

*Doctoral Internship  
in  
Clinical Psychology*

2020-2021

The Mount Sinai Medical Center  
Department of Rehabilitation Medicine

New York, New York



**Mount  
Sinai**

*Rehabilitation  
Medicine*

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# INTRODUCTION – PHILOSOPHY – MISSION

## Introduction

The Clinical 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 undergoing re-accreditation. 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 doctoral supervised clinical training.

Three doctoral interns will participate in a 12-month training program in the year 2020-2021. The training faculty consists of six licensed, full time psychologists, all who are involved in direct supervision of interns. In addition, the program has ten adjunct faculty who provide didactics and group supervision 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 Doctoral Clinical Psychology Internship Program at the Mount Sinai Hospital and the Icahn School of Medicine at Mount Sinai, Department of Rehabilitation and Human Performance 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 field of rehabilitation psychology, clinical neuropsychology, and health psychology. The internship promotes development of interns' clinical skills in multiple areas including: brief and comprehensive psychological and neuropsychological assessments; individual, family and group psychotherapy; individual and group 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 Hospital**

The Mount Sinai Hospital complex occupies a four-block area on upper Fifth Avenue across from Central Park in Manhattan. The hospital is one of the oldest and largest voluntary hospitals in the country, with 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. 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 Mount Sinai Hospital is one of several hospitals that make up the Mount Sinai Health System.

## **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.

## **The Department of Rehabilitation and Human Performance**

The Mount Sinai Department of Rehabilitation and Human Performance has been in existence for over 100 years. In 1986 it began an expansion of its existing program under the leadership of Dr.'s Kristjan T. Ragnarsson and Dr. Wayne A. Gordon, which led to the department achieving national recognition for its clinical and research programs in the area of rehabilitation. 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 limb loss are core components of both inpatient and outpatient treatment. In 2016 we welcomed a new departmental chair, Dr. Joseph Herrera, who will provide leadership for the department in the years to come.

The Department of Rehabilitation Medicine serves as a training resource for diverse professionals within the rehabilitation team, i.e., psychiatry, psychology, rehabilitation research, physical therapy, occupational therapy, speech therapy, social work, therapeutic recreation, nursing 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 Independent Living and Rehabilitation Research (NIDILRR) as a Model System in Traumatic Brain Injury (TBI) and Spinal Cord Injury (SCI). In addition, Department hosts an Injury Control Research Center funded by the Centers for Disease Control and Prevention. The Brain Injury Research Center (BIRC) has a diverse portfolio of federal and philanthropic funding from National Institutes of Health, National Institute of Neurological Disorders and Stroke, National Institute of Child Health and Development, the National Institutes of Health (NIH), National Institute on Independent Living Disability and Rehabilitation Research (NIDILRR), the Department of Defense, the Patient Centered Outcomes Research Institute (PCORI) and the Seton Brain Research Fund.

## **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 needs. The Rehabilitation Center has 50 acute inpatient rehabilitation beds located in two units: one unit focuses on the needs of individuals with primarily functional disabilities (e.g., spinal cord injury and limb loss) and one unit focuses on the needs of individuals with primarily cognitive disabilities (e.g., traumatic brain injury, stroke, and brain cancer). 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 CHIRP (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, limb loss, 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 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. Dr. Breed, a clinical supervisor in the program for over fifteen years, has been Training Director since 2009.

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. Select faculty members assume active leadership in varied professional organizations (Division 22 of 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**

All internship positions are supported in full by hospital based funding.

## **Accreditation Status**

As noted above, the Doctoral Internship is currently accredited by the American Psychological Association, and is currently applying for re-accreditation. The program submitted a self-study in January of 2018, and hosted a site visit in June of 2018. We have subsequently been asked by the Commission on Accreditation to submit additional materials; these are being prepared and will be submitted in February of 2020.

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](mailto:apaaccred@apa.org)

# TRAINING GOALS AND OBJECTIVES

## 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 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 DOCTORAL INTERNSHIP EXPERIENCE

The Doctoral Internship is a full-time, one-year commitment. Three interns will be admitted to the Training Program for the 2020-2021 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. 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 a 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

All interns will participate in three four-month rotations: One in our outpatient department; one on our inpatient cognitive unit; and one on our inpatient functional unit, which houses our SCI and limb loss programs. The order in which the interns complete these rotations will vary. In addition, all interns will complete a fourth “mini rotation,” which runs for the whole year. This mini rotation takes place in the outpatient department, and allows students to carry up to five psychotherapy cases for the training year.

### The Inpatient Rehabilitation Service

- **Inpatient Brain Injury Rehabilitation:** During this rotation the intern will spend their time on an inpatient rehabilitation floor devoted to treatment of individuals 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 two supervisors (Drs. Breed and Parfene) with experience in treatment of individuals with brain injury
- **Inpatient Functional Rehabilitation (SCI, Amputation, Medically Complex):** During this rotation the intern will spend their time on a functional unit devoted to work with patients with spinal cord injury, amputation, acquired central nervous system disorders, and diverse neurological disorders which impact functional abilities. Intern will provide supportive psychotherapy and psychoeducation to patients and their families, will have the opportunity to participate in a psychotherapy group for inpatients and outpatients with spinal cord injury, and will administer cognitive screening measures appropriate for geriatric and/or neurologically impaired individuals. Supervision will be provided by Dr.'s Riccobono and Breed, with Dr. Riccobono taking the lead in supervising patients with SCI and Dr. Breed taking the lead in supervising patients with limb loss.

On both inpatient floors the intern will function as a member of the interdisciplinary team and will actively participate (under supervision) in evaluation conferences.

### The Outpatient Rehabilitation Service:

During the full outpatient rotation the intern will work in the outpatient rehabilitation department, providing both individual and group interventions. Interns will complete in-depth psychological and neuropsychological assessments, and will provide individual psychotherapy with or without embedded cognitive remediation. Interns will also co-facilitate groups within a day-treatment programs for individuals with brain injury. The outpatient department routinely sees individuals with diverse rehabilitation diagnoses; however, interns will primarily see individuals with acquired brain injury, spinal cord injury or those with adjustment issues secondary to acquired disability. Each intern will be supervised by two supervisors (Dr. Serova and Dr. Putnam) within the outpatient rotation.

The “mini rotation” in the outpatient department runs for the entire training year for all students, and gives interns the opportunity to participate in longer, more intensive psychotherapy with their patients. It is also hoped that this rotation affords students the opportunity to work with patients across the spectrum of care. For example, a student may work with a patient in our inpatient functional unit, then follow them for psychotherapy as an outpatient.

## **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
- One half-hour of supervision bi-weekly devoted to supervision of outpatient psychotherapy cases

## **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. 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, etc.), limb loss, and other medical conditions (e.g., cardiac deconditioning, transplants, etc.). 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.

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, special topics in rehabilitation psychology, as well as a journal club. 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 19.

## 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 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 doctoral psychology externs, and in the second half of the training year 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 will receive a stipend of \$29,137.50 for the training year. Trainee benefits include 19 days of paid time off which include personal time off, vacation and sick leave. Hospital policy dictates when and how these benefits can be utilized within the training year. In addition, trainee benefits include 7 major holidays. Medical insurance is offered. Disability insurance is provided under the umbrella policy of the hospital. In addition, under New York State's Family Leave Act, interns are eligible for paid family leave once they have worked 26 weeks. The table below provides a summary of financial and other benefits provided to interns.

### Financial and Other Benefit Support for Upcoming Training Year\*

|  |                   |    |
|--|-------------------|----|
| Annual Stipend/Salary for Full-time Interns  | \$29,137.50       |    |
| Annual Stipend/Salary for Half-time Interns  | n/a               |    |
| Program provides access to medical insurance for intern?   | Yes               |    |
| <b>If access to medical insurance is provided:</b>   |                   |    |
| Trainee contribution to cost required?   | Yes               |    |
| Coverage of family member(s) available?  | Yes               |    |
| Coverage of legally married partner available?   | Yes               |    |
| Coverage of domestic partner available?  |                   | No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation)   | 143 hours/19 days |    |
| Hours of Annual Paid Sick Leave  | included in PTO   |    |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes               |    |
| Other Benefits (please describe): 7 paid holidays; disability insurance; optional dental and vision insurance; paid family after 26 weeks of employment  |                   |    |

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

## THE TRAINING PROGRAM FACULTY

The Training Program faculty consists of six licensed psychologists on site and eleven adjunct faculty members. 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 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; some additionally provide group supervision to the interns. 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 and oversees all supervised experience of interns on both inpatient and outpatient rotations. All training faculty provide didactics and supervisions to interns, and feedback on intern performance and training opportunities to the Training Director. Together, the faculty shares the collective responsibility for the success of the training program.

### Full-Time Faculty Members

#### *Program Leadership:*

**Wayne A. Gordon, Ph.D., A.B.P.P. (CN)** – Dr. Gordon is the Jack Nash Professor of Rehabilitation Medicine and the Director of Psychological/Neuropsychological services. He joined the faculty of the School of Medicine in 1986 from the Rusk Institute of the New York University Medical Center. Dr. Gordon is a Diplomate in Clinical Neuropsychology and Fellow of 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 and functional rehabilitation services, and a presenter at select seminars within the internship program. Dr. Breed received her Doctorate in Clinical Psychology from Fairleigh Dickinson University and completed a two-year Postdoctoral Fellowship in Advanced Neuropsychology and Rehabilitation Research in the Department of Rehabilitation Medicine at the Mount Sinai Medical Center. 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 limb loss, and work in group modalities.

### ***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. Dr. Riccobono recently received a grant from the Craig. H. Neilson foundation to develop and host innovative conferences for consumers and health professionals in the area of sexuality after SCI; she also developed an acclaimed website, [www.sexualitysci.org](http://www.sexualitysci.org), on the topic. Other interests include health psychology, psychotherapeutic group interventions, and spirituality and psychotherapy. Dr. Riccobono received her Doctorate in Health Psychology from Yeshiva University.

**Christina Parfene, Ph.D.** - Dr. Parfene is a Clinical Neuropsychologist in the Department of Rehabilitation Medicine, a supervisor of interns on the inpatient brain injury service, and a presenter at select seminars within the internship program. Dr. Parfene received her Doctorate in Clinical Psychology within the Neuropsychology subspecialty program at the Georgia School of Professional Psychology. She completed her doctoral clinical training at academic hospitals such as Emory University/Medical Center and Shepherd Center, a doctoral internship in Clinical Neuropsychology / Rehabilitation Psychology at the Mount Sinai Medical Center –Department of Rehabilitation Medicine, and a two-year Postdoctoral Fellowship in Clinical Neuropsychology at Weill Cornell Medical College / NY Presbyterian hospital, serving as an inpatient provider in the Psychiatry and Neurorehabilitation Medicine departments. Dr. Parfene is also fluent in Romanian and provides assessment and clinical services in both English and Romanian languages. Her clinical interests include neuropsychological assessment, cognitive remediation, and psychotherapy with patients after neurological injury. Her research interests include outcome and recovery after neurological injury, and neuropsychiatric dysfunction in older adults.

### ***Outpatient Clinical Faculty:***

**Svetlana Serova, Ph.D., A.B.P.P. (RP)** - 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. Dr. Serova is fluent in Russian and provides neuropsychological assessment and treatment services in this language.

**Megan Putnam, Ph.D.** - Dr. Putnam is a Clinical Psychologist in the Department of Rehabilitation Medicine. Dr. Putnam's area of clinical specialization is the evaluation and treatment of individuals with cognitive deficits resulting from a range of acquired brain injury etiologies. She is a supervisor of interns on the outpatient service and a lecturer within the internship training program. Dr. Putnam received her Doctorate in Clinical Psychology from Fairleigh Dickenson University, completing her internship year at Rusk NYU-Langone Health and a two-year Postdoctoral Fellowship in Rehabilitation Psychology and Clinical Neuropsychology at Mount Sinai. Her clinical interests include rehabilitation and health psychology, the interaction of culture and personality on recovery, sleep research and sleep hygiene, and interdisciplinary health care.

## Adjunct Faculty Members

**Angeles Cheung, Ph.D., ABPP (CN)** - Dr. Cheung is currently in private practice specializing in neuropsychological assessment, particularly in civil and criminal forensic evaluations. Dr. Cheung received her Doctorate in Psychology in the Neuropsychology Subprogram at the Graduate Center of the City University of New York. She completed her doctoral internship in Clinical Neuropsychology at Long Island Jewish Medical Center, and a two-year Postdoctoral Fellowship in Clinical Neuropsychology at Dartmouth-Hitchcock Medical Center. She worked as instructor at Harvard Medical School and clinical neuropsychologist in the Division of Cognitive and Behavioral Neurology at Brigham and Women's Hospital in Boston, then joined the faculty of the Mount Sinai Department of Rehabilitation, until leaving to pursue her private practice. Dr. Cheung is fluent in Cantonese and Mandarin and provides neuropsychological assessment and treatment in these languages. She leads a year-long twice-monthly seminar for the interns, focusing on topics within the field of neuropsychology.

**Kristen Dams-O'Connor, Ph.D.** - Dr. Dams-O'Connor is an Associate Professor in the Departments of Rehabilitation Medicine and Neurology, and is the Director of the Brain Injury Research Center (BIRC). 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 Mount Sinai School of Medicine. Dr. Dams-O'Connor is actively involved in clinical research programs funded by the National Institutes of Health (NIH), National Institute on Independent Living Disability and Rehabilitation Research (NIDILRR), the Department of Defense, the Patient Centered Outcomes Research Institute (PCORI) and Centers for Disease Control and Prevention (CDC). Her research and clinical interests include studying the long-term clinical and pathological sequelae of TBI, measurement and test construction, longitudinal data modeling and neurobehavioral rehabilitation interventions. Dr. Dams-O'Connor is a clinical and research supervisor for postdoctoral fellows and a presenter at select seminars within the internship program.

**Gregory A. Hinrichsen, Ph.D., ABPP (Geropsychology)** - Dr. Hinrichsen graduated from Harvard College and obtained a Ph.D. in Psychology at New York University. He completed an internship in clinical psychology at Hillside Hospital, Long Island Jewish Medical Center. During 40 years in the field of aging, Dr. Hinrichsen has provided clinical services, conducted research, directed psychology internship and fellowship programs; has had leadership roles in aging organizations; and published multiple articles and books. He was an APA congressional policy fellow in the United States Senate where he worked for Senator Ron Wyden (D-Oregon) and is the former national director of community mental health for the U.S. Dept. of Veterans Affairs. He is on the faculty of the Dept. of Geriatrics and Palliative Medicine at Mount Sinai.

**Maria Kajankova, Ph.D.**, is an Assistant Professor in the Department of Rehabilitation and Human Performance and the Director of Training for Mount Sinai's Clinical Neuropsychology and Rehabilitation Research postdoctoral fellowship. She is a New York State licensed clinical psychologist specializing in rehabilitation neuropsychology, providing neuropsychological evaluations, cognitive remediation, and individual and group psychotherapy with patients experiencing a variety of neurological disorders, including TBI, concussion, brain tumors, dementia, stroke, and movement disorders. Dr. Kajankova received her doctorate in counseling psychology from Fordham University. She completed her pre-doctoral internship in rehabilitation neuropsychology at the Rusk Institute of Rehabilitation Medicine/ NYU Medical Center and her post-doctoral fellowship in rehabilitation research and clinical neuropsychology at the Icahn School of Medicine at Mount Sinai. Her research focuses on qualitative research methods and topics related to pediatric brain injury and rehabilitation, evaluation of concussion policies, and interventions for individuals with TBI and their caregivers. She is currently an investigator on several federally funded grants focusing on the development and evaluation of interventions for individuals 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 and couples dealing with acquired brain injury, and other medical and neurological conditions. His clinical interests include adult neuropsychological assessment, neurorehabilitation, trauma recovery, and individual and couples psychotherapies. Dr. Layman is past-president of the New York State Association of Neuropsychology and is currently active within the organization. Dr. Layman is an educator within the internship program conducting a year-long seminar series on “Special Topics in Neuropsychology,” and a monthly seminar in neuropsychological test interpretation using the “Fact Finding” model.

**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 presents seminars and provides group supervision, specializing in the area of cultural diversity. He completed both his Doctoral Internship and Postdoctoral Fellowship in Neuropsychology and Rehabilitation Psychology in the Department of Rehabilitation Medicine at the Mount Sinai Medical Center.

**Rob Stewart, Ph.D.** - Dr. Stewart, currently in private practice, is a former member of the inpatient faculty and a prior Acting Director of the Internship Training Program. Dr. Stewart's area of clinical specialization is the acute treatment of individuals with brain injury, limb loss, and complex medical needs. He leads a monthly didactic series on Special Topics in Rehabilitation Psychology and provides group supervision for interns. 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.

**Janine A. Tiago, 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 leads a monthly seminar in neuropsychological test interpretation using the “Fact Finding” model to help interns and postdocs prepare for future board certification. 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, and ran the processing seminar for our interns for more than a decade. 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.

**Dede Ukueberuwa, PhD.** is an Assistant Professor within the Department of Rehabilitation and Human Performance. She is a licensed psychologist in New York State. Dr. Ukueberuwa has expertise in evaluation and intervention for individuals with TBI, concussion, stroke, tumor, multiple sclerosis, dementia and other health and psychosocial stressors. Within the Rehabilitation Neuropsychology Faculty Practice, Dr. Ukueberuwa provides neuropsychological assessment, cognitive remediation, and psychotherapy (e.g., for depression, anxiety, PTSD, and sleep). As part of the training faculty, Dr. Ukueberuwa contributes to didactic seminars and supervision of post-doctoral fellows. She is also an investigator within the BIRC and has a particular interest in long-term psychological outcomes following brain injury. Dr. Ukueberuwa completed her doctorate in clinical psychology at Penn State University, with emphasis in neuropsychology practice and research. She then completed her pre-doctoral internship at VA Ann Arbor/University of Michigan, with work in neuromedical and rehabilitation settings. Within the UCLA Medical Psychology-Neuropsychology Post-Doctoral Fellowship, in the Stress and Trauma Track, she specialized in clinical services and research with military veterans. Dr. Ukueberuwa has authored multiple articles and presentations in the areas of clinical neuropsychology and rehabilitation.

**Suzan Uysal, Ph.D., ABPP (CN)** - Dr. Uysal is an Associate Professor with joint appointments in the Departments of Anesthesiology, Rehabilitation Medicine, 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 has focused on neuroprotection for cardiac and thoracic aortic surgery. She has recently co-edited a book with David Reich, M.D. and Stephan Mayer, M.D. titled Neuroprotection in Critical Care and Perioperative Medicine, published by Oxford University Press in October 2017. Dr. Uysal is a committed educator; she also teaches in the Neuropsychology training program in the Department of Psychiatry, and teaches a graduate level course in neuropsychology at New York University. As a practicing clinician, Dr. Uysal specializes in adult neuropsychological assessment in a private practice setting. She is widely sought after for her thorough, careful and accurate evaluations, and her practice provides her with a practical knowledge of her field that enhances her stature as a researcher and educator. Dr. Uysal is unique among neuropsychologists in having dual training in both basic behavioral neuroscience and clinical neuropsychology. She received her Doctorate in 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 Doctoral interns, and an overview of psychological and therapeutic challenges faced by individuals with disabilities in a rehabilitation setting. Interns also have the unique opportunity to attend consumer panels, in which individuals describe their experiences of living with disability.

## 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 hours of didactics per week.

## Foundational Seminars in Clinical Psychology

**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, religion, and sexual orientation in an individual's adjustment to disability. Late in the year interns participate in group supervision sessions explicitly focused on issues of diversity as they have presented in interns' clinical practice. 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 development 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. In the second half of the training year interns have the opportunity to provide group supervision to externs.

**Program evaluation** – Interns participate in a seminar 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.

## **Clinical Neuropsychology Seminars**

**Neuropsychological Assessment** – Interns are introduced to administration of common neuropsychological instruments during 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 sessions 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 series of lectures 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.

**Fact Finding** – This bi-weekly seminar presents neuropsychological cases using the Fact Finding approach used when applicants seek board certification in Clinical Neuropsychology. It allows those with goals of eventually seeking ABPP-CN certification to become familiar with this technique of examination, as well as allowing for an intellectual exploration of clinical issues in neuropsychology.

**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 (i.e. TBI, stroke, tumor resection, anoxia) as well as address specific symptom profiles (ie. aphasia) and their consequences for treatment.

**Treatment Issues in Spinal Cord Injury** – This series of lectures provides an in-depth portrait of the affective and behavioral challenges that can emerge during the course of adjustment to SCI. Interns are introduced to consumer education materials which support their understanding of these challenges, particularly in regards to changes in sexuality. Individuals with SCI facilitate a lecture on the personal challenges encountered in living with SCI.

**Treatment Issues in Limb Loss** – This lecture explores adjustment issues in individuals who have experienced limb loss.

**Special Topics in Inpatient Rehabilitation Psychology** – A yearlong series of lectures explores rehabilitation psychology in an inpatient setting. Topics addressed include: bedside neuropsychological assessment; pain in the rehabilitation setting; and movement disorders.

**Special Topics in Outpatient Rehabilitation Psychology** – Lectures throughout the year explore rehabilitation psychology issues as they emerge in an outpatient setting. Topics addressed include: emotional regulation, bereavement, and terminating with clients.

**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.

**Current Issues in Evidenced Based Practice** - Interns attend select departmental grand rounds 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.” 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.

## **RESOURCES WITHIN AND AROUND THE HOSPITAL**

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**

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 access to an extensive digital library of books, journals, and audio/visual materials pertinent to the field of Rehabilitation Psychology and Neuropsychology. Testing materials and computerized scoring protocols are available for intern usage within the Department. Computers with password protected access to electronic medical records, digital library resources, and the Mount Sinai Health System Intranet are available to interns within the inpatient and outpatient intern offices, as well as in 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 In-services are mandatory for interns. However, interns are also welcome and encouraged to attend other lectures through the medical center, and in the past students have attended Grand Rounds within the departments of Neurology, Neurosurgery, Psychiatry, and Social Work.

### **The Levy Library**

The Levy Library supports the education, research, and clinical information needs of the Mount Sinai Health System, including the Icahn School of Medicine at Mount Sinai. The Library offers an extensive collection of biomedical databases, e-journals, e-books, and print resources, and it serves as a resource on information retrieval, information management and scholarly communication issues. Interns may visit the Levy Library in person on the 10th and 11th floors of the Annenberg Building, or access the Library's digital resources through the system-wide Intranet.

## **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 98<sup>th</sup> Street, Room 2F (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 in line with the ten primary goals of the Training Program (see pgs. 6-9).

**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 supervisors' 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 through didactics and modeling of supervisors over the course of the year. This learning experience culminates with the opportunity to provide group supervision to externs, using a case presentation format.

**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. In recent years interns have also had the opportunity to conduct program evaluation on day treatment programs within the outpatient department.

**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 an early career 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 three times during the year (every four months) 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 director, 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. Four proximal types of evaluation are utilized during the training year: 1) supervisor evaluations of the intern; 2) intern evaluations of supervision; 3) intern evaluations of the experiential learning opportunity; and 4) intern evaluations of seminars. 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 participate in an exit interview in which they are asked to provide feedback to the Director about their training during the internship year. In addition, the program uses two distal methods of evaluation are used: 1) After graduation interns are ask to fill out year surveys in which they provide feedback to the program from their new perspective as an early-career psychologist and 2) the program tracks the progress of its graduates in their careers, particularly as they meet important milestones (i.e. completing post-doctoral fellowships; achieving licensure; gaining employment).

## INTERN-FACULTY RELATIONS

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.

### **Communication with 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 the Training Director sends to the intern's doctoral program: 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.

### **Procedures re: Grievance and Probation**

A grievance is defined as any dispute or complaint arising between an intern and a member of the faculty or adjunct faculty. In such circumstances, the intern has the right to seek counsel from the Director of Training and/or the Chief of the Psychology Service, and ideally an agreement or recourse on a particular matter can be reached. 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. If a resolution is not achieved, the intern may present the problem to the Labor Relations Office, Vice President of Labor Relations or designee. The intern receives a written answer within five working days from the date of the grievance hearing. Should the grievance still remain unresolved, it may be referred by the Medical Center, in its sole discretion, to an outside arbitrator for an impartial and binding decision.

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.

## Post-Graduation Employment

The doctoral internship prides itself on providing a firm foundation in training in clinical psychology, upon which its graduates build successful careers as professional psychologists. As noted above, this training occurs within the specialized setting of a rehabilitation medicine department, and in recent years almost all graduates have opted to continue their careers within the fields of rehabilitation psychology, clinical neuropsychology, or health psychology. A majority of interns seek postdoctoral fellowships in rehabilitation psychology and clinical neuropsychology, and the program's graduates have historically had good success in obtaining competitive placements. As is illustrated below, a majority of graduates continue their careers with a postdoctoral fellowship in an academic or general hospital setting. Our interns have high rates of obtaining licensure, and we are also proud of our graduates who have moved into supervisory and leadership roles at other institutions.

### Initial Post-Internship Positions

**2016-2018**

|   | 2016-2018 |    |
|---|-----------|----|
|   | PD        | EP |
| Total # of interns who were in the 3 cohorts  | 13        |    |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 1         |    |
|   | PD        | EP |
| Community mental health center  |           |    |
| Federally qualified health center   |           |    |
| Independent primary care facility/clinic  |           |    |
| University counseling center  |           |    |
| Veterans Affairs medical center   | 1         |    |
| Military health center  |           |    |
| Academic health center  | 7         | 1  |
| Other medical center or hospital  | 1         |    |
| Psychiatric hospital  |           |    |
| Academic university/department  |           |    |
| Community college or other teaching setting   |           |    |
| Independent research institution  |           |    |
| Correctional facility   |           |    |
| School district/system  |           |    |
| Independent practice setting  |           | 2  |
| Not currently employed  |           |    |
| Changed to another field  |           |    |
| Other   |           |    |
| Unknown   |           |    |

# ADMISSION/APPLICATION INFORMATION

## Admission Requirements

The Doctoral internship in Clinical Psychology utilizes the online APPIC application. In applying, we request that you submit **three** letters of recommendation.

Candidates in good standing from doctoral programs (either Ph.D. or Psy.D. degrees) approved by either The American or Canadian Psychological Association in Clinical, Counseling or School Psychology are eligible to apply for the Doctoral Internship Training Program. 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 combined intervention and assessment experience is required prior to start of the internship. Prior experience in the administration and interpretation of neuropsychological assessment tools is also required. Prior experience in a rehabilitation medicine and/or health psychology setting is highly valued. Candidates from minority and/or disability backgrounds are strongly encouraged to apply.

Applicants who are citizens of other countries are welcome to apply. However, please note that all interns are employees of the hospital, and as such, require visas that allow them work in the United States. Thus, all foreign citizens must demonstrate a path to legal employment that is *in place at the time your application is filed* in order for your application to be considered. There is a place for this information on the APPIC application, but also feel free to explain in your cover letter. In the past, students in American graduate schools have been eligible to come using the F-1 visa; however, students who are attending graduate school in other countries (i.e. Canada) are not eligible for this visa. Please note that the Mount Sinai hospital does *not* support J-1 visa except for research. We also do not accept the TN visa as a potential pathway, as the application cannot be filed until just before internship begins.

## Application Information and Timeline

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 several other psychology internships within the Mount Sinai Health System, 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 2020-2021:

|                     |  |
|---------------------|--|
| November 17th, 2019 | Deadline for receiving the completed APPIC on-line application                               |
| December 13th, 2019 | Applicants are notified as to whether or not they will be invited for an in-person interview |
| January, 2019       | Required in person interviews  |

Applications are reviewed by the training director with assistance from the training 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:

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