

**NYC HEALTH + HOSPITALS/ELMHURST
MOUNT SINAI SERVICES**

79-01 Broadway
Elmhurst (Queens), New York 11373

**PSYCHOLOGY
INTERNSHIP PROSPECTUS**

2023- 2024

DESCRIPTION OF HOSPITAL SETTING

Elmhurst Hospital Center (EHC) is a municipally run general hospital located in Queens, New York. EHC is part of the New York City Health and Hospitals Corporation, and is an affiliate and major teaching hospital of the Icahn School of Medicine at Mount Sinai. The internship is offered through the Icahn School of Medicine at Mt Sinai, as stated on the certificate given to interns at the completion of the internship. The internship program combines the advantages of a general hospital's diverse patient population with a teaching hospital's high quality of staffing, advanced technology, research, libraries, and focus on learning.

Elmhurst Hospital Center is located in the northwest part of Queens in New York City, near major subways, several bus lines, many parkways, and Laguardia Airport. The hospital is located in a working-class residential area. The surrounding community is one of the most culturally and ethnically diverse areas in the country, and includes immigrants from Africa, Europe, Asia, and Central and South America. This provides a diverse patient and staff population and adds a strong multicultural dimension to the learning experience.

DESCRIPTION OF PSYCHOLOGY DIVISION & PSYCHIATRY DEPARTMENT

Within the Psychiatry Department, there are 16 psychologists employed in the Psychology Division. The Psychology Division's major function is to provide psychological services to the hospital's patients in the context of an interdisciplinary treatment model. The Division provides training, supervision and teaching to psychology interns, child psychology fellows, psychiatry residents, medical students, and staff. Psychologists also play a major role in the coordination and administration of various services. The Psychology Division integrates both a milieu-based model and a consultative model in providing psychological services.

Each psychologist has a primary assignment to a clinical service where s/he is an integral part of a treatment team. On the inpatient services, the psychologist's responsibilities include leading community meetings, conducting therapy groups, treating individual patients and their families, and coordinating psychological services on the unit. In addition, psychologists provide clinical, supervisory and administrative services to other units that do not have a full-time psychologist.

There are approximately 177 beds in the Inpatient Psychiatric Service, including five adult acute treatment units, an adolescent unit and a women's forensic unit. The Department of Psychiatry includes a variety of other services. There is a Comprehensive Psychiatric Emergency Program (CPEP) which has a twenty-four-hour psychiatric emergency room, an extended observation unit, and a mobile crisis unit. The Consultation Liaison Service provides consultations to inpatients in the medical and surgical departments. Interns will choose their rotations from the inpatient units (Adult, Dual-Diagnosis, Adolescent, Forensic), the Psychiatric Emergency Room (CPEP), the Child Partial Hospitalization Program, the Outpatient Integrated Services (Adult and Adolescent Health and Primary Care, Healthy Steps in Pediatric Primary Care), and the Consultation Liaison Service.

Ambulatory Behavioral Health Services has over 25,000 visits per year, from diverse ethnic and clinical groups. This program includes traditional outpatient clinics as numerous sub-clinics

and programs. Throughout the year interns will see outpatient psychotherapy patients from the traditional outpatient clinics within Ambulatory Behavioral Health Services and conduct assessments throughout the hospital. Interns will see patients in the adult clinic and in the child/adolescent outpatient clinic. Interns may have the opportunity to see patients from the Chemical Dependency and Methadone Program.

OVERVIEW OF THE TRAINING PROGRAM

We offer eleven APA Accredited, full time, paid internship positions in clinical psychology, six Adult Track positions and five Child and Adolescent Track positions. Nine of our positions are federally funded by Health Resources and Services Administration (HRSA). We are a member of the American Psychological Association and the Association of Psychology Postdoctoral and Internship Centers (APPIC); our program adheres to the rules of these governing bodies. For verification and questions from APA, please contact:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
(202) 336-5979

We accept applicants from Doctoral programs in Clinical, Counseling and School/Clinical Psychology. Candidates must have at least two years of practicum/externship experience, including psychological testing and report writing (objective, personality, and projective). By the time of the application, candidates must have passed their comprehensive exam and have been admitted for doctoral candidacy. In addition, applicants must have an approved dissertation proposal by the application deadline. In compliance with APA guidelines, and to serve our patient population better, we try to obtain a balanced and diversified class each year with regard to gender and ethnicity.

Interns are provided with intensive supervised experience in clinical psychology, with emphasis upon functioning as a professional psychologist in areas including clinical interviewing, psychological testing, as well as individual, couples, family and group psychotherapy. The offerings are individualized in accordance with each intern's professional goals and objectives. Training includes supervised experience with inpatients and outpatients of varying age groups, the utilization of various modalities of intervention, and implementation of diverse assessment instruments (e.g., intelligence tests, objective and projective personality measures, neuropsychological measures, etc.). An intern's time is allocated, approximately, as follows: major rotations 45%; outpatient evaluations, individual, couple, family and group therapy 25%; testing 15%; courses and educational activities 10%; administrative meetings 5%.

Our training occurs in the context of a multi-cultural urban hospital. The patient population is ethnically and culturally diverse. Patients come from many different Latino, European, and Asian communities; the catchment area is among the most diverse in New York City. This lends a multi-cultural dimension to our training and we seek to emphasize the understanding and treatment of psychopathology from different cultural perspectives. We provide training and

supervision in culturally competent assessment and treatment. We are also committed to encouraging and achieving a diverse intern and faculty group.

The training rotations offer a richness and variety of case material, and opportunities to work with a wide variety of diagnostic presentations, including psychotic, anxiety, mood, developmental, and personality disorders. From interdisciplinary treatment and case conferences, Psychiatric Emergency Room rounds, Consultation and Liaison rounds, and testing consultations, interns learn the variety of roles psychologists perform in a hospital setting, as well as how to work side by side with allied disciplines. Interns gain an understanding of the medical, pharmacological, nursing, rehabilitation, social work, and creative activity disciplines, and learn about the role of managed care in a hospital. In addition, interns gain a working knowledge of the application of ethical and legal standards of care of the profession of psychology.

TRAINING PHILOSOPHY AND MODEL

Our training philosophy is a practitioner-scholar model. We train our interns to provide direct clinical service in a high intensity, clinically rich environment. It is through this experience, as well as through supervision and clinical didactics that we prepare our interns for entry-level practice in professional psychology.

The following outlines our goals and objectives:

Expected Competencies

1. Competence in Research/Scholarly Inquiry:

Aims: Interns will demonstrate knowledge of and respect for scientific bases of behavior. They will demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including host institution), regional or national level. Interns will demonstrate appropriate knowledge, skills, and attitudes to produce and disseminate scientific research and to make appropriate use of scientific methods and findings in all professional roles. They will display the necessary self-direction in gathering clinical and research information to practice independently and competently. They will seek out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas. Interns will demonstrate competence in evidence-based treatment modalities and an ability to incorporate knowledge of empirical basis into practice. Interns will demonstrate competence in program evaluation methods.

Outcomes Expected: Interns will be dedicated to expanding knowledge and skills, independently seeking out information to enhance clinical practice, utilizing available databases, professional literature, seminars and training sessions, and other resources. Interns will be able to independently incorporate knowledge of the research literature into clinical practice. They will have an advanced understanding of the theoretical basis for the treatment modality, and particular treatment approach. Interns will independently incorporate knowledge of empirical basis into treatment. They will demonstrate knowledge of program evaluation theory, including

the rationale for selection of an appropriate evaluation approach (experimental or quasi-experimental, goal oriented, user/decision focused, process oriented, participatory), and be able to apply this knowledge to various programs by independently developing evaluation questions.

2. Competence in Ethical and Legal Standards:

Aims: Interns will be knowledgeable of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies, governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.

Interns will recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. Interns will conduct themselves in an ethical manner in all professional activities. Interns will demonstrate good knowledge of ethical principles and legal issues that impact patients and consistently apply them appropriately.

Outcomes Expected: Interns will spontaneously and consistently identify ethical and legal issues and address them proactively, while reliably judging when to seek consultation. Interns will seek to prevent problems and unprofessional conduct and seek supervision as appropriate. Interns will discuss ethical dilemmas intersection of personal and professional ethical/moral issues, and decision making in supervision, team meetings, and case presentations. Interns will integrate ethical and legal standards with all other competencies.

3. Competence in Individual and Cultural Diversity:

Aims: Interns will have an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. Interns will have knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. Interns will have the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individuals and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. They will be sensitive to the cultural and individual diversity of patients, and commit to providing culturally sensitive services. Additionally interns will be aware of their own cultural identity issues and its relation to clinical work.

Outcomes Expected: Interns will independently monitor and apply knowledge of self as a cultural being and diversity in others as cultural beings in assessment, treatment, and consultation. Interns will demonstrate awareness of effects of oppression and privilege on self and others. Interns will apply knowledge, skills, and attitudes regarding dimensions of diversity to professional work. They will discuss individual differences with patients and staff when appropriate, and acknowledge and respect differences that exist between themselves and clients in terms of race, ethnicity, cultural, and other individual difference variables. They will be able to recognize when more information is needed regarding patient differences and seek out more

information autonomously, always aware of their own limits to expertise. Interns will be able to accurately self-monitor their responses to differences, and differentiate that from patient responses; they will exhibit thoughtfulness about their own cultural identity, as well as awareness of personal impact on client different from themselves.

4. Competence in Professional Values, Attitudes, and Behaviors:

Aims: Interns will behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Interns will engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Interns will have professional and appropriate interactions with treatment teams, peers and supervisors. Interns will seek consultation and supervision from peers and supervisors as needed and use it productively. They will actively seek and demonstrate openness and responsiveness to feedback. Interns will respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. They will exhibit efficient and effective time management, keep scheduled appointments and meetings, inform supervisors of their whereabouts as needed, and minimize unplanned leave whenever possible.

Outcomes Expected: Interns will adhere to program procedures. Interns will address situations that challenge professional values using verbal and nonverbal communications that are appropriate to the professional context. They will be efficient in accomplishing tasks without prompting, deadlines or reminders, and exhibit excellent time management skills regarding appointments, meetings and leave. Interns will independently act to safeguard the welfare of their patients. They will actively seek consultation when treating complex cases and without with unfamiliar symptoms. Interns will have timely attendance and appropriately prepare for supervision. Interns will display communications and actions that convey sensitivity to individual experience and needs while retaining professional demeanor and deportment. Interns will demonstrate compassion for others who are dissimilar from oneself, who express negative affect (e.g., hostility), and/or who seek care for proscribed behavior, such as violence, predation, or dangerousness. Interns will display consolidation of professional identity as a psychologist and demonstrate knowledge about issues central to the field. Interns will flexibly shift demeanor to effectively meet requirements of professional situations and be able to tolerate ambiguity and to consider other points of view. Interns will demonstrate awareness of own competence and limitations and seek supervision appropriately.

5. Competence in Communication and Interpersonal Skills:

Aims: Interns will demonstrate the ability to communicate effectively, interact appropriately, and to develop meaningful and helpful relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Interns will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated. They will demonstrate a thorough grasp of professional languages and concepts understood by a wide range of individuals. Interns

will demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Outcomes Expected: Interns will maintain satisfactory interpersonal relationships with patients, peers, supervisors, and other staff. They will form effective working alliances and communicate clearly with patients. When receiving feedback from supervisors and others, interns will nondefensively accept, evaluate, and implement feedback into their work. Interns will make appropriate disclosures regarding problematic interpersonal situations and acknowledge their own role in difficult interactions. Interns will demonstrate descriptive, understandable command of language, both written and verbal; concise yet sophisticated and comprehensive chartwork; and clearly and appropriately detailed presentations.

6. Competence in Psychological Diagnosis and Assessment:

Aims: Interns will demonstrate a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification, utilizing historical, interview and psychometric data to diagnose accurately. Interns will promptly and proficiently administer commonly used tests in their area of practice, and appropriately choose the tests to be administered, taking into account cultural and language barriers. They will demonstrate competence in administering cognitive, neuropsychological, personality, and projective measures. Interns will write a well-organized psychological report, answer the referral question clearly, and provide the referral source with specific recommendations. They will use findings to generate informed case conceptualizations.

Outcomes Expected: Interns will demonstrate a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria, so as to autonomously develop accurate diagnostic formulations. Interns will choose appropriate tests to answer referral questions, and proficiently administer and complete all testing efficiently. They will skillfully and efficiently interpret tests, making accurate independent diagnostic formulations on a variety of illnesses, and accurately interpret and integrate the results prior to supervision session. Interns will write reports that are clear and thorough, following a coherent outline and serving as an effective summary of major relevant issues. Interns will incorporate relevant test results into the report as supportive evidence and base feedback and/or recommendations on referral questions.

7. Competence in Theories and Methods of Effective Psychotherapeutic Intervention:

Aims: Interns will consistently achieve a good rapport with patients. They will formulate a useful case conceptualization that draws on theoretical and research knowledge. Interns will collaborate with patients to form appropriate treatment goals, and enact interventions that are well-timed, effective, and consistent with empirically supported treatments; respectful of clients' values/preferences; and relevant expert guidance. They will understand and use their own emotional reactions to the patient productively in treatment. Interns will exhibit knowledge of psychotherapeutic group dynamics and work as effective co-leaders.

Outcomes Expected: Interns will establish quality relationships with patients. Interns will independently produce good case conceptualizations within their own preferred theoretical

orientation, and will be able to also draw some insights into cases from other orientations. They will consistently set realistic goals with patients, enacting interventions and formulating interpretations that facilitate patient acceptance and change. Interns will demonstrate motivation to increase knowledge and expand range of interventions through reading and consultation as needed. During session, interns will use countertransference to formulate hypotheses about patient's current and historical inter and intra personal interactions, and present appropriate interpretations and interventions. Interns will be able to incorporate group techniques into a method of working that is consistent with their own personality, creating a distinctive style of working. Interns will work as co-leaders and monitor and teach each other, mutually anticipating and adapting to each other's interventions within treatment sessions. Interns will be able to formulate strategies and methods succinctly and be able to help others develop as group leaders.

8. Competence in Effective Supervision:

Aims: Interns will demonstrate appropriate supervisor and supervisee knowledge, skills, and attitudes regarding instruction and oversight process of trainees and other health professionals. Interns will engage in direct or simulated practices of supervision including, but are not limited to, role-played supervision with others and peer supervision with other trainees.

Outcomes Expected: Interns will collaborate with supervisor regarding supervisory and supervisee process. Interns will seek necessary supervision to improve performance, present work for feedback, and integrate feedback into performance. Interns will also provide feedback to supervisors regarding supervisory process in the context of individual supervision or evaluation forms. During session, interns will reliably identify potentially challenging patients and seek supervision. Interns will be able to identify their own issues that impact the therapeutic process with patients and have ideas for coping with them, and seek supervision as needed for complex cases. Interns will also effectively function as peer supervisors, and see consultation when needed. Interns will provide feedback to peers regarding peers' clinical work in the context of case conference or group supervision. Interns will identify core skills on which to provide feedback to peers, less advanced students, or other service providers.

9. Competence in Consultation and Interprofessional/Interdisciplinary Skills: Effectively Communicating Psychological Knowledge:

Aims: Interns will demonstrate knowledge and respect for the roles and perspectives of other professions. Interns will apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to: role-play consultation with others; peer consultation with trainees; and consultation within a direct care team or setting. After conducting psychological assessment, interns will serve as a consultant to the patient and treatment team by planning and providing feedback, meeting with both the patient and the treatment team/referring clinician. They will explain test results in terms the patient and team/clinician can understand, integrate the questions asked by the team and patient into feedback, provide suitable recommendations, and respond to issues raised by the patient and

team. Interns will be active participants in morning rounds and team meetings, providing feedback regarding patients' progress from a psychological perspective. Interns will serve as a consultant by gathering psychological knowledge from the milieu, providing feedback regarding patients' progress in psychotherapy, and by providing feedback about patients' progress in psychology-specific treatment groups. They will be able to effectively evaluate, manage, and document patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Interns will also collaborate with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. They will discuss all applicable confidentiality issues openly with patients, and collaborate with treatment team in an effective manner.

Outcomes Expected: Interns will be able to plan and implement the feedback session appropriately. They will foresee areas of difficulty in the session and respond empathetically to patient or caregiver concerns, adjusting personal style and complexity of language and feedback details to accommodate patient needs. Interns will be an active participant and member of the unit's interdisciplinary team, attending morning rounds and team meetings regularly, and when appropriate, providing an opinion on clinical issues from a psychological perspective. Interns will bring up clinical issues to the team for consultation and provide clinical input to the team based on their interactions with patients in numerous psychology-specific interventions. With minimal encouragement from their supervisor, interns are able to assert their opinion during team meetings, and are able to make appropriate recommendations based on psychological assessment of patient progress. Interns will adjust personal style and complexity of language and feedback details to best integrate themselves into the treatment team and be heard as an authority on psychological matters. Interns will assess and document all risk situations fully prior to leaving the worksite for the day; take appropriate action to manage patient risk situations immediately, then consult and confirm with the supervisor. Interns will establish appropriate short-term crisis plans with patients, and recognize issues that need to be communicated immediately with the treatment team (i.e., threats of assault, suicide, etc.) and act upon them. They will communicate on a regular basis with the team about patients on their caseload including teams off of their regular assignment.

10. Competence in Assessment and Intervention within an Integrated (primary care/behavioral health) Setting:

Aims: Interns will develop specialized knowledge of the interplay between medical and psychological conditions. Interns will be able to assess for differential diagnosis when there are co-morbid conditions and provide appropriate and helpful consultation to the patient and treatment team. Interns will become competent in developing appropriate treatment plans and implementing therapeutic interventions within the integrated care setting.

Outcomes Expected; Interns will independently present a case formulation demonstrating the knowledge of medical and psychiatric issues occurring for the patient. Interns will understand the possible differential diagnoses and how to attempt to resolve them. Interns will have a strong knowledge of integrated care systems and are able to provide effective feedback to treatment providers. Interns will develop treatment plans and provide appropriate therapeutic interventions

that are designed for the specific medical and psychiatric co-morbidities in order to facilitate patient change.

For Child and Adolescent Psychology Track Only:

11. Competence in Child-Systems Based-Consultation:

Aims: Interns will develop an understanding of child systems and the role of the psychologist in interfacing between the hospital and the community. The intern will be competent in making verbal and/or written recommendations for appropriate level of care. Interns will develop competence in liaising with systems working with children in crisis situations.

Outcomes Expected: Interns will be able to describe with fluency all available community-based, hospital-based, and residential-based child systems available for treatment of children with severe emotional disturbances. Interns will be competent in all forms of communication, including in-person consultation and written reports expressing appropriate recommendations and comprehensively describe symptoms and treatments that match with an appropriate child system. Interns will have a nearly independent and active role in working with colleagues from the community such as school personnel or caseworkers from the Administration for Children's Services.

For Adult Psychology Track (Grant Focus: OUD/SUD):

12. Competence in Assessment and Intervention within OUD/SUD Prevention and Treatment Services:

Aims: Interns will develop specialized knowledge of the assessment and treatment of OUD/SUD within inpatient and outpatient behavioral health settings. Interns will be able to assess for differential diagnosis when there are co-morbid conditions and provide that information to the patient and treatment team.

Outcomes Expected: Interns will independently present a case formulation demonstrating the knowledge of the assessment and treatment of OUD/SUD patients. Interns will understand the possible differential diagnoses and how to attempt to resolve them. Interns will have a strong knowledge of OUD/SUD assessment and treatment and are able to provide effective feedback to treatment providers. Interns will develop treatment plans and provide appropriate therapeutic interventions that are designed for the specific medical and psychiatric co-morbidities in order to facilitate change.

CLINICAL ROTATIONS

Interns provide treatment and testing services throughout the year in the Ambulatory Behavioral Health Services clinic. In addition, throughout the year, interns select and rotate through four 3-month major rotations, described below.

Ambulatory Behavioral Health Services

The Ambulatory Behavioral Health Services (ABHS) provides an array of outpatient psychiatric services and is comprised of several specialized clinics for the treatment of adults experiencing a wide range of mental health problems. The clinic also houses the Methadone Treatment and Chemical Dependency Program for individuals and families to help with recovery from opioid use disorders and other substance use disorders (OUD/SUD). Psychology interns work in ABHS on a part time basis for the entire training year. Their primary responsibilities include providing individual, group, and family therapy. They also conduct psychological testing cases in the outpatient clinic. They will be conducting therapy sessions in-person and/or via telehealth (video platforms or telephonically).

Staffing: ABHS is staffed by multi-disciplinary teams of mental health professionals including psychiatrists, psychologists, social workers, community liaison workers, caseworkers, activity therapists and nurses.

Chemical Dependency and Methadone Program in ABHS

Description of service: The Chemical Dependency and Methadone Program provide outpatient psychiatric services for individuals and families to help with recovery from opioid use disorders and other substance use disorders (OUD/SUD). Based on one of our federal grant's funding, interns on the OUD/SUD track will provide treatment by co-facilitating Seeking Safety groups.

Staffing: The clinic is staffed with a psychiatrist, social workers, nurses, and Credentialed Alcoholism and Substance Abuse Counselors (CASACs).

Child/Adolescent Outpatient Clinic

The Child/Adolescent Outpatient Behavioral Health Clinic provides outpatient services to children and adolescents. Psychology Interns' primary responsibilities include providing individual psychotherapy to patients ranging in age from 5-20. Some interns will have the opportunity to conduct family therapy and/or group therapy for appropriately referred patients. There are also opportunities to conduct psychological testing to help clarify diagnosis. Therapy sessions are conducted both on an in-person basis and virtually, depending on the needs and situation of the patient. Finally, interns may have the opportunity to take part in the Child and Adolescent Rapid Evaluation Services (CARES) program, which helps ensure that appropriate initial evaluations (intakes) are done for patients recently referred from the community, our CPEP or inpatient units.

Major Rotations

Adult Inpatient Unit

Dual Diagnosis Inpatient Unit

Women's Forensic Inpatient Unit including Court Clinic

Adolescent Inpatient Unit

Consultation Liaison Service (C/L)

Comprehensive Psychiatric Emergency Program (CPEP)

Child/Adolescent Partial Hospitalization Program

Outpatient Integrated Care (Adult Medical Primary Care and Infectious Diseases Clinic)

Adolescent Collaborative Health (Adolescent Medical Primary Care) including Child Abuse/Sexual Abuse (CASA) Clinic and Pediatric Consultation Liaison (Peds CL)

Healthy Steps

DESCRIPTION OF ROTATIONS

Elmhurst Hospital Center is a training hospital affiliated with the Mount Sinai School of Medicine; as such some of the units serve as a training rotation for psychiatric residents, child psychiatry fellows, clinical psychology interns, and medical students. Interns are provided with a rich learning experience in which teaching and training are an integral part of most units.

Inpatient Units (Adult Inpatient, Dual Diagnosis, Adolescent Inpatient, Women's Forensic Inpatient):

Inpatient units serve a diverse patient population with respect to race, culture, ethnicity, age, gender and psychiatric diagnosis. Inpatient services provide assessment and treatment to patients on the inpatient psychiatric units with a broad range of psychiatric diagnoses.

The Adolescent Inpatient Unit serves a varied patient population, including patients presenting with suicidality and self-injurious behaviors, mood disorders, conduct disorders, personality disorders, psychotic disorders, and developmental disorders. There are a small number of court-remanded adolescents who require psychiatric evaluation before returning to court. This unit places an emphasis on the evaluation and psychotherapeutic treatment of trauma and attachment disorders.

The Adult Inpatient Unit is a 22 to 26-bed service serving a broad age range and variety of diagnoses. Interns collaborate closely with the interdisciplinary team and individual and group psychotherapy are emphasized on this rotation. There is also the opportunity to facilitate family meetings and learn more about the interface of the medical and legal systems.

The Dual Diagnosis Unit has a similar training experience to the Adult Inpatient Unit in many ways, but also provides individual and group treatment specific to substance use disorder, including addiction recovery groups, peer support groups, and individualized addiction treatment for inpatients suffering from both severe mental illness and substance use problems.

The Women's Forensic Unit is similar in its mission as the other inpatient units, but is specialized in regards to the patient population who are women and come to EHC either pre-arraignment (in NYPD custody) or from the Rikers Island jail facility. The interaction between mental health issues and the legal system is a constant consideration. Collaboration with

attorneys, diversion programs, and Rikers Island staff occur regularly. Malingering assessment tools are utilized to diagnose malingering and factitious disorders. Competency evaluations are also conducted. Monthly multidisciplinary team meetings are held at Rikers Island. This rotation includes a sub-rotation through the Brooklyn Forensic Psychiatric Evaluation Court Clinic (FPECC). Interns will observe and conduct court-ordered psychiatric evaluations of adult criminal defendants related to competence to stand trial or pre-sentencing investigation. Interns collaborate with lawyers, psychiatrists and psychologists.

Staffing: All inpatient units have a multi-disciplinary staff and clinical team, including behavioral health associates, nurses, nurse practitioners, creative arts/activity therapists, social workers, psychiatrists, and psychologists. Staffing also often includes psychiatry resident and fellows, clinical psychology interns, social work interns, medical students, and physician assistant students.

Consultation Liaison

The Consultation Liaison service provides psychiatric consultation, assessment and treatment to patients on inpatient medical units. Evaluations conducted include capacity to make medical decisions. Interns evaluate patients with primary Axis I and II psychiatric disorders, as well as psychological problems secondary to a medical illness or situational stressor. Interns provide bedside psychotherapy to patients who may benefit from this service.

Staffing: Two psychiatrists run the service along with psychiatric residents and psychology interns. The interns on this service are supervised by the psychiatrist on the service as well as a psychologist on the faculty.

Comprehensive Psychiatric Emergency Program (CPEP)

The Psychiatric Emergency Room serves a diverse patient population with respect to race, culture, ethnicity, age, gender and psychiatric diagnosis. The Psychiatric Emergency Room provides consultation to patients in need of acute psychiatric evaluation. After initial triage by nursing staff the patient is evaluated by the clinician, as well as by the staff psychiatrist. After a diagnosis is arrived at, a treatment plan and disposition are determined. The patient may be discharged, hospitalized or continue to be observed in the emergency room for a maximum of 72 hours.

Staffing: The Psychiatric Emergency Room is staffed by psychiatrists (adult and child), a psychologist, social workers, nurse practitioners, nursing staff, as well as assistant coordinating managers. Staffing also includes at times psychiatry residents, clinical psychology interns, and medical students.

Child/Adolescent Partial Hospitalization Program

The Child/Adolescent Partial Hospitalization Program (PHP) is a 4-6 weeks outpatient program serving children and adolescents between the ages of 9 - 16.5 years old. Interns will participate

in the delivery of intensive mental health services which include individual, family, and group therapy. Interns will also take part in patient interviews conducted by the PHP team.

Staffing: This service is run primarily by the attending psychiatrist and coordinator. The team also consists of an RN, social workers, child/adolescent fellow and residents, and medical students. The interns on this service are supervised by a child inpatient psychologist.

Outpatient Integrated Care (Medical Primary Care and Infectious Diseases Clinics)

Psychiatrists and social workers are located within the primary care setting to improve medical outcomes, reduce admissions to the hospital, and to identify patients in need of therapeutic intervention. Psychology interns will see patients within primary care settings including internal medicine and the Infectious Diseases Clinic for screening, assessment and short term psychotherapy.

Staffing: This rotation is run by an attending psychiatrist. A psychologist in will provide supervision. Primary care physicians, nurses, and social workers will also be providing patient care and collaborative training for interns

Adolescent Collaborative Health (including CASA Clinic and Peds CL)

This rotation includes three hospital based services including Collaborative Care, CASA Clinic, and Pediatric Consultation-Liaison services: Patients seen for collaborative care are screened in the clinic for depression and anxiety by their primary care physician. Psychology interns on this rotation provide referred patients with brief psychotherapy once a week. Interns meet regularly with a staff of medical doctors and social workers to review cases in need of treatment. The treatment primarily focuses on skills-based intervention to improve coping strategies and interpersonal effectiveness. Psychology interns will also work in the CASA Clinic which serves an advocacy role with legal, child welfare, and law enforcement agencies and includes a parental education component for the prevention of child abuse. Interns are trained in Child Abuse/Sexual Abuse assessment and interviewing on an interdisciplinary team of social workers, medical providers, and case workers or patient advocates. Interns develop their skills for trauma-specific assessment and conceptualization of cases through a trauma informed lens, as well as psychoeducation for families and caregivers related to prevention of childhood trauma and abuse. Additionally, interns will gain experience on with Pediatric Consultation Liaison services. Working alongside a resident and supervised by an attending, interns gain experience in assessment of pediatric patients in medicine who require psychiatry consults. Interns are also able to provide bed-side therapy services for the length of the patients medical stay. Assessments will seek to determine if the patient requires psychiatric inpatient hospitalization.

Staffing: This rotation is run by a pediatricians as well as the supervising social worker and additional social worker. Therapy is done by the psychology intern and a staff social worker. A psychologist in ABHS will provide supervision. Pediatricians, nurses, and social workers will also be providing patient care and collaborative training for interns.

Healthy Steps (including Mental Health School-Based Clinic)

Patients in this clinic have been identified as having significant risk factors. Psychology interns on this rotation will provide child and family evaluations, consultation, and counseling for early identification and remediation of developmental and family issues to promote healthy living. The treatment follows a new model of care integrating the Health Steps strategies. Parent guidance and collateral work are common in the treatment of these children. Additionally, interns will do a sub-rotation in the Mental Health School-Based Clinic at a local middle school where they will spend one day per week and carry a caseload of individual-therapy cases as well as one group.

Staffing: This rotation is supervised by the Healthy Steps Specialist/Psychologist. Psychology interns will work closely with the pediatric providers as part of the treatment team.

Survivors of Torture Program – Libertas Center of Human Rights (All interns can choose to participate in this elective)

This is a multidisciplinary program for survivors of torture and asylum seekers from other countries who have immigrated to New York City. The program serves the patients' behavioral health, medical, legal, and social service needs. Interns will be trained in providing behavioral health services to this severely traumatized and highly vulnerable group of diverse individuals, who often do not speak English. In addition, interns will be trained by a social worker and physician in the comprehensive assessment process. This includes a thorough four to six hour evaluation of medical, social, legal and psychological needs, along with a trauma narrative, and a determination of eligibility for the program.

SUPERVISION

Supervision is provided by Ph.D. and Psy.D. licensed clinical psychologists. On certain rotations non-licensed psychologists (under the supervision of the Director of Training or the Director of Psychology) may provide co-supervision. This only occurs when the psychologist has established him or herself on a particular unit and has gained significant experience in that setting. We require interns to audio/video-tape their outpatient therapy cases for utilization in therapy supervision. Theoretical orientations of psychology faculty include psychodynamic, cognitive-behavioral, integrative, and family systems perspectives. The breadth of orientations among our clinical staff is an important aspect of intern supervision. We also believe that interns' learning is fostered through the emphasis that our staff psychologists place on their own continuing education. The supervisory staff participates in regular supervisors meetings. Ongoing training and participation in professional organizations are encouraged for our faculty. Thus, interns have role models who are willing to learn new techniques and be at the forefront of clinical, research and professional developments in psychology.

On a weekly basis interns receive at a minimum:

- Approximately 3 hours of supervision for outpatient psychotherapy.
- 1 hour of individual supervision by the clinical rotation supervisor.
- Supervision for each testing case that is assigned.
- Regular individual and group supervision with the Director of Training.

We do not utilize telesupervision.

Administrative Assistance

As of July 2018, the program has two part-time program coordinators. The program coordinators are available to assist with intern scheduling, maintenance of records and documentation, and other administrative duties.

ADULT TRACK

Interns in the Adult Track will complete four rotations of 3-month duration. There are six full-time positions.

As our program is grant-funded, Adult Track interns will be provided exposure to the integration of behavioral health and Opioid Use Disorders/Substance Use disorders (OUD/SUD) prevention and treatment services in the Dual Diagnosis Inpatient Unit and outpatient group work in Methadone Program/Chemical Dependency Program in ABHS. In addition, interns can choose from other rotations including the Comprehensive Psychiatric Emergency Program (CPEP); Adult or Adolescent Inpatient Unit, Child Partial Hospitalization Program (PHP), Women's Forensic Unit, and Outpatient Integrated. Preferences will be taken into consideration.

In addition to the above-mentioned rotation work, the intern will also carry a caseload of 5 outpatient cases, including individuals, group and couples/family work. The majority of the intern's caseload will include adult psychotherapy, although there may be an opportunity for child work as well. The intern will also be completing intakes throughout a portion of the year through the adult outpatient clinic.

In addition to individual and group supervision on rotation and for outpatient cases, the Adult Track interns will attend a number of didactic training seminars from within the psychology and psychiatry divisions, including weekly staff meeting, testing seminar, case conference, and other specialty seminar series.

The ideal applicant for this program will have a range of previous clinical experiences with adults that include or are similar to the following: hospital inpatient work, day treatment program work, work with severely and persistently mentally ill patients, and multiple assessment experiences resulting in several integrated assessment batteries. Furthermore, applicants should be hard-working, have excellent time management skills, desire work within a fast-paced urban hospital setting and be interested in gaining extensive knowledge in treatment of severely disturbed patients from a wide variety of cultural backgrounds.

CHILD AND ADOLESCENT TRACK

Interns in the Child and Adolescent Track will complete four rotations of 3-month duration. There are five full-time positions.

Interns in the Child and Adolescent Psychology Track have the opportunity to pursue hospital based specialized training within the child and adolescent age groups. This program will combine inpatient and outpatient clinical training opportunities within the Child and Adolescent Psychiatry Department at Elmhurst Hospital Center. Upon the completion of this internship, interns will be proficient in providing individual, group, and family therapy to children of all ages as well as their family members. They will also have substantial opportunity to conduct assessments of children, adolescents, and adults using a wide variety of cognitive, achievement, and objective and projective testing instruments.

The majority of the rotation work will be completed within the child and adolescent psychiatry service although at least one rotation will be completed within adult psychiatry. Depending on the intern's preference, up to 50-75% of rotations will be child work. All Child and Adolescent Track interns are required to complete one rotation in either Adolescent Inpatient Unit or Child Partial Hospitalization Program. Interns are also required to complete two of the following three rotations: Comprehensive Psychiatric Emergency Room, Adolescent Collaborative Care, or Healthy Steps. The fourth and final rotation can be selected from among any of the other rotations offered.

In addition to the above-mentioned inpatient work, the intern will also carry a caseload of 5 outpatient cases, including individuals, group and family work. The majority of the intern's caseload will include child and adolescent therapy, although the intern may be assigned some adult work in their outpatient caseload. The intern will also be completing intakes throughout a portion of the year through the outpatient clinic.

In addition to individual and group supervision on rotation and for outpatient cases, the Child and Adolescent Track interns will attend a number of didactic training seminars from within the psychology and psychiatry divisions, which will include experiences with child psychiatry fellows. The Child and Adolescent Track interns will also attend the majority of didactic programming with the Adult Track interns, including weekly staff meeting, testing seminar, case conference, and other specialty seminar series.

The ideal applicant for this program will have a range of previous clinical experiences with children and/or adolescents that include or are similar to the following: hospital inpatient work, clinic outpatient work, work with severely emotionally disturbed children and/or adolescents, and multiple assessment experiences resulting in several integrated assessment batteries. Furthermore, applicants should be hard-working, have excellent time management skills, desire work within a fast-paced urban hospital setting and be interested in gaining extensive knowledge in the treatment of severely disturbed patients from a wide variety of cultural backgrounds. Interested applicants with further questions can feel free to contact Dr. David Block at 718-334-

3577 or at Blockd@nychhc.org or Lea Nguyen at 718-334-2272 or at Nguyenl9@nychhc.org or MeiLiu Merchant at 718-334-1594 or at Merchanm1@nychhc.org.

ASSESSMENT OF COMPETENCIES

We believe that the internship is one of the most important opportunities for interns to receive feedback about their clinical and professional skills, and that, in addition, the supervisors and the internship program can benefit from feedback, consistent review, and self-assessment. The interns are assessed for their clinical knowledge, competency to provide appropriate clinical care (including diagnostic, clinical assessment, interviewing, and psychotherapy competencies), ability to utilize theory in the treatment of patients, sensitivity to issues of diversity across all dimensions, and ability to function effectively and ethically as a professional in a multidisciplinary team. The supervisors and the program are assessed on their ability to train and provide appropriate tools for the interns to utilize in their daily clinical functioning and professional growth. Interns and supervisors meet for formal evaluations at several points during the year.

Successful completion of the Psychology Internship Program requires that interns achieve determined competency in all nine profession-wide competencies: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communication and Interpersonal Skills; Psychological Diagnosis and Assessment; Psychotherapeutic Intervention; Supervision; and Consultation and Interprofessional/Interdisciplinary Skills. The program also provides training in and assesses interns' performance in two program specific competencies: prevention and treatment services in OUD/SUD (Adult Track with OUD/SUD Focus only) and child-systems based consultation (Child and Adolescent Track only).

In addition, the interns give feedback regarding the program to the director of training during individual and group meetings, and at the end of the training year.

The Director of Training also makes efforts to keep in contact with past interns in order to continue to assess how the internship prepares our interns for the field, and how we can adapt our program accordingly.

INTERN EVALUATION AND DUE PROCESS PROCEDURES

Evaluation Process

The internship is designed to provide numerous opportunities for interns to receive feedback (oral and written) from their supervisors throughout the year. The interns receive mid-rotation and end-of-rotation evaluations from their rotation supervisors. They receive mid-year and end-of-year evaluations for their outpatient therapy work and from the psychological testing service. In addition to these written forms of evaluation, interns receive ongoing verbal feedback during

individual supervision, a quarterly training meeting with the supervisors, and weekly meetings with the Director of Training. Interns can best understand the process of evaluation by reviewing the evaluations forms provided in the Internship Handbook at the beginning of the internship year.

Supervisors have several designated forums in which to provide feedback to the Director of Training and to the individual interns, as to how the interns are performing in the clinical internship. In addition to the evaluations mentioned above, supervisors have regular supervisors' meetings to discuss intern and training issues. Training meetings, with the department staff and interns, occur throughout the year, which offer the opportunity for additional feedback. Supervisors also meet with the Director of Training on an informal basis when particular training issues arise.

When it appears that a psychology intern is not performing at the expected level of competence, or when professional issues are noted, there are a number of procedures that are used to identify the issues and assist in communicating these issues to the intern. These issues are provided in written feedback during the mid-rotation, end-of-rotation, and mid-year evaluations. All interns meet with their supervisors to discuss the content of their evaluations. During this meeting, the supervisor and intern can discuss any concerns and address these concerns through discussion and feedback. The intern then has the opportunity to give written response to the concerns of the supervisor, or disagree if (s)he so chooses. Based on the evaluation, the supervisor and intern can modify the goals and objectives of the training plan to better meet the intern's needs. Interns are also asked to evaluate the supervisors at mid-rotation, end-of-rotation, mid-year and end of year.

The Director of Training is responsible for communicating with the interns' graduate programs about each intern's progress. This is usually done on a mid-year and end of year schedule. However, if an intern has significant difficulties that cannot be resolved by the internship program, the graduate program will be notified at that time. Copies of interns' evaluations and correspondence with programs is maintained in the Director of Training's office.

Due Process in Evaluation and Remediation

The internship follows due process guidelines to ensure that decisions regarding evaluation and remediation are not biased or arbitrary. The program uses the same evaluation processes for each intern. The guidelines are as follows:

- Each intern receives written documentation regarding the internship program and the greater institutions' (EHC and Mount Sinai) expectations.
- The evaluation process and procedures are clearly delineated, including how and when evaluations will be conducted.
- If remediation is required, the intern receives written notification as to time frame and specific actions necessary. The intern is also notified of consequences for failure to rectify the inadequacies.
- If the program determines that corrective action is required, the intern will have the option to appeal the decision.

- If the program determines that remediation was unsuccessful or the intern's behavior is sufficiently problematic, the graduate program will be notified and the intern will receive documentation of this notification.

Problematic Performance and Conduct by an Intern

Problematic performance and conduct is defined as those behaviors that interfere with the quality of clinical services and adversely affect the intern's relationship with patients, staff, and peers. The following is a list of examples of problematic behaviors; however, this list is not exhaustive and the intern is also required to follow the behavioral and professional conduct requirements of the APA Ethical Principles Guidelines, Elmhurst Hospital Center, and Mount Sinai.

- Not respecting personal and professional boundaries of patients or staff
- Disrespectful attitude toward patients, staff, supervisors, or peers
- Repeated tardiness or absence without reasonable explanation
- Leaving the hospital or missing requirements of the internship program without supervisor approval
- Violation of patient confidentiality
- Engagement in a dual relationship with a patient
- Plagiarizing one's work
- Attending work while under the influence of alcohol or other illicit substance
- Non-adherence to the policies and procedures of the greater institution, including Elmhurst Hospital Center, Mt. Sinai, HHC, or the APA Code of Conduct. Each intern attends an orientation during which they are informed of the policies and procedures for the greater institution.

Disciplinary and Termination Procedure

The internship has a disciplinary procedure to be used when there are concerns about an intern's professionalism and conduct, which is consistent with the greater institution and HHC policy. Interns are evaluated with verbal and written feedback by their supervisors and the Director of Training throughout the year. They may receive feedback about deficiencies in performance or concerns about conduct during these evaluation periods or at other times, as deemed necessary by the supervisor. The following is the procedure to address deficiencies in performance or conduct:

- The supervisor provides written documentation detailing the deficiency in performance or conduct. In addition, corrective action and a time frame are provided to the intern. At this time, the intern has the opportunity to provide written response if s/he disagrees with the feedback.
- The supervisor, intern and Director of Training agree to the corrective action plan and time frame
- The supervisor and intern will meet after the designated time frame to discuss whether the corrective action has occurred and will document the meeting and outcome.
- If the concerns persist or the corrective action is not successful within the determined time frame, the intern and Director of Training will be notified in writing, by the

supervisor. The intern will have one week to document disagreement with the decision and submit documentation to the Director of Training. The Director of Training will arrange a meeting with the supervisor and intern to discuss a new plan that all parties agree upon, and a new time frame to complete the plan. Depending upon the severity of the concern, the intern's graduate program may be notified, and the intern will be made aware that the program will be notified.

- The supervisor and Director of Training will determine whether the issue is resolved within the designated time frame. If resolved, the intern will continue through the internship program with supervision and monitoring of his/her progress by the Director of Training.
- If the supervisor's concerns persist beyond the time frame allotted, documentation of such will occur. In addition, written notification to the intern's graduate program and to the Director of Psychology at Elmhurst Hospital Center will occur.
- Depending on the seriousness of the concerns, at this point the program will consider whether the concerns are grounds for termination, or could jeopardize the intern's successful completion of the program. A decision will be made based on the intern's complete internship experience, and not solely on the concerns addressed in the corrective action.

Psychology Division's Intern Grievance Procedure

Each intern is provided with a copy of the Psychology Division's Intern Grievance Procedure during the orientation week of the internship year (first week of July). The official procedure for dealing with Mount Sinai employee grievances is detailed in personnel policy #12.1 in the Mount Sinai Personnel Policy Manual, which is available to all its employees and supervisors. The specific guidelines for a psychology intern are listed below.

- Bring the grievance to the attention to the particular staff person or supervisor involved, and make an effort to resolve the problem with that person.
- If the nature of the grievance makes this difficult or impossible or if this has been attempted without success, the intern should bring the issue to the attention of the immediate supervisor most applicable in the situation. For example, a dispute involving a co-worker on a particular inpatient unit would first be brought to the attention of the intern's supervisor on that rotation. A dispute involving the intern's supervisor should be brought to the Director of Training. If the situation involved a grievance against the Director of Training, the interns should go directly to the Director of Psychology. For grievances not involving the Director of Training, the Director of Psychology may be consulted at this point and would assist in trying to resolve the dispute. If it is decided to file a written grievance, Step 1 of the Mount Sinai Grievance Procedure would be initiated and the Director of Psychology is notified.
- The Director of Psychology could make further efforts to resolve the dispute and/or assist the intern in initiating Step 2 of the Mount Sinai Grievance Procedure, which is a written grievance presented to the Director of Psychiatry for resolution.
- If the grievance is not settled at this point the intern may present the written grievance to the Director of Personnel as outlined in Step 3 of the Mount Sinai Grievance Procedures.

REQUIREMENTS

Internship runs from July 1st through June 30th, following a hospital (not a university) calendar. The time required on premises is at least 40 hours during weekdays, which may include one evening at the outpatient clinic. Although time is provided for test scoring, interpreting data, and writing reports, there will be times when interns have to complete paperwork at home. Thus, interns should be prepared to devote time beyond regular hospital work hours to fulfill internship requirements. All interviews, psychological testing, and psychotherapy with inpatients and outpatients of the hospital are to be done on the premises. Program completion requires 2080 hours of internship training.

STIPEND AND BENEFITS

The stipend is \$28,898.94 for the twelve-month's full-time internship. In addition, there are excellent insurance benefits, 16 days of PTO, and 12 paid holidays. An employee gym is also available for use.

APPLICATION PROCEDURES

Applications are to be submitted through AAPI online. The application must include the following:

APPIC application for Psychology Internship

Cover Letter

Curriculum Vitae

Official university transcript of all graduate work

Sample test report of the track you're applying to (adult or child/adolescent)

Sample therapy case summary of the track you're applying to (adult or child/adolescent)

Three letters of recommendation from at least one professor and at least one supervisor well acquainted with your clinical work.

We generally review application packages in the months of November and December and invite candidates for a group orientation and an interview in January. We follow the rules of the Association of Psychology Postdoctoral and Internship Centers (APPIC) including the "match" procedure. Applicants that are interviewed, and want to rank our site, must register for the Match using the online registration system on the Match web site at www.natmatch.com/psychint. We abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Our program code number for the **ADULT TRACK** is **145811**. Our program code for the **CHILD AND ADOLESCENT TRACK** is **145812**. From among many highly qualified applicants, we hope to select those who are the best match for our setting and can contribute diverse qualities to balance the internship class. If you have specific questions regarding the application procedure or the program, please call Dr. Jessica Pearson 718-334-3913.

Please note that all employment offers are contingent upon successful completion of the pre-employment process. Mount Sinai considers interns to be employees, which means that they have the same expectations for interns as any other employee. To complete the pre-employment process several steps must be taken beyond those outlined in Human Resources Policy #2.07, “Selection and Placement, Pre-Employment Drug Testing, Pre-Placement Health Assessment EHS-D4.0, and Pre-Employment Background Investigation.

Following a conditional offer of employment, Talent Acquisition (TA) conducts pre-employment background screening via a third party vendor. Background screening includes evaluation of a number of data points including Employment/Education/License verifications, OIG/GSA/NY OMIG Sanction List searches, etc.

TA conducts a background screen for criminal conviction history, searching court records for felony/misdemeanor convictions (7 years) along with a social security trace and validation and National Criminal Record and Sex Offender database search. If an applicant has a criminal conviction history, Labor Relations, in collaboration with TA, will determine whether there is a direct relationship between the applicant’s criminal record and the prospective job, or whether employing the applicant would involve an unreasonable risk to property or to the safety or welfare of patients or others.

Occupational Health Services conducts Pre-Employment Drug Testing as required by the Medical Board and Mt. Sinai/Elmhurst Hospital rules. All applicants must be free of drugs (e.g., amphetamines, barbiturates). If an applicant is tested positive, supportive medical documentation must be provided before the applicant is negated for hire.

If you have any questions please contact Lea Nguyen at 718-334-2272 or at nguyenl9@nychhc.org.

The information in this prospectus is accurate as of its revision date September 2019. It represents the current offerings in our program. Because we are continuing to provide for new growth opportunities and because of possible changes in staff, the future program might not be exactly as described herein. We reserve the right to make changes in our program at any time, even though we can only revise this prospectus annually. We will be happy to inform applicants verbally of any recent changes at any time.

It is our program’s policy, as well as that of our parent institutions, the Icahn School of Medicine at Mt. Sinai and the New York City Health and Hospitals Corporation, that all decisions regarding educational and employment opportunities and performance are made without discrimination because of race, sex, color, creed, age, national origin, disability, veteran status, marital status, or sexual orientation.

Faculty:

Maria Cristina Aguirre, Ph.D.

Senior Psychologist, Ambulatory Behavioral Health Services (ABHS)
Past President of the Lacanian Compass, group associated with the New Lacanian School (NLS); Member of the World Association of Psychoanalysis (WAP)
University Paris 7, Paris, France, 1988

Interests: Psychoanalysis; Lacanian Orientation
Fluent in Spanish and French.

David Block, Psy.D.

Senior Psychologist, Adolescent Inpatient Unit; Child and Adolescent Psychology Track
Coordinator

Clinical Instructor, Icahn School of Medicine at Mount Sinai
Ferkauf Graduate School of Psychology, Yeshiva University, 2009

Interests: Adolescent Psychology; Psychodynamically oriented psychotherapy;
Borderline Personality Disorder.

Rebecca Chad, Ph.D.

Psychology Fellow, Ambulatory Behavioral Health Services (ABHS), Child and
Adolescent Rapid Evaluation Service (CARES)

Long Island University, Brooklyn, 2021

Interests: Psychodynamic Psychotherapy; Trauma; Personality Disorders; Adolescence
and Emerging Adulthood

Kendra Doychak, Ph.D.

Psychology Fellow, Ambulatory Behavioral Health Services (ABHS)

John Jay College-CUNY Grad Center, 2022

Interests: Psychodynamic Psychotherapy; Complex Trauma; Forensic Psychology;
Structural/Systemic Influences on Mental Health

Brianna Harney-Delehanty, Ph.D.

Psychologist, Comprehensive Psychiatric Emergency Program & Ambulatory Behavioral
Health Services (Adult Outpatient)

Fairleigh Dickinson University, Clinical Psychology, 2021

Interests: Severe and Persistent Mental Illness, Forensic Psychology, Personality
Pathology

Rachel Goldstein, Ph.D.

Senior Psychologist; Ambulatory Behavioral Health Service

Long Island University, Brooklyn Campus, 2016.

Interests: Experiential Dynamic Therapies (ISTDP), Emotionally Focused Therapy
(Couples and Families), Psychodynamic Psychotherapy; Complex Trauma, Dynamic and
Integrated Approaches to Serious Mental Illness; Personality Disorders. Fluent in
Spanish.

Carl Goodrich, Ph.D.

Senior Psychologist, Adult Inpatient Unit
School of Psychology, Fairleigh Dickinson University, 2003

Interests: Integrative therapy; Cross-cultural psychology; Medical conditions and mental health

Fluent in Spanish.

Brianna Loli, Psy.D.

Psychology Fellow, Adolescent Inpatient Unit
Nova Southeastern University, 2021

Interests: Child/Adolescent Psychology, Psychodynamically oriented and Integrative psychotherapy

Dara Mahler, Ph.D.

Senior Psychologist, Women's Forensic Unit
The New School for Social Research, 2014

Interests: Psychological Assessment; Inpatient Treatment; Psychodynamic Psychotherapy; Forensic Evaluation.

Jessica Parlor, Ph.D.

Psychologist, Adult Inpatient Unit
Alliant International University-Los Angeles, 2020

Interests: Cognitive behavioral therapy; Anxiety/ERP; Black/African American mental health.

Jessica Pearson, Psy.D.

Director of Internship Training, Associate Director of Mental Health, Psychological Testing Coordinator

Assistant Clinical Professor of Psychology, Icahn School of Medicine at Mount Sinai
Clinical Instructor, NYU School of Medicine; Adjunct Assistant Professor, NYU Graduate School of Arts and Sciences

Ferkauf Graduate School of Psychology, Yeshiva University, 2003

Interests: Psychological Testing; Forensic Assessment

Chelsea Stack, Psy.D.

Psychology Fellow, Adult Inpatient Unit
Ferkauf Graduate School of Psychology, Yeshiva University 2022

Interests: Integrative Therapy; Severe and Persistent Mental Illness; Trauma-Focused Therapy; Psychodiagnostic Assessment

Laura Shiffrin, Ph.D.

Senior Psychologist, Adolescent Inpatient Unit
Adelphi University, 2018

Interests: Adult and Adolescent Psychotherapy, Psychodynamic and Integrative treatment approaches for Trauma and Severe and Persistent Mental Illness, Psychodiagnostic Assessment, Group Therapy.

Angelica Terepka, Psy.D.

Director of Psychology

Associate Professor, Icahn School of Medicine at Mount Sinai

Indiana University of Pennsylvania, Clinical Psychology, 2016

Interests: LGBTQIA + clinical care, religious populations, child/adolescent and emerging adult, trauma focused therapy, clinical training and supervision

Fluent in Polish; Conversational Spanish

Jonathan Vogelman, Ph.D.

Senior Psychologist, Adult Inpatient Service

Fairleigh Dickinson University, 2020

Interests: Psychological Assessment; Integrative Therapy; Serious and Persistent Mental Illness

Vaschele Williams, Psy.D.

Psychology Fellow, Ambulatory Behavioral Health Services, (ABHS)

Adler University, Chicago IL, 2020

Interests: Child/Adolescent, and Adult psychotherapy, Integrative Therapy, Trauma-Focused Therapy

Staff:

MeiLiu Merchant

Co-Program Coordinator

Lea Nguyen

Co-Program Coordinator