



**JACKSON MEMORIAL HOSPITAL**  
**In Affiliation with University of Miami**  
**Leonard M. Miller School of Medicine**

**Psychology Internship Program**

**2015-2016**

# **PSYCHOLOGY INTERNSHIP TRAINING PROGRAM**

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## **GENERAL INFORMATION**

The University of Miami/Jackson Memorial Hospital is the third largest medical center in the nation and by far the largest medical center in the Southeast. Jackson Memorial Hospital (JMH) is an accredited, tax-assisted, tertiary teaching hospital with 1,558 licensed beds. Associated with the Florida International University Herbert Wertheim College of Medicine and the University of Miami Leonard M. Miller School of Medicine (UM), JMH provides a wide range of patient services and educational programs, a clinical setting for research activities, and a number of health-related community services. It is a regional referral center and a magnet for medical research and innovation. JMH's world-renown treatment facilities include the Ryder Trauma Center, UM/JM Burn Center, Holtz Children's Hospital, Jackson Rehabilitation Hospital and the Miami Transplant Institute. Based on the number of admissions to a single facility, Jackson Memorial is one of the nation's busiest hospitals.

The role and importance of psychologists in the medical center has been fully accepted and embraced by all medical disciplines. The psychological stress and emotional trauma associated with a serious injury or disease plays a significant role in the eventual outcome of medical treatment and rehabilitation of medically and/or psychiatrically impaired individuals. Similarly, psychologists are integrally involved in the assessment, differential diagnosis and treatment of psychiatric patients, and there is excellent collaboration between Psychiatry and Psychology in the areas of mental health, consultation of acute medical patients, and Behavioral Medicine and Rehabilitation.

## **DEPARTMENT OF PSYCHOLOGY**

The Department of Psychology at JMH provides diagnostic and treatment interventions to both inpatients and outpatients with acute and chronic diseases, as well as physical, psychiatric, and neurological disabilities, as part of a well-integrated multidisciplinary team approach. These comprehensive clinical activities provide a rich environment for the Psychology Internship Program. The JMH Psychology Department is comprised of 12 full-time and 1 part-time licensed psychologists with expertise in various specialty areas throughout the medical center. The theoretical orientation of the faculty is quite varied, ranging from cognitive-behavioral to psychoanalytic. The JMH Department of Psychology is affiliated with the Division of Psychology at the University of Miami Leonard M. Miller School of Medicine. UM's Division of Psychology is comprised of 16 full-time and part-time licensed psychologists, 2 of whom are actively involved in the Psychology Internship Program. Interns have multiple opportunities for involvement with other UM psychologists through research and training experiences.

Evelyn F. Benitez, Ph.D.  
Chief of Psychology

## **INTERNSHIP TRAINING PROGRAM**

The Training Program in Psychology is fully accredited by the American Psychological Association through the Commission on Accreditation located at 750 First Street, NE, Washington, DC 20002. Their phone number is (202) 336-5979. The program offers a one-year, full-time predoctoral appointment with a stipend of \$20,000. Currently, there are multiple internship positions being offered (thirteen in total). The predoctoral appointment involves intense therapeutic interventions with patients and their families on an individual and group basis. Clinical services are also provided to patients throughout the medical center. The psychological interventions are an integrated part of each medical/psychiatric team service and are supervised by at least one senior attending psychologist from the department.

After an initial one-week orientation, interns begin their one-year assignment. Interns are offered a variety of supervised clinical experiences that involve assignment of specific cases and typically includes assessment, psychotherapeutic intervention, family therapy, reporting at walking and kardex rounds, reporting at family and patient conferences, chart and report writing, integration with other services, and case management. Supervision on these tasks is extensive and exceeds APA requirements. The size of the caseload and the difficulty level of the cases will increase with the intern's competence on each clinical service.

The following tracks and rotations are offered for training and will be more fully explained in the next section:

- A. Adult Outpatient Clinical Track (two positions)
- B. Adult Behavioral Medicine and Rehabilitation Psychology Track (two positions)
- C. Adult Neuropsychology Track (two positions)
- D. Medical Psychology/Consultation Liaison Track (two positions)
- E. Deaf and Hard of Hearing Track (one position)
- F. Pediatric Behavioral Medicine (two positions)
- G. Child Clinical Track (one position)
- H. Pediatric Neuropsychology Track (one position)

In addition to clinical activities, interns are required to attend the academic and didactic training conferences and seminars that are presented throughout the year. These include: Introductory Seminar Series, Psychiatry Grand Rounds, Clinical Ethics Rounds, Clinical Psychopharmacology Seminar, Psychodiagnostic Seminar, Supervision Module, Behavioral Pain Management Seminar and Clinical Case Conference. In addition, interns may also attend Morbidity and Mortality Conferences, Child Psychiatry Grand Rounds, Neurology/Neurosurgery Grand Rounds, Brain Cutting, and other seminars and special conferences that are offered in the medical center at the discretion of the intern's primary supervisor, and depending on the assigned track. Opportunities for participating in research are available.

Regardless of track, interns are required to have two core experiences throughout the training year, i.e. psychological testing and long-term psychotherapy cases. A minimum of six full batteries and two long-term psychotherapy cases (minimum 12 sessions) throughout the year are assigned to each intern to fulfill this requirement.

In addition to Federal Holidays, benefits include 18 personal leave days (for vacation, sick, and dissertation leave time) and health benefits (medical, vision and dental). Interns also have access to the psychiatry library, which provides access to a variety of CD ROMS, various database searches including Medline and ClinPsych, as well as a host of online full-text journals and books.

## **PHILOSOPHY AND MISSION OF THE TRAINING PROGRAM**

The fundamental internship training mission is to facilitate the development of mature and competent psychologists capable of functioning independently in a multidisciplinary setting. The training staff believes this is best accomplished through a constant interplay of experiential and didactic experiences. Interns are encouraged to become analytical and critical consumers of current theory and practice in the field. Hence, one of our fundamental goals is the development of clinicians, not technicians, which is consistent with the programs practitioner/scholar model.

Within this context, the main philosophy and mission of the Psychology Internship Training Program in the Department of Psychology are:

1. To provide psychology interns with the necessary supervised experience to become effective practicing psychologists. The program evaluates each intern according to their entry competency and supervised clinical activities are sequential, cumulative, and graded in complexity.
2. To provide the intern with an understanding of the theoretical basis, both psychological and physiological, for effective assessment and therapeutic interventions. In addition, interns will become well versed in cultural and individual differences and its influence on assessment and interventions.
3. To provide the specific techniques and skills, along with medical knowledge, necessary for effective assessment and treatment of patients with psychological and/or physiological and medical conditions from a behavioral, cognitive, or psychoanalytic framework.
4. To provide an opportunity to conduct research and /or an understanding of the importance of research as it relates to effective clinical intervention.
5. To establish high ethical and professional standards of behavior for psychologists and interns.
6. To gain an understanding and appreciate ethnic, religious, socioeconomic and individual differences.
7. To provide a single standard of care to patients based on need of service regardless of other factors.

The training philosophy, mission and goals are consistent with the philosophy, mission and goals of both Jackson Memorial Hospital and the University of Miami Leonard M. Miller School of Medicine.

## **CRITERIA FOR SUCCESSFUL COMPLETION OF THE PSYCHOLOGY INTERNSHIP PROGRAM**

Criteria for successful completion of the Psychology Internship include demonstrated competence in the areas of: professional conduct, ethics and legal matters, individual and cultural diversity, theories and methods of psychological diagnosis and assessment, Theories and methods of effective psychotherapeutic intervention, scholarly inquiry and application of current scientific knowledge, professional consultation and supervision.

These criteria are described and assessed as follows:

**Professional Conduct, Ethics and Legal Matters:** The ability to function effectively as a member of a multidisciplinary treatment team; the ability to work independently appropriate to one's current level of training; the ability to present material professionally at seminars and case conferences; the ability to

utilize supervision effectively; the ability to understand and employ standards of ethical behavior and professional rules and guidelines; the ability to interact appropriately with staff and patients in a variety of contexts and settings.

This competency is evaluated by all faculty throughout the training year by assessing interns' behavior in all professional contexts (i.e., during supervisory sessions, during all academic and dyadic training seminars and conferences, during multidisciplinary team meetings, during formal and informal consultations, during interactions among interns and administrative personnel).

**Individual and Cultural Diversity:** The ability to be sensitive to the cultural and individual diversity of patients and to be committed to providing culturally sensitive services; the ability to be aware of one's own background and its impact on clients; and the ability to be committed to continuing to explore one's own cultural identity issues and its relationship to clinical work.

This competency is evaluated by all faculty throughout the training year by assessing interns' behavior in all professional contexts (i.e., by primary and secondary supervisors through observation of direct patient care and through weekly supervisory meetings and reviews of written material; by training faculty during all academic and didactic training seminars and conferences, during multidisciplinary team meetings, during formal and informal consultations, and during interactions among interns and administrative personnel).

**Theories and Methods of Psychological Diagnosis and Assessment:** The ability to select, administer, and interpret psychological tests, including objective and projective instruments; the ability to write testing reports which summarize test results; the ability to respond to requests for psychological testing, and to clarify referral questions when appropriate; the ability to discuss test results at meetings with other professionals and with patients.

These competencies are evaluated by testing supervisors in weekly supervisory sessions (individual and group), assessment seminars, and reviews of written test reports and consults. Feedback is also solicited from all other staff that may have had occasion during the course of patient care activities to review the intern's psychodiagnostic reports.

**Theories and Methods of Effective Psychotherapeutic Intervention:** The ability to conceptualize patients' problems within at least two theoretical frameworks; the ability to establish rapport with individual and group therapy frameworks; the ability to establish rapport with individual and group psychotherapy patients; the ability to translate conceptualizations of problems into appropriate individual, group, or family interventions; the ability to become aware of one's own feelings, dynamics, and behaviors in the psychotherapeutic relationship.

These competencies are assessed by individual, group, and family therapy supervisors in weekly supervisory meetings, case conferences, and during reviews of written material (i.e. progress notes, treatment plans, treatment summaries) and recordings (i.e., audio tapes and video tapes of therapy sessions.)

**Scholarly Inquiry and Application of Current Scientific Knowledge:** The ability to display necessary self-direction in gathering clinical and research information practice independently and competently; and the ability to seek out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

This competency is evaluated by primary and secondary supervisors through weekly supervisory meetings and reviews of written material. All other faculty will also evaluate interns' use of scholarly

inquiry as observed in a variety of contexts (i.e., case conferences, seminar presentations and discussions).

**Professional Consultation:** The ability to perform an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question; the ability to give the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

This competency is evaluated by primary and secondary supervisors through observation of the direct patient care and through weekly supervisory meetings and reviews of written material; by training faculty during all academic and didactic training seminars and conferences, during multidisciplinary team meetings, and during formal and informal consultations.

**Supervision:** The ability to demonstrate good understanding and knowledge of theories and methods of supervision.

Faculty will evaluate interns' supervision skills as observed during the supervision training module. On tracks with opportunities to provide supervision, this competency will also be evaluated by primary and secondary supervisors through observation between interns and supervisees, through weekly supervisory meetings and reviews of written material.

These criteria for successful completion of the internship are discussed with the interns during the initial orientation period by the Chief of Psychology and Director of Training. They are reiterated throughout the training year in seminars and supervisory sessions. Expectations as to number of patients seen, number of test reports completed, etc. are also communicated during orientation and throughout the training year.

All training staff involved with the intern's clinical work will provide interns with the appropriate feedback during the routine weekly supervisory sessions. The intern's performance is discussed monthly during the Psychology Training Committee meeting, following the monthly Faculty meeting. In addition, all supervisors are asked to complete formal written evaluations of the interns' progress toward achieving these competencies on a quarterly basis. If interns' progress in achieving these competencies is observed to be deficient, all efforts will be made to remedy existing deficiencies.

## **SUPERVISION OF TRAINEES**

Each intern is assigned a primary supervisor who is responsible for all of the intern's professional activities. The supervisor is responsible for meeting with his/her intern for a minimum of two (2) hours per week of face-to-face supervision sessions in which cases are reviewed. Furthermore, professional and ethical issues, as well as content and manner of case consultation are discussed. Interns also receive 90 minutes of group supervision in Clinical Case Conference on a weekly basis, and 90 minutes of supervision in Clinical Ethics Rounds weekly.

All supervisors within the medical center have major patient-care responsibilities, so interns gain skills and knowledge by working side by side with their supervisors. Interns can expect intensive supervision with the opportunity to take on considerable professional responsibility. Faculty members are eligible to be primary supervisors if they are licensed in the state of Florida and have served within their service for a minimum of six months.

The supervisor works with the intern at the beginning to delineate training goals. Supervisors schedule regular direct supervision sessions. Based upon the supervisor's assessment of intern's progress, additional supervision may be scheduled as needed. A minimum of two hours of formal, scheduled supervision is required each week. Professional and ethical issues, as well as content and manner of case consultation are discussed. In addition to individual supervision sessions, supervisors are available to meet with interns on an immediate basis to discuss urgent clinical matters as they occur. It is also the supervisor's responsibility to provide a thorough orientation into the clinical service to which the intern is assigned.

Supervisors will co-sign all progress notes, treatment plans, assessment reports, patient-related correspondence and any other intern entries into the medical record. When the supervisor is unavailable, he or she arranges for another psychologist to provide supervision and to co-sign for the intern. This "back-up" supervisor must be a faculty member, or have faculty privileges in the institution.

## ACADEMIC SCHEDULE

### 1. Introductory Seminar Series

*Coordinator: Susan Chalfin, Ph.D.*

Required for all interns. The goal of the Introductory Seminar Series is to provide an introduction to basic information and skills needed for providing psychological services at Jackson Memorial Hospital during the second month of internship. Topics such as safety planning at JMH and in Miami, risk management, Florida mental health laws, suicide assessment, effective communication strategies, diversity, writing a blog, and time management are reviewed and discussed.

### 2. Clinical Psychopharmacology Seminar

*Coordinator: Efrain A. Gonzalez, Psy.D., M.S.ClinPharm, ABPP*

Required for all interns. The goal of the Psychopharmacology Seminar is to familiarize the student with various pharmacotherapeutic medications used in the management of psychiatric and neurological disorders. Basic understanding of Central Nervous System functioning, pharmacokinetics, pharmacodynamics, gastrointestinal and circulatory systems, biological theories of psychopathology (depression, anxiety, psychosis, mania, etc.), mechanisms of action of medications, and the potential positive and negative outcomes of medications will be emphasized in the context of case presentations. Positive and negative outcomes of medications will also be emphasized.

### 3. Psychodiagnostic Seminar

*Coordinator: TBA*

Required for all interns. Our interns provide hospital-wide psychodiagnostic testing which exposes the interns to the awareness of ethical, socio-cultural, diversity, legal, and administrative issues in the consultation process. The purpose of the psychodiagnostic seminar is to present and integrate psychological testing data-- objective and projective personality testing, along with intellectual and neuropsychological evaluations-- which informs the intern's diagnostic and treatment planning for those patients who present some difficulty in diagnosis or treatment course. Interns are provided a weekly opportunity to refine their skills in the administration and interpretation of psychological tests while also learning important methods to integrate and communicate test results effectively. All interns are expected to present one testing case during the training year.



#### **4. Clinical Case Conference**

*Coordinator: Susan Chalfin, Ph.D.*

Required for all interns. A weekly, 90-minute conference in which interns present psychotherapy cases for discussion according to a formal psychiatric model. The 90 minutes are devoted to the case to accomplish a thorough review and discussion of each patient and the specific techniques utilized in psychotherapeutic sessions. The focus of each presentation is on the integration between theory, clinical application, and utilization of the literature. Presentations are in-depth, and generate interesting and stimulating discussions. All interns are expected to present two case conference presentations during the training year.

#### **5. Ethics Rounds**

*Coordinator: Efrain A. Gonzalez, Psy.D, M.S.ClinPharm, ABPP*

Required for all interns. As professional psychologists and practitioners in a large medical center, we are constantly faced with numerous ethical, moral, and legal issues involving patients, physicians and allied professional health staff. Common issues include confidentiality, duty to warn, dual relationships, physical and sexual abuse, DNR (Do Not Resuscitate Orders), AND (Allow Natural Death), refusal of medical/psychiatric interventions, diminished capacity, and competency. The purpose of Clinical Ethics Rounds is to discuss the ethical, moral, and legal implications of issues that arise in the context of a clinical case. All interns and Postdoctoral Fellows are expected to present one clinical ethics case during the training year.

#### **6. Psychiatry Grand Rounds**

*Coordinator: Department of Psychiatry and Behavioral Sciences*

Required for all interns. Bi-weekly formal academic presentations about various topics in psychiatry presented by psychiatrists and psychologists who are local and nationally known speakers. Meets 90 minutes every other week.

#### **7. Behavioral Pain Management Seminar**

*Coordinators: Mario Olavarria, Psy.D. and Mary I. Ishii, Psy.D.*

Required for all interns. During this seminar, interns and externs will be introduced to various theories of pain, concept of behavioral pain management, assessing for pain, as well as discuss and demonstrate various types of interventions, including cognitive reframing, psycho-education, relaxation and hypnosis. This seminar is presented in 4 sessions with one booster session later on during the year during which interns can return with cases they have experienced or with techniques they would like to further practice.

#### **8. Supervision Module**

*Coordinator: Evelyn F. Benitez, Ph.D., CAP*

Required for all interns. This is designed to provide interns with a brief but comprehensive overview in the field of supervision. Objectives of this module are to make the interns aware of the challenges in the transition from supervisee to supervisor, become familiar with different approaches to supervision, and be able to identify legal and ethical issues in supervision. Required readings will be provided. This seminar is presented in 4 sessions.

#### **9. Research Module**

*Coordinator: Philip D. Harvey, Ph.D.*

Elective for all interns. Interns may elect to participate in research opportunities from the Division of Psychology in the Department of Psychiatry and Behavioral Sciences at the University of Miami School of Medicine. Interns can be involved in different aspects of a research project, such as data collection, data management and analyses, and report writing,

and will have the opportunity to work closely with the principal investigator of the project. Principal investigators include psychologists and psychiatrists in the Department of Psychiatry and Behavioral Sciences. Specific opportunities for research vary on a yearly basis depending on the studies that are funded each year. Current research efforts are aimed at PTSD, cognition and aging, remotely deliverable assessment and interventions, cognition, social cognition and functioning in severe mental illness, and substance abuse in mood disorders. Interns who elect this rotation will be required to participate four hours per week, in addition to their clinical responsibilities, for a minimum of three months. Additional three month rotations can be considered at the discretion of the research coordinator, principal investigator and clinical supervisor.

#### **10. Morbidity and Mortality (M&M) Conference**

*Coordinator: Department of Psychiatry and Behavioral Sciences*

*Elective for all interns.* Interns may elect to attend the University of Miami's M&M conference. M&M is a peer review of mistakes occurring during the care of patients, typically highlighting recent cases and identify areas of improvement for clinicians involved in the case. The objectives of the M&M conference are to learn from complications and errors, to modify behavior and judgment based on previous experiences, and to prevent repetition of errors leading to complications. They are also important for identifying systems issues (e.g., outdated policies, changes in patient identification procedures, etc.) which affect patient care. M&M is meant to be non-punitive and focused on the goal of improved patient care. M&M conference takes place once a month.

## **CLINICAL ROTATIONS**

### **A. ADULT OUTPATIENT CLINICAL TRACK**

The Internship in the Adult Outpatient Clinical Track consists of training predominantly in the Adult Outpatient Clinic (AOPC). In the AOPC, emphasis is on brief and long-term psychodynamic and cognitive-behavioral therapy with a wide variety of patients who present with Axis I and II disorders complicated by medical illness and severe psychosocial stressors. Common patient diagnoses include: affective disorders, anxiety disorders, PTSD, psychosis, personality disorders, and concurrent substance abuse. The intern carries a diverse outpatient psychotherapy caseload, representing a spectrum of demographic and cultural backgrounds, clinical presentations and treatment needs. Essentially, the Adult Outpatient Clinical Track allows the intern to gain clinical experience with patients from different ethnic and socioeconomic backgrounds with a wide range of psychopathology, as well as to learn about treatment systems by becoming an integral member of a treatment team. The treatment team at the AOPC consists of psychiatrists, social workers, psychiatry residents, psychology postdoctoral fellows, and support staff. Average work week for the AOPC intern is 40-45 hours.

#### **1. Outpatient Clinical Services.**

The intern assumes responsibility for a combination of assessment, consultation, and direct clinical care duties. The intern is responsible for providing 15 to 20 hours of therapy a week. The modality of therapy can include individual, couples or family intervention. Psychological assessment and outpatient group therapy are also integral components of the training in our clinic. The intern is responsible for completing a minimum of 6 test batteries during his/her internship year. In addition, there are a wide range of groups available. In addition to those listed below, interns may participate in the formation of new groups. Group therapy options are:

- Depression Group (Behavior Activation)

- Cancer Group (CBT/Expressive Supportive Therapy)
- Dialectical Behavioral Therapy Group
- Co-Occurring Treatment Group (Guided Self-Change Group: Motivational Interviewing & CBT)

2. **Inpatient Consultative Responsibilities.**

The intern will be assigned to one of our inpatient psychiatric units and serve as a consultant to this unit for his/her entire internship year. The intern will provide psychological assistance to both patients and staff contingent on the needs of the unit. In addition, the Psychology Service provides Consultation/Liaison services to the surgical and medical units in Jackson Memorial Hospital where a full range of medical issues may be encountered. In this arena, the intern in the Adult Outpatient Clinical Track participates on a per-needed basis providing consultation services.

3. **Research Activities:**

Research opportunities are available in the Adult Outpatient Clinic Track. Research provides the knowledge base of clinical psychology, and interns are expected to be conversant with the processes and products of contemporary clinical investigation. Current opportunities are available in participating in a federal research grant which targets improving patient safety and reforming medical liability by testing the effectiveness of an innovative model, the Initiative to Reduce Inpatient Suicide (I.R.I.S.), in medical/surgical units.

4. **Supervision:**

The intern receives a minimum of two hours of supervision per week. Supervision of psychotherapy is conducted according to numerous theoretical orientations including brief dynamic, cognitive, behavioral and psychodynamic. Although supervisors operate from a variety of therapeutic perspectives, all are interested in supporting the development of the intern's theoretical orientation. Supervision of group psychotherapy is typically conducted with both co-leaders present. In addition, the intern has abundant opportunities for observational learning and informal supervision. Supervisors, along with a team of fellow trainees, have the opportunity to observe therapy sessions through a one-way mirror when deemed useful or necessary.

**B. ADULT BEHAVIORAL MEDICINE & REHABILITATION PSYCHOLOGY TRACK**

This full year internship experience takes place within an exciting, medical setting -- our ORN Hospital Center (Orthopedics, Neurology, Neurosurgery and Rehabilitation) in which psychology is exceptionally well integrated, well utilized and much appreciated. This track is designed to prepare the intern to function independently as a doctoral level clinical psychologist with a specialty in behavioral medicine and rehabilitation psychology, whether in a medical setting or independent practice. An emphasis in neuropsychology is available for the intern with advanced training and career goals in neuropsychology. Our department enjoys a prominent position nationally in the field of Rehabilitation Psychology, with three past presidents of Div 22 of APA (Rehabilitation Psychology) and a past president of the ABPP Board in Rehabilitation Psychology. The two supervising faculty on this track provide exposure to and supervision in different approaches to behavioral medicine, as well as various subspecialty areas within the fields of behavioral medicine, rehabilitation psychology and neuropsychology.

Of the two positions available, *one* will emphasize Latino/Hispanic culture and the Spanish speaking population as applied to Behavioral Medicine and Rehabilitation Psychology. (Spanish language skills are preferred but not required for this position). Note that *both* positions will provide extensive treatment experience with our diverse multi-cultural population. The cultural diversity of South Florida makes for a rich training environment, with large Hispanic, Haitian, and African American populations. The ORN

Hospital Center also serves a large international program drawing many patients from around the world, especially Central America, South America and the Caribbean. This track emphasizes cross cultural training and incorporation of cultural issues into psychological/neuropsychological assessment and treatment.

The intern on this track will also experience working with a broad spectrum of patients in terms of socio-demographic, medical, and psychological characteristics. Patients on this rotation range in age from adolescents to elders. Medical diagnoses include a broad range of injuries and illnesses, such as spinal cord injury, multiple orthopedic trauma, amputation, multiple sclerosis, cancer, brain injury, diabetes, etc. A wide variety of psychiatric diagnoses are represented.

This track takes place within the medical units of Jackson Memorial Hospital, with many patients entering through our world-renowned Level One Ryder Trauma Center. Interns are integrally involved in the treatment teams within the Departments of Neurology, Neurosurgery, Orthopedics, and Rehabilitation. Interdisciplinary work with these teams is a central focus of this track. Doctoral interns are highly valued and utilized members of the team in these departments, frequently sought out for assistance regarding behavioral management and the many emotional and behavioral issues in patient care. Frequent opportunities to participate in Grand Rounds, walking and chart rounds and other training in the above departments are available to interns. The Miami Project to Cure Paralysis, founded by one of our patients and our chief neurosurgeon in 1985, has brought the best researchers from around the world to work together here, and an internationally renowned treatment team, resulting in an exciting working environment. It is in this spirit that our psychologists strive to offer evidence based and innovative treatment approaches and cutting edge treatment programs to facilitate our patients' emotional adjustment to their medical conditions or disabilities. Average work week for the Adult Behavioral Medicine & Rehabilitation Psychology intern is 45-50 hours.

This track consists of 4 emphasis areas, which run simultaneously:

**1. Acute Inpatient and Intensive Care:**

This rotation provides the intern a unique opportunity to learn and utilize behavioral medicine principles and techniques in an intensive care and acute care medical setting. The intern begins work with assigned patients and families from the day they enter the medical system. (Interns can follow some patients through the entire treatment process as they progress from intensive care to acute care to inpatient rehabilitation and reintegration into the community in the outpatient phases of care, providing a comprehensive, long term therapy experience over the course of the internship year). Patients seen in intensive care are critically injured or ill, and many have catastrophic injuries such as amputations, spinal cord injuries, severe multiple trauma, or acute exacerbations of oncologic or neurologic conditions.

The intern in a critical care environment must establish a communication system if the patient is intubated or trached, evaluate the patient from a cognitive and emotional perspective, evaluate family functioning, and implement a program of crisis intervention, psychotherapy, support, behavioral management, and psychoeducation. Issues such as ego defenses and understanding of medical condition, health care beliefs, "ICU psychosis", acute stress disorder, head injury and post-traumatic amnesia, treatment compliance, and emotional distress are routinely addressed. As premonitory psychopathology is often exacerbated by a medical crisis, the intern is involved in diagnosis and treatment of a wide range of psychopathology. Psychologists play an important role in helping patients wean off of respirators and manage pain, and are often involved with evaluation of capacity regarding ability to make medical decisions. Additionally the intern will apply rehabilitation psychology principles regarding consultation and systems intervention with the interdisciplinary team (physicians, nurses, physical and occupational therapists, social workers, case managers, etc.) to facilitate maximal patient and family adjustment to and compliance with critical medical treatment regimens. The intern will report on his or her patients in weekly interdisciplinary rounds. Interns may be involved in patients' end-of-life decisions (withdrawal or

withholding of life support) and attendance at the hospital Bioethics Committee meetings may be part of these cases.

*The intern will leave this rotation with well-established crisis intervention skills and ability to work in ICU and acute care settings, a growing area of demand in our current health care climate.*

## **2. Inpatient and Outpatient Rehabilitation:**

This experience allows the intern to develop and apply a variety of rehabilitation psychology and behavioral medicine principles and techniques in our CARF accredited inpatient rehabilitation center and outpatient program, and to work on advanced psychotherapy and assessment skills that will prepare him or her to work in a medical or private practice setting. The patient population includes spinal cord injury, mild to moderate brain injury, amputations, multiple orthopedic trauma, multiple sclerosis, cancer, and a variety of other medical conditions, ranging from catastrophic to moderate levels of impairment. Patients range in age from adolescents to geriatric, with all ages ranges well represented. The intern will provide a comprehensive initial assessment on each patient assigned, provide individual and family therapy, and co-facilitate at least one patient group psychotherapy session per week, as well as a multiple family group psychotherapy session twice per month. Issues of focus include adjustment to and coping with the psychological aftermath of serious injury/illness, treatment of acute stress disorder and PTSD, pain management, and treatment of the full spectrum of psychopathology, as medical crises often exacerbate premorbid psychopathology. Consultation with the interdisciplinary team (physicians and surgeons, nurses, physical and occupational therapist, social workers, recreation therapists, dieticians, respiratory therapists, etc.) regarding patient/family emotional status, behavioral management and treatment compliance issues is a critical role of the psychologist/intern, and a core concept of rehabilitation psychology. Interns will report in interdisciplinary rounds and may participate in bedside walking rounds weekly as well. Charting and documentation issues as required in accredited Rehabilitation settings are taught (e.g. FIMS) and familiarity with accreditation issues will prepare the intern to assume leadership in facilities in which they may serve in the future. (Many past interns are now heading up Rehab Psychology programs around the country and have told us this aspect of training was particularly valuable).

Psychology is well integrated and utilized on this service, which makes for a rich and rewarding experience. Supervision includes emphasis on treatment planning, advanced psychotherapy skills, application of behavioral medicine principles and techniques, integration of the interdisciplinary team in treatment, and addressing the diverse cultural issues present in our population as they affect health care beliefs and psychological treatment.

## **3. Psychological/Neuropsychological Testing/Assessment Rotation:**

This rotation will vary in level of advancement and amount of emphasis depending on the intern level of training and interest. For the intern with little or no training in neuropsychology, this rotation will provide training geared toward a basic level of competency in intellectual and personality assessment, as well as at least a basic level of competency in performing neuropsychological screening. *For the intern with more advanced skills, this rotation offers advanced level training and more extensive experience.* This rotation is supervised by a neuropsychologist specializing in the identification and treatment of brain injury and neuropsychological conditions in acute, rehabilitation and outpatient medical settings.

Since many of our patients enter our system via our Level 1 Trauma Center with neurologic or orthopedic trauma, there is a high incidence of concomitant brain injuries, usually in the mild to moderate ranges. Many of these patients have “silent” injuries, those that are not diagnosed or a focus of treatment in the acute stages of injury, but that are noted later as the patient experiences cognitive or other symptoms which suggest brain injury. The psychology intern plays a critical role in diagnosing and treating these patients on this rotation. Referrals come from attending physicians, interdisciplinary team members, case managers, attorneys and the courts. Referrals may also include vocational/educational and disability determinations.

All interns on this rotation will complete a minimum of six full batteries, which will be both inpatient and outpatient testing cases. This rotation is designed to provide the intern with competency in administration, scoring, interpretation and report writing of personality (objective and projective) and intellectual tests, as well as neuropsychological testing tailored to the level of previous training and interest of the intern. This rotation emphasizes cross-cultural issues in assessment in light of the wide diversity of cultures and ethnicities represented in our patient population. A flexible battery approach is used, tailored to the diagnosis and referral. The provision of recommendations and feedback to the interdisciplinary team and referral sources, as well as the patient and family, are emphasized. Additionally, integration of the testing data into a comprehensive written report will also be a focus of training.

This rotation also provides training and experience in the use of remedial strategies and cognitive retraining methods to compensate for patients' cognitive and behavioral deficits. Interns will work with patients, teams and referral sources regarding issues such as competency to make medical decisions, readiness to return to work, education, driving, living independently, etc.

#### **4. Psychological and Behavioral Pain Management:**

This seminar and training experience is required for interns on ABM/Rehab Psychology track and the seminar portion is open to interns on other tracks. It is provided via a weekly seminar which includes didactic instruction from several faculty, supervised practice, case presentations and application of principles and techniques in the clinical settings of the track.

The intern on this rotation will gain competency in theoretical, diagnostic and clinical issues regarding anxiety and pain syndromes, and be able to provide appropriate interventions geared toward symptom relief. Various theories related to the mind-body relationship and pain are addressed. Interventions include cognitive behavioral and behavioral techniques, various relaxation techniques, and visual imagery strategies. Faculty certified in clinical hypnosis will provide training in hypnosis, and emphasize the use of hypnosis in treatment of pain syndromes.

### **C. ADULT NEUROPSYCHOLOGY TRACK**

The Clinical Neuropsychology full year rotation satisfies the pre-doctoral requirements for a Neuropsychology Internship established by A.P.A. Division 40 (Neuropsychology). Previous background and training in Neuropsychology is required for this rotation. The Adult Neuropsychology Track includes two internship positions, Adult Neuropsychology and Adult Neuropsychology-Hispanic Specialty. Interested interns are encouraged to apply for both positions.

On this rotation, interns function as part of an interdisciplinary team that includes neurosurgeons, trauma surgeons, neurologists, psychiatrists, and rehabilitation specialists. Training is accomplished through readings, as well as attendance at brain cuttings and neurosurgeries, Department of Neurology Grand Rounds, Neurological Rehabilitation patient and family rounds, Rehabilitation in-services, and Neuropsychology Case Conference. Areas of training include: 1) functional neuroanatomy, 2) neuropathology, 3) neuropsychological assessment, 4) neurobehavioral and cognitive retraining, 5) psychotherapeutic interventions with neurologically involved patients and their significant others, 6) behavioral management of maladaptive behaviors, and 7) ethics. Didactic training in neuropsychological assessment is based upon a combined quantitative and qualitative approach that emphasizes a dynamic understanding of cortical functioning and brain-behavior relationships. Consistent with this model, a core fixed battery, including many of the Halstead-Reitan neuropsychological tests, is administered, with a variety of other neuropsychological and personality (e.g., MMPI-2, Rorschach) tests applied in a flexible

manner as indicated to clarify a patient's cognitive, emotional, and behavioral status and provide information that is clinically applicable to a patient's rehabilitation. Interns complete a minimum of eight comprehensive batteries, with additional brief consultation reports and evaluations conducted as indicated. In addition to neuropsychological evaluations, interns receive supervised training in neuropsychological rehabilitative techniques, including individual, family and group psychotherapy; family support groups and conferences; behavior modification; training of remedial techniques to compensate for cognitive-behavioral deficits; and cognitive retraining of attention, memory, executive, and other mental functions. Interested interns also may have the opportunity to provide supervised supervision of practicum students.

The Neuropsychology Service primarily is housed in the Jackson Health System's Ryder Trauma Center, a world-renowned Level I trauma facility. The Neuropsychology Service enjoys an excellent working relationship with the Departments of Neurosurgery, Physiatry, Neurology, and Psychiatry. Interns have the opportunity to work with patients and families from a diverse sociocultural, ethnic, and language spectrum, allowing them to learn about the impact of these issues on evaluation, intervention, and recovery. Experience is provided with a broad range of neurological and neuropsychiatric conditions (e.g., traumatic brain injuries, cerebrovascular accidents, multiple trauma, neuromuscular and neurodegenerative disorders, transplants, neuro-oncology, seizure disorders). In addition to working with patients experiencing an array of neurological diagnoses on the inpatient Neurological Rehabilitation unit, interns will work with traumatic brain injury patients on the neurosurgical and traumatic intensive care units, and acute floors. Interns also will follow patients via the outpatient neuropsychology program, completing full neuropsychological assessments, providing short- and long-term individual, family and group therapy, and implementing cognitive rehabilitation with patients experiencing a variety of neurological conditions. Interns also will provide diagnostic consultations to a variety of other medical and psychiatric units throughout the JHS medical center. The interns will have a unique opportunity to follow patients throughout their recovery process from the neuroscience intensive care unit to outpatient treatment. Finally, interns have the opportunity to participate in clinically relevant research, including ongoing faculty projects. Average work week for the Adult Neuropsychology intern is 45-50 hours.

Recommended readings and texts include Neuropsychological Assessment (4<sup>th</sup> Ed.), by M.D. Lezak, D.B. Howieson, & D. W. Loring (New York: Oxford University Press, 2004), Clinical Neuropsychology, by K. Heilman and E. Valenstein (New York: Oxford University Press, 2003), A Compendium of Neuropsychological Tests: Administration, Norms, and Commentary, by E. Strauss, E. Sherman, & O. Spreen (Oxford University Press, 2006), and Neuroanatomy Through Clinical Cases, by H. Blumenfeld (Sinauer Associates, 2002).

#### **D. MEDICAL PSYCHOLOGY/CONSULTATION LIAISON TRACK**

Psychosomatic Medicine focuses on the inextricably related aspects of health and illness to psychological, personality and behavioral factors. As such, the Medical Psychology/Consultation/Liaison Service provides psychological services to the surgical, emergency room, trauma, and medical units in Jackson Memorial Hospital, where a full range of medical and psychiatric issues are encountered. Psychological consultation may be requested based on pre-existing psychiatric issues, current distress, behavioral management issues, poor adherence to treatment, and establish capacity to provide informed consent. Moreover, our service is frequently consulted to provide a wide range of psychological interventions based on the reason for consultation and presenting problem. Interns will learn the rapid assessment of medically compromised patients, and be able to render a diagnosis, provide treatment, and decide on disposition in medical areas that are intense and require rapid decision-making and follow up. During the initial assessment, interns will conduct clinical interviews and incorporate formal Mental Status Examinations to arrive at diagnostic impressions and treatment recommendations. In many cases, such as

in rendering decisions related to capacity or involving pre and/or post transplant patients, brief neurocognitive testing may be required to render decisions related to capacity, and assist organ transplantation teams to decide on candidacy for the surgical procedure. On multiple occasions, we are also consulted to provide psychological testing to assess for anxiety, depression, mania, psychosis, and/or personality characteristics that may be impacting and/or interfering with medical care. Except for certain cases involving the assessment of capacity, interns typically follow their patients throughout the course of hospitalization, and occasionally on an outpatient basis. Interns learn to write reports and progress notes that are geared to medical and psychiatric colleagues in order to assist them in the management of their patients. The interns will also triage for psychiatric evaluations and refer for continued care post-discharge. Interns will be provided with reading assignments targeting on differential diagnosis and the more common psychiatric presentations of certain medical illnesses and/or drug-induced clinical presentations. The Medical Psychology/Consultation Liaison Service represents the full range of activities of a medical/consultation liaison psychologist, allowing the intern to become proficient in the collaboration with medical teams and to enhance skill in the overall management and treatment of medically compromised patients. Two interns, two practicum students, and Attending Psychologist, Dr. Efrain A. Gonzalez, comprise the Medical Psychology/Consultation Liaison Service.

The Medical Psychology/Consultation Liaison Service is also consulted on a regular basis to provide assessment and psychological testing on various inpatient psychiatry units, namely, Adult Intensive Unit, Behavioral Treatment II Unit, Health and Recovery Unit, and Geriatric Medical Unit. Consultation involves a clinical interview, Mental Status Examination, and psychological/neurocognitive testing to assist our colleagues with differential diagnosis and clarification of clinical issues related to severe psychopathology. Therefore, interns have the opportunity to be exposed to and obtain clinical experience with a wide variety of psychiatric syndromes that are seen on these units. Interns obtain experience in producing timely psychological reports that address diagnostic issues, as well as provide recommendations that translate to the management and treatment of severely compromised patients.

Supervision involves seeing patients with Dr. Gonzalez and other members of the Medical Psychology CL team as part of the “live” supervision that occurs in teaching hospitals affiliated with medical schools. There is also group supervision for one hour on Friday afternoons that includes practicum students and the Assistant Director and Attending CL psychiatrist, with whom we frequently interact and work together on multiple cases. There is also one hour of face-to-face supervision per week with each intern.

Interns on the Medical Psychology/Consultation Liaison Service also rotate 8 hours per week in The Healing Place. The Healing Place is a specialized outpatient mental health clinic for individuals living with HIV and their families. The Healing place works in close collaboration with the Special Immunology Medical Teams at the University of Miami and with Miami Dade community providers. The leadership team consists of a psychiatrist who serves as Medical Director; a licensed clinical psychologist serving as Program Director; two licensed clinical psychologists who function as liaisons with the OB/GYN, Pediatric and Adolescent HIV medical teams; a part-time neuro-psychologist and a licensed clinical social worker who provide direct services to the patients. In addition, psychiatric residents and fellows rotate through the clinic. Post Doctoral psychology fellows, psychology interns and practicum students are an integral part of the mental health team. Primary clinical responsibilities include conducting intake assessments, psychological evaluations, individual, family, and group psychotherapy and psycho-education groups. They also participate in weekly staffing, where cases are reviewed and individual treatment plans are developed. Supervision for the outpatient experience is provided by Dr. Victoria Avellaneda.

The general goals of the Medical Psychology/Consultation Liaison Track for internship training are to:

1. Achieve a degree of personal comfort working on medical floors with a wide variety of medically compromised patients.



2. Be able to share skills and knowledge with our colleagues in Psychiatry, as well as with other mental health and medical personnel.
3. Become aware of the manner in which behavioral and psychological information about a patient is communicated in medical settings.
4. Be able to apply previously learned knowledge and clinical skills about human behavior in the interpretation of psychological data obtained in the context of working with medical patients.
5. Develop consultation relationships with other members of the health care teams.
6. Be able to read and interpret medical charts.
7. Quickly assess acute and chronic psychological conditions.
8. Write concise and informative consult and progress notes in the medical record.
9. Achieve a degree of personal skill and comfort in assessing and treating medically compromised patients.
10. Work psychotherapeutically with dying patients and their families.
11. Have a good working knowledge of organic states and metabolic dysregulation that affect mental and emotional functioning and the relationship between mental disorder due to organic etiology and secondary psychological manifestations. For example, the effect of dehydration and electrolyte imbalances.
12. Know when to request consultation regarding the use of psychotropic medications of patients who are seen on a wide variety of medical services.
13. Ability to quickly review the literature to obtain working knowledge of multiple medical disorders.
14. Understand potential medication-induced psychiatric presentations, as well as potential drug-drug interactions that may impact cognition and emotional states.
15. Obtain experience in the assessment, psychological testing, and individual and group psychotherapy with an outpatient population.

Average work week for the Medical Psychology/Consultation Liaison intern is 50-55 hours.

#### **E. DEAF AND HARD OF HEARING OUTPATIENT BEHAVIORAL HEALTH TRACK**

Behavioral Health Deaf and Hard of Hearing Services offer the opportunity for Psychology Interns to interact and provide treatment for a variety of clientele. Our clients are drawn mainly from the international communities within the South Florida area. This reflects, but is not limited to individuals from the Caribbean Islands, as well as Central and South America.

The Intern works with, and is challenged by clients with a variety of pathologies. Individuals range in age from children to adults. Because the families consist of hearing and non-hearing individuals, English and non-English-speaking individuals, as well as non-signing Deaf/Hard-of-Hearing clients, it is not uncommon for the Psychology Intern to work with interpreters. Our program accommodates a span of signing levels and orientations. Interns need to be flexible with communication demands since some of our clients and their families are without knowledge of signing, writing skills, or at times speech skills. Often, due to the overlapping complexities that occur with international clientele, which is an experience that is unique to southern states, Interns have to think outside the box when engaged with the client.

A variety of departments and outside agencies refer patients to the Program. The Intern will therefore work collaboratively with agencies such as, but not limited to, Miami Dade Public Schools, Legal System, Center for Independent Living, and the Department of Vocational Rehabilitation.

Interns will participate mainly in Outpatient care programs, working with individuals, as well as families groups when appropriate. Psychological testing is also required. Working in a team approach with psychiatrists, case manager, nurse practitioners, and other related professionals is an important part of the training orientation. As part of group supervision, we have staff meetings where we also discuss cases as

a team. When available, there are opportunities for supervision/guidance with other staff members as appropriate.

When possible or available, the Psychology Intern can engage in other tasks that occur on the Unit, for example, involvement with training, research, or other projects. Participation in non-clinical tasks such as assisting with Administrative issues is also possible, if appropriate. Additionally, if the opportunities exist during internship, involvement with other units, departments, and tracks may be possible. Average work week for the Deaf & Hard of Hearing intern is 40-45 hours.

## **PEDIATRIC TRACKS**

There are three major areas of focus interns can choose within the Child/Pediatric Track, namely Pediatric Behavioral Medicine, Child Clinical Track or Pediatric Neuropsychology. All are described below.

### **F. PEDIATRIC BEHAVIORAL MEDICINE**

The Pediatric Behavioral Medicine track combines inpatient consultation-liaison services to Holtz Children's Hospital with outpatient treatment through our Child and Adolescent Psychiatry (CAP) Clinic. Interns will also complete psychological testing batteries through our two inpatient child and adolescent psychiatry units and through the CAP outpatient clinic.

Pediatric behavioral health consults are requested by medical staff across a number of pediatric services including solid organ transplant (liver/intestine/multivisceral, kidney, and heart/lung), GI, cardiology, special immunology/HIV, nephrology, intensive care, burn, orthopedics/trauma, and neurology. Interns are exposed to patients ranging in age from infancy to young adulthood as well as their families. We are consulted regarding a wide variety of issues, including adjustment to chronic illness/recurrent hospitalization, pre-transplant evaluation, pain management, anticipatory anxiety, regimen adherence/pill swallowing, illness-related challenges to quality of life (peers, academics, loss of independence), end-of-life/palliative care, patient-staff communication issues, parental support/bereavement, and acute stress/reaction to trauma and body disfigurement as a result of injury/treatment. Our approach is multidisciplinary and we work closely with teams comprised of medical interns/residents/fellows/attendings, surgeons, social workers, child life specialists, nurses, and child psychiatry fellows. We work with a culturally, linguistically, and socioeconomically diverse clientele and staff. While the emphasis of consultation is on assessment and providing recommendations to the family and medical team, there are also many opportunities for brief, solution-focused interventions as well as longer-term, intensive interventions as a large portion of our patients remain in the hospital for several days to many months and/or have chronic conditions requiring frequent inpatient stays.

In addition to inpatient consultation-liaison, interns will be expected to carry 4 – 6 outpatient cases through our Child and Adolescent Psychiatry (CAP) Outpatient Clinic which may have either a pediatric behavioral medicine or clinical child focus. Interns may also have the opportunity to conduct outpatient pre-transplant evaluations. Average work week for the Pediatric Behavioral Medicine intern is 45-50 hours.

### **G. CHILD CLINICAL TRACK**

The Child Clinical Track will consist of a one year experience in the Child/Adolescent Psychiatry Outpatient Clinic and two six months minor rotations in each of the following services: The Statewide

Inpatient Psychiatric Program (SIPP) and the Child and Adolescent Acute Inpatient Psychiatry Unit (CAAP). Average work week for the Child Clinical intern is 40-45 hours.

### **CHILD/ADOLESCENT OUTPATIENT CLINIC**

In the Child and Adolescent Psychiatry Outpatient Clinic (CAP Clinic) the intern provides treatment to children/adolescents with a wide range of childhood disorders, including: mood and anxiety disorders, pervasive developmental disorders, mental retardation, ADHD, disruptive behavior disorders, PTSD, enuresis and encopresis, obsessive-compulsive disorder, phobias, adjustment disorders, conduct disorder, and parent-child conflicts. Children range in age from three to 21 years, and come from diverse cultural and socioeconomic backgrounds. Working with parents is an integral part of therapy in the CAP Clinic therefore the intern works individually or co-jointly with their client's caretakers.

The internship experience in the CAP Clinic includes the following:

1. Provide individual and family therapy. Modalities of therapy include cognitive-behavioral therapy, play therapy, behavioral therapy, and interpersonal therapy. When needed, interns will work closely with psychiatry to improve their client's compliance with their medication.
2. Parenting skills, either individual or group, with parents/caretakers of your own clients or other CAP client's parents; and
3. Psychological testing utilizing a variety of testing measures with emphasis on learning to select appropriate tests and interpretation/ integration of data for comprehensive reports.

In addition to the general experience described above, the CAP intern will be involved the Developmental Disorder Clinic also housed in the CAP Clinic:

**The Developmental Disorders Clinic** offers psychiatric evaluation and treatment of children/adolescents with autism, pervasive developmental disorders, and mental retardation. The intern will be consulted to assist the child psychiatry fellow in conducting cognitive measures and rating forms to assist in the diagnosis and treatment recommendation. Children are followed for medication management by the child psychiatry fellows and/or behavior therapy for the child and their family by psychology.

**Other Specialty Clinics** will be established in the near future, and will offer trainees the opportunity to assess and treat children and adolescents with a myriad of psychological/psychosocial problems.

The intern will also be involved in the follow child focused didactics:

#### **1. The Child Trauma Seminar:**

Coordinators: Jon Shaw, M.D.; Claudia Ranaldo, Psy.D.

The psychology trainees participate with the psychiatry fellows and residents in bi-weekly seminars where specific child trauma journal articles are reviewed and discussed. The interns and fellows are expected to participate and/or lead the didactic instructions. In addition, interns and fellows are encouraged to present their trauma therapy cases in the seminar to obtain feedback or assistance as needed.

#### **2. Child Psychiatry Rounds:**

Coordinators: Psychiatry Attendings

Child psychiatry rounds consists of case presentation, journal club, and ethics cases. The intern will have the opportunity to work with the psychiatry fellow and administer and present the psychological test

results during the fellow's case presentation. The interns will also present one of their own cases with an emphasis on psychological test interpretation.

### **STATEWIDE INPATIENT PSYCHIATRIC PROGRAM**

The Statewide Inpatient Psychiatric Program (SIPP) is a residential treatment program that addresses the mental health needs of severely disturbed children and adolescents, ranging in ages from 13 to 17 years. Services are provided to youth with chronic psychiatric disorders and intensive behavior modification needs. The average length of stay is six months. SIPP is a component in the youth's continuum of care, designed to stabilize presenting problems and symptoms, to allow the youth's safe return to the family and community. The program services high risk youth who 1) are approved and referred for admission by the Department of Children and Families 2) meet criteria for inpatient psychiatric level of care, 3) do not respond to intensive community based services or have experienced multiple and/or lengthy acute psychiatric inpatient admissions.

On the SIPP unit, the intern will collaborate with a multi-disciplinary team which provides a variety of services: 1) assessment (medical, psychiatric, neurological, social, psychological, educational, substance abuse), 2) individualized treatment planning, 3) psychiatric and medical services, 4) clinical therapy services (individual, groups, family therapy, behavior modification), 5) parent education, 6) peer support, 7) educational services, 8) overall coordination of care, 9) aftercare planning, 10) recreational expressive activities, and 11) vocational rehabilitation and independent life skills and training.

The intern will have the opportunity to provide direct psychological services such as individual psychotherapy, group therapy, family psychotherapy, behavior management and psychological testing. The intern will participate in weekly treatment team reviews.

### **CHILD AND ADOLESCENT ACUTE INPATIENT PSYCHIATRY SERVICE**

This rotation provides the intern with an opportunity to work with severely disturbed children and adolescents in an inpatient psychiatric setting. The Child and Adolescent Inpatient Unit is an acute psychiatric unit that provides short-term care for children and adolescents up through the ages of 17, who present with a wide range of diagnoses including Mood Disorders, Anxiety Disorders, Psychosis, Developmental Disorders, Disruptive Behavioral Disorders, Adjustment Disorders, Personality Disorders, etc. The patient population is varied, though many of the patients are from highly dysfunctional families, lower SES family systems, and/or have been abused and/or neglected in some manner.

Psychology works as an integral part of a multidisciplinary team, including psychiatrists, child psychiatry fellows, social workers, activity therapists, nurses and mental health technicians. The intern will participate in team meetings and ongoing collaboration with cases.

Direct service opportunities include intake assessments, psychological testing, individual, family and group therapy, and behavioral management. The intern will have the opportunity to work with children/adolescents at all developmental levels with a range of diagnoses.

## **H. PEDIATRIC NEUROPSYCHOLOGY TRACK**

*The Pediatric Neuropsychology rotation meets the predoctoral requirements for a Neuropsychology Internship established by APA Division 40. Previous experience and course work in Neuropsychology are required. Course work and experience working with children/adolescents is also required.*

The Pediatric Neuropsychology Program offers a continuum of care from inpatient rehabilitation through outpatient treatment. On the inpatient service, the intern will provide neuropsychological screening, emotional/behavioral assessment, cognitive retraining, and psychotherapy on the Family Centered Pediatric Rehabilitation Unit. Neuropsychological screenings, including assessment of Post Traumatic Amnesia, neurobehavioral exams, and baseline testing, are used to design individual cognitive retraining programs, as well as inform the treatment team and parents of the patient's current cognitive capabilities. Individual interventions include multisensory stimulation for low level patients, behavioral protocols for motivation, pain management/relaxation, and/or individual psychotherapy. In addition, working with the parents is an essential component of treatment; both in the education of brain injuries/medical conditions and in helping the family adjust to the child's changing status and long term deficits. Discharge planning involves liaison with community agencies and the child's school, particularly regarding appropriate educational placement for each child. In addition, the intern will be an integral part of the interdisciplinary team – working closely with PT, OT, Speech, Recreation Therapy, Social Work, nurses, nurse practitioners, and attending doctors, as well as participate in walking rounds, ID rounds, and family conferences.

Children/adolescents on the inpatient unit range from infancy to age 18 and have had traumatic brain injuries, strokes, tumors, intractable seizures, encephalitis, gunshot wounds, near drowning, multiple sclerosis/ADEM, and a variety of other neurological insults, as well as spinal cord injuries, congenital disabilities, and orthopedic injuries. Brain injury severity ranges from coma (RLAS II-III) to mild brain involvement to no brain involvement. The children/adolescents on this unit present with a variety of premorbid diagnoses that must be integrated into the treatment (e.g., Autism, ADHD, Learning Disorders, Conduct Disorder, Sexual Abuse victim, etc.). In addition, the intern will have the opportunity to work with patients and families from diverse ethnic and socioeconomic backgrounds.

The Pediatric Neuropsychology Program also offers comprehensive outpatient evaluations and treatment for referrals from the community, as well as for recently discharged inpatients. Services include initial evaluations, comprehensive neuropsychological testing, cognitive retraining, individual psychotherapy, behavior modification, and parent training. Typical diagnoses include children with Traumatic Brain Injury, Spinal Cord Injury, neurological illnesses, behavior problems, school difficulties, autism, or other psychological issues. Comprehensive neuropsychological testing involves initial assessments/obtaining background information, selection of appropriate tests, administration of a wide variety of neuropsychological measures/parent and teacher measures/behavioral and emotional measures, interpreting and integrating results, and comprehensive written reports. The intern will also have the opportunity to supervise practicum students for initial assessments, cognitive retraining, and neuropsychological testing.

Training is facilitated through readings, weekly group testing seminars, walking rounds, and brain cuttings. Interns participate in weekly bedside rounds with the Pediatric Rehabilitation Team. In addition, weekly brain cuttings of brains of deceased infants through geriatric aged provide valuable knowledge of brain anatomy. Weekly group testing seminar will review selected topics and tests, with the emphasis on test selection, interpretation, and report writing, as well as provide a forum to discuss ongoing testing cases, diagnoses, and recommendations. The intern will have intensive supervision on all cases and is also expected to complete a variety of readings regarding the specific types of cases they are currently following. Recommended readings include Neuropsychological Evaluation of the Child, by Ida Sue Baron (Oxford University Press, 2004); and Neuroanatomy through Clinical Cases, by Hal Blumenfeld (Sinauer Associates, Inc, 2002).

There are also opportunities for research on this rotation. Retrospective research using files of the many patients that have completed neuropsychological testing is available. Additionally, ongoing research in

the area of pediatric rehabilitation outcome studies for this population using a variety of measures, including the Neurobehavioral Exam, COAT/GOAT, or other measures, is also encouraged. Average work week for the Pediatric Neuropsychology intern is 40-45 hours.

## **PROGRAM FACULTY**

### **Supervising Psychologists**

#### **GISELA AGUILA-PUENTES, Psy.D.**

*Nova Southeastern University (Clinical), 1992*  
*Clinical Internship: University of Miami School of Medicine*  
*Postdoctoral Residency: University of Miami School of Medicine*

Dr. Aguila-Puentes is the Director of the Neuropsychology Service and an attending neuropsychologist. Her clinical interests are in the neuropsychological diagnosis and treatment of patients with neurological dysfunctions, as well as psychotherapy with adults. Her research interests are primarily within the area of memory disorders.

#### **VICTORIA BUSTAMANTE AVELLANEDA, PSY.D.**

*Carlos Albizu University, formerly Miami Institute of Psychology (Clinical Neuropsychology), 1997*  
*Clinical Internship: University of Miami School of Medicine/Jackson Memorial Medical Center*  
*Postdoctoral Fellowship: University of Miami School of Medicine/Jackson Memorial Medical Center (Behavioral Medicine), 1998*

Dr. Bustamante Avellaneda is the Director of the Psychology Fellowship Program and the Program Director and primary supervisor for the Adult Outpatient Clinics including Adult Outpatient Psychiatric Clinic (AOPC) and the Outpatient Behavioral Clinic (The Healing Place). Dr. Bustamante Avellaneda holds an appointment as Voluntary Assistant Professor at the Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine. She provides clinical onsite supervision for postdoctoral fellows, psychology interns and practicum students. Dr. Bustamante Avellaneda specializes in mood and anxiety disorders utilizing cognitive/ behavioral and stress management interventions. In addition, Dr. Bustamante Avellaneda has expertise in DBT, EMDR and hypnosis. As a behavioral medicine specialist she works closely with patients and families affected by a variety of medical illnesses, such as cancer, Amyotrophic Lateral Sclerosis (ALS) and HIV. Her clinical and research interests include PTSD, PTSD secondary to medical illnesses and neuropsychological changes associated with HIV. Dr. Bustamante Avellaneda has participated in NIH funded research studies and has several publications in the areas of PTSD and Behavioral Medicine.

#### **EVELYN F. BENITEZ, Ph.D., CAP**

*Carlos Albizu University (Clinical), 1996*  
*Clinical Internship: Metro-Dade Youth and Family Services*

Dr. Benitez is the Chief of Psychology and Interim Director of Behavioral Health Outpatient Services. She is one of the attending psychologists in the Child and Adolescent Psychiatry Outpatient Clinic. Dr. Benitez's clinical interests are in areas of trauma, developmental disorders, anxiety, ADHD, and addiction. Dr. Benitez has expertise in addiction and has been a Certified Addiction Professional (CAP) and a member of the Florida Alcohol and Drug Association since 1990. She is also a member of the American Psychological Association since 1996.

**SUSAN CHALFIN, Ph.D.**

*Clark University (Clinical), 1990*

*Clinical Internship: Coastal Community Counseling Center*

Dr. Chalfin is the Director of Psychology Training and Child and Adolescent Psychology. She is also the attending psychologist on the Child and Adolescent Inpatient Psychiatry Unit. She is responsible for overseeing psychological testing on the inpatient units. Dr. Chalfin holds an appointment as Voluntary Assistant Professor at the Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine. Her primary clinical and research interests include assessment and treatment of children and adolescents and their families. She also has expertise on developmental assessment, parenting skills, ADHD and HIV/AIDS. She is a member of the American Psychological Association.

**JONATHAN L. COHEN, PSY.D.**

*Nova Southeastern University (Clinical), 1993*

*Clinical Internship: Children's Hospital/ Judge Baker Children's Center  
Harvard Medical School*

*Advanced Fellowship: Children's Hospital / Judge Baker Children's Center  
Harvard Medical School*

Dr. Cohen is a part-time psychologist in the Department of Psychology. His primary duties are with the Statewide Inpatient Psychiatric Program (SIPP) for adolescents and the Miami-Dade County Court Marchman Act Program (drug court). His clinical interests are in the areas of father-infant bonding / paternal role in parenting, treatment of children, adolescents and families, and parenting skills. Dr. Cohen is a member of the American Psychological Association.

**STUART G. GOLD, Psy.D., Ph.D.**

*Nova Southeastern University (Clinical/Neuropsychology), 1996*

*Clinical Internship: University of Miami School of Medicine*

*Postdoctoral Fellowship: Biscayne Rehabilitation Institute & University of Miami School of Medicine*

Dr. Gold is an attending neuropsychologist and is in charge of acute inpatient neuropsychological services for neurosurgical intensive care, neurology, and intermediate head injury units. His research interests are in the areas of traumatic brain injury for both adult and pediatric patients, post-surgical cognitive deficits and malingered brain injury. Dr. Gold is a member of the American Psychological Association, Division 40 (Clinical Neuropsychology), National Academy of Neuropsychology, and the International Neuropsychological Society.

**EFRAIN ANTONIO GONZALEZ, Psy.D., M.S. ClinPharm, ABPP**

*Nova Southeastern University (Clinical), 1985*

*Clinical Internship: Yale University School of Medicine*

*Postdoctoral Residency: University of Miami School of Medicine*

*Postdoctoral Fellowship: Nova Southeastern University Post Doctoral Institute of Psychoanalysis*

*Postdoctoral Master's Degree: Nova Southeastern University, Clinical Psychopharmacology*

Dr. Gonzalez is the Director and Attending Psychologist of the Medical Psychology/Consultation/Liaison Service. He is also the Director and Attending Psychologist at Camillus Health Concern Homeless Clinic, Adjunct Professor in Counseling Psychology at the University of Miami, Coral Gables Campus, and Adjunct professor and supervising analyst at Nova Southeastern University. In addition to his

clinical responsibilities, Dr. Gonzalez teaches and facilitates the Psychopharmacology Seminar and the Clinical Ethics Rounds in the internship program. His clinical and research interests are in adult psychopathology, the integration of psychoanalytic theory and Behavioral Medicine, premorbid personality factors and compliance among patients with various medical conditions, diagnosis and treatment of adult homeless patients, risk factors and health issues among homeless adults, the impact of migration on the etiology of psychopathology, neuropsychological factors among homeless persons, and psychopharmacology. Dr. Gonzalez is a Diplomate in Clinical Psychology of the American Board of Professional Psychology, a fellow in the Academy of Clinical Psychology, and a member of the American Psychological Association, and former member of the National Academy of Neuropsychology, the Florida Psychological Association, and the Southeast Florida Association of Psychoanalytic Psychology.

**SUSAN IRELAND, Ph.D.**

*University of Miami (Clinical, Health), 1995*

*Clinical Internship: Miami VA Medical Center (Neuropsychology)*

*Postdoctoral Fellowship: University of Miami School of Medicine/Jackson Health System  
(Neuropsychology, Rehabilitation Psychology)*

Dr. Ireland is the Director of Outpatient Adult Neuropsychology and an attending neuropsychologist and rehabilitation psychologist on the inpatient and outpatient Neurorehabilitation service. Clinical and research interests include recovery of function from neurological disorders (e.g., traumatic brain injury, cerebrovascular accidents), including the role of psychotherapeutic, cognitive retraining, and psychopharmacological interventions; and the impact of psychoactive substances and other co-morbid psychopathology on neurological insults and recovery.

**MARIO OLAVARRIA, Psy.D.**

*California School of Professional Psychology (Fresno) 1998*

*Clinical Internship: University of Miami School of Medicine/Jackson Memorial Medical Center*

*Postdoctoral Fellowship: Biscayne Institute of Health and Living and University of Miami School of  
Medicine*

Dr. Olavarria is an attending psychologist on the Adult Behavioral Medicine and Physical Rehabilitation Psychology Service. Dr. Olavarria is also the director of the Spinal Cord Injury Acute and Rehabilitation Psychology Services for Jackson Health System. Dr. Olavarria is responsible for providing psychological services to two acute neurosurgical units, the Neurosurgical Intensive Care Unit, the Trauma Intensive Care Unit, two acute care units and the Rehabilitation Unit. His areas of professional interest are in cross cultural studies, behavioral pain management, hypnosis, family and systems intervention with medical patients, and the psychological adaptation process of patients with physical trauma and disabilities (i.e. spinal cord injury, amputation and orthopedic trauma).

**MELISA OLIVA, Psy.D.**

*Nova Southeastern University (Clinical), 2007*

*Clinical Internship: University of Miami School of Medicine/Jackson Memorial Medical Center*

*Post-Doctoral Fellowship: Harvard Medical School/Boston Children's Hospital*

Dr. Oliva is the attending psychologist for the Pediatric Behavioral Medicine service. Dr. Oliva specializes in the area of pediatric psychology and professional interests include pediatric solid organ transplantation, medical ethics, and biofeedback assisted relaxation training. Dr. Oliva is involved in research with the pediatric transplant population, including assessment on use of mental health services,



quality of life, non-adherence, psychological integration of grafts, psychological factors impacting transplant outcomes, and transition to adult health care. Dr. Oliva has participated in NIH funded research studies and has several publications in the areas of pediatric psychology and pediatric psychiatry consultation-liaison services. Dr. Oliva is a member of the American Psychological Association, the Society for Pediatric Psychology (Division 54), and the International Pediatric Transplant Association (IPTA).

**Claudia A. Ranaldo, Psy.D.**

*Florida School of Professional Psychology-Tampa Campus (Clinical/Child), 2012*  
*Clinical Internship: Chicago School of Professional Psychology*  
*Postdoctoral Fellowship: University of Miami School of Medicine/Jackson Memorial Hospital*

Dr. Ranaldo is the Attending Psychologist on the Statewide Inpatient Psychiatric Program (SIPP), and is also an attending psychologist in the Child and Adolescent Psychiatry Outpatient Clinic (CAP). She is responsible for supervising individual, family and group therapy as well as psychological testing on the SIPP unit, along with supervising individual and family therapy on the CAP unit. Her primary clinical and research interests include object-relations and DBT therapy with children and adolescents, attachment, childhood trauma, PTSD, and emerging personality disorders in adolescents. Dr. Ranaldo is also a certified School Psychologist, and is interested in helping children and families access appropriate services within their schools. Dr. Ranaldo is a member of the American Psychological Association and the Society of Clinical Child & Adolescent Psychology (Division 53).

**SUSAN M. WILLIAMS, Ph. D.**

*Nova Southeastern University (Clinical), 1997*  
*Clinical Internship: University of Miami School of Medicine*  
*Post-Doctoral Residency: University of Miami School of Medicine*

Dr. Williams is the Director of the Deaf and Hard of Hearing Outpatient Behavioral Health Program which involves the provision of services within the Behavioral Health Hospital to individuals who are Deaf or Hard of Hearing. Dr. Williams' interests include mostly clinical work with Deaf and Hard of Hearing individuals, as well as establishing a strong comprehensive mental health training and service program. She is a member of the American Psychological Association, Florida Psychological Association (Dade Chapter), ADARA (American Deafness and Rehabilitation Association) and the National Association for the Deaf (NDA). She and another Clinic staff co-authored a Chapter in a book that focused on Psychotherapy with Deaf Clients, and presented at National Conferences on the topic.

**SUZAN TANNER WOODWARD, Ph.D.**

*Nova Southeastern University (Clinical), 1992*  
*Clinical Internship: University of Miami School of Medicine*  
*Postdoctoral Residency: University of Miami School of Medicine*

Dr. Tanner is the Director of the Pediatric Neuropsychology Service and the Pediatric Rehabilitation Psychology Service. Her primary clinical and research interests are in the areas of pediatric neuropsychology (including assessment and treatment of children with neurological disorders, head trauma, learning disabilities, and ADHD), and cognitive rehabilitation, as well as parent training, and assessment/treatment of developmental disorders. Dr. Tanner is a member of the American Psychological Association, Division 40 (Clinical Neuropsychology) and Division 22 (Rehabilitation Psychology), and the National Academy of Neuropsychology.

## **Other Faculty Involved in the Internship Program**

### **NICOLETTA B. TESSLER, Psy.D., MBA**

*University of Denver Graduate School of Professional Psychology, 2004*

*University of Miami Executive MBA in Health Sector Management and Policy, 2013*

*Clinical Internship: Bronx Psychiatric Center of the Albert Einstein College of Medicine*

*Postdoctoral Fellowship: University of Miami School of Medicine/Jackson Memorial Hospital*

Dr. Tessler is the Vice President/Chief Administrative Officer of Jackson's Behavioral Health Hospital. She is an advisor for the UM/JMH Psychology Internship program and provides case consultation services. Her business interests include healthcare strategy, innovation, and health economics. Her clinical and research interests include: Suicide, PTSD and trauma, multicultural psychology, bereavement stress, women in leadership, group process and dynamics, and psychological adaptation to medical illness. Dr. Tessler also has a major interest in behavioral health-medical health integration, telepsychiatry, and supervision and training.

### **PHILIP D. HARVEY, Ph.D.**

*Stony Brook University (Clinical), 1982*

*Clinical Internship: Stony Brook Clinical Consortium*

Dr. Harvey is Professor of Psychiatry and Director of the Division of Psychology at the University of Miami Leonard Miller School of Medicine. He is the author of over 900 scientific papers and abstracts and he has written or edited 10 books and over 50 book chapters. He has given more than 1,900 presentations at scientific conferences and medical education events. He has received more than \$40 million dollars in research grants in his career and currently has over \$10 million dollars in active annual research support. In his clinical work he has performed more than 1,000 psychological assessments. He has received a number of awards, including the Inaugural Schizophrenia International Research Society Clinical Scientist Distinguished Contributions award. He is a member of the American Psychological Association, the American College of Neuropsychopharmacology (Fellow), the International College of Neuropsychopharmacology (Fellow), the Society for Research in Psychopathology (Founding Member), the Society for Biological Psychiatry, International Neuropsychological Society, the Schizophrenia International Research Society (Founding Director), and the International Society for Clinical Trials and Methodology (Founding Member). His research has focused for years on cognition and everyday functioning and he has studied aging in schizophrenia, functional impairments in severe mental illness, the cognitive effects of typical and atypical antipsychotics, as well as the effects of cognitive enhancing agents in various conditions, including schizophrenia, dementia, affective disorders, and traumatic brain injury.

### **MARY I. ISHII, Psy.D.**

*Illinois School of Professional Psychology – Chicago Campus (Health Psychology Specialization), 1997*

*Clinical Internship: University of Miami School of Medicine/JMH*

*Postdoctoral Fellowship: University of Miami School of Medicine*

Dr. Ishii is a Voluntary Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Miami Leonard Miller School of Medicine/JMH. She is the attending psychologist for the UM/JMH Burn Center in the Department of Surgery and provides consultation services to the Orthopaedic Hand, Orthopaedic Trauma, and Trauma services for amputees, pain management and other intensive trauma related injuries. Dr. Ishii developed and facilitates a bi-weekly

Burn Survivor Support Group as well as serves as an advisor to a local Amputee Support Group. Her research and clinical interests are in the areas of burn injuries and psychological sequelae, traumatic amputations, orthopaedic/traumatic injuries, medical issues, hypnosis, and HIV/AIDS. Dr. Ishii is a member of the American Psychological Association, American Burn Association and American Society for Clinical Hypnosis.

## APPLICATION INFORMATION

Applicants from APA-approved clinical and counseling psychology programs are welcome to apply. *Strong applicants from non-APA-approved programs will be considered on a case by case basis.*

The application deadline for the 2015-2016 internship year is **November 2, 2014.**

Applicants are required to submit the APPI online application including the following documents:

1. Official Graduate Transcript(s)
2. Curriculum Vitae
3. Three (3) Letters of Recommendation
4. Two recent work samples (e.g. psychological evaluations, treatment or case summary).

Since we offer multiple clinical tracks, please list and rank up to four choices for interviewing purposes at the University of Miami/Jackson Memorial Hospital. **Include your rank order list in in your cover letter, in the first paragraph, in bold letters.** *This rank will solely be used for arranging interviews (in accordance with APPIC Match Policy # 5d).*

The following is a list of the specific track(s) to choose from:

PROGRAM CODE NUMBER	CLINICAL TRACKS
121924	ADULT OUTPATIENT CLINICAL
121925	ADULT OUTPATIENT CLINICAL-HISPANIC
121913	ADULT BEHAVIORAL MEDICINE/REHAB
121919	ADULT BEHAV/REHAB PSYCH-HISPANIC
121912	ADULT NEUROPSYCHOLOGY
121918	ADULT NEURO-HISPANIC SPECIALTY
121916	MEDICAL PSYCHOLOGY/CONSULTATION
121917	DEAF & HARD OF HEARING TRACK
121915	PEDIATRIC BEHAVIORAL MEDICINE
121922	CHILD CLINICAL TRACK
121914	PEDIATRIC NEUROPSYCHOLOGY

Applications will be reviewed by the supervisors for each track that you have selected. They will then make a decision whether to offer an interview for their track. A select number of applicants will be offered interviews.

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

**All applicants can expect to be notified via e-mail as to their interview status on or before December 12, 2014.** If you have been invited for an interview(s) you will be asked to call our office at a specific time to schedule your interview(s). If you have not heard from the program after the date listed above, feel free to e-mail the Director of Training to inquire about the status of your application (schalfin@jhs-miami.org).

Applicants who are matched to UM/JMH will be required post-match to 1) pass an on-site physical, drug screen, and criminal background check within 30 days of the start of internship, 2) have an active Basic Life Support (BLS) card from the American Heart Association before starting their internship year, and 3) to sign an affidavit of good moral character.

**Submit all materials via the APPIC online submission protocol.**

Direct any questions to:

Dr. Susan Chalfin  
Director of Training  
University of Miami/Jackson Memorial Hospital  
Jackson Behavioral Health Hospital, Suite 2416  
1695 Northwest 9<sup>th</sup> Avenue  
Miami, FL 33136

Phone: (305) 355-7110

Fax: (305) 355-8245

Email: [schalfin@jhs-miami.org](mailto:schalfin@jhs-miami.org)