

# **JACKSON HEALTH SYSTEM**

in affiliation with the University of Miami  
Miller School of Medicine



## **PSYCHOLOGY INTERNSHIP PROGRAM**

### **2020-2021**

---

## **GENERAL INFORMATION**

---

Jackson Health System (JHS) 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, non-profit, tertiary care teaching hospital with more than 1,550 licensed beds. Associated with the University of Miami Miller School of Medicine (UM) and the Florida International University (FIU) Herbert Wertheim College of Medicine, JHS 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. JHS's world-renown treatment facilities include Ryder Trauma Center, UM/JMH 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 Hospital is one of the nation's busiest hospitals.

The robust multicultural diversity of South Florida makes for a rich training environment, with large Hispanic, Haitian, and African American populations. Approximately 30% - 40% of the clinical population we serve are monolingual Spanish speaking. Opportunities exist for bilingual trainees to conduct individual, family and group therapy as well as psychological testing and screenings in Spanish, receiving supervision from one of our bilingual psychologists on faculty. JHS also serves a large international population drawing many patients from around the world, especially Central and South America and the Caribbean. We utilize the hospital system's multi-language line and interpreter services to aid in communicating with individuals as needed. The JHS internship program emphasizes cross cultural training and incorporation of cultural issues into all psychological assessment and treatment.

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 JHS provides diagnostic and treatment interventions to 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 JHS Psychology Department is comprised of 14 full-time (one current full-time opening exists that is expected to be filled by the 2020-2021 internship year) and 2 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, ACT, interpersonal, and psychoanalytic. Interns have multiple opportunities for involvement with other UM psychologists through research and training experiences.

---

## **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 appointment with a stipend of \$25,000. Currently, there are multiple internship positions being offered (nine in total). The appointment involves intense therapeutic interventions with patients and their families on an individual and group basis. Clinical services are 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. All tracks focus on the psychological clinical core competencies of assessment, psychotherapy, and consultation and on average the work week throughout the tracks is 45-50 hours.

After an initial 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 are offered for training and will be more fully explained in the next section:

- Adult Outpatient Center for Behavioral Medicine Track (four positions – three in the General Track & one in the Hispanic Track)
- Rehabilitation Psychology Track (one position)
- Adult Clinical Neuropsychology Track (one position)
- Pediatric Behavioral Medicine Track (one position)
- Clinical Child Track (two positions)

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, Behavioral Pain Management Seminar, Psychodiagnostic Seminar, Case Conference Seminar, Diversity Seminar & Didactics, Ethics Seminar and Psychiatry Grand Rounds. In addition, interns may also attend Morbidity and Mortality Conferences, 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 (minimum of 12 sessions in treatment length). At least six full psychological testing batteries and two long-term

psychotherapy cases 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 databases including PubMed, PsycINFO, Medline and ClinPsych, as well as a host of online full-text journals and books.

---

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

---

The fundamental internship training mission is to facilitate the development of mature and competent clinical 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 Health System and the University of Miami 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: professionalism, individual and cultural diversity, ethical legal standards and policy, reflective practice/self-assessment/self-care, relationships, scientific knowledge and methods, research/evaluation, evidence-based practice, assessment, intervention, consultation, teaching, supervision, interdisciplinary systems, management-administration, and advocacy. By the end of the internship year, at least 80% of competency areas will be rated at level of competence of 3 = Above Average or higher. 100% of the competency areas will be rated at level of competence of 2 = Average or higher. No competency areas will be rated as 0 = Deficient or 1 = Below Average.

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 Internship Training. They are reiterated throughout the training year in seminars and supervisory sessions. Expectations as to number of patients seen, number of psychological testing 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 their routine weekly supervisory sessions. The intern's performance is discussed monthly during the Psychology Faculty meetings. 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 intern will have a minimum of two hours per week of sit down face-to-face supervision, one of which will be with their primary supervisor and the second hour will be with their secondary supervisor. Furthermore, professional and ethical issues, as well as content and manner of case consultation are discussed. Interns also receive group supervision throughout the year in Psychotherapy Case Conference, Clinical Ethics Rounds, Diversity Seminar and Psychodiagnostic Seminar.

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, have been licensed for a total of two years, 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. 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 to 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 coverage, including supervision and to co-sign for the intern. This covering supervisor must be a faculty member, or have faculty privileges in the institution.

---

## **ACADEMIC SCHEDULE**

---

### **Introductory Seminar**

*Coordinator: Melisa Oliva, Psy.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 Health System. Topics such as Florida mental health laws, suicide assessment, risk management, safety planning at JHS and in Miami, social media practices, countertransference, stress management and mindfulness, self-care, finding postdocs, EPPP and licensure, and internship policies and procedures are reviewed and discussed.

### **Behavioral Pain Management Seminar**

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

Required for all interns. During this seminar, interns are introduced to various theories of pain, concept of behavioral pain management, assessing for pain, as well as discussing and demonstrating various types of interventions, including cognitive reframing, psychoeducation, relaxation and hypnosis.

### **Psychodiagnostic Seminar**

*Coordinator: Sheba Kumbhani, Ph.D.*

Required for all interns. Our interns provide hospital-wide psychodiagnostic testing which exposes the interns to the awareness of ethical, sociocultural, 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 twice during the training year.

### **Case Conference Seminar**

*Coordinators: Scott Christian, Psy.D. & Jonathan Cohen, Psy.D.*

Required for all interns. A weekly, 90-minute conference where 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.

### **Diversity Seminar**

*Coordinator: Thomas Robertson, Psy.D.*

Required for all interns. The Diversity Seminar is designed to provide interns with the sensitivity, awareness, knowledge, and skills for multiculturally competent clinical care in the field of psychology. At the conclusion of the seminar, interns will be able to:

- Identify and describe how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Identify and describe salient aspects of their patient's unique worldview and how to successfully integrate this into assessment and treatment.
- Recognize the need for consultation, and properly identify/utilize culturally relevant knowledge bases and resources.
- Implement successful multiculturally competent assessment, intervention, and professional communication skills within clinical practice, supervision, and consultation.

The seminar is experiential and requires interns to experience several of the unique cultural events that Miami offers in the community. The seminar is further enhanced by the Diversity Didactics (see description below).

### **Diversity Didactics**

*Coordinator: Melisa Oliva, Psy.D.*

Required for all interns. This seminar series combines faculty and outside JHS facility speakers who are experts in their field in regards to considerations for mental health and interventions with particular patient populations that interns are faced with interacting daily given the diverse culture in Miami and at JHS (e.g., best practices for providing mental health care within the Haitian culture, providing mental health care to Hispanics, working with LGBTQ individuals, working with physically disabled individuals, and men's and women's mental health issues, etc.).

### **Ethics Seminar**

*Coordinators: Evelyn Benitez, Ph.D. & Dianelys Netto, Ph.D.*

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. The Ethics Seminar helps interns understand and adhere to the APA Ethical Principles of Psychologists and Code of Conduct, including 2010 and 2016 Amendments. Common issues include confidentiality, duty to warn, dual relationships, physical and sexual abuse, DNR/DNI (Do Not Resuscitate and Do Not Intubate Orders), AND (Allow Natural Death), refusal of medical/psychiatric interventions, diminished capacity, and competency. The purpose of Ethics Seminar is to discuss the ethical, moral, and legal implications of issues that arise in the context of a clinical case. Interns are expected to present an ethics case/concept during the training year and actively participate in all group discussions.

### **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 for 90 minutes every other week. Interns are required to attend at least 50% of these rounds.

### **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 seminar dedicated to learning from complications and errors occurring during the care of patients in which psychiatry and/or psychology was involved. The main objective is to identify mistakes and to modify behavior and judgment to prevent repetition of error leading to complications or death. Another important objective of this seminar is to identify systems issues (e.g., outdated policies, changes in patient identification procedures, etc.) that 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 TRACKS**

---

### **ADULT OUTPATIENT CENTER FOR BEHAVIORAL MEDICINE (AOCBM) TRACK**

The internship in the Adult Outpatient Health Psychology Track consists of training in the Adult Outpatient Center for Behavioral Medicine (AOCBM). At AOCBM, the multidisciplinary team provides evidence-based interventions to address the multifactorial aspects of both primary psychiatric disorders and emotional/behavioral symptoms secondary to HIV/AIDS, cancer, traumatic injury, diabetes, and other chronic illness. We also provide psychological testing, pre-transplant support, and pre-bariatric surgery assessment. In AOCBM, emphasis is placed on teaching brief and long-term psychotherapeutic strategies integrating psychodynamic, cognitive-behavioral, humanistic/existential, and third-wave behavioral approaches in individual and group modalities.

The AOCBM team works in close collaboration with Jackson Health System's medical teams and with Miami-Dade community providers. 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 AOCBM 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 multidisciplinary treatment team.

The treatment team at the AOCBM consists of psychologists, psychiatrists, social workers, psychiatry and psychology trainees, and support staff. Applicants who have had experience working with patients with chronic medical conditions such as HIV/AIDS, cancer, diabetes and transplant are preferred, as are those who work well within multidisciplinary teams. Interns will need to be able to manage complex cases, handle varied responsibilities efficiently, and pursue cultural competence in working with a multicultural population. This training program provides the internship training hours and the supervision required for licensing eligibility.

Adult Outpatient Behavioral Medicine (AOCBM) - Hispanic Track: One of the four available internship positions is designated specifically to attend to the multiple issues of the Hispanic/Latino population. Approximately 30-40% of our clinical populations are monolingual Spanish speakers. Interns with full bilingual Spanish ability may work with bilingual supervisors, conduct assessments using Spanish-language tools, and be supervised by bi-cultural supervisors who are knowledgeable about the many cultures that comprise our Hispanic/Latino diaspora – from Cuba, Puerto Rico and the Caribbean basin, to Mexico, and Central and South America. Further, Miami-Dade and Southern Florida are home to many immigrants, refugees, undocumented migrants and various protected groups from Dreamers to Haitian refugees. The refugee experience, acculturation, and bicultural identity formation are addressed in the Diversity Seminar. To address the complex needs of these clients, general knowledge about Hispanic culture and Spanish language proficiency is preferred.

Clinical and academic activities in both the AOCBM General and Hispanic tracks include:

## **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 full psychological testing batteries during the internship year, as well as monthly pre-bariatric surgery evaluations. Furthermore, interns may participate in the formation of new groups. Group therapy is provided in English and Spanish. Type of groups provided include:

- ACT and CBT for Depression and Anxiety Groups
- HIV/AIDS support groups
- Medication Assisted Treatment (MAT) for Opiate Addiction Recovery Groups

## **2. Inpatient Consultation**

Interns on the AOCBM tracks will also have the opportunity to provide consultation services on inpatient psychiatry units that serve patients in crisis and patients with serious mental illness and substance use disorders. Consultation services to the inpatient psychiatry units may include assessment and psychological testing, supportive therapy, and individually tailored consultation/liaison interventions contingent on the needs of the unit.

## **3. Research Activities**

Research opportunities are available in the AOCBM tracks. 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 for interns to design their own projects using the clinic's database.

## **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 psychodynamic, cognitive-behavioral, humanistic/existential, and third-wave behavioral approaches. Although supervisors operate from a variety of therapeutic perspectives, all are interested in supporting the development of the intern's chosen theoretical orientation. In addition, the intern has abundant opportunities for observational learning and informal supervision.

## **REHABILITATION PSYCHOLOGY TRACK**

This full year internship experience takes place within an exciting, medical setting – our Rehabilitation Hospital Center 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 Division 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 the various subspecialty areas within the fields of behavioral medicine, rehabilitation psychology and neuropsychology.

Note that the position 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 Rehabilitation 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, interdisciplinary 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.

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 premorbid 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 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, documentation and outcome 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 Rehabilitation Psychology programs around the country and have told us this aspect of training was particularly valuable. Outpatient work will also be available at the Adult Outpatient Center for Behavioral Medicine, located in the Jackson Behavioral Health Hospital.

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, including the Adult Outpatient Center for Behavioral Medicine as necessary.

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 psychological testing batteries, which will be completed in both the inpatient and outpatient settings. 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 the Rehabilitation Psychology track and the seminar portion is open to all 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.

## **ADULT CLINICAL NEUROPSYCHOLOGY TRACK**

The Adult Clinical Neuropsychology full year track satisfies the requirements for a Neuropsychology Internship established by APA Division 40 (Neuropsychology). Previous background and training in neuropsychology is required for this rotation.

On this rotation, interns function as part of an interdisciplinary team that includes physiatrists, neurosurgeons, trauma surgeons, neurologists, and psychiatrists. Training is accomplished through readings, as well as attendance at brain cuttings, Neurological Rehabilitation patient and family rounds, Rehabilitation in-services, and Neuropsychology Case Conference. Additional opportunities include neurosurgeries and Department of Neurology Grand Rounds. 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. A flexible approach is taken to testing in order to address the referral question and level of functioning. Measures are selected to best clarify a patient's cognitive, emotional, personality, and behavioral status and provide information that is clinically applicable to the individual's rehabilitation. Interns complete a minimum of eight comprehensive outpatient batteries. On the inpatient Neurorehabilitation and acute services, continuous brief consultation evaluations and summaries will be conducted. 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 and qualified interns also may have the opportunity to provide supervised supervision of practicum students.

The Adult Neuropsychology Service is primarily 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 Physiatry, Neurosurgery, 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 primarily traumatic brain injury patients on the neurosurgical and traumatic intensive care units, and acute floors. Interns also will follow at least six long-term outpatient psychotherapy patients with neurological diagnoses. Interventions include short- and long-term individual and family psychotherapy, group psychotherapy, cognitive rehabilitation, and neuropsychological screening or assessment. Interns also will have the opportunity to provide diagnostic consultations to a variety of other medical units throughout the JHS medical center. Interns at our setting have the unique opportunity to follow patients throughout their recovery process, from the intensive care unit to outpatient treatment. Finally, interns have the opportunity to participate in clinically relevant research,



including ongoing faculty projects.

Recommended texts include: *Neuropsychological Assessment (5<sup>th</sup> Ed.)*, by M.D. Lezak, D.B. Howieson, E.D. Bigler & D. Tranel (2012); *A Compendium of Neuropsychological Tests: Administration, Norms, and Commentary*, by E. Strauss, E. Sherman, & O. Spreen (2006), and *Neuroanatomy Through Clinical Cases (2<sup>nd</sup> Ed.)*, by H. Blumenfeld (2011).

## **PEDIATRIC BEHAVIORAL MEDICINE TRACK**

The Pediatric Behavioral Medicine track combines inpatient consultation-liaison services to Holtz Children's Hospital with outpatient treatment through our Child and Adolescent Center (CAC) and the pediatric Center for Behavioral Medicine (CBM). Interns will also have the opportunity to complete psychological testing batteries through the CAC and pediatric CBM outpatient clinics.

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

### **1. Pediatric psychology consultation-liaison to inpatient medical units**

Pediatric behavioral medicine consults are requested by medical staff across a number of pediatric services including solid organ transplant (liver/intestine/multivisceral, kidney, heart, and lung), GI, cardiology, pulmonology, special immunology/HIV, nephrology, intensive care, burn, orthopedics, trauma, neurology, nephrology, and general pediatrics teams. 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 and post-transplant management, pain management, non-adherence, psychological distress being converted as physical symptoms, 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, physical, occupational and speech therapists, child life specialists, nurses, and child and adolescent psychiatry 2<sup>nd</sup> year fellows, and ethicists. We attend particular team's rounds as needed or requested to provide feedback on patient care and coordination (e.g., trauma and solid organ transplant rounds, nephrology rounds and selection committee, GI transplant selection committee, pediatric bioethics committee, etc.) In addition, the pediatric behavioral medicine service is now an official part of the Pediatric Palliative Care Team (PediPals). 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.

### **2. Outpatient therapy through pediatric CBM & CAC clinics**

In addition to inpatient consultation-liaison, interns will be expected to carry approximately 4-6 outpatient cases in the pediatric CBM with a pediatric behavioral medicine focus (~4 cases) and in the CAC with a clinical child focus (~2 cases). Interns may also have the opportunity to carry cases initially consulted on in the hospital through to the outpatient therapy setting. Furthermore, interns may have the opportunity to conduct outpatient pre-transplant evaluations in the pediatric CBM.

### **3. Outpatient psychological testing**

A minimum of six full psychological testing batteries are expected by the end of the internship year, including utilizing cognitive, achievement, objective, projective and self-report and parent measures. Typical testing referrals come from the CAC and pediatric CBM clinics or

post discharge from our inpatient child and adolescent psychiatric unit. Referral questions include diagnostic clarification, cognitive assessment/neurological functioning that may impede treatment adherence, determining treatment modality to best fit with patient's needs, and assessing emotional functioning. Testing occurs infrequently with young children (younger than age 6), with typical ages ranging from school-age children to adolescents.

#### **4. Pediatric Behavioral Medicine didactics**

In addition to providing services at Holtz, pediatric CBM and CAC, the pediatric behavioral medicine intern will also be involved in the following pediatric focused didactics:

1. *Pediatric Psychology/Psychiatry Consultation-Liaison Seminar & Rounds*  
*Facilitators: Melisa Oliva, Psy.D. & Nicole Mavrides, M.D.*

The pediatric behavioral medicine intern participates in a 60 minute Pediatric Psychology/Psychiatry Consultation-Liaison Seminar every other week totaling 21 sessions spread out over 10 months of the training year. This seminar is also attended by the pediatric behavioral medicine psychology resident and five child and adolescent pediatric psychiatry 2<sup>nd</sup> year fellows as well as rotating medical students. This seminar provides an opportunity to discuss timely journal articles and evidence-based practices regarding all topics related to being part of a pediatric consultation-liaison service. Topics range from foundational topics (e.g., the role of the C/L team, working within a multidisciplinary team) to skills-based learning with particular populations that the service is routinely consulted on (e.g., working with burn patients, somatoform disorders, transplant patients, pain management, etc.). In addition to these topics, the intern will have the opportunity to present on a topic and a case that they have been involved in consultation and treatment in the hospital setting. This provides the intern the opportunity to present and teach interdisciplinary team members. Cases jointly followed on the consult service with psychiatry and psychology are also discussed to form a plan for best practice and care of the patient.

2. *Clinical Health Psychology Seminar*

*Facilitators: Thomas Robertson, Psy.D., Scott Christian, Psy.D., Lisa Gonzalez-Alpizar, Psy.D., Catherine de la Osa, Psy.D., Keith Lit, Ph.D., Clara Lora Ospina, Psy.D. & Melisa Oliva, Psy.D.*

The pediatric behavioral medicine intern also participates in a 90-minute Clinical Health Psychology Seminar every other week totaling 20 sessions spread out over 10 months of the training year. This seminar is also attended by the adult and pediatric consultation-liaison residents. This seminar provides the intern with an opportunity to discuss and examine what is being practiced daily in real time. The overarching goal is to provide a didactic expansion of foundational knowledge in clinical health psychology, and to foster understanding of how the skills learned here can be implemented in a variety of health care settings. The seminar is adapted from Division 38's Integrated Primary Care curriculum and tailored to parallel the interns' experiences throughout their training year, going from general (Foundational Modules) to more precise skills training (Topic Modules). The seminar is a mirror to direct service delivery. Much of this information is reiterated in everyday rounding and walking supervision as well as individual face-to-face supervision. The goal is to instill both knowledge and advanced specialty competencies that can be applied in various settings, from outpatient clinics, to primary care, or hospital-based care. The seminar is taught by the adult health and pediatric psychologists on staff as well as guest speakers from

other parts of the hospital, including psychiatry, medicine, pain specialists, and affiliated health psychologists from the University of Miami. This curriculum and direct service delivery provides a rich context for understanding the science of health psychology; the other two pillars of psychology's foundation are provided in the Ethics Seminar and the Diversity Seminar. The clinical Health Psychology Seminar incorporates ethics and diversity on a daily basis. In fact, over the course of an average week, the trainees encounter and address patients embodying all of the topics that are expanded upon over the course of the year.

3. *Pediatric Palliative Care (PediPals) Multidisciplinary Meeting*

*Facilitators: Kimberly Juanico, RN, BSN, CHPPN, Pediatric Palliative Care Nurse Coordinator*

The pediatric behavioral medicine intern takes part in the Pediatric Palliative Care rounds once a week with multidisciplinary team members through Holtz Children's Hospital, including the Pediatric ICU Director, Palliative Care Team Coordinator, medical students/residents/fellows rotating through the Palliative Care Service, Child Life, Pastoral Care, and Hem-Onc psychologist and trainees, along with a hospital volunteer who is part of the parent advisory board. Current hospitalized patients with chronic or life-limiting illnesses are discussed as well as problem-solving/formulating interdisciplinary plans to improve care and quality of life.

4. *Child Division Rounds*

*Facilitators: Psychiatry and Psychology Attendings*

Child Division Rounds consist of case presentation, journal club, and ethics cases. The intern will have the opportunity to work with the child and adolescent psychiatry fellows and administer and present psychological testing results during the fellow's case presentation. The interns will also present one of their own cases with an emphasis on psychological test interpretation. This seminar is optional for the pediatric behavioral medicine intern.

5. *Pediatric Grand Rounds*

*Facilitators: Pediatric Chief Medical Officer & Pediatric Chief Medical Resident*

Optional weekly formal academic presentations about various topics in pediatrics presented by local and nationally known speakers. Attended by pediatric attendings and trainees (medical students, interns, residents and fellows). Meets for 60 minutes every week.

## **CLINICAL CHILD TRACK**

The Clinical Child track consists of a one year experience in the Child and Adolescent Center (CAC) and rotations in each of the following services: The Dialectical Behavior Therapy Program for Adolescents (DBT-A) and the Child and Adolescent Acute Inpatient Psychiatry Unit (CAAP).

### **1. Child and Adolescent Center (CAC)**

In the CAC the intern provides treatment to children and adolescents with a wide range of childhood disorders, including: mood and anxiety disorders, ADHD, disruptive behavior disorders, PTSD, obsessive-compulsive disorder, phobias, adjustment disorders, conduct disorder, autism spectrum disorders, intellectual disability and parent-child conflicts. Children range in age from 3 to 21 years, and come from diverse cultural and socioeconomic backgrounds. Working with parents is an integral part of therapy in the CAC therefore the intern works individually or co-jointly with their client's caretakers.

The internship experience in CAC includes the following:

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

### **2. Dialectical Behavior Therapy Program for Adolescents (DBT-A)**

In the DBT-A program, the intern provides group treatment to adolescents and their families experiencing multiple problems including frequent psychiatric hospitalizations, suicidal ideation and behavior, non-suicidal self-injury, severe depression and anxiety. All treatment is performed within a standard comprehensive DBT-A format under the guidance of an intensively trained team. Adolescents range in age from 11-18 years.

The internship experience in the DBT-A Program includes:

- Adolescent skills training groups, multifamily skills training groups
- Weekly consultation team meetings
- Weekly DBT specific individual supervision
- Weekly DBT group supervision
- Individual Therapy case - optional
- Optional participation in ongoing research projects

### **3. Child and Adolescent Acute Inpatient Psychiatry Unit (CAAP)**

The CAAP unit provides interns with an opportunity to work with severely mentally ill children and adolescents in an inpatient psychiatric setting. CAAP is an acute inpatient psychiatric unit that provides short-term care for children and adolescents through age 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 diverse, 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 a consultant for the CAAP multidisciplinary team, which includes psychiatrists, child and adolescent psychiatry fellows, social workers, activity therapists, nurses and mental health technicians. The interns participate in team meetings and ongoing collaboration with cases.

The interns primarily provide psychological testing on a consult basis on the CAAP unit and co-facilitate group therapy weekly with the child psychiatry fellow or psychiatry resident. Other potential opportunities include intake assessments, individual and family treatment, and behavioral management. The interns will have the opportunity to work with children and adolescents at all developmental levels with a range of diagnoses.

#### **4. Child Clinical Track Didactics**

In addition to providing services in CAC, DBT-A and CAAP, the interns will also be involved in the following child focused didactics:

1. *Child Division Rounds*

*Coordinators: Psychiatry Attendings*

Child Division Rounds consist of case presentation, journal club, and ethics cases. The intern will have the opportunity to work with child and adolescent psychiatry fellows and administer and present psychological testing results during the fellow's case presentation. The interns will also present one of their own cases with an emphasis on psychological test interpretation.

2. *DBT for Adolescents Didactic*

*Coordinators: DBT-A Team*

DBT-A didactics are offered bi-weekly and includes review and discussion of the major literature and research related to the understanding and delivery of DBT to adolescents and their families. This includes book chapters and journal articles to help trainees gain a greater understanding of the model of treatment as well as how to deliver the model with fidelity.

---

## PROGRAM FACULTY

---

### ***SUPERVISING PSYCHOLOGISTS:***

#### ***CAROLINA AVILA, PSY.D.***

*Nova Southeastern University (Clinical), 2013*

*Clinical Internship: The Help Group*

*Postdoctoral Fellowship: Jackson Memorial Hospital in Affiliation with the University of Miami  
Leonard M. Miller School of Medicine*

Dr. Avila is a clinical psychologist in the Dialectical Behavior Therapy Program (DBT-A, DBT-YA) and the Child and Adolescent Center (CAC). She is also the Coordinator for Practicum Training, working as a liaison between the Department of Psychology, practicum students and local universities. She is responsible for supervising individual, family and group DBT therapy as well as psychological testing. Her clinical and research interests are in the areas of DBT with children and adolescents, as well as trauma, depression, anxiety, ADHD, developmental disorders, family therapy and parenting skills training. Dr. Avila is a member of the American Psychological Association, the Society of Clinical Child & Adolescent Psychology (Division 53), the Society for Child and Family Policy and Practice (Division 37), and the Association for Behavioral and Cognitive Therapies (ABCT).

#### ***EVELYN F. BENITEZ, PH.D.***

*Albizu University (formerly Caribbean Center for Advance Studies Miami Institute of  
Psychology; Clinical), 1996*

*Clinical Internship: Metro-Dade Youth and Family Service*

*Postdoctoral Training: Apogee (formerly Affiliates for Evaluation and Therapy)*

Dr. Benitez is the Associate Chief of Psychology, the Director of Psychology Residency Training and the Clinical Director of the Child and Adolescent Center (CAC). She is responsible for supervising interns and postdoctoral residents providing outpatient individual and family psychotherapy, parenting group therapy and psychological testing in CAC. Dr. Benitez also provides coverage for the Pediatric Behavioral Medicine service which provides consultation liaison service at Holtz Children's Hospital. Her clinical interests are in areas of trauma, ADHD, anxiety, cultural and acculturation process, 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.

#### ***JUDD SCOTT CHRISTIAN, PSY.D.***

*Nova Southeastern University (Clinical), 2003*

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

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

Dr. Christian serves as an Attending Psychologist and Director of the Adult Behavioral Medicine/Consultation-Liaison Psychology Service. In addition, he is also the Director of Adult

Clinical Health Psychology Residency Training. After specializing in Behavioral Medicine (Psychosocial Oncology and Women's Behavioral Medicine) and serving as the Chief Intern and Chief Postdoctoral resident in Psychology at Jackson Memorial Hospital, Dr. Christian worked in private practice for approximately 11 years. Within this practice, his specializations included general psychotherapy, specialized health psychology services, and treatment/psychotherapy resistant clients. Dr. Christian augmented his 11 years in private practice through appointments as an Adjunct Faculty/Professor and Supervisor at local universities (Nova Southeastern University - Doctoral Program; Albizu University - Doctoral Program). Dr. Christian returned to the Jackson Health System in 2015. His clinical interests are in applied psychotherapy (individual, couple/marital), supervision, consultation-liaison psychology, assessment, medical and health psychology, grief/bereavement, women's health issues, psycho-oncology, and the application of positive psychology strategies within various psychotherapeutic, clinical, and supervision/training situations. At present, Dr. Christian teaches several other didactics and seminars at Jackson, and has taught, trained, and supervised several different psychotherapeutic modalities.

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

*Nova Southeastern University (Clinical), 1993*

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

*Pre-doctoral Fellowship: Children's Hospital/Judge Baker Children's Center/Harvard Med. School*

Dr. Cohen is a part-time clinical psychologist in the Department of Psychology. His primary duties are with the Child and Adolescent Center (CAC), Center for Behavioral Medicine (CBM) and the Miami-Dade County Court Marchman Act Program. He is responsible for supervising psychology interns and residents providing outpatient individual and family psychotherapy in the CAC and CBM. Dr. Cohen also facilitates the Supervision of Supervision seminar for psychology residents and co-facilitates Clinical Case Conference for psychology interns. 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.

***CATHERINE de la OSA, PSY.D.***

*Carlos Albizu University (Clinical), 2016*

*Clinical Internship: Mental Health Center of Florida*

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

Dr. de la Osa is an Attending Psychologist within the inpatient Adult Behavioral Medicine/Consultation-Liaison Service and the Adult Outpatient Center for Behavioral Medicine (AOCBM). She provides psychotherapy with various medical populations, and has experience in clinical psychotherapy, health-related psychotherapy, consultation, and assessment. Throughout her training and professional practice, she has focused on the area of general psychotherapy. Other areas of clinical interest include the application of positive psychology within medical settings, as well as, leadership and team roles. Dr. de la Osa has experience with executive and leadership coaching which has enabled her to aid others with professional developmental with a focus on leadership skills and the creation and achievement of their goals. Dr. de la Osa is also



responsible for supervising residents and practicum students.

**LISA GONZALEZ-ALPIZAR, PSY.D.**

*Nova Southeastern University (Clinical), 2005*

*Clinical Internship: Jackson Memorial Hospital/ University of Miami*

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

Dr. Gonzalez-Alpizar is an Attending Psychologist within the inpatient Adult Behavioral Medicine/Consultation-Liaison Service and the Adult Outpatient Center for Behavioral Medicine (AOCBM). She provides psychotherapy with various medical populations, and has extensive experience in applied clinical psychotherapy, health-related psychotherapy, consultation, and assessment. Throughout her training and her professional practice, she has spent the majority of her career in the areas of psycho-oncology and palliative care. Other areas of clinical interest include oncology survivorship, women's health issues and program/professional development. Dr. Gonzalez-Alpizar has taught, trained, and supervised in many psychotherapeutic modalities. As such, she is responsible for supervising residents, interns, and practicum students.

**SUSAN IRELAND, PH.D.**

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

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

*Postdoctoral Fellowship: Jackson Memorial Hospital/ University of Miami (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 and at the Center for Behavioral Medicine. 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 comorbid psychopathology on neurological insults and recovery.

**SHEBA R. KUMBHANI, PH.D.**

*Palo Alto University (Clinical), 2007*

*Clinical Internship: Baylor College of Medicine*

*Postdoctoral Residency: Dartmouth-Hitchcock Medical Center/Geisel School of Medicine at Dartmouth*

Dr. Kumbhani is an attending neuropsychologist in the Neuropsychology service, primarily serving the acute neuropsychology service. The acute service provides assessment and treatment to new traumatic brain injury patients, ranging from mild to severe, consultations that arise out of the Neurology and Neurosurgery Services, and offers weekly support groups for patients and families. Her clinical and research interests are in the assessment and treatment of adults with neurological disorders.

**KEITH LIT, PH.D.**

*Nova Southeastern University (Clinical), 2017*

*Clinical Internship: South Florida Consortium Internship Program – Broward Health Medical Center*

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

Dr. Lit is an Attending Psychologist in the Adult Outpatient Center for Behavioral Medicine (AOCBM). His primary clinical and research interests include clinical health psychology, psychological assessment, the integration of mindfulness and acceptance with other psychotherapy approaches, and contemporary applications of behavior analysis across a range of clinical disorders. Dr. Lit is responsible for conducting and supervising outpatient psychotherapy and psychological testing, as well as adult consultation/liaison services for inpatient medical and psychiatric populations. As a member of the Clinical Health Psychology team, he teaches in seminars and lectures on relevant topics. Dr. Lit provides direct psychological services to patients both individually and in group therapy.

**CLARA LORA OSPINA, PSY.D.**

*Nova Southeastern University (Clinical), 2004*

*Clinical Internship: Harvard Medical School/ Boston Veterans Affairs Medical Center*

*Postdoctoral Fellowship: Providence Veterans Affairs Medical Center*

Dr. Lora Ospina is the Clinical Director of the Adult Outpatient Center for Behavioral Medicine (AOCBM). Dr. Lora Ospina's areas of interest include issues pertaining to difficulty with infertility, Post-Traumatic Stress Disorder (PTSD) and other anxiety-related disorders, depression, marital discord, bereavement and adjustment due to loss, chronic pain management, end of life issues, and situational stressors. Dr. Lora Ospina was a clinical supervisor at Boston University's Center for Anxiety and Related Disorders (CARD) and Psychological Services Center (PSC), and an Adjunct Professor at Emmanuel College. Dr. Lora Ospina worked in the private sector in Boston and was a Clinical Director at Commonwealth Psychology Associates before returning to Miami in 2014 to set up her own practice in Coral Gables. Dr. Lora Ospina is fully bilingual (English/Spanish) and has interests in facilitating groups in relaxation skills, anger management, pain management and healthy thinking. Dr. Lora Ospina conducts counseling and psychotherapy using various therapeutic approaches including psychodynamic, cognitive-behavioral, existential, and family systems.

**DIANELYS S. NETTO, PH.D.**

*Nova Southeastern University (Clinical), 1997*

*Clinical Internship: Jackson Memorial Hospital/University of Miami*

*Postdoctoral Residency: Jackson Memorial Hospital/University of Miami*

Dr. Netto is a part-time attending neuropsychologist on the Neuropsychology Service, focusing on acute inpatient consults and treatment as well as outpatient follow up assessment and intervention. Clinical and research interests include Spanish-speaking patients, adult neurological disorders, minority assessment and intervention, and cognitive rehabilitation.

**MARIO OLAVARRIA, PSY.D.**

*California School of Professional Psychology (Fresno), 1998*

*Clinical Internship: Jackson Memorial Hospital/University of Miami*

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

Dr. Olavarria is an attending psychologist on the 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: Jackson Memorial Hospital in affiliation with the University of Miami*

*Leonard M. Miller School of Medicine*

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

Dr. Oliva is the Director of the Psychology Internship Training Program and the Director of the Pediatric Behavioral Medicine Service and an attending at the pediatric Center for Behavioral Medicine outpatient clinic. Dr. Oliva specializes in the area of pediatric psychology and professional interests include pediatric solid organ transplantation, non-adherence to medical recommendations, bioethics, 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).

**GISELA PUENTES, PSY.D.**

*Nova Southeastern University (Clinical), 1992*

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

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

Dr. 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.

**CLAUDIA A. RANALDO, PSY.D.**

*Florida School of Professional Psychology-Tampa Campus (Clinical/Child), 2012*  
*Clinical Internship: Chicago School of Professional Psychology Community Internship Consortium*

*Postdoctoral Fellowship: Jackson Memorial Hospital in Affiliation with Leonard M. Miller School of Medicine University of Miami*

Dr. Ranaldo is the Director for the Dialectical Behavior Therapy Program for Adolescents (DBT-A). She is responsible for supervising individual, group and family therapy in both the CAC and DBT-A Program as well as supervising psychological testing within the CAC and CAAP unit. Her primary clinical and research interests include DBT therapy with children and adolescents, object-relations, attachment, childhood trauma, the Rorschach, 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, the Society of Clinical Child & Adolescent Psychology (Division 53) and the Association for Behavioral and Cognitive Therapies.

**THOMAS ROBERTSON, PSY.D.**

*California School of Professional Psychology (San Francisco) 1996*  
*Clinical Internship: The University at Stony Brook New York*

*Postdoctoral Fellowship: Kaiser Permanente Oakland Medical Center– Dept. of Psychiatry*

Dr. Robertson is the Chief of Psychology. After training and working in Behavioral Medicine at Kaiser Permanente, he joined the C/L Psychiatry team at UM/Jackson and was a voluntary Associate Professor of Psychiatry & Behavioral Sciences at the Miller School of Medicine. He worked in C/L consultation for two years, Oncology for two years, and then became head of the Outpatient Clinic and the Coordinator of Psychotherapy Training for psychiatry residents in the UM Miller School of Medicine psychiatry residency program. Dr. Robertson recently returned from three years at Columbia University Counseling & Psychological Services to accept the role of Chief. Dr. Robertson's clinical interests are in clinical health psychology, psychotherapy, supervision, medical psychology, grief and bereavement, gender, orientation, and sexual issues. He trained at a UCSF clinic devoted to the care of LGBT clients in San Francisco and has treated hundreds of patients living with HIV. Dr. Robertson has taught and trained in most of the major psychotherapeutic modalities and is interested in psychotherapy outcome research. He has trained with Dr. Steven Hayes in ACT and is enthusiastic about ACT use in brief behavioral medicine contexts. He serves as an Attending Psychologist at the Center for Behavioral Medicine and supervises the resident and interns working at the CBM. He also provides psychotherapy to CBM patients.

**UNIVERSITY OF MIAMI FACULTY:**

**MARISA ECHENIQUE, M.A., M.S., PSY.D.**

*Albizu University, (Forensic), 2010*

*Clinical Internship: Jackson Memorial Hospital in Affiliation with Leonard M. Miller School of Medicine University of Miami Medicine*

*Post-Doctoral Fellowship: University of Miami School of Medicine/Jackson Memorial Medical Center (Behavioral Medicine)*

Dr. Echenique is an Assistant Professor of Clinical Psychiatry in the Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine. She is also a Psychology Attending at The Center for Behavioral Medicine, Miami Transplant Institute, and Special Immunology OB/GYN Clinic. She also serves as the student behavioral health coordinator for UM Leonard Miller School of Medicine. She provides clinical onsite supervision of postdoctoral residents and practicum students on the HIC Service. Dr. Echenique's clinical interests include mood disorders, PTSD and adjustment to medical illness. Dr. Echenique is also involved in research activities, with primary interests including HIV secondary prevention, HAND, and suicide prevention.

**MARY I. ISHII, PSY.D.**

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

*Clinical Internship: Jackson Memorial Hospital/University of Miami*

*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-accredited clinical and counseling psychology programs are welcome to apply.

The application deadline for the 2020-2021 internship year is **November 1, 2019**.

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

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

Since we offer six clinical tracks, ***please list and rank up to four choices*** for interviewing purposes at Jackson Health System in affiliation with the University of Miami Miller School of Medicine. This rank will solely be used for arranging interviews (in accordance with APPIC Match Policy # 5d). **Include your rank order list CLEARLY in the first paragraph of your cover letter in bold font.**

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

CLINICAL TRACKS	APPIC PROGRAM CODE
Adult Outpatient Center for Behavioral Medicine (AOCBM) – General Track	121924
Adult Outpatient Center for Behavioral Medicine (AOCBM) – Hispanic Track	121911
Rehabilitation Psychology Track	121913
Adult Clinical Neuropsychology Track	121912
Pediatric Behavioral Medicine Track	121915
Clinical Child Track	121922

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

**All applicants can expect to be notified via e-mail as to their interview status on or before December 10, 2019.** 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 Internship Training to inquire about

the status of your application ([moliva2@jhsiami.org](mailto:moliva2@jhsiami.org)).

Applicants who are matched to JHS/UM will be required post-match to: 1) pass an on-site physical & drug screen one to two weeks prior to internship start date (please refer to JHS Policy #337 Drug-Free Workplace for detailed information), and Level 2 criminal background check (please see JHS Policy #369 Employment Screenings Policy for further detail) within 30 days prior to the start of internship, 2) have an active Basic Life Support (BLS) card from the American Heart Association before starting internship year, and 3) sign an affidavit of good moral character.

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

Direct any questions to:

Melisa Oliva, Psy.D.  
Director of Internship Training  
Director of Pediatric Behavioral Medicine Service  
Department of Psychology  
Jackson Health System in affiliation with the  
University of Miami Miller School of Medicine  
1695 NW 9<sup>th</sup> Ave.  
Miami, FL 33136  
Phone: (305) 355-7285  
Fax: (305) 355-8095  
Email: [moliva2@jhsiami.org](mailto:moliva2@jhsiami.org)

---

---

## **INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA**

---

### **Internship Program Admissions**

**Date Program Tables are updated:** 8/1/19

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

We have several different tracks for our internship program. Please review the internship brochure carefully to choose the track(s) that best fit your interest:

- Adult Outpatient Center for Behavioral Medicine Track (four positions – three in the General Track & one in the Hispanic Track)
- Rehabilitation Psychology Track (one position)
- Adult Neuropsychology Track (one position)
- Pediatric Behavioral Medicine Track (one position)
- Clinical Child Track (two positions)

**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

Total Direct Contact Intervention Hours	N	X	Y	Amount: 350
Total Direct Contact Assessment Hours	N	X	Y	Amount: 150/300 Neuro Track only

**Describe any other required minimum criteria used to screen applicants:**

Applicants from APA-accredited clinical and counseling psychology programs are welcome to apply.



### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns	\$25,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	18 days total for all leave	
Hours of Annual Paid Sick Leave	18 days total for all leave	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): 11 Federal holidays (in addition to 18 personal leave days for illness, vacation, educational, dissertation and postdoctoral interview leave); Bereavement Leave; Jury Duty Leave; Medical, Dental & Vision coverage		

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

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2015-2018	
Total # of interns who were in the 3 cohorts	33	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic	1	
University counseling center		
Veterans Affairs medical center	5	
Military health center		
Academic health center	12	
Other medical center or hospital	5	
Psychiatric hospital	1	
Academic university/department	4	
Community college or other teaching setting		
Independent research institution		
Correctional facility	1	
School district/system		
Independent practice setting	2	
Not currently employed		
Changed to another field		
Other		
Unknown	2	

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



Section: 300 – Personnel

Subject: Drug-Free Workplace

**Table of Contents**

I. Purpose ..... 1

II. Scope ..... 2

III. Procedure ..... 2

    A. General Provisions ..... 2

    B. Notification of Conviction ..... 2

    C. Types of Drug Testing ..... 2

    D. Initiating a Drug Test ..... 3

    E. Pre-Testing Procedure – Reasonable Suspicion ..... 3

    F. Testing Procedures ..... 4

    G. Post-Test Procedure ..... 5

    H. Test Results ..... 5

    I. Reporting of Licensed Professionals with Positive Drug Screen ..... 5

    J. Disciplinary Action ..... 5

    K. Resources for Living / Employee Assistance Program ..... 5

    L. Rehabilitation ..... 6

    M. Prescription Medication ..... 6

    N. Education, Training, and Communication ..... 6

IV. References ..... 6

V. Attachments ..... 7

**I. Purpose**

The purpose of this policy is to ensure that all employees are aware of and abide by the Drug Free Workplace program. The Jackson Health System (JHS) is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace by maintaining a Drug-Free Workplace. JHS recognizes that alcohol abuse and drug use pose a significant threat to our mission, goals and commitment to provide quality health care to our community. Accordingly, employees are prohibited from reporting to duty under the influence of alcohol, illegal or legal drugs and/or controlled substances not covered by a doctor's order. Additionally, the unauthorized possession, use, sale, manufacture or distribution of alcohol, controlled substances, illegal drugs or drug paraphernalia on JHS property is strictly prohibited.

In accordance with the Federal Drug-Free Workplace Act, JHS is committed to providing annual notification, education, training and communications concerning any available drug counseling, rehabilitation and assistance programs to its employees, and encourages employees to voluntarily seek help with drug and alcohol problems. Violations of this policy may result in disciplinary action up to and including termination.



Section: 300 – Personnel

Subject: Drug-Free Workplace

## II. Scope

This policy covers all JHS employees and all individuals who conduct business for or with JHS, applicants, or those who conduct business on JHS property.

## III. Procedure

### A. General Provisions

1. Employees are required to abide by our Drug Free Workplace program as a condition of employment. Collective Bargaining Agreements may specify different procedures that conform to the essential elements of our Drug Free Workplace.
2. Employees shall not use or take a prescription drug above the level recommended by the prescribing physician, and shall not use prescribed drugs for purposes other than what the prescribed drugs were intended.
3. Employees who believe or have been informed that the use of a prescription drug or “over the counter” medication may present a safety hazard should consult with Employee Health Services (EHS) before beginning work.
4. In accordance with the Federal Drug-Free Workplace Act, JHS is committed to providing annual notification, education, training, and communications to its employees concerning any available drug counseling and rehabilitation and assistance programs, and encourages employees to voluntarily seek help with drug and alcohol problems.
5. Violations of this policy may result in disciplinary action up to and including termination.

### B. Notification of Conviction

1. An employee convicted of violating any criminal drug statute, including pleas of guilty or no contest, must notify his/her supervisor of such conviction within five (5) calendar days of the conviction, in addition to the notification requirements set forth in JHS' Policy No. 370 – Employees Arrested on Duty or Off Duty. Appropriate action will be taken within thirty (30) days of notification of such conviction. Federal contracting agencies will be notified when appropriate and in accordance with the Federal Drug-Free Workplace Act.

### C. Types of Drug Testing

1. **Pre-employment Drug Testing:** All candidates for employment must complete a pre-employment drug screen. Refusal to submit to a post offer screening will be considered a positive test and will terminate the employment offer.
2. **Reasonable Suspicion Testing:** All employees are subject to drug testing for reasonable suspicion when that individual is impaired by alcohol or drug use, has observable symptoms suggesting drug or alcohol use, has committed theft and/or is diverting drugs, or has been arrested for a drug-related offense. Employees who refuse to submit to a drug test may be disciplined up to and including termination from employment. Reasonable Suspicion testing during Employee Health Services (EHS) off hours, weekends, and holidays, the charge nurse/supervisor will notify Administrator in Charge (AIC). AIC/ supervisor will escort employee to the Emergency Department (ED) for drug screening, alcohol breathalyzer and physical exam. Supervisor will remain with employee until testing is completed.



Section: 300 – Personnel

Subject: Drug-Free Workplace

3. **Post-Accident Testing:** All employees are subject to drug testing when the employee's actions resulted in or contributed to an accident resulting in property damage, injury or death. Employees who refuse to submit to a drug test may forfeit their eligibility for all worker's compensation medical and indemnity benefits and may be disciplined up to and including termination from employment.
  4. **Follow-Up Testing:** After returning to duty following participation in an alcohol and drug rehabilitation program, or as a result of a "Final Opportunity Agreement", employees will be subject to ongoing, unannounced, follow up testing for a minimum of twelve (12) months but not more than sixty (60) months following the date the individual returns to work, after having passed the return to duty test. Any employee who tests positive during a return to duty testing or follow-up testing, or violates the "Final Opportunity Agreement" will be terminated.
- D. Initiating a Drug Test
1. During Normal Business Hours
    - a. The President/CEO or his/her designee in Employee/Labor Relations Workforce Management Department (E/LR&WM), Executive Vice President, Senior Vice President, Vice President, Corporate Director, Division Director or one in authority as set forth in the applicable collective bargaining agreement, has the authority to order an employee to submit to a drug screening during normal business hours. The administrator-in-charge (AIC) in consultation with the Employee Health Services (EHS) may approve mandatory testing after business hours.
    - b. The Employee/Labor Relations and Workforce Management Department (E/LR&WM) must be contacted for guidance and preparation of the "*Mandatory Toxicology and Alcohol Testing*" memorandum (Attachment A) and the "*Administrative Leave*" memorandum (Attachment B).
  2. After Normal Business Hours
    - a. The administrator-in-charge (AIC) will escort employee to the Emergency Department (ED) for drug screening. AIC/Supervisor will remain with employee until testing is complete and arrangements have been made to secure the employee has been sent home safely.
    - b. The AIC will be responsible for generating both the *Mandatory Toxicology and Alcohol Testing* and the *Administrative Leave* memorandums. AIC may contact EHS the next business day if they are in need of consultation.
- E. Pre-Testing Procedure – Reasonable Suspicion
1. Indicators for suspecting that an employee is under the influence of alcohol, unauthorized narcotics, controlled substances or illegal drugs include but are not limited to:
    - a. Bizarre or unusual behavior
    - b. Repeated mistakes or accidents not attributable to other factors
    - c. Incoherent or irrational mental state
    - d. Deteriorating work performance or attendance problems not attributable to other factors
    - e. Apparent physical state of intoxication or drug induced impairment of motor functions



Section: 300 – Personnel

Subject: Drug-Free Workplace

2. If it is determined that a drug screening may be necessary, the supervisor of the employee to be tested shall:
  - a. Use the attached checklist to document reasonable suspicion observations (Attachment C).
  - b. Take the employee to a quiet and private area and express concern that the employee does not appear to be able to perform his/her duties at this time and that the employee is suspected to be under the influence of some substance. Depending on the employee's condition, the presence of a hospital security specialist may be requested.
  - c. Present the “Administrative” memorandum to the employee.
  - d. Give the employee the choice of being tested on a voluntary basis or being tested pursuant to the mandatory order. If the employee refuses to be tested voluntarily present the “mandatory toxicology and alcohol test” order. If the employee requests permission to make a telephone call to his labor organization or other representative, he may do so. However, this call shall not prevent, inhibit or unreasonably delay the testing of such employee.
  - e. Inform the employee that he/she will remain on administrative leave pending the results of the test.
  - f. Escort the employee to the Employee Health Service (EHS) or approved facility for testing and remain with the employee during the entire process including securing the employee’s transportation home, regardless of whether the employee voluntarily submits or is mandated for drug testing... During EHS off hours, weekends and holidays, the AIC/Supervisor will escort the employee to the Emergency Department (ED) for testing. **At no time should the employee be left alone.**
  - g. Ensure that no more than (1) hour elapses between the time that the employee is presented with the administrative leave memorandum and the time that the screening takes place.

#### F. Testing Procedures

1. If the need for testing occurs after EHS Office hours, the charge nurse/ supervisor will contact the AIC. The AIC/supervisor will escort the employee to the Emergency Department (ED). The supervisor remains with the employee until he testing can be conducted, completed, and arrangements have been made to secure the employee has been sent home safely. . Security Services may be asked to assist and respond to ensure staff safety.
2. Supervisors at the satellite centers, Jackson South Community Hospital, and Jackson North Community Hospital, Corrections, Long Term Care Centers, etc. will call the AIC at JMH to make arrangements for assessment and testing. The employee will be transported by security to the Emergency Department (ED) accompanied by employee’s supervisor (or designee), who will remain in ED until testing is completed.
3. The drug screening will be performed in accordance with the Miami Dade County Scientific Administrative and Scientific Protocol collection procedure and the Florida Drug Free Workplace Act.



Section: 300 – Personnel

Subject: Drug-Free Workplace

## G. Post-Test Procedure

1. The supervisor will complete the unfinished sections of the “Reasonable Suspicion Observation Form” (Attachment C) to include the employee’s consent to or refusal of testing, documentation of arrival and departure time from the facility and arrangements made to secure the employees return home.

## H. Test Results

1. The Employee Health Services (EHS) office will:
  - a. Send a written report of the results to the E/LR&WM as soon as it is available within 14 to 18 business days. E/LR &WM will then assist the employee’s department with next steps, including but not limited to initiating appropriate disciplinary action.
  - b. Ensure that test result records are kept confidential, as required by law.
  - c. Provide EAP access to the results and the accompanying records **but only if** the employee seeks the assistance of the Resources for Living-Employee Assistance Program (EAP) or if the employee is referred to EAP as a result of a positive drug test.

## I. Reporting of Licensed Professionals with Positive Drug Screen

1. EHS shall report all employees who are Florida licensed health care professionals covered under Intervention Project for Nurses (IPN) or Professionals Resource Network (PRN) who have a positive drug screen will be reported to the appropriate agency. If IPN or PRN does not cover the category of the impaired employee involved, EHS will refer the employee to Resources for Living/ EAP for evaluation, referral and follow-up.

## J. Disciplinary Action

1. After receiving the EHS report, E/LR&WM will contact the supervisor concerning appropriate disciplinary action.
  - a. If indicated, the supervisor will document a recommendation in the disciplinary action report that the employee seeks assistance from Resources for Living/ EAP.
  - b. JHS reserves the right to discipline employees who violate this policy notwithstanding an employee's participation in the EAP services or outside treatment programs.
  - c. Disciplinary action concerning reporting for duty under the influence of alcohol, controlled substances or illegal drugs will be administered according to JHS Policy No. 305 - Corrective Action.
  - d. If the employee refuses to go to the EHS Office or refuses to submit to testing, the employee will be disciplined for failure to follow a direct order or for any applicable violation of the JHS Policies and Procedures.
  - e. Disciplinary action up to and including termination may be considered.

## K. Resources for Living / Employee Assistance Program

1. The Resources for Living / EAP will be available at any time to assist any employee who voluntarily seeks help with an alcohol or drug problem. EAP provides confidential assessment and referral of employees with personal problems, including alcohol or drug abuse. The employee can contact EAP directly at 786-466-8377.





Section: 300 – Personnel

Subject: Drug-Free Workplace

2. Employees who have signed a Final Opportunity Agreement will be subject to evaluation, monitoring, etc. by EAP for purposes of coordination of care and compliance confirmation. Random drug testing dates will be administered by the Employee/Labor Relations Workforce Management Department in conjunction with EHS if applicable, pursuant to a Final Opportunity Agreement.

L. Rehabilitation

1. Successful completion of an alcohol or drug rehabilitation program and sustained rehabilitation will be considered by JHS when evaluating an employee's prospects for continued employment or reemployment. The employee must agree to random drug tests for a minimum of twelve months following their return to work.

M. Prescription Medication

1. Employees who have reported to EHS due to information or belief that the use of a prescription drug or over the counter (OTC) medication may present a safety hazard should bring the prescription drug(s) or OTC medication in its original container(s). A prescription drug container must identify the employee's name, the drug, the date prescribed, and the prescribing physician.
2. Employees shall not use or take a prescription drug above the level recommended by the prescribing physician and shall not use prescribed drugs for purposes other than what the prescribed drugs were intended.

N. Education, Training, and Communication

1. All current employees will receive a copy of the Drug Free Workplace Policy.
2. During new employee orientation, all employees will be required to sign a statement indicating that they have read and understand the JHS Drug-Free Workplace policy, and that they agree to comply with its provisions as a condition of employment.
3. Ongoing training about the Drug-Free Awareness Program and Policy will be provided to all employees. Employees will be informed about the following:
  - a. The dangers of substance abuse in the workplace;
  - b. The JHS policy of maintaining an alcohol and drug-free workplace;
  - c. Available drug counseling, rehabilitation, and the Employee Assistance Program; and
  - d. The penalties that may be imposed upon employees for substance abuse violations.
4. Specific training will be provided to help supervisors:
  - a. Identify employees whose job performance is impaired by alcohol or drugs;
  - b. Outline procedures related to drug and alcohol testing for cause; and
  - c. Develop constructive confrontational techniques.

#### IV. References

Florida Statute §440.101; Florida Statute §440.102 – Drug-free workplace program requirements  
 Florida Statute §112.0455 – The Drug-Free Workplace Act  
 Florida Administrative Code Rule Chapter 59A-24  
 Drug-Free Workplace Act of 1988 (Public Law 100-690)  
 JHS Policy and Procedure Manual, Code No. 370 – Employees Arrested On Duty or Off Duty  
 JHS Policy and Procedure Manual, Code No. 305 – Corrective Action





---

Section: 300 – Personnel

---

Subject: Drug-Free Workplace

---

**V. Attachments**

- A – Mandatory Toxicology and Alcohol Testing Order
- B – Administrative Leave Memorandum
- C – Reasonable Suspicion Checklist (WIP)

**Responsible Party:** Director  
Employee/Labor Relations and Workforce Compliance

**Reviewing Committee(s):** Not Applicable

**Authorization:** President and CEO, Jackson Health System



Section: 300 – Personnel

Subject: Drug-Free Workplace

Attachment A - For Example Purposes Only

**DEPARTMENT**

1611 N.W. 12th Avenue • Miami, FL 33136

www.JacksonHealth.org

**305-XXX-XXX****M E M O R A N D U M****TO:****FROM:****DATE:****SUBJECT: Mandatory Toxicology and Alcohol Testing**

In accordance with the current collective bargaining agreement between the \_\_\_\_\_ and the Jackson Health System/Public Health Trust, Article \_\_\_\_\_ and JHS/PHT Policy & Procedure Manual Code No. 337, you are directed to report to the Employee Health Services at Jackson Medical Towers, East Wing, 11<sup>th</sup> Floor, Suite 1103 and immediately submit to a drug and alcohol screening test.

Your refusal to submit to this testing, will result in disciplinary action up to and including termination.

cc: VP for area  
Division Director/Administrator  
EHS  
E/LRWC  
Union (if applicable)



Section: 300 – Personnel

Subject: Drug-Free Workplace

Attachment B - For Example Purposes Only



## MEMORANDUM

TO:

FROM:

DATE:

SUBJECT: **Administrative leave**

This is to notify you that effective immediately, you are being placed on Administrative Leave pending the outcome of a fitness for duty examination to include Toxicology and Alcohol Testing.

You are to provide me with a telephone number, address and email address where you may be reached during the hours of 8:00 a.m. through 4:30 p.m. ***You are to provide your ID badge to your supervisor or Security Officer at time of receipt of this letter.***

You are specifically advised that effective immediately, you are restricted from coming onto any property of Jackson Memorial Hospital/University of Miami Medical Center, or any property of the Jackson Health System. **However, in the event of a medical emergency involving you or a member of your immediate family, you may come directly to the hospital and then contact departments as follows:**

**During normal business hours:** Employee/Labor Relations, Workforce Management Department (305) 585-7268

**After hours and weekends:** Administrator in Charge: Blackberry cell phone: 786-299-7517 or beeper 305-585-2255 #9342.

**At all Times:** **Hospital Security (305) 585-6111**

You must inform the Employee/Labor Relations, Workforce Management or the Administrator in Charge that you are on Trust property and for what reason. If you cannot physically place the call you should have someone do it for you.

You are further prohibited from accessing any Jackson Health System property through electronic access or any other means. In addition to these restrictions, you are to have no further communication by any means with employees of Jackson Health System during working hours.

Please be advised that any violation of this memorandum or hospital policy may result in Disciplinary Action.

Should you have any questions or concerns regarding this leave, please contact the Employee/Labor Relations, Workforce Management Department at (305) 585-7268.

CC: Department; AIC Administrator; Integrated Leave Office; Security Services; IT; Employee/Labor Relations & Workforce Management; Union (if applicable)



Section: 300 – Personnel

Subject: Drug-Free Workplace

Attachment C - For Example Purposes Only



**IMPAIRMENT CHECKLIST / REASONABLE SUSPICION OBSERVATIONS**

Employee Name: \_\_\_\_\_ Badge ID \_\_\_\_\_ Cost Code \_\_\_\_\_

Supervisor: Please check applicable item(s) below:

**PRE-TESTING:**

**NATURE OF THE ACCIDENT OR INCIDENT/ CAUSE FOR SUSPICION**

Observed/reported possession or use of a controlled substance	Arrest for a drug-related offense
Observed/reported possession or consumption of alcohol, controlled substances, or drug paraphernalia on the job	Other* (e.g., flagrant violation of safety regulations, serious fighting or argumentative/abusive language, refusal of supervisor instructions)
Observed/ reporting to work under the influence of alcohol or controlled substances	Observed abnormal or erratic behavior

Comments: \_\_\_\_\_

**UNUSUAL BEHAVIOR**

Verbal abusiveness	Withdrawal, depression, mood changes, or unresponsiveness
Physical abusiveness	Inappropriate verbal response to questioning or instructions
Extreme aggressiveness or agitation	Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion)

Comments: \_\_\_\_\_

**PHYSICAL SIGNS OR SYMPTOMS**

Possessing, dispensing or using controlled substance	Odor of alcohol
Slurred or incoherent speech	Odor of marijuana
Unsteady gait or other loss of physical control, Poor coordination	Dry mouth (frequent swallowing / lip wetting)
Dilated or constricted pupils or unusual eye movement	Dizziness or fainting
Bloodshot or watery eye	Shaking hands or body tremors, twitching
Extreme fatigue or sleeping on the job	Irregular or difficult breathing
Excessive sweating or clamminess to the skin	Runny nose and/ or sores around nostrils
Flushed or very pale face	Inappropriate wearing of sunglasses
Highly excited or nervous	Puncture marks or "tracks"
Nausea or vomiting	Other*

\*Specify other signs and symptoms below: \_\_\_\_\_

**POST TESTING:** identify the arrival and departure time from the facility and the arrangements made to escort the employee home: \_\_\_\_\_

Supervisor's Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised: 05/01/2017  
Supersedes: 02/01/2016



HEALTH SYSTEM

## POLICY &amp; PROCEDURE MANUAL

SECTION: 300 - PERSONNEL

SUBJECT: EMPLOYMENT SCREENINGS  
POLICY**PURPOSE:**

To provide a standardized procedure for verifying staff qualifications by obtaining and evaluating employment history, education and work experience, required licensure, required credentials, employment references and certification (as required) and criminal background information for new hires, rehires, reinstatements and current employees (as required by law, regulation and or hospital policy) and health office screenings.

**POLICY:**

It is the policy of Jackson Health System to verify staff qualifications and assess competence upon hire and on an ongoing basis.

When law or regulation requires direct care providers to be currently licensed, certified, or registered to practice in their profession, the hospital verifies required credentials by conducting a primary source verification upon hire and prior to renewal. The hospital exercises the right to conduct these verifications via a CVO (credentialing verification organization).

Employment screening includes verification of employment history, employment references, education, required licensure, required credentials verification, and certification, registration (as required), criminal background screenings as required by law, regulation and/or hospital policy, and applicable health screenings also as required by law and regulation and or hospital policy. Criminal background verification and health screening compliance is documented in employee personnel file.

Employment screenings may also be conducted for employees considering career opportunities (transfers, promotions etc.) within an of the Jackson Health System facilities.

The verification and screening process for Contractors/Agency Personnel, Volunteers and Students is outlined in the appropriate contract or affiliation contract agreement and/or JHS Hospital Policy.

**PROCEDURE:**A. Conditional offers of employment and background investigations:1. New Hires:

Qualified individuals selected for a position will be extended a conditional offer of employment contingent upon the completion of a satisfactory verification of employment history, employment references, education, and experience



## POLICY &amp; PROCEDURE MANUAL

SECTION: 300 - PERSONNEL

SUBJECT: EMPLOYMENT SCREENINGS  
POLICY

required for position, required licensure, required verification of credentials, certification, registration (as required) criminal background screenings (in accordance with law and regulation and hospital policy), applicable health screenings.

Spacing

2. Rehires:

Employment screening verifications will be conducted in accordance with law, regulation and/or hospital policy and practice.

3. Current Employees:

Current employees may be subject to a new verification process and/or criminal background screening when transferring from one position to another in accordance with the law, regulation and/or hospital policy.

B. Employment Screenings/Background Screenings

1. Talent Acquisition Services is solely responsible for initiating the employment screenings, criminal background screenings and health office screenings for employees. Volunteer Resources will solely initiate on-boarding and background screenings for Volunteers.
2. All new hires/rehires/reinstated employees will undergo a minimum of a Level 1 background screening in accordance with law, regulation and/or hospital policy.

Level 1 Generally refers to a state only name based check AND an employment history check.

- County(ies) of residence Criminal History Search
- Employment Verification (as required)
- Health and Human Services/Office of Inspector General (HHS/OIG) List of Excluded Individuals/Entities
- Education Verification (as appropriate)
- Department of Motor Vehicle Driving History (if applicable based on job description)
- Licensure, certification, registration (as required)



## POLICY &amp; PROCEDURE MANUAL

SECTION: 300 - PERSONNEL

SUBJECT: EMPLOYMENT SCREENINGS  
POLICY

3. All new hires/rehires/reinstated employees/transfers may undergo a Level 2 background screening in accordance with law, regulation and/or hospital policy.

Level 2 Generally refers to a state and national fingerprint based check and consideration of disqualifying offenses, and applies to those employees designated by law as holding positions of responsibility or trust. Section 434.04, F.S., mandates Level 2 security background investigations be conducted on employees, defined as individuals required by law to be fingerprinted pursuant to Chapter 435, F.S.

- Agency for Health Care Administration background screening including FDLE and FBI databases search
- County(ies) of residence Criminal History Search
- Employment Verification (as appropriate)
- Health and Human Services/Officer of Inspector General (HHS/OIG) List of Excluded Individuals/Entities
- Education Verification (as appropriate)
- Department of Motor Vehicle Driving History (if applicable based on job description)
- Professional license/certification (as appropriate)
- Fingerprinting for statewide criminal history records checks

A discrepancy found during the employment screening process and the information verified by our background verification vendor may result in immediate disqualification of employment. Human Resources Capital Management will immediately notify the appropriate management official.

#### C. Analysis of Background Investigation

The Human Resources Capital Management representative may notify the appropriate manager if a discrepancy arises between the applicant's (or current employee's) disclosed credentials and the verified information, or if the applicant (or current employee) is unqualified for a position based upon the results of the background investigation.

1. Employment screening or information learned during a background investigation will be considered with all the other information known about an applicant (or current employee), and case-by-case determinations will be made as to the person's suitability for either new or continued employment.
2. Human Resources Capital Management may determine that the Discrepancies in the employment screening/verification process



## POLICY &amp; PROCEDURE MANUAL

SECTION: 300 - PERSONNEL

SUBJECT: EMPLOYMENT SCREENINGS  
POLICY

information is sufficient reason not to hire, rehire, transfer or reinstate an individual based on law, regulation and or hospital policy.

3. Human Resources Capital Management may seek clarification from the applicant regarding any derogatory or discrepancies related to information/documents provided during the employment process.
4. For current employees, Human Resources Capital Management may decide that the background screening results is sufficient reason to initiate immediate corrective action against the employee in accordance with law, regulation and hospital policy. Under no circumstance will an applicant be hired if it is determined during the verification process that the applicant does not meet the required education and/or licensure, credentialing, certification, registration, health screening requirements.

Talent Acquisition Services will provide the applicant with the source of his/her fair credit report, as required by the Fair Credit Reporting Act, and will notify the applicant of the final disposition of his/her application.

**APPROVED:** Director of Employee/Labor relations & Workforce Compliance  
Vice-President of Human Resource Capital Management  
SVP and Chief Human Resources Officer, Jackson Health System

**AUTHORIZATION**

President and CEO, Jackson Health System