Pre-Doctoral Internship in Clinical Psychology

2014-2015

The Mount Sinai Medical Center
Department of Rehabilitation Medicine

New York, New York
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INTRODUCTION, PHILOSOPHY AND MISSION

The Clinical Pre-Doctoral Internship Program (Training Program) has been in existence and a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 1994. The internship has been continuously accredited by the American Psychological Association (APA) since 1997 and is currently accredited through 2018. The Training Program follows a professional practitioner model of clinical training, incorporates 2000 hours of supervised clinical experiences, and meets licensing requirements for one year of Pre-Doctoral supervised clinical training.

Six Pre-Doctoral interns will participate in a 12-month training program in the year 2013-2014. The training faculty consists of ten licensed, full time psychologists, seven of whom are involved in direct supervision of interns. In addition, the program has six adjunct faculty who lecture to interns during the training year. The program is designed to expand a trainee’s clinical psychology skills; while exposure to the ongoing research activities of the department is provided, it is not the primary focus of the clinical internship.

Philosophy

The overarching goal of the Pre-Doctoral Clinical Psychology Internship Program at the Mount Sinai Medical Center and the Icahn School of Medicine at Mount Sinai, Department of Rehabilitation Medicine is to provide the opportunity for interns to develop competence in the application of psychological knowledge and practice to clinical problems in a medical center setting. As the primary setting for this internship is a rehabilitation medicine department, emphasis is placed on clinical experiences in work with individuals with a range of physical and cognitive disabilities. Our approach is intended to develop interns who will emerge from this experience on route to becoming clinical psychologists in the area of rehabilitation psychology and clinical neuropsychology. The internship promotes development of interns’ clinical skills in multiple areas including brief and comprehensive psychological and neuropsychological assessments, individual, family and group psychotherapy, cognitive remediation, and interdisciplinary team consultation. These skills are developed through intensive supervision, experiential learning, and evidence based didactics. The hospital’s multicultural patient population ensures that interns have a fertile training ground in which to learn about culture and diversity as it interfaces with clinical practice.

The Training Program Mission

The Mission Statement of the Department of Rehabilitation Medicine states that...“all people with physical disabilities have the right to self-determination, equal access, dignity and respect.” Included in the mission statement are commitments to...“the creation of a center for excellence in delivery of comprehensive rehabilitation services; the education of the patient, family, staff and students about the needs of individuals with disabilities; the provision of leadership within the hospital and the community; the measurement of outcomes of treatment efficacy; the conducting of research; the dissemination of information to advance knowledge in the field, and the increase in clinical skills of future rehabilitation professionals.” The mission of the Training Program is congruent with all tenets of the Departmental Mission Statement. To achieve its mission, the Training Program incorporates psychological perspectives from clinical, counseling, school, health and neuropsychology.
THE CONTEXT OF THE TRAINING PROGRAM

The Mount Sinai Medical Center

The Mount Sinai Medical Center (MSMC) complex occupies a four-block area on upper Fifth Avenue across from Central Park in Manhattan. The MSMC is one of the oldest and largest voluntary hospitals in the country. The hospital has more than 1,200 beds and approximately 150 outpatient clinics that provide services in all medical specialties and subspecialties. More than 1,500 physicians are on the staff of the MSMC. Its outpatient department serves the community of Upper East Harlem, as well as a broad spectrum of individuals from local urban and suburban areas. As a result, a culturally and economically diverse population of individuals, reflective of metropolitan New York, is routinely seen for treatment at MSMC.

The Icahn School of Medicine at Mount Sinai

Since its founding in 1852 as an independent institution, the School of Medicine has achieved national and international recognition for its programs in education, basic and applied research, and innovative patient care. A provisional charter from the Board of Regents of the State of New York was granted to the school in 1963. The charter, made absolute in 1968, authorized the school to grant the MD degree and to offer graduate instruction leading to Ph.D. degrees. At present, the School of Medicine has numerous off-campus institutions in the metropolitan New York area, which are directly affiliated with the hospital and provides teaching resources for over 750 medical students, residents and fellows. These affiliates include: the Queens Hospital Center, The Jewish Home and Hospital for the Aged, North General Hospital in Manhattan, the Department of Veteran Affairs Medical Center in the Bronx, Elmhurst Hospital Center in Queens, and Englewood Hospital in New Jersey.

The Department of Rehabilitation Medicine

The Department of Rehabilitation Medicine began expansion of its existing program on July 1, 1986 when Dr. Kristjan T. Ragnarsson became Chairman and Dr. Wayne A. Gordon became the Associate Director of the Department of Rehabilitation Medicine. Mount Sinai invested millions of dollars in program development, hiring of new staff, renovations of space, and the purchase of state-of-the-art equipment. The Department of Rehabilitation Medicine has achieved national recognition for its clinical research programs in the area of rehabilitation. Currently, the department consists of more than 110 staff members who provide services totaling more than 85,000 patient visits per year. The Department provides comprehensive interdisciplinary physical rehabilitation along a continuum of care including acute care, inpatient care, outpatient care, community integration and long term follow-up. Specialty programs for individuals with brain injury (BI), spinal cord injury (SCI), and amputation are core components of both inpatient and outpatient treatment.
The Department of Rehabilitation Medicine serves as a training resource for diverse professionals within the rehabilitation team, i.e., physiatry, psychology, rehabilitation research, physical therapy, occupational therapy, speech therapy, social work, therapeutic recreation and vocational counseling. Thus, the department is a rich training milieu for the Training Program. A unique aspect of the Department of Rehabilitation Medicine is its large portfolio of funded research grants (over four million dollars per year) in diverse areas of clinical rehabilitation. It has been, and continues to be, the recipient of major grants from the federal government, private foundations and corporations. Currently the department is designated by the National Institute of Disability and Rehabilitation Research (NIDRR) as a Model System in Traumatic Brain Injury (TBI). In addition, the Department has a NIDRR funded Advanced Rehabilitation Research Training Center and has been designated an Injury Control Research Center by the Centers for Disease Control and Prevention.

**The Mount Sinai Rehabilitation Center**

The Mount Sinai Rehabilitation Center (Rehabilitation Center) is one of several mini-hospitals located within the hospital that focus on caring for patients with similar rehabilitation needs. The Rehabilitation Center has 50 acute inpatient rehabilitation beds. The inpatient rehabilitation facilities are located in two renovated units: one unit focuses on the needs of individuals with primarily functional disabilities (e.g., spinal cord injury and amputations), one unit focus on the needs of individuals with primarily cognitive disabilities (e.g., traumatic brain injury, stroke). Services are provided to older adolescents and adults. The Committee on Accreditation of Rehabilitation Facilities (CARF) accredits five rehabilitation inpatient specialty programs: SCI, TBI, Stroke, Amputation, and Medically Complex.

The Outpatient Rehabilitation Service provides a full range of rehabilitation interventions for adolescents through geriatrics in a newly renovated outpatient setting. The major emphasis of treatment is the rehabilitation of individuals presenting with SCI, BI, and musculoskeletal injuries. The Outpatient Service currently provides over 100,000 visits per year.

**The Rehabilitation Psychology and Clinical Neuropsychology Service**

The Rehabilitation Psychology and Clinical Neuropsychology Service (Psychology Service) has played a major role in the continued expansion of the Department of Rehabilitation Medicine over the past two decades. This growth is in large part attributable to the efforts of Dr. Wayne A. Gordon who is the Jack Nash Professor of Rehabilitation Medicine and Psychiatry at the School of Medicine, and holds the position of Chief of Psychology Service and Associate Director of the Department of Rehabilitation Medicine. Dr. Breed, a clinical supervisor in the program for over ten years, assumed the role of Training Director in 2009. Dr. Stewart, a senior psychologist and a clinical supervisor of interns, is the Associate Training Director, and will be serving as Acting Training Director in the fall of 2013.

The Training Program Faculty brings a broad array of clinical training and expertise to the department, which is reflective of their respective doctoral training in clinical, counseling, school, neuropsychology and health psychology. Faculty members are involved in direct clinical practice, clinical supervision of trainees, and presentations within the training program. In addition, they serve on a variety of Departmental and hospital subcommittees. Select faculty members are involved in supervised clinical research related to doctoral theses and independent research, have served as members of dissertation committees, and assume active leadership in varied professional organizations (Division 22of APA, American Congress of Rehabilitation Medicine, NYSPA, etc). Thus, the faculty members of the Training Program are well positioned to train and serve as role models for future professionals in the field.
Funding

Three of the six internship positions are supported in total by hospital based funding.

Three of the six internship positions are supported by funds from the Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under Grant No: M01HP25182 for $225,570.00. The information and content contained in this brochure are those of the Internship Training Program and should not be construed as the official position or policy or, nor should any endorsements be inferred by the BHP, HRSA, DHHS, or the U.S. Government.

Accreditation Status

As noted above, the Pre-Doctoral Internship is currently accredited by the American Psychological Association through 2018. The internship’s accreditation status can be verified by contacting the Commission on Accreditation:

Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979
apaaccred@apa.org
Training Goals, Objectives and Competencies

The ten goals below, each presented with its specific objective and the competencies expected of the intern, guide interns’ experience during their training year

Goal #1: To prepare the intern to function as an ethical psychologist in preparation for an entry level position as a professional psychologist.

Objective:
- To increase intern’s understanding and application of ethical principles to clinical practice

Competencies Expected:
- To increase an intern’s ability to identify and respond to ethical dilemmas within clinical practice
- To increase an intern’s ability to conduct him/herself according to the ethical principles and practice guidelines of the American Psychological Association

Goal #2: To develop the intern’s competence in scholarly inquiry and application of evidenced based knowledge to clinical practice in preparation for an entry level position as a professional psychologist.

Objective:
- To enhance the intern’s ability to access and evaluate evidenced based literature related to clinical practice
- To increase the intern’s ability to integrate evidenced based research into clinical practice

Competencies Expected:
- The intern will be able to identify and critically review evidenced based research
- The intern will be able to integrate evidenced based research into clinical assessment and psychotherapeutic interventions
- The intern will be able to share evidenced based research knowledge with peers and supervisors
Goal #3: To develop the intern’s clinical competence in theories and methods of assessment and diagnosis in preparation for an entry level position as a professional psychologist.

Objectives:
- To develop the intern’s skill in case conceptualization
- To develop the intern’s clinical assessments skills
- To develop the intern’s ability to communicate assessment findings to others

Competencies Expected:
- The intern will be able to review relevant clinical history via chart review
- The intern will be able to complete a clinical interview with patient and family members
- The intern will be able to integrate the above data into a conceptualization of the patient and identify needed assessment to answer the referral question
- The intern will be able to select, administer and interpret assessment measures used to address the referral question
- The intern will be able to prepare written documentation of test findings, share findings with treatment team, and provide understandable feedback to the patient and family

Goal #4: To develop the intern’s competence in theories and methods of effective psychotherapeutic interventions in preparation for an entry level position as a professional psychologist.

Objectives:
- To develop the intern’s skill in case formulation and treatment goals
- To develop the intern’s clinical intervention skills
- To develop the intern’s ability to document patient’s treatment progress

Competencies Expected:
- The intern will be able to conceptualize an individual’s treatment approach based on patient’s history, observations of patient behaviors, assessment findings, feedback from treatment team and evidenced based knowledge
- The intern will be able to select appropriate clinical interventions to address treatment goals in both individual and group modalities
- The intern will demonstrate interpersonal skills that support their ability to perform effective interventions
- The intern will be able to prepare written documentation of treatment progress
Goal #5: To promote the intern’s competence in professional consultation and collaboration with the interdisciplinary team in preparation for an entry level position as a professional psychologist.

Objectives:
- To develop the intern’s skill in consultation with other professionals
- To develop the intern’s ability to document consultation activities

Competencies Expected:
- The intern will be able to identify the roles and functions of other team members and their role as consultant within the team
- The intern will be able to build a presence as a team member
- The intern will be able to consult with the interdisciplinary team about patients’ emotional, cognitive and behavioral functioning and collaborate about needed interventions
- Then intern will be able to prepare written documentation of consultation and collaborative activities

Goal #6: To promote the intern’s competence in understanding the consumer’s perspective and unique needs across the continuum of adjustment to disability in preparation for an entry level position as a professional psychologist.

Objectives:
- To develop the intern’s understanding of the consumers’ perspective and their needs across the continuum of adjustment to disability from new onset of disability to community integration
- To increase the intern’s ability to collaborate with patients and their families on issues related to adjustment to disability
- To increase the intern’s awareness of community resources for individuals with disabilities

Competencies Expected:
- The intern will be able to identify the unique needs of consumers presenting with disabilities including, but not limited to, spinal cord injury, acquired brain injury, amputation, and complex medical conditions
- The intern will be able to discuss disability issues with patients and families
- The intern will be able to modify treatment plans to address the consumer’s perspective as related to his/her disability
- The intern will be able to make appropriate referral to community resources
Goal #7: To promote the intern’s competence in understanding diversity perspectives in preparation for an entry level position as a professional psychologist.

Objectives:
- To increase the intern’s sensitivity to diversity perspectives in their patients who present with differing ages, cultures, ethnicities, languages, sexual preferences and religious beliefs
- To increase the intern’s ability to modify assessment and treatment approaches to address diversity perspectives

Competencies Expected:
- The intern will be able to modify assessment interventions to address diversity issues of the patient
- The intern will be able to modify clinical interventions to address diversity issues of the patient
- The intern will demonstrate awareness of the self and the impact of the self on the delivery of clinical services
- The intern will be able to develop a clinical alliance with individuals different from themselves

Goal #8: To promote the intern’s competence in understanding theories and methods of supervision in preparation for an entry level positions as a professional psychologists.

Objectives:
- To increase the intern’s sensitivity to diverse supervisory styles across supervisors in the training year.
- To increase an intern’s knowledge of models of supervision, role conflicts in supervision and ethical issues arising in supervision as supported by evidence based practice.

Competencies Expected:
- The intern will be able to identify different models of supervision, role conflicts that can emerge in supervision and be able to navigate ethical issues that may arise in supervision.
Goal #9: To promote the intern’s competence in understanding theories and methods of evaluation in preparation for entry level positions as professional psychologists

Objectives:
- To increase the intern’s knowledge of methods of program evaluation
- To increase an intern’s ability to implement program evaluation

Competencies Expected:
- The intern will be able to provide constructive feedback as to the strengths and weaknesses of seminars
- The intern will be able to provide constructive written and verbal feedback regarding strengths and weaknesses of clinical supervisors as well as clinical experiences within a given rotation.
- The intern will be able to collaborate with the program faculty to enhance program effectiveness

Goal #10: The intern will develop a professional bearing and identity appropriate to an early career psychologist

Objectives:
- To increase the intern’s ability to present a professional demeanor to others
- To increase the intern’s professional identity as a psychologist

Competencies Expected:
- The intern will demonstrate professional responsibility in carrying out their duties as a psychologist
- The intern will present with appropriate dress and demeanor
- The intern will accurately evaluate their level of competency and seek appropriate consultation as needed
- The intern will use supervision to their expand knowledge base and awareness of personal strengths and limitations
The Pre-Doctoral Internship is a full-time, one-year commitment. Six interns will be admitted to the Training Program for the 2014-2015 year. The training program follows a clinical practitioner model of professional development. Training begins the first Tuesday after Labor Day in September of a given year and ends on the last Friday before Labor Day of the following year. Typically, the interns spend 40 hours per week focused on individual and group interventions, individual and group supervision, and didactics. Additional time is typically required to complete documentation requirements in the program (e.g., writing of neuropsychological reports). Upon successful completion of the training year, interns will have completed 2000 hours of supervised clinical experience that can be applied towards licensure.

Clinical Training Experiences
Under supervision, interns engage in a wide variety of psychological assessments and interventions appropriate to the role and function of a beginning psychologist in the area of rehabilitation psychology. These experiences vary across inpatient and outpatient rotations, and include:

- **Individual psychological assessments** including psychological screening and in-depth assessments.
- **Individual neuropsychological assessments** including brief cognitive assessments and in-depth neuropsychological evaluations.
- **Individual psychological interventions** including psychotherapy, crisis intervention, behavioral management, educational counseling, advocacy counseling and community referral.
- **Individual neuropsychological interventions** including cognitive psychotherapy, cognitive remediation, behavioral management, educational counseling, advocacy counseling and community referral.
- **Family interventions** including individual psychotherapy, educational counseling, and crisis interventions
- **Group psychotherapy interventions** including group psychotherapy, family counseling and family/patient education.
- **Group neuropsychological interventions** appropriate to either inpatient or outpatient settings, with focus on enhancing cognitive functioning.
- **Interdisciplinary team consultation** including participation in patient evaluations, team conferences, family meetings, and meetings with interdisciplinary team members.
- **Integration of evidenced based research and ethical standards** into daily clinical practice.
- **Integration of cultural and diversity** issues into daily clinical practice.
Clinical Rotations

Each intern will participate in two six-month rotations during the training year: one in the outpatient department, and one on the inpatient units. The inpatient rotation is divided into two “mini-rotations”: the first rotation, which will be completed by all interns, is on the inpatient brain injury unit. The second “mini-rotation” will vary among students, with two interns each semester working on the functional unit with patients with SCI and amputation, and one intern each semester working Mount Sinai’s geriatric emergency room. Intern preferences will be considered, but cannot be guaranteed, in assigning mini-rotations. The different rotations are described below:

The Outpatient Rehabilitation Service: All interns will spend six months in the Outpatient Rehabilitation Department, providing both individual and group interventions. Interns will complete in-depth psychological and neuropsychological assessments, provide neuropsychological assessment feedback to patients and families, and produce consumer friendly feedback reports. Interns will provide individual and group psychotherapy and cognitive remediation, participate in family support and education groups, and provide training to psychology externs. Interns will be integral members of an interdisciplinary team and will co-facilitate groups, advise participants, co-lead team/patient meetings, and attend weekly staff meetings for a comprehensive cognitive remediation program for individuals with brain injury. The outpatient department routinely sees individuals with diverse rehabilitation diagnoses; however, interns will primarily see individuals with traumatic and acquired brain injury, spinal cord injury or those with adjustment issues secondary to acquired disability. Currently outpatient interns assess and treat adult patients; during the 2014-2015 training year interns may have the opportunity to assess pediatric patients, although it is not yet clear if this training opportunity will be available. Each intern will be supervised by two of the three supervisors in the outpatient department: Dr. Reid, Dr. Serova, and Dr. Gay.

The Inpatient Rehabilitation Service: All interns will spend six months in the Inpatient Rehabilitation Service, with their time divided between two “mini-rotations.” Each intern will be supervised by two faculty during their inpatient rotation, one faculty member for each mini-rotation.

Inpatient Brain Injury Rehabilitation (Required): All interns will complete one rotation on an inpatient rehabilitation floor devoted to treatment of adults with diagnoses of brain injury, including traumatic brain injury, stroke, and brain cancer. Interns will learn to administer and interpret brief cognitive assessments (including specialized measures for patients with aphasia and those emerging from coma), will provide supportive psychotherapy and psychoeducation to patients and their families, and will co-lead cognitive remediation and family support groups. The intern will function as part of an interdisciplinary rehabilitation team and actively participate (under supervision) in evaluation conferences. The intern will be supervised by one of two supervisors (Dr.’s Breed and Stewart) with experience in treatment of individuals with brain injury.

Inpatient Functional Rehabilitation: Four of six interns will have the opportunity to work on the Functionally Impaired Service, which admits adults with spinal cord injury and other acquired central nervous system disorders, neurological disorders impacting functional abilities (e.g., multiple sclerosis, Guillain-Barre), and limb loss. Interns will provide individual and family psychotherapy to patients and will have the opportunity to observe a psychotherapy group in which includes individuals with SCI living in the community who share their experiences with those still in the hospital. Interns will also co-lead Bi-weekly Limb Loss Education Groups. They will participate in peer mentoring programs for individuals with SCI and limb loss. The intern will function as part of an interdisciplinary rehabilitation team and actively participate (under supervision) in evaluation conferences. Dr. Riccobono is the primary supervisor on the functional rotation, and patients with limb loss are supervised by Dr. Stewart.
Geriatric Emergency Room: Two of six interns will have the opportunity to work in Mount Sinai’s innovative Geriatric Emergency Room, which provides specialized care to older adults seeking emergency treatment. Interns will spend afternoons in the Geriatric Emergency Room, where they will complete brief cognitive assessments to assist in the diagnosis of delirium and dementia, and mood assessments to assist in the diagnosis of depression. They will provide interventions in delirium prevention and supportive psychotherapeutic interventions for patients in emotional distress. They will meet with family members and caregivers, to gather background information and to identify the needs of caregivers. Interns will also develop psycho-educational materials for distribution to patients and their families. In this role interns will function as consultants to the interdisciplinary team in the ER. The geriatric emergency room rotation is supervised by Dr. Breed.

Clinical Supervision

Clinical supervision is the primary training modality for development of professional expertise. Intensive clinical supervision is provided in both the inpatient and outpatient settings. Interns receive:

- A minimum of two hours per week of individual supervision for clinical case assignments conducted by training faculty members within each clinical rotation
- One hour per week of group supervision in neuropsychological test interpretation
- One hour per week of group supervision devoted to rotation specific issues and case presentation
- A bi-weekly one hour peer processing group under the supervision of an adjunct faculty member of the training staff

Clinical Case Assignments

Interns are ensured a rich multicultural experience during the training year with more than 65% of individuals seen for treatment coming from diverse cultural and socio-economic backgrounds. Interns are also assured diversity of experiences across the age span (young adult to geriatric) and medical diagnoses. The Director of the Training Program provides oversight of all training experiences for the interns. On the inpatient services, interns will provide treatment primarily to adults (ages 18-90) presenting with central nervous system trauma (i.e., traumatic or acquired brain injury, stroke or spinal cord injury), neuromuscular diseases (e.g., multiple sclerosis, Parkinson’s disease), amputations, and other medical conditions (e.g., cardiac de-conditioning, transplants). Caseloads on inpatient typically consist of 50% or more of adults over the age of 65. On the outpatient service, interns will see primarily adults with acquired or traumatic brain injury with a possible smaller caseload of adolescents. Caseloads vary depending upon rotation.

Clinical Didactics

Formal didactics are provided on an ongoing basis for the entire training year, with interns attending a minimum of two hours per week of clinical didactics. All didactics are mandatory for interns to ensure a solid foundation of knowledge about general psychological interventions, special interventions appropriate to medical and rehabilitation settings, and clinical neuropsychology.
The didactics begin with an initial two-week orientation, which provides an overview of the facility, the Psychology Service, and the Training Program itself, as well as intensive seminars in assessment and intervention. During the training year, interns participate in yearlong seminars on neuroanatomy, special topics in neuropsychology, and cognitive remediation. Additional seminars focus on general topics in the areas of rehabilitation psychology, ethics, diversity perspectives, evidence based research, program evaluation, supervision, and professional development. Specific topics are introduced as needed to meet the needs of the current internship class. Didactics are facilitated by faculty, adjunct faculty, interdisciplinary team members, consumers and invited speakers. In addition, interns attend select Departmental Grand Rounds, clinical in-services by physicians and other rehabilitation professionals, and lectures in other departments of MSMC as appropriate to their training.

A detailed description of the didactics offered can be found in the Training Curriculum, beginning on page 21.

The Continuum of Training Opportunities

In addition to the internship training program, the Department of Rehabilitation Medicine hosts two psychology externships and a post-doctoral fellowship. Interns attend a weekly supervision in neuropsychological test interpretation and the bi-weekly rehabilitation psychology case conference with the post-doctoral fellows, allowing them to learn from these more advanced trainees and providing opportunities for informal mentoring. On both inpatient and outpatient rotations interns will work alongside pre-doctoral psychology externs, and in the second half of the training year will have the opportunity to begin to develop their supervision skills by leading extern didactics and group supervision. Thus, the internship is positioned within a milieu with a rich commitment to training.

Research Opportunities

Direct involvement in clinical research within the Department of Rehabilitation Medicine is not the focus of the clinical internship training experience. However, interns will have the opportunity to attend select Rehabilitation Research Seminars and seminars within the larger institution in order to expand their knowledge of evidenced based clinical research.

Benefits and Stipend

Interns receive a stipend of $20,000 for the training year. Trainee benefits include 19 days of paid time off which include personal time off, vacation and sick leave. In addition, trainee benefits include 7 major holidays. Hospital policy dictates when and how these benefits can be utilized within the training year. Medical insurance is offered. Disability insurance is provided under the umbrella policy of the hospital.
The Training Program faculty consists of ten licensed psychologists on site and six adjunct faculty members plus a program consultant. The diversity of clinical training and academic backgrounds, as well as clinical, research and teaching interests of the faculty ensure interns a stimulating and culturally rich training environment. All faculty provide individual and group supervision either to interns or post doctoral fellows and serve as speakers for seminars. Adjunct faculty as well as guest speakers round out the faculty and present on topics reflective of their respective clinical expertise. Together, the faculty shares the collective responsibility for the success of the training program. A clear chain of managerial responsibility has been established within the Training Program. Dr. Gordon, as Chief Psychologist, provides administrative support to Dr. Breed, the Director of Training, who ensures the overall quality of the internship program itself. Dr. Breed oversees all supervised experience of interns on both inpatient and outpatient rotations. Dr. Stewart, the Associate Training Director, assists Dr. Breed in fulfilling the administrative and supervisory responsibilities of the program. As noted above, Dr. Stewart will be serving in the role of Acting Training Director for the Fall of 2013.

Full-Time Faculty Members

Program Leadership:

Wayne A. Gordon, Ph.D., A.B.P.P. (CN), is the Jack Nash Professor of Rehabilitation Medicine and Associate Director of the Department of Rehabilitation Medicine at the School of Medicine. He joined the faculty of the School of Medicine in 1986 from the Rusk Institute of the New York University Medical Center. He is the Director of Research of the Department of Rehabilitation Medicine and the Director of the Mount Sinai Brain Injury Research Center (BIRC), the School of Medicine’s TBI Model System, RRTC on TBI Interventions, and the Mount Sinai Injury Control Research Center. Dr. Gordon is a Diplomate in Clinical Neuropsychology and Fellow, American Congress of Rehabilitation Medicine and Divisions 22 (Rehabilitation Psychology) and 38 (Health Psychology). In 2006, he received a special recognition award from the National Association of Rehabilitation Research Centers. In 2008 he was awarded the “Partners Award” from the National Association of State Head Injury Administrators and he received the Robert L. Moody Prize for Distinguished Initiatives in Brain Injury Research and Rehabilitation in 2009. He was president of NARRTC from 2004 to 2006. Currently, he is past president of the American Congress of Rehabilitation Medicine, a member of the Board of BIAA, the Ontario Neurotrauma Foundation, the Brain Trauma Foundation and the Sarah Jane Pediatric Brain Injury Foundation. He has published more than 125 articles and book chapters and has presented nationally and internationally on TBI research, stroke rehabilitation, cognitive remediation, and assessment of rehabilitation outcomes. He has served on peer review panels for NIH, CDC, NIDRR, DoD and the VA. Dr. Gordon provides weekly group supervision in neuropsychological test interpretation to the internship class.
Sabrina Breed, Ph.D. – Dr. Breed is the Director of the Internship Training Program, a Senior Clinical Psychologist in the Department of Rehabilitation Medicine, a supervisor of interns on the inpatient brain injury service and the geriatric emergency room, and a presenter at select seminars within the internship program. She will be on leave from the hospital in the fall of 2013. Dr. Breed received her Doctorate in Clinical Psychology from Fairleigh Dickinson University, and completed a two-year Postdoctoral Fellowship in Advanced Rehabilitation Research in the Department. Her clinical interests include acute treatment of individuals with brain injury, psychosocial adjustment after brain injury, aging with a disability, program development for individuals with brain injury and amputations, and work in group modalities.

Rob Stewart, Ph.D. - Dr. Stewart is the Acting Director of the Internship Training Program, a Senior Clinical Psychologist in the Department of Rehabilitation Medicine, a supervisor of interns on the inpatient brain injury and functional units, and a presenter at select seminars within the internship program. Dr. Stewart’s area of clinical specialization is the acute treatment of individuals with brain injury, amputation, and complex medical needs. Dr. Stewart received his Doctorate in Clinical Psychology from Long Island University and completed his internship in Rehabilitation Psychology at the Rusk Institute/NYU. Prior to Mount Sinai, Dr. Stewart worked as a Clinical Psychologist and as Director of Training in the Department of Physical Medicine and Rehabilitation at Jamaica Hospital Medical Center. His clinical interests include pain, chronic illness and disability, TBI, amputation, sexuality, substance abuse, and family interventions.

Paula Reid, Psy. D. - Dr. Reid is a member of the Internship Training Committee, a Senior Clinical Psychologist and the Clinical Director of the Day Rehabilitation Programs for Brain Injured Adults in the Department of Rehabilitation Medicine. She has extensive background in clinical assessment, clinical intervention and management of services for individuals with acquired and traumatic brain injuries and spinal cord injuries. Dr. Reid also has 20 years of experience as an Occupational Therapist. As part of the clinical facility, Dr. Reid teaches select seminars within the training program and provides individual and group supervision of interns and externs in the outpatient department. Dr. Reid received her Doctorate in Clinical Psychology from Georgia School of Professional Psychology and is a graduate of Mount Sinai’s pre-doctoral internship. Her clinical interests range from rehabilitation psychology, cognitive remediation, brain health, and adult neuropsychological assessment to treatment of anxiety, extreme stress, and aging issues. She is particularly interested in self-management techniques which empower individuals to develop to their fullest potential.

**Inpatient Clinical Faculty:**

Angela Riccobono, Ph.D. - Dr. Riccobono is a Senior Clinical Psychologist in the Department of Rehabilitation Medicine. Dr. Riccobono’s area of clinical specialization is acute treatment of individuals with spinal cord injury. She supervises interns on the inpatient spinal cord service and is a presenter at select seminars within the internship program. Her primary interest is the psychosocial and adjustment issues of individuals with SCI, particularly the areas of family adjustment, parenting, and sexuality after spinal cord injury. Dr. Riccobono provides leadership and consultation for SCI programming on both inpatient and outpatient services, particularly the Do-It, Life Challenge, and Peer Mentoring programs. Other interests include health psychology, psychotherapeutic group interventions, and spirituality and psychotherapy. Dr. Riccobono received her Doctorate in Health Psychology from Yeshiva University.
Outpatient Clinical Faculty:

Robin Gay, Ph.D. - Dr. Gay is a Senior Clinical Psychologist in the Department of Rehabilitation Medicine. Dr. Gay’s area of clinical specialization is acute treatment of individuals with traumatic brain injury. She is a supervisor of interns on the outpatient service, and a presenter at select seminars within the internship program. Dr. Gay received her Doctorate in Clinical Psychology from The New School for Social Research and completed her internship in the Neuropsychological Testing and Evaluation Center at the Mount Sinai Medical Center. Prior to assuming her position in the Rehabilitation department at Mount Sinai, Dr. Gay worked as a Clinical Psychologist in the Department of Psychiatry at Coler-Goldwater Memorial Hospital where she supervised interns and taught neuropsychological assessment and other select seminars within their internship program. Dr. Gay is active within the New York State Psychological Association (NYSPA) where she serves on their Executive Committee. She is also the recipient of NYSPA’s Orgel Award and has taught assessment at Columbia University at the graduate level as well as published in the field of neurorehabilitation. Her clinical interests include TBI, adult neuropsychological assessment, psychosocial adjustment to long-term illness and disability, gender and psychotherapy.

Svetlana Serova, Ph.D. - Dr. Serova is a Clinical Psychologist in the Department of Rehabilitation Medicine. Dr. Serova’s area of clinical specialization is outpatient treatment of individuals with acquired brain injury. She is a supervisor of interns on the outpatient service and a lecturer within the internship training program. Dr. Serova received her Doctorate in Clinical Psychology with emphasis on Health Psychology from the University of North Texas, and completed a two-year Postdoctoral Fellowship in Rehabilitation Psychology and Clinical Neuropsychology at Mount Sinai. Her clinical interests include rehabilitation psychology, neuropsychological assessment, return to work after brain injury, and cognitive remediation.

Adjunct Faculty Members

Seth Apter, Ph.D. - Dr. Apter is currently in private practice specializing in neuropsychological assessment, cognitive remediation, and psychotherapy. Dr. Apter is an Assistant Clinical Professor in the Department of Rehabilitation Medicine and facilitates a yearlong seminar on cognitive remediation in the training program. Dr. Apter was formerly the Co-Director of the Training Program for the Outpatient Service. Dr. Apter received his Doctorate in Neuropsychology from the City University of New York. Prior to joining the Department of Rehabilitation Medicine, he was an Assistant Professor of Psychiatry at MSMC.
Joshua Cantor, PhD, ABPP (RP) is an Associate Professor in the Department of Rehabilitation Medicine and the School of Medicine, New York, NY and Co-Director of the Brain Injury Research Center at Mount Sinai. He received his PhD in Clinical Psychology from Long Island University, Brooklyn, NY, and completed a postdoctoral fellowship in rehabilitation and clinical neuropsychology at Mount Sinai. Dr. Cantor has been a PI and co-investigator on numerous federally funded studies. He associate editor of the Journal of Head Trauma Rehabilitation and is the author of over 30 peer-reviewed articles. He has presented widely on TBI-related topics and the work of the Brain Injury Research Center.

Kristen Dams-O’Connor, Ph.D. - Dr. Dams-O’Connor is an Assistant Professor and clinical researcher in the Department of Rehabilitation Medicine. She received her doctorate in Counseling Psychology at the University at Albany, State University of New York and completed a post-doctoral fellowship in Clinical Neuropsychology and Rehabilitation Research at the School of Medicine. Dr. Dams-O’Connor is actively involved in clinical research programs funded by the National Institute on Disability and Rehabilitation Research (NIDRR), the Center for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH). Her research and clinical interests include cognitive rehabilitation, measurement and test construction, long-term outcomes after TBI, and longitudinal data modeling. Dr. Dams-O’Connor is a clinical and research supervisor for postdoctoral fellows and a presenter at select seminars within the internship program.

Jason Krellman, PhD is a clinical neuropsychologist, brain injury rehabilitation researcher, and Assistant Professor in the Department of Rehabilitation Medicine. He is also Director of Clinical Training for the post-doctoral fellowship in clinical neuropsychology and rehabilitation research. Dr. Krellman received his PhD in neuroscience and clinical neuropsychology from the City University of New York. He completed a pre-doctoral internship in clinical neuropsychology at North Shore-Long Island Jewish Medical Center and a post-doctoral fellowship in clinical neuropsychology and rehabilitation research at the School of Medicine. His clinical activities include neuropsychological evaluation, cognitive remediation, and psychotherapy with patients experiencing a variety of neurological disorders, including traumatic brain injury, stroke, and movement disorders. Within the Brain Injury Research Center (BIRC) at Mount Sinai, Dr. Krellman is actively involved in a number of research projects, with primary interest in factors associated with persistent cognitive deficits following mild TBI and attrition in longitudinal studies of persons with TBI.

David Layman, Ph.D., ABPP (CN) - Dr. Layman is a clinical neuropsychologist in independent practice in New York City. He earned his Doctorate in Counseling Psychology, with a Graduate Specialty Certificate in Gerontology, from the University of Kentucky. He completed a two-year Postdoctoral Fellowship in Advanced Neuropsychology and Rehabilitation Research in the Department of Rehabilitation Medicine at the Mount Sinai Medical Center. Dr. Layman is Board Certified in Clinical Neuropsychology from the American Board of Professional Psychology. Dr. Layman specializes in outpatient treatment of individuals with acquired brain injury as well as other medical and neurological conditions. His clinical interests include adult neuropsychological assessment, neurorehabilitation, trauma recovery, and individual, couples, and group psychotherapies. Dr. Layman is a presenter within the internship program and conducts a year-long seminar series on “Special Topics in Neuropsychology.”

Alberto Moran, Ph.D. - Dr. Moran is currently a clinical neuropsychologist at Elmhurst Hospital Center Department of Rehabilitation Medicine providing inpatient and outpatient neuropsychological assessment, cognitive remediation, and psychotherapy. He is a co-investigator in the NIDRR TBI Model Systems of Care. Dr. Moran is adjunct at CUNY Hunter School of Educational Foundation and facilitates a yearly seminar on cultural diversity in the training program for graduate students. At Mount Sinai he is a presenter at select seminars within the internship program. He completed both his Pre-Doctoral Internship and Postdoctoral Fellowship in Neuropsychology and Rehabilitation Psychology in the Department of Rehabilitation Medicine at the Mount Sinai Medical Center.
Amy Shapiro Rosenbaum, Ph.D. – Dr. Rosenbaum is a Clinical Psychologist and Chief of Neuropsychological Services for the NYS certified Traumatic Brain Injury Program at The Park Terrace Care Center. She is a presenter at select seminars within the internship program. Dr. Rosenbaum received her Doctorate in Clinical and School Psychology from Hofstra University. Her primary areas of interest are clinical neuropsychology, brain injury rehabilitation, psychotherapy within the rehabilitation setting, disorders of consciousness, and the long-term cognitive and behavioral needs of individuals presenting with cognitive deficits.

Janine A. Tiago de Melo, Ph.D. ABPP (CN) - Dr. Tiago is currently a board certified clinical neuropsychologist and board eligible rehabilitation psychologist in private practice specializing in neuropsychological evaluations, psychotherapy and cognitive remediation. She facilitates the processing seminar for the internship class. Dr. Tiago received her Doctorate in Clinical Psychology with concentrations in Neuropsychology, Child Therapy, and Group Dynamics, from Teachers College, Columbia University, where she is currently Adjunct Assistant Professor of Psychology and Education in the Department of Counseling and Clinical Psychology. She completed a Postdoctoral Fellowship in Neuropsychology and Rehabilitation Psychology in the Department of Rehabilitation Medicine at the Mount Sinai Medical Center. Dr. Tiago was formerly a staff psychologist within the outpatient service of the Department where she ran an outpatient Substance Abuse day treatment program for TBI patients. Prior clinical experiences include serving as co-coordinator of the Neuropsychology/Learning Disabilities Unit, and staff on both the Addictions Recovery Unit and the Institute for the Performing Artist service at the Postgraduate Center for Mental Health. Her areas of clinical interests are in culture and diversity as it impacts clinical practice, as well as psychotherapeutic issues within a rehabilitation setting, including the impact of cognitive deficits on intrapsychic and psychosocial adjustment.

Suzan Uysal, Ph.D.- Dr. Uysal is an Assistant Professor with joint appointments in the Departments of Anesthesiology and Psychiatry. She facilitates a yearlong seminar on functional neuroanatomy as applied to clinical neuropsychology within the training program. Her research in the Department of Anesthesiology is focused on neuroprotection for cardiac and thoracic aortic surgery. In addition, Dr. Uysal teaches a graduate level neuropsychology course at New York University and is in private practice. Dr. Uysal received her Doctorate in Experimental Psychology from New York University and re-specialized in Clinical Neuropsychology at the City University of New York. She completed postdoctoral fellowships in clinical neuropsychology at New York University Medical Center, Departments of Neurology and Psychiatry, and the Mount Sinai Medical Center, Department of Rehabilitation Medicine.
THE TRAINING CURRICULUM

Orientation

The initial two weeks of the training year are devoted to an in-depth orientation to Mount Sinai Hospital, the Department of Rehabilitation Medicine, the scope of services provided by the Rehabilitation Psychology and Clinical Neuropsychology Service, the role/expectations of Pre-Doctoral interns, and an overview of psychological and therapeutic challenges faced by individuals with disabilities in a rehabilitation setting. Consumer panels present issues of living with disability in the community.

Training Program Didactics

Training program Didactics begin the third week of September and continue throughout the training year. As noted above, interns attend a minimum of two didactic per week.

Clinical Neuropsychology Seminars

Neuropsychological Assessment – Interns are introduced to administration of common neuropsychological instruments during 10 hours of testing labs scheduled during the two-week orientation. Thereafter, weekly group supervision sessions in neuropsychological test interpretation are scheduled for the entire training year. These weekly session focus on intake approaches, test administration, data interpretation, report writing and testing feedback, identification of cognitive strengths and weaknesses, and functional treatment plan recommendations. Interns present individual case protocols for critique.

Cognitive Remediation – This monthly, yearlong seminar focuses on cognitive remediation tools, their theoretical foundations and their clinical application for select cognitive deficits. Case studies are utilized to highlight the process of remediation. Specific benefits of group and individual approaches to remediation are discussed.

Neuroanatomy – Interns participate in a monthly, yearlong seminar on the basics of neuroanatomy, with a specific focus on the sequelae of acquired brain injury. The relationship between behavior, neuropsychological test performance, and underlying neuropathology is explored. In addition to this seminar, interns may attend lectures on neuroimaging and clinical case presentations presented within the Department.

Special Topics in Neuropsychology – Interns attend a monthly seminar devoted to special topics in the field of neuropsychology. The lecture series begins with foundational lectures on topics such as ethics in neuropsychology, attention, and memory, moves to a review of different diagnosis such as dementia and the neuropsychology of cardiac rehabilitation, and ends with a focus on career issues for neuropsychologists.

Brain Injury Case Conference Seminar – Interns attend a monthly case seminar on brain injury led by the Medical Director of the Brain Injury Rehabilitation unit.

Introduction to Neuro-optometry – In the second half of the training year interns travel for individual field visits to SUNY Optometry, where they have the opportunity to observe a neuro-optometry evaluation and are introduced to the field of neuro-optometry and its interventions.
Rehabilitation Psychology Seminars

Rehabilitation Psychology Case Conference – This bi-monthly case conference provides a forum for examining treatment decisions in work with individuals with Brain Injury. Case format presentations are done in the ABPP format, giving trainees exposure to the format used when applying for board certification in Rehabilitation Psychology. This case conference is facilitated by faculty in the Brain Injury Research Center and attended by a diverse group of trainees, including externs, interns, and post-doctoral fellows.

Treatment Issues in Brain Injury – A yearlong series of lectures addresses consequences of brain injury, particularly as they relate to changes in mood and issues of adjustment. This series will review similarities and differences among the various types of brain injury (ie. TBI, stroke, tumor resection, anoxia) as well as address specific symptom profiles (ie. aphasia) and their consequences for treatment. The utility of combined psychotherapy and cognitive remediation as an approach to treatment is highlighted with case studies. Dual diagnoses (i.e, BI and Axis I or II pathology) are also addressed.

Treatment Issues in Spinal Cord Injury – A yearlong series of lectures provides an in-depth portrait of the affective and behavioral challenges that can emerge during the course of adjustment to SCI. Case studies highlight interventions at various points post SCI, and treatment approaches for individuals who present with dual diagnosis. Individuals with SCI facilitate a lecture on the personal challenges encountered in living with SCI.

Treatment Issues in Limb Loss – A pair of lectures presented by the faculty and a consumer representative explore adjustment issues in individuals who have experienced limb loss.

Treatment Issues in Chronic Medical Conditions – Medical, physical, and technological needs of individuals with neuromuscular disorders, chronic/degenerative, disease and physical debilitation following medical illnesses are reviewed. Case studies are also presented by faculty to highlight psychological adjustment issues common to these disabilities.

The Consumer as Advocate – Throughout the year, consumers provide their insights into living with a disability and their unique perspectives on psychological approaches that were found to be most beneficial to their recovery. The importance of individualized and functionally based interventions and advocacy is emphasized.

Psychological Assessment in a Rehabilitation Setting – An overview of the affective and behavioral challenges exhibited by individuals within the inpatient and outpatient rehabilitation settings and tools for assessment are reviewed. Issues of psychological adjustment post disability, pre and post disability development of DSM-IV Axis I & II psychopathology, and assessment of behavioral challenges secondary to disability are discussed. Case presentations are utilized to illustrate these affective changes.

Disability in the Older Adult – An overview of issues that arise in treating older adults with disabilities will be reviewed. Topics include Emotional Disorders in Older Adults, and Issues in Palliative Care.

Substance Abuse and Disability – Seminars focused on screening tools to assess substance use are introduced. Case studies are presented which highlight interventions for individuals presenting with dual physical/and or cognitive disabilities and substance abuse issues.
Current Issues in Evidenced Based Practice - Interns review emerging evidence based approaches to clinical practice via a journal club. In addition, interns attend research presentations by clinical and clinical research staff within the Department, and are introduced to key findings emerging from current rehabilitation research conducted within the Department. Interns also attend select departmental grand grounds and in-services conducted by interdisciplinary team members throughout the training year. In the past, topics have included: “Rehabilitation after Lower-limb Amputation: State-of-the-Art or Back to the Future?”; “Issues in Neuro-optometry: Residual Sensorimotor Vision Disturbances Post-Traumatic Brain Injury”; and “Burn Rehabilitation”

Professional Development Seminars

Ethics – Interns participate in a series of lectures on applied ethical practice: APA ethical guidelines are reviewed within orientation, while seminars offered later in the training year give interns the opportunity to discuss ethical issues that have arisen during their training. In addition, ethical issues that present within the rehabilitation setting are routinely addressed in faculty lectures, case presentations within individual, group and peer supervision, and during Psychology Service staff meetings.

Cultural Diversity – An initial workshop on culture and diversity is held early in the training year. Ongoing seminars address the impact of culture, age, socio-economic backgrounds and religious diversity in an individual’s adjustment to disability. Consumers from diverse backgrounds and disabilities are invited to present at seminars throughout the training year to share their personal perspectives regarding their adjustment to disability in a multi-cultural setting.

Consultation and Advocacy - Seminars addressing the unique roles and functions of members of the interdisciplinary rehabilitation team are presented early in the training year. The role of the psychologist as consultant to the rehabilitation treatment team as well as to families is highlighted.

Professional Development – A series of seminars address professional develop issues important to the intern, including seminars on applying for post-doctoral fellowship, obtaining advanced diplomat status, and potential career paths such as entering private practice. Interns are involved in the interviewing process for future applicants for the internship program. In addition, the faculty as clinicians, researchers, and teachers serve as a role model of the rehabilitation psychologist, and issues of professional development are routinely addressed within individual supervision and peer processing seminars. An intern’s personal career path is reviewed in ongoing meetings of the intern and the Training Director throughout the training year.

Supervision - Interns participate in a seminar on evidence-based practice as related to models of supervision, role conflicts in supervision and ethical issues arising in supervision. Interns have the opportunity to learn about diverse supervisory styles through observation of at least four clinical supervisors during the training year.

Program evaluation – Interns participate in seminars on program evaluation. In addition, interns routinely participate in evaluation of the clinical psychology program, and in recent years have participated in the development of evaluation materials for the internship.
Interns are presented with numerous training opportunities within the context of our large teaching institution. Broadly defined, MSMC resources include the diversity and breadth of professionals within the Department as well as the expertise/technical materials/supports provided within the MSMC complex itself. These resources are briefly described below.

**Rehabilitation Professionals within the Department of Rehabilitation Medicine**

Pre-Doctoral interns become part of an interdisciplinary rehabilitation team comprised of physiatrists, psychologists, physical therapists, occupational therapists, speech pathologists, vocational rehabilitation counselors, social workers, and nutritionists. Many staff members are well-known clinicians in their respective rehabilitation specialties.

**Rehabilitation Research**

The Department has a large portfolio of federally funded research grants in diverse areas of clinical rehabilitation. It has been, and continues to be, the recipient of major grants from the Federal Government, private foundations and corporations.

**Rehabilitation Psychology Library, Testing and Computer Resources**

The Psychology Service has an extensive library of books, journals and audio/visuo materials pertinent to the field of Rehabilitation Psychology and Neuropsychology. Testing materials and computerized scoring protocols are available for intern usage. Computers for use of the intern with password protected access to medical files and library searchers are available both within the inpatient and outpatient intern offices as well as the MSMC Levy Library.

**Hospital-wide Didactic Lectures**

All interns attend select conferences within the Department and other Departments within the hospital, which are arranged at the discretion of the Training Director. Departmental Grand Rounds and Inservices are mandatory for interns.

**The Levy Library**

Interns have access to the medical school library. The library includes approximately 130,000 volumes and 3,500 audiovisual and microcomputer software programs in the biomedical sciences that can be accessed through the LS 2000 Online Public Access Catalog (OPAC) and CD ROM database (e.g., PSYCHLIT, MEDLINE). Materials not in the collection can be obtained through the interlibrary loan networks in which the library participates. Computer assistance labs are available within the library setting.
The Surrounding Neighborhood

MSMC is located between Madison and Fifth Avenues on the Upper East Side of Manhattan, just south of revitalized Harlem and the northern edge of Carnegie Hill. Central Park, eateries to suit any budget and many museums are within walking distance along Fifth Avenue to the north and south of Mount Sinai. Inquiries about affordable sublets and apartments within the local area can be made through the Medical School Real Estate Office, at 1249 Park Avenue (Tel. 212-659-9630). Car, train, subway or bus from all of the surrounding boroughs and the tri-state metropolitan area easily reach Mount Sinai. Parking at MSMC is available at a reduced monthly fee and may be arranged through the Real Estate Office. Hotel and travel discounts in addition to reduced-priced tickets to Broadway and off-Broadway shows, music concerts, sports events, family entertainment, and weekend getaways are available through the Recreation Office at 19 East 98th Street, room 1E (Tel. 212-241-6660).

PROFESSIONAL DEVELOPMENT THROUGHOUT THE TRAINING YEAR

A major goal of the Training Program is to increase the autonomy of the intern as his/her competencies evolve during the training year. This process is inline with the ten primary goals of the Training Program (see pgs. 7-11).

Progression in Supervision

Progression in Understanding Ethical Issues in Clinical Practice - The intern is expected to increase his/her understanding of ethical issues as they emerge within clinical practice during the training year. It is expected that an intern will utilize supervisory input early in the year, and become more comfortable with handling more complex ethical dilemmas by the end of the training year in consultation with supervisors.

Progression within Development of Evidenced Based Knowledge – Early in the training year, an intern is provided with basic foundation knowledge in the area of clinical assessment and practice. As the year progresses, the intern is exposed to more intensive evidenced based research and theory as applied to clinical practice. By the end of the training year, the intern is expected to research and present evidenced based psychological knowledge to the interdisciplinary team under clinical supervision.
Progression in Clinical Assessment and Diagnosis – Early in the training year, an intern is provided an orientation to clinical assessment tools. Clinical assessments by supervisors are made with concern for the complexity of each referral. Initially, intern’s assessment skills are observed to ensure proper administration/interpretation. Early in training, the intern’s interpretations and evaluation reports are closely monitored. As the intern’s competence in assessment increases, the intern is expected to become more independent with planning of assessment, interpretation of assessment and evaluation report writing skills.

Progression in Clinical Interventions - Early in the training year, the intern is provided an orientation to a wide range of clinical interventions. Clinical cases are assigned by supervisors with concern for the complexity of each referral and the intern’s ability to address treatment needs. Early in training, the intern’s clinical interventions are closely monitored. It is expected that an intern will be more comfortable with handling more complex clinical assignments by the end of the training year.

Progression in Consultation – Early in the training year, the intern is provided an orientation to the roles and functions of the interdisciplinary team. Initially, interns observe supervisor’s interactions with the treatment team. Early in training, the intern’s interactions with the treatment team are closely monitored. The intern is expected to increase his/her consultation skills and become an integrated member of the rehabilitation team by the end of the training year.

Progression in Understanding the Needs of Consumers – Intern orientation at the beginning of the training year includes consumer presentations which introduce the intern to the diverse challenges of individuals with disability across the continuum. Early in training, the intern’s interactions with consumers are closely monitored. The intern is expected to increase his/her understanding of the needs of consumers over the continuum of disability and make appropriate community referrals by completion of the training year.

Progression in Understanding Diversity Issues in Clinical Practice - The intern is expected to increase his/her understanding of ethical and cultural diversity issues as they relate to clinical practice during the training year. It is expected that an intern will be more utilize supervisory input early in the year, and become more comfortable with handling more complex ethical dilemmas and culturally diverse clients by the end of the training year.

Progression in Supervision - It is expected that an intern will move from more intensive and directed supervision to more collaborative consultation with supervisors during the training year. In addition, the intern is expected to increase his/her understanding of principles of supervision though didactics and modeling of supervisors over the course of the year.

Progression in Methods of Program Evaluation - The intern is expected to be an active evaluator of the training program seminars and supervision. As the year progresses, the intern is expected to provide constructive suggestions for program improvement. The intern is introduced to program evaluation methods through seminars later in the training year.

Progression in Developing an Identity as an Early Career Psychologist – The internship year is a time of great growth and development professionally. Initially interns are expected to rely on their supervisors for guidance in their work. As the year progresses, the intern is expected to develop increased autonomy and self-reliance, so as to be ready for a post-doctoral fellowship or an early career position by the time of graduation.
COMPETENCY EXPECTATIONS

It is expected that the intern will demonstrate clinical competencies necessary to function as a Rehabilitation Psychologist/Clinical Neuro-Rehabilitation Psychologist by the completion of the training year. Ongoing evaluations serve to clarify strengths and weaknesses for the intern as related to nine educational goals of the training program with increasing competence expected as the training year progresses.

Clinical competency is assessed twice during each six-month rotation via joint (supervisor and trainee) discussion and written evaluation. Mutual evaluations permit timely discussion and consensual validation of progress by both the interns and their primary supervisors throughout the training year. The following ten competency areas are evaluated:

1. Ethics in clinical practice
2. Evidence based knowledge
3. Assessment and diagnosis
4. Therapeutic interventions
5. Consultation
6. Understanding the consumer perspective
7. Understanding diversity perspectives
8. Supervision
9. Program Evaluation
10. Development of professional bearing and identity

Within a given rotation, the intern is rated along a continuum: “Intern is performing below the expected level of competence”; “Intern is increasing competency at the expected rated of growth”; “Intern has achieved competence”; and “Intern has exceeded competency expectations.” When supervisory ratings of an intern’s performance indicate that the intern is “performing below the expected level of competence” in several domains, the intern is placed on probation. A written plan of corrective action is initiated by the supervisor and training directors, and the student’s academic institution is notified. The intern is evaluated on a more frequent basis (i.e., monthly) until either adequate performance is achieved or the intern is terminated.

When interns have successfully met the above competencies in all three rotations within a given training year, a certificate of completion is conferred.

PROGRAM SELF-ASSESSMENT

The Training Program maintains quality assurance via self-assessment. Three types of assessments are utilized during the training year: 1) supervisor evaluations of the intern; 2) intern evaluations of supervisor and 3) intern evaluations of the curriculum. Evaluations are reviewed by the Director of Training to ensure that the Training Program remains sensitive to the needs of consumers, the interns and the faculty. In addition, upon their graduation from the program, interns are asked to provide feedback to the Director about their training during the internship year. Finally, after graduation interns are asked to fill out yearly surveys, in which they provide feedback to the program from their new perspective as an early-career psychologist.
The Training Program aims to protect the personal and professional welfare of interns and faculty and the integrity of the profession of psychology at large. The Program encourages courteous, respectful and collegial rapport between interns and the faculty. The program is organized to facilitate this milieu of intern-faculty trust, learning, identification with more experienced colleagues and mentors, consolidation of professional identity, and successful integration of program graduates into the profession. The faculty is committed to serving as clinical mentors and as role models through supervised clinical work and seminar presentations. By mutual consent, faculty and trainees may collaboratively on special assignments, projects and professional presentations.

Feedback to the Trainee’s Doctoral Program

The Training Director provides written feedback to the intern’s academic institution at the completion of each rotation and additionally as requested by the program throughout the training year. The Training Director will notify the student’s academic institution whenever an intern is placed on temporary probation, with corrective actions discussed. At successful completion of the training year a letter of completion stating satisfactory completion of 2000 hours of supervised experiences, the intern’s final evaluations and a copy of the intern’s certificate of completion are sent to the intern's academic institution.

Grievance Procedure

At times a supervisor and an intern may have disagreements regarding the intern’s performance that cannot be informally settled. In such circumstances, the intern has the right to seek counsel from the Director of Training and/or the Chief of the Psychology Service where an agreement or recourse on a particular matter can be reached. In the event that an intern is experiencing significant difficulties in the program, the intern will be placed on probation, and his/her academic program will be notified in writing. At that point, the intern will receive more intensive supervision, and be evaluated monthly. If the intern continues to experience difficulty in the program, termination will proceed according to MSMC employee termination procedures. Interns have the right to appeal any decision made by the Chief of the Psychology Service and/or the Director of the Training Program to the Chair of the Department. If the issue is not informally resolved, the intern may bring his/her grievance to the attention of the House Staff Affairs Committee of the MSMC. In situations concerning a breach of conduct and professionalism unbecoming an intern, the matter is brought to a joint meeting of the Chief of the Psychology Service and the Director of Training. At that time, clarification, discussion and corrective (or disciplinary) action will be made in accordance with departmental and institutional policy, APA Ethical Principles and Code of Conduct, and respect for the individuals involved.

MSMC Harassment Policy

A major tenet of MSMC, the Department and the Psychology Service is that discrimination or bias of any nature is not tolerated. Behaviors such as harassment, violence, and discrimination are inherently destructive to healthy student-faculty relationships and are not tolerated. Grievances pertaining to sexual harassment, threat to do harm or violence, sexual or racial
discrimination, and abuse of power to exploit or dominate another may be made by a faculty member, student, staff or any other member of the School of Medicine. Formal complaints are handled by the Harassment Committee and Grievance Board of the institution, according to the bylaws of the Medical Center and New York State Law. Departmental policy holds that any staff member, trainee or faculty member who is found guilty of misconduct pertaining to sexual harassment, threat to do harm or violence, or abuse of power over others, may be immediately terminated.

**Internship Policies and Procedures**

Policies and procedures for the training program are available at request of a program applicant. Key policies and procedures are reviewed with interns during orientation, and copies of the policy manual are kept in interns’ office.
Admission Requirements

Candidates (Ph.D. or Psy.D. degrees) in good standing from doctoral programs approved by either The American or Canadian Psychological Association in Clinical, Counseling or School Psychology are eligible to apply for the Pre-Doctoral Internship Training Program. Applicants from other countries may apply but will require appropriate visas for the duration of their training. Applicants must provide a statement from their Department Chair (included in the APPIC application) documenting current status within their academic program and readiness to begin an internship.

Candidates must have completed all academic course work and comprehensive examinations leading to a doctoral degree at start of the internship. Students are encouraged to complete their dissertation prior to starting their internship. At a minimum, dissertation proposals must be completed prior to the start of the training year. A minimum of 500 hours of intervention and assessment experience in adult settings dealing with psychological, physical, cognitive or health related issues are required prior to start of the internship. Prior experience in the administration of neuropsychological assessment tools is also required. Prior experience in a rehabilitation medicine setting is highly valued. Candidates from minority and/or disability backgrounds are strongly encouraged to apply.

Application Information and Timeline

The Pre-Doctoral Doctoral internship in Clinical Psychology utilizes the online APPIC application. The Training Program follows all policies of the Association of Psychology Postdoctoral and Internship Centers (APPIC) (which can be found at http://www.appic.org) and participates in the APPIC match. Our APPIC Program Match number is 147411. Please note that there are other psychology internships at Mount Sinai Hospital, so be sure to use the correct Match number or your application will be lost.

The following deadline will be in place for applications to the class of 2014-2015:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>November 17th, 2013</td>
<td>Deadline for receiving the completed APPIC on-line application</td>
</tr>
<tr>
<td>December 13th, 2013</td>
<td>Applicants are notified as to whether or not they will be invited for an in-person interview</td>
</tr>
<tr>
<td>Mid-late January, 2014</td>
<td>Required in person interviews</td>
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Applications are reviewed by program faculty to determine which applicants will be scheduled for in-person interviews. In-person interviews are required, and include a group orientation to the program, a tour of the facility, and individual interviews with faculty members. No supplemental materials are required for submission with the APPIC application. However, applicants who are invited for internship interviews will be asked to bring copies of two neuropsychological testing reports with them to supplement their APPIC application at that time.
Compliance with APPIC guidelines

All APPIC matches are binding agreements. This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Contact Information:
Robert Stewart, Ph.D.
Director of Training
Pre-Doctoral Internship in Clinical Psychology
Department of Rehabilitation Medicine, Box 1674
The Mount Sinai Medical Center
One Gustave L. Levy Place, New York, New York 10029-6574

Tel: (212) 241-4196
Fax: (212) 348-5901
e-mail: Robert.Stewart@mountsinai.org