

*Doctoral Internship  
in  
Clinical Psychology*

2025-2026

The Mount Sinai Medical Center  
Department of Rehabilitation Medicine and  
Human Performance

New York, New York



**Mount  
Sinai**

*Rehabilitation  
Medicine*

## TABLE OF CONTENTS

Introduction, Philosophy and Mission.....	3
The Context of the Training Program.....	4-5
The Training Program Goals and Objectives .....	6-10
The Doctoral Internship Experience.....	11-14
Clinical Experiences.....	11
Clinical Rotations.....	12
Clinical Supervision.....	13
Clinical Case Assignments.....	13
Benefits and Stipend.....	14
The Training Program Faculty .....	15-20
The Training Curriculum and Didactics .....	21-22
Resources Within and Around the Hospital.....	23-24
Professional Development Throughout the Training Year.....	24-25
Competency Expectations .....	26
Program Self-Assessment .....	26
Intern-Faculty Relations.....	27-28
Post-Graduation Employment.....	29
COVID Considerations.....	29-30
Admission/Application Information.....	31-32
Appendix A: Internship Admissions, Support, and Initial Placement Data .....	33-36

# INTRODUCTION – PHILOSOPHY – MISSION

## Introduction

Welcome to our internship! We hope you will find the information in this brochure helpful in understanding our training program.

Our Doctoral Internship in Clinical Psychology (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 2028. 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 2025-2026. The training faculty consists of five licensed, full time psychologists, all who are involved in direct supervision of interns. In addition, the program has thirteen 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 fields 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 and Human Performance 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 psychology, counseling, health psychology, and neuropsychology.

# THE CONTEXT OF THE TRAINING PROGRAM

## **The Mount Sinai Health System**

The Mount Sinai Health System is a large hospital system, including eight hospital campuses in New York City and Long Island. Our doctoral internship takes place within two Mount Sinai Campuses: Our inpatient units are located at Mount Sinai Morningside, on the Upper West Side of Manhattan, and our outpatient department is part of the Mount Sinai Hospital, on the Upper East Side across from Central Park in Manhattan. The two campuses are about a mile apart (approximately a 30 minute walk or a 25 minute bus ride).

Mount Sinai is one of the oldest and largest voluntary hospitals in the country. It has approximately 6,600 physicians on staff, and many psychologists, distributed around the several Mount Sinai Campuses. Mount Sinai serves multiple communities within New York City, and specialty programs, such as our Department of Rehabilitation and Human Performance, draw from throughout New York City, New York State and New Jersey. 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.

## **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. Dr. Joseph Herrera assumed leadership of the Department in 2016, and has brought a focus on innovative techniques to improve mobility and community engagement in people with disability. Dr. Angela Riccobono assumed leadership of the Department of Psychology in 2020, bringing our department an emphasis on innovation within the field of Rehabilitation Psychology

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, 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. The Brain Injury Research Center (BIRC) has a diverse portfolio of federal and philanthropic funding from the National Institute of Neurological Disorders and Stroke (NINDS) and National Institute of Child Health and Development (NICHD) at the National Institutes of Health (NIH); the National Institute on Independent Living Disability and Rehabilitation Research (NIDILRR); the National Institute on Aging;

the Patient Centered Outcomes Research Institute (PCORI); the Seton Brain Research Fund; and the Department of Defense.

## **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 40 acute inpatient rehabilitation beds, and serves people with a wide range of disabilities including spinal cord injury, traumatic brain injury, stroke, limb loss, those post surgery for tumors or organ transplant, and those with complex medical histories. Services are provided primarily to adults, and occasionally to some older adolescents. The Committee on Accreditation of Rehabilitation Facilities (CARF) accredits four rehabilitation inpatient specialty programs: SCI, TBI, Stroke, and CHIRP (medically complex).

The Outpatient Rehabilitation Service provides a full range of rehabilitation interventions for older adolescents through geriatric patients in a newly renovated outpatient setting. The major emphasis of treatment is the rehabilitation of individuals presenting with SCI, TBI, stroke, and 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) is proud to be a highly valued part of the broader department of Rehabilitation Medicine. We have a strong presence in both our inpatient units and our outpatient service. Our former chair, Dr. Wayne A. Gordon, was instrumental in founding the department and building it into a nationally ranked service. In 2020, Dr. Angela Riccobono assumed leadership of our service, bringing an emphasis on creative interventions for people with a disabilities. Dr. Breed has been a clinical supervisor in the program for over twenty 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 providing didactics within the training program. Select faculty and adjunct 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**

The Doctoral Internship is currently accredited by the American Psychological Association; our next site visit is scheduled for 2028. 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.**

Objectives:

- To enhance the intern's ability to access and evaluate evidenced based literature as related to clinical practice
- To increase the intern's ability to integrate evidenced based research into clinical practice
- To increase intern's understanding and application of ethical principles to clinical practice

Competencies Expected:

- The intern will demonstrate knowledge of the current version of the APA Ethical Principles of Psychologists and Code of Conduct and professional standards and guidelines within rehabilitation psychology, clinical neuropsychology, and health psychology
- The intern will be able to identify and respond to ethical dilemmas within clinical practice
- The intern will be able to conduct him/herself according to 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 as related to clinical practice
- To increase the intern's ability to integrate evidenced based research into clinical practice
- To increase intern's understanding and application of ethical principles to clinical practice

Competencies Expected:

- The intern will be able to 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 a patient's chart and clinical history, conduct a clinical interview, conceptualize the patient's needs, and assign a clinical diagnosis
- The intern will be able to select, administer and interpret assessment tools that can appropriately address the referral question including cognitive measures and measure of emotional functioning.
- When needed, the intern will be able to adapt the assessment to meet the unique needs of the patient (e.g. decreased or different language abilities, limited mobility, decreased vision, etc.)
- 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 establish rapport and maintain effective relationships with their clients
- The intern will be able to conceptualize an individual's treatment approach based on the patient's history, observations of the patient's behaviors, assessment findings, feedback from the treatment team, and evidenced based knowledge, and develop an appropriate treatment plan
- The intern will be able to select and implement appropriate evidenced based clinical interventions to address treatment goals including: individual psychotherapy; group psychotherapy; individual cognitive remediation; group cognitive remediation; family interventions; developing a behavioral management plan; and addressing suicidal/homicidal ideation in a patient
- The intern will be able to evaluate intervention effectiveness, and adapt intervention goals and methods as needed
- The intern will be able to prepare written documentation of treatment progress

**Goal #5: The intern will demonstrate effective communication and interpersonal skills, with both clients and colleagues.**

Objectives:

- To develop the intern's skill in interpersonal and oral communication
- To develop the intern's skill in written communication

Competencies Expected:

- The intern will demonstrate interpersonal skills that support their ability to perform effective interventions, including building rapport, forming immediate and effective relationships with others, empathizing, attending, and responding to others' thoughts, actions, and feelings, and communicating effectively with patients and families
- The intern will demonstrate effective oral communication and interpersonal skills with colleagues, to relay a client's status and progress to the interdisciplinary team.
- The intern will prepare clear and effective written documentation of assessment findings and treatment progress

**Goal #6: The intern will develop competence in understanding individual differences and cultural/ethnic diversity in preparation for an entry level position as a professional psychologist**

Objectives:

- To increase the intern's sensitivity to diversity perspectives in their clients who present with of diverse cultural, ethnic, language, sexual, age, religious, and disability backgrounds.
- To increase the intern's ability to modify assessment and treatment approaches to integrate these disability and diversity perspectives

Competencies Expected:

- The intern will demonstrate awareness of the self, including an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
- The intern will be able to modify assessment interventions to address the disability and diversity issues identified above in their patient
- The intern will be able to modify clinical interventions to address the disability and diversity issues identified above in their patients
- The intern will be able to develop a clinical alliance with individuals different from themselves



**Goal #7: 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 varying needs across the continuum of adjustment needs after the onset of disability
- To increase the intern's ability to discuss disability issues with patients and families
- 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 #8: To promote the intern's competence in understanding theories and methods of supervision in preparation for an entry level positions as a professional psychologist.**

Objective:

- The intern will demonstrate knowledge of supervision models and practices.

Competencies Expected:

- The intern will be able to identify different models of supervision, and be able to navigate ethical issues that may arise in supervision.
- The intern will demonstrate supervisory skills in direct or simulated practice (including role-playing in group supervision, peer supervision, and in work with externs).
- Then intern will be able to prepare written documentation of consultation and collaborative activities

**Goal #9: 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 #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 demonstrates an interest in lifelong learning
- The intern engages in self-reflection regarding their own skills, abilities, strengths, and weaknesses
- The intern will accurately evaluate their level of competency and seek appropriate consultation as needed
- The intern is open to feedback and uses supervision to expand their 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 2025-2026 year. The training program follows a clinical practitioner model of professional development. For the 2024-2026 training year the internship will begin on the first Tuesday after Labor Day (September 2<sup>nd</sup>, 2025) ends on August 28<sup>th</sup>, 2026. 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 and group 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 (described below); 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.

**I. Inpatient Brain Injury Rehabilitation:** During this rotation the intern will spend their time on an inpatient rehabilitation treating 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 Iriz Zheng) with experience in treatment of individuals with brain injury

**II. Inpatient Functional Rehabilitation (SCI, Amputation, Medically Complex):** During this rotation the intern will spend their time working with patients with spinal cord injury, amputation, acquired central nervous system disorders, and diverse neurological disorders which impact functional abilities. Interns will provide supportive psychotherapy and psychoeducation to patients and their families, will have the opportunity to participate in psychotherapy groups for inpatients and outpatients with spinal cord injury and limb loss. Interns also administer cognitive screening measures appropriate for geriatric and/or neurologically impaired individuals. Supervision will be provided by Dr.'s Riccobono and Zheng.

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

**III. Outpatient:** 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 cognitive remediation groups, which are currently being delivered remotely. Interns may also have the opportunity to attend a SCI support group. 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. Students will carry a caseload of up to five psychotherapy cases; it is expected that some cases will be inherited from prior trainees, but that interns will also build their caseloads during the year. As such, 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 cognitive unit, then follow them for neuropsychological assessment and cognitive remediation 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 half-hour of individual supervision bi-weekly devoted to supervision of outpatient psychotherapy cases
- 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

## **Clinical Case Assignments**

Interns are ensured a rich multicultural experience during the training year, as our hospitals' patient population is extremely diverse across all dimensions including culture, language, level of acculturation, education, socioeconomic status, sexual orientation and gender identity. Interns are also assured diversity of experiences across the age span (young adult to geriatric) and medical diagnoses. 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, patients who have experienced organ transplants, etc.). Caseloads on inpatient typically consist of 50% or more of adults over the age of 65. 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, and case seminars in the Fact Finding format. 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. Interns participate in a weekly seminar in the Brain Injury Research Center with trainees across the continuum of training (externs, interns, and postdocs), as well as a monthly seminar (via Zoom) with psychology trainees across the entire Mount Sinai Health System. 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 a psychology externship 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 the inpatient unit 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 \$32,696 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 9 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. A table providing a summary of financial and other benefits provided to interns can be found in Appendix A.

## THE TRAINING PROGRAM FACULTY

The Training Program faculty consists of five licensed psychologists on site and thirteen 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. Riccobono, as Director of the Rehabilitation Psychology and Neuropsychology Service, 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. Dr. Putnam, the Associate Internship Director, develops the didactics schedule and provides support to Dr. Breed. 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:*

**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.

**Angela Riccobono, Ph.D.** – Dr. Riccobono is the Director of the Rehabilitation Neuropsychology Service. She provides clinical leadership and oversight of inpatient and outpatient rehabilitation psychology and neuropsychology programs and services. She also supervises interns on the inpatient spinal cord service and is a presenter at select seminars within the internship program. Dr. Riccobono's area of clinical specialization 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, and serves on the SCI Community Advisory Board. Dr. Riccobono received a grant from the Craig. H. Neilson foundation and in 2017 developed and hosted 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. More recently she developed and implemented innovative rehabilitation programs, including pandemic response, telehealth and virtual group programming for Brain Injury, SCI, and Post-Covid patient populations, as well as creative programming to support staff wellness. Other interests include health psychology, psychotherapeutic group interventions, and spirituality and psychotherapy. Dr. Riccobono received her Doctorate in Health Psychology from Yeshiva University.

**Megan Putnam, Ph.D.** - Dr. Putnam is a Clinical Psychologist in the Department of Rehabilitation Medicine, and the Associate Director of Training for the internship. She provides clinical care in our outpatient department. Her 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.

***Outpatient Clinical Faculty:***

**Svetlana Serova, Ph.D., A.B.P.P. (RP)** - Dr. Serova is a Senior 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, treatment services, and supervision in this language.

***Inpatient Clinical Faculty:***

**Iris Zheng, Psy.D.** - Dr. Zheng is a Clinical Psychologist and supervisor in the Department of Rehabilitation Medicine, providing clinical care in the inpatient cognitive and functional rehabilitation services. Her clinical specialization includes neuropsychological assessment and treatment of individuals with acquired brain injury, neurodegenerative disorders, and medically complex conditions. Dr. Zheng earned her Doctorate in Clinical Psychology from Pepperdine University, completed her internship at Mount Sinai in Rehabilitation Psychology and Clinical Neuropsychology and a two-year Postdoctoral Fellowship in Neuropsychology at Harvard Medical School / Beth Israel Deaconess Medical Center. Her clinical interests include the integration of neuropsychology within a multidisciplinary healthcare system, cognitive remediation, and the incorporation of family systems in adjustment and rehabilitation. Dr. Zheng is fluent in Cantonese and provides neuropsychological assessment, treatment services, and supervision in this language.



## Adjunct Faculty Members

**Jordyn Anderson, Psy.D.** – Dr. Anderson is an Assistant Professor of Neurology at the Corinne Goldsmith Dickinson Center for Multiple Sclerosis (MS) within the Department of Neurology at Mount Sinai. She is a New York and New Jersey State licensed clinical psychologist with broad experience working with neurological populations focusing on neuropsychological assessment and behavioral health interventions. Dr. Anderson developed a health psychology initiative within the CGD Center for MS focused on meeting the psychological needs of patients with chronic neurodegenerative conditions and promoting cognitive health through health behaviors. She completed her predoctoral internship in rehabilitation neuropsychology at the Mount Sinai Hospital and her postdoctoral fellowship in clinical neuropsychology at the Icahn School of Medicine at Mount Sinai. Dr. Anderson facilitates a intern processing seminar.

**Angeles Cheung, Ph.D., ABPP (CN)** - Dr. Cheung is currently in private practice specializing 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 is able to provide supervision for outpatient assessment conducted in these languages. Dr. Cheung leads a year-long twice-monthly seminar for the interns, focusing on topics within the field of neuropsychology, and also provides group supervision.

**Kristen Dams-O'Connor, Ph.D.** - is the Jack Nash Professor of Rehabilitation Medicine, Professor in the Departments of Rehabilitation Medicine and Neurology, Vice Chair of Research, and Director of the Brain Injury Research Center. Dr. Dams O'Connor conducts multidisciplinary research dedicated to improving the lives of people living with brain injury. Her work aims to identify mechanisms, risk, and protective factors to improve long-term outcomes in individuals with traumatic brain injury (TBI) and repetitive head trauma sustained through sports participation, military service, and intimate partner violence. She leads the Late Effects of TBI (LETBI) Project, a TBI brain donor program focused on characterizing the clinical phenotype and postmortem pathological signatures of post-traumatic neurodegeneration and their associations with Alzheimer's disease and related dementias. She is Project Director of the New York Traumatic Brain Injury Model System of care, one of 16 centers of excellence for TBI research and clinical care in the United States. Her research is supported by federal grants from the National Institutes of Health, National Institute for Disability Independent Living and Rehabilitation Research, Department of Defense, Centers for Disease Control, and Patient Reported Outcomes Research Institute. She has published over 150 manuscripts and chapters on TBI treatments and outcomes, and has presented her research internationally.

**Wayne A. Gordon, Ph.D., A.B.P.P. (CN)** – Dr. Gordon is a former 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, eventually obtaining multiple grants which were instrumental in building the department into the nationally ranked center that it is today. 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). 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.

**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. Dr. Hinrichsen provides didactics during the training year.

**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.

**Nicole Murray, Psy.D.** - Dr. Murray received her doctorate from the Illinois School of Professional Psychology with a specialization in neuropsychology. She completed her internship training at Mount Sinai and two-year Postdoctoral Fellowship in the brain injury research center at the Icahn School of Medicine at Mount Sinai. She worked for many years as a senior rehabilitation psychologist in the outpatient Rehabilitation Medicine department at NYU Langone Health serving patients with brain injury, multiple sclerosis, cancer and chronic illness. In addition to clinical treatment (psychotherapy, cognitive evaluation, cognitive remediation), her focus was developing and implementing cognitive and psychotherapy group protocols to treat various patient group populations until leaving to pursue private practice. Dr. Murray also has a strong background in diversity training and has spoken at national conferences on barriers to treatment for minority groups. Clinical interests also include couples and family therapy within the context of rehabilitation, particularly assisting patients and their families to cope with the changes that occur in the family system post health status change.

**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.

**Catherine Stolove, Ph.D.** - Dr. Stolove earned her doctorate in clinical psychology from Teachers College, Columbia University. She completed her predoctoral internship at the Rusk Rehabilitation Institute at NYU Langone Medical Center, and a two-year postdoctoral fellowship in Neuropsychology at Columbia University Irving Medical Center in the epilepsy division. She formerly worked in inpatient neurorehabilitation at Mount Sinai before transitioning to private practice, where her current focus is neuropsychological assessment. Dr. Stolove is fluent in Spanish and can provide neuropsychological assessment and treatment in this language.

**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.

**Suzan Uysal, Ph.D., ABPP (CN)** - Dr. Uysal is an Associate Professor with joint appointments in the Departments of Anesthesiology, Neurology, 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 internship 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:** A series of lectures throughout the year that directly highlight ethical issues in the field of rehabilitation psychology, with reference to APA standards of practice and with discussion of examples of ethically challenging situations both common and uncommon in this population (e.g., balancing confidentiality with best practices in patient care when conversing with healthcare proxies; gauging when to breach confidentiality with impulsive and aggressive or suicidal brain injured patients, etc.). Ethical issues will also be considered as an embedded topic throughout other lectures.
- **Diversity:** A series of lectures that address diversity in the rehabilitation population, across topics including ethnicity/race, disability status, age, sexual orientation, socioeconomic status.
- **Supervision:** A series of lectures addressing topics related to supervision, including supervision styles, theories, and methods, as well as coverage of different types of challenges that can arise between the supervisor and supervisee (e.g., role conflicts in supervision and ethical issues), as supported by evidence based practice.

## Lectures in Evidenced Based Knowledge

- **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. Interns are also invited to attend journal clubs for Brain Injury and Spinal Cord Injury with the medical residents and fellows.

## Didactics in Clinical Neuropsychology

- **Neuroanatomy:** Interns attend a yearlong monthly lecture series provided by Suzan Uysal, M.D., learning the anatomy of the brain, including anatomical structures, regions of the brain, and the cerebrovascular system.

- **Special topics in Clinical Neuropsychology:** A year-long monthly seminar addressing a variety of topics in neuropsychology led by a board certified neuropsychologist.
- **Interdepartmental Lecture Series:** Interns attend a monthly lecture series with a different faculty member from various departments around the hospital system (e.g., Neurology, Psychiatry, Rehabilitation, etc.) who present on topics relevant to psychologists working in the medical setting. Topics have included a review of specific condition (e.g., multiple sclerosis/autoimmune disorders), a review of topics relevant to the brain injured or psychiatric population (e.g., brain injury and suicide), and more.

## Didactics in Rehabilitation Psychology

- **Treatment issues in Brain Injury:** A series of lectures that 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., traumatic brain injury, stroke, tumor and tumor resection, anoxia) as well as address specific symptom profiles (i.e., aphasia, insight/awareness, vestibular functioning, etc.) and their consequences for treatment.
- **Treatment Issues in SCI:** 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 regarding 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 Rehabilitation Psychology:** A yearlong series of lectures explores rehabilitation psychology in both the inpatient and outpatient settings. Topics addressed include: bedside neuropsychological assessment, pain in the rehabilitation setting, movement disorders, return to school/work, obtaining services in the community, and changes to family/significant other, emotion regulation, bereavement, terminating with patients, and social/professional relationships.
- **The Consumer Experience:** 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.

## Seminars in Professional Development

- **Processing Seminar:** Interns participate in a monthly processing seminar led by a graduate of our internship.
- **Applying for a postdoctoral fellowship:** Requirements and expectations to help the interns prepare for the application and interview processes are provided during the Fall to promote timely assistance for postdoctoral applications.
- **Early career issues:** Information regarding obtaining psychology licensure, including the overall process (including time spent orienting interns as to what to expect on the EPPP examination), aspects of pursuing private practice verses being hired as hospital or clinical staff, and continuing education expectations are reviewed.

## 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.

### **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, on Mount Sinai's east side campus, or access the Library's digital resources through the system-wide Intranet.

### **The Surrounding Neighborhood**

Mount Sinai Hospital 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.

Mount Sinai Morningside is located on the Upper West Side of Manhattan, between 113<sup>th</sup> and 116<sup>th</sup> streets, and between Amsterdam Avenue and Morningside Park. It is a vibrant neighborhood, steps away from Columbia University and all the shops and restaurants that support the University.

Car, train, subway or bus from all of the surrounding boroughs and the tri-state metropolitan area easily reach both Mount Sinai campuses. The M4 bus connects the two campuses. It is also a pleasant 30 minute walk, with much of the walk taking place in Central Park.

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). 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. 6-10).

**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 Communication and Interpersonal Skills** - Early in the training year, the intern is provided guidance on oral communication in consulting with the interdisciplinary team, as well as models for written documentation. Interns are given focused guidance for communication in complex situations such as family meeting, and their communications in evaluation conferences are monitored. It is expected that as the year progresses the interns will require less guidance and become more



independent in their oral communication interdisciplinary team and with families. It is also expected that as the year progresses interns will learn the documentation models used within the department and that their documentation will require less editing by supervisors.

**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 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. Interpersonal Skills
6. Consultation
7. Understanding the consumer perspective
8. Understanding diversity perspectives
9. Supervision
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 provided to interns.

## 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 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, with a smaller number seeking training in health psychology. The program's graduates have historically had good success in obtaining competitive placements. A majority of graduates continue their careers with a postdoctoral fellowship in an academic hospital setting, with a smaller second group continuing at well-established rehabilitation hospitals, and a few in private practice settings. 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.

A table summarizing initial post-internship positions for the past three cohorts of interns can be found in Appendix A

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## COVID Considerations

We are grateful that in the past years the COVID pandemic appears to have stabilized. This update is being written in the fall of 2025, and reflects current hospital and internship policies. It is possible that these may change again before the class of 2026 starts in the fall of 2025. At the time of internship interviews in January of 2025 applicants will be updated on the latest policies, and the incoming class will receive updates between match and start date. However, the information below is offered to educate our applicants about the current policies.

Both New York State and the Mount Sinai Medical Center require that all health care workers be fully vaccinated (this is defined as receiving two covid shots; a booster is not required). There are no religious exemptions allowed, and extremely limited medical exemptions. As such, all psychology interns will need to be fully vaccinated before beginning internship in September of 2025 and applicants who are uncomfortable with this requirement should not apply. Applicants who may be eligible for a medical exemption may reach out to the Training Director for clarity of their particular situation.

As is explained elsewhere in this brochure, interns complete rotations on both inpatient and outpatient units. The two types of rotations were impacted very differently by the COVID epidemic:

Our outpatient department, both licensed staff and interns, transitioned to 100% telehealth care at the height of the pandemic in New York, and as of this writing have partially transitioned back to in person treatment. Neuropsychological assessments are conducted mostly in person, although there are still instances when the assessment may be done fully remotely, or using a hybrid model. Psychotherapy sessions are offered both remotely and in person. We are offering cognitive remediation groups remotely, and interns have been able to participate in some Zoom outpatient support groups for people with SCI, Brain Injury, and Limb Loss. During the outpatient rotation interns may work from home one day a week.

Our inpatient units were at times been greatly impacted by the pandemic, as there have been intermittent needs for the hospital to covert rehabilitation beds to care for acutely ill covid patients. This occurred three times: in the spring of 2020, and in the winters of 2022 and 2023. However, there

was no shutdowns in the winters of 2023 or 2024, and we are optimistic that this phase of the pandemic is behind us. For a few years in addition to our patients with classic rehabilitation patients, our units now also provide services to some “post-COVID” patients with deconditioning; however, as the virus has become better controlled these admissions have become quite rare. All patients who come to our units must have a negative COVID test before being admitted to the unit. However, it does sometimes occur that patients develop covid while on the unit. Medically fragile patients may be transferred off, but many patients remain on the rehabilitation unit and continue to receive rehabilitation on our units. All inpatient rehabilitation clinicians, including all psychology staff, provide services in person. We follow all current hospital policies and work with appropriate PPE provided by the hospital; as of this writing hospital staff are not required to mask routinely when providing patient care, but it can be required for patients with infection control precautions, including for covid.

At the height of the pandemic we were asked to comment on the extent to which our students are considered to be “essential employees,” and thus required to work under adverse circumstances. Because our administration was supportive in allowing opportunities to work remotely when the pandemic was peaking, we have not tested the extent to which this definition applies to our interns. That said, at the current stage of the pandemic interns should have the expectation that a majority of the clinical services will be provided in person.

Applicants who have additional questions are encouraged to contact the Director of Training directly. In addition, for students who are invited to interview, information related to the pandemic will be provided as part of the application orientation, and students can have their questions addressed at that time, when information will be current.

# 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. Traditionally a minimum of **500 hours** of combined intervention and assessment experience is required prior to start of the internship; flexibility in interpreting this standard will be used for the current application cycle, given that the pandemic has impacted many students' training opportunities. If students wish, they may address this issue in their cover letter. Prior experience in the administration and interpretation of neuropsychological assessment tools is 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 general, students in American graduate schools are 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 2025-2026:

November 22 <sup>nd</sup> , 2024	Deadline for receiving the completed APPIC on-line application
December 13 <sup>th</sup> , 2025	Applicants are notified as to whether or not they will be invited for an in-person interview
January, 2025	Interviews via Zoom

Applications are reviewed by the training director with assistance from the training faculty to determine which applicants will be scheduled for interviews. Interviews are required; for the current application cycle they will be scheduled **remotely**. Interviews will include a group orientation to the program, individual interviews with faculty members, and the opportunity to speak with current interns. No supplemental materials are required for submission with the APPIC application.

## 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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Director of Training  
Doctoral Internship in Clinical Psychology  
Department of Rehabilitation Medicine, Box 1674  
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# Appendix A

## Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 5/20/2024

### Program Disclosures

<b>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>If yes, provide website link (or content from brochure) where this specific information is presented:</b>	
N/A	

## Internship Program Admissions

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

Our internship takes place within a Department of Rehabilitation Medicine, and our cliental are patients who have experienced a recent new-onset of a disability or significant illness (such as stroke, traumatic brain injury, spinal cord injury, limb loss, multiple sclerosis, or cancers affecting the nervous system). As such, we highly value clinical, educational, and research experiences that will serve our interns in their work with this demanding population. Prior experience in the administration and interpretation of neuropsychological assessment tools is required. Prior experience in a rehabilitation medicine and/or health psychology settings is highly valued. Traditionally a minimum of 500 hours of combined intervention and assessment experience is required prior to start of the internship; flexibility in interpreting this standard will be used for the current application cycle, given that the pandemic has impacted many students' training opportunities. Candidates from minority and/or disability backgrounds are strongly encouraged to apply.

**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

Total Direct Contact Intervention Hours	Yes	Amount: <b>500 hours of combined intervention and assessment experience</b>
Total Direct Contact Assessment Hours	Yes	

**Describe any other required minimum criteria used to screen applicants:**

Prior experience in the administration and interpretation of neuropsychological assessment tools is required.

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

Annual Stipend/Salary for Full-time Interns	<b>\$32,696</b>	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	<b>Yes</b>	No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<b>Yes</b>	No
Coverage of family member(s) available?	<b>Yes</b>	No
Coverage of legally married partner available?	<b>Yes</b>	No
Coverage of domestic partner available?	Yes	<b>No</b>
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?	<b>Yes</b>	No
Other Benefits (please describe): 8 paid holidays; disability insurance; optional dental and vision insurance; paid family leave through New York state after 26 weeks of employment		

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

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<b>2021-2023</b>	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	<b>PD</b>	<b>EP</b>
Academic teaching	4	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	2	0
Veterans Affairs Health Care System	2	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	1	0
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.