

# Psychology Doctoral Internship Training Brochure 2025-2026



**Bronx Psychiatric Center**



## **Bronx Psychiatric Center**

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# Welcome

## Dear Prospective Applicant,

Thank you for your interest in Bronx Psychiatric Center (BPC) Psychology Doctoral Internship Program. We are glad you are considering our program in your search for an internship and welcome your application. We are humbled by the idea that the psychology interns, we train will one day become the face of psychology. We hold in high regard the importance of providing you with the best training possible so that you have the tools and resources, motivation, and perseverance needed to advance the field of psychology.

BPC is a New York State Office of Mental Health (NYS-OMH) inpatient and outpatient facility that provides an integrated system of treatment to individuals with serious mental illness. The primary aim of the BPC Psychology Doctoral Internship Program is to train ethical and culturally responsive psychologists who are competent and skilled in delivering clinical services to a wide range of populations, including those with the most severe mental illness and limited resources.

The Psychology Doctoral Internship Program aligns with BPC's mission of providing Hope and Recovery for individuals with mental illness by creating a safe and respectful treatment environment that emphasizes collaboration and support among staff, recipients, and their families. We offer evidence-based programs which respect the dignity, cultural differences, and self-worth of those we serve in the safest environment possible.

Training at BPC occurs within a warm and nurturing environment that is conducive to interns' professional growth and to their development of an identity as a psychologist. The Psychology Doctoral Internship Program offers two positions that are full-time and have a one-year commitment. BPC welcomes all applicants from diverse backgrounds as this placement provides a very rich and diverse employee and patient population.

This handbook provides a comprehensive description of the training program. We hope that it gives you a clear notion of what our internship is like and answers questions you may have about our program. It includes information regarding the training aims, philosophy, and expectation of profession-wide competencies. It also provides information on the services that interns provide in our inpatient facility, the unit placements offered, and other opportunities available for interns. It highlights the commitment the Training Committee has to the growth and development of the interns and the value that this internship provides. You will also find policies and procedures that an intern must adhere to when employed at BPC.

We hope you find all the information you need to decide if this placement is a good fit with your training goals. We look forward to reviewing your application packet. Good luck!

**The Bronx Psychiatric Center Training Committee**

# History of the Bronx

The Bronx is one of the five boroughs that make-up New York City and is the only borough that is not on an island. The Bronx is referred to, colloquially and legally as “The Bronx.” The Bronx is also known as, “The BX”, “The Boogie Down Bronx”, “Uptown”, and “The Home of Hip Hop.” Way before The Bronx was settled, it was referred to as Rananchqua by the Native Americans in the area. It was named after a Dutch sea-captain named Jonas Bronck in 1639, who was an immigrant to the area and was a leader in having a peace treaty signed between the Native Americans, the Lenape tribes, and Dutch settlers.

The area now known as The Bronx was mainly suburban until around 1841 when railroad services ran on a regular basis between Manhattan and the Bronx. By the 1900’s the Bronx was yielding to rapidly expanding urban neighborhoods and factories. The first subway connecting Manhattan to The Bronx opened in 1904. In subsequent years new subway lines opened including the Third Ave Elevated Line. Around this time various ethnic groups migrated from Manhattan to The Bronx including Irish, Italian-and Jewish-Americans.

The main road of The Bronx, the Grand Concourse, was completed in 1914 and the number of Bronx residents increased from 201,000 to 1,265,000 between 1900 and 1930. The influx of residents brought about the growth of restaurants, grocery stores, hardware stores, and tailors. Residents throughout the borough shopped at boutiques and department stores at an area known as the Hub at Third Ave and 149th Street. Yankee Stadium was opened in 1923, at 161st Street and River Avenue.

After the 1930s, the immigrant population in the Bronx decreased which left a mainly Hispanic (mostly Puerto Rican and Dominican) and African American population. Between the 1950s and 1960s public housing and a network of highways linking the rest of the city with the Bronx was built. Among the highways were the Bruckner Expressway, the Major Deegan Expressway, and the Cross Bronx Expressway. High-rise apartments were erected in the Castle Hill, Riverdale, and Soundview neighborhoods. Co-op City was built in the northeastern section of the Bronx between 1968 and 1970 and was among the largest housing developments in the world – a complex of 15,372 units that housed 60,000 residents.

The quality of life in the Bronx took a sharp decline during the mid-1960s to the mid-1970s. In addition to a high rate of crime and gangs, the borough was plagued by a wave of arson, burning of buildings mostly in the South Bronx. Many landlords decided to burn their buildings in an effort to collect insurance money. Significant residential development has occurred since the mid-1980s stimulated by the city’s “Ten-Year Housing Plan”. This in addition to the 90s job growth and a sharp reduction in crime has steadily risen the quality of life in The Bronx, signifying its comeback from decline. However, despite the significant investment to revitalize the Bronx many exacerbated social problems remain including high rates of violent crime, substance abuse, overcrowding, and substandard housing conditions. The Bronx has the highest rate of poverty in New York City, and the greater South Bronx is the poorest area

*The History of the Bronx, NY.* (“n.d”). UrbanAreas.net. Retrieved October 19, 2023, from <https://urbanareas.net/info/resources/the-history-of-the-bronx-ny/>



# History of Bronx Psychiatric Center

Bronx State Hospital opened in 1963 and then later in 1969 opened the Bronx Children's Hospital on the campus. The Campus was renamed as Bronx Psychiatric Center (BPC) while the children's hospital became the New York City Children's Center.

Construction began in 2008 on six new buildings to replace the outdated main structures. The 436,310-square-foot facilities included the Adult Behavioral Health Center, the Bronx campus of the New York City Children's Center, a Residential Village which provides transitional and supportive housing to adults with behavioral health issues, a central services building, and central utility plant. The adult behavioral health center was the first new adult inpatient facility designed and constructed for the NY State Office of Mental Health in the past 20 years. The new Bronx Behavioral Health Campus opened its doors in December 2015.

The new architecturally welcoming space defied the traditional look and feel of a mental health hospital by incorporating natural light from hundreds of windows surrounded by thoughtful landscaping, to help patients feel connected to the outside world. The modern mental health treatment environment was designed to provide services in a respectful manner within a safe, secure, and inspirational setting. The open design of the treatment units enables employees to provide better supervision of patients as well. The inpatient buildings feature secure outdoor recreation areas, cutting-edge electronic monitoring technologies, motivating educational settings, and comfortable living quarters. All treatment areas within the inpatient buildings were specifically designed to put patients at ease and provide a safe working environment for OMH employees. Additionally, the unique "treatment mall" concept was implemented to promote independence and socialization.

There are current plans to redevelop the land surrounding the campus to expand the existing Hutchinson Metro Center, adding nearly 2 million square feet of medical and other commercial offices, college/trade school space, accessory residential space, retail, and a hotel. The Project includes the replacement of four existing baseball fields with two new, state-of-the-art baseball diamonds and accompanying amenities, publicly accessible walking and bike paths, and other new open space amenities. New roads will also be constructed to provide circulation within the Development Site and connections to the existing street network. New bike and pedestrian paths will connect visitors to the future Morris Park Metro-North station nearby.

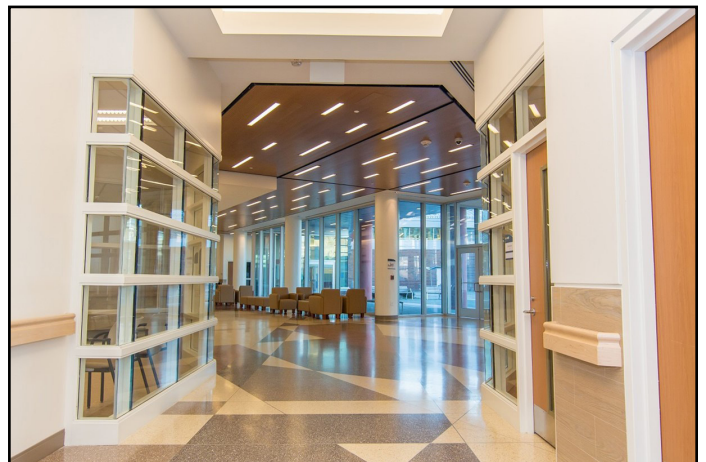
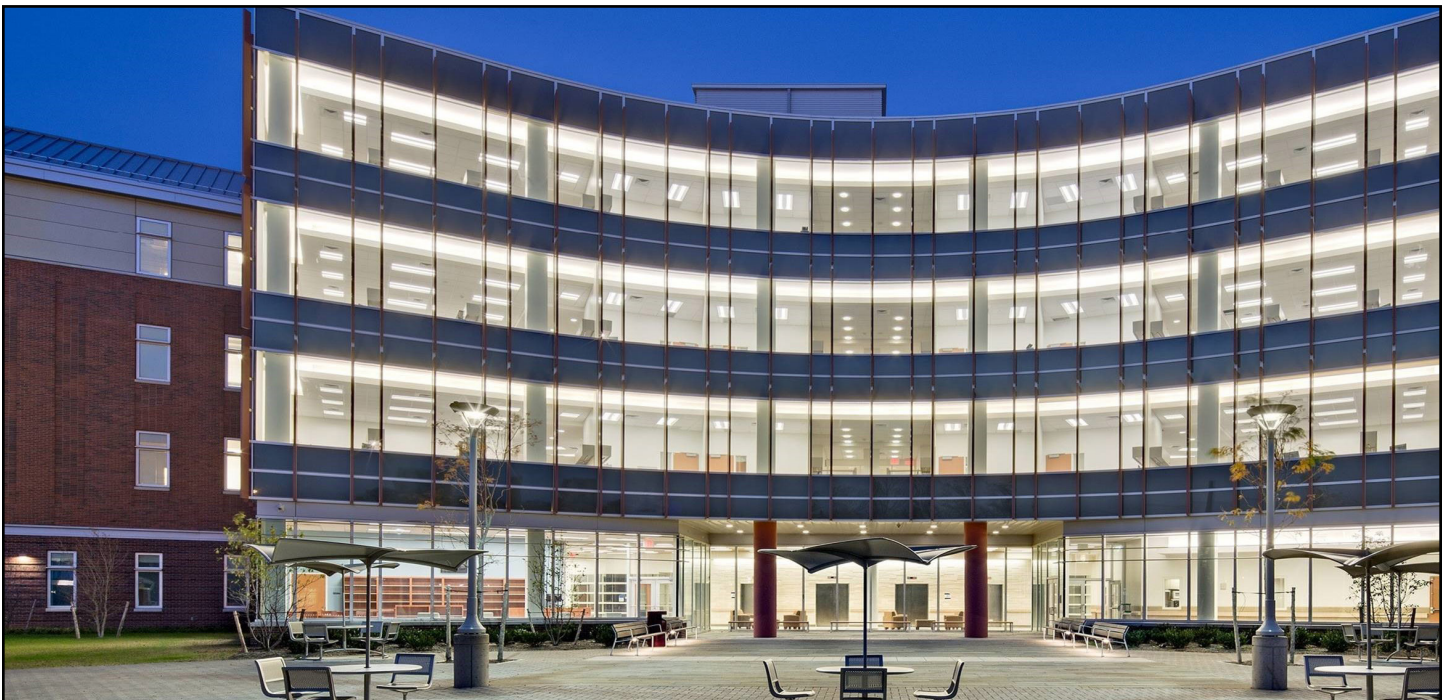
*New York State Announces Opening of \$350 Million Bronx Behavioral Health Campus.* (2016, January 19). ny.gov. <https://www.dasny.org/index.php/news/2017/new-york-state-announces-opening-350-million-bronx-behavioral-health-campus>

*Bronx Psychiatric Center Land Use Improvement Project.* ("n.d"). ny.gov. Retrieved October 19, 2023, from <https://esd.ny.gov/bronx-psych-redevelopment-project>

## Bronx Psychiatric Center Before Construction



## Bronx Psychiatric Center After Construction





# The Setting

Bronx Psychiatric Center (BPC) is a 156-bed hospital of the NYS Office of Mental Health and is responsible for providing borough-wide psychiatric services for a population of over one million people. It is a community-oriented facility organized into a variety of specialized inpatient treatment wards, including a co-ed Spanish-speaking unit (2S), two all-male units (4N and 4S), two all-gender units (2N and 3S), and a transitional unit (3N) which treats individuals who have reached some degree of stability but need further treatment to restore community living skills or who need long-term psychotherapy. A unique feature of this unit is its affiliation with Albert Einstein Medical School. The unit hosts a 4-month rotation for 2nd year psychiatry residents, a 1-month clerkship for 4th year medical students, as well as psychology externs. Each unit is staffed by a multi-disciplinary team, including psychologist, psychiatrists, social workers, nurses, recreation and rehabilitation staff, peer specialists, medical professionals, and direct care staff. BPC also offers Community based treatment services such as an Intensive Case Management (ICM) program, a Mobile Integration Team (MIT), an Assertive Community Treatment (ACT) program, a Transitional Living Residence (TLR), an outpatient clinic, and Family Care program.

Individuals admitted to BPC mirror the demographics of the borough and are characterized by a low social-economic level (the majority are public assistance recipients or undocumented residents with no public assistance) and a lack of other social supports and resources. In addition to a primary diagnosis of a major psychiatric disorder, a typical inpatient might have problems related to substance abuse, personality disorder, medical conditions, trauma, and criminal history. Some patients are followed by the department of forensic services due to their criminal procedure law (CPL) status. These patients have plead not guilty by mental disease or defect. Other patients have problematic sexual behaviors and are registered sex offenders. Also evident within our inpatient population, are social and life management problems and histories of non-adherence. Treatment challenges are related to the above, including issues of multiple diagnoses, multiple skill deficits, and cultural and racial disenfranchisement. BPC is firmly committed to the treatment of the severely and persistently mentally ill. These are individuals with significant social impairments and problems with self-care who find it difficult to function in the community. The nature of their symptomatology causes them to be highly stigmatized, and there are not enough clinical and social welfare resources to serve this population.

# Academic Preparation Requirement Policy

## Application Process

The Bronx Psychiatric Center (BPC) Doctoral Internship Program currently offers two full-time internship positions. Students interested in applying for the internship program should submit an online application through the APPIC website ([www.appic.org](http://www.appic.org)) using the APPIC Application for Psychology Internships (AAPI). BPC values the unique contributions that culturally diverse interns provide which enhance the training environment and professional growth of interns and staff alike, as well as allow the diverse range of patients served to see themselves in their providers. To this end, applicants from diverse backgrounds are encouraged to apply.

A complete application consists of the following materials:

1. A completed online AAPI
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI). **Please submit no more than three SRFs.**
5. Official transcripts of **all** graduate coursework
6. Supplementary Materials. **Please ensure that materials are redacted appropriately.**
  - a. One full integrated psychological assessment

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

## Application Screening and Interview Processes

Bronx Psychiatric Center will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. A minimum of 500 intervention hours
2. A minimum of 50 assessment hours
3. Dissertation proposal defended
4. Experience or special interest in working with the serious and persistently mentally ill (SPMI) population
5. Practicum experience in psychological assessment of adults
6. Current enrollment and good standing in an APA- or CPA-accredited clinical or counseling doctoral program

All applications will be reviewed by BPC's Training Committee using a standard Application Rating Form and evaluated for potential goodness of fit with the internship program. The Training Committee meets to determine which applicants to invite for interviews based upon the results of this review process. Applicants are notified whether they have received an interview by email on or before December 15. Interviews are scheduled in January and will occur in person or virtually with the members of the Training Committee. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as appropriate. The Training Committee holds a meeting within two weeks of the final interviews being completed to determine applicant rankings. The full application package and information gleaned from the interview process are utilized to determine applicant rankings.

All interns who match to BPC must provide proof of citizenship or legal residency and must successfully pass a fingerprint-based background check before beginning employment. The history of a felony or misdemeanor will prevent the intern from working at BPC and their internship offer will be terminated. Additionally, BPC is a drug- and tobacco-free workplace. Interns also must provide results from a tuberculosis (TB) screening test from the previous 12-months. Instructions for providing this information or completing the background check and TB screening will be sent out to all who match after the match process is complete.

## **Diversity and Non-Discrimination Policy**

Bronx Psychiatric Center serves patients from ethnically and socioeconomically diverse populations. BPC provides services regardless of financial or immigration status. In addition, we have a dedicated inpatient unit (Hispanic unit) that has a group of individuals whose first language is not English and require the use of interpreters. There are unexpected challenges in treating these patients in a safe, equitable, and nurturing manner, and these are addressed via didactic seminars to learn how to navigate these successfully.

BPC's Psychology Doctoral Internship Program strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by BPC to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. BPC strives to make every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences. As such, BPC is a welcoming learning environment for all interns and welcomes applicants from all backgrounds. BPC's goal in diversity training is to ensure interns develop the knowledge, skills, and awareness to accept and respect all patients as well as provide competent psychological services to all members of the public. To this end, BPC's training program has an expected competency in individual and cultural diversity that each intern must demonstrate by the end of their training experience. These competencies were developed to comply with the APA's statement on Preparing Professional Psychologists to Serve a Diverse Public: ". . . professional psychology training programs strive to ensure that psychology trainees demonstrate acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals."

Through supervision interns learn how to become aware of their own individual biases and attitudes and how these may affect the treatment provided to our patients. They also learn to be more comfortable working with multicultural, socioeconomic, and diverse gender experiences that BPC provides. Over the course of the year, a didactic series on cultural diversity is also provided. Interns learn how to professionally navigate cultural differences and provide culturally sensitive treatment. These skills enhance their professional development as a growing professional in the field. Diversity experiences and training are interwoven throughout the training program to ensure that interns are personally supported and well trained in this area. The BPC training program actively solicits feedback from all stakeholders (applicants, interns, faculty, graduates, etc.) throughout the training program to evaluate its effectiveness in regard to training in individual and cultural diversity.

Each application is reviewed in terms of the student's clinical experiences and abilities from previous placements, practicum experiences, individual goals for internship, and potential fit with the mission, vision, and values of the facility. BPC provides equal opportunity to all prospective interns and does not discriminate due to an applicant's age, race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, domestic violence victim status according to the New York State Human Rights Law, or any other factor that is irrelevant to success as a psychology intern. If an applicant or intern requires accommodations, please contact the internship training director to initiate this process.

Questions regarding any part of the selection process or BPC's academic preparation requirements may be directed to the Training Director:

**Kimberly Ostolaza, PsyD**

(929) 348-3366 | kimberly.ostolaza@omh.ny.gov

# Training Aim

The aim of the Bronx Psychiatric Center (BPC) Psychology Doctoral Internship Program is to train ethical and culturally responsive psychologists who are competent and skilled in delivering clinical services to a wide range of populations, including those with the most severe mental illness and limited resources. The primary objective of the BPC Psychology Doctoral Internship is to provide an intensive training experience whose distinguishing features are its broad base of therapeutic approaches, its contact with community programs, and the opportunities it provides for interns to assume major responsibilities in a variety of clinical settings and activities for the severely and persistently mentally ill. It is the explicit goal of this internship to narrow the gap between theory, research, and practice, and to expose the interns to the full range of clinical responsibilities, in collaboration with members of other disciplines on the team and under the supervision of a psychologist.

The program seeks to prepare the interns for independent practice in clinical psychology with a thorough grounding in psychological theory, assessment, diagnosis, intervention, consultation, teaching, and supervision. Our training model is best characterized as “Practitioner -Scholar.” The program adheres to the philosophy that the clinical practice of psychology should be well-grounded in theory and evidence-based interventions. We believe in an approach which strives for synergy of knowledge and experience. Our training, and a variety of our program strategies and structures stem from this idea.

Interns are expected to conduct their clinical practice in a manner that is informed by psychological theory and current research. Supervisors frequently offer books and articles from the literature which help the intern apply empirically supported therapies, particularly those with proven effectiveness in the treatment of the severely and persistently mentally ill, into their daily work. We strive to instill in our interns an appreciation for and value of life-long learning in the field of Clinical Psychology.

At the same time, interns are strongly supported in their search to develop their own unique style of interacting with their patients. Providing psychological services to the severely and persistently mentally ill is enormously rewarding, but it carries its own set of special challenges. We provide a safe environment where interns can take risks and explore their reactions to their patients, colleagues, supervisors, and the larger mental health system. It is essential that interns confront these challenges and come to understand how that process is inextricably tied to their own personal growth as clinicians and persons. We believe that this approach fosters autonomy, creativity, and wisdom.

The BPC internship program combines general training in the practice of psychology with intensive work with the severely mentally ill. Upon completion of our program, interns will have satisfied the internship requirements for psychology licensure in New York State and be prepared for independent practice in general clinical psychology. They will be accepted into a postdoctoral program or employment.



# Training Curriculum

Bronx Psychiatric Center (BPC) consists of 6 units and Interns will be placed on **2 units during their 6-month rotation**. The description of the 2 units are as follows:

3N – Community Reintegration Unit: 26 bed co-ed unit which receives direct admissions or transfers from other units of patients who can benefit from verbal therapy and participation in a variety of groups and independent programs. This unit prepares patients to resume community life by providing intensive and longer-term psychotherapeutic services along with psychosocial rehabilitation. Additionally, there are some patients with a Criminal Procedure Law (CPL) status which includes patients found incompetent to stand trial and patients found not guilty by reason of mental disease or defect. These patients utilize escorted and unescorted community furloughs which Interns can participate in. This unit is also a training site for two doctoral psychology externs for the year, four 2nd year psychiatry residents on a 4 month rotation, and two 4th year medical students on a month rotation affiliated with Albert Einstein Medical School.

2N – Admission Unit: 26 bed co-ed unit in which patients are admitted from community hospitals, secure psychiatric facilities within New York state, jail, or prison, with primary psychiatric diagnoses and the additional requirement of being deemed a danger to themselves and/or others. Admission to this unit is essentially for a short hospitalization (up to 180 days) where patients are evaluated, treated, and considered for either discharge or transfer to another unit for longer term care.

After each intern has been assigned to a unit, the intern works in conjunction with the Unit Psychologist (who is the primary supervisor) on the treatment team and integrate as a team member. Each unit has a treatment team comprised of various disciplines including psychiatry, psychology, medicine, nursing, social work, rehabilitation services, and mental health therapy aides. The Unit Psychologist will work together with the Intern to design a program of working with individual patients, groups, and selecting patients to be tested.

## Forensic

Interns will observe Hospital Forensic Committee panels as they meet to evaluate patients. They will be able to review the reports written for these evaluations, which are also submitted to the court as part of the forensic process. Interns will be given the opportunity to assist their supervisors in completing formal risk assessments with the use of the HCR-20 measure. They will also observe psychologists and psychiatrists provide court testimony pertaining to forensic issues such as Medication Over Objection orders and CPL 330.20 retention hearings.

## Intern Weekly Schedule

There are some aspects of an intern's schedule that remain consistent from week to week: Morning Rounds and Community Meeting (3.5 hours a week), Treatment team meetings (1 hour a week), Discharge meetings (1 hour a week), individual, group/testing supervision (4 hours a week), supervision of externs (1 hour a week), and didactic seminars (2 hours a week). Other aspects are more fluid and can vary almost on a day-to-day basis: direct patient care, clinical preparation, and documentation.

The following is a sample intern schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
8	Checking emails/ Documentation	Checking emails/ Documentation	Checking emails/ Documentation	Checking emails/ Documentation	Checking emails/ Documentation
845	Rounds	Rounds	Rounds	Rounds	Rounds
9	Individual Session	Documentation	Testing/Report Writing	Testing/Report Writing	Testing/Report Writing
10	Didactic	Individual Session			
11	Didactic	Group		Individual Supervision	Community Meeting
12	Lunch	Lunch	Lunch	Lunch	Lunch
1230	Documentation	Testing/Report Writing	Documentation	Documentation	Documentation
1	Group		Group	Individual Session	Individual Session
2	Individual Supervision		Group/Testing Supervision	Group	Group Supervision
3	Community Meeting		Individual Session	Extern Supervision	Testing/Report Writing
345	Documentation		Documentation	Documentation	
430					

## Meetings

As an integral member of the multidisciplinary treatment team, Interns participate in daily morning rounds, weekly treatment planning, discharge planning, and other unit specific meetings. During these meetings psychology staff, as well as Interns, are often sought for their unique perspective on patients, particularly with patients whose symptoms demonstrate resistance to recovery or who are experiencing significant behavioral disturbances.

## Documentation

Interns will be involved in developing individualized service plans and specialized interventions for specific behavioral concerns presented by patients as part of their learning process. Interns are also responsible for either weekly or monthly individual progress notes as well as monthly group notes which are documented into MHARS, the Mental Health Automated Reporting System.

## Psychotherapy

The Internship Faculty at BPC has a strong belief in the therapeutic potential of psychotherapy for patients with severe and persistent mental illness and therefore consider this to be one of the most important aspects of the training year. Interns generally can expect to carry an average caseload of 4 to 5 individual psychotherapy patients. These may be long term cases that will extend throughout the training year or brief interventions and crisis therapy to address acute issues.

## Group Psychotherapies

As many of our patients have prominent negative symptoms and are extremely withdrawn, isolative and socially impaired, group psychotherapy represents an invaluable tool for helping patients to confront their fears and deficits in creating and maintaining social support networks, a crucial aspect of recovery. Interns are provided with ample opportunities for experiential learning in this format and will lead/co-lead 4 groups. Additionally, Interns are provided opportunities to create and lead new groups at the discretion of their supervisors, the group facilitators, and the Training Director. All interns will be exposed to the following groups:

- **Recovery-oriented Cognitive Therapy (CT-R):** Recovery-Oriented Cognitive Therapy (CT-R) is an evidence-based practice that empowers behavioral health staff to collaborate more effectively with people who experience serious mental illness — enabling them to participate in the life of their choosing in the community. CT-R prioritizes attainment of personally set goals, removal of roadblocks, and engagement of individuals in their own psychiatric rehabilitation. This is in collaboration with the Beck Institute for Cognitive Behavior Therapy, [beckinstitute.org/center-for-recovery-oriented-cognitive-therapy](http://beckinstitute.org/center-for-recovery-oriented-cognitive-therapy).
- **Dialectical Behavior Therapy:** BPC utilizes a DBT-informed model of treatment, specifically aimed at persons who are likely to benefit from improved distress tolerance, emotion regulation, interpersonal skills, and mindfulness strategies. The group focuses on the skills training aspects of DBT and its application to a population with severe mental illness.

## Psychological Assessment

The completion of psychological assessments, which includes administration of tests, scoring, interpreting data, report writing, and diagnostic presentation of results, is an ongoing training experience throughout the training year. Psychological assessments are assigned in a way that meets the developmental level of the intern and gradually increasing in complexity. Psychological assessments are conducted for a variety of reasons; some can include to assess intellectual functioning, cognitive decline, diagnostic clarification, discharge planning, and some are risk assessments required for the forensic population. Additionally, New York State law requires that we have a current cognitive assessment on all persons admitted to a state psychiatric center who are under 22 years of age. Interns perform these hospital-wide ‘brief’ assessments. Interns have access to many of the most commonly administered Psychological Tests, as well as many neuropsychological instruments. We do not prescribe to a “standard testing battery,” but rather the Intern, together with their supervisor, designs a test battery to meet the individual needs of the patient being referred. Interns can expect to complete 4 to 5 batteries within the training year as well as 5 to 6 violence and trauma assessments. The Testing Supervisor is responsible for overseeing the intern’s ability to complete a psychological assessment.

## Intern Provision of Supervision

All Psychology Interns will have the opportunity to teach and mentor student externs who are in their third and fourth years of clinical doctoral training. The psychology interns will work closely with the psychology externs, co-leading one group weekly, with psychology intern as the lead facilitator for the group. Psychology Interns also provide support and information to the psychology externs.

## Case Presentations

Interns are expected to present 2 case studies at the Clinical Case Conference: one at the middle of the year and one at the end of the year.

## Supervision

The BPC Internship faculty pride themselves with the level and intensity of supervision that we are able to provide. All clinical functions performed by Interns are closely supervised, and Interns can expect to receive a minimum of four hours per week of direct clinical supervision, of which one hour is assessment, one hour of group, and two hours are individual. We recognize that we often are treating patients with whom others have not succeeded. Thus, we need to be flexible and creative in our treatment approaches. In this spirit, the supervision at BPC represents a broad range of orientations. This is a training program in which the entire associated staff is invested in the student's professional growth. We provide a setting that is conducive to challenging oneself in one's personal development as a clinician, and such growth is strongly encouraged. An environment of collegial respect for the Interns and their prior experiences, both personal and professional, prevails. As such, there is continuous mutual feedback and support among staff, faculty, and students.

## Didactic Training

Intern didactics are a series of presentations given by core faculty and invited speakers. Seminars begin the first week of internship and run through the end of August. Seminars are sequential and graded in complexity. They are constructed to run parallel to the intern's experience as the year progresses. Two hours of weekly group didactic training will be provided, which includes education and experiential learning on a variety of topics relevant to individual psychotherapy, psychodiagnosis, group therapy, forensic issues, cultural issues, ethical issues, neuropsychology, psychopathology, program evaluation, interviewing/brief assessment skills and other topics relevant to general practice of psychology and delivery of health services. Through didactic lectures and readings, as well as case material presented by the participants, each seminar provides a range of theoretical and technical approaches. Throughout these seminars there is an emphasis on application of the broader spectrum of clinical psychopathology, assessment, and treatment to this particular hospital's population. These issues are also regularly discussed in the context of Statewide Grand Rounds, which Interns are expected to attend and to participate in.

All interns are required to attend the weekly internship didactic series. Seminars are held on Monday from 10-12 in the Family Resource Room. Didactic Topics will include but not limited to orientation to the milieu, strength based documentation, working with psychosis and mood disorders, psychopharmacology, risk/trauma assessments, objective and projective psychological assessments, family therapy, forensic issues, cultural competency, various therapy approaches (CBT, DBT, CTR, and psychodynamic), supervision models, clinician self-care, post internship preparation, and a trip to the living museum at Creedmoor Psychiatric Center. See the Internship Handbook for abstracts and learning objectives associated with each scheduled presentation.

## Sequence of Training

**Orientation Phase:** Interns begin with a variety of orientation activities designed to acquaint them with ward procedures and routines and to acculturate them to some of the unspoken mores of institutional life so that they can develop confidence and become effective clinical team members. During the first two weeks interns join with other new BPC staff and attend a series of mandatory hospital-wide trainings on Infection Control, Information Technology (including HIPAA rules and regulations), Cultural and Individual Differences, Age-related Competencies, Therapeutic Relationship and Universal Safety Training (TRUST), Mental Health Automated Record System (MHARS) among others. BPC is an Equal Opportunity Employment Agency and welcomes diversity in the workplace.

**Internship Assignment:** The placement of interns is the responsibility of the Director of Internship Training and Chief of Psychology. Interns are assigned to **two training experiences, each for a 6 month rotation**— an admissions unit and the community reintegration unit. Once the interns are situated on the ward, they are gradually introduced to the patients and the line staff in a series of meetings. Since a large percentage of their



time is spent in the therapeutic milieu, interns are afforded multiple opportunities to observe experienced professional staff from different disciplines interview and interact with patients in a wide variety of contexts. Interns attend “meet and greet” sessions where newly admitted patients are interviewed by permanent staff; they watch staff intervene with patients in “mini team” meetings; and they examine how staff behave in the weekly Therapeutic Community meetings.

## Psychology Performance Requirements

- Interns will attend a minimum of 80% of scheduled intern seminars, Journal club, and group supervision, respectively and have acceptable attendance at presentations and case conferences.
- Interns will attend formal weekly supervision sessions – both individual (2 hours) and group (2 hours); additional informal meetings can also be arranged as needed.
- Interns will attend selected trainings offered by the facility, which address issues of sensitivity and diversity such as Sexual Harassment Prevention and Cultural Competence.
- Interns will complete a minimum of four individualized service plans and four reviews which integrate the patient’s strengths, resources, and needs, and includes their Individual Crisis Plan.
- Interns will conduct individual therapy for 4-5 patients during their internship year.
- Interns will, as part of a team, respond to on-ward psychiatric emergencies on their unit and discuss procedures and outcome in supervision.
- Interns will have opportunities to provide treatment to diverse adult and geriatric populations, including clients with SPMI, intellectual disabilities, LGBTQ issues, and legal cases. Interns will lead or co-lead 4 therapeutic groups weekly.
- Interns will administer, score, interpret, and write-up 4-5 batteries during the course of the internship year (with recommendations for suitability for privileges and discharge, where applicable), components of which may include cognitive/intellectual and personality. In addition to 5-6 trauma and violence-risk assessments.
- Interns will attend at least 80% of all Clinical and Treatment Team Meetings on their units.
- Interns will attend seminars on Ethical Standards in the practice of Psychology and will abide by these principles throughout the year in the work they conduct during internship.
- Interns will follow all agency, facility and profession rules and operating procedures.
- Interns will maintain professional decorum throughout the internship year.
- Interns will present 2 case studies integrating recommendations into the subsequent write-up and utilizing some of these suggestions in further work with their client.

# Stipend, Benefits, and Resources Policy

## Stipend

The annual stipend for interns at Bronx Psychiatric Center (BPC) will be \$39,104. Interns are eligible for downstate location pay of \$3,087 and hazard pay at a rate of \$0.90 per hour worked. BPC has a lag payroll system, where the first paycheck is issued three to four weeks after the beginning of internship. In addition, New York State withholds one day of salary payment from each pay period for the first five pay periods. The lump sum of those five days are paid at the completion of internship. In addition, the fingerprinting fee of \$100 is deducted from the first paycheck. The stipend will also reflect tax deductions and, if you choose medical insurance as well as union dues. Paychecks are directly deposited every two weeks into their bank account and paystubs are mailed home. These forms can be obtained from Human Resources.

## Health Insurance

As employees of BPC, interns receive comprehensive medical insurance, dental and vision benefits as well as allowances for personal psychotherapy. There is a 56-day waiting period for these benefits to go into effect.

## Holidays/Vacation/Personal Time

Leave is provided in accordance with the Civil Service contract and currently amounts to 13 days of paid vacation and sick leave, 13 paid state holidays, 5 days of personal leave, and up to 3 days of professional leave to participate in professional development events. The Internship is a one-year, 40 hour per week, position, totaling about 2,000 hours, over the course of a full calendar year, for successful completion. Questions regarding specific benefits packages can be directed to Human Resources department. Interns should submit requests for time off to their primary supervisor at least two weeks in advance of the anticipated leave date. Interns are responsible for communicating anticipated absences to all supervisors for whom work will be missed. Sick leave must be communicated to the intern's primary supervisor as soon as the intern is physically able to do so. Supervisors are available for any questions related to time off or release time.

## Resources

The resources for interns are multidimensional. They are provided a shared workspace with their own desk, phone with voicemail, computer and internet set-up, and centralized printer. They have access to a copy machine, scanner, and fax machine as well as basic office supplies. There is a microwave and refrigerator in a common area for their convenience as well. The computer access given to interns includes a secure server drive where they write and store their clinical documents, as well as the Mental Health Automated Record System (MHARS), where they can review and write in patient records. Additionally, interns can access the NYS Library for electronic resources. Intervention manuals, assessment materials, other training materials, and access to the DSM 5 and ICD-10 are provided by BPC. Additional materials that may be needed may be purchased using internship funding with Training Committee approval. Interns can attend Psychiatry Grand Rounds as well as State-Wide Grand Rounds. Interns can also register for current training on-line through the Center for Practice Innovations website for NYS employees.

## Parking

Parking is available at no cost on the BPC campus. There are ample parking spaces/lots in front and behind the main building. Interns receive a parking pass to display on their windshield to indicate they can park on grounds.

# Intern Evaluation Policy

The Bronx Psychiatric Center Psychology Doctoral Internship Program prepares interns for entry-level practice by following the nine American Psychological Association Standards of Accreditation Profession-Wide Competencies which are reflected in the Intern evaluation. At the beginning of the training year, interns receive a copy of the Intern evaluation which informs them of program expectations. Central to training is the ability to provide feedback in order to reinforce those aspects of performance that promote good patient care and to address and remediate, if necessary, those qualities that may detract from this goal. Along these lines, BPC is dedicated to maintaining collegial and strong working relationships with Interns in order to afford them the best possible learning environment. Feedback goes on all the time, both informally and in more formal supervisory settings. Interns are formally evaluated by their primary supervisor three times in the training year at 4-month intervals. The initial evaluation will be from September – December; the midpoint evaluation will be from January – April; and the final evaluation will be from May – August.

The evaluation form includes information about the interns' performance regarding all of BPC's expected training competencies and related training elements. The evaluation process encompasses various areas such as direct observation, review of written documentation, review of assessment data, clinical discussion, supervisory interactions, and individual and group processes. It is expected that interns begin the training program with varying degrees of competence across various skill sets. As such, formal evaluations serve to identify areas of strength and areas that require growth. Evaluations are conducted using a standard rating form, which includes space to provide written feedback regarding the interns' progress. Interns discuss these written evaluations with their supervisors and there is ample opportunity to provide input and feedback. Interns are asked to sign their evaluations, as does their primary supervisor, and copies are kept on file, given to the Intern, as well as sent to the Director of Clinical Training of the Intern's academic program. In the event of professional competence issues being identified as part of these evaluations, a plan to remediate is established collaboratively between Intern and supervisor. Progress is then documented on an on-going basis.

The rating scale for each evaluation is a 5-point scale, with the following rating values:

- 1 – **Remedial.** Significant skill development required; functions well below what one would expect at this level of training on all learning elements.
- 2 – **Beginning/Developing Competence.** Expected level of competence pre-internship; close supervision required on most cases on all learning elements.
- 3 – **Intermediate Competence.** Expected level of competence for interns at the initial and midpoint of training program; routine or minimal supervision required on most cases on all learning elements.
- 4 – **Proficient Competence.** Expected level of competence for intern at the completion of training program, ready for entry-level practice on all learning elements.
- 5 – **Advanced Competence.** Demonstrates outstanding skill and can function independently; skill represents beyond what is expected at the conclusion of internship training on all learning elements.

Interns are expected to reach an **Intermediate Competence** level 3 or above at the initial and midpoint evaluation on all learning elements. Interns are expected to reach a **Proficient Competence** level 4 or above on the final evaluation on all learning elements to successfully complete the program. If an intern receives a score less than 3 on any training element at the initial and midpoint evaluation, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found in the BPC Handbook. Additionally, all BPC interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through

and completed the internship program. In addition to the evaluations described above, interns complete an evaluation of their supervisor and a program evaluation every four months - initial (September – December); midpoint (January – April); and final (May – August). Feedback from these evaluations is reviewed by the BPC Training Committee and used to inform changes or improvements made to the training program. All evaluation forms are available in the BPC Handbook.

## Supervision Policy

Supervision of interns is the foundation of the internship experience at BPC. Interns are regarded as trainees and the internship program's goals are to provide an enriching learning environment. Both individual and group supervision are fundamental to enhancing the learning and growth of an intern as an emerging professional. Supervision is guided by the nine Profession-Wide Competencies and cultivates interns to develop more independence and competence in each of these areas. All interns receive at least two hours of individual face-to-face supervision each week as well as one hour of group supervision with the Training Director and one hour of assessment supervision with the Chief Psychologist. Interns are assigned a primary supervisor and a secondary supervisor for assessment and other training/clinical needs. All supervisors are Licensed Psychologists.

The intern's primary supervisor is responsible for the supervision of the intern's functioning within the team which include supervising all individual cases, co-led groups and documentation. They are responsible for co-signing any documents the interns document in the patients' medical record. All treatment plans and progress notes indicate that the patient was seen by an intern and supervised by a Licensed Psychologist. Interns have access to consultation and supervision at all times during which they provide clinical services. Contact information for all supervisors is provided to interns at the beginning of the year and is available via the BPC shared drive. All supervisors are appropriately credentialed for their role in the program.

## Telesupervision Policy

There is Telesupervision capability which can be used at the discretion of the training committee if face-to-face supervision is not possible. All efforts are made for in-person supervision to occur, but the committee is aware that circumstances may necessitate Telesupervision. In that case, supervision may be conducted via videoconferencing applications. These supervision sessions will occur over a secure network using site-administered videoconferencing technology. Supervisors will discuss these options with the interns at the time that this will be utilized to determine time and location. Supervision sessions will not be recorded, thus protecting the privacy and confidentiality of all sessions. Interns will be provided with instruction regarding the use of videoconferencing equipment at the beginning of the training year should the need arise to use this format of supervision. Technical difficulties that cannot be resolved on-site will be directed to the Office of Information Technology Help Desk.

## Supervision of Externs

The purpose of BPC Psychology Doctoral Internship Program is to provide comprehensive clinical training so that interns become competent entry-level psychologists. One aspect of this is for interns to reverse roles and learn how to go from supervisee to supervisor. Interns learn the various supervision approaches in the current literature and learn how to apply these to become a competent supervisor.

Interns provide supervision to externs one hour a week over the course of the training year. Externs are 2nd or 3rd year level students enrolled in a psychology doctoral program. Supervision from their Unit Psychologist and the Training Director provide guidance, support, and any tools needed to increase their confidence and level of competence in this area.



## Clinical Supervisors and Training Faculty

Our training faculty consists of Psychology and non-Psychology staff who come with a wide range of clinical experiences. The common denominator is a belief in the power of psychological treatment as a tool for recovery. The following is a list of the members of our department. Also included are the schools from which they received their degrees and brief descriptions of specific areas of interest:

### Training Director

**Kimberly Ostolaza, PsyD**, Argosy University (Chicago) - Specializations: dissociative disorders, cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), group therapy, supervision

### Chief Psychologist

**Janice Blackham, PsyD**, Alliant International University (California) – Specializations: risk assessment, psychological assessments, supervision, group therapy, cognitive recovery-oriented therapy (CTR), forensic issues

### Didactic Seminar Instructors

**Jennifer Heslin, PsyD**, Nova Southeastern University (Florida) – Specialization: severe and persistent mental illness, forensic issues

**Axel Monroig, PhD, MPH**, Walden University (Minneapolis) – Specialization: psychology of gender, LGBTQIA+, multicultural and religious studies

**Danielle Leach, PhD**, California School for Professional Psychology at Alliant University (Los Angeles) – Specializations: ethnic and gender identity development, psychodynamic/psychoanalysis, trauma focused CBT, social injustices, group therapy, supervision

**Jay Draoua, MD**, New York Medical College; Psychodynamic Psychotherapy at New York Medical College, Psychoanalytic Institute; Associate Professor of Psychiatry – Specialization: psychopharmacology, psychopathology, psychodynamic psychotherapy and applications to personality disorders

**Kelly Long, MS, LCAT, BC-DMT**, Pratt Institute (Brooklyn) – Specializations: dance/movement therapy, creative arts therapies, trauma informed care

**Madeleine S. Abrams, LCSW, ACSW**, Case Western Reserve University (Cleveland) – Specializations: psychodynamic and systems orientation, child, adolescent, individual, group, family therapy, serious mental illness, trauma, supervision, teaching, and program development

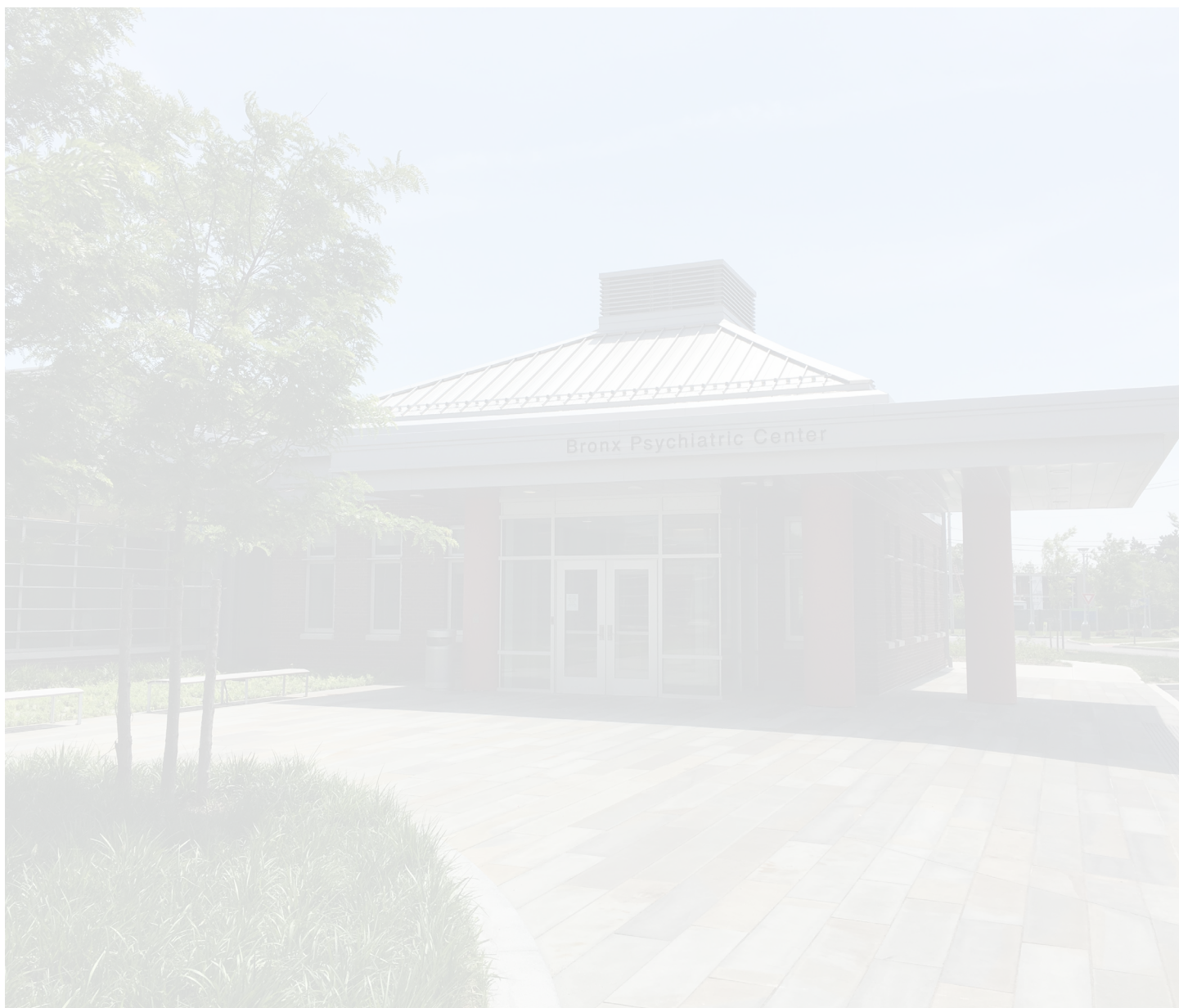
**Daniel Scalise, MD**, Oregon Health and Science University (Portland) – Specializations: general psychiatry (AECOM/Montefiore), forensic psychiatry (AECOM)

**Faith Laurel, DO, FAPA**, Double boarded in psychiatry and forensic psychiatry by the of the American Board of Psychiatry and Neurology. New York College of Osteopathic Medicine (Old Westbury, New York) – Specializations: clinical and forensic psychiatry, inpatient psychiatry, insanity cases, restoration of fitness, supervision.

**Maryam Jahdi, MD, MPH**, The Ohio State University Medical Center (Columbus) – Specialization: forensic psychiatry (AECOM/Montefiore), psychiatry and the law, serious mental illness, medical education

**Christine La Stella, M.A.**, Fairleigh Dickinson University (New Jersey) – Specializations: forensic populations, competency to stand trial, applied behavior analysis, cognitive behavioral therapy

# Psychology Doctoral Internship Training Program



Office of  
Mental Health