC area. The curriculum utilized is Drs. John and Julie Gottman's Loving Couples Loving Children which was shaped by Gottman's many years of research on marital functioning. The curriculum has also been modified to fit our diverse community by adding aspects of Dr. Sue Johnson's Emotionally Focused Couples Therapy and the Prevention and Relationship Enhancement Program (PREP by Stanley & Markman). While most clinicians work with couples using therapy as an intervention, our program encourages a clinician's role in prevention, before couples are distressed. This rotation offers a broad array of clinical training opportunities. We provide 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. Supervision will be provided by Traci Maynigo, PsyD as well as other trainers in the program.

#### Transplant Surgery Programs

The psychosocial service to the Transplant Surgery Programs provides consultation to all the solid organ transplant teams at the medical center. Psychiatrists, psychologists, consultation liaison fellows, and social workers are key participants in the multidisciplinary team that evaluates patients with congestive heart failure, liver diseases, and kidney failure. Interns will have the opportunity to carry a small caseload of transplant patients for individual psychotherapy, meet with Dr. Townes weekly for supervision, attend meetings with Dr. Marcus for psychiatric/medical consult when needed, attend selection meetings, observe and participate in multidisciplinary team selection meetings, participate in bedside evaluations/interventions, co-lead existing intervention/support groups, lead one or two psycho-educational group meetings on a topic of interest to them and pertinent to the patient population (mindfulness, reward planning, cognitive restructuring, insomnia, weight management, interpersonal effectiveness, etc.), and attend multidisciplinary psychiatric didactic meetings. The schedule for this rotation is flexible, and, within reason, can be tailored to an intern's availability. Supervision is provided by Meredith Townes, PsyD and Paula Marcus, M.D.

#### University Behavioral Associates

UBA is an innovative managed care company founded by the Department of Psychiatry at MMC which delivers behavioral health services to a large population in the Bronx and Westchester. Interns choosing this research elective on behavioral population health will learn about patterns of utilization, models of health care reform, managed care, and reimbursement methodologies. Supervision is provided by Scott Wetzler, Ph.D.

## DOCUMENTATION

Documentation and record keeping represent a critical aspect of an intern's work. Interns will be responsible for preparing progress notes. Depending on the rotation/elective, these notes may be part of an electronic medical record (EMR) or may be hand-written.

Although it may be time-consuming, the writing of progress notes is mandatory and part of each intern's responsibilities as they learn to become a professional psychologist. As is the case with all clinical staff, interns must be conscientious about creating and maintaining the clinical record and completing all other documentation in a timely fashion. Generally, this means submitting notes within 24 hours of a session. Remember, "*If you didn't document it, it didn't happen*" is the rule of thumb in most clinical settings.

In addition, as a general rule, interns should keep in mind that the patient's electronic and paper charts are legal documents. Thus, the chart is not an appropriate place for supervisory process notes or speculations. The chart is a permanent record of the patient's treatment. Please consult with your supervisor about the type and style of note you are to do.

In general, progress notes should be: (a) succinct, only focusing on the most important aspects of the session; (b) objective, if others had watched your session, they would agree with what you observed; and (c) non-judgmental and strengths-based. This does not mean that you should omit, distort, downplay, or ignore risks, changes in status, and/or areas of difficulty. You should be clear and concise about what happened, while keeping in mind that not every single detail of the session needs to be documented in your progress note - especially information that is not clinically relevant and might cause unnecessary embarrassment to your patient (e.g., if he or she were to read it, if another provider were to review it, or it were to end up as part of a public record).

For example, in 2018 our EMR will be incorporating a "break the glass" feature that will allow providers outside of psychiatry to view the charts/notes of our patients when necessary. In addition, patients and parents of child/adolescent patients have the right to access their medical records. You may also obtain remote access to the EMR. If so, and you elect to complete notes off-site, you must do so in ways that are HIPAA-compliant, Please be mindful of where you complete notes, and under no circumstances should notes be completed in a public location.

Interns should also complete the chart with the understanding that a possible adversary (i.e., lawyer or insurance company), may read it when the treatment is being challenged – such as if there is a lawsuit against you and the hospital for malpractice or if an insurance company is looking for assessing whether services performed deserve reimbursement.

In addition, most, if not all rotations include the documentation and regular updating of some type of treatment plan. Typically, initial treatment plans are due within 7 days of an initial assessment (for the AOPD) and within 30 days (for the COPD). Treatment Plan Updates (TPUs) are due every 90 days (for both clinics). The treatment plan should define problems in concrete, behavioral terms, with measurable goals, and specific interventions. Target dates must be applied to each problem and goal. In some settings, interns may need to leave space for other disciplines to contribute to this treatment plan. As the treatment progresses, additional problems and treatments may be added to the treatment plan. It is the responsibility of the primary clinician to submit Treatment Plans in a timely fashion.

Please be sure to check in with each of your supervisors about their expectations regarding charting – in terms of both content (i.e., what to include in your notes) and process (e.g., provide them with a draft first or enter directly into the EMR). Many sites will have a sample template available for you to use.

## **CURRICULUM**

Though clinical rotations are the primary focus of the internship year, the psychology curriculum is also an important component of your work here. In order to accommodate the lecture schedule, interns are excused from their clinical services. It is therefore important that you make every attempt to attend all of the lectures. In addition, you should plan your schedule so you can arrive on time and participate fully in all of the lectures. Finally, you will complete an electronic evaluation of each lecture, and should do so in a timely manner.

The curriculum consists of: (1) a Thursday morning and afternoon seminar series usually for the intern class alone but occasionally conducted conjointly with psychiatry residents and fellows and/or psychology externs; (2) Department of Psychiatry Grand Rounds (see next page); and (3) the specific curriculum for each clinical service.

The Thursday seminar series typically takes place from 9:00-10:15 and 1:00-3:00, most often in the ground floor conference room at 3317 Rochambeau Avenue. Occasionally the start and end times, as well as the location may vary (refer to the curriculum schedule for specific details). The curriculum is organized according to modules including the following topics:

- General Psychiatry: Clinical Interviewing of Children and Adolescents, Clinical Interviewing of Adults, Mental Status Exam, Legal/Ethical and Privacy Issues
- Emergency Management: Preventing and Managing Crisis Situations, Suicide Assessment, Child Abuse Reporting, Violence Potential, Relationship Violence, NSSIBs
- Psychological Testing, Neuropsychology, and Learning Disabilities
- Psychopharmacology for Psychologists – Children and Adult patients
- General Psychopathology
- Specific Therapeutic Approaches: Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Psychoanalytic and Psychodynamic Therapy, Trauma-Focused Interventions for Children, Motivational Interviewing, Mindfulness Training, Acceptance and Commitment Therapy, Compassion-Focused Therapy, Emotionally Focused Therapy for Couples, Sex Therapy, Multisystemic Therapy for Substance Abuse, Marriage Education, Mentalization-Based Parenting Interventions
- Specific Therapy Modalities: Family Therapy, Couples Therapy, Group and Milieu Therapy for Children, Group Therapy
- Specific Disorders and Populations: Substance Abuse, Geriatrics, Sleep Disorders, Eating Disorders
- Careers of Psychologists in Different Settings: Pediatric Consultation/Liaison Psychology, NYPD, AIDS Center, Integrated Primary Care Center, Transplant Programs, School-based Mental Health, Forensic Psychology, Healthcare and Justice for Immigrant Children
- Professional Development Topics: Psychology Licensure, Private Practice, Ethical Issues, Becoming a Supervisor, Self-Care and Burnout, Perinatal Mental Health, Integrating Science and Practice, Navigating the Job Market, and Working with the Media
- Culture and Diversity: Race, ethnicity, LGBTQ
- Integrated Care: Pediatric and Adult Health Services
- Theories and Methods of Consultation, Program Planning, and Evaluation

## **DEPARTMENT GRAND ROUNDS AND OTHER MEETINGS**

The **Grand Rounds Series** consists of invited speakers from across the nation who present on various topics in psychiatry and psychology. You will receive the complete schedule at the start of the year. Grand Rounds take place on Thursdays between September and May, from 10:30-12:00, in the Cherkasky Auditorium in the Silver Zone of the main hospital on the Moses Campus. Occasionally, speakers are invited for a “lunch with the interns” immediately following Grand Rounds and, at times, they may also stay and give a practical workshop during the afternoon didactics slot. You will be notified of these events as the year progresses and will be expected to attend these lunches and workshops.

An **Intern-Only Meeting** with Dr. Rego is held on the 1<sup>st</sup> Thursday of each month from 12:00-1:00 in the Conference Room at 3317 Rochambeau Avenue. The meeting is used to discuss and problem-solve any training issues as well as have interns present on their upbringing and the factors that influenced them into becoming a psychologist.

A **Psychology Division Meeting** with Dr. Rego and the rest of the faculty and all interns is held on the 3<sup>rd</sup> Thursday of each month, from 12:00-1:00 in the Conference Room at 3317 Rochambeau Avenue. Typically each intern presents an ethical dilemma to the group. Occasionally, cases, journal articles, or professional issues of general interest to all psychologists are discussed.

A special seminar series “**On Becoming a Supervisor**” with Drs. Rego, Pimentel, and Zayde and all interns is held on the 4<sup>th</sup> Thursday of each month from 12:00-1:00 in the Conference Room at 3317 Rochambeau Avenue, starting in September. The meeting allows each intern to learn about – and teach - the different styles of clinical supervision, while under the guidance of the faculty.

An **Intern-Only Meeting** with an outside psychologist (and former intern), Dr. Yael Belinkie, is held each Thursday from 3:00-4:00 in the Conference Room at 3317 Rochambeau Avenue. This meeting is designed to offer the interns from all three tracks a time and place to support one another, seek guidance from the group leader, and process any challenging issues that arise during the internship year.

## **BENEFITS (STIPEND, TIME-OFF, MEDICAL BENEFITS, ETC.)**

**Stipend:** The internship stipend is currently \$42,900 per year. Taxes and benefit costs are withheld from the biweekly paycheck. You have the option of direct deposit or picking up your check personally at the House Staff Office.

**Vacation, Conference, and Sick Days:** In addition to the eight hospital holidays, all interns are entitled to twenty vacation days and twelve sick days for the year. We ask that you try to arrange to use two weeks vacation during the first half of the academic year and two weeks during the second half. Approval for the dates selected must be given by your administrative supervisor and directors of the clinical service at least two weeks prior to the planned date. Only under extraordinary circumstances will vacation days be permitted during the first and last two weeks of the year. In addition, you may request up to five conference days. Approval for conference days must be given by Dr. Rego. Financial support of up to \$2000 is available for conferences in which you are presenting but requires pre-authorization from Dr. Rego. Please refer to the "Intern Time-Off Procedures" hand-out for detailed information about how to submit time off requests and call out for sick days.

**Medical Benefits:** Montefiore Medical Center has an excellent benefit program. The program is made up of a broad range of coverage that offers both flexibility and the opportunity for solid financial protection for you and your enrolled family members. Montefiore provides three medical options. The choices represent an indemnity plan with high deductibles and co-payments, an indemnity plan with low deductibles and co-payments, and a point of service plan for medical care primarily delivered at Montefiore. Each of these choices is available to you at different costs, and you should choose the one which is most appropriate to your personal circumstances. Besides medical options, there are prescription drug, vision, dental options, life insurance, etc. The selections and costs are explained in full by our Benefits Office at the beginning of the internship year. An enrollment booklet will be made available at that time.

**Educational Resource Allowance:** All interns are entitled to an educational resource allowance of up to \$500.00. This can be used towards: (1) Purchasing academic textbooks or journal subscriptions, (2) Payment of professional society membership dues, (3) Purchasing educative software, and (4) Purchasing personal digital assistant (PDA) capable devices (for example: PDA wireless telephones, PDA touch, PDA devices, I-Touch, I-Phone, I-Pad, and e-readers). The following procedures should be followed: obtain an "Employee Business Expense & Travel Reimbursement Form" from the department or House Staff Office. Once you have filled out the form and attached original receipts for purchases/expenses, it must be submitted to Dr. Rego for his approval and signature and then forwarded to the House Staff Office for review, tracking, and approval by the Director of House Staff Office as second signature.

**House Staff Debit Card Meal Program:** Montefiore Medical Center will provide \$16.85 per day to supplement the cost of your meals. Your identification badge (ID) will be programmed to serve as a debit card and loaded with weekly allotments (\$16.85/day) that can be used to purchase a variety of breakfast, lunch, and dinner offerings in the Medical Center Food Pavilion at Moses Division, the Coffee Shop at Moses, the CHAM Kiosk, the Northwest Kiosk, the Cafeteria at the Wakefield Division, and the Coffee Shop at the Wakefield Division. The debit cards cannot be used for purchases from the mobile food carts

**Parking:** Please advise us, as soon as possible, if you intend to drive to work and will need a parking space as the number of available spaces is extremely limited. There are three different locations, when available, which use a diverse fee scale: (1) The 210th St. garage, which is directly across the street from the main entrance to the hospital, has a monthly charge of \$100, and is open 24/7; (2) The 3450 Wayne Ave. garage, which is one/two blocks east of the main entrance, has a monthly charge of \$90, and closes at 11:00pm; and (3) The Shandler Field

parking lot, which is 5 blocks away and provides a shuttle bus to and from the hospital, has a monthly charge of \$65, and closes at 6:00pm.

Housing: Subsidized housing is available to house staff at Montefiore Medical Center, including psychology interns, but cannot be guaranteed. There are two locations adjacent to the hospital (3411 Wayne Avenue and 3450 Wayne Avenue) and one location located in Riverdale (3636 Waldo Avenue) with shuttle bus availability. Apartment sizes range from studios to two bedrooms, many of which have balconies. The Riverdale apartment building is of higher quality, in a nicer neighborhood, but at a higher rent. More information can be found at: [www.montefiore.org/housing](http://www.montefiore.org/housing).

Health Sciences Library: The Health Sciences Library is located on the 2<sup>nd</sup> Floor of the Moses Research Tower and is open from Monday through Friday from 9:00am - 10:00pm, and Saturday from 9:00am - 4:45pm. Interns are allowed access to the library and are eligible to use all library services and privileges once they have a Montefiore I.D. badge. Resources include: electronic databases such as PubMed, Ovid MEDLINE, and Cochrane with full text, online journals and e-books. Computer workstations, laptops, wifi and printers are also available in the library. Materials not available in the library or online can be obtained through interlibrary loan. Your I.D. also entitles you to access to the Einstein library which has more resources and is located on the East Campus. A Shuttle bus travels between Montefiore and the Einstein Complex a number of times a day.

Computers: All clinical offices are equipped with computers with internet access, and interns are assigned hospital email addresses in Microsoft Outlook. Please note that the hospital has a strict policy regarding the protection of patient information over email, as well as responsible internet usage. Interns on clinical services without private offices will have access to computers in shared office space. Interns are also able to use the computers in the Health Sciences Library.

Pagers and Voice Mail: All interns will receive a pager with voice mail to be returned at the end of internship. There is a \$50 deposit due when you receive your pager. This fee is refunded to you upon return of the pager. In addition, all private offices have voice mail.

Diplomas: Although you haven't yet started the internship program, you should know that interns receive diplomas signed by the Director of Training, Chairman of the Department of Psychiatry and Behavioral Sciences, President of Montefiore Medical Center, and Dean of Albert Einstein College of Medicine upon completion of the training program!

## EVALUATIONS

The Internship program is strongly committed to ongoing evaluations on multiple levels:

- intern evaluation of his or her own performance
- supervisor evaluation of intern performance
- intern evaluation of supervisors
- intern evaluation of training program, including core rotations, electives, and didactics.

Supervisors are expected to give informal feedback to interns throughout the year, regarding the quality of their work. Formal written evaluations are completed twice during the year: once in December and once in June. All supervisors prepare written, quantifiable evaluations on a 5 point Likert scale, covering the following profession-wide competencies: research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills. In addition, certain rotations and electives may create additional rotation-specific aims and competencies with interns rotating through. There is also a rating given for overall performance (1-5 scale) and finally, a narrative section for summarizing the intern's strengths and areas for growth.

Dr. Rego meets with each intern individually to discuss these evaluations in January and in June, and each intern must sign a confirmation sheet indicating that he or she has read each of the evaluations. These evaluations are then placed in the interns' files. At the end of the year, a summary letter, including an average score across all of these evaluations, is sent to each intern's graduate school program.

The **minimum requirement** for successful completion of the internship is to achieve an average rating across all competencies of 3 ("Intermediate: Routine supervision is needed") or higher at the end of the internship year, with no final ratings of 1 ("Requires remediation").

In meetings with supervisors as well as in the monthly meetings with Dr. Rego, interns are encouraged to discuss professional issues, training issues, areas of clinical competence which he or she would like to develop, or any issue which is interfering with the development of their professional identity. In addition, each intern will meet individually with Dr. Rego during the first month of the year to set clinical and professional development goals that will be revisited throughout the year. Finally, at the end of the year, interns are asked to formally evaluate their own competence and confidence level since the formation of professional identity represents a major objective of the training program.

Throughout the year, interns are informally asked to evaluate the program, rotations, didactics, and supervisory relationships. If, however, any issues arise at a rotation or elective or with a supervisor that you are uncomfortable with, interns are encouraged to bring them to the attention of Dr. Rego and/or Drs. Pimentel and Zayde as soon as possible - so they can be addressed and resolved. At year-end, interns are asked to anonymously provide formal evaluations concerning all aspects of the training program, such as clinical rotations, supervisors, and seminars. This represents an important source of feedback regarding the quality of the training we offer, and each year we make adjustments (from slight to major) to our program based on the prior year's trainees' comments and recommendations.

We appreciate your cooperation in this effort.

## **POLICIES**

The Internship is covered by Montefiore Medical Center Medical Staff Bylaws, Montefiore Medical Center Medical Staff Rules and Regulations, and Montefiore Medical Center House Staff Policies and Procedures. Psychology Faculty are considered Allied Health Professionals at the Medical Center with hospital appointments and defined clinical privileges, and Psychology Interns are considered House Staff in an accredited training program.

Among the relevant policies, summarized in the House Staff Manual (emailed to you as a separate document), are the following:

- Risk management
- Procedures for evaluation and due process
- Chart completion
- Leave of absence
- Behavioral health services
- Nondiscrimination and anti harassment
- Physician impairment and drug abuse policy
- Professional conduct reporting policy
- Dress code guidelines

In addition, interns are entitled to certain benefits defined in their contract (signed prior to employment) which include: duration of training, compensation, medical benefits and disability insurance, vacation time, liability coverage, support services (including counseling, medical and/or psychological treatment), leave of absence for sickness or parenting, and limited work hours. Psychology interns do not have on-call responsibilities, but must work enough hours to meet state licensure requirements (currently 1750 hours for NY; maximum 45 hours/week).

### **Post-Match Policies**

Please note that APPIC has asked for sites that have specific application requirements that must be met after the Match is completed (e.g., background checks, drug testing, etc.) to be more specific in describing these requirements in our public information in advance, so that candidates can understand our requirements and choose not to apply to our site if they don't meet them. Most importantly, it minimizes the chance of our program being matched to a candidate who is ineligible for hire.

### **Background Checks**

In terms of background checks, for nearly 40 years, New York Correction Law Article 23-A (better known as "Article 23-A") has prohibited New Yorkers from being denied a job simply because of their arrest or criminal records. Starting on October 27, 2015, a new city law called the Fair Chance Act ("FCA") required most employers in New York City to wait until after a conditional offer of employment before asking about or considering a job candidate's criminal record. At that point, employers may only revoke a job offer consistent with Article 23-A.

In other words, the Fair Chance Act makes it illegal for most employers in New York City to ask about the criminal record of job applicants before making a job offer. This means that applications and interview questions cannot include inquiries into an applicant's criminal record. This allows the applicant to be judged strictly on his or her qualifications. In addition, under Article 23-A, New Yorkers cannot be denied work simply because of a criminal record. An applicant may only be denied a position if there is a direct relationship between the applicant's

criminal record and the prospective job or if it can be demonstrated that employing the applicant would create an unreasonable risk to the employer's property or to the safety of specific individuals or the general public.

Employers must consider nine factors in making our determination. If we determine that a direct relationship exists, we must also evaluate the factors to determine whether the risk is decreased. If there is no direct relationship, all of the factors may be considered in determining whether an unreasonable risk exists. The factors are:

- That New York public policy encourages the licensure and employment of people with criminal records.
- The specific duties and responsibilities of the prospective job.
- The bearing, if any, of the person's criminal record on her or his fitness or ability to perform one or more of the job's duties or responsibilities.
- The time that has elapsed since the occurrence of the events that led to the applicant's criminal conviction, not the arrest or conviction itself.
- The age of the applicant when the events that led to her or his conviction occurred.
- The seriousness of the applicant's conviction record, judged by the applicant's conduct. Note that the Commission does not consider convictions for possession or sale of a controlled substance to be particularly serious.
- Any information produced by the applicant, or produced on the applicant's behalf, regarding her or his rehabilitation or good conduct. Because we are required to consider this information, we must affirmatively request it from applicants.
- The legitimate interest of the employer in protecting property and the safety and welfare of specific individuals or the general public.
- If an applicant has a certificate of relief from disabilities or a certificate of good conduct, we must presume he or she is rehabilitated.

For more information, see: <http://www.nyc.gov/html/cchr/html/coverage/fair-chance-employers.shtml>

### **Pre-Employment Drug Testing Policy**

Montefiore Medical Center is committed to ensuring a safe, healthy, productive and efficient work environment for its Associates, patients and visitors. Accordingly, the Medical Center has established a pre-employment drug-testing program for job applicants and other individuals seeking to work, train or volunteer at the Medical Center.

This policy is applicable to all applicants for temporary or regular employment, and all other individuals seeking to work, train, or volunteer at Montefiore Medical Center, including interns, residents, independent contractors who will work on site and individuals referred through employment agencies (hereinafter referred to collectively as "applicants"). Applicants must undergo and pass a drug test before they actually commence employment, work, training or volunteer activity at Montefiore Medical Center. The pre-employment drug testing policy does not apply to persons under 18 years of age.

#### **Procedure:**

Montefiore Medical Center's pre-employment drug testing procedure complies with applicable federal, state and local law. All applicants (as defined above) must undergo a pre-employment drug test and must receive a negative test result as a condition of employment, work, training or volunteer activity. The pre-employment drug test is administered after the applicant receives from Montefiore Medical Center a conditional offer of employment, work, training or volunteer

opportunity. New hire processing will not be initiated until the drug testing has been completed with satisfactory results.

At the time Montefiore Medical Center extends to the applicant a conditional offer of employment, work, training or volunteer opportunity, the applicant will promptly be provided with the documents he/she will need to comply with the pre-employment drug testing procedure.

These documents include:

- A Forensic Drug Testing Custody and Control Form
- A list of drug testing collection sites approved by the certified laboratory from which applicant will select the most convenient site.
- An acknowledgement and consent form which the applicant must return to the Recruitment Department at the time he/she receives a copy of this policy.

An applicant is required to provide a urine specimen at an approved collection site within forty-eight (48) hours of receiving from Montefiore Medical Center an offer of employment, work, training, or volunteer opportunity. If the day after the applicant receives such an offer is not a business day in which a collection site is open, the applicant will be allowed seventy-two (72) hours to provide the urine specimen.

### **Negative Test Results**

The HR Recruiter will be informed by the certified laboratory of negative test results within two (2) days from the collection date.

### **Positive Test Results**

When an applicant tests positive for drugs, the certified laboratory will automatically retest the original specimen before concluding that the test result is positive. The Medical Officer (“MRO”) will then contact the applicant directly to review positive test results. If the MRO determines that there is no valid reason for the positive tests results, the applicant will be ineligible to work, train, or volunteer at Montefiore Medical Center.

### **Negative Dilute Results**

When a test result comes back as a ‘negative dilute’, the applicant will be given an opportunity to retest once within a 24 hour timeframe. If the second test result comes back as a ‘negative dilute’ again, the applicant will be ineligible to work, train, or volunteer at Montefiore Medical Center.

### **Refusal to Submit a Drug Test**

Although an applicant has the right to refuse to submit to a pre-employment drug test, Montefiore Medical Center will not consider the applicant who so refuses. Moreover, Montefiore Medical Center will consider the following conduct by an applicant as a refusal to submit to a drug test:

- Refusing or failing to appear to a substance abuse test within a specified time, as determined by Montefiore Medical Center, after being directed to do so;
- Failing to remain at the testing site until the testing process is complete;
- Failing to provide a urine specimen for collection; failure to provide a sufficient amount of urine when directed, without an adequate medical explanation;
- Failing or declining to take a second drug test that Montefiore Medical Center or collector has directed to be taken;
- Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by Montefiore Medical Center as part of the “shy bladder” procedures;
- Adulterating or substituting a urine sample, or attempting to adulterate or substitute a

- urine sample; or
- Failing to cooperate with any part of the testing process such as delaying the collection, testing or verification process or otherwise engaging in conduct that obstructs or manipulates, or attempts to obstruct or manipulate, the testing process.

This policy is not a contract of employment. If an applicant fails to comply with this policy, the applicant will be ineligible for employment.

Questions regarding the meaning or application of this policy should be directed to the Montefiore Medical center Recruitment Department.

### **Maintenance of Records of Intern Performance**

As evidence of your progress through the program (as well as for future reference and credentialing purposes), we document and permanently maintain accurate records of your training experiences, including all evaluations, correspondence with your program, and your certificate of internship completion.

Intern files are organized by year and kept in locked cabinets, in a large, locked, filing room that is housed in the same building as the Chief Psychologist/Director of Psychology Training, to which only select administrative faculty and the Internship Coordinator have access. Files from the past decade are kept onsite, and older files are stored offsite (Iron Mountain: Data & Records Management).

As a backup measure, key files (e.g., evaluations, contracts, etc.) are also scanned and stored electronically on the Internship Coordinator's personal computer, which is password protected.

### **Supervision Requirements**

Supervision is a core element of the Psychology Internship Training Program to optimize delivery of patient care and aide trainees' development of professional competencies. Supervision of psychology interns is provided primarily by licensed psychologists in the Department of Psychiatry and Behavioral Sciences. Interns receive a minimum of four hours per week of face-face clinical supervision, two of which must be provided individually by licensed clinical psychologists. Beyond these two hours, supervision will be provided by licensed clinical psychologists or other properly licensed/credentialed mental health professionals (e.g., Board-Certified Psychiatrist). The Director and Associate Directors of Psychology Training review and confirm the appropriateness of credentials of all supervisors in the internship program.

Supervision may be exercised in a variety of methods and formats. Direct observation is prioritized as it allows supervisors to provide a more accurate level of assessment and evaluation of observable aspects of trainees' development of the profession-wide competencies, as well as the quality of the services provided, that cannot be obtained through any other methods. To facilitate the use of direct observation, digital video-cameras and audio-recorders are available for interns in each track and can be signed out for use throughout the year.

### Classification of Supervision

These categories must be in place depending on the clinical situations:

- **Direct, Live:** Supervisor is physically present with the intern (e.g., sitting in on intakes, mental status exams at the start of the training year, co-leading groups, co-therapy, one-way mirrors, live synchronous audio-video streaming)

- Direct, Review: (a) Post-hoc review of audio-recordings of sessions  
(b) Post-hoc review of video-recordings of sessions
- Indirect, Live: (a) Supervisors immediately available i.e. within the confines of the site while patient care is occurring  
  
(b) Supervisor available by telephone to discuss while patient care is occurring
- Indirect, Review: Post-hoc case discussion, process notes

Each patient assigned to an intern must have an identified, credentialed faculty member assigned to supervise the case. Each elective rotation must have an identified, credentialed supervisor assigned. Supervisors are assigned by the Director and Associate Directors of Psychology and vary by specialization/track. Supervisor assignments for all rotations and electives are made available to all interns at the start of the internship year.

#### Role of the Director and Associate Directors of Psychology Training

The Director and Associate Directors of Psychology Training must assign the degree of progressive responsibility and supervisory role for each intern. The Director and Associate Directors of Psychology Training ensure that supervisors evaluate each intern in accordance with all relevant profession-wide competencies and using standardized criteria.

#### Role of the Supervisors

Supervisors must work with interns to schedule regular weekly, individual supervision time of at least one hour, face-to face.

Supervisors should review the criteria on the Supervisor Evaluation of Intern Performance Form at the start of the supervisory relationship with the intern, in order to establish goals and guidelines.

Supervisors are required to complete Supervisor Evaluation of Intern Performance Form semi-annually and/or at the conclusion of an elective rotation. Supervisors must evaluate the intern using one of the two forms of direct observation at least once during the intern's rotation (i.e., cannot only rely on indirect observation methods – see above). Supervisors must ensure that the intern has an updated consent for audio/video-recording form signed for patients under their care that will be recorded for direct observation purposes.

Supervisors must co-sign notes in the electronic medical record in a timely fashion (e.g., within 24 hours).

Supervisors are encouraged to address issues of culture and diversity in all cases.

Supervisors are required to attend the monthly internship supervisors' meeting. If they are unable to attend they should provide verbal or written updates regarding the intern(s) they are supervising to the Director/Associate Directors of Psychology Training.

#### Role of the Psychology Intern

Interns must work with supervisors to schedule regular weekly, individual supervision time of at

least one hour, face-to face.

Interns should review the criteria on the Supervisor Evaluation of Intern Performance Form at the start of the supervisory relationship with their supervisor, in order to establish goals and be clear of the criteria and competencies on which they will be evaluated. Interns must ensure that they updated consent for audio/video-recording for patients in their care who be recorded for direct observation purposes.

The intern must be knowledgeable of the limits of his/her abilities and scope of authority in clinical events.

Interns must complete notes in the electronic medical record and route to their supervisors in a timely fashion (e.g., within 24 hours) for co-signing. Interns should work with supervisors to clarify preferred note content and structure.

Interns must complete the Evaluation of Internship Rotation and Evaluation of Supervisory Contact Form at the conclusion of each elective and/or semi-annually and submit to the Director of Psychology Training.

### **Due Process and Grievance Policy:**

The Psychology Training program is committed to resolving any problems or issues which arise for interns during the course of the training year. If a problem arises with any facet of the training program (e.g., the requirements, conflict with a supervisor, gender or race discrimination, sexual harassment, unfair practices), the intern and Director of Training will discuss it, and make every effort to resolve it informally.

However, if the intern is not satisfied, he/she is advised to file a written formal grievance with the Director of Training. The grievance will be reviewed by the Executive Vice-Chairman of the Department of Psychiatry at Montefiore Medical Center. The Executive Vice-Chairman together with the Director of Training will meet with the complainant and any other relevant parties to the grievance. If necessary, legal advice will be sought. The Executive Vice-Chairman and the Director of Training will communicate the decision to the Chairman of the Department of Psychiatry and Behavioral Sciences. The Chairman may choose to accept the decision or refer it back to the Director of Training and Executive Vice-Chairman for continued investigation and review. Once the Chairman accepts the decision, it is communicated in person to the intern and there will be a written record made of the decision. Interns also have the right to consult with the Department of Human Resources at Montefiore Medical Center, and may report any perceived violations to the American Psychological Association (Committee on Accreditation, 750 First St, NE, Washington, DC 2002-4242. Tel: 202-336-5979).

The Psychology Internship's due process and grievance policies and procedures are consistent with guidelines recommended by APPIC. This includes a definition of levels of impairment (distinguishing between a remediable problem and an impairment which does not change after feedback); a process of remediation and sanction alternatives (i.e. verbal warning; written acknowledgment which will ultimately be removed from the intern's file; written warning of consequences and actions needed to correct impairment and notification of intern's right to review; schedule modification; probation; suspension of direct service activities; administrative leave; dismissal); a process for responding to negative evaluations by supervisor; due process guidelines and procedures; and grievance procedures due to an intern challenge or a training staff member challenge. The Training Director will provide interns with written feedback regarding the success or lack of success of the remediation plan.

We attach the following document to apprise you of your rights, but please note that, to date, no intern has ever failed to complete the internship successfully; no intern has ever been put on probation; and no intern has ever filed a grievance!

## **POLICY: THE IDENTIFICATION AND MANAGEMENT OF INTERN PROBLEMS/IMPAIRMENT**

This document provides interns and staff a definition of impairment, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or impairment.

### **Definition of Impairment**

Impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning. While it is a professional judgment as to when an intern's behavior becomes impaired rather than problematic, a problem refers to a trainee's behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairment when they include one or more of the following characteristics: the intern does not acknowledge, understand, or address the problem when it is identified; the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training; the quality of services delivered by the intern is sufficiently negatively affected; the problem is not restricted to one area of professional functioning; a disproportionate amount of attention by faculty is required; and/or the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

### **Remediation and Sanction Alternatives**

It is important to have meaningful ways to address impairment once it has been identified. In implementing remediation or sanction interventions, the faculty must be mindful and balance the needs of the impaired or problematic intern, the patients involved, members of the intern training group, the training staff and other agency personnel.

Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Written Acknowledgement to the intern formally acknowledges that the TD is aware of and concerned with the performance rating, that the concern has been brought to the attention of the intern, that the TD will work with the intern to rectify the problem or skill deficits, and that the behaviors associated with the rating are not significant enough to warrant more serious action. The written acknowledgement will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

Written Warning to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain: a) a description of the intern's unsatisfactory performance; actions needed by the intern to correct the unsatisfactory behavior; b) the time line for correcting the problem; what action will be taken if the problem is not corrected; and c) notification that the intern has the right to request a review of this action. A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the TD. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

Schedule Modification is a time-limited, remediation-oriented closely supervised period of

training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include: a) increasing the amount of supervision, either with the same or other supervisors; b) change in the format, emphasis, and/or focus of supervision; c) recommending personal therapy; d) reducing the intern's clinical or other workload; e) requiring specific academic coursework. The length of a schedule modification period will be determined by the TD in consultation with the Associate Director of Training. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the Associate Director of Training.

Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the TD systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement which includes: the specific behaviors associated with the unacceptable rating; the recommendations for rectifying the problem; the time frame for the probation during which the problem is expected to be ameliorated, the procedures to ascertain whether the problem has been appropriately rectified. If the TD determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the TD will discuss with the Associate Director of Training possible courses of action to be taken. The TD will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the TD will communicate that if the intern's behavior does not change, the intern will not successfully complete the internship.

Suspension of Direct Service Activities requires a determination that the welfare of the intern's patient has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the TD. At the end of the suspension period, the intern's supervisor in consultation with the TD will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

Administrative Leave involves the temporary withdrawal of all responsibilities and privileges. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The TD informs the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

Dismissal from the Internship involves the permanent withdrawal of all responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. When an intern has been dismissed, TD will communicate to the intern's academic department that the intern has not successfully completed the internship.

### **Procedures for Responding to Inadequate Performance by an Intern**

If an intern receives an “unacceptable rating” from any of the evaluation sources in any of the major categories of evaluation, or if a faculty member has concerns about an intern’s behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated: The faculty member will consult with the TD to determine if there is reason to proceed and/or if the behavior in question is being rectified. If the faculty member who brings the concern to the TD is not the intern’s Associate Director of Training, the TD will discuss the concern with the intern’s Associate Director of Training. If the TD and Associate Director of Training determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the faculty member who initially brought the complaint. The TD will meet with all supervisors on the Training Committee to discuss the performance rating or the concern and possible courses of action to be taken to address the issues. The TD and Associate Director of Training may meet to discuss possible course of actions. Whenever a decision has been made by the TD about an intern’s training program or status, the TD will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern’s Associate Director of Training. If the intern accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern’s academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

### **Due Process: General Guidelines**

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures, which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include: During orientation period, presenting to the interns, in writing, the program’s expectations related to professional functioning. Discussing these expectations in both group and individual settings. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals. Articulating the various procedures and actions involved in making decisions regarding impairment. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies. Providing a written procedure to the intern which describes how the intern may appeal the program’s action. Such procedures are included in the intern handbook. The Intern Handbook is provided to interns and reviewed during orientation. Ensuring that interns have sufficient time to respond to any action taken by the program. Using input from multiple professional sources when making decisions or recommendations regarding the intern’s performance. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

### **Due Process: Procedures**

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the TD and the intern or faculty, the steps to be taken are listed below.

### **Grievance Procedures**

There are two situations in which grievance procedures can be initiated. An intern can challenge the action taken by the TD or a member of the faculty may initiate action against an intern. These situations are described below.

### **Intern Challenge**

If the intern wishes to formally challenge any action taken by the TD, the intern must, within five

(5) working days of receipt of the TD decision, inform the TD, in writing, of such a challenge. When a challenge is made, the intern must provide the TD information supporting the intern's position or concern. Within three (3) working days of receipt of this notification, the TD will consult with the Executive Vice Chairman of the Department and will implement Review Panel procedures as described below.

### **Staff Challenge**

If a faculty member has a specific intern concern that is not resolved by the TD, the faculty member may seek resolution of the conflict by written request to the TD for a review of the intern's behavior. Within three (3) working days of receipt of the faculty member's challenge, the TD will consult with the Executive Vice Chairman and a Review Panel will be convened.

### **Review Panel and Process**

When needed, a review panel will be convened by the TD. The panel will consist of the TD and Executive Vice Chairman. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. Within five (5) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report, including any recommendations for further action. Recommendations made by the Review Panel will be made by unanimous vote and presented to the Chairman of the Department of Psychiatry and Behavioral Sciences. Within three (3) work days of receipt of the recommendation, the Chairman will either accept or reject the Review Panel's recommendations. If the Chairman rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Chairman may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision. If referred back to the panel, they will report back to the Chairman within five (5) work days of the receipt of the Chairman's request of further deliberation. The Chairman then makes a final decision regarding what action is to be taken. The Training Director informs the intern, and if necessary, the training program of the decisions made. If the intern disputes the Chairman's final decision, the intern has the right to contact the Department of Human Resources to discuss this situation.

## **ADMINISTRATIVE TASKS PRIOR TO STARTING INTERNSHIP**

Before you can be cleared to start, you are required to take a physical exam which includes blood tests. This examination can be performed by the Occupational Health Service (OHS) of Montefiore Medical Center or by your personal physician. If you intend to use your personal physician, then please contact the House Staff Office (HSO) to send you the necessary medical forms which your doctor must complete. If using OHS, you should contact the HSO (see below) so they can arrange an appointment for you with OHS prior to the start date. You should also ask a member of the HSO if you can stop by at the time of your physical, so you can complete the necessary administrative paper work (e.g. W-4 forms, etc.). In addition, you should find out what identifying papers are required (i.e. birth certificate or passport).

**Pre-Employment Drug Testing Policy:** Medical Center has established a pre-employment drug-testing program for job applicants and other individuals seeking to work or train at the Medical Center. This policy is applicable to all applicants for employment, and all other individuals seeking to work, train, or volunteer at Montefiore Medical Center (including interns). Applicants must undergo and pass a drug test before they actually commence employment, work, training or volunteer activity at Montefiore Medical Center.

Once you have completed your medical and drug testing clearance and administrative paper work, you will be able to obtain your ID badge from Security (3324 Rochambeau Avenue). This can be prior to, but no later than, your start date. Once you have an I.D. badge, you will be eligible for many of the benefits listed on pages 19 and 20 of this handbook (e.g., apply for a parking, use of Health Sciences Library, etc.).

## **ADMINISTRATIVE ASSISTANCE**

### Psychology Internship Training Program

Our internship program coordinator, Ms. Lynda Guagenti, is located on the 3<sup>rd</sup> floor of our administrative building (3317 Rochambeau Avenue) and can be reached at: 718-920-4797.

### House Staff Office

The House Staff Office is located on the Moses Campus at 150 East 210<sup>th</sup> Street, 3rd Floor (4th doorbell). Our contact, Ms. Ariana Sanati and can be reached at: 718-920-2625. In general, members of the House Staff office are very helpful, but if you encounter any problems, please contact our internship program coordinator, Ms. Lynda Guagenti.

## **TECHNICAL SUPPORT**

All clinical offices are equipped with computers with internet access, and interns are assigned hospital email addresses in Microsoft Office 365, the medical center's e-mail system. Interns on clinical rotations without private offices will have access to computers in shared office space. Montefiore has a 24 hour/day hotline for technical support that can be reached at: 718-920-4554 or [servicerequest@montefiore.org](mailto:servicerequest@montefiore.org). They will ask for your computer ID, which is typically labeled on the front of the computer monitor and CPU tower.

## **OTHER IMPORTANT HOSPITAL PHONE NUMBERS**

Benefits: 914-378-6530; Human Resources: 914-378-6570; Payroll: 914-378-6400

House Staff Office: 718-920-2625

Occupational Health Services (for Employee Physicals): 718-920-5406

Parking Garage: 718-920-5691

Pharmacy: 718-920-4934

Security: 718-920-6131