



**Mount
Sinai**

*Adolescent
Health Center*

INTERNSHIP BROCHURE DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM

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Introduction

The Mount Sinai Adolescent Health Center (MSAHC) is the home of the Division of Adolescent Medicine of the Department of Pediatrics at the Icahn School of Medicine at Mount Sinai and part of the Mount Sinai Hospital. Although it is part of a larger health system and medical school, the MSAHC is a freestanding outpatient facility, which provides confidential, comprehensive and integrated health care to young people ages 10-26. The MSAHC stands as the largest program of its kind in the country and is recognized as a successful model for other similar healthcare efforts around the world. All of the services at the MSAHC are confidential and are provided regardless of ability to pay or insurance status. The multidisciplinary staff at the MSAHC also engages in applied research activities, presents widely in the community, and participates in numerous advocacy efforts.

The MSAHC Doctoral Internship Training Program offers a full-time, APA-Accredited training program to four psychology interns a year. All candidates enter the program through the Association of Psychology Postdoctoral and Internship Centers (APPIC) match process. The doctoral psychology internship program is one of several training programs that runs at the MSAHC. The MSAHC is also home to an adolescent medicine fellowship, a psychology externship, a social work internship program, and medical residency and medical school rotations. Interns work side-by-side with other trainees and are fully immersed into the clinical and learning environment at the MSAHC.

The internship curriculum places emphasis on training interns to become competent providers of evidence-informed and culturally competent care to youth from marginalized backgrounds. The MSAHC has a long history of breaking down economic and social barriers to care for underserved populations, and this aspect of the MSAHC's mission informs the vision of the psychology training program. In addition, a broad aim of the training program is to provide interns with the necessary experience and skills to practice in interdisciplinary health care settings. Throughout the training year, interns provide individual, family and group therapy to a diverse range of youth ages 10-26. Interns also conduct comprehensive psychological assessment batteries. Finally, interns have the option of choosing between a range of elective intervention experiences, including the Teen Parent Program, the Dialectical Behavior Therapy Elective, and the Behavioral Health-Primary Care Integration Elective.

Mount Sinai Overview

The Mount Sinai Health System is an integrated and collaborative health care system located throughout the New York City metro area. As the biggest health system in New York City, it is comprised of seven hospital campuses throughout the city, employing over 36,000 team members. The Mount Sinai Health System is driven by the following mission: To provide compassionate patient care with seamless coordination and to advance medicine through unrivaled education, research and outreach in the many diverse communities we serve.

Mount Sinai Hospital is one of Mount Sinai Health System's seven hospital campuses. Founded in 1852, The Mount Sinai Hospital is a 1,171-bed, tertiary-care teaching facility acclaimed internationally for excellence in clinical care. The hospital campus is located on the border of

Manhattan's Upper East Side and East Harlem neighborhoods and serves a highly diverse patient population. The MSAHC is part of the Mount Sinai Hospital campus and is located about 8 blocks from the main hospital.

The Icahn School of Medicine at Mount Sinai was created as an academic partner to The Mount Sinai Hospital and they have a close, collaborative relationship. Together, they serve one of the most diverse and complex patient populations in the world. The medical school's vision is dedicated to advancing the art and science of medical care through an atmosphere of intense collaborative learning, social concern, and scholarly inquiry. As the Division of Adolescent Medicine within the medical school, MSAHC is steeped in a tradition of training excellence and is home to many trainees and fellows each year, including medical students, medical residents, adolescent medicine fellows, psychology fellows, psychology interns, psychology externs and social work interns.

Mount Sinai Adolescent Health Center Overview

The Mount Sinai Adolescent Health Center (MSAHC) was established in 1968 as the first integrated healthcare program in New York specifically designed for the healthcare needs of adolescents and young adults. Since that time, the MSAHC has grown in size, becoming the largest US-based, integrated health care center specifically serving the needs of adolescents and young adults. The MSAHC is guided by the following mission: The MSAHC works to break down economic and social barriers to health care and wellness for young people by providing vital services – high-quality, comprehensive confidential, and at no cost to patients – for all who come to the Center. The MSAHC advances adolescent health as a national imperative by serving as a leading center of clinical care, specialized training and innovative research.

The MSAHC strives to go beyond providing primary medical services to address the whole young person, empowering them to maintain control of their health and, as an educated health consumer, to participate in identifying and obtaining the services that they need. Through this mission, the MSAHC seeks to advance the field of adolescent and young adult health by providing a certified health home for young people that is based on a biopsychosocial, cultural, youth-friendly health care model. Importantly, the MSAHC approach also emphasizes the importance of understanding each young person within their sociopolitical, environmental and contextual factors. As providers, we strive to provide culturally competent care by understanding each individual within their multiple contexts, including their families, neighborhoods, cultures and unique life experiences.

The MSAHC approximately 12,000 adolescents a year, with approximately 3,000 of those obtaining mental health services. As mentioned above, services are provided regardless of ability to pay. Core services provided at the MSAHC include physical health care, sexual and reproductive health care, optical services, behavioral and mental health care, nutrition and wellness services, and health education. A number of specialized services are provided at the MSAHC, including teen parent services, HIV-related services, trauma and violence prevention and intervention services, and a physical fitness program.

Core Values of the MSAHC

Adolescent Sensitive Care: The MSAHC is built upon respect for its patients. Care is provided to children, families, adolescents and young adults in a manner that respects their rights to make informed decisions, to request confidential services and to be co-partners in their own health care. All MSAHC staff are trained in providing services in a developmentally appropriate manner.

Comprehensive Care: The MSAHC ensures that every patient who visits the center receives comprehensive health care from a collaborative team of professionals. All patients can access primary medical, optometric, mental health, reproductive health and health education services.

An Integrated Approach: The Mount Sinai Adolescent Health Center brings together physicians, nurse practitioners, psychologists, psychiatrists, social workers, health educators, peer educators, nutritionists, lawyers, researchers and other professionals to serve young people and their families, to teach and train students, to conduct scholarly research and to participate in advocacy efforts. In the clinical setting, professionals from multiple disciplines work in a team to address the holistic and often intertwining needs of young people.

Accessible Services: The MSAHC is committed to the notion that all young people deserve high-quality, comprehensive and accessible health care. All services are provided regardless of ability to pay.

Population served at the MSAHC

The MSAHC is based in East Harlem, New York City and primarily serves a broad, otherwise underserved population of children, adolescents, families and young adults (ages 10-26). In a typical year, the MSAHC serves approximately 12,000 patients, who log more than 50,000 visits. In addition to youth from the neighboring communities, young people travel from throughout the five boroughs of New York City and even from neighboring states in order to benefit from the MSAHC's nurturing, comprehensive and affordable care. Patients at MSAHC are 44% Latino, 32% Non-Hispanic Black, 14% Mixed Race, 6% Caucasian, 4% Asian, and 1% Native American. Fifteen percent of our patients are immigrants, 98% are from low income families, and 70% lack insurance. The vast majority of our patients reside in low-income New York City communities such as Harlem and the South Bronx.

Mental Health Services at the MSAHC

The MSAHC serves a culturally diverse population of young people, and they come with a variety of psychosocial difficulties, psychiatric diagnoses and severity of illnesses. The services offered include individual, group and family psychotherapy; psychological testing; and psychiatric services. Importantly, mental health services are one piece of the comprehensive, integrated care that young people receive at the MSAHC. Mental health clinicians work closely with providers in other disciplines (e.g., physicians, psychiatrists, nutritionists, lawyers) in order to provide the most effective care.

The MSAHC provides specialized mental health services for a variety of often overlooked or underserved groups. For example, a large number of patients at MSAHC present with a history of exposure to potentially traumatic events, including incest and sexual abuse, physical abuse, emotional abuse or neglect, exposure to domestic violence, exposure to community violence, traumatic loss and commercial sexual exploitation. When appropriate, the program uses evidenced based interventions such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT).

The MSAHC provides integrated medical and mental health services to adolescents and young adults through our Primary Care Behavioral Health program. Similar services are also provided to teen parents and their young children in the Teen Parent Program. Physicians, psychologists, and social workers work together to provide medical care, case management, supportive therapy, parenting interventions and developmental screenings/needs assessments for parent-child dyads. Adolescents who are struggling to effectively manage emotions, effectively cope with difficult stressors, utilize appropriate interpersonal skills, and/or have significant conflict with their family benefit from the Dialectical Behavior Therapy (DBT) Therapy Service.

The MSAHC has multiple therapeutic groups including a Seeking Safety group for youth with trauma and comorbid substance use, several DBT skills groups, and an executive functioning organizational skills group, to name a few.

Importantly, mental health services at the MSAHC are not driven by one particular theoretical orientation or therapeutic approach. Rather, many clinicians strive to integrate various approaches to best match patients' needs. Clinicians at the MSAHC are trained in a variety of evidence-based interventions and are encouraged to use these interventions when applicable. Finally, an over-arching goal of MSAHC mental health services is to be ever mindful of sociopolitical and cultural factors and to consider and, when appropriate, intervene in all levels of a young person's social ecology (e.g., individual, family, school, neighborhood, community).

More information about the Mount Sinai Adolescent Health Center is available at:

- <https://www.teenhealthcare.org/>
- <http://www.mountsinai.org/patient-care/service-areas/adolescent-health/areas-of-care/adolescent-health-center>

Internship Program Aims and Competency Development

The MSAHC provides a year-long rigorous learning environment for psychology interns. The MSAHC has four full-time interns who, in their training year, experience personal and professional growth and development, which contributes to the emergence of a competent, professional psychologist. The broad, overarching aims of the training program are as follows:

MSAHC Internship Program Training Aims
<ul style="list-style-type: none">➤ To train interns to provide developmentally appropriate, evidence-informed interventions in a flexible and culturally competent manner.➤ To train interns to administer developmentally and culturally appropriate comprehensive psychological assessment batteries, including the development of feasible and applicable recommendations.➤ To prepare interns for careers focused on providing services to young people who are typically underserved or who have been impacted by societal neglect.➤ To provide the training and skills necessary to work in integrated and interdisciplinary settings.

In addition to the broad training aims described above, the goal of the internship program is to help interns develop skills in nine areas of professional competence. Each of these competency areas includes multiple elements. The competency areas, and their elements, are listed below.

Competency Area 1: Research

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities.
- Demonstrates the ability to review, understand and apply scientific and scholarly literature to clinical interventions with diverse populations.

Competency Area 2; Ethical and Legal Standards

- Demonstrates solid knowledge of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws, regulations, rules, and policies governing health service psychology
- Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas.
- Conducts self in an ethical manner in all professional activities.

Competency Area 3: Individual and Cultural Diversity

- Demonstrates an understanding of how one's personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural difference in the conduct of professional roles, including the ability to work effectively with areas of diversity not previously encountered and with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Competency Area 4: Professional Values, Attitudes, and Behaviors

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Actively engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Competency Area 5: Communications and Interpersonal Skills

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Competency Area 6: Assessment

- Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective.
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Competency Area 7: Intervention

- Establish and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements therapeutic interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.
- Demonstrates the ability to conceptualize a case from a biopsychosocial perspective.

Competency Area 8: Supervision

- Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals.
- Develops an understanding of the supervisor role and skills for conducting supervision.
- Demonstrates awareness of strengths and limitations as a supervisor; appropriately seeks out guidance.

Competency Area 9: Consultation and Interprofessional/Interdisciplinary skills

- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies knowledge of and respect for the roles and perspectives of other professions in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Integrates the perspective of psychological health services into an interdisciplinary team-based approach.

Mount Sinai Adolescent Health Center Doctoral Psychology Internship Training Model and Curriculum

Model of Training and Education

The MSAHC Doctoral Internship Program training model aims to prepare interns to become competent practitioners in the field of professional psychology and to be equipped to work with underserved youth and within integrated healthcare settings. We aim to train interns to become competent and comfortable providing developmentally and culturally competent intervention and assessment services to historically underserved youth. To this end, we have aligned the model for our training program with the mission of the MSAHC – to break down economic and social barriers to health care and wellness for young people by providing vital services—high-quality, comprehensive, confidential, and at no cost to patients—for all who need them. Throughout the year, interns are immersed in clinical training activities that emphasize engaging underserved youth and working on interdisciplinary teams.

We take a developmental approach to training. Training activities are provided in a sequential fashion that is graded in complexity. The training year begins with a number of orientation activities (e.g., readings, seminars and didactics) that are aimed at helping interns gain a strong foundation of knowledge for the clinical training activities that are part of our internship. Next, interns shadow seasoned clinicians in most of their training activities and are then observed by supervisors prior to engaging in independent practice. Once interns begin seeing patients on their own, training supervisors strive to assign increasingly complex cases over the course of the year, with initial case assignments consisting of more straightforward presenting problems.

We believe strongly in providing guidance, mentorship and opportunities for self-reflection. This belief is reflected in the ratio of supervision to clinical training activities. Interns typically have a total of 8 hours of supervision a week, which provides ample time for them to reflect on and receive support and guidance on their clinical work, professional conduct and areas for growth. Interns are asked to complete their own self-assessment of their competencies at the beginning of the year, identifying areas that they believe are strengths and areas that they believe could use growth. They are asked to monitor and reflect on their own areas of strength and growth as their training progresses. Finally, the time we have dedicated to guidance, mentorship and growth focuses not only on clinical skills but also on the development of professional deportment, professional identity and an understanding of the unique contributions that psychologists can make to integrated health care teams.

The science of psychology provides the foundation for our field. Our training emphasizes the practitioner-scholar approach to the practice of professional psychology. Didactic seminars and supervision sessions highlight the relationship between science and practice. Interns are asked to consider evidence for interventions they provide, with a focus on understanding whether they are drawing from an evidence base that is reflective of the diversity characteristics of our patients.

Internship Curriculum

The interns are at the MSAHC approximately 40 hours per week, with 30 minutes set aside each day for lunch. Interns are fully integrated into the clinic environment. The internship experience is divided among direct-service clinical training activities, supervision, and didactic instruction. The training activities are outlined in detail below.

Clinical Training Activities

Clinical Training Activities Expected of All Interns:

- 12-15 ongoing psychotherapy cases (including cases from electives)
- Lead-Co-Lead 1 therapy group
- Approximately 5 psychological assessment cases

Mental Health Services

Interns receive the majority of their therapy cases through the MSAHC's mental health clinic. This caseload is comprised of a diverse set of individual and family therapy cases with identified patients aged 10-26. Interns conduct intake evaluations, formulate treatment plans and work with patients to reach treatment goals. Interns participate in an interdisciplinary treatment team that meets each week to discuss patient progress. All interns will choose at least one mental health case with which to implement TF-CBT. A large number of patients at MSAHC have been exposed to one or multiple forms of potentially traumatic events in their life. For some of these patients, TF-CBT is the indicated treatment. TF-CBT is a manualized (but flexible) evidence-based treatment for children and adolescents who have experienced traumatic events and are experiencing post-trauma difficulties.

MSAHC Psychological Assessment Service

The MSAHC provides comprehensive psychological assessments to its patient population (age 10-26) at no cost to them. This service is a reflection of MSAHC's belief that all young people deserve high-quality and comprehensive health care services. Psychiatrists, social workers and physicians refer patients for psychological testing in order to better understand educational, cognitive, developmental and psychiatric needs. Many of the patients at MSAHC are struggling with previously undetected learning disorders and testing can play an important role in their future educational success. Furthermore, the MSAHC clinicians rely on psychological testing to assist their therapeutic work and to refine their diagnoses. Interns typically perform 5 psychological assessments throughout the course of their training year. In addition to a thorough family and developmental history, psychological testing evaluations often include assessments of multiple domains of functioning, including cognitive assessments, achievement testing, social-emotional and personality assessments (both objective and projective), and attention, executive functioning and memory assessments, as needed. Assessment training emphasizes test selection as a key competency. As such, interns conduct a range of comprehensive and more targeted assessments.

Group Therapy Experience

Interns are expected to lead or co-lead one group within MSAHC Mental Health Services. Interns may co-lead a group with another intern or with a MSAHC staff member. They have the

option of co-leading an existing group or starting one of their own based on patient need. Examples of groups that interns have run in the last several years include DBT skills groups, Social Skills Group, and Organizational Skills group.

Elective Clinical Training Experiences

***Note: each intern will choose 2 of the following 3 electives*

Dialectical Behavior Therapy (DBT) Elective

DBT is an evidenced-based treatment that was originally developed for adults with borderline personality disorders. It is now being widely used for a range of difficulties, particularly those associated with emotion regulation problems, interpersonal difficulties and chronic self-harm/suicidality. This treatment has also been adapted specifically for use with adolescents. The model used at AHC relies heavily on the adolescent adaptation. Patients in DBT treatment attend weekly individual therapy in addition to a DBT skills group.

Intern Experience: Interns in the DBT elective will carry 2-3 individual DBT cases and will co-lead the weekly, 60-minute DBT skills group for 6 months. Interns also attend a weekly DBT consultation group in addition to DBT group supervision.

Primary Care-Behavioral Health Integration Elective

The MSAHC has a primary care clinic that serves thousands of adolescents a year, regardless of ability to pay. Many of the patients who present for primary care appointments have significant emotional and behavioral needs (often related to a history of trauma or maltreatment) that are going unmet. Primary care medical providers refer these patients to mental health providers during their medical appointments. Mental health providers will meet with the patient, do an assessment and work within the interdisciplinary team to help these patients get their mental health needs met on an ongoing basis.

Intern Experience: Interns in this elective will spend one half-day per week in the medical clinic. Interns receive referrals from primary care providers, assess patients and work with social work and medical staff to help patients meet existing emotional, behavioral, psychosocial and medical needs. Interns will gain experience in same-day assessments, in brief trauma-informed interventions, and in working directly with medical providers as part of an integrated team. Interns will also provide contraception and options counseling to adolescent patients in the medical clinic. Interns in this elective will also be asked to attend a weekly supervision meeting focused on providing mental health treatment in the primary care setting.

Teen Parent Elective

MSAHC has a Teen Parent Program that provides care to parents under the age of 24 and their young children. Services include medical appointments for parents and their children, social work services for parents and developmental assessments of the children. The Teen Parent Program also holds seasonal events for families, including a Halloween party and Holiday party.

Intern Experience: Interns in this elective will conduct developmental and social emotional screeners for infants, toddlers, and young children of teen parents in the Teen Parent Program.

They report findings to physicians, social workers and nutritionists who work as part of this program in order to develop integrated treatment plans. Additionally, students observe mother-child dyads, identifying at-risk mothers through the use of standardized observation measures, and engage parents in attachment-based dyadic therapy. Interns attend a weekly teen parent supervision group.

Supervision

According to Implementing Regulation C-14.I of APA's Standards of Accreditation for Health Service Psychology, supervision is defined thusly:

Supervision is characterized as an interactive educational experience between the intern and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard & Goodyear, 2009).

The MSAHC Doctoral Internship Training Program follows this definition of supervision. Under our supervision policy, the following supervision guidelines are assured for each intern:

- Each intern will receive, *at minimum*, weekly individual supervision with 2 licensed psychologists.
 - o These primary supervisors will also be available to interns on an “as-needed” basis during clinical crises.
 - o Supervisors have primary professional and clinical responsibility of the cases that they supervise.
 - o Supervisors must designate supervisory coverage for interns if they are on leave or away.
 - o Documentation in patients’ charts (e.g., treatment plans, session notes) cannot be closed or signed until reviewed and signed by supervisors. Supervisors are responsible for reviewing all documentation done by interns.
- Each intern will receive, *at minimum*, four hours of supervision per week. Some portion of this supervision will come in the form of group supervision.

Despite the policies set forth above, interns currently receive a total of 8 hours of supervision a week. This is comprised of the following:

Individual Supervision

Interns receive 3 hours of individual supervision a week from licensed psychologists.

- Each intern is assigned 2 individual supervisors (both licensed psychologists) for their psychotherapy cases that they meet with for one hour a week.
- Each intern receives one hour of individual supervision per week on their assessment cases with a licensed psychologist.

Group Supervision

Interns participate in 5 hours of group supervision a week, as listed below.

Psychology Trainee Multicultural and Systemic Practice Group Supervision and Seminar (1 hour weekly): Psychology interns participate in a weekly group supervision session with the Training Director; psychology post-doctoral fellows also participate. The focus of this seminar and supervision is to enhance trainees' cultural responsiveness and humility in their work with diverse populations, as well as improve their systems-based and structural competencies. At the start of the training year, interns engage in didactic presentations, as well as discussions and experiential activities related to selected literature. Then, trainees present cases on a rotating basis, with special attention paid to issues of individual and cultural diversity, as well as systems/and structures implicated in care. Case presentations are formally structured and lead to reflective discussions during which students receive feedback, guidance and support. Relevant research is referenced during discussions.

Psychological Assessment Group Supervision (1 hour weekly): Interns meet as a group with the Director of the Neuropsychology and Education Testing program, a licensed clinical psychologist. At the start of the training year, interns receive didactic instruction and engage in *in vivo* practice of various psychological and neuropsychological assessments and evaluation practices. Later in the year, interns then meet weekly with the Director of the Neuropsychology and Education Testing program to review and share findings from their ongoing assessment cases. This provides a forum for interns to have discussions about and learn from one another's cases. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity.

Trauma-Informed Care Group Supervision (1 hour weekly): Interns also attend a weekly group supervision session focused on TF-CBT and other trauma-informed interventions led by two licensed psychologists. At the start of the training year, interns receive training in the implementation of TF-CBT, and engage in discussions on matters related to racial trauma, intergenerational transmission of trauma, self-care and burnout prevention, among other topics. Interns then present cases, in presentations that are formally structured and lead to reflective discussions during which interns receive and provide feedback, guidance, and support. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity.

Primary Care Supervision (1 hour weekly): Interns in the Primary Care-Behavioral Health Intervention elective attend a weekly supervision group led by a licensed clinical social worker. Case presentations are formally structured and lead to reflective discussions during which students receive feedback, guidance and support. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity.

Teen Parent Program Supervision (1 hour weekly): Interns in the Teen Parent Program elective attend a weekly supervision led by a licensed clinical psychologist. Discussion and supervision are focused on developmental assessment, case management and care coordination, and dyadic psychotherapy interventions and conceptualization. Interns make case presentations, presenting assessment and therapy interventions. Interns review relevant research and pay particular attention to individual and cultural diversity issues as they pertain to research and clinical work.

DBT Supervision (1 hour weekly): Interns in the DBT elective attend a weekly supervision group led by the director of the DBT program, a licensed clinical psychologist. Case presentations are formally structured and lead to reflective discussions during which students receive feedback, guidance and support. Relevant research is referenced during discussions. Special attention is paid to issues of individual and cultural diversity.

Non-Service Delivery Learning Experiences

Didactic Seminars (2 hours weekly)

The interns attend a two-hour weekly didactic seminar for the duration of the year. The seminars focus on topics relevant to the treatment of adolescents and young adults. Particular attention is paid to developing culturally competent and evidence-based practices in the seminar series. Didactics are presented by Mount Sinai staff and faculty and by experts from the community. Didactics target the nine profession-wide competencies discussed earlier in the handbook.

Intern Process and Professional Development Group (1 hour weekly)

Interns attend a weekly process and professional development group meeting over telehealth with voluntary faculty member and prior MSAHC training director, Melissa Robinson-Brown, PhD, a licensed clinical psychologist. This group meeting provides a space for trainees to process reactions to the internship, discuss structural supports and barriers working in a large health system, and seek support during their intensive training year. By design, there is no contact between the Director/Associate Directors of Training and the leader of the process group except in extenuating circumstances.

Mental Health Team Meeting (1 hour weekly)

The Mental Health Team Meeting is a multidisciplinary meeting attended by psychologists, social workers, and psychiatrists. This meeting provides an opportunity to open (admit) new clients that have completed intakes at the MSAHC and for staff members (including interns) to collaborate on treatment planning. Members of the team provide input on treatment goals, treatment provision, diagnostic accuracy and case conceptualizations.

Staff Meetings (1 hour weekly)

This activity is a one-hour meeting that brings together MSAHC clinicians. The venue provides an opportunity for disseminating relevant information about the MSAHC functioning and for in-service trainings on areas related to adolescent healthcare and MSAHC's mission.

Intern Supervision Experience (1 hour a bi-weekly for 2nd half of year)

In addition, interns meet twice a month (as a group) with a licensed clinical psychologist during which interns read and reviewed literature related to the provision of supervision rotate serving in role play as supervisor and supervisee discussing clinical material. Interns additionally rotate supervising from different theoretical orientations and models of supervision. Interns also simulate giving feedback to a supervisee. This venue provides opportunity for skill development, discussion of professional development, and provision of feedback.

Specialized Trainings and Seminars

Throughout the year, interns are provided with additional training seminars on specialty areas outside of their regularly scheduled didactics as they arise. The following is a list of examples:

- APA Ethics Principles and Code of Conduct
- Training in contraception and options counseling with adolescent patients. Interns are trained by social work and health education staff in providing contraception and options counseling to teenagers in the medical clinic.
- DBT-focused training from DBT program director, Neela Karikehalli, PsyD