



**DEPARTMENT OF PSYCHOLOGY**

## **Manhattan Psychiatric Center Doctoral Internship in Health Service Psychology**

New York State has a large, multi-faceted mental health system that serves more than 700,000 individuals each year. The New York State Office of Mental Health (OMH) operates psychiatric centers across the State. OMH also regulates, certifies and oversees more than 4,500 programs, operated by local governments and nonprofit agencies. The Mission of the New York State Office of Mental Health is to promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances.

### **GOALS AND PHILOSOPHY**

MPC's mission is to serve as a "Bridge to Recovery" by assisting persons experiencing severe and persistent mental illness in increasing their capacity for self-mastery, self-care and social integration, so that they can function successfully in the least restrictive environment available to them. The facility views the hospital as a place for recovery from illness, a step in a journey back to health. The goal is to work collaboratively with patients and across disciplines toward the individual's recovery goals in order to return patients to their families, friends, and community as soon as possible. This is accomplished through an emphasis on providing as much support as needed with continuous consideration of each individual's right to live a fulfilling life within the least restrictive environment possible. We simultaneously prioritize to maintain hope, a deep respect for multiculturalism, zero tolerance for abusive or dehumanizing conditions, and an environment of non-coercion, in which the focus remains on creating and maintaining a therapeutic relationship as we traverse the Bridge to Recovery. The hospital's mission emphasizes recovery and working toward the return of patients to their families and communities. The Internship helps afford these individuals the sort of individualized care and concern which the institution values.

The aim of the MPC Doctoral Internship in Health Service Psychology 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 Internship year at MPC is a demanding one. It calls for the student's full attention and commitment. It is suggested that extracurricular activities, e.g., outside employment, course work, etc., be limited so that full concentration may be brought to bear on the challenging work load. Toward this goal, the Intern's work schedule generally does not extend beyond 5 PM, and is thus, largely, a 40 hour/week Internship program. There may be times at certain points in the year, in which Interns may be expected to put in some additional time to complete necessary assignments. We cannot over-emphasize that the Internship year at MPC is exceedingly demanding and challenging--mentally and emotionally. The training program is ideally suited for the student who is looking for an intensive adult inpatient experience to round out their training. Working with individuals who might present as severely impaired may at times induce feelings of anger, fear, disgust, confusion, self-doubt, helplessness, and uncertainty; however, we firmly believe that these experiences, in the

context of consistent and supportive supervision and adequate self-care, will enable the student to work with the broadest range of patients and settings that one may encounter as a professional Psychologist.

We subscribe to a Practitioner-Scholar Model of training. Our focus in our training is to help our Interns grow into professionals, competent and skilled in delivering clinical services to a wide-range of populations, including those with the most severe mental illness and limited resources. While our primary goals remain clinical in nature, we cannot emphasize enough the important role that research and empirically-based treatment play in this regard. As can be seen from our description of treatment modalities which Interns are involved in, we support and train in several evidence-based treatment modalities. Our Interns are expected to become “consumers of research,” and are guided in applying what they learn to unit being more skilled clinicians. To unit this end, all of our didactic seminars and supervision are supplemented with scholarly inquiry in which Interns are provided with and have the opportunity to discuss relevant research literature. In addition, MPC has an excellent Medical Library, staffed by a full-time librarian and as State employees, Interns have access to the New York State Library’s electronic databases. Finally, all Interns are supplied with access to Internet resources and a facility-wide email system to facilitate their own research as well as scholarly consumption of research relating to their clinical work.

In addition, in accordance with the Integrated Developmental Model of supervision, we expect that as Interns become increasingly comfortable with their clinical responsibilities and their own knowledge and expertise in working with our patients, that the structure and direction of supervision will decrease. Training occurs throughout the year with the goal of helping the Intern to adopt increasing confidence. With the beginning of the Internship year, each Intern’s competencies are assessed, and specific training plans are developed in order to maximize areas of strength and also to remediate any areas of relative weakness. This assessment is done through consideration of previous training experiences and academic course work, observation of the Intern’s current clinical work, and open and frank discussions with the Interns regarding their particular areas of strength and interest, as well as areas of expected growth and development. As the training year progresses, each Intern will take on greater responsibility, so that by completion of the Internship program at MPC he or she is ready to join the community of professional Psychologists.

The Psychology Department of MPC sponsors four full-time pre-doctoral clinical internship positions in psychology. The Internship Program, which has been fully accredited by the American Psychological Association’s Commission on Accreditation for over 30 years, carries a stipend of approximately \$38,000 (combined base salary with added downstate differential pay) plus fringe benefits, including accrual of sick leave (13 days), accrual of vacation (13 days), provided conference time (3 days), paid holidays (12 days), personal leave (5 days), free parking, reimbursement of RFK Bridge tolls, pre-tax health and dependent care accounts, and medical, dental, Rx, and vision/eyeglass insurance accessible after 60 days of employment. Interns are supplied with facility email accounts and internet services. The Internship is a one-year, 40 hour per week, position with a required minimum 1750 total hours,

over the course of a full calendar year, for successful completion (Interns are asked not to expend ALL of the above leave accruals in order to ensure that they actually accumulate 2000 hours during internship, thus, satisfying requirements for licensure in any state). The internship year begins and ends in early September, not to exceed 365 days (the exact start/end dates to be determined annually).

Upon the satisfactory completion of the program, the Psychology Intern is awarded a certificate in recognition of his or her achievement, signifying effectiveness and proficiency in the delivery of psychological services.

### **APPLICANT REQUIREMENTS**

- Applicants must be enrolled in a psychology doctoral program accredited by the APA Commission on Accreditation.
- Prior to beginning the internship, the applicant should have completed a minimum of:
  - three years of graduate study,
  - preferred 230 hours of direct client contact, consisting of at least
    - 150 hours therapy and
    - 80 hours psychological testing.
  - In addition, applicants should have at least 100 hours of supervision of clinical activities.
- Additionally, we ask that applicants have some experience with projective testing before beginning internship (although not necessarily as a pre-requisite for applying).
- Finally, applicants should have some previous experience in working with individuals with chronic mental illness, either in an in- or out-patient setting.

Only students from currently APA-approved programs in Clinical, Counseling, and/or School Psychology will be considered. The director of the applicant's training program must certify, in writing, the applicant's matriculation status, admission to doctoral candidacy, and readiness for internship.

As a member of APPIC, MPC participates in the National Matching Service in its selection of psychology interns. All applicants must participate in the NMS match in order to be considered for an Internship position. Interested parties must submit the required materials prior to the deadline date. Materials are reviewed by the Training Director and other Internship Faculty for relevant experience, sophistication of written work, and all other necessary requirements. The specific guidelines which the Faculty uses during this review are public and are available upon request.

Based on this initial review, a portion of applicants are invited for an in-person interview. Applicants are notified by email on or before deadline date if they have been chosen for an interview. The interview consists of the applicant meeting with the Training Director and a member of the Faculty, either in person or on a web-based virtual platform, as well as a chance to meet with a current intern. Applicants invited for an interview also are offered the

opportunity to attend a (Virtual) Open House during which they meet with clinical staff, are afforded a tour of the facility, and are able to discuss the program with both clinical staff and current Interns. Based on these interviews and supporting materials, MPC submits a rank ordered list to NMS. We are bound by the results of this match.

**Please Note: Candidates that match to the Internship Program at Manhattan Psychiatric Center are subject to background checks as a condition of employment with the New York State Office of Mental Health. Background Investigation Requirements:**

Prospective appointees will be checked against the Staff Exclusion List (SEL) maintained by the Justice Center for the Protection of People with Special Needs. Prospective employees whose names appear on the SEL as having been found responsible for serious or repeated acts of abuse or neglect will be barred from appointment and may have their names removed from the eligible list(s) for the title(s) if applicable.

Investigated through a Criminal Background Check (CBC), which includes State and federal Criminal History Record Checks. All convictions must be reported; conviction of a felony or misdemeanor, or any falsified or omitted information on the prospective appointee's employment application, may bar appointment or result in removal after appointment. Each case will be determined on its own merits, consistent with the applicable provisions of State and federal laws, rules, and regulations. Prospective employees will be fingerprinted in order to obtain a record of their criminal history information and may be required to pay any necessary fees. 3) Screened against the Statewide Central Register of Child Abuse and Maltreatment (SCR). Prospective employees will be required to pay any necessary fees. Additionally, prospective employees whose names are indicated on the SCR may be barred from appointment.

## **THE SETTING**

Manhattan Psychiatric Center is a civil general psychiatric hospital of approximately 160 beds, housed in a maximum-security building, the Dunlap Building, which it shares with Kirby Forensic Psychiatric Hospital. This building houses five civil inpatient wards, as well as administrative offices, including that of the Director of Training. The Dunlap Building has recently been renovated and Revitalization Teams ensure that the entire hospital's physical environment remains modern and well-maintained. Interns have access to conference rooms for presentations and didactics, and access to internet and intranet throughout the building.

Manhattan Psychiatric Center main campus is located at 600 E 125<sup>th</sup> St on Wards Island, New York, NY. It is easily accessible both on foot (an easy 20-minute walk to the Upper East Side of Manhattan) and by car or transit from Manhattan, Queens, or the Bronx. There also is a shuttle van that helps transport workers from the 125<sup>th</sup> St. and Lexington subway station to the facility and back. Inpatient services are located in the Dunlap Building, which is 17 stories high.

Each consists of an A and B wing. All MPC patients are located on B wings; Kirby Forensic Psychiatric Center is housed in the A wing of the hospital. There is no patient interaction between the forensic and civil facility patients.

New patients are admitted to MPC on the 2<sup>nd</sup> floor where our medical clinic is located. Within the medical clinic, there are dedicated areas for phlebotomy, ophthalmology, podiatry, x-ray, ECT, and general examinations. Following admission, most patients initially are treated on one of our two coed adult unit admissions wards that are located on the 7<sup>th</sup> and 8<sup>th</sup> floor. Each admissions ward is designed to house up to 27 patients who reside in single, double or quad sleeping quarters. Our 6<sup>th</sup> floor is dedicated to high acuity care which is designed to offer a less stimulating environment with a lower census than our admissions and general wards.

Wards on the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> floors are general adult services units serving up to 28 patients. The 5<sup>th</sup> floor is dedicated to monolingual and multilingual Spanish-speaking patients. On the 4<sup>th</sup> floor, many of the patients have legal statuses, often having been found not responsible for a crime due by reason of mental disease or defect. The 3<sup>rd</sup> floor houses many of our geriatric patients and those with medical complications. The 3<sup>rd</sup> floor also has a subset of patients who are monolingual or multilingual Asian dialects.

Each unit has a similar layout. Each is entered from the elevator lobby through a sallyport to the ward. Upon entering, there is a dining room to the left and an interview room to the right. Psychiatrists' offices also are often within the corridor, which leads to the nursing station in the center of the unit. There are two dayrooms equipped with TVs and seating space, leading to two corridors with bedrooms to house individual patients, showers and lavatories, and storage space. Behind the nursing station is a boardroom that also houses paper-format medical records, two single-occupancy lavatories, and the unit clerical staff. Also in the back offices are office suites or work spaces for program staff, such as psychologists, social workers, rehabilitation therapists, and physicians. Additional office space is located off the elevator lobby.

Patients attend treatment mall on the 12<sup>th</sup> and 13<sup>th</sup> floors. The treatment mall provides various sized and specially dedicated spaces for a variety of therapeutic interventions including a dedicated art room and gym space. Patients can purchase snacks, food, and toiletries at the Mon Petite Café located on the 14<sup>th</sup> floor and are provided opportunities for outdoor activities within a fenced-in yard that includes a gazebo with seating, a walking track, a basketball hoop, barbecue grills, bathroom and drinking fountains.

The building's basement is dedicated to education and learning with new, state-of-the art presentation space and computer workstations. Our medical library and medical records also are located on this floor. Human Resources is located on the 1<sup>st</sup> floor, along with Occupational Health, Nursing, the business department and various administrative offices. On the 2<sup>nd</sup> floor, there is a cafeteria for staff. The 9<sup>th</sup> floor houses our Psychology Testing Library that includes four workstations with computers, telephones, and printers. Additional psychological testing supplies are located on the B-side of the 4<sup>th</sup> floor.

The building's top floors are dedicated to administrative offices with the Director of Psychology and Psychology Training's office on the 15<sup>th</sup> floor along with the Research Department, Social Work, and various other administrative offices. Interns are provided individual workspaces with desk, computer, telephone and printing capabilities in a shared office on the 10<sup>th</sup> floor.

As a hospital providing services under the administration of the New York State Office of Mental Health, MPC serves a population which is frequently impoverished, hard-to-reach and often experiencing chronic adversity, including mental illness, and which presents to mental health workers of all levels and varieties of training, a continuous challenge to their understanding of, and ability to treat, emotional difficulties of this nature. Patients frequently experience multiple disadvantages in the form of social and educational deprivation, physical disabilities, intellectual / cognitive impairment, trauma history, substance misuse, and legal system involvement, in addition to the specific psychiatric crises that precipitate hospitalization. Although some hospitalizations are brief, longer-term hospitalizations often occur, as do recurrent hospitalizations. While we are not a forensic facility, a considerable number of our patients have experience serving time in either City jails, State prisons or both. Patients with histories of criminal justice system involvement, including the associated personality disorders and characterological issues, present challenging and unique treatment and learning opportunities.

It is the responsibility of psychologists and interns on the treatment teams to provide psychological assessments, including psychological testing when necessary, to provide psychotherapeutic services, and to function as consultants to other team members on issues of diagnosis, therapeutic programming, intra-team collaboration, and behavior management. At MPC, part of our goal is to train not only clinicians, but clinical leaders as well. Throughout the course of the year, interns can expect to be asked to take an increasing responsible and demanding role on their Treatment Teams.

Often the staff psychologist's job is complicated by fiscal limitations or by lack of appropriate community facilities. Thus, the internship experience presents students not only with complex clinical issues but provides a unique opportunity to study the interaction between psychiatric, legal, social, and political forces in one of the nation's largest mental health service delivery systems. Although this experience is sometimes difficult and often frustrating, it is also challenging, stimulating, and can be at times gratifying.

Whether a student intends to continue working with individuals with severe impairments in an institutional setting, or with those exhibiting less severe psychological disorders in outpatient or private treatment setting, the intensive involvement in interviewing, assessment, therapeutics, and system analysis which is provided at MPC has broad applicability. Gaining exposure to the MPC population provides interns with an internal frame of reference for conceptualizing and understanding psychopathology along the full spectrum, from mild to the most severe.

## **THE TRAINING PROGRAM**

Manhattan Psychiatric Center serves as a major training facility for the treatment of the individuals with severe mental illness; thus, the psychology intern is exposed to other colleagues in training. MPC's affiliations with New York University and St. George's Medical School in Grenada bring with them the training of psychiatric residents and medical students. Training is offered also to psychiatric nurses, social workers, rehabilitation counselors, occupational therapists, as well as other mental health professionals and paraprofessionals. In addition to its Internship, the Psychology Department offers a part-time externship program in which supervised clinical experience is provided for pre-internship doctoral students.

Interns are placed on units throughout the facility, where they become acquainted with patients as they enter the system. Each intern is assigned to a unit with a staff psychologist who will help design a program of working with individual patients, groups, and selecting patients to be tested. In addition to a ward-based supervisor who will serve as the intern's primary and individual psychotherapy supervisor, each intern will be paired with a licensed psychologist who will serve as their testing supervisors and supervisor of their supervision of extern testing experiences.

In keeping with a philosophy of continuity of care, interns will have the opportunity to follow some patients from admission to and even following discharge, whether that be to a long-term treatment unit or Transitional Living Residence on the hospital grounds. Long-term individual psychotherapy is possible, and year-long groups are offered with a co-therapist.

In addition to an intense training experience in which Interns are able to work closely with the same patients for a full year, we also expect our Interns to become consultants and "experts" over the course of the year. As an integral member of the inter-disciplinary Treatment Team, the Intern participates in frequent team meetings on their unit, at which decisions are made about diagnoses, treatment goals, objectives, and techniques. Psychology staff, as well as Interns, often are sought for their unique perspective on patients, particularly with patients whose symptoms demonstrate resistance to recovery or who are experiencing significant behavioral disturbances. In this regard, all Interns are expected to present a complete case study at two hospital-wide Clinical Case Conferences during the course of the Internship year. In order to maximize their experience on Internship, Manhattan Psychiatric Center offers a variety of services in which Interns are involved. Our primary goal is to train Interns in three distinct but overlapping aspects of clinical work with individuals experiencing severe mental illness: treatment, assessment, and consultation, all with a focus on enhancing Profession-Wide Competencies.

## **PROFESSION-WIDE COMPETENCIES**

The aim of the MPC Doctoral Internship in Health Service Psychology 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. While our interns come to us well-prepared and enthusiastic to take on the tasks of developing the skills required to master the professional competencies that characterize our practitioners, we recognize that their development will need to occur in a sequential, cumulative manner with increased complexity throughout the training year. Our aim is to provide the scaffolding through planned and measured learning elements and regularly scheduled assessments. Our training program is designed to attend to diversity issues and to incorporate current, empirically based knowledge and practice throughout all aspects.

The following provides an explanation of the training goals for each of the nine profession-wide competencies with a focus on how we assure that our interns are prepared for entry-level practice upon completion of our program.

**Research.** Consistent with the American Psychological Association Commission on Accreditation's (APA CoA) expectations, our training program recognizes science as the foundation of Health Service Psychology. Over the course of the training year, our interns are expected to develop this competency through ever increasingly independent thoughts and actions. Upon successful completion of our training program, our interns thus are able to proficiently demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. They are proficient at seeking out research articles and/or other evidenced-based resources to inform their practice and able to compare and contrast Evidence Based Practice approaches with other theoretical perspectives and interventions in the context of case conceptualizations and treatment planning. Increased mastery of this competency allows our interns to independently pursue science-based knowledge of best practices throughout their careers as Health Service Psychologists.

Skill development is nurtured through opportunities to provide case presentations to local audiences, and participation in discussion of research articles, assigned by supervisor, regarding evidence-based practices, Grand Rounds presentations, and Didactic Seminars. Supervising faculty provide opportunities for learning, observe, and offer feedback to trainees throughout the internship year, with formal evaluations occurring three times yearly.

**Ethical and Legal Standards.** Over the course of the training year, our interns are expected to develop increased ability to respond with professionalism and growing independence in increasingly complex situations. Upon successful completion of the training program, our interns are able to demonstrate knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and Relevant professional standards and guidelines. With increased independence and professionalism, they can recognize ethical dilemmas as they arise and can apply ethical decision-making processes in order to resolve the dilemmas. Our interns conduct themselves in an ethical manner in all professional activities.

Upon commencement of the internship training program, interns are required to complete agency-required HIPAA training and a review of APA Ethical Principles and Code of Conduct as part of their orientation process. Their Ethical and Legal Standards knowledge base and skillset is further developed through ongoing discussions of ethical and legal considerations relevant to clinical cases in supervision and in didactic seminars throughout the training year.

The MPC psychology department abides by the APA Ethical Principles and Code of Conduct. Interns are oriented to the Ethical Principles and Codes at the outset of the internship year. Ethical issues that arise throughout the training year are examined during individual supervision, as well as during group supervision. As part of the mid-year and year-end evaluation, Interns are evaluated on their understanding and consistent display of ethical behavior and practices. All interns are expected to abide by these principles and regulations. For a copy of these codes and regulations, please see the APA Ethical Principles and Code of Conduct at [www.apa.org/ethics/code/](http://www.apa.org/ethics/code/) or consult with the Director of Psychology who will provide a copy.

**Individual and Cultural Diversity.** MPC strives to meet the needs of the underserved and often overlooked residents of New York City. Our patients frequently are impoverished, hard-to-reach and often experiencing chronic adversity, including severe and often persistent mental illness. The patient population within our setting frequently experience multiple disadvantages in the form of social and educational deprivation, physical disabilities, intellectual/cognitive impairment, trauma history, substance misuse, and legal system involvement, in addition to the specific psychiatric crises that precipitate hospitalization.

A snapshot of our patient population on April 1, 2020, demonstrates the diversity of our population. Most of our patients identified as People of Color with nearly half of the patient population identified as African American/Black (49%), 8% identified as Hispanic/Latinx; and 9% as of Asian descent. Nineteen percent (19%) of our patients identified as White not Hispanic/Latino. At that time, our patients identified as predominantly Cisgender Male (81%) with 18% identifying as Cisgender Female-identified and 2% as NonBinary/Gender Expansive. The patient population ranged in age from 18 to over 65. Many of our patients immigrated from other nations or distant parts of the United States. Some are monolingual foreign language speakers who require interpretation services for treatment engagement while many others are multilingual. Our patients are diverse in their religious beliefs and cultural practices. Given the diversity of our patient population and the imperative that all individuals be treated respectfully and with dignity, it is pertinent that our interns develop the skills to provide all services in a culturally sensitive manner. Our training program provides opportunities for our interns to demonstrate growing understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves and increasing knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

Our interns are provided increased opportunities throughout the training year to hone their

abilities to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities), including 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. Also emphasized throughout is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. Upon completion of our training program, our interns are capable of independently applying their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship and well into their careers as health service psychologists.

To aid in the development of these valued skills, our interns are provided supervised opportunities to conduct individual and group therapy with diverse populations. Within supervision sessions and in informal didactics, they are encouraged to discuss diversity considerations related to clinical cases. They also are provided further learning opportunities during OMH trainings and departmental didactic seminars.

**Professional Values, Attitudes, and Behaviors.** We expect that our trainees will respond with a professional attitude and demeanor in progressively complex situations and with increased independence as the training period progresses. Upon successful completion of their predoctoral internship, our interns behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. They actively seek and demonstrate openness and responsiveness to feedback and supervision, preparing them for continued professional development as they embark to become entry-level health service psychologists.

Supervising psychologists aid in the development of our trainees' professional attitudes and demeanors through modeling and engaging in discussions of professional values, attitudes, and behavioral considerations related to clinical cases during supervision. Interns are provided learning opportunities through OMH trainings and departmental didactics. Additionally, our interns are provided supervised opportunities to conduct themselves in a professional manner with supervisors, staff, and patients as part of an interdisciplinary treatment team.

**Communications and Interpersonal Skills.** The abilities to effectively give and take information and to engage others in an effective and professional manner are cornerstones to providing quality psychological services. By the time of their successful completion of their predoctoral internship, our trainees are able to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They can produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated with a thorough grasp of professional language and concepts. They demonstrate

effective interpersonal skills and manage difficult communication well.

To achieve proficiency in this Profession-Wide Competency, our interns are provided opportunities to discuss communications and interpersonal skills related to clinical cases during supervision. They also are provided ample opportunities to participate in multidisciplinary treatment team meetings with their supervisors observing and discussing the experiences in supervision. They participate in department meetings and provide case consultations within the agency. These interactions generally are observed by supervising psychologists who are then able to process the experiences in supervision with trainees. Didactic Seminars and OMH trainings provide further opportunities to learn and hone skills.

**Assessment.** Upon the successful completion of our internship program, our interns demonstrate a breadth of current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. They understand human behavior within its context (e.g., family, social, societal and cultural) and adeptly apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. They are able to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. They collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They also are adroit at interpreting assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Additionally, they effectively 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.

To reach a proficient level of skill in this Profession-Wide Competency, our interns are provided assessment-focused didactic seminars and case conferences. They gain experience by conducting admissions intake assessments with the newly admitted inpatient population and psychological assessments within the broader inpatient clinical population. They discuss assessment-related material regarding clinical cases during supervision. They also provide and engage in case consultations within the agency, processing these experiences in supervision for greater depth and breadth of understanding.

**Intervention.** Through increasingly complex cases and with growing independence, our trainees become skilled providers of psychological intervention services. Upon the successful completion of our internship program, interns demonstrate proficiency in a broad array of intervention skills. They are able to establish and maintain effective relationships with the recipients of psychological services. They develop evidence-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. They demonstrate the ability to apply the relevant research literature to clinical decision making and

are adept at modifying and adapting evidence-based approaches effectively when a clear evidence-base is lacking. They also are skilled at evaluating intervention effectiveness and adapting intervention goals and methods consistent with ongoing evaluations.

To hone these skills, interns engage in multiple learning and experiential opportunities. Didactic seminars are provided to develop intervention skills and knowledge. Interns discuss interventions related to clinical cases and articles regarding Evidenced Based Best Practice assigned by supervisor in supervision during supervision sessions. They participate in multidisciplinary treatment team meetings and provide case consultations to agency and processes the experience in supervision. They observe and engage in group interventions and provide individualized psychotherapy of increasing complexity and with increased independence throughout the training year.

**Supervision.** At MPC, we value and respect the importance of grounding supervisory experiences in science and providing ample opportunities for our trainees to develop these skills. Upon successful completion of our training program, our interns are able to demonstrate knowledge of supervision models and practices. They can apply supervision knowledge as observed in direct and/or simulated practice with psychology trainees, or other health professionals.

To hone these skills, didactic seminars are offered on a variety of aspects of supervision. Additionally, interns are expected to discuss the provision of supervision to others during their own supervision sessions. Our supervising psychologists also act as role models in group and individual supervision sessions.

**Consultation and interprofessional/interdisciplinary skills.** At MPC, actively engaging in consultation and interdisciplinary interactions is an integral aspect of our treatment approach as collaboration between disciplines increases knowledge, problem-solving, and, ultimately, the quality patient care. Upon successful completion of our training program, interns are knowledgeable and respectful of the roles and perspectives of other professions. They adeptly apply this knowledge in direct and/or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

To aid our trainees to develop these skills throughout the training year, a variety of training opportunities are provided. Our interns, like their supervisors, are expected to participate in interdisciplinary treatment team meetings. They participate in any relevant family meetings as scheduled and provide case consultations to agency staff as indicated. Each of these experiences is discussed within supervisory sessions.

## **TREATMENT MODALITIES**

**Psychotherapy:** The Internship Faculty at MPC 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 carry an average caseload of three to six 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 regarding stabilization and re-compensation. Interns are generally encouraged to meet with patients multiple times per week in order to maximize both the services they provide and experience providing psychotherapy to this most challenging population.

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.

*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. Both supervisors have been trained in CT-R by members of the Aaron T. Beck Psychopathology Research Center, Perelman School of Medicine, University of Pennsylvania, where CT-R was developed. Each week, our interns and extern students participate in a one-hour group supervision of interventions led by the Director of Psychology and Psychology Training, Christine Bartholoma, PhD and licensed supervising psychologist, Alfred Bagamasbad, PsyD. The focus of the supervision sessions is on the implementation of CT-R with individuals with severe mental illness. Trainees are provided opportunities to explore and identify methods of incorporating CT-R interventions within their diagnostic assessments, individual and group psychotherapies, and in their communications with interdisciplinary treatment team members.

**Group Psychotherapies:** Group interventions play a key role in our treatment process and our interns are provided with ample opportunities for experiential learning in this format. All Interns will have exposure to the Observation Group the Dialectical Behavior Therapy group and Cognitive Remediation groups. Interns are provided opportunities to co-facilitate additional groups at the discretion of their supervisors, the group facilitators, and the Training Director.

*Observation Group-* At the onset of the training year, all four interns attend weekly Observation Group seminars facilitated by the group supervisors during which the focus is on group process and the specific needs of our patient population. During supervision sessions, interns then plan the observation group from its conception to completion. Once patients have been recruited, interns can be expected to rotate into the co-facilitator role. Initially, interns will observe in the room while the two supervisors facilitate the group. Next, one intern will co-facilitate with one group supervisor, taking turns rotating in. When it is not their week to co-lead, the other interns observe the group. All six “co-facilitators” (the four Interns and the two permanent licensed psychologist supervisors) then meet to process the events of the groups

and discuss ways to address necessary issues and to help each other improve their understanding of the group process, as well as interventions. As the training year progresses, the staff psychologists will relinquish the role of co-facilitator to become observers as two interns share the roles of co-facilitators.

*Dialectical Behavior Therapy-* MPC 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.

*Cognitive Remediation-* A treatment modality which addresses typical neurocognitive dysfunction present in many of our more impaired patients. Specifically, the treatment utilizes computer-based software and discussion groups to remediate deficits in problem solving, attention, memory, and processing speed.

*Trauma Treatment-* many of our patients present with significant histories of trauma. Our T.R.Y. (Trauma, Recovery, and You) groups are based on supportive and coping skills models of trauma work.

Additionally, Interns will have the opportunity to run groups such as a Voices and Visions group (for voice hearers), Life Matters, a suicide prevention group, Come Together, a group for patients with prominent negative symptoms, Affirmations, a group for LGBTQ+ community, Inside Information, a group for building insight, etc. These elective opportunities are explained in greater detail at the start of the Internship year.

**Transitioning to Community Program:** In order to assist patients in their transition back to the community, psychology department is responsible for facilitating a collection of groups (Crossing the Bridge (inpatient, outpatient), New Horizons). Group membership consists of currently hospitalized, recently discharged to the Transitional Living Residence patients or a combination of both. Our Transitioning to Community Program is an optional learning focus provided to those interns who wish to enhance their inpatient training experience with opportunities to work with patients who have been discharged to the community. Inclusion requires the approval of the intern's primary supervisor, the program's supervising psychologist, and the Director of Training.

*Supervision-* One of the responsibilities of many psychologists working in a hospital setting is clinical supervision. We have found that many new psychologists come with limited experience in this aspect of professional work. In this vein, we offer our Interns the opportunity to supervise one of our Externs in Psychological Testing and to receive instruction and guidance in different models of supervision and the supervisory process. All Interns will supervise Externs in testing over the course of the Internship year.

## **ASSESSMENT**

Interns at MPC are trained in, and provide, various assessment measures. Assessment and testing take place in a variety of settings. Generally, assessment comes in two forms: Admission Intakes and Referral-based psychological assessment.

*Admission Intakes-* MPC receives approximately 300 patient admissions per year. Upon admission, each discipline administers a comprehensive intake assessment to determine the needs of the patient in relation to that specific discipline. Interns are heavily involved in these intake interviews, with a focus on specific psychological sequelae that have resulted in the patient being admitted to MPC. These evaluations require a strong knowledge of diagnostic classifications and criteria. In addition, each interview involves screenings for various types of pathology and life experience that are addressed in treatment at MPC. Intakes also often include brief cognitive screens.

*Referral-Based Testing-* Referrals for more comprehensive psychological testing come from a variety of sources and are generally aimed at helping Treatment Teams to understand an aspect of the patient's functioning that has remained perplexing or inconsistent with the general psychiatric presentation. We have an extensive Testing library, with 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 do approximately six (6) of these more complete assessment batteries throughout the training year.

## **CONSULTATION**

The Faculty at MPC recognizes that many doctoral candidates start their Internship year with already excellent clinical skills and experiences. Thus, while it is certainly a goal to help Interns improve their skills in terms of providing treatment to severely mentally ill individuals, we also aim to help create not just clinicians, but clinical leaders. Indeed, much of what Psychologists do on inpatient units may not involve direct patient care but focus rather on guiding Teams in terms of treatment planning, constructing and implementing behavioral interventions, managing crises situations, and providing a general "psychological" perspective on patient care. Interns are involved in daily meetings both in "Morning Rounds" and "Treatment Team Meetings" in which they interact with and provide guidance for staff from multiple disciplines. In addition, each Intern is expected to present at two hospital-wide case conferences during the course of the year, as well as leading a Departmental clinical discussion. Finally, Interns provide feedback from both their psychotherapy and assessment work with patients to the respective Treatment Teams.

## **SUPERVISION & DIDACTICS**

The MPC Internship faculty pride themselves with the level and intensity of supervision that we are able to provide. Consistent with APA requirements, 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 two or more are group and two or more 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 MPC represents a broad range of orientations including dynamic and behavioral approaches. 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 one's self in their 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.

Attendance at a variety of seminars and conferences comprises another integral component of training at MPC. These include seminars in individual psychotherapy, psychodiagnosis, group therapy, forensic issues, cultural issues, ethical issues, neuropsychology, psychopathology, program evaluation, and interviewing/brief assessment skills. 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.

In addition, we believe that as part of a comprehensive treatment team, it is important to expose and educate Interns about the role of other professionals in the hospital. As such, seminar topics include psychopharmacology, relevant ethical/legal issues (including the ability to attend "Retention" and "Treatment Over Objection" hearings), community resources and attitudes, and adjunctive treatment methods (such as an opportunity to observe and learn about ECT, etc.). These issues are also regularly discussed in the context of weekly Case Conferences and Grand Rounds, which Interns are expected to attend and to participate in.

### **TRAINING IN ISSUES OF DIVERSITY**

An extremely diverse area of New York City, Harlem is home to many different cultures and people from all over the world, and this multiethnic composition is well represented in our staff. We are a faculty that recognizes the need to provide specific training in working within the cultural and ethnic, as well as real life experiences, of our patients, who likewise represent a "melting pot" of cultures and ethnic backgrounds. During the course of the year, Interns receive specific training in issues of cultural awareness and sensitivity. These discussions likewise are built into all on-going supervision and clinical discussions.

In total, seminars, supervision, and other didactic presentations comprise approximately 25-30% of an Intern's time.

## **FEEDBACK AND EVALUATIONS**

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, the faculty at MPC 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.

As noted previously, the aim of the MPC Doctoral Internship in Health Service Psychology 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. We conceptualize our training program as seeking to aid our trainees in the development of Profession-Wide Competencies.

The competencies clearly delineate what is expected of Interns in terms of major training goals and objectives, together with objective criteria for what is expected at each level of competency. Competencies are evaluated based upon a variety of sources, including individual and group supervision, direct observation, and documentation review. These evaluations are important in that they allow the Intern and the Faculty to evaluate what the Intern's strengths and weaknesses are and to develop a plan to promote areas of strength and to address any areas of continued growth.

To assure progress throughout the training year, our interns are assessed and provided feedback on their achievements and any areas of needed focused growth three times per training year. Their first assessment occurs at one month. Interns must obtain a minimum score of 2/5 (i.e. "Beginning/Developing Competencies") on all elements related to each competency at this initial assessment. The second assessment is scheduled at the midpoint, six months into the program. On this assessment, interns are expected to have attained 3/5 (i.e., "Intermediate Competence") on all elements of each competency area. The final assessment, which is provided just prior to program completion at the year end, interns are expected to have achieved competencies at or above 4/5 (i.e., "Proficient Competence") on all elements of each competency in the training program.

These formal evaluations are completed on all aspects of the Intern's work, and copies are distributed to Interns at the outset of the Internship and are also available upon request to prospective applicants. 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 problems being identified as part of these evaluations, a plan to remediate these problems is established collaboratively between Intern and supervisor. Progress is then documented on an on-going basis.

Additionally, Interns have the opportunity to provide written feedback to the Training Faculty to aspects of the experience that they found helpful, as well as areas of possible improvement. These are important aspects of program evaluation and they have and will continue to have an important impact on the type and quality of training that we provide. These evaluations are completed in a manner which provides the most useful information possible to the program without compromising trust between Intern and Faculty. Again, these evaluation forms and the specific process for completion are provided to Interns at the outset of the training year and are available upon request.

## **FORMAL DUE PROCESS PROCEDURES FOR PSYCHOLOGY INTERNS**

Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a doctoral intern. This document provides interns and faculty a definition of problem, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or impairment. MPC's Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

### **Rights and Responsibilities**

These procedures are a protection of the rights of both the intern and the doctoral internship training program and carry responsibilities for both.

**Interns:** The intern has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The intern has the right to be treated in a manner that is respectful, professional, and ethical. The intern has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The intern has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

**MPC Doctoral Internship Program:** The Doctoral Internship Program has the right to implement these Due Process procedures when they are called for as described within this document. The program and its faculty have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an intern, including probation, suspension, and termination within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in

remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

### **Due Process: General Guidelines**

Due Process ensures that decisions about interns are not arbitrary or personally based. It requires that the training program identify specific evaluative procedures that are applied to all trainees and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. presenting to the intern during the orientation period a written statement of the program's expectations related to professional functioning; discussing these expectations in both group and individual settings;
2. stipulating the procedures for evaluation, including when and how evaluations will be conducted; and
3. articulating the various procedures and actions involved in making decisions regarding problems.

## **DUE PROCESS IN ACTION: THE IDENTIFICATION AND MANAGEMENT OF PROBLEMS**

### **Definition of a Problem**

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. an inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction that interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation impairments when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit that can be rectified by the scheduled sequence of clinical or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required;
6. the trainee's behavior does not change as a function of feedback, remediation efforts,

and/or time.

7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the intern's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a patient; and/or
11. the problematic behavior violates appropriate interpersonal communication with agency staff.

### Informal Review

When a supervisor or other faculty/staff member believes that an intern's behavior is becoming problematic or that an intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

### Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern on the Intern Evaluation receives a rating below a 2/5 (i.e. "Beginning/Developing Competencies") on any element at initial one-month assessment or below 3/5 (i.e., "Intermediate Competence") on any element at the midpoint assessment, or appears likely to receive below a 4/5 (i.e. "Proficient Competence") approaching the final assessment, the following process is initiated:

1. **Notice:** The intern will be notified in writing that the issue has been raised to a formal level of review and that a Hearing will be held.
2. **Hearing:** The supervisor or faculty/staff member will hold a Hearing with the Training Director and Intern within 10 business days of issuing the Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director is the supervisor who is raising the issue, and additional faculty member who works directly with the intern will be included in the Hearing. The intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.
3. **Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the intern in writing within five (5) business days of the Hearing:
  - a. Issue an "**Acknowledgement Notice**" which formally acknowledges:
    - i. that the faculty is aware of and concerned with the problem;
    - ii. that the problem has been brought to the attention of the intern;

- iii. that the faculty will work with the intern to specific the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and
  - iv. that the problem is not significant enough to warrant further remedial action currently.
- b. Place an intern on a “**Remediation Plan**” which defines a relationship such that the faculty, through the supervisors and Training Director, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the intern. The length of the probation period will depend upon the nature of the problem and will be determined by the intern’s supervisor and the Training Director. A written Remediation Plan will be shared with the intern and the intern’s home doctoral program and will include:
  - i. the actual behaviors or skills associated with the problem;
  - ii. the specific actions to be taken for rectifying the problem;
  - iii. the time frame during which the problem is expected to be ameliorated; and
  - iv. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period, as specified in “iii” above, the Training Director will provide a written statement indicating whether the problem has been remediated. This statement will become part of the intern’s permanent file and will be shared with the intern’s home doctoral program. If the problem has not been remediated, the Training Director may choose to move to Step d below or may choose to extend the Remediation plan. The extended Remediation Plan will include all the information mentioned above and the extended time frame will be specified clearly.

- c. Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified time period, during which the program may support the intern in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the intern’s supervisor and the Training Director. A written “**Suspension Plan**” will be shared with the intern and the intern’s home doctoral program and will include:
  - i. the actual behaviors or skills associated with the problem;
  - ii. the specific actions to be taken for rectifying the problem;
  - iii. the time frame during which the problem is expected to be ameliorated; and
  - iv. the procedure designed to ascertain whether the problem has been

remediated appropriately.

At the end of this suspension period, as specified in “iii” above, the Training Director will provide to the intern and the intern’s home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the intern on a probationary status with a Remediation Plan. In this case, the process in “b” above will be followed. This statement will become part of the intern’s permanent file.

- d. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern’s placement within the internship program may be terminated. The decision to terminate an intern’s position would be made by the Training Committee and a representative of Manhattan Psychiatric Center’s Human Resources Department and would represent a discontinuation of participation by the intern within every aspect of the training program as well as employment by Manhattan Psychiatric Center. The Training Committee would make this determination during a meeting convened within 10 business days of the previous step completed in this process. The Training Director may decide to suspend an intern’s clinical activities during this period prior to a final decision being made, if warranted. The internship program will notify APPIC and the intern’s home doctoral program of the decision.

All time limits described above may be extended by mutual consent within a reasonable limit.

### **UNETHICAL OR ILLEGAL BEHAVIOR**

It is the professional responsibility of any person aware of any unethical or illegal behavior by an intern to report to the Director of Psychology and Psychology Training immediately. The Director will discuss issues with the Executive Director of the Facility and the Intern’s Director of Psychology. If the infraction may be remediated, an immediate plan of action will be put into place. All parties will be informed via written communication of said infraction and corrective plan.

If the infraction directly involves patient care, direct contact with patients will be suspended immediately until the investigation and resolution are concluded. The intern may also be subjected to review by the Justice Center. In cases of extreme infractions (to be determined by facility), the intern may be barred access to the facility until the investigation and resolution is concluded. If an infraction is founded, consequences may include probation, suspension or immediate termination of internship. Final decisions will be made with the approval of the Executive Director of the Facility and the Director of Psychology. The Director of Clinical Training from the intern’s doctoral program as well as APPIC will be informed immediately, both verbally and in writing.

## **APPEAL PROCEDURES**

An intern has the right to appeal any decisions made during Due Process Procedures. This request must be made in writing to the Training Director within five (5) business days of notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the Training Director and consisting of the Training Director (or another supervisor, if appropriate) and at least two other members of the training faculty who work straight with the intern. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the intern and the intern's home doctoral program.

If the intern is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Manhattan Psychiatric Center Clinical Director. If the intern is dissatisfied with the decision of the Clinical Director, they may appeal the decision, in writing, to the Manhattan Psychiatric Center Executive Director. Each of these levels of appeal must be submitted in writing within five (5) business days of the decision being appealed. The Executive Director has final discretion regarding outcome. Decisions made during the appeal processes will be shared with the intern and the intern's home doctoral program.

## **GRIEVANCE PROCEDURES**

Grievance Procedures are implemented in situations in which an intern raises a concern about a supervisor or other faculty member, trainee, or any aspect of the internship training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

### **Informal Review**

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Training Director in an effort to resolve the problem. Alternatively, if an Intern or a Department member has concerns that they feel uncomfortable sharing forthright, MPC also provides a weblink titled Staff Suggestions on the MPC intranet Island Web for anonymously reporting concerns or suggestions.

<http://islandweb.omh.ny.gov/Manhattan/BridgeMenu/Forms/Default.aspx>

### **Formal Review**

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Director. If the Training Director is the object of the grievance, the grievance should be submitted to the Clinical Director. The individual being



grieved will be asked to submit a response in writing. The Training Director (or Clinical Director, if appropriate), will meet with the intern and the individual being grieved separately first. In cases where the intern is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the Training Director and Clinical Director will meet with the intern jointly. The goal of the joint meeting is to develop a **“Plan of Action”** to resolve the matter. The Plan of Action will include:

1. the behavior/issue associated with the grievance;
2. the specific steps to rectify the problem; and
3. procedures designed to ascertain whether the problem has been rectified appropriately.

The Training Director or Clinical Director will document the process and outcome of the meeting. The intern and the individual being grieved, if applicable, will be asked to report back to the Training Director or Clinical Director in writing within 10 business days regarding whether the issue has been resolved adequately.

If the Plan of Action fails, the Training Director or Clinical Director will convene a review panel consisting of the Director and at least two (2) other members of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Manhattan Psychiatric Center Human Resources department in order to initiate the agency’s due process procedures.

## **SALARY, BENEFITS AND RESOURCES**

The internship is a full-time, 12-month commitment beginning in September 2020. Interns are expected to be on site for the entire year for successful completion of the internship. The current salary for interns is at least \$35,074 per year plus a downstate differential of \$3026 and benefits, commensurate with other full-time employees at the agency.

Interns are entitled to all holidays given to New York State employees. In addition, Interns will receive the following:

- Personal Leave: 5 personal days that may be used at any time with supervisor approval
- Professional Leave: up to 3 days during the internship year for attendance at professional conferences, job interviews, or dissertation defense.
- Vacation: 12 days of vacation time during the training year are accrued at the rate of one day a month. Vacation days are accessible for use after 6 months of full-time employment.
- Sick Leave: 12 days of sick leave are accrued during the training year at the rate of one day a month.

Interns share a large office that houses their workstations, a kitchenette area with a refrigerator, table and chairs, and a comfortable sitting area with a small sofa and chair. Their workstations include a computer, phone with voicemail, basic office supplies and internet connection. Also available are copy machines, scanner and fax. Interns have access to a secure server in which to write and store clinical documents. Interns are further provided with access to a broad variety of testing materials for psychological assessment.

### **ADMINISTRATIVE ASSISTANCE**

In order to facilitate the process of learning and sharing of information, all Interns are supplied with a facility email account, internet access, and access to our facility patient data base. All Interns have dedicated work space, phone and desktop computer with access to a HIPAA protected drive.

In addition, the facility maintains a Medical library with a full-time librarian. The facility subscribes to hundreds of medical and psychological abstracts, and many thousands more are accessible through our partnership with other libraries. Full texts can be obtained upon request.

The facility also maintains an up-to-date testing library, with several computerized scoring programs. A full list of our testing materials is available upon request.

### **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:

#### **Faculty & Staff:**

Kaye Arxcis, Ph.D., *Licensed Psychologist, Yeshiva University, 2007*. Dual Diagnosis, Developmental, Trauma, CBT, Family Systems (Bowen), Acceptance and Commitment Therapy.

Alfred Bagamasbad, Psy.D., *Licensed Psychologist, Yeshiva University*. Transitioning to the community, life skills, trauma, testing, psychotherapy integration.

Christine Bartholoma, Ph.D., *Licensed Psychologist, Acting Director of Psychology & Psychology Training, University of Windsor, 2009*. Clinical psychology; developmental, empirically-based, trauma-focused assessment and interventions.

Thomas M. Pabon, Ph.D., *Licensed Psychologist, Clinical Neuropsychologist, Long Island*

*University, Brooklyn Campus.* Neuropsychological Assessment, Short Term Psychodynamic Psychotherapy, Psychotherapy Integration (Gold), Gerontology, Chemical Dependency and Mental Illness.

Joy Sasson-Gelman, Ph.D., *Licensed Psychologist, University of Wisconsin-Madison.* Rehabilitation psychology, health psychology, adjustment to loss and change, acceptance and commitment therapy, quality of life, meaning-making/sources of meaning; trauma work, adjustment, and PTSD.

Blair Schwartz, Psy.D., *Licensed Psychologist, Outpatient Department. Yeshiva University, Clinical Psychology;* Cognitive Remediation, Cognitive Remediation Research Assessment, Life Skills, Program Development, CBT/REBT, Psychodynamic Psychotherapy, Psychoanalytic Psychotherapy, Clinical Geropsychology, Rehabilitation Psychology.

Ethel Teichberg, Psy.D., *Licensed Psychologist, Yeshiva University.* Multilingual/Multicultural Clinician psychology; Psychological Assessments; Early childhood development; Foster Care; Children and Adults with Developmental/Intellectual Disabilities and Genetic Disorders; Older Adult Development.

#### **Adjunct Faculty:**

Anthony Ahmed, Ph.D., *Assistant Professor, Department of Psychiatry, Weill Cornell Medicine; Attending Psychologist, Psychotic Disorders Program, New York - Presbyterian / Westchester Weill Cornell Medicine.* Dr. Ahmed leads a monthly seminar on neurocognition and the neurocognitive substrates of severe mental illness.

### **STATEMENT OF NON-DISCRIMINATORY PRACTICE**

The Manhattan Psychiatric Center Internship program does not discriminate on the basis of race, color, national origin, sex, gender identity, sexual orientation, religion, age, or disability status, in the admission, access to, or employment in its programs or activities.

### **FURTHER INQUIRIES**

If applicants are interested in further information about accreditation in general, the address and telephone number of the APA Office of Program Consultation and Accreditation is 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

### **LOCATION/TRANSPORTATION**

The Psychology Department of Manhattan Psychiatric Center Complex on Ward's Island is decentralized and is located throughout the hospital. Dr. Bartholoma's office is located in the Dunlap building on the 15<sup>th</sup> Floor (Room #1525B).

Public Transportation is via the M-35 bus from the NW corner of Lexington Avenue and 125<sup>th</sup> Street, Manhattan. The bus stops directly outside the MPC campus where visitors will be directed to the Psychology Department by a safety officer. MPC employees are provided the option of commuting to and from the MTA (4,5,6, & Metro North) 125<sup>th</sup> St. Station at Lexington Ave via the free MPC Employee Shuttle.

By car, MPC can be reached only via the RFK (formerly Triboro) Bridge. Follow signs to the Triboro Bridge from Queens, Bronx, or Manhattan. Immediately after paying the toll look for signs that direct to: Randall's Island/Unit's Island/Icahn Stadium and take the ramp down under the bridge. Drive around the curving roadway, about one mile, driving past signs heading back to Bronx, Manhattan, etc., to the large paved oval parking area under the bridge, always following the green and white signs to Manhattan Psychiatric Center. At the far end of the oval, continue south to Unit's Island. Turn right to the MPC Complex (Meyer-Dunlap, Kirby Forensic Buildings). Free parking is available at several adjacent parking areas. There is NO TOLL when leaving Unit's Island. Interns are reimbursed for bridge tolls.

The Manhattan Psychiatric Center is committed to providing access for all people with disabilities and will provide accommodations following notification of request.

All internship interviews will be scheduled for Videoconferencing. Telephone interviews will be considered upon request and/or as indicated.

#### **TO APPLY:**

Interested students are invited to submit the APPIC form- (AAPI) on-line form. Three recommendation letters are recommended.