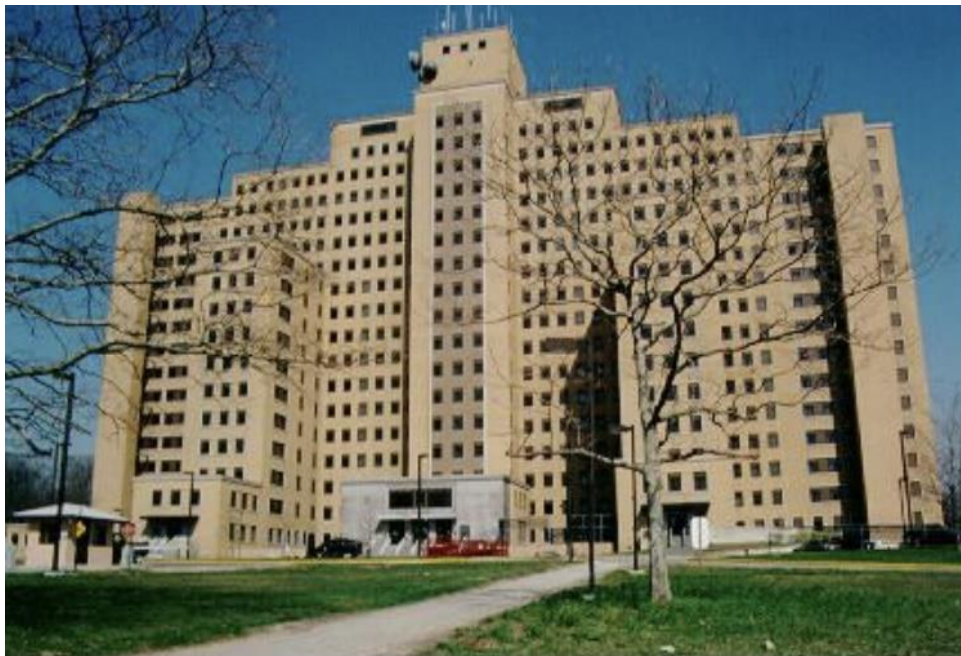


*New York State Office of Mental Health
Creedmoor Psychiatric Center*



*Department of Psychology
Doctoral Internship Program
2022-2023*

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INTERNSHIP OVERVIEW

The aim of the Creedmoor Psychiatric Center (CPC) Doctoral Internship Program in Psychology is to provide an extensive planned and programmed sequence of training experiences which insures that our interns engage in compassionate, culturally appropriate, and evidenced-based mental health services for our psychiatric patients. Creedmoor offers a unique training opportunity for doctoral students in that it is one of the largest New York State Office of Mental Health adult psychiatric facilities to offer an extensive range of treatment modalities and clinical approaches. Creedmoor has a culturally diverse patient population and staff which represent the multi-ethnic blend of this geographic area. The facility's comprehensive service delivery focuses on individualized person-centered care in its in-patient treatment wards, out-patient Wellness and Recovery Centers, and residences, all aimed at supporting each patient's path to recovery.

This highly sought-after internship creates a dynamic and creative learning environment in which education, training, experience, supervision, role-modeling, and mentoring blend with the interns' strengths and abilities toward the achievement of their professional competencies. The supervisors and all psychologists in the program are highly trained with years of experience in psychiatric settings. Their theoretical backgrounds and clinical interventions are broad and comprehensive which meet the challenges of the patients' needs and abilities. The interns have the valuable opportunity of becoming a full member of multidisciplinary treatment teams which provide additional active and integrative learning environments.

We seek candidates who have a strong interest in practicing in a culturally diverse environment and caring for underserved populations. Consistent with our mission, client and community strengths as well as their challenges are salient considerations in treatment. Creedmoor views our approach which integrates social, cultural, economic, political and environmental influences as most beneficial to clients' recovery and interns' professional growth.

The internship provides a formalized program of supervised training using a Practitioner-Scholar model which guides interns in integrating their graduate education into clinical practice. The interns are offered a broad and comprehensive experience which provides them with sequential learning opportunities toward their development as professional psychologists. The program assures breadth and

depth of training and incorporates theory and evidenced-based practices so that the interns develop competencies as clinicians to manage and treat those with serious and persistent mental illness. One of the many highlights of the program is the four day per week in-patient placement with a one day per week out-patient placement. This experience allows the interns to develop a comprehensive knowledge of the full continuum of psychiatric treatment.

The Internship Program has the full support of the Executive Director, the Clinical Director, the CPC Cabinet, the Chiefs of Service, and the Treatment Team Leaders. The program supports the hospital's mission of providing a high level of mental health services by the assignment of interns to direct care responsibilities for patients and the integration of the interns into the clinical teams. The program itself is chaired by Lawrence Shapiro, Ph.D., Director of Internship Training. The Director of Psychology, Constance Freeman, Ph.D., provides the administrative overview of the program.

The program is twelve months, forty hours per week for a total of 2000 hours, which begins September 1, 2022 and ends August 31, 2023. The hours are 8-4:30, Monday through Friday. Interns are hired on a 'Psychology Intern' item through our Human Resources Department. The total salary of approximately \$38,000 includes the stipend and the location pay. In addition, interns accrue twelve vacation days, twelve sick leave days, five personal leave days, and up to three professional leave days annually. Interns are covered by medical, dental, and vision insurance.

FACILITY OVERVIEW

Creedmoor Psychiatric Center is one of the largest adult psychiatric centers under the auspices of the New York State Office of Mental Health. It provides a continuum of inpatient and outpatient psychiatric treatment and related services to all persons in Queens County, eighteen years of age and older, whose psychiatric condition and level of functioning necessitates such care. The care is rendered regardless of an individual's race, religion, ethnicity, gender, or ability to pay. The direct responsibility for the administration of the facility is vested in the Executive Director, Martha Adams Sullivan, DSW, MA. The Clinical Director, Anca Amighi, MD, provides the clinical oversight of the Psychology Department.

Creedmoor's mission is to provide compassionate, high quality mental health services. Our goal is to partner with patients and their families in the recovery process by promoting self-help and empowerment in formulating and attaining goals related to living, learning, working, and socializing through individualized, age appropriate, culturally competent, and evidence-based treatment. CPC also insures a safe and secure environment through the development and implementation of safety programs which promote patient, staff, and community safety. Our experienced and dedicated staff provide state-of-the-art behavioral health treatment in an accepting and respectful environment toward the goal of each individual's recovery.

Creedmoor provides the best care for patients spanning the full adult age range, who present a diverse clinical population with varied diagnoses and cultural, educational, and socioeconomic backgrounds. Our hospital serves over three hundred inpatients. The in-patient service specializes in intermediate and extended treatment. All efforts are focused on helping patients to return to community living. Creedmoor also serves over twelve hundred out-patients in two community Wellness and Recovery Centers, each serving a specific geographic area in Queens. The focus of the wide range of services provided is to maintain successful functioning in the community. Creedmoor has an excellent track record in achieving these goals.

TRAINING PROGRAM OVERVIEW

Profession-Wide Competencies

The program is based on the nine profession-wide competencies as defined in the APA Standards of Accreditation. Those competencies are: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values and Attitudes; Communications and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Interdisciplinary Skills. Interns are provided numerous opportunities for training in all competency areas and are evaluated in those areas throughout the course of the training year.

Research: The intern will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (case conferences, presentations, publications) at the local, regional, and national level.

Ethical and Legal Standards: The intern will be knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct, with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels and with relevant professional standards and guidelines. The intern recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas. The intern conducts self in an ethical manner in all professional activities.

Individual and Cultural Diversity: The intern will have an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. The intern has the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. The intern has the ability to integrate awareness of knowledge of individual and cultural differences in the conduct of professional roles (research, services, and other professional activities) which includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. The intern has the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. The intern demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Professional Values and Attitudes: The intern will behave in a way that reflects the values and attitudes of psychology, including integrity, deportment, accountability, lifelong learning, and a concern for the welfare of others. The intern engages in self-reflection regarding one's personal and professional functioning and in activities to maintain and improve performance, well-being, and professional effectiveness, and actively seeks and demonstrates openness and responsiveness to feedback and supervision. The intern responds professionally in increasingly complex situations with a greater degree of independence while progressing through levels of training.

Communications and Interpersonal Skills: The intern will develop and maintain effective relationships with a wide range of individuals including colleagues, organizations, supervisors, supervisees, and those receiving professional services. The intern will produce and comprehend oral, nonverbal and

written communications that are informative and well-integrated, demonstrate a thorough grasp of professional language and concepts, and demonstrate effective interpersonal skills and the ability to manage difficult communications.

Assessment: The intern will demonstrate current knowledge of current diagnostic classification systems, functional and dysfunctional behaviors including consideration of patient strengths and psychopathology, understanding of human behavior within its context (family, social, societal, and cultural) and the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. The intern will select and apply assessment methods that draw from the best empirical literature and that reflect the science of measurement and psychometrics, collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as diversity characteristics of the patient. The intern will interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective. The intern will communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention: The intern will establish and maintain effective relationships with the patients receiving psychological services, develop evidenced-based intervention plans specific to the service delivery goals, and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. The intern will demonstrate the ability to apply the relevant research literature to clinical decision making, modify and adapt evidenced-based approaches effectively when a clear evidence-base is lacking, and evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation

Supervision: The intern will apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals such as role-played supervision with others and peer supervision with other trainees.

Consultation and Interprofessional/Interdisciplinary Skills: The intern will demonstrate knowledge and respect for the roles and perspectives of other professionals and will apply this knowledge in direct or simulated consultation

with individuals and their families, health care professionals, interprofessional groups, or systems related to health and behavior.

Description of Goals

By providing clinical training, didactic experiences, and continued supervision, the overall goals of the training program are:

- To facilitate the interns' integration of theoretical knowledge with clinical skills in carrying out psychological services in the assessment, diagnosis, and treatment of adult psychiatric patients. The goal is for the interns to integrate theoretical knowledge with clinical skills in providing psychological services in the diagnosis, treatment, and assessment of adult psychiatric patients. Interns will sharpen their skills as therapists with this population and will attain advanced competency in providing therapeutic services to psychiatric patients in individual, group, and family systems therapy.
- To facilitate the interns' abilities in the use of psychological assessments as a means of obtaining valuable information for the diagnosis and treatment of adult psychiatric patients. The goal is for the interns to develop higher level skills in the use of psychological tests to obtain valuable information for the diagnosis and treatment of patients. They will develop an advanced competency in the writing of assessments for psychiatric patients. The reports will reflect the sequential development of their testing skills with this population. They will present and discuss the reports and the findings at team meetings and case conferences.
- To facilitate the interns' acquisition of scientific and theoretical knowledge and empirically based/supported treatments to provide a sound theoretical basis for providing treatment for psychiatric patients. The goal is for the interns to enhance their theoretical models and solidify their view of themselves as professional psychologists. They will develop a more secure sense of their sound clinical judgement by honing their integration of several appropriate theoretical models from which they provide treatment. They will develop a greater ability to work independently with a flexibility of use of theories and will understand the impact of their treatment on the patients.
- To facilitate the interns' growth and transition into competent and professional psychologists within a clinical team and organizational

framework. The goal is for the interns to work effectively with staff, both professional and non-professional, on their team and in the broader facility. Interns will gain an understanding of the complex nature of multidisciplinary teams, both as separate units and as a blending of individuals. They will learn to maneuver effectively within the system, forming productive working alliances with staff, and establishing themselves as valuable professionals within the team.

Internship Training Committee

The Training Committee, under the direction of Dr. Lawrence Shapiro, establishes policies and procedures for the clinical training program in accordance with APA standards. The committee is comprised of the Training Director, the Training Supervisors, and the Director of Psychology. The committee meets to discuss the functioning of the program and the program's resources, needs, and attainment of goals. The committee works together on the interns' applications, selection, orientation, assignments, supervision, and seminar schedules.

Training Sites Overview

The setting is at Creedmoor Psychiatric Center which is a New York State Office of Mental Health adult psychiatric center located at 79-25 Winchester Boulevard, Queens Village, New York, 11427. The campus also has Residential sites, a Creedmoor Wellness and Recovery Center as well as other NYS and OMH programs. NYC bus transportation is easily accessible and parking lots are available for staff cars.

In-patient placements

In-patient wards are located in the eighteen-story Building #40 which also provides the services of a large and comprehensive medical clinic. There are thirteen wards, four of which are Admissions and Stabilization wards, one specializing in care for older adults, and eight wards (Continuing Rehabilitation Services) are for longer stays of care.

The Admissions/Stabilization and Treatment Unit is comprised of four wards, two male and two co-ed, which provide patients with a full range of psychiatric treatment and rehabilitative skills training from the time of admission to their discharge or transfer to another unit. The Medical

Stabilization ward is designed for older patients who have significant comorbid medical conditions. The focus is on partnering with patients and families in the treatment process using rehabilitation approaches and supports which will enable patients to return successfully to community living.

The Continuing Rehabilitation Services Unit provides care and treatment for patients who are striving to learn new skills and behaviors so that they can return to the community at a highly functional level. Treatment meets the patients' needs for external structure while encouraging increased responsibility and independence. The wards are defined by the clinical focus: Mindful Recovery, Dialectical Behavior Therapy; Multicultural Recovery Skills-Monolingual Chinese and Korean; Active Psychiatric Rehabilitation; Intensive Treatment; Rehabilitation Skills Training, Spanish Language; Mental Health Services; Recovery Skills Treatment; and Psycho-Social Recovery.

The in-patient training sites are a choice of three of the CRS wards, each linked with an on-site NYS licensed supervisor. One placement is on two wards, 3A and 6A, with Dr. Ostolaza, and the other is on one ward, 6B, with Dr. Shapiro.

3A-Mindful Recovery, a female DBT-informed treatment ward for patients with histories of trauma, self-harm, aggression, impulsivity, and abandonment issues with diagnoses of Borderline Personality Disorders, Schizophrenia, and Bipolar Disorders. Education is in Mindfulness, Distress Tolerance, Emotional Regulation, and Interpersonal Effectiveness, and techniques to challenge negative thoughts. Dialectical Behavior therapy is the primary theoretical modality with aspects of Cognitive Behavior Therapy and Motivational Interviewing techniques being used.

Supervisor: Dr. Kimberly Ostolaza (.5 part time)

6A-Rehabilitation Skills Training/Spanish Language, a male ward for patients with histories of severe and persistent mental illness, substance abuse, negative symptoms of schizophrenia, and anger management issues with diagnoses of Schizophrenia, Schizoaffective, Bipolar, and Depressive Disorders. Patients are monolingual Spanish or bi-lingual. Cognitive Behavior Therapy is the primary theoretical modality used along with

Wellness Self-Management to learn skills for problem solving and understanding mental health recovery.

Supervisor: Dr. Kimberly Ostolaza (.5 part-time)

6B-Recovery Skills Treatment, a male ward for patients with histories of severe and persistent mental illness, poor impulse control, substance abuse, many with criminal backgrounds and court involvement with diagnoses of Schizophrenia, Schizoaffective, Bipolar, and Antisocial Personality Disorders. Cognitive Behavior Therapy is the primary treatment modality aimed at strengthening anger management, frustration tolerance, and substance abuse recovery skills.

Supervisor: Dr. Lawrence Shapiro (1.0, full time)

Out-patient placement

Creedmoor operates a broad range of out-patient services, both on campus and in the community, which include outpatient clinic treatment (Steinway Wellness and Recovery Center and Queens Village Jamaica Wellness and Recovery Center) and residential services.

The out-patient placement is in the Queens Village Jamaica Wellness and Recovery Center on the grounds where services are provided for patients who reside in the community and need: support for transitioning from inpatient to community living; clinical, social service, and medical services as an alternative to hospitalization; and continued treatment to maintain functioning. The placement site is linked with an on-site NYS licensed psychologist. The focus of treatment can be individual, group, and family systems therapies, medication adherence, symptom management, crisis intervention, and case management. Multidisciplinary clinic staff work together to assist patients in achieving and maintaining mental wellness and stability. These community-based services and programs promote patient self-help, self-awareness, and education about and active participation in all aspects of treatment. Referrals can be from CPC in-patient services, other NYSOMH hospital's in-patient units, local hospitals, other clinics, or through self and community referrals.

The QVWRC is also a training site for the CPC Medical Education Psychiatry Residency Training Program and for students in graduate programs from other disciplines. Personal Services Coordinators (PSCs) of multiple disciplines provide traditional forms of treatment and a wide range of advocacy and support services to maximize patient utilization of services and full access to entitlements. Additionally, the Assertive Community Treatment (ACT) Team provides multi-disciplinary clinical treatment and case management to high need individuals in the community.

Supervisor: Dr. Laura Chin (1.0 full-time)

Supervised Training

The internship provides a formalized program of supervised training using a Practitioner-Scholar model which guides interns in integrating their graduate education into clinical practice. The program has an underlying sequential structure that is mindful of the interns' capabilities and previous training as well as the goals and objectives of the training program. The first two weeks of the internship allows the supervisors to assess the interns' breadth of experience, the quality of previous practicums, and stated clinical interests. The supervisors can then determine the interns' adjustment, abilities, and training needs.

Psychological Assessment

Psychological evaluations are a critical part of the training. Initially, the focus is on the development of rapport and communication with the patient in the testing situation. Supervisors will sit in and observe the initial testing interviews and discuss the behavioral observations with the interns. Interns begin psychological testing with a cognitive assessment and will then move onto objective/personality tests. Then projective tests will be added. Later forensic and neurocognitive tests will be administered to strengthen the information in the psychological assessment.

Interns begin psychological testing with a cognitive assessment with which they are familiar from externships and graduate school, such as the Wechsler Adult Intelligence Scale-4. They then move onto objective/personality tests such as the Minnesota Multiphasic Personality Inventory and the Millon Clinical Multiaxial Inventory. Then projective tests

such as the Rorschach and Thematic Apperception Test are included. The on-site supervisor continuously reviews the quality of the interns work and moves along sequentially with more challenging testing cases. Forensic tests such as the Hare Psychopathy Checklist and Neurocognitive tests such as the Montreal Cognitive Assessment, Wechsler Memory Scale, and Dementia Rating Scale can be added.

During the year, other tests are introduced to the interns in order to respond to broader and more complex referral questions regarding pathology, neurocognitive deficits, and psychiatric illness. Referral questions relate to determination of cognitive deficits, level of intellectual functioning, assessment of dangerousness, diagnosis, and issues of discharge planning. On-site supervisors and testing seminar psychologists work with interns on appropriate tests for the referral questions, the value of behavioral observations, standardized administration of tests, accurate scoring of the tests, scientific knowledge about the tests, interpretation of the results, and the importance of effectively communicating findings to the clinical team. Interns will complete a minimum of six evaluations for the year.

Psychological Interventions

Interns provide direct care to patients in individual, group, and family systems therapy. Chart documentation of this direct care clinical work is entered into MHARS, the Mental Health Automated Reporting System, which is a part of the training and learning experience.

For individual therapy, during the first few weeks of the internship, the supervisors discuss with the interns the initial assignment of the individual therapy cases which takes into account the complexity of the psychiatric issues of the selected patients. The goal is to begin the training with a case that will start with basic psychological challenges but will not be beyond the clinical abilities of the intern. The interns review the patient's chart in depth to understand the individual's histories, diagnoses, psychiatric symptoms, and current and past behaviors. Interns begin individual sessions, initially with the supervisor present, and discuss the content of their sessions in supervision.

As the internship progresses, the interns will be assigned more complex cases in terms of diagnosis, work with treatment-resistant and minimally motivated patients, and other psychiatric issues which require more experience. Supervision of individual cases follows a sequential process throughout the year. As the year progresses, supervision builds to train the interns to hone their abilities related to case formulations, treatment goals, diagnostic skills, choice of effective interventions, work related to obstacles in treatment, and termination techniques. Interns will have a caseload of three in-patients weekly and three out-patients weekly. In addition to face-to-face supervision with the on-site supervisor, the program schedules a twice monthly Individual Therapy Supervision in a group format with a Licensed Psychologist.

For group therapy, supervisors discuss with the interns the initial assignments which are in a sequential fashion for the interns' development of the following group therapy skills: communicating in the group, setting well-defined and specific goals, effectively establishing rapport with patients, balancing therapeutic needs of the individual and the group, communicating to the team the patient's participation and progress in the group, demonstrating knowledge of group dynamics, using specific group therapy techniques to facilitate participation, and effectively co-leading groups with psychologists and other professionals.

Interns initially observe groups led by the supervisor and have a post-group wrap-up afterwards. As interns gain confidence and skills, they begin co-leading groups with their supervisors and/or other professionals. As the year progresses, they will be asked to be more proactive in the groups. Ultimately, they may be asked to facilitate a group or groups on their own as they become more competent in their therapy skills and may lead or co-lead five to six therapy and psychoeducational groups as well as therapeutic community meetings on a weekly basis. Interns will be involved in six to seven groups weekly in total from the in-patient and out-patient placements. In addition to the face-to-face supervision with the on-site supervisor, the program schedules a twice monthly Group Therapy Supervision in a group format with a Licensed Psychologist.

In accordance with the treatment focus for the patients on each ward, groups are developed to meet the clinical needs of the patients. Areas of

group therapeutic interventions are anger management, substance abuse, women's issues, men's issues, trauma, coping skills, emotional regulation, and skills needed for successful community re-entry,

Examples of treatment-specific groups on the in-patient wards are:

- Dialectical Behavior Therapy and the Art of Expression
- Substance Abuse, Problem Solving, Emotional Expression, and Symptom Awareness
- Substance Abuse Awareness, Literature, START (Stress, Tension, and Anger Reduction Techniques), and Recovering Through Our Stories

For Family Systems therapy, supervisors discuss with the interns the provision of conjoint family sessions or a multiple family group which are adapted to the functional level of the patient and family. Interns will be trained to address issues in the context of the family unit with each family member working together to understand the family dynamics and how individual actions effect the entire family and how the family system may be mobilized as a resource for change. Interns will an awareness of cultural, spiritual, ethnic, and age-related issues of the family, as well as the family history, and will promote open dialogue with the clinical team. Interns will have a Family Therapy/Systems seminar once monthly in a group format.

The interns will acquire knowledge in evidenced-based treatments which are empirically based and tailored for use with our psychiatric patients. Treatments that are used by psychologists for individual, group, and family systems work are an informed model of Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Cognitive Therapy for Recovery (CT-R) through the Beck Institute, Family Therapy/Systems, Psychodynamic Interventions, and Motivational Interviewing. If requested by the treatment team, interns can develop formalized behavioral plans for their patients in order to reinforce adaptive behaviors and coping skills toward to goal of a community discharge. Interns will spend fifteen hours weekly in face-to-face direct service delivery.

Interns will also have the opportunity to pursue relevant research related to their dissertations or other scholarly concerns. As a culmination to the training program, the intern is expected to discuss with the supervisor and clinical team the selection of a patient on the intern's clinical caseload, present at a formal case conference with the clinical team, and lead a departmental clinical discussion on the patient.

CULTURALLY RESPONSIVE CARE

An overarching focus for the training program is to foster an understanding of and sensitivity to issues of cultural diversity. Creedmoor Psychiatric Center is located in the borough of Queens, which is the most culturally diverse area of New York City. This multi-ethnic richness is reflected in both the patient population and in our staff. The varying cultural backgrounds are evidenced by the fact that the Creedmoor Language Bank is comprised of staff speaking over fifty languages from around the world. Applicants from multi-ethnic backgrounds are welcomed, as we look to have our program reflect the varied nature of our population.

The program fosters an understanding of and sensitivity to issues of culturally responsive care. This promotes an informed treatment and provides an environment of professional growth which teaches respect, appreciation, and dignity for all patients, students, and staff. The supervisors and seminar instructors also provide a broad range of viewpoints and evidenced-based treatments related individual differences such as diversities of gender, age, sexual orientation, religion, and language. In the interns' weekly seminars, there are presentations by seminar instructors of varied cultural backgrounds on provision of treatment services for their particular culture. The program strives to increase awareness, safety, and comfort with multicultural experiences.

The goal of diversity training is to have interns develop the skills and awareness to be able to provide culturally competent treatment to Creedmoor's patients and to use those skills for communication with the clinical team and other hospital staff. The program will require an expected competency level in cultural diversity that meets the APA's requirement to 'ensure that psychology trainees demonstrate acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals.

SUPERVISION OVERVIEW

- There are two regularly scheduled hours weekly for individual face-to-face supervision, one with the Licensed Psychologist in-patient supervisor and one with the Licensed Psychologist out-patient supervisor. There is an understanding that additional supervision is provided as needed and/or requested.
- For the third hour, the interns meet once weekly with the Licensed Psychologist Director of Training in a group format in the ' Internship Experience' Supervision on Wednesdays from 11-12
- For the fourth hour, in a group format, the interns attend a twice-monthly 'Group Therapy' Supervision with a Licensed Psychologist on the second and fourth Fridays of the month from 11-12, and, on alternate weeks, a twice monthly 'Individual Therapy' Supervision with a Licensed Psychologist on the first and third Fridays of the month from 11-12.

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, all conferencing will occur over a secure network using site-administered videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of the interns. All interns are provided with instructions on the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved are directed to the Information Technology department.

At the start of the internship, the supervisors and interns determine which days/hours will be set aside for supervision on a weekly basis. Supervision is clearly focused on the psychological services rendered by the intern and the development of the interns' competencies in multiple modalities such as individual, group, family systems therapies and psychodiagnostics.

The supervisor, who is directly responsible for the intern's functioning within the team, is present with the intern at all daily morning clinical rounds, weekly discharge rounds, and case conferences as scheduled. The supervisor reviews and co-signs all documentation such as progress notes and test reports,

supervises individual therapy cases, and co-leads groups with the intern. The supervisor assists in developing testing batteries to respond to the referral questions, and reviews the administration, scoring, integrating data, and write-ups of psychological assessments which are then presented to the teams.

Interns may also have the opportunity of working with doctoral externs and have the chance to enhance their clinical skills by supervision of the extern on one clinical case, which is under the direct supervision of the staff psychologist. If this opportunity unfolds, the interns will receive instruction and guidance in different models of supervision and the supervisory process and will meet with the extern weekly.

DIDACTICS OVERVIEW

The curriculum is part of a multi-faceted educational program which provides the interns with a weekly four hour planned sequence of seminars and scheduled meetings. This offers breath and quality of training for interactions with psychiatric patients for the interns to hone their professional expertise. This unique setting, working with those with serious and persistent mental illness, requires a very specialized program tailored to the issues presented by an in-patient and out-patient population. The talented and experienced psychologists are providing seminars in their areas of expertise from years of working with psychiatric patients.

Interns will have a formalized training schedule of two weekly didactic seminars, sequential in complexity and varied in topic, taught primarily by a diverse and experienced psychology staff as well as professionals of other disciplines. The training staff, having a wide range of expertise with this population, have successfully adapted several theoretical frameworks in order to provide treatment for the patients. The interns are offered a varied and broad experience, as noted in the didactic training schedule, with the goal of providing them with sequential learning opportunities toward their development as professional psychologists. The other two hours per week will be obtained for didactic training by access to daily clinical rounds with multidisciplinary teams and treatment planning sessions, formal ward case conferences, weekly CPC Department of Psychiatry Grand Rounds, monthly Psychology Department meetings, monthly NYS-OMH State-Wide Grand Rounds, on-line training modules from the Center for Practice Innovations, and clinically relevant OMH mandatory trainings.

Seminar Topics

Each seminar topic is scheduled for one or more sessions:

Serious Mental Illness Overview; Cultural Competence Overview; Family Therapy/Systems; Multicultural Considerations in Therapy-Asian Community; Multicultural Considerations in Therapy-LGBTQ Community; Multicultural Considerations in Therapy-Hispanic Community; Multicultural Considerations in Therapy-African Descent Communities; Mental Health Care: Quality Assurance Basics; Dissociative Disorders; Gerontological Psychology; Token Economy Programs; Psychology and Discharge Planning; CPC Hospital Forensic Committee; Living Museum Patient Art; Hearing Voices; Trauma Response Team Interventions; Telehealth; Professionalism in Challenging Situations; ECT; Integrative Treatment for Co-Occurring Disorders; Screening Using the ASSIST; Cognitive Behavior Therapy; Cognitive Assessment of Schizophrenia; Exploration of Psychopathology; Neuropsychological Tests; WAIS 4 with Psychiatric Patients; Forensic Tests; Dialectical Behavior Therapy; Jail Culture; Personality Disorders; Psychopharmacology; Ethical Issues in Psychology; Suicide Risk Assessment; Sex Offender Treatment; Male Trauma Group; Female Trauma Group; The Role of Psychologists in OMH; Termination Issues

EVALUATION AND RETENTION

Evaluation

The Creedmoor Doctoral Internship Program requires that interns complete 2000 hours of training and demonstrate minimum levels of achievement across all competencies and training elements. The Director of Training reviews the requirements in the monthly ‘Internship Experience’ supervision seminar where interns discuss their training backgrounds, training needs, and areas of developing clinical competencies. Supervisors attend monthly Internship Committee meetings to discuss and review this information.

Interns are formally evaluated by their supervisors in February and August. The evaluation form includes information about the interns’ performance regarding all the expected training competencies and training elements. The evaluative process is conducted using a standard rating form which also has ‘Comment’

sections where supervisors include specific feedback regarding the interns' performance and progress.

The 5-point scale has the following values:

1=Remedial

2=Beginning/Developing Competence

3=Intermediate Competence

4=Proficient Competence

5=Advance Competence.

After the evaluation is developed, supervisors meet with the interns and provide opportunities for comments and feedback. Any requests by the interns for additional training are assessed and responded to quickly. In addition, interns are asked to evaluate the program and individual supervisors in February and August which provides useful feedback to the program for its continued improvement. All evaluation forms are available in the Intern Handbook.

Retention

A minimal level of achievement is defined as a rating of '3', 'intermediate competence', on each element at the mid-point, and a rating of '4', 'proficient competence', on each element at the completion of the program. Meeting the 2000 hour requirement and obtaining acceptable ratings on all evaluations demonstrates that the interns have progressed satisfactorily through and completed the internship program. A Certificate of Completion will be awarded.

The home doctoral program will receive intern evaluations and any other relevant feedback at the mid-point and end-point of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

TERMINATION/DUE PROCESS

If successful completion of the program comes into question during the internship year due to an inadequate rating on an evaluation or other concerns by the supervisor, the intern may enter the formal steps of Due Process procedure. The supervisor will bring these issues to the Director of Training and the Internship

Committee. Steps will be taken to provide corrective actions to enhance the intern's adjustment to the program and hone their level of professional functioning.

The home doctoral program is contacted to insure it is engaged in order to support the intern by consulting with the intern and providing additional recommendations for improved performance. The home doctoral program is notified of any further actions that may be taken up to and including termination from the program. The program has intern-specific Due Process procedure guidelines. As the intern is a NYS employee, all NYS Civil Service and PEF union guidelines will be followed. NYSOMH Due Process procedures can be found in the on-line CPC Employee Handbook.

Multiple venues help to inform the interns of the Due Process Procedures:

- The Internship Brochure
- Psychology Department New Employee Orientation with the Director of Psychology
- Supervision sessions with the Director of Training in the Internship Experience seminars
- Intern Handbook for matched candidates
- Multiple OMHNYS policies for Due Process in the CPC Employee's Handbook

RESOURCES

The resources for the interns are multidimensional. The supervisory staff are Licensed Psychologists who have years of experience in supervision of students, both doctoral externs and doctoral interns. The staff leading the seminars have also been long involved in training students. Treatment teams are supportive of interns on the wards and in the Wellness and Recovery Centers.

Each intern will have a work cubicle with a phone and computer set-up. Interns are able to access the NYS Library for electronic resources. Any additional relevant training through Education and Training is available as well as a wide range of material related to psychiatric treatment. Interns can attend all weekly CPC Grand Rounds and monthly state-wide Grand Rounds. Interns can also

register for current training on-line opportunities through the Center for Practice Innovations website for NYS employees.

CODE OF ETHICS

The Creedmoor Psychiatric Center psychologists abide by the APA Ethical Principles and Code of Conduct. At the beginning of the training year, interns will be acquainted with these guidelines. Ethical issues which arise will be reviewed in individual and group supervision as well as in the Internship Experience supervision sessions with the Director of Training. The APA Ethical Principles and Code of Conduct can be accessed at www.apa.org/ethics/code/.

CREEDMOOR PSYCHIATRIC CENTER/DEPARTMENT OF PSYCHOLOGY

DOCTORAL INTERNSHIP PROGRAM TRAINING FACULTY

Director of Training

Lawrence Shapiro, Ph.D., Licensed Psychologist

Training Supervisors

Lawrence Shapiro, Ph.D, Licensed Psychologist

Laura Chin, Psy.D., Licensed Psychologist

Kimberly Ostolaza, Psy.D., Licensed Psychologist

Joseph Spinelli, Ph.D., Licensed Psychologist

Scott Weisner, Ph.D., Licensed Psychologist

Didactic Seminar Instructors

Patrick Andretta, Ph.D., Licensed Psychologist

Ella Brodsky, M.D., Psychiatrist

Veronica Burke, L.C.S.W., Social Work Supervisor

Laura Chin, Psy.D., Licensed Psychologist

Alicia Delgado-Agudio, Psy.D., Psychologist 2

Constance Freeman, Ph.D., Director of Psychology

Pamela Karp, Ph.D., Licensed Psychologist

Irene Katsamanis, Psy.D., Licensed Psychologist

Nadine Khoury, Ph.D., Licensed Psychologist

Edward Korber, Ph.D., Licensed Psychologist

Suneela Kumar, Ph.D., Licensed Psychologist

Hun-Jue Luu, Ph.D., Associate Psychologist
Janos Marton, Ph.D., Associate Psychologist
Kimberly Ostolaza, Psy.D., Licensed Psychologist
Leelawatte Popali-Lehane, Ph.D., Licensed Psychologist
Darlyne Richardson, Ph.D., Associate Psychologist
Jacob Rossmer, Ph.D., Licensed Psychologist
Lawrence Shapiro, Ph.D., Licensed Psychologist
Joseph Spinelli, Ph.D., Licensed Psychologist
Scott Weisner, Ph.D. Licensed Psychologist
Cindy Yen, Psy.D., Associate Psychologist
Medical Education Psychiatry Attendings from the Columbia University
Residency Training Program at Creedmoor Psychiatric Center

Psychology Internship Training Supervisors

Training Director:

Lawrence Shapiro, Ph.D., New School for Social Research.

Recovery Skills Treatment

Department Supervisor for CPC psychologists. Supervisory experience with doctoral interns and externs for over 20 years. Member of the CPC Hospital Forensic Committee, Multi-disciplinary Consultation Team, Trauma Response Team, and faculty member in the Medical Education Department Psychiatry Residency Training Program.

Specializations: supervision, group therapy, treatment for co-occurring disorders; Cognitive Behavior Therapy, trauma and recovery.

Laura Chin, Psy.D., Alliant University (Los Angeles)

Queens Village Jamaica Wellness and Recovery Center

Specializations: juvenile justice systems, life transitions for military families, community/client adaptation to the COVID pandemic; multicultural awareness, individual therapy

Kimberly Ostolaza, Psy.D., Argosy University (Chicago)

Mindful Recovery (DBT) and Rehabilitation Skills Training/Spanish Language

Member of the CPC Hospital Forensic Committee.

Specializations: trauma, dissociative disorders, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, addiction, multicultural awareness, group therapy, supervision

Joseph Spinelli, Ph.D., Long Island University, Brooklyn

Admissions, Stabilization, and Treatment Unit

Specializations: psychodynamic psychotherapy, assessment and treatment of personality disorders

Didactic Seminar Instructor

Alicia Delgado-Agudio, Psy.D., Hofstra University, Marriage and Family Therapist

Admissions, Stabilization, and Treatment Unit

Specializations: marriage and family therapy, psychological assessment, psychoanalytic psychotherapy, multicultural awareness, Cognitive-Behavior Therapy.

APPIC MEMBERSHIP

The Psychology Department Doctoral Internship Training program has applied for but is not currently an APPIC-member program.

APA ACCREDITATION STATUS

The Psychology Department Internship Training program is not currently accredited by the American Psychological Association.

Questions related to the program's accreditation status can be directed to:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street NE

Washington D.C. 20002

Phone: (202) 336-5979

Email: apaaccred@apa.org

www.apa.org/ed/accreditation

CREEDMOOR PSYCHIATRIC CENTER INTERN SELECTION AND ACADEMIC PREPARATION REQUIREMENTS POLICY

Application Process

The CPC 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) using the APPIC Application for Psychology Internships (AAPI).

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*

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

CPC 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 diverse populations*
- 5. Practicum experience in psychological assessment of adults*
- 6. Current enrollment and good standing in an APA- or CPA-accredited doctoral program*

All applications will be reviewed by CPC's Training Committee using a standard Application Rating Scale 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.

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

All interns who match to CPC 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 may prevent the intern from working at CPC. Additionally, CPC 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, drug screen, and TB screening will be sent out to all who match after the match process is complete.

NON-DISCRIMINATION POLICY

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. The program 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, or domestic violence victim status according to the New York State Human Rights Law.

(Revised 8/27/21)

