



2025-2026

PSYCHOLOGY

INTERNSHIP TRAINING PROGRAM

APA ACCREDITED

KINGS COUNTY HOSPITAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

Thank you for your interest in the APA-accredited Kings County Hospital Psychology Internship Program. The hospital, a member of New York City Health + Hospitals, is located in central Brooklyn and is one of the first and largest public hospitals in New York City.

The internship program in health service psychology offers two separate training tracks, the Adult Track and the Child & Adolescent Track, under a unified program umbrella. Both tracks provide inpatient, outpatient, and elective rotations, as well as seminars.

This brochure contains a detailed description of the hospital, the Department of Psychology, the training program and the requirements of each track. Though unified, each track has its own Training Director. Please address your application to the Director of the training track to which you are applying. The application deadline is November 15, 2024.

If you have any questions about the Adult Track please email Dr. Kaluk (jean.kaluk@nychhc.org). If you have any questions about the Child & Adolescent Track please email Dr. Erickson (stephanie.erickson@nychhc.org).

Once again, thank you for your interest in our program.

Sincerely,

Stephanie Erickson, Ph.D.
Director of Internship Training-Child & Adolescent Track

Jean Kaluk, Ph.D.
Director of Internship Training-Adult Track

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INTRODUCTION TO THE HOSPITAL AND THE DEPARTMENT OF BEHAVIORAL HEALTH

Kings County Hospital (KCH) was founded more than 190 years ago in the East Flatbush section of Brooklyn. The hospital we know today has its origins in an institution known as the Brooklyn County Almshouse that evolved in the 18th and 19th centuries. In 1837, a hospital building was completed. This building, 86 feet long by 36 feet wide, was the beginning of the present extensive physical hospital complex which has become one of the largest municipal hospitals in the United States. The hospital is part of New York City Health + Hospitals, a public health care network of acute and community hospitals, long-term care facilities, emergency services, school-based health centers, home health care, and primary and preventive services throughout the five boroughs of New York City.

Kings County Hospital encompasses a behavioral health center and a general medical hospital. KCH also provides the major clinical teaching resources for the State University of New York Health Science Center at Brooklyn (SUNY Downstate), located directly across the street. The various hospital departments benefit from the university's services, teaching, consultative personnel, library facilities, and research.

Kings County Hospital has claimed many "firsts" in the field of medicine: it was the site of the first open-heart surgery performed in New York State; Kings County physicians invented the world's first hemodialysis machine, conducted the first studies of HIV infection in women and produced the first human images using magnetic resonance imaging (MRI). In addition, Kings County was named the first Level 1 Trauma Center in the U.S.

Throughout the growth and development of Kings County Hospital, devoted medical, behavioral health, nursing, administrative and support staff have generously given of their knowledge, time and talents to fulfill the words of the hospital dedication: "Let all who serve here remember that this institution is dedicated to the care of all who are helpless and afflicted. This before all else." In keeping with this dedication, Kings County Hospital places an emphasis on treating the whole person with sensitivity to individual and cultural diversity while integrating behavioral healthcare and medical treatment. The patients served at KCH represent diverse cultural groups, many of whom are immigrants from the Caribbean and many of whom are struggling with psychosocial stressors including poverty and homelessness.

Training of interns is conducted hospital-wide. We are particularly proud of our state-of-the-art Behavioral Health Center known as the "R" Building. The R Building is one of the newest and largest single site behavioral health facilities in the United States. Its design reflects the most advanced research and practice in the treatment of mental illness in a comfortable, modern and therapeutic setting. It houses the child & adolescent and adult psychiatric emergency rooms and all inpatient and outpatient treatment units. Incorporated within is a fully functioning school that follows the NYC Department of Education Curriculum, a full-service gymnasium, treatment rooms and staff offices.

The Department of Psychology at Kings County Hospital includes over 25 psychologists who work in both adult and child & adolescent services. They provide direct patient care and trainee supervision in addition to administrative services throughout the hospital.

Behavioral Health Services

Adult Psychiatric Inpatient Service (AIS): Six units provide diagnostic assessment and short-term treatment of patients who present with acute psychological dysfunction and psychiatric disorders, utilizing a Wellness and Recovery Model of treatment. This model of treatment follows a highly researched and successful Rehabilitation and Recovery Model whose focus is to improve patients' coping abilities, to help them integrate into the general society, according to their abilities, and to decrease the necessity and likelihood of re-hospitalization. One of the units specializes in the treatment of clients with intellectual disabilities.

Child & Adolescent Psychiatric Inpatient Service (CAPIS): Consists of two co-ed units for adolescents ages 14-17 and a co-ed unit for young adults ages 16-23 presenting with their first psychotic break.

Adult Outpatient Psychiatric Department (AOPD): Provides individual psychotherapy, group psychotherapy and psychopharmacology.

Child Outpatient Services (COS): Provides diagnostic and treatment services for children and adolescents up to age 18. A wide variety of treatment modalities are available, including brief and longer-term psychotherapy, group therapy, family therapy, behavior modification, DBT, psychopharmacological treatment, and crisis intervention. Parent counseling and school consultation are also offered. This department includes the **Child and Adolescent Outpatient Department (CAOPD)**, which provides mental health services to typically developing children and adolescents with emotional and behavioral issues and the **Developmental Evaluation Clinic (DEC)**, which provides assessment and treatment for children and adolescents with a spectrum of developmental delays.

Partial Hospitalization Program (PHP): Provides an intensive 6-week outpatient treatment program for mentally ill patients. Adult Track interns lead groups in this service.

Substance Use Disorders Services: Provides individual, group, and assessment services for those seeking treatment for substance use disorders, many of whom are dually diagnosed with co-occurring mental health disorders.

Neuropsychology and Psychological Evaluation Services: Provides assessment for inpatient and outpatient clients and serves both the mental health and medical services throughout the hospital.

Comprehensive Psychiatric Emergency Program (CPEP): Functions as an emergency room, providing psychiatric assessment and brief intervention service for adults, children and adolescents.

Women's Health Initiative (WHI): Provides treatment to perinatal and postpartum women with multiple and varied mental health and social issues.

Family Justice Center (FJC): Provides adults with short-term trauma-focused psychotherapy for survivors of domestic violence, intimate partner violence (IPV), sex trafficking and other gender-based violence.

Forensic Psychiatry Evaluation Court Clinic: Provides court ordered Competency to Stand Trial and Serve Sentence examinations for defendants in Brooklyn.

THE PSYCHOLOGY INTERNSHIP TRAINING PROGRAM OVERVIEW

The Internship Training Program provides a year of rich experience with a variety of patient populations and therapeutic interventions. Interns are assigned diverse treatment and assessment cases to enable them to gain a generalist experience in using multiple therapeutic and diagnostic approaches. They are also engaged in ongoing didactic and seminar trainings that address current issues and theories in the field of psychology, including evidenced-based treatments. The orientations, perspectives, and interests of the staff are multifaceted and include psychodynamic, cognitive-behavioral, DBT, psycho-educational, psychopharmacological, neuropsychological, structural, humanistic, and systems models. Diversity and specialization are respected and fostered; staff work in an atmosphere of mutual acceptance and collaboration with trainees and professionals from all sectors of the mental health field.

The training program integrates training between the Adult and Child & Adolescent Tracks within the Department of Psychology. Intern applicants who are interested in working primarily with an adult population should apply for one of the five-seven (5-7) intern positions in the Adult Track. Applicants who are interested in working primarily with children and adolescents should apply for one of the three (3) intern positions in the Child & Adolescent Track. Within each training track, there is a concentration of clinical and didactic experiences specific to the track. In addition, there may be opportunities for interns to elect one rotation and one outpatient assignment across tracks. This opportunity, however, is not guaranteed.

AIMS AND COMPETENCIES

Over the course of the internship training year, interns will be expected to develop and to demonstrate proficiency and knowledge across a range of psychotherapeutic and assessment skills in health service psychology. The program's aims are to 1) train interns to be psychologists who are competent in working with an urban, multi-problem, multicultural, high risk population and 2) to foster the development of interns' professional identities as autonomous, skilled, and empathic clinicians who are attuned to individual and cultural diversity and are proficient in an array of clinical modalities and therapeutic and assessment techniques in both inpatient and outpatient settings. To meet these aims, the program provides training in and assesses interns' performance in these nine competencies: 1) Research, 2) Ethical and Legal Standards, 3) Individual and cultural diversity, 4) Professional Values, Attitudes, and Behaviors, 5) Communication and Interpersonal Skills, 6) Assessment, 7) Intervention, 8) Supervision, and 9) Consultation and Interprofessional/Interdisciplinary Skills.

Interns receive written individual performance evaluations assessing these competencies at the end of each rotation and at mid and end-of-year for their year-long individual and group work as well as at the completion of assessment cases. A sample copy of the evaluation form can be found in the Appendix of this brochure. Each trainee's academic program will receive a mid-year and an end-of-year composite evaluation of their overall performance.

Proficiency is assessed through a close process of individual and group supervision, direct observation, evaluation of written material such as progress notes, case write-ups and testing reports, and feedback from other members of the treatment team regarding performance. These evaluations are scored according to a 5-point Likert scale with 1 being the lowest score (“Significant deficits. Skills well below what one would expect at this level of training. Remedial action needed.”) and 5 indicating that the intern is “Ready for Entry Level Practice” (“Intern demonstrates the ability to independently function in a broad range of clinical and professional activities, the ability to generalize skills and knowledge to new situations, and the ability to self-assess when to seek additional training, supervision, and consultation.”) A score of 5 on the overall rating for each competency (on the final overall evaluation) is the minimum level of achievement needed for completion of the internship. Evaluations are reviewed by and discussed with supervisors and with the respective Director of Training. During feedback meetings, interns are provided with the chance to identify specific areas of strength and/or weakness as the year progresses in order to address and correct any skills needing attention.

Commitment to Diversity, Equity, and Inclusion

The Kings County Psychology Internship Training Program, in tandem with NYC Health + Hospitals, is committed to honoring the values of diversity, equity, and inclusion within our training program and in our relationships with patients and colleagues. We believe that directly addressing issues related to these values (in direct patient work, in supervision, and in learning activities) is necessary to fostering the growth of our next generation of psychologists and to providing the best quality of care to our patients. We are committed to attracting and training interns with diverse backgrounds and perspectives.

Within the supervisory relationship, we strive for open, bidirectional dialogue with the aim to increase understanding of how diversity, equity, and inclusion issues manifest both in clinical work and in the supervisory relationship.

Stipend and Benefits

The NYC Health + Hospitals/Kings County salary for interns (Psychologists-in-Training) is currently \$50,000 per annum. The twelve-month training year begins on July 1 and ends June 30. The training year includes 12 paid holidays and up to 5 educational/conference days. Annual Leave (vacation) hours accrue at the rate of 10.5 hours/month. Interns are entitled to take 18 annual leave days during the course of the internship. Sick Leave accrues at the rate of 5.83 hours/month. During the course of the internship interns accrue 10 days of sick leave. In collaboration with an intern’s doctoral program (and potentially APPIC), an intern may elect to take a leave of absence if needed during the course of the internship year, thereby extending the length of the internship. Interns can elect to enroll in a health insurance plan.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 3/29/24

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<div style="border: 1px solid black; height: 150px;"></div>	

Internship Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</p>
<p>Kings County Hospital's Psychology Internship Program accepts eight-ten (8-10) interns per year, five-seven (5-7) in the Adult Track and three (3) in the Child & Adolescent Track. Appointments are for a one-year period, beginning July 1 and ending June 30. The program is a member participant of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the APPIC Internship Matching Program for intern selection. Notification of appointment is made on uniform notification day in keeping with the APPIC member agreement. 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. <u>The application deadline is November 15, 2024.</u></p>

<p>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</p>			
<p>Total Direct Contact Intervention Hours</p>	<p>Yes</p>		<p>Amount: 400</p>
<p>Total Direct Contact Assessment Hours</p>	<p>Yes</p>		<p>Amount: 50</p>

Describe any other required minimum criteria used to screen applicants:

Applicants need not be residents of New York City or citizens of The United States. Applicants must have completed a minimum of 60 graduate credits in a state registered doctoral program, suitably distributed so as to provide for a sound background in general psychology. Doctoral programs must be APA accredited or currently under review to receive APA accreditation. Course of study should include concentrations in Abnormal Psychology and Psychopathology, Personality Psychology, training in individual and group psychotherapy and the diagnostic application of psychological tests, including personality assessment. A minimum of two years of supervised clinical practice in therapy and diagnostic testing is required.

Intern applicants are required to have demonstrated familiarity in the administration, scoring and interpretation of instruments generally considered part of a standard psychological assessment battery (WAIS-IV, WISC-V, WIAT-IV, Rorschach, TAT, PAI, HTP are preferred instruments). Applicants to the Adult Track are required to have completed at least two integrated testing batteries including the WAIS-IV and personality measures. Applicants to the Child & Adolescent Track are required to have completed at least three integrated testing batteries, which must include both the WISC-V and projective instruments, of which the Rorschach (using the Exner Comprehensive System) is strongly preferred, but not required. The minimum testing requirements must be acquired with the age group corresponding to the track to which the candidate is applying.

Prior to beginning their internship, applicants to both internship tracks must have completed a minimum of two (2) years of practicum (externship) experience in diagnostic and therapeutic work: Adult Track applicants with adults, Child & Adolescent track applicants with children and adolescents. Outpatient treatment experience is required; inpatient treatment experience is highly preferred but is not required. Training and experience with a variety of psychopathologies is expected of all prospective interns. Applicants should be familiar with DSM-V classifications and coding of major mental illnesses. Eligibility requirements should be completed at the time of application.

Prior to beginning the internship year, newly appointed interns must complete personnel processing which includes a physical examination, mandatory drug screening (excluding cannabinoids) and child abuse registry screening. Personnel processing will be initiated at least six weeks prior to beginning the internship on July 1 of each training year.

Kings County Hospital is a member of New York City Health + Hospitals and abides by all provisions of equal employment opportunity practices.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$50,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	Yes	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	126 hours (18 days)	
Hours of Annual Paid Sick Leave	70 (10 days)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Health insurance plans become active the first day of internship. Interns may take up to 5 days of conference/educational leave. As city employees, interns are eligible to receive transit authority issued TransitChek® for public transportation. Interns may also opt for direct deposit of their paychecks.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of interns who were in the 3 cohorts	28	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	28	
	PD	EP
Academic teaching	0	0
Community Mental Health Center	2	0
Consortium	0	0
University Counseling Center	1	0
Hospital/Medical Center	4	4
Veterans Affairs Health Care System	1	0
Psychiatric Facility	1	0
Correctional Facility	0	1
Health Maintenance Organization	0	0
School District/System	0	0
Independent practice setting	11	0
Other	1	2

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

DESCRIPTION OF INTERNSHIP

Adult Track

Rotations

Interns in the Adult Track rotate through three 4-month placements and spend approximately twenty (20) hours per week in each placement for the duration of the four months. The only required rotation is a placement on an adult inpatient psychiatric unit.

Interns then choose their remaining two elective rotations from a wide variety of services that may include: Neuropsychology and Psychological Evaluation Services, Forensic Psychiatry Court Clinic, Women's Health Initiative (WHI), Family Justice Center (FJC), Substance Use Disorders Services (CDTOPS), and the Comprehensive Psychiatric Emergency Program (CPEP). Interns may also elect to complete a second inpatient rotation. For either or both of the elective rotations, interns may choose one full-time placement or two half-time placements to comprise a full-time rotation. Rotation descriptions are provided later in this brochure. Please note that no rotation is guaranteed and some rotations are unavailable at times.

Interns in the Adult Track may choose to cross tracks and fulfill one of their elective rotations on a child & adolescent service, provided that they have demonstrated training and experience in child & adolescent psychotherapy and assessment and there is availability for an Adult Track intern on that rotation. Rotations on other services throughout the hospital may be arranged in accordance with interns' training needs and interests and supervisory availability. Rotation supervision is provided by psychologists or other licensed clinicians who are working on the services to which interns have been assigned or who are familiar with the service and/or patient population served.

It is our intent that the rotation options provide the intern with great flexibility in designing a training program that best meets their needs and interests.

Outpatient Psychotherapy and Year-long Groups

In addition to the three rotations, interns in the Adult Track are required to carry 4-6 long-term individual outpatient cases and lead or co-lead year-long outpatient groups (in the Outpatient Department or in the PHP). Interns are trained in a variety of psychotherapeutic modalities.

Psychodiagnostic Assessment

Interns provide diagnostic evaluations and testing on their assigned rotations as well as on other services throughout the hospital. Interns receive individual supervision on all aspects of psychodiagnostic assessment. In addition, interns meet as a group in assessment seminars led by Department of Psychology staff and have occasion to participate in multidisciplinary diagnostic conferences on the services to which they are assigned.

Supervision

Over the course of each week, interns will receive a minimum of five hours of individual and group supervision. This includes one hour of individual supervision per week for every two-three individual outpatient cases. Interns receive 30 minutes to an hour of supervision per week for each outpatient group. Rotation specific supervision includes a minimum of one hour per week of scheduled individual supervision with additional supervision provided as needed. Psychodiagnostic assessment supervision is arranged upon receipt of the testing referral. Additionally, interns take part in a weekly hour-long intern case conference, co-facilitated by the Directors of Training and other Department of Psychology staff.

The psychology internship program at Kings County Hospital is committed to diversity, equity, and inclusion, including in supervisory relationships. We strive for open, bidirectional dialogue in supervision with the aim to increase understanding of how diversity, equity, and inclusion issues manifest both in clinical work and in the supervisory relationship.

Child & Adolescent Track

Rotations

The internship year is divided into three four-month rotations involving experiences with psychological assessment, treatment, and interdisciplinary consultation on at least three behavioral health services. Two rotations, one in the Child & Adolescent Outpatient Department and one on one of the child & adolescent inpatient services, are mandatory. The third rotation is an elective rotation and can be selected from among the many other child & adolescent or adult services (when available). Rotation descriptions are provided later in this brochure.

Longer-term commitments, including outpatient treatment cases and groups, are continued throughout the year regardless of rotations. Interns typically carry between 5-7 outpatient therapy cases over the course of the year and lead or co-lead one or two groups. Caseloads are diversified so that the intern has an opportunity to work with a range of ages, presenting problems, and diagnoses.

The inpatient rotation is fulfilled through assignment on one of the Child & Adolescent Psychiatry Inpatient Services: adolescents (ages 14-17) and young adults with psychotic disorders (ages 16-23). While on the inpatient service, interns function as primary therapists for their patients. They also take an active role in the conduct of the milieu program on the service, including groups. Additionally, interns are responsible for psychological testing and participation in chart rounds and community and team meetings. The interns function as consultants to the hospital school for those cases that they are managing.

The outpatient rotation takes place within the Child & Adolescent Outpatient Department. Responsibilities include conducting initial intake evaluations, psychotherapy, and psychological testing. During intake evaluations, the intern screens new patients and their families to

determine what treatment is indicated and provide recommendations to the family regarding their needs. Interns perform crisis intervention and short and longer-term therapy with individuals and families and carry a caseload of 5 to 7 patients. They participate in treatment team meetings where dispositions are made and clinical issues are discussed. Finally, interns participate in a school consultation project working with teachers in a neighborhood elementary school.

The elective rotations offered by the Child & Adolescent Track are varied and may include opportunities for diagnostic and therapeutic work within a number of specialized outpatient services. Among the settings offered are the Developmental Evaluation Clinic (DEC), which offers evaluation and treatment of developmentally delayed children and adolescents and the Comprehensive Psychiatric Emergency Program (CPEP), where children and adolescents presenting to the psychiatric emergency room are evaluated.

Interns may also elect to rotate through any of the Adult Track settings if they are available and provided that the intern demonstrates prior experience working with adult patients.

Several of the elective placements in the Child & Adolescent Track are offered on either a full-time or half-time basis. For their elective rotation, interns may choose two half-time placements instead of one full-time placement.

It is our intent that the rotation options provide the intern with great flexibility in designing a training program that best meets their needs and interests.

Psychodiagnostic Assessment

Interns receive training in interviewing, history taking, psychological and educational assessment and observation skills, each in a variety of clinical settings. Psychological testing is taught both through individual supervision and the psycho-diagnostic seminar series. Interns are expected to have basic knowledge of and experience with the standard psychological battery. This is complemented by and enriched with training in the use of more specialized educational, neuropsychological and projective instruments. Interns have a goal of completing nine testing batteries over the course of the internship year.

Psychotherapy

Interns receive training in individual, group, parent counseling, and consultation skills. Interns treat 5-7 longer-term outpatient cases throughout the year, regardless of their specific rotations. Interns also participate as co-therapists in 1-2 year-long groups on either inpatient or outpatient child services and may also choose from a variety of longer-term and short-term group therapy experiences as time permits. Among the other therapeutic techniques to which interns are exposed are: crisis intervention, short-term therapy, school consultation, DBT, TF-CBT, and play therapy.

Supervision

Over the course of each week, interns will receive a minimum of five hours of individual and/or group supervision. Interns receive one hour of individual supervision per week for every two-three outpatient cases. Interns receive 30 minutes to an hour of supervision per week for each group they provide. Rotation-specific supervision includes a minimum of one hour per week of scheduled supervision with additional supervision provided as needed. Diagnostic supervision is arranged upon receipt of the testing referral. Additionally, interns take part in a weekly hour-long intern case conference, co-facilitated by the Directors of Training and other Department of Psychology staff.

The psychology internship program at Kings County Hospital is committed to diversity, equity, and inclusion, including in supervisory relationships. We strive for open, bidirectional dialogue in supervision with the aim to increase understanding of how diversity, equity, and inclusion issues manifest both in clinical work and in the supervisory relationship.

SPECIFIC ROTATION DESCRIPTIONS

Please note that no rotation is guaranteed and some rotations are unavailable at times.

Adult Track

ADULT INPATIENT SERVICE (AIS)- Required for one full-time rotation, but interns can elect to complete two full-time rotations on this service.

Patients on the adult psychiatric inpatient units have an average length of stay of 14 days. Patients are admitted to the units in the acute phases of decompensation and remain until they are stabilized and capable of returning to the community or are referred to long-term care. After an initial orientation to the unit, the intern provides individual therapy to a select number of patients on the unit and is responsible for coordinating the patients' treatment from admission through discharge. Interns also lead or co-lead a variety of group interventions and participate in and/or lead community meetings, interdisciplinary team meetings, nursing rounds, unit staff meetings and case conferences. Evaluation interviews and psychological testing are also performed as needed.

COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP) – Available as a full-time or a half-time rotation

Interns have the opportunity to observe and evaluate patients (adults, children, and adolescents) who represent the entire range of diagnoses and the most severe states of decompensation. Under supervision (usually by a psychiatrist), they make diagnostic determinations and disposition assessments. Interns may also provide brief, intensive crisis-focused psychotherapy for patients and families.

FAMILY JUSTICE CENTER (FJC) - Available only as a half-time rotation and only for a two-rotation timespan (November-June)

This is an 8-month, half-time placement (10 hours) at the NYC Health + Hospitals Family Justice Center, Brooklyn (FJC) during which interns provide short-term trauma-focused psychotherapy for survivors of domestic violence, intimate partner violence (IPV), sex trafficking and other gender-based violence. The program serves adults ages 18 and older. Treatment may utilize a variety of theoretical orientations and techniques that focus on treating various trauma symptoms. Didactics, grand rounds, and case conferences are also part of the rotation.

FORENSIC PSYCHIATRY EVALUATION COURT CLINICS-BROOKLYN (FPECC) – Available only as a full-time rotation (Monday and Thursday all day are mandatory).

The FPECC Brooklyn provides all court ordered competency evaluations for the Brooklyn Psychiatric Clinic for the Criminal and Supreme Courts. Interns participate in court ordered Competency to Stand Trial and Serve Sentence examinations of defendants (730 and 390 exams). Interns observe and assist with these evaluations and may observe court proceedings where evaluations are presented. Additionally, interns may perform psychodiagnostic assessments and assist in obtaining background information. This rotation is remote on Mondays (intern is at KCH) and in-person at the Brooklyn Court Clinic on Thursdays.

INTELLECTUAL DISABILITIES TREATMENT UNIT – Available only as a full-time rotation.

On this rotation, interns work with a multidisciplinary treatment team in assessing and treating adults with intellectual disabilities who require a temporary inpatient level of care. Interns provide individual and group therapy as well as formal assessments when needed.

NEUROPSYCHOLOGY AND PSYCHOLOGICAL EVALUATION SERVICES – Available only as a full-time rotation (Monday and Thursday all day are mandatory; must have some prior neuropsychology training & experience).

On this rotation, interns provide neuropsychological, psychoeducational, and psychological evaluations, as well as facilitate cognitive remediation groups. Interns electing this rotation must have completed some coursework in neuroanatomy and neuropsychological assessment and must have some experience administering, scoring and interpreting neuropsychological tests. Interns also participate in learning/didactic activities.

SUBSTANCE USE DISORDERS SERVICES (CDTOPS)-Available as a half-time or a full-time rotation.

On the CDTOPS rotation, interns develop knowledge, skills and abilities in providing individual, group and psychological assessments for clients with substance use disorders, many of whom are dually diagnosed with co-occurring mental disorders. The services provided consist of addiction counseling, case management, group counseling/therapy, individual therapy, community meetings, psychiatric evaluation and medication management, and vocational

services. The intern provides individual psychotherapy to select clients, leads or co-lead groups, and provides psychological assessments as appropriate. The intern also participates in treatment planning and team meetings. In addition, the intern will receive educational instruction in the biopsychosocial aspects of substance use/addiction and its treatment.

WOMEN'S HEALTH INITIATIVE – Available only as a half-time rotation

The Women's Health Initiative (WHI) provides treatment to perinatal and postpartum women with multiple and varied mental health and social issues. Services for women with other reproductive health issues (e.g. infertility, family planning and gynecological) are also provided. This outpatient program is located in the OB/GYN clinic at KCH. The WHI provides psychological evaluation and treatment for women experiencing issues such as adjustment disorders, anxiety, depression, etc. On this rotation, interns conduct evaluations, provide individual psychotherapy and learn interdisciplinary teamwork skills in a primary care setting.

Child & Adolescent Track

CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT SERVICE (CAPIS) –Required for one full-time rotation

ADOLESCENT/YOUNG ADULT INPATIENT UNITS: There are two adolescent units, a 15-bed co-ed unit for adolescents ages 14-17 (the "Adolescent Unit") and a 15-bed co-ed unit for young adults ages 16-23 presenting with their first psychotic break (the "First Episode Unit"). The units focus on evaluation, crisis intervention, individual and family treatment, and disposition. The average length of stay for each patient varies but averages 14 days. Interns are primary therapists for 1-2 patients. Responsibilities include individual and family psychotherapy, psychological testing, liaison work with schools and other involved agencies, and the coordination of the treatment and disposition for the patient. Interns also participate in community meetings, inter-disciplinary team meetings, nursing rounds, and unit staff meetings and case conferences. There is also the opportunity to lead groups.

CHILD & ADOLESCENT OUTPATIENT DEPARTMENT-Required for one full-time rotation

Interns conduct two-three weekly intake evaluations of children and adolescents ranging in age from pre-school through 18 years old and make recommendations regarding disposition and treatment, including inpatient admission and risk assessments. Interns participate in weekly treatment team meetings and bi-weekly staff meetings. Interns also do psychological testing for children in treatment who are referred by their providers. In addition, interns also provide year-long treatment for 5-7 children and adolescents. Treatment modalities include individual therapy, parent counseling, play therapy, group therapy, and brief therapy.

COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP) – Available as a half-time rotation

Interns work with the Child Evaluation Team, under the supervision of a psychiatrist, in the CPEP and have the opportunity to observe and evaluate children and adults who represent the entire range of diagnoses and the most severe states of decompensation. They make DSM V diagnostic determinations and disposition assessments. Interns provide brief, intensive crisis-focused psychotherapy for patients.

DEVELOPMENTAL EVALUATION CLINIC (DEC)- Available as a half-time or a full-time rotation.

DEC is a multidisciplinary diagnostic clinic for the assessment and treatment of children and adolescents with developmental delays, including learning disabilities, speech and language delays, autism spectrum disorders, and intellectual disabilities as their primary diagnoses. Children may have secondary diagnoses of a variety of psychiatric syndromes. Interns are expected to provide 5-10 assessments for children ages 3 to 17 years old. They also have the opportunity to observe children during multiple stages of the multidisciplinary evaluation process, including psychosocial and speech and language evaluations. Interns participate in weekly team meetings and provide feedback to families regarding the team's findings, including diagnoses and recommendations. They may also provide short-term treatment or counseling to children or parents around issues related to the child's diagnosis and prognosis.

OTHER PROGRAM FEATURES

Intern Support Group and Preceptors

The internship is a unique year in the professional development of a psychologist. To ensure that it is a rich and productive year that meets trainees' needs and interests, all interns participate in an intern support group. The group provides an opportunity for interns to discuss their experiences as interns, share information about the program, and get to know each other better. The support group is facilitated by a psychologist who maintains no supervisory contact with the interns. In addition to the support group, interns have the option of being assigned a staff "preceptor" who serves in the capacity as a non-supervisory mentor to the intern to guide and assist with the internship experience. The preceptors are selected by the Directors of Training and act as a support, advocate, and role model for the intern.

Seminars and Didactics

Participation in seminars and other didactics (e.g., case conference) is considered an essential component of the internship program. The internship program provides seminars and presentations, some required and some elective, focusing on individual and cultural diversity, clinical interviewing, risk assessment, psychopharmacology, test report writing, case formulation, cognitive, personality, and neuropsychological assessment, complex trauma, CBTp, DBT, ethics, treating substance use disorders, supervision and consultation,

psychopharmacology, group psychotherapy, forensic psychology, dialogic practice, school consultation, behavioral approaches to effective parenting, and self-care. The vast majority of seminars and presentations are in-person, with flexibility to change to video in certain circumstances. Interns have the opportunity to attend the weekly Department of Psychiatry Grand Rounds and may also attend lectures and functions arranged by the various divisions of the Health Science Center at Brooklyn (SUNY Downstate).

Research

Interns are required to give group presentations on a topic important to the field of psychology and relevant to the work at Kings County Hospital. These presentations should be of professional quality, including a PowerPoint presentation. The presentations will be scheduled throughout the year and are given to KCH Behavioral Health staff.

Interns work in small groups (2-4 participants) in choosing, organizing, and researching their topic and in giving the presentation. Examples may include specific clinical/diagnostic issues in the populations served, assessment issues, cultural/diversity issues, efficacy of certain treatment modalities, etc.

Administrative Assistance/Support

All psychology interns are provided with individual workstations. Each workstation includes a desktop computer. Interns have access to the corporation-wide intranet and e-mail system (Outlook), electronic charting (Epic), the internet and Microsoft Office software. Interns are provided unique user ID's and passwords and all information is confidential and protected from outside users. Interns are provided with dedicated telephone extensions.

The Department of Psychology is supported by an administrative assistant who is available for guidance related to administrative issues throughout the Department and the Hospital. These include attendance, time sheet/payroll issues, and leave of absence.

At the beginning of the training year, all interns participate in a new employee orientation, an orientation to the Department of Behavioral Health, and an orientation to the internship and Department of Psychology. During these orientations, interns are provided with information and are trained in patient safety, sexual harassment procedures, fire safety, and customer relations among other topics. Interns are also provided with information regarding health insurance and financial options open to all employees.

POLICIES AND PROCEDURES

Infection Control Policy

All Kings County Hospital employees, including all trainees, are considered essential workers, and are expected to work on-site unless accommodations or remote work days have been granted. For psychology interns, telecommuting is not permitted unless accommodations are granted through the EEO (Equal Employment Office).

The hospital follows the guidelines of regulatory agencies, including the Centers for Disease Control, the Joint Commission, and the NYC Department of Health, regarding infection control precautions to maximize safe working conditions in the hospital. These guidelines include mandating specific mask usage for staff and/or patients in certain service areas and/or under certain circumstances throughout the year.

Employees who experience any symptoms that might be COVID-19 related (e.g., sore throat, runny or stuffy nose, coughing, shortness of breath), must call Occupational Health Services (OHS) at 718-245-2394 before reporting to work. Occupational Health Services decides what employees need to do and when they may return to work. Employees may be required to provide a negative COVID-19 test to return to work.

The Psychology Internship Training Program at Kings County Hospital will continue to strive to ensure the safety of all our interns while working within the guidelines set by our hospital and NYC Health + Hospitals to ensure the best possible service delivery to our patients.

Maintenance of Records

Every intern who matches to our program has files permanently maintained both in the Human Resources Department of Kings County Hospital and in the Department of Psychology. The personnel files kept by HR contain employment documents including employment applications, clearances, orientation information, and other pertinent documents. These files are accessible only to authorized personnel.

The intern files in the Department of Psychology contain individual intern records that include their APPIC applications, de-identified logs reflecting their year-long clinical work, and de-identified samples of their work including a long-term treatment case summary and a sample testing report. These files also contain contracts for each rotation where the intern has worked, functional job descriptions, intern evaluations completed over the course of the training year, copies of the certificate of completion of internship, and other pertinent documents. All intern files are kept in locked cabinets in the Department of Psychology and are accessible only to the Directors of Training.

Supervision Requirements

Over the course of each week, interns from both tracks will receive a minimum of five hours of individual and group supervision. This includes one hour of individual supervision per week for every two-four individual outpatient cases. Interns receive between 30 minutes to one hour of supervision for the year-long groups they run on both the outpatient and/or inpatient services. Supervision of group therapy may be done individually for the intern, or for the interns as a group. Rotation specific supervision includes a minimum of one hour per week of scheduled individual supervision with additional supervision provided as needed. Psychodiagnostic assessment supervision is arranged upon receipt of the testing referral. Additionally, interns take part in a weekly hour-long intern case conference, co-facilitated by the Directors of Training.

Direct observation of clinical activity is provided by a supervisor at least once during each evaluation period. Thus, intern proficiency is assessed through a close process of individual and group supervision, direct observation, evaluation of written material such as case write-ups, EMR documentation, and testing reports, and feedback from other members of the treatment team regarding performance.

Telesupervision Policy

Rationale:

Telesupervision (supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee) is utilized as an alternative form of supervision when in-person supervision is not possible (e.g., a service or rotation is being conducted remotely) or is not safe (e.g., a trainee or supervisor is granted the ability to work fully remotely due to a medical condition). Our rationale for using telesupervision is that telesupervision allows for high-quality training even in circumstances that might preclude in-person supervision.

Consistency with Training Aims and Outcomes:

In-person supervision is the preferred modality and, in most cases, supervisors offer both on the spot and regularly scheduled in-person supervision. However, in situations where in-person supervision is not possible, telesupervision is provided, informed by the guidelines provided by APA and best-practices in psychology training. Telesupervision is consistent with our training aims and outcomes in that it allows for high quality, accessible supervision with the same goals as in-person supervision: to oversee patient care, to foster trainee development, and to provide any other needed consultation.

Telesupervision may not account for more than one hour of the minimum required two weekly hours of individual supervision, and may not account for more than two hours of the minimum

required four total weekly hours of supervision. This applies to both individual and group supervision.

How and When Telesupervision is Used:

Telesupervision is used in place of in-person supervision when meeting in-person is not possible or is not safe. Circumstances which might warrant changing between in-person supervision and telesupervision include a service changing from remote to in-person (or vice versa), a supervisor or trainee being granted the ability to work remotely due to a temporary or ongoing medical condition, or a temporary need to reduce health risks due to high community spread of a serious illness, such as COVID-19.

Telesupervision is implemented using secure telephone lines or videoconferencing platforms approved by NYC H+H (e.g., Webex, Microsoft Teams), of which Kings County Hospital is a part. Supervisors and supervisees access telesupervision from designated private work spaces at their work sites or from a secure and confidential space within a home if they are approved to work from home. As is true for in-person supervision, telesupervision expectations are clearly communicated in terms of schedule, location/platform/method/number, and frequency. Plans for how to reach a supervisor or covering supervisor outside of scheduled supervision time are also clearly communicated in case of the need for emergency consultation.

Trainee Participation:

All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when in-person supervision is not possible. Before allowing a trainee to participate in telesupervision, the Directors of Training will meet with and discuss the expectations of supervision with both the trainee and the supervisor. Any questions or concerns related to telesupervision will also be addressed.

Kings County Hospital is compliant with the Americans with Disabilities Act guidelines and is fully accessible. Employees, including interns, who may need accommodations, consult with the EEO office. The program and KCH comply with all accommodations that are granted.

Supervisory Relationship:

When telesupervision is needed, the Directors of Training ensure that the supervisor and supervisee are adequately introduced to each other virtually (or in-person if possible) and supervision expectations are communicated, as they are for in-person supervision. In order to ensure that the supervision relationship is facilitated, maintained and monitored for ruptures, the Directors of Training check in with both supervisors and trainees at least monthly to ensure that there has been a continuation of high-quality telesupervision and that an adequate supervisory relationship was developed and continues.

These check-ins also allow for the program to engage in informal self-assessment regarding trainee outcomes and satisfaction with the use of telesupervision versus in-person supervision,

including regarding issues of diversity, equity, inclusion, and accessibility. Formal self-assessment of this is done through the evaluations that trainees complete for each supervisor, rotation, and seminar. These evaluations include items related to diversity, equity, inclusion, and accessibility.

Professional Responsibility for Clinical Cases:

The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases under their supervision. As with in-person supervision, ethical and legal obligations fall on this assigned supervisor.

The program ensures that supervisors are competent to provide telesupervision through one-on-one meetings between the supervisors and Directors of Training where discussion of the telesupervision policy takes place if telesupervision is to occur. Through this discussion, the Directors of Training are able to assess for the competence of a supervisor to provide telesupervision and to determine if further training or orientation for a supervisor is needed.

Management of Non-scheduled Consultation and Crisis Coverage:

For supervisors providing telesupervision, clear communication to supervisees is required regarding how to reach the supervisor outside of scheduled supervision times and what to do should the supervisee be unable to reach the assigned supervisor. All trainees are made aware that there is an open-door policy regarding un-scheduled consultation and crisis coverage, such that they can approach any psychologist or other licensed professional in their assigned service area for assistance at any time.

Privacy/Confidentiality of Patients and Trainees:

Supervisors and supervisees will only conduct telesupervision that pertains to discussion of confidential patient information from settings in which privacy and confidentiality can be assured, whether this be on-site at work or in a home-based setting. Only secure telephone lines (work phones or cell phones issued to those working from home) and approved HIPAA-compliant videoconferencing platforms are used.

Technology Requirements and Education:

During internship and rotation orientations, trainees receive training in how to use approved telesupervision platforms. Ongoing training is provided as technology and policies develop. Supervisors and supervisees are encouraged to consider their internet capabilities, their physical environment, level of privacy, etc. so as to provide a safe, confidential and effective telesupervision space. Supervisors and supervisees are also provided with and expected to review the APA Guidelines for the Practice of Telepsychology and APA Guidelines for Clinical Supervision in Health Service Psychology.

Communication with Doctoral Programs

Contact with interns' doctoral programs begins immediately after Match Day, when the Directors of Training send interns' doctoral program DCTs copies of their students' acceptance (confirmation) letters. Regular communication with doctoral program DCTs occurs mid-year and at the end of the year, when letters are sent along with the formal mid and end-year Intern Evaluation Forms. The end of year letter also documents the intern's successful completion of the internship program.

Communication with the doctoral programs occurs as needed in the event of problems encountered during the training year. Most problems can be remedied without the inclusion of the doctoral program. However, doctoral program directors are always notified in the event of more serious problems requiring a formal plan of remediation or corrective action and may be involved in the formulation of the plan (see the Remediation, Due Process and Grievance Procedures Policy).

Remediation, Due Process, and Grievance Procedures Policy

At the beginning of the internship training year, as part of the orientation process, all interns are given a copy of the Training Manual and Orientation Packet. At that time, the Directors of Training review the following Remediation, Due Process, and Grievance Procedures Policy with the interns. Interns sign a form upon completion of the review acknowledging they have read and understand the policy.

The internship training program follows due process guidelines to ensure that decisions are fair and nondiscriminatory.

Interns' Responsibilities:

- Functioning within the bounds of the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct and in a manner consistent with the laws, policies and regulations governing the training program, Kings County Hospital, and New York City Health + Hospitals.
- Demonstrating a minimal level of achievement on profession-wide competencies as outlined in the program's Intern Evaluation Policy.
- Demonstrating an openness and receptivity to professionally appropriate input and feedback from supervisors.

Interns' Rights:

- To be trained by supervisors who behave in accordance with the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct.
- To supervision that is adequate in time and quality and that promotes professional growth and development.

- To receive clear instruction regarding the profession-wide competencies expected by the program. These are reviewed with interns during discussion of the Intern Evaluation Policy during orientation.
- To specific, respectful, and individualized feedback regarding their performance that is ongoing, with formal evaluation occurring according to the Intern Evaluation Policy.
- To be included in the discussion of and development of any necessary remediation plans.
- To provide feedback regarding the program or supervisors, which can be made during regularly scheduled supervision times with the individuals involved, in meetings with the Directors of Training, or whenever an issue arises.
- To initiate informal resolution of problems/grievances directly with the individuals involved, with the Directors of Training, or through APPIC's informal problem consultation process.

Intern Performance

This section describes the program's procedures for identifying and, if necessary, remediating problematic intern performance.

Interns are evaluated regarding their achievement of profession-wide competencies. While these competencies cover any potentially problematic behaviors (e.g., under the Ethical and Legal Standards and Professional Values, Attitudes, and Behaviors competencies), the following is a non-exhaustive list of some sample problematic behaviors.

- Engaging in dual role relationships.
- Violating patient confidentiality.
- Failure to respect appropriate boundaries.
- Failure to identify and report patients' high-risk behaviors.
- Failure to complete documentation in accordance with supervisor, program, and New York City Health + Hospitals guidelines.
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner.
- Plagiarizing the work of others or giving one's work to others to complete.
- Repeated tardiness.
- Unauthorized absences.
- Failure to acknowledge or participate in a remediation plan.
- Non-adherence to NYC Health + Hospitals policies and procedures. As employees of NYC Health + Hospitals, interns are responsible for adhering to all policies and procedures, including wearing ID's, following all infection control policies, providing appropriate documentation in patients' charts and other hospital records, proper signing of time sheets and request for leave.

Remediation of Intern Performance

Intern performance is continuously assessed and discussed amongst supervisors and the Directors of Training, who meet monthly within each training track and quarterly between

tracks. During the course of regular supervision and/or in meetings with their respective Director of Training, interns are provided with continuous informal verbal feedback concerning both positive performance and concerns with performance. Most issues that arise are managed in this informal manner with success and no further attention or remediation is required.

Formal written evaluations of profession-wide competencies are provided at the intervals described in the Intern Evaluation Policy. As described in this policy, competency areas in need of remediation throughout the course of the internship training year are indicated by a rating of "1" or "2" on the Intern Evaluation Form and supervisors (or the Director of Training) giving these ratings are required, on the evaluation form, to provide narrative feedback and a remediation plan to help the intern achieve a minimal level of achievement. Interns and supervisors both sign the evaluation form attesting that they reviewed and discussed the feedback and agree to the remediation plan. The supervisor and intern, with the aid of other supervisors and the respective Director of Training if needed, work with the intern to gain a minimal level of achievement and written feedback on this progress is provided on subsequent evaluations or more frequently if warranted. Remediation plans are required to include clearly defined expectations for performance improvement with time frames and consequences for failure to rectify the issue. Aggregate mid and end year evaluations, including any remediation plans, are shared via email with the intern's doctoral program DCT. Problems of a significant or immediate nature would be communicated to the DCT as they arise.

If an intern fails to successfully complete a remediation plan within the stipulated timeframe, the supervisor and/or the Director of Training for that intern, will immediately notify the intern (and the respective Director of Training) in writing (via email) and verbally. The intern will have one week from receipt of this notification to document any disagreement s/he may have regarding the continued concern and to provide this documentation to the supervisor and her/his respective Director of Training.

A meeting will then be arranged to include all involved parties and the respective Director of Training. A revised remediation plan will be instituted with a new reassessment date (e.g., one month). All parties will discuss the plan (which will be put in writing) and sign attesting to their agreement with the plan. Depending upon the nature of the issue, the respective Director of Training will inform the intern if s/he feels the problem is significant enough to notify the intern's doctoral program DCT.

If the concerns are resolved by the new reassessment date, the intern's continued progress will be further evaluated over the course of the internship year by her/his supervisors and the respective Director of Training.

If the concerns are not observed to be resolved by the new reassessment date, the respective Director of Training will document the efforts and outcome of attempts to resolve the problem. This step automatically triggers written notification to the intern's doctoral program DCT. Efforts will be made to involve the intern's doctoral program DCT in decisions towards plans to further assist the intern.

The program's decision that the training guidelines have not been followed or competencies have not been met despite attempts at remediation may jeopardize the intern's receipt of the certificate of successful completion of internship training. Such a decision is made based on a comprehensive review of the intern's record during the course of internship. If a decision is made to deny the intern certificate of successful completion of internship, s/he will be notified in writing by June 15th and will be provided a written rationale for the basis of this decision. This decision is binding and the intern's doctoral program DCT will also be notified in writing. It is expected that suggested recommendations for further remediation or corrective educational experience beyond the internship training year would be the responsibility of the intern and their doctoral program.

Dismissal from the Internship Program

Dismissal from the program and termination of the employment of an intern would occur only under rare and serious circumstances, likely involving a significant ethical infraction or illegal activity. Samples of such infractions include violent or sexual behavior at work, behavior which puts patients or staff at risk for serious psychological or physical harm, or knowingly entering incorrect information in a medical record.

Upon learning of an infraction that might possibly warrant termination, the respective Training Director will consult with the Director of Training for the other track, with the Director of Psychological Services, with Kings County Hospital (KCH) Behavioral Health Service administration, with KCH's Human Resources Department for guidance, and with APPIC. If termination is determined to be warranted, the intern, her/his doctoral program DCT, and APPIC will all be notified in writing. APA may also be consulted/notified. While the situation is being investigated, the intern may be put on administrative leave. Under certain circumstances, the internship program may be required to alert our accrediting body (APA) and/or other professional organizations (e.g., APPIC, state licensing boards) regarding unethical or illegal behavior on the part of an intern.

Intern Grievance Procedure

The internship training program is committed to a fair and impartial review of intern concerns and grievances, with the majority of issues resolved expeditiously and informally. Most often, these are issues of relationship with staff or other interns. The handling of such issues brought by or about an intern is a stepwise process. When an intern brings a concern to the attention of a supervisor or other staff member, if appropriate, that supervisor or staff member will address the issue. If an informal resolution or agreement is not attainable at this level, the intern's respective Director of Training will be consulted and will meet with the intern, the supervisor and other involved parties to work towards a resolution of the issue. The other Director of Training may also be consulted as well as the intern's doctoral program DCT if warranted.

In the rare event that the issue is not resolved to the satisfaction of the intern or concerned staff, or when a formal written grievance is made by an intern, the Directors of Training and the intern will consult with the appropriate departments/persons (e.g., EEO office, APPIC, senior

behavioral health administrators, HR office) to work towards a resolution to the issue. If a formal written grievance is made, the Directors of Training will also be in communication with the intern's doctoral program DCT.

APPLICATION INFORMATION AND PROCESS

The Kings County Hospital Psychology Internship Program uses the APPIC Online Application for Psychology Internship (APPI Online). The APPI Online is available at www.appic.org. Once your application has been completed and we have been notified of its submission, we will begin our consideration of your credentials. The application deadline is November 15, 2024.

APPLICANTS MAY APPLY TO ONE TRAINING TRACK ONLY. Duplicate applications will not be considered for either track. In your cover letter, please indicate which track you are applying for: Adult Track program code 145012; Child & Adolescent Track program code 145013.

We require THREE LETTERS OF RECOMMENDATION. We DO NOT require samples of testing reports or case summaries and ask that you do not submit them.

Interviews

All interviews for the 2025-2026 internship cohort will be conducted remotely by video. For candidates applying to the Adult Track, interviews will likely begin during the third week of November and continue through the middle of January. For the Child & Adolescent Track, interviews will likely begin the first week of December and continue through the middle of January. Applicants selected for interviews will be contacted through the National Matching Services Inc. (NMS) system to select their interview date. Interview notification will be completed by December 31, 2024.

Applicants will have three individual 30-minute interviews, conducted by staff psychologists. One of those interviews will be with the Director of Training for the track the applicant applied to. Candidates will also meet virtually in small groups with a current intern(s) for an informal discussion of the internship program and a question and answer session. Current interns have no input into the intern selection process.

Kings County Hospital is an APPIC member training site and participates in the APPIC Internship Matching Program, adhering to both the Match 1 and Match 2 processes that are administered by NMS. You may contact the NMS APPIC Internship Matching Program at:

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Ontario
Canada M4S 3B1
Phone: 800-461-6322
E-mail: psychint@natmatch.com
www.natmatch.com/psychint

The Kings County Hospital Psychology Internship Program agrees to abide by the APPIC Internship Matching Program policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Please direct any Kings County Psychology Internship Program correspondence to:

Adult Track

Jean Kaluk, Ph.D.
Director of Internship Training – Adult Track
Department of Psychology
A Building – Suite A1116
Kings County Hospital
451 Clarkson Avenue
Brooklyn, New York 11203
Telephone: 718-245-2714
email: jean.kaluk@nychhc.org

Child & Adolescent Track

Stephanie Erickson, Ph.D.
Director of Internship Training – Child & Adolescent Track
Department of Psychology
A Building – Suite A1116
Kings County Hospital
451 Clarkson Avenue
Brooklyn, New York 11203
Telephone: 718-245-2739
email: stephanie.erickson@nychhc.org

ACCREDITATION

The Kings County Hospital Psychology Internship Program is accredited by The American Psychological Association Commission on Accreditation (APA-CoA). The program was most recently reviewed by the APA-CoA in October 2023 and was awarded ten years of accreditation, with the next site visit scheduled to be held in 2033. Questions related to the program’s accredited status should be directed to the APA Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

DEPARTMENT OF PSYCHOLOGY STAFF

- Altwies, Edward, Psy.D., Rutgers University, 2008 - Kings On Track Program and Adult Outpatient Department
- Boykin, Evelyn Nicole, Psy.D., Yeshiva University, 2012 - Developmental Evaluation Clinic
- Brecker, Erica, Psy.D., Yeshiva University, 2022 - Child and Adolescent Inpatient Services (Former Extern)
- Brigante, Mathew, Ph.D., Adelphi University, 2023 – Adult Inpatient Service (Former intern)
- Busuttill, Neil, Ph.D., Yeshiva University, 2007 - Associate Unit Chief, Adult Inpatient Service
- Campos, Maciel, Psy.D., Adler School of Professional Psychology, 2011 – Program Director, Child & Adolescent Outpatient Department
- Cardona-Morales, Gabriella, Ph.D., Adelphi University, 2014 – Family Justice Center (Former Intern)
- Denham, Seanna-Kaye, Ph.D., St. John’s University, 2005 – KCH Chief Experience Officer
- DiRe, Kristina, Psy.D., Yeshiva University, 2020 – Neuropsychology and Psychological Evaluation Services (Former Intern)
- Erickson, Stephanie, Ph.D., St. John’s University, 2005 - Director of Internship Training-Child & Adolescent Track; Program Director, Developmental Evaluation Clinic
- Forbes, Karen, Ph.D., New York University, 2005 – Acute Care Clinical Administrator for Child and Adolescent Inpatient; Director of Externship Training-Child & Adolescent Track (Former Intern)
- Francois, Claude Patrice, Psy.D., Long Island University, CW Post Campus, 2011 – Forensic Psychiatry Evaluation Court Clinic-Brooklyn
- Gibson, Damaliah, Ph.D., Seton Hall University, 2009 -Adult Inpatient Service and Director of Staff Wellness (Former Intern)
- Gonzalez-Lopez, Paloma, Ph.D., Albizu University, San Juan Campus, 2021 - Adult Outpatient Department
- Ho, Hung-Yi Cindy, Psy.D., The Chicago School of Professional Psychology, 2008 - Director of Psychological Services

Hutchins, Christina, Psy.D., Long Island University, CW Post Campus, 2011 – Director of Mental Health Services Acute Care (Former Intern)

Illouz, Evan, Psy.D. Pace University, 2015 – Associate Unit Chief, Child and Adolescent Inpatient Services

Kaluk, Jean, Ph.D., Long Island University, Brooklyn Campus, 2007 - Director of Internship Training-Adult Track; Adult Outpatient Department (Former Intern)

Kotsaftis, Antonios, Ph.D., SUNY at Stony Brook, 1994 - Substance Use Disorder Services

Krishna, Meghna, Psy.D., M.A., MPS, Adler University, Chicago, 2021 – Substance Use Disorder Services

Ludwig, Megan, MS.Ed., Pace University (Psy.D. Candidate) – Child & Adolescent Outpatient Department (Former Intern)

Mascho, Alicia, Ph.D., The New School for Social Research, 2013 – Lead Psychologist, Substance Use Disorders Services

Nessel, Kimberly, Psy.D., Rutgers University, 2018 - Forensic Psychiatry Evaluation Court Clinic-Brooklyn

Newman, Kristena, Ph.D., City University of New York, 2022 - Adult Inpatient Service

Nobrega, Luis, J.D., University of San Paulo, 1994; LL.M., Kings College, London, 1998; LL.M., New York University, 2002; Psy.D., Yeshiva University, 2016 - Forensic Psychiatry Evaluation Court Clinic-Brooklyn (Former Intern)

Roberts, Jaysree, Ph.D., Adelphi University, 2014 – Lead Psychologist, Child & Adolescent Outpatient Department

Sawhney, Daljit, Ph.D., University of Health Sciences, Chicago School of Medicine, 2002 – Women’s Health Initiative and Integrated Care Services

Selig, Peter, Ph.D., Hofstra University, 2018 – Lead Psychologist Adult Outpatient Department

Tan, Helen, Psy.D., Rutgers University, 2022 – Adult Inpatient Service (Former Intern)

Workman, Nancy, Psy.D., New York University, 2002 - Child and Adolescent Outpatient Department

Appendix: Sample Intern Evaluation Form

**Psychology Internship Program
INTERN EVALUATION FORM**

Supervisor: _____

Intern: _____

Please indicate the type of evaluation:

1) **ROTATION** (Check One & Indicate Full-Time or Part-Time):

- First Rotation Unit/Clinic _____ F/T P/T Dates _____
- Second Rotation Unit/Clinic _____ F/T P/T Dates _____
- Third Rotation Unit/Clinic _____ F/T P/T Dates _____

AND/OR

2) **THERAPY** Mid-Year Evaluation End-of-Year Evaluation
(Please check one)

Please Indicate Treatment Type

- Outpatient Individual Outpatient Group Outpatient Family Inpatient Group

AND/OR

3) **TESTING** Dates _____

METHOD OF EVALUATION (CHECK ALL THAT APPLY):

- Intern report (e.g., in supervision):
- Review of written charting/documentation:
- Direct observation:
- Feedback from others (e.g., supervisors, staff):

PROFESSION-WIDE COMPETENCIES

The following rating scale is used for performance evaluation of psychology intern progress related to goals and competencies. All Interns must demonstrate an intermediate to advanced level (e.g., ratings of 3 or higher) of professional psychological skills, abilities, proficiencies, competencies, and knowledge as stated in the goals below. If an intern receives a rating of "1" or "2," remedial action is needed and a plan must be provided.

For ratings of 1 or 2, you must provide comments and indicate a plan for remedial action

- 1 Significant Deficits. Skills well below what one would expect at this level of training. Remedial action needed.
- 2 Below average. Remedial action needed.
- 3 Average. Functioning indicates adequate skill typical of interns at this level of training.
- 4 Above average. Intern functions well with routine supervisory input required.
- 5 Ready for Entry Level Practice. Intern demonstrates the ability to independently function in a broad range of clinical and professional activities, the ability to generalize skills and knowledge to new situations, and the ability to self-assess when to seek additional training, supervision, and consultation.

COMPETENCY 1: RESEARCH – INTERN DEMONSTRATES KNOWLEDGE, SKILLS, AND COMPETENCE SUFFICIENT TO PRODUCE NEW KNOWLEDGE, TO CRITICALLY EVALUATE AND USE EXISTING KNOWLEDGE TO SOLVE PROBLEMS, AND TO DISSEMINATE RESEARCH.

- Intern demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publication).

1 2 3 4 5 N/A

- Intern demonstrates the ability to disseminate research or other scholarly activities (e.g. case conference, presentations, publications) at the local (including the host institution), regional, or national level.

1 2 3 4 5 N/A

- Overall rating for intern on competency in RESEARCH.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

COMPETENCY 2: ETHICAL AND LEGAL STANDARDS—INTERN DEMONSTRATES AN APPROPRIATE LEVEL OF ETHICAL AND PROFESSIONAL KNOWLEDGE AND CONDUCT.

- Intern demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.

1 2 3 4 5 N/A

- Intern demonstrates knowledge of and acts in accordance with Health + Hospitals, New York City, New York State, and Federal laws, regulations, rules, and policies governing health service psychology.

1 2 3 4 5 N/A

- Intern demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines.

1 2 3 4 5 N/A

- Intern demonstrates the ability to recognize ethical dilemmas as they arise and to apply ethical decision-making processes in order to resolve them.

1 2 3 4 5 N/A

- Intern demonstrates the ability to conduct self in an ethical manner in all professional activities.

1 2 3 4 5 N/A

- Overall rating for intern on competency in ETHICAL AND LEGAL STANDARDS.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

COMPETENCY 3: INDIVIDUAL AND CULTURAL DIVERSITY—THE INTERN DEMONSTRATES KNOWLEDGE, AWARENESS, SENSITIVITY, AND SKILLS WHEN WORKING WITH DIVERSE INDIVIDUALS AND COMMUNITIES WHO EMBODY A VARIETY OF CULTURAL AND PERSONAL BACKGROUNDS AND CHARACTERISTICS.

- Intern demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

1 2 3 4 5 N/A

- Intern demonstrates 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.

1 2 3 4 5 N/A

- Intern demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

1 2 3 4 5 N/A

- Intern demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.

1 2 3 4 5 N/A

- Intern demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

1 2 3 4 5 N/A

- Intern demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered at KCH.

1 2 3 4 5 N/A

- Overall rating for intern on competency in INDIVIDUAL AND CULTURAL DIVERSITY.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

COMPETENCY 4: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS—THE INTERN DEMONSTRATES AN APPROPRIATE LEVEL OF PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS.

- Intern demonstrates behavior that reflects the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

1 2 3 4 5 N/A

- Intern demonstrates the ability to engage in self-reflection regarding one's personal and professional functioning.

1 2 3 4 5 N/A

- Intern demonstrates the ability to engage in activities to maintain and improve performance, well-being, and professional effectiveness.

1 2 3 4 5 N/A

- Intern actively seeks feedback and supervision and demonstrates openness and responsiveness to such feedback and supervision.

1 2 3 4 5 N/A

- Intern responds professionally in increasingly complex situations with a greater degree of independence as they progress through the training year.

1 2 3 4 5 N/A

- Overall rating for intern on competency in PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

COMPETENCY 5: COMMUNICATION AND INTERPERSONAL SKILLS- THE INTERN DEMONSTRATES APPROPRIATE LEVELS OF COMMUNICATION AND INTERPERSONAL SKILLS.

- Intern demonstrates the ability to develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, peers, and those receiving professional services.

1 2 3 4 5 N/A

- Intern demonstrates the ability to produce, comprehend, and engage in communications that are informative and well-integrated.

1 2 3 4 5 N/A

- Intern demonstrates a thorough grasp of professional language and concepts.

1 2 3 4 5 N/A

- Intern demonstrates effective interpersonal skills and the ability to manage difficult communications well.

1 2 3 4 5 N/A

- Overall rating for intern on competency in COMMUNICATION AND INTERPERSONAL SKILLS.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

COMPETENCY 6: ASSESSMENT—THE INTERN DEMONSTRATES COMPETENCE IN CONDUCTING EVIDENCE-BASED ASSESSMENT CONSISTENT WITH THE SCOPE OF HEALTH SERVICE PSYCHOLOGY.

- Intern demonstrates current knowledge of diagnostic classification systems, including the DSM-5.

1 2 3 4 5 N/A

- Intern demonstrates current knowledge of functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

1 2 3 4 5 N/A

- Intern demonstrates an understanding of human behavior within its contexts (e.g., family, social, societal and cultural).

1 2 3 4 5 N/A

- Intern demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process.

1 2 3 4 5 N/A

- Intern demonstrates ability to conduct a comprehensive evaluation including presenting problems, history of the problem, psychiatric history, medical history, and psychosocial history.

1 2 3 4 5 N/A

- Intern demonstrates the ability to conduct a comprehensive mental status exam, including a risk assessment.

1 2 3 4 5 N/A

- Intern demonstrates the ability to select and apply assessment methods that draw from the empirical literature and reflect the science of measurement and psychometrics.

1 2 3 4 5 N/A

- Intern demonstrates the ability to 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.

1 2 3 4 5 N/A

- Intern demonstrates the ability to interpret assessment results, following current research and professional standards and guidelines.

1 2 3 4 5 N/A

- Intern demonstrates the ability to use assessment results to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective.

1 2 3 4 5 N/A

- Intern demonstrates the ability to 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.

1 2 3 4 5 N/A

- Overall rating for intern on competency in ASSESSMENT.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

COMPETENCY 7: INTERVENTION—THE INTERN DEMONSTRATES COMPETENCE IN EVIDENCE-BASED INTERVENTIONS CONSISTENT WITH THE SCOPE OF HEALTH SERVICE PSYCHOLOGY, INCLUDING INTERVENTIONS DERIVED FROM A VARIETY OF THEORETICAL ORIENTATIONS OR APPROACHES DIRECTED AT AN INDIVIDUAL, A FAMILY, A GROUP, A COMMUNITY, A POPULATION OR OTHER SYSTEMS.

- Intern demonstrates the ability to establish and maintain effective relationships with the recipients of psychological services.

1 2 3 4 5 N/A

- Intern demonstrates the ability to develop evidence-based intervention/treatment plans specific to the service-delivery goals.

1 2 3 4 5 N/A

- Intern demonstrates the ability to implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

1 2 3 4 5 N/A

- Intern demonstrates the ability to apply the relevant research literature to clinical decision making.

1 2 3 4 5 N/A

- Intern demonstrates the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

1 2 3 4 5 N/A

- Intern demonstrates the ability to evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

1 2 3 4 5 N/A

- Overall rating for intern on competency in INTERVENTION.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

COMPETENCY 8: SUPERVISION-THE INTERN DEMONSTRATES THE ABILITY TO APPLY KNOWLEDGE OF SUPERVISION (IN DIRECT OR SIMULATED PRACTICE) WITH PSYCHOLOGY TRAINEES OR OTHER HEALTH PROFESSIONALS, INCLUDING BUT NOT LIMITED TO ROLE-PLAYED SUPERVISION WITH OTHERS, AND PEER SUPERVISION WITH OTHER TRAINEES.

- Intern demonstrates the ability to apply the supervisory skill of observing in direct or simulated (e.g., role-play, peer supervision) practice with psychology trainees or other health care professionals.

1 2 3 4 5 N/A

- Intern demonstrates the ability to apply the supervisory skill of evaluating in direct or simulated (e.g., role- play, peer supervision) practice with psychology trainees or other health care professionals.

1 2 3 4 5 N/A

- Intern demonstrates the ability to apply the supervisory skill of giving guidance and feedback in direct or simulated (e.g., role- play, peer supervision) practice with psychology trainees or other health care professionals.

1 2 3 4 5 N/A

- Overall rating for intern on competency in SUPERVISION.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

**COMPETENCY 9: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS-
**THE INTERN DEMONSTRATES AND APPLIES KNOWLEDGE OF CONSULTATION AND
 INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS IN INTENTIONAL COLLABORATION WITH
 OTHER INDIVIDUALS OR GROUPS TO ADDRESS A PROBLEM, SHARE OR SEEK KNOWLEDGE,
 OR PROMOTE EFFECTIVENESS IN PROFESIONAL ACTIVITIES.****

- Intern demonstrates knowledge and respect for the roles and perspectives of other professions.

1 2 3 4 5 N/A

- Intern demonstrates knowledge of consultation models and practices in direct or simulated consultation (e.g., through role-played consultation, peer consultation, or provision of consultation to other trainees) with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

1 2 3 4 5 N/A

- Overall rating for intern on competency in CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS.

1 2 3 4 5 N/A

Feedback and remedial action (for ratings "1" or "2" only)

SUPERVISOR COMMENTS:

INTERN COMMENTS:

I have read the above evaluation and am in agreement with its content.

Intern Name

Intern Signature/Date

Supervisor Name

Supervisor Signature/Date

rev 1/4/24