

**NEW YORK CITY HEALTH & HOSPITALS CORPORATION**  
**NORTH BRONX HEALTHCARE NETWORK**  
**Jacobi Medical Center - North Central Bronx Hospital**  
an affiliate of the Albert Einstein College of Medicine

**PREDOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM**

Dear Applicant:

Thank you for your interest in the Internship Program at the North Bronx Healthcare Network: Jacobi Medical Center/North Central Bronx Hospital. We are one internship with two sites. JMC is a major urban medical center while NCBH is a smaller, community based hospital. Both emphasize inpatient work but offer year long outpatient experience as well as many electives. Please take the time to review our 2012-2013 Psychology Internship Program brochure. Note that all JMC interviews will take place on Jan. 5 and 12 of 2012.

We will be operating in accordance with the APPI Online Application process for the 2012-2013 internship year. Please click on the following link for more information:

[http://www.appic.org/match/5\\_3\\_match\\_application.html](http://www.appic.org/match/5_3_match_application.html)

Also, to maximize your chances for a successful match, please take the time to read the following information:

- Each applicant is responsible for compiling all the documentation that is requested, including APPI Online Application, CV, transcripts, integrated test report and **only three** letters of recommendation.
- Your application must be received by **November 1<sup>st</sup>**.
- Please be aware that we participate in the APPIC Internship Matching Program. You must obtain the Application Agreement Package from the National Matching Services, Inc., P.O. Box 1208, Lewiston, NY 14092-8208, Tel# (716) 282-4013, Fax# (716) 282-0611, Internet web address: [www.natmatch.com/psychint](http://www.natmatch.com/psychint). Please note: once matched, all interns-to-be are required to pass preliminary background checks including fingerprinting and clearance from the Child Abuse Registry, and health clearance including drug screening through our Human Resources Department before formal appointment.
- Our APPIC member code is 1444. The Match code for JMC is 144413. The Match code for NCBH is 144412. Please indicate in your cover letter to which site/sites you are applying.
- We will not consider applications from students who do not demonstrate adequate psychological testing experience. Only applicants who have experience with both personality (including Rorschach/Exner) and intelligence testing, as well as with report writing that reasonably extends beyond tests and reports that are required in Assessment courses, will be considered for interviews. If you are planning to receive this experience in the year prior to internship, please make it clear in your cover letter how this will

occur. Please include a de-identified, integrated report as Supplemental Materials in your application.

- We look for applications with a specific interest in and, preferably, experience with a community similar to that served by the North Bronx Healthcare Network (i.e. urban poor, multiethnic minority population).
- Bilingual, bicultural, culturally competent applicants are strongly encouraged to apply.
- NBHN, as part of NYC Health and Hospitals Corporation, is an Equal Opportunity Employer.

We feel that the program offered at NBHN is unique in its diversity and exciting in its range of experiences. If your career goals are in line with the challenges we offer, please consider applying to one or both of our sites.

Jill Conklin, Ph.D.  
Network Director of Psychological Services and Training

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AT

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# **NORTH BRONX HEALTHCARE NETWORK**

## **PSYCHOLOGY INTERNSHIP PROGRAM**

**AT**

**North Central Bronx Hospital  
And  
Jacobi Medical Center**

### **THE PROGRAM**

Welcome to our brochure describing the psychology Internship program at the North Bronx Healthcare Network.

The North Bronx Healthcare Network provides a comprehensive Psychology Internship Training Program with two training sites, one at North Central Bronx Hospital and one at Jacobi Medical Center. We have 13 internship positions, 6 at NCBH and 7 at JMC. The unified program is overseen by a Network Training Director, a Site Training Director, and a Network-wide Training Committee. The Network is academically affiliated with the Albert Einstein College of Medicine.

The comprehensive psychiatric services and large faculty at each site bring a wide range of specialized training and theoretical orientations to the training program. The programs at each site are essentially similar with a shared philosophy of training and similar training experiences. Interns are interviewed and selected for a specific site that serves as their home base throughout the training year. There are cross-site seminars and interns may elect specific cross-site rotations and training activities. A regular shuttle bus service links the two sites, which are approximately a 15 minute ride apart.

While there are some differences in the structure of the programs and in certain electives, a core emphasis at both sites is the inpatient psychiatry experience where each intern functions as a therapist. It's our belief that an intensive inpatient experience is invaluable for whatever work trainees choose to do in the future in that it greatly sharpens diagnostic and decision making skills and leads to greater comfort in working with the wide range of human experience.

Each site has an Adult Outpatient Service for year long work as well as an opportunity to work in the Psychiatric Emergency Room and Consultation/Liaison Service. JMC has geriatric as well as child outpatient services, HIV/AIDS adult and pediatric services, the Family Advocacy Program for children newly identified as abused, a Pediatric Neurodevelopmental Assessment Service, a Bicultural inpatient unit, a Rehab Medicine inpatient unit, and substance abuse services including Inpatient Detox and the Comprehensive Addiction Treatment Center day treatment program unique to its site. NCBH has an inpatient Geriatric Unit, a Partial Hospital Program and a Child and Adolescent Crisis Intervention Program unique to its site. Cross site rotations are encouraged.

The Internship Program at NBHN encompasses a Practitioner model. Our philosophy of training is to provide Interns with an intensive and wide ranging clinical training experience in a multicultural urban hospital setting. Our primary mode of teaching is through an Apprenticeship model. Our goal is the professional development of psychologist practitioners proficient in an array of clinical modalities and therapeutic and assessment techniques in both inpatient and outpatient settings.

Interns from the North Bronx Healthcare Network attend a weekly didactic seminar. The faculty, drawn from both sites, presents a sequential range of clinical topics essential for the psychologist practitioner in a hospital setting. Other seminars and training experiences are detailed under the site descriptions.

## **BENEFITS**

The Health and Hospitals Corporation stipend for Interns (Psychologists-in-Training) is \$25,197. The twelve-month training begins on September 1<sup>st</sup>. The training year includes 11 holidays, 18 vacation days and 10 sick days. Educational events related to training may be attended when approved by the Training Director. There are a variety of health plans from which to choose that become active on the first day of work. A dental plan and Major Medical are also provided. Both sites are accessible by public transportation (NCBH is 4 blocks from the Subway and JMC is 1 block from the Express Bus) and inexpensive parking is available at JMC. A free shuttle connects the two sites. As we are both a member of the Health & Hospitals Corporation and academically affiliated with the Albert Einstein College of Medicine, training opportunities within these networks are available to interns (e.g. Grand Rounds at Montefiore, Child Rounds at Bronx Childrens' Psychiatric Hospital, the library at AECOM, conferences/seminars at any of the HHC hospitals or sponsored by HHC itself, etc.)

As both JMC and NCBH are municipal hospitals, official appointment to the internship position depends on successful completion of a fingerprinting background check (\$99 fee), State Child Abuse Registry check (\$25 fee) and a physical exam including drug testing. HHC has a nepotism policy which discourages the hiring of couples, especially if there is a chance they could work on the same service.

## **HOW TO APPLY**

Applicants may apply for either or both the North Central Bronx Hospital and the Jacobi Medical Center training sites. Please indicate in your cover letter to which site/s you are applying. The brochure should be read carefully, noting some of the specialty areas available in each site which are described fully in Appendices A and B.

We accept the online APPIC application, available at [www.appic.org](http://www.appic.org). Please include a deidentified, integrated testing report that includes a Wechsler and a Rorschach. If you do not have experience with these tests, please include a report with similar instruments and indicate in your application how you plan to obtain such experience prior to internship.

Jill Conklin, Ph.D.  
Network Director of Psychological Services & Training  
North Bronx Healthcare Network  
Jacobi Medical Center  
1400 Pelham Parkway South  
Building #1, Room 8E24A  
Bronx, New York 10461  
Email: [jill.conklin@nbhn.net](mailto:jill.conklin@nbhn.net)  
Tel: (718) 918-6748

Heather Nash, Ph.D.  
Site Director of Psychological Services & Training  
North Central Bronx Hospital  
Psychology Department, Room 11C-08  
3424 Kossuth Avenue  
Bronx, New York 10467  
Email: [heather.nash@nbhn.net](mailto:heather.nash@nbhn.net)  
Tel: (718) 519-5056

**The deadline for the receipt of applications is November 1<sup>st</sup>.  
Please note, JMC is scheduling all of its interviews on January 5 & 12, 2012.**

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This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

The Psychology Internship Program at the North Bronx Healthcare Network is fully accredited by the  
American Psychological Association  
Committee on Accreditation  
750 First Street, N.E.  
Washington, DC 20002-4242





## THE HOSPITAL SETTINGS

**North Central Bronx Hospital (NCBH)** is a modern municipal hospital located in the Woodlawn area of the Bronx. It is one of 12 Municipal hospitals operated by the New York City Health and Hospitals Corporation. The hospital serves an ethnically and socioeconomically diverse patient population. Open since 1977, NCBH was established as a community-oriented facility in both its philosophy and outreach programs.

As a general hospital, NCBH is distinguished as one of the first city hospitals to offer a primary care model for ambulatory care as well as for its innovative midwifery program in OB-GYN. It is also the first hospital in New York State to be approved as a SAFE (Sexual Assault Forensic Examiner) center of excellence.

NCBH has an impressive scope of Behavioral Healthcare Services. These services include two 25-bed acute inpatient units, a 23 bed geriatric inpatient unit (age 55+), an adult outpatient mental health service, an adult psychiatric emergency service including consultation/liaison services, the Child and Adolescent Crisis Intervention Program and the Partial Hospital Program (a six-week day program for acutely ill psychiatric patients).

**Jacobi Medical Center (JMC)**, also a facility of the New York City Health and Hospitals Corporation, is the largest public hospital in the Bronx and serves as a trauma center, a specialized regional referral center and a community hospital. It is a 774-bed teaching hospital, affiliated with the nearby Albert Einstein College of Medicine, employing approximately 4500 people who provide care to over a million residents of the Bronx as well as the Greater New York area.

In addition to a full spectrum of acute and general inpatient and outpatient medical services, Jacobi offers several special programs of note, including a state-of-the art Hyperbaric Center for fire victims and others suffering from carbon-monoxide poisoning and oxygen-deprivation; the only Burn Unit in the Bronx and the second largest unit in New York City; a Regional Snakebite Center, operating in cooperation with the Herpetology staff of the nearby Bronx Zoo; and a Women's Health Center, which has been acclaimed for its efforts to successfully manage high-risk pregnancy, reduce infant mortality and raise birth weight.

Behavioral Healthcare Services at Jacobi include four 25-bed acute inpatient units (one primarily for Spanish speaking patients); a "discharge-readiness" unit for stabilized patients waiting for placement; an outpatient service with sub-specialties in Children and Adolescents, Adults and Geriatrics. Outpatient sites are also available in the Adult and Pediatric AIDS Primary Care Services and the Family Advocacy Program (for children newly identified as being sexually or physically abused). An additional service providing training opportunities is the Comprehensive Addiction Treatment Center, an integrated inpatient detoxification and outpatient day-treatment substance abuse program. There are also training opportunities available in the Psychiatric Emergency Room, Rehabilitation Medicine, Pediatric/Adult Consultation/Liaison Service, and in the Pediatric Neurodevelopmental Assessment Service.

**At both NCBH and JMC**, psychologists play a major clinical, supervisory and leadership role on all of the psychiatric services, including areas less traditional for

psychologists, such as the Psychiatric Emergency Service. Psychologists serve as directors on various psychiatric and medical services as well as on the 9E Discharge-Readiness Unit. The range of training opportunities within the Behavioral Healthcare Services and in related departments allows us to tailor a program to the specific interests of each intern while retaining the core components essential to an internship training experience.

The training resources at the Network are further enhanced by the collaboration between the psychology internship programs within the unified Division of Psychology of the Albert Einstein College of Medicine. Learning experiences at these facilities, e.g., Child Rounds at Bronx Children’s Psychiatric Center and Grand Rounds at Montefiore, are open to Network Interns. The libraries at Ferkauf and AECOM are available for intern use as well.

## OBJECTIVES

The primary training objective of the internship is to provide an intensive clinical experience in a multicultural urban institution. The diverse patient population served by the Network provides a unique opportunity for the intern to become attuned to the ethnic, cultural, psychological, biological and economic factors that shape people's lives in often devastating ways. The emphasis of the learning experience is on helping the student integrate a growing theoretical and psychodynamic understanding with practical knowledge of specific assessment and treatment approaches. Interns are exposed to patients with a broad range of psychological issues and mental disorders at different levels of functioning.

The diversity of the clinical settings provides the opportunity to observe and work with patients at all phases of their involvement with the mental health system. Patients may be followed from their entry into the emergency service, through crisis intervention or hospitalization, to longer-term aftercare.

Diagnostic skills are sharpened through the supervised program in psychological testing as well as through practice in interviewing. Students learn to conduct formal mental status interviews and apply both structured and less structured clinical interviewing techniques appropriate to patient and service.

Over the course of the year, interns become practiced in the following therapeutic modalities:

- 1) Individual Therapy - psychodynamic, supportive and short term crisis intervention with inpatients and longer term outpatients. While the primary orientation of the staff is psychodynamic, there is a strong emphasis on family systems theory and related interventions as well as exposure to motivational interviewing and cognitive/behavioral models of treatment.
- 2) Group Therapy - co-lead inpatient and outpatient groups of adults, adolescents or children. Groups can include process groups as well as specialty/task oriented groups.
- 3) Family Therapy – Family work with inpatients and outpatients is available.
- 4) Crisis Intervention - rotations on the Adult Psychiatric Emergency Room Service, the Pediatric/Adult C/L Service and the Child and Adolescent Crisis Intervention Program provide opportunities to learn diagnostic and crisis intervention skills with adults, children, adolescents and their families.

## THE TRAINING EXPERIENCE

Interns matched with the **North Central Bronx Hospital (NCBH)** site spend a four-month rotation on each of two inpatient units as a therapist carrying five patients and one month in the Psychiatric Emergency Service. They elect a third rotation on either the Partial Hospital Program, the Acute Geriatric Inpatient Unit or the Child and Adolescent Crisis Intervention Program. Throughout the year, interns carry two to three outpatient therapy cases, conduct intake assessments and co-lead an outpatient group. The intern may also elect a rotation at JMC (e.g. Detox, Rehabilitation Medicine, Pediatric Neurodevelopmental Assessment Service). On all rotations, interns make regular presentations of their cases to the larger treatment team with emphasis being placed on a collaborative approach to patient care. Interns also co-lead inpatient therapy groups and do family work on both the inpatient and outpatient sites.

At the **Jacobi Medical Center (JMC)** site, each intern also completes at least one 4 month inpatient rotation and one 4 month elective rotation, with the option of trading a second inpatient rotation for the Comprehensive Addiction Treatment Center/Detox, the Discharge Readiness Inpatient Unit, or Rehabilitation Medicine. The elective rotation can be on one of the following sites: Rehabilitation Medicine, Comprehensive Addiction Treatment Center/Detox, Pediatric Neurodevelopmental Assessment Service, Adult/Pediatric Consultation Liaison Service or Psychiatric ER (may be combined with another elective). A rotation at NCBH on the Inpatient Geriatric Unit or Child & Adolescent Crisis Intervention Program is also available.

Year long outpatient placements at JMC are available on the Adult/Geriatric Outpatient Service, the Child/Adolescent Outpatient Service, the Family Advocacy Program or the Adult/Pediatric HIV Primary Care Service (ACS/PCS). The ideal caseload consists of 4 individual cases, 1 group and 1 family/couple. All services include collaboration with a multidisciplinary team.

## **PSYCHOLOGICAL TESTING**

Psychological testing is one of the primary training experiences of NBHN interns and is considered a core component of a professional psychologist's diagnostic and therapeutic skills. Unlike many other core training experiences, however, the Psychological Testing Program is not an independent rotation but an ongoing training experience conducted throughout the year. In addition to conducting the testing itself, the training includes individual supervision with a testing supervisor and ongoing didactic seminars that address a variety of topics in psychological assessment.

Interns conduct six to eight evaluations over the course of the training year. Referrals are submitted from units throughout the hospital, including various inpatient and outpatient services, day treatment programs and medical units. Referral questions may include estimation of cognitive abilities, clarification of differential diagnoses, explication of personality organization and dynamics, or other more specific and individualized questions. Interns may also conduct neuropsychological screening. The nature of the test battery depends, in part, on the referral question but interns can expect to administer both traditional standard batteries and focal batteries. In addition, interns have access to a large inventory of psychological assessment instruments and scoring software.

Assessment at NBHN is viewed as an integrated component of the therapeutic process that helps to elucidate patients' psychiatric symptoms and psychological struggles. Thus, testers strive to provide timely feedback to both patients and referring clinicians that directly addresses their questions and facilitates treatment. Test reports are generally concise and serve as formal documentation of these conclusions. Interns receive intensive training through didactic seminars and individual supervision on test feedback and report writing. The goal of the NBHN Testing Program is to teach interns how psychological testing may be used within a hospital setting to be of immediate and long-term benefit to the patients we treat.

## **SUPERVISION**

Each intern is assigned a primary outpatient supervisor who supervises the intern on long-term outpatient cases. Inpatient supervision is provided by the Psychologist on the inpatient service to which the intern is assigned. Supervision in diagnostic testing is assigned on a rotation basis. Each intern is assigned a senior staff member as a yearlong Mentor who oversees the intern's overall experience. Interns can expect 2-4 hours of individual supervision per week, plus group supervision in the form of team meetings, clinical seminar described below, and other forums.

## **SEMINARS AND CONFERENCES**

Interns from both sites participate in a year long weekly didactic program. These classes are taught jointly by faculty from both sites. Although the overall structure of the didactic is unified, some classes are unique to each site, depending on the differing populations served and intern class needs.

Interns also attend a weekly clinical seminar at their respective sites led by the training directors and other supervising psychologists. This seminar complements the more formal sequence of teaching in the unified curriculum above with practical applications in the clinical settings. A group supervision model in which peer supervision is encouraged with a senior faculty member as consultant is used.

Each clinical service has regular team rounds and clinical case conferences. Grand Rounds and other Departmental inservices are held regularly. Grand Rounds and inservices at the other Einstein-affiliated and HHC hospitals are also available to interns.

Interns are invited to Psychology Department meetings, especially when presentations are made. Interns are also required to attend quarterly Performance Improvement Meetings in order to gain exposure to program evaluation at the Divisional level.

Interns at both sites are exposed to differing supervisory experiences with instruction and supervision on their supervision. These experiences can range from providing formal consultation to medical students on their psychodynamic formulations to supervising an extern on a case or a group. As many interns go on to supervise after graduation, we feel some advance experience in this area is important to their professional development.

## THE SERVICES

### **Inpatient Service**

The acute inpatient Units (three at NCBH and four at JMC) are locked, short term units providing treatment for acute psychiatric disorders. One of the units at NCBH is for geriatric patients while one unit at JMC is a bicultural (Hispanic) unit. Patients are typically involuntarily committed to the hospital and their stay averages two to four weeks. The units are structured to provide a milieu treatment setting in which both staff and patients participate in the recovery process.

The intern functions in the role of psychotherapist on a team which includes psychology, social work, psychiatry, creative arts therapy and nursing. The major goals of the inpatient service are to provide rapid and thorough assessment, treatment of the presenting mental illness and discharge planning.

Patients hospitalized at Network sites are primarily from economically disadvantaged, ethnically diverse backgrounds, e.g., Vietnamese, Bangladeshi, Albanian and Chinese, with the majority being African American and Hispanic. Diagnostically, a broad spectrum of presenting problems are seen on the unit, including schizophrenic disorders, major affective disorders, substance abuse and a range of character pathologies. On admission, an attempt is made to gather comprehensive information about the individuals, their past and their current environment. The goal is to understand which factors in a person's life may have converged to contribute to the need for the current psychiatric hospitalization.

Treatment on the units stresses the use of the milieu. Patients are seen individually, with their families, and in groups. Psychotropic medication is provided by an attending psychiatrist. Regular therapeutic community meetings are held, facilitated by a staff member or intern.

Interns each carry five patients at a time. The intern is responsible for the coordination of care involved in managing the case, presenting at team meetings, helping to think through discharge plans and maintaining chart notes. The intern is also expected to observe and co-lead group therapy and community meetings on the unit.

The Supervising Psychologist on the unit provides weekly supervision on the intern's primary therapy cases and is available for on the spot consultation.

## **Outpatient Service**

The Psychiatric Outpatient Services provide treatment for an ethnically diverse, though primarily lower to middle class African American and Hispanic, population. The multidisciplinary staff is comprised of a medical director, psychiatrists, psychologists and social workers. Presenting problems range from acute individual or family crises to chronic mental illnesses.

At JMC, there are outpatient clinics for adult/geriatric and child/adolescent populations. Other available sites for outpatient work at JMC include the Adult and Pediatric HIV Primary Care Services, and the Family Advocacy Program (for children newly identified as physically or sexually abused).

At NCBH, outpatient work is done at the Adult Behavioral Health Outpatient Service.

More detailed descriptions of each of these services at the NCBH and JMC sites can be found in Appendices A & B.

As training sites, the outpatient clinics provide a rich practicum experience which includes experience in several treatment modalities such as short and long term individual psychotherapy, group and family therapy. Initial screening interviews, intake assessments and psychodiagnostic testing provide opportunities to develop diagnostic skills. New intakes and ongoing cases are presented at weekly team meetings where an interdisciplinary approach is fostered.

The following experiences are available to interns:

Intake - The intake evaluation is a comprehensive biopsychosocial profile of the patient which includes a mental status examination and can take up to three sessions. Consultations with other staff, psychiatry and other medical subspecialties are included if needed. After completion, the case is presented at an intake conference for disposition. Typical dispositions include long-term psychotherapy, family therapy, crisis intervention and/or group psychotherapy.

Individual Psychotherapy - The intern follows patients in long-term outpatient psychotherapy under supervision. Some intakes may evolve into brief therapy cases as well.

Family Therapy - Interns have the option of treating one or more families during the year when available.

Group Therapy - The intern may lead or co-lead one of several ongoing therapy groups on the service.

Supervision - Interns receive approximately one hour of individual supervision for individual psychotherapy patients, and one hour of supervision for family therapy and groups. Groups may be co-led with another trainee or staff member.



## **APPENDIX A**

### **NORTH CENTRAL BRONX HOSPITAL SITE**

#### **INPATIENT SERVICES**

As described above, Interns rotate for four months on each of two acute inpatient units.

#### **THE PSYCHIATRIC EMERGENCY ROOM**

All interns spend one month in the Psychiatric Emergency Room. Located near the medical emergency room, the PER is a separate, locked, secure unit. It is comprised of a patient waiting area, nurses' station, four small observation rooms with beds and three interviewing rooms. The functioning of the unit is overseen by a nurse and several clerks, aides and hospital police.

Patients who come to the Psychiatric ER are most often people with chronic and severe mental illness whose conditions are exacerbated by a current stressor and who present with acute psychotic symptoms. Psychiatric emergency room patients also frequently present with drug and alcohol induced disturbed behavior or mood disturbances.

Psychology interns function as primary clinicians along with a psychologist, a psychiatrist and a social worker. Primary clinicians are responsible for evaluating and determining disposition for approximately two patients daily. When patients enter the Psychiatric ER, a mental status exam is conducted. For some patients, psychodiagnostic or neuropsychological screening instruments are also administered. After evaluation, patients are held in the Psych ER for lengths of stay up to 24 hours. When patients are held, the clinician observes changes in the patient's condition to make the most appropriate diagnosis and disposition. For example, a patient who presents with psychotic symptoms and recent drug use may be observed to see if the symptoms subside as drug blood levels decrease. Intake interviews and brief counseling sessions with the patient and family aid in diagnosis and disposition. Interns are taught how to facilitate outpatient referrals for follow up treatment.

Emergency room clinicians are also called upon to make psychiatric consultations to adult patients on inpatient medical units, for example: patients who don't adhere to their medical regimes, assessments of patients' competency to make health care decisions, and the medical management of patients who are also psychiatrically ill. The intern will have the opportunity to provide such consultation under the supervision of a psychologist and/or psychiatrist.

Interns have at least one hour of individual supervision weekly by a psychologist. Group supervision is provided through team interaction on the majority of cases and ongoing consultation with the attending psychiatrist and the supervising psychologist. In general, it is optimal for an intern to see a case from initial contact through to disposition (e.g., inpatient admission, transfer, OPD program). Each clinician presents his/her cases for discussion of diagnosis, treatment and disposition. In summary, the intern experience includes:

1. Conducting a mental status exam and writing a mental status report.
2. Conducting ongoing evaluation and observation of patients resulting in case formulation, recommendations and initial treatment goals.
3. Conducting individual and family intakes and crisis counseling sessions.
4. Planning appropriate disposition and discharge.
5. Providing psychiatric consultation to adult inpatient medical units.

## **ELECTIVE ROTATIONS**

Interns choose a three-month elective rotation on one of the following Services: the Acute Geriatric Inpatient Unit, the Partial Hospitalization Program or the Child and Adolescent Crisis Intervention Program. Cross-site elective rotations are also available at JMC. Interns may elect a rotation on Inpatient Detox, the Pediatric Neurodevelopmental Assessment Service or Rehab Medicine. These rotations sites are described in Appendix B.

### **Acute Geriatric Inpatient Unit**

This unit operates similarly to the adult inpatient units. The patient population includes older adults from ages 55 and up who often present with a myriad of psychiatric and medical problems and, very commonly, dementia.

As the therapist, the intern provides thorough assessment and treatment planning, psychotherapy and assistance in discharge planning. Given the nature of the population, psychotherapy often includes family members where help is often needed in making difficult placement decisions (e.g., placing a parent in a nursing home) as well as addressing generational conflicts, etc.

The intern also learns to administer and interpret neuropsychological testing which helps to establish a diagnosis of dementia, to detect pseudodementia, or to identify other causes of the presenting problem. In addition, the intern co-leads group therapy and community meetings on the unit. Formal weekly on-site supervision, as well as supervision on an as-needed basis, is provided by the unit's psychologist.

### **The Partial Hospitalization Program**

The Partial Hospitalization Program (PHP) at NCBH provides short-term, intensive outpatient evaluation and treatment to adults with acute psychiatric symptoms who would otherwise require inpatient treatment. The purpose of PHP treatment is to prevent or reduce psychiatric inpatient stays and to help patients with acute symptoms improve to the point that they can transition back into the community. The PHP has a multi-disciplinary team (psychology, psychiatry, social work, activity therapy and rehabilitation counseling) that offers the following services:

- Screening and intake
- Psychiatric and psychosocial assessment
- Health screening and referral
- Medication therapy and education
- Individual psychotherapy
- Group psychotherapy
- Family therapy
- Activity and creative arts therapy
- Case management, advocacy and linkage
- Psychiatric rehabilitation readiness counseling
- Crisis intervention services

Patients attend the PHP from 9:00 a.m. to 4:00 p.m. five days a week for up to six weeks. During this time they attend a wide range of groups and benefit from the services listed above. As a continuation of the services provided during inpatient treatment, the PHP also strives to provide a structured therapeutic milieu in which the whole community participates in the treatment process.

The PHP is an active training site for psychology, social work, and activity therapy. Trainees function as primary clinicians under close staff supervision and participate in all aspects of evaluation and treatment.

## **The Child and Adolescent Crisis Intervention Program**

The Child and Adolescent Crisis Intervention Program functions as part of the Psychiatric Emergency Service at NCBH. The team performs two roles: 1) emergency evaluations and disposition to inpatient psychiatric treatment; and 2) short-term crisis intervention and outpatient treatment, with linkage and referral to the appropriate follow-up services. The team is multidisciplinary and bilingual (Spanish/English) and includes psychologists, a child psychiatrist and Social Workers. Children and adolescents (up to age 17) are seen, together with parents, family or other caretakers.

The team evaluates all children and adolescents arriving in the NCBH emergency service with possible psychiatric problems. The team also takes referrals directly from NCBH ambulatory care pediatric services, schools, youth agencies and other community sources. Patients seen in the service present with a variety of psychiatric disorders and/or symptoms such as suicidal ideation or behavior, impulsive or dangerous behavior, severe anxiety or depression, psychosis and post-traumatic stress disorder.

All children seen receive complete psychiatric evaluations including individual and parent/family interviews and collateral contacts. Brief psychological testing and evaluations for medication are provided when indicated.

Psychiatric hospitalization is arranged when necessary. Many children, however, present with symptoms that are occurring in response to significant psychosocial stressors and would not need hospitalization if immediate, short-term, intensive outpatient services were available to them. These children and families are seen in subsequent individual, parent/couple and family visits depending on the needs of the individual case.

The team is an active training site for students from different disciplines. Psychology interns are closely supervised by psychologists on staff and interact extensively with all staff. Interns function as team members and, after sufficient training, serve as primary clinicians on the team. Skills to be learned include:

- Child/adolescent assessment, brief case formulation, DSM-IV diagnosis and emergency disposition/treatment planning
- Child, parent, and family diagnostic interviewing as well as brief, problem-focused individual and family treatment
- Multi-disciplinary and inter-agency collaboration, case consultation, effective linkage and referrals.

## **OUTPATIENT SERVICE**

Interns focus their yearlong outpatient work in the Adult Mental Health Service. The service is staffed with a multi-disciplinary clinical team consisting of a Director, psychiatrists, psychologists, and social workers. Interns conduct intake evaluations, generally carry two to three outpatients and co-lead an outpatient group. The opportunity to conduct family therapy is also available. Interns are supervised on their individual, group and family therapy as well as on intake evaluations and psychological testing.

The Outpatient Mental Health Service provides diagnostic and treatment services for an ethnically diverse population of primarily lower to middle class African American and Hispanic clients. Presenting problems range from acute individual or family crises, anxiety and depressive disorders to management of a chronic mental illness.

The training site offers experience in several treatment modalities such as short and long term individual psychotherapy, and process-oriented, psychoeducational, supportive and issue-oriented group therapy. Initial screening interviews and intake assessments provide opportunities to develop diagnostic skills. New intakes are presented at an intake conference for disposition where an interdisciplinary approach is fostered. Ongoing cases are presented in team meetings. The teams are multidisciplinary and multilingual. There is the opportunity for Spanish speaking interns to be supervised in Spanish on their Spanish speaking patients. In addition, interns participate in teaching rounds where specific issues relevant to working with a chronically mentally ill population in an outpatient setting are addressed. An additional focus of the training is on developing awareness of cultural factors as well as social, political and economic factors as they impact on this population.

## **APPENDIX B**

### **JACOBI MEDICAL CENTER SITE**

#### **INPATIENT SERVICES**

Similarly to NCBH, interns spend two four month rotations on one of the four acute inpatient units, one of which is a bicultural unit for patients who are monolingual Spanish speaking or whose families are. On this unit, there is the opportunity for Spanish speaking interns to be supervised in Spanish on their Spanish speaking cases. These units are described in the brochure above. It is possible, however, to switch one of the inpatient rotations for a four-month experience on the Discharge Readiness Unit (for stabilized patients awaiting placement), the Inpatient Medical Rehabilitation Unit or the Comprehensive Addiction Treatment Center/Inpatient Detox (described below).

The third rotation is an elective one. Elective rotations are available in the Psychiatric Emergency Room (this can be combined with another elective), the Child and Adolescent Crisis Intervention Program (at NCBH), the Partial Hospital Program (at NCBH), the Geriatric inpatient unit (also at NCBH), the Consultation Liaison Service (adult and pediatric), and the Pediatric Neurodevelopmental Assessment Service.

The above mentioned JMC elective sites are described below. The cross-site elective rotations (CACIP, PHP, Geriatric Inpatient Unit) are described in Appendix A. The various year long outpatient services (Adult/Geri, Child/Adolescent, Family Advocacy Program, Adult/Pediatric HIV/AIDS Mental Health Services) are also described below.

## **COMPREHENSIVE ADDICTION TREATMENT CENTER**

### **Inpatient Detox Unit**

The Inpatient Detox Unit is a 16-bed unit treating a variety of addicted patients who present with acute medical, psychiatric and psychosocial concerns. The patients arrive in a state of crisis and often have histories of multiple addictions, trauma, and poor social support. The goals are to medically detox each individual, assess their treatment needs, and offer appropriate referrals upon discharge. An interdisciplinary team is assigned to each patient and the treatment plan reflects both individual and group goals. The patient needs to be medically and psychiatrically stable upon completion of a 3-7 day detox.

On Inpatient Detox, the intern provides a variety of psychological services to a caseload of 3-4 patients. All patients get a complete psychiatric assessment upon arrival. Depending on their mental status, other interventions may be utilized. These include crisis intervention, medication and, on some occasions, a transfer to inpatient psychiatry. A team approach is the model employed and the intern coordinates treatment with the psychiatrist and counselors/social workers. All staff members take turns leading the community meeting that meets twice weekly. There are opportunities to lead other groups and perform psychological testing as needed.

## **Comprehensive Addiction Treatment Center Day Program**

The CATC Day Treatment Program is a five-day per week, intensive, abstinence based outpatient treatment program working in both group and individual modalities. As an important aspect of the experience of this rotation, the intern has the opportunity to follow patients from their first day of admission through the inpatient detox experience and into outpatient treatment. In this way, interns are thoroughly immersed in the challenging process of working with patients as they progress through the different phases of treatment.

Interns carry a caseload of patients in the Day Treatment Program in addition to running psychoeducational and psychotherapeutic groups. While the emphasis is on group therapy, the intern is expected to work individually with the patients on his or her caseload, and is responsible for doing psychiatric assessments which include mental status exams, completing psychosocial evaluations, developing comprehensive treatment plans, and managing overall treatment of the patient. As a member of the treatment team, interns attend all clinical rounds and staff meetings.

### **DISCHARGE READINESS UNIT**

The Discharge Readiness Unit (9E) is an 18 bed, locked unit servicing stabilized psychiatric inpatients who are awaiting placement in a residence or other facility. Non-acute patients awaiting transfer to Bronx Psychiatric Center may also be placed on 9E. The unit is unique in that it is run by a Unit Coordinator who is a psychologist. Patients are followed by their original psychiatrist from their acute unit but group, milieu and individual treatment is coordinated by the Unit Coordinator. As there are no assessments (patients have already been assessed on their acute units), there is less paperwork and interns carry more individual patients and groups. As on other units, the team is multidisciplinary and includes psychology, social work, activities therapy and nursing. Four team meetings are held per week with the psychiatrists from the four acute units.

Interns carry 6 patients and run approximately three groups on this site. They have the opportunity to do longer term work with hospitalized patients and participate in the expanded milieu (e.g. three TC meetings instead of two to include the evening nursing shift). Groups have more continuity as the patient length of stay is longer than on the acute units. Frequently, interns are able to co-lead a group with an extern and supervise that extern on the group, receiving supervision on their supervision from the Unit Coordinator.



## **INPATIENT REHABILITATION MEDICINE SERVICE**

A rotation through the Jacobi Rehabilitation Medicine Service provides an opportunity to work with a diverse adult population, most of whom have sustained a recent trauma (e.g. gunshot wound, stroke, head injury, amputation, being struck by a vehicle, burn, spinal cord injury). The 32 bed inpatient rehab unit receives patients from other Jacobi medical and surgical units as well as from other hospitals in the community. Complicating the individual's physical rehabilitation may be significant personal/social issues such as substance abuse, personality and/or mood disorders, dementia, anxiety, etc. The psychologist and the psychology intern are part of a multidisciplinary team of medical doctors, nurses, occupational and physical therapists, a speech pathologist and social workers who meet weekly to update and plan strategies and for discharge planning. The psychology intern works with patients individually and in groups and participates in family meetings to provide short-term treatment oriented towards assisting the patient in the recovery process and helping him/her to gain a realistic understanding of his/her situation.

## **ELECTIVE ROTATION SITES**

### **Psychiatric Emergency Service (CPEP)**

The Psychiatric Emergency Service is a separate, locked, secure unit. It is comprised of a patient waiting area, nurses' station, small observation rooms with beds, and interviewing rooms. The functioning of the unit is overseen by a nurse and several clerks, aides and hospital police. It also has three beds for extended observation of patients for up to 72 hours.

Patients who come to the Psychiatric ER are most often people with chronic and severe mental illness whose conditions are exacerbated by a current stressor and who present with acute psychotic symptoms. Psychiatric emergency room patients also frequently present with drug and alcohol induced disturbed behavior or mood.

Psychology interns function as primary clinicians along with a psychiatrist and a social worker. Primary clinicians are responsible for evaluating and determining disposition for approximately two patients daily. When patients enter the Psychiatric ER, a mental status exam is conducted. For some patients, psychodiagnostic or neuropsychological screening instruments are also administered. After evaluation, patients are held in the Psych ER for lengths of stay up to 24 hours. Some may be admitted to the Comprehensive Psychiatric Emergency Program (CPEP) where they can stay for up to three days. When patients are held, the clinician observes changes in the patient's condition to make the most appropriate diagnosis and disposition. For example, a patient who presents with psychotic symptoms and recent drug use may be observed to see if the symptoms subside as drug blood levels decrease. Intake interviews and brief counseling sessions with the patient and family aid in diagnosis and disposition. Interns are taught how to facilitate outpatient referrals for follow up treatment. In general, it is optimal for an intern to see a case from initial contact through to disposition (inpatient admission, transfer, OPD program). Each clinician presents his/her cases for discussion of diagnosis, treatment and disposition. In summary, the intern experience includes:

1. Conducting a mental status exam and writing a mental status report

2. Conducting ongoing evaluation and observation of patients resulting in case formulation, recommendations and initial treatment goals
3. Conducting individual and family intakes and crisis counseling sessions
4. Planning appropriate disposition and discharge

### **Consultation Liaison Service**

The Consultation-Liaison team consists of psychiatrists and a psychologist. The team provides psychiatric consults to the adult medical/surgical units and the pediatric units. Problems resulting in consult requests may include assessing a patient's ability to make health care decisions, medical management of patients who are also psychiatrically ill, making a differential diagnosis between psychosis and delirium, determining the existence of conversion symptoms as well as more routine assessment of depression/suicidality and/or agitated behavior. Unlike other rotations, interns will gain extensive experience understanding the interaction between psychiatry and medicine. Additionally, interns gain experience assessing high risk cases (e.g., suicide attempts) and determining the appropriate discharge plans accordingly.

Interns start by making consults with the psychologist, first observing and then being observed. As interns gain competence, they do the consult themselves. All consults are then presented to the psychiatrist for discussion of diagnosis, treatment and disposition. If the patient has an extended medical stay, interns may provide follow-up supportive and/or crisis counseling with the patient and/or the patient's family. Interns are also responsible for admitting patients to psychiatric inpatient units after they have completed their medical care.

### **Pediatric Neurodevelopmental Assessment Service**

This service provides neuropsychological and developmental assessments to children from birth through age 18. Interns on this service are able to have an intensive learning experience about human development and assessment. Among other more traditional assessment tools, interns can learn how to administer the Baily on newborns and how to assess children through behavioral observations and play therapy. There may also be some opportunity to practice time limited behavioral therapy with parents and children together. Interns may assess for developmental disorders and underlying psychological problems using psychological testing, etc. This allows for an understanding of how psychological testing is different for younger age groups. There is specific focus on learning and differentiating between attention deficit hyperactivity disorder, Asperger's, and autism. Interns learn to detect disorders that frequently go unrecognized by psychologists and physicians including regulatory disorders and a variety of learning disabilities. Interns are also given the opportunity to develop their presentation skills and work closely with medical students and pediatric residents. This includes time spent on the Pediatric Intensive Care Unit and the Premature Baby Clinic. By coming to understand the developmental process, interns learn how disorders in infancy and childhood influence adolescence and adulthood.

## **OUTPATIENT SERVICES**

**All of the Outpatient services described below are staffed by multidisciplinary teams consisting of a Director, Psychiatrists, Psychologists and Social Workers.**

### **Adult/Geriatric Outpatient Service**

Patients in the Adult OPD are seen in many different modalities of treatment including individual psychotherapy, group psychotherapy, group and individual psychoeducation, medication groups, individual psychopharmacology sessions, family therapy and couples therapy. The clinical orientation of the staff is wide-ranging and includes psychodynamic, relational, DBT, supportive, family systems and cognitive-behavioral approaches.

OPD patients are closely followed by a primary therapist who may be a psychiatrist, a certified social worker, a social work intern, a psychologist or a psychology trainee. Medical back-up and medication management is provided by attending psychiatrists. Clinicians maintain contact with patients' families and other agencies as needed.

Interns are expected to attend a weekly team meeting to discuss new patients and problems with current patients. There is a weekly staff meeting as well where new procedures are introduced and clinical case conferences presented.

### **Child and Adolescent Outpatient Service**

The Child and Adolescent Outpatient Service is a comprehensive service that provides outpatient psychiatric treatment to children and adolescents ages 5 through 17. The patients present with problems spanning all DSM-IV diagnostic categories, are from diverse ethnic backgrounds, and include both Medicaid recipients and private insurance holders.

Services provided include individual, group, and family therapy; psychopharmacology; individual parent counseling; parenting skills groups; and coordination of community-based services (e.g., Administration for Children's Services, entitlements, Committee on Special Education evaluations and meetings, working closely with teachers, summer programs, etc.).

Trainees function as members of a team where a balance between teamwork and independent creativity is fostered and encouraged. Trainees are able to attend the monthly Grand Rounds at nearby Bronx Children's Psychiatric Center if so desired.

### **HIV/AIDS Adult Consultation Services/Pediatric Consultation Services**

ACS and PCS offer primary care to patients with HIV/AIDS and their families. The multidisciplinary team includes MD's, nurse practitioners, social workers, nurses, case managers, and psychologists. Mental Health Services, including individual, group and family therapy as well as assessments, are provided by psychologists on the team. There is also a part-time psychiatrist to provide psychopharmacological treatment. The setting facilitates the ability of mental health clinicians to coordinate treatment with medical providers. The service uses a

“one-stop shopping” model of mental health where multiple members of the same family can be seen on one service. Interns carry several individual cases for the duration of the training year. They also co-lead a group and treat families when available.

### **The Family Advocacy Program**

The Family Advocacy Program (FAP) serves children and adolescents who are victims of physical and/or sexual abuse, domestic violence, and/or significant neglect as well as their non-offending caregivers. The majority of the children have histories of sexual abuse. A multi-disciplinary team consisting of a pediatrician, a social worker and, when appropriate, a psychologist evaluates all of the children and families. If mental health treatment is recommended, the families are seen in the clinic for long or short-term psychotherapy both individually and as a family.

The mental health component of the Family Advocacy clinic offers many services depending on the needs of the individual child and family. On a short-term basis, services include crisis intervention, psychoeducation about sexual abuse to parents and children, help with negotiating the various social service and/or law enforcement agencies that are involved with the family and referrals to other services. On a more ongoing or long-term basis, comprehensive diagnostic psychological assessments are provided for the children and adolescents in the clinic as well as individual and family psychotherapy. If appropriate, collateral contacts are made to others involved in the child’s life such as teachers, ACS social workers, etc. Families are taught coping skills for managing anger and stress. Parenting groups as well as a group for sexually abused children are also available. The primary therapy modality used is trauma-focused CBT (Deblinger).

## **NORTH CENTRAL BRONX HOSPITAL**

### **PSYCHOLOGY FACULTY**

Heather Nash, Ph.D., Psychologist III, Site Director of Psychological Services & Training

Gladys Acevedo, Ph.D., Psychologist II,

Lisa Braun, Ph.D., Psychologist I, Inpatient Psychiatry Unit

Ilana Breslau, Ph.D., Psychologist II, Outpatient Training Coordinator

Banu Erkal, Ph.D., Psychologist II, Partial Hospital Program

Susanna Feder, Ph.D., Psychologist II, Inpatient Psychiatry Unit

Alexander Friedin, Psy.D., Psychologist II, Child and Adolescent Crisis Intervention Program

Mark Finn, Ph.D., Psychologist III, Consultant Psychologist

Deborah Hayes, Ph.D., Psychologist II, Inpatient Psychiatry Unit

Sharon Herzog, Psy.D., Psychologist I, Outpatient Mental Health Service

Todd Kray, Ph.D., Psychologist I, Consultation Liaison Service

Lucy March, Ph.D., Psychologist II, Psychiatric Emergency Service  
Co-Director of Psychology Externship Training

Sunita Mohabir, Ph.D., Psychologist II, Geriatric Inpatient Unit

Kelly Rotella, Ph.D., Psychologist I, Partial Hospital Program

Willann Stone, Ph.D., Psychologist II, Rehabilitation Medicine  
Co-Director of Psychology Externship Training

Jennifer Suero, M.A., Psychologist I, Outpatient Mental Health Service

## **JACOBI MEDICAL CENTER**

### **PSYCHOLOGY FACULTY**

Jill Conklin, Ph.D., Network Director of Psychological Services and Training

Ruhi Agharabi, Psy.D., Psychologist I, Child and Adolescent Outpatient Service

Katharine Chittenden, Psy.D., Psychologist I, Adult/Geriatric Outpatient Service

Fanchette Degaard, Ph.D., Psychologist II, 9E Unit Coordinator

Steven Goldfinger, Psy.D., Psychologist II, Inpatient Detox

Roxanne Gonzalez, Psy.D., Psychologist I, Inpatient Psychiatry Service

Kendra Haluska, Ph.D., Psychologist II, Pediatric AIDS Consultation Service

Siri Harrison, Ph.D., Psychologist I, Consultation/Liaison Psychiatry Service

Craig Kordick, M.A., Psychologist I, Inpatient Psychiatry Service

Harold Lifshutz, Ph.D., Psychologist III, Medical Rehabilitation Service

Harrald Magny, Ph.D., Psychologist I, Inpatient Psychiatry Service

Whitney Maynor, Ph.D., Psychologist II, Family Advocacy Program

Jakob Meydan, Psy.D., Psychologist III,  
Director of Psychology Externship Training  
Assistant Director of Training

Molly Nozyce, Ph.D., Director, Pediatric Neurodevelopmental Assessment Services

Anand Patel, Ph.D., Psychologist I, Inpatient Psychiatry Service

Ray Shaw, Ph.D., Psychologist I, Pediatric AIDS Consultation Service

Dalia Spektor, Ph.D., Psychologist II, Adult AIDS Consultation Service

Suheyla Zubaroglu, Ph.D., Clinical Director, Comprehensive Addiction Treatment Center

Diana Yaya-Patel, Psy.D., Psychologist II, Adult and Geriatric Outpatient Service

**DIRECTIONS TO  
NORTH CENTRAL BRONX HOSPITAL  
3424 KOSSUTH AVENUE  
BRONX, NEW YORK 10467  
(718) 519-5000**

**BY CAR:**

1. Bronx River Parkway to Gunhill Exit. Make Left if going North (Right if going South). Continue straight to DeKalb Avenue. Make Left on Dekalb - Find Parking. Hospital is Left of the Divide.
2. West Side Highway to Henry Hudson Parkway to Mosholu Exit. Mosholu to West Gunhill. Turn Left on West Gunhill. At West Gunhill and Jerome there is a Municipal Lot. Walk up West Gunhill (it becomes East Gunhill) Make Right at Dekalb Ave. to NCBH.
3. Major Deegan to East 233rd Street Exit. Make Right turn at Exit if going North (Straight if going South). Stay Right of Divide at the 1st light after Exit - Jerome Avenue. Make Left on Gunhill Road. Right on Dekalb. Find Parking. Hospital is on Left of Divide.

**PARKING**

Municipal Parking Garage at Jerome Avenue (Between Gunhill Rd. and 211th Street).

Montefiore Hospital Parking Lot at 210th Street off Bainbridge Avenue.

**BY TRAIN:**

#4 (Woodlawn Jerome) to Mosholu Parkway. Walk two blocks North and turn Right on 208th Street. After one block, take Left fork of V intersection which is Kossuth Avenue. The hospital is one block ahead.

**BY EXPRESS BUS**

MTA operates an Express Bus (BX M 4) to BAINBRIDGE and 210th Street in the Bronx from Madison Avenue in Manhattan. Discharge points from the Bronx are on Fifth Avenue. The cost is \$5.00 each way. For schedule and routine information, call (718) 652-8400.

**DIRECTIONS TO  
JACOBI MEDICAL CENTER  
1400 Pelham Parkway South  
Bronx, New York**

Jacobi Medical Center is located at 1400 Pelham Parkway South in the Morris Park/Pelham Parkway neighborhood of the northeast section of the Bronx. All services are provided in old Jacobi Hospital (Building 1), new Jacobi Hospital (Building 6), the Nurses' Residence (Building 4) and the new Ambulatory Care Building (Building 8).

**BY CAR**

Bronx River Parkway or Hutchinson River Parkway or New England Thruway (I-95) to Pelham Parkway. Exit on Williamsbridge Road (Right turn from Bx River Pkwy, Left from I-95 & Hutch). Take the Service Road to the Jacobi Hospital entrance.

**BY SUBWAY**

Take the IRT #5 or #2 train to Pelham Parkway or White Plains Rd, and the BX 12 Bus (Eastbound) to Jacobi Medical Center's main entrance.

**BY EXPRESS BUS**

MTA operates an express bus to Morris Park Ave from several points on the East side of Manhattan. The cost is \$5.00 each way. For schedule and route information, call (718) 994-5500. Get off at Eastchester Road.



**NORTH BRONX HEALTHCARE NETWORK  
North Central Bronx Hospital  
Jacobi Medical Center**

**APPLICATION PROCEDURES**

Requirements for acceptance include: Matriculation in a psychology doctoral program of recognized standing; certification by the graduate program of eligibility for internship (APPI Part 2); completion of course work and practicum training in diagnostic testing, interviewing and psycho-therapeutic interventions.

The stipend is \$25,197 and carries New York City Health and Hospitals Corporation health benefits and vacation days.

The closing date for receiving applications is **November 1<sup>st</sup>**. Applicants selected for consideration will be asked to come for personal interviews. Candidates will be selected in accordance with the policies and rules of the APPIC Internship Matching Program. To be eligible to apply to our programs, you must also register for the match. You can request an Applicant Agreement Package from NMS through the matching program web site at [www.natmatch.com/psychint](http://www.natmatch.com/psychint)

Our APPIC member code is 1444. The Match code for JMC is 144413. The Match code for NCBH is 144412.

Please consider your selections carefully and apply to our program if you genuinely feel it is a good match for you. We usually receive more applications than we can comfortably assess.

**HOW TO APPLY:**

We accept the APPI Online Application. For more information, please click on the following link: [http://www.appic.org/match/5\\_3\\_match\\_application.html](http://www.appic.org/match/5_3_match_application.html)

**Please include with your application:**

1. Transcripts of all graduate courses.
2. A cover letter indicating to which site/s you are applying.
3. A current curriculum vitae.
4. An integrated psychological testing report, with identifying data deleted, including cognitive (preferably a Wechsler) and projective tests including a Rorschach. A neuropsych battery is not preferable. The report can be included as Supplemental Materials in your application.
5. No more than three letters of recommendation.

**JACOBI MEDICAL CENTER**

Jill Conklin, Ph.D.  
Director of Psychological Services and Training  
North Bronx Healthcare Network  
Jacobi Medical Center  
Building 1, Room 8E24A  
1400 Pelham Parkway So.  
Bronx, New York 10461

**NORTH CENTRAL BRONX HOSPITAL**

Heather Nash, Ph.D.  
Site Dir. of Psychological Services & Training  
North Central Bronx Hospital  
3424 Kossuth Avenue, Room 11C-08  
Bronx, New York 10467