

JACKSON HEALTH SYSTEM

in affiliation with the University of Miami
Miller School of Medicine



PSYCHOLOGY INTERNSHIP PROGRAM

2018-2019

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, tax-assisted, tertiary teaching hospital with 1,558 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 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 16 full-time 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 to psychoanalytic. Interns have multiple opportunities for involvement with other UM psychologists through research and training experiences.

Thomas Robertson, Psy.D.
Chief of Psychology

INTERNSHIP TRAINING PROGRAM

The Training Program in Psychology is fully accredited by the American Psychological Association through the Commission on Accreditation located at 750 First Street, NE, Washington, DC 20002. Their phone number is (202) 336-5979. The program offers a one-year, full-time appointment with a stipend of \$20,000. Currently, there are multiple internship positions being offered (ten 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.

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

- Adult Outpatient Health Psychology Track (four positions)
- Adult Behavioral Medicine and Rehabilitation Psychology Track (one position)
- Adult Neuropsychology Track (one position)
- Pediatric Behavioral Medicine Track (one position)
- Child Clinical Track (two positions)
- Pediatric Neuropsychology Track (one position)

In addition to clinical activities, interns are required to attend the academic and didactic training conferences and seminars that are presented throughout the year. These include: Introductory Seminar, Behavioral Pain Management Seminar, Psychodiagnostic Seminar, Case Conference Seminar, Supervision Module, Diversity Seminar, 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 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.

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 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 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, 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 discuss and demonstrate 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 two testing cases during the training year.

Case Conference Seminar

Coordinators: Claudia Ranaldo, Psy.D., David Furth, 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.

Supervision Module

Coordinator: Evelyn Benitez, Ph.D.

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

Diversity Seminar

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. Common issues include confidentiality, duty to warn, dual relationships, physical and sexual abuse, DNR (Do Not Resuscitate Orders), AND (Allow Natural Death), refusal of medical/psychiatric interventions, diminished capacity, and competency. The purpose of 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 of mistakes occurring during the care of patients, typically highlighting recent cases and identifying areas of improvement for clinicians involved in the case. The objectives of the M&M conference are to learn from complications and errors, to modify behavior and judgment based on previous experiences, and to prevent repetition of

errors leading to complications. They are also important for identifying systems issues (e.g., outdated policies, changes in patient identification procedures, etc.) which affect patient care. M&M is meant to be non-punitive and focused on the goal of improved patient care. M&M conference takes place once a month.

Research Opportunities

Coordinator: Claudia Ranaldo, Psy.D. (JHS) & Philip D. Harvey, Ph.D. (UM)

Elective for all interns. Interns may elect to participate in research opportunities from the Department of Psychology at Jackson Health System or the Division of Psychology in the Department of Psychiatry and Behavioral Sciences at the University of Miami Miller School of Medicine. Interns can be involved in different aspects of a research project, such as data collection, data management and analyses, and report writing, and will have the opportunity to work closely with the principal investigator of the project. Principal investigators include psychologists in the JHS Department of Psychology and psychologists and psychiatrists in the Department of Psychiatry and Behavioral Sciences at UM. Specific opportunities for research vary on a yearly basis depending on the studies that are funded each year. Current research efforts are aimed at Pediatric and Adult Consultation, Dialectical Behavioral Therapy for Adolescents (DBT-A), Adult and Pediatric Neuropsychological research, PTSD, cognition and aging, remotely deliverable assessment and interventions, cognition, social cognition and functioning in severe mental illness, and substance abuse in mood disorders. Interns who elect this experience will be required to participate four hours per week, in addition to their clinical responsibilities, for a minimum of three months. Additional three month rotations can be considered at the discretion of the research coordinator, principal investigator and clinical supervisor.

CLINICAL ROTATIONS

ADULT OUTPATIENT HEALTH PSYCHOLOGY 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 mental disorders secondary to HIV/AIDS, Cancer, Traumatic Injury, Diabetes, and other Chronic Illness, as well as providing Pre-Transplant support and Pre-Bariatric Surgery assessment. In the AOCBM, emphasis is placed on teaching brief and long-term psychodynamic, cognitive behavioral, and ACT strategies in individual and group modalities with a wide variety of patients who present with primary psychiatric and personality disorders complicated by medical illness and severe psychosocial stressors.

The Adult Outpatient Center for Behavioral Medicine works in close collaboration with Jackson Health System's medical teams and with Miami Dade community providers. The clinic provides evidence-based interventions to address the multifactorial aspects of mental disorders associated with medical illnesses. Common patient diagnoses include: affective disorders, anxiety disorders, PTSD, psychosis, personality disorders, and concurrent substance abuse. The intern carries a diverse outpatient psychotherapy caseload, representing a spectrum of demographic and cultural backgrounds, clinical presentations and treatment needs. Essentially, the Adult Outpatient Health Psychology 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 psychiatrists, social workers, psychiatry and psychology residents 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 with multidisciplinary teams. Interns will need to be able to manage complex cases, handle varied responsibilities efficiently, and be comfortable working with a multicultural population with different sexual orientations. This training program provides the internship training hours and the supervision required for licensing eligibility. Average work week for the AOCBM intern is 40-45 hours. Two of the four available internship positions are designated specifically to attend to the multiple issues of the Hispanic population. To address the complex needs of these clients, general knowledge about Hispanic culture and language proficiency is preferred.

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 complete psychological testing batteries during the internship year, as

well as weekly pre-bariatric surgery evaluations. In addition, there are a wide range of groups available. Furthermore, interns may participate in the formation of new groups. Group therapy is provided in English and Spanish. Type of groups provided include:

- Depression Group (Behavior Activation)
- Emotional Regulation Skills Group
- HIV/AIDS support groups
- Addiction Group
- Grief/Bereavement

2. Inpatient/Consultative Opportunities

Interns on the Adult Outpatient Health Psychology Track may also have the opportunity to provide services on inpatient psychiatry units, namely the Adult Intensive Unit, Behavioral Treatment II Unit, Health and Recovery Unit, Geriatric Medical Unit, and Miami-Dade-Forensic Alternative Center (MD-FAC). Consultation services to the inpatient psychiatry units may include assessment and psychological testing, group therapy, and psychological assistance to both patients and staff contingent on the needs of the unit.

3. Research Activities

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

4. Supervision

The intern receives a minimum of two hours of supervision per week. Supervision of psychotherapy is conducted according to numerous theoretical orientations including brief dynamic, cognitive, behavioral, ACT and psychodynamic. Although supervisors operate from a variety of therapeutic perspectives, all are interested in supporting the development of the intern's theoretical orientation. In addition, the intern has abundant opportunities for observational learning and informal supervision.

ADULT BEHAVIORAL MEDICINE & 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 different approaches to behavioral medicine, as well as 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, walking and chart rounds and other training in the above departments are available to interns. The Miami Project to Cure Paralysis, founded by one of our patients and our chief neurosurgeon in 1985, has brought the best researchers from around the world to work together here, and an internationally renowned treatment team, resulting in an exciting working environment. It is in this spirit that our psychologists strive to offer evidence-based and innovative treatment approaches and cutting edge treatment programs to facilitate our patients' emotional adjustment to their medical conditions or disabilities. Average work week for the Adult Behavioral Medicine & Rehabilitation Psychology intern is 45-50 hours.

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

1. Acute Inpatient and Intensive Care

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

The intern in a critical care environment must establish a communication system if the patient is intubated or trached, evaluate the patient from a cognitive and emotional perspective, evaluate family functioning, and implement a program of crisis intervention, psychotherapy, support, behavioral management, and psychoeducation. Issues such as ego defenses and understanding of medical condition, health care beliefs, "ICU psychosis," acute stress disorder, head injury and post-traumatic amnesia, treatment compliance, and emotional distress are routinely addressed. As 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 pre-morbid psychopathology. Consultation with the interdisciplinary team (physicians and surgeons, nurses, physical and occupational therapist, social workers, recreation therapists, dieticians, respiratory therapists, etc.) regarding patient/family emotional status, behavioral management and treatment compliance issues is a critical role of the psychologist/intern, and a core concept of rehabilitation psychology. Interns will report in interdisciplinary rounds and may participate in bedside walking rounds weekly as well. Charting and documentation issues as required in accredited Rehabilitation settings are taught (e.g. FIMS) and familiarity with accreditation issues will prepare the intern to assume leadership in facilities in which they may serve in the future. Many past interns are now heading up Rehab Psychology programs around the country and have told us this aspect of training was particularly valuable. Outpatient work will also be available at the Center for Behavioral Medicine, located in the Jackson Behavioral Health Hospital (JBHH).

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 Center for Behavioral Medicine.

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

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

ADULT NEUROPSYCHOLOGY TRACK

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

On this rotation, interns function as part of an interdisciplinary team that includes neurosurgeons, trauma surgeons, neurologists, psychiatrists, and rehabilitation specialists. Training is accomplished through readings, as well as attendance at brain cuttings and neurosurgeries, Department of Neurology Grand Rounds, Neurological Rehabilitation patient and family rounds, Rehabilitation in-services, and Neuropsychology Case Conference. Areas of training include: 1) functional neuroanatomy, 2) neuropathology, 3) neuropsychological assessment, 4) neurobehavioral and cognitive retraining, 5) psychotherapeutic interventions with neurologically involved patients and their significant others, 6) behavioral management of maladaptive behaviors, and 7) ethics. Didactic training in neuropsychological assessment is based upon a combined quantitative and qualitative approach that emphasizes a dynamic understanding of cortical functioning and brain-behavior relationships. Consistent with this model, a core fixed battery, including many of the Halstead-Reitan neuropsychological tests, is administered, with a variety of other neuropsychological and personality (e.g., MMPI-2, Rorschach) tests applied in a flexible manner as indicated to clarify a patient's cognitive, emotional, and behavioral status and provide information that is clinically applicable to a patient's rehabilitation. Interns complete a minimum of eight comprehensive batteries, with additional brief consultation reports and evaluations conducted as indicated. In addition to neuropsychological evaluations, interns receive supervised training in neuropsychological rehabilitative techniques, including individual, family and group psychotherapy, family support groups and conferences, behavior modification, training of remedial techniques to compensate for cognitive-behavioral deficits, and cognitive retraining of attention, memory, executive, and other mental functions. Interested interns also may have the opportunity to provide supervised supervision of practicum students.

The Neuropsychology Service 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 Neurosurgery, Physiatry, Neurology, and Psychiatry. Interns have the opportunity to work with patients and families from a diverse sociocultural, ethnic, and language spectrum, allowing them to learn about the impact of these issues on evaluation, intervention, and recovery. Experience is provided with a broad range of neurological and neuropsychiatric conditions (e.g., traumatic brain injuries, cerebrovascular accidents, multiple trauma, neuromuscular and neurodegenerative disorders, transplants, neuro-oncology, seizure disorders). In addition to working with patients experiencing an array of neurological diagnoses on the inpatient Neurological Rehabilitation unit, interns will work with traumatic brain injury patients on the neurosurgical and traumatic intensive care units, and acute floors. Interns also will follow patients via the outpatient neuropsychology program (located near the acute inpatient floor and at the Center for Behavioral Medicine), completing full neuropsychological assessments, providing short- and long-term individual, family and group therapy, and implementing cognitive rehabilitation with patients experiencing a variety of neurological conditions. Interns will also provide diagnostic

consultations to a variety of other medical and psychiatric units throughout the JHS medical center. The interns will have a unique opportunity to follow patients throughout their recovery process from the neuroscience intensive care unit to outpatient treatment. Finally, interns have the opportunity to participate in clinically relevant research, including ongoing faculty projects. Average work week for the Adult Neuropsychology intern is 45-50 hours.

Recommended readings and texts include *Neuropsychological Assessment (4th Ed.)*, by M.D. Lezak, D.B. Howieson, & D.W. Loring (New York: Oxford University Press, 2004); *Clinical Neuropsychology*, by K. Heilman and E. Valenstein (New York: Oxford University Press, 2003); *A Compendium of Neuropsychological Tests: Administration, Norms, and Commentary*, by E. Strauss, E. Sherman, & O. Spreen (Oxford University Press, 2006); and *Neuroanatomy Through Clinical Cases (2nd Ed.)*, by H. Blumenfeld (Sinauer Associates, 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 Center for Behavioral Medicine (CBM). Interns will also have the opportunity to complete psychological testing batteries through our inpatient child and adolescent psychiatry unit and through the CAC and CBM outpatient clinics.

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, 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 psychiatry fellows. In addition, the pediatric behavioral medicine service is now an official part of the Pediatric Palliative Care Team (PediPals). We work with a culturally, lingually, and socioeconomically diverse clientele and staff. While the emphasis of consultation is on assessment and providing recommendations to the family and medical team, there are also many opportunities for brief, solution-focused interventions as well as longer-term, intensive interventions as a large portion of our patients remain in the hospital for several days to many months and/or have chronic conditions requiring frequent inpatient stays.

In addition to inpatient consultation-liaison, interns will be expected to carry 4 – 6 outpatient cases in the CAC with a clinical child focus and in the CBM with a pediatric behavioral medicine focus. Interns may also have the opportunity to conduct outpatient pre-transplant evaluations in the CBM. Furthermore, a minimum of six full psychological testing batteries are expected by the end of internship year. An average work week for the Pediatric Behavioral Medicine intern is 40-45 hours.

CHILD CLINICAL TRACK

The Child Clinical Track will consist 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). Average work week for the Child Clinical intern is 40-45 hours.

1. Child/Adolescent Outpatient Clinic (CAC)

In the Child and Adolescent Center (CAC) the intern provides treatment to children/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:

- Provide 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 Dialectical Behavior Therapy Program for Adolescents (DBT-A), the intern provides individual and 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 12-18 years.

The internship experience in the DBT-A Program includes:

- Individual DBT therapy, family therapy, adolescent skills training groups, multifamily skills training groups
- Weekly consultation team meetings
- Weekly DBT specific individual supervision
- Weekly DBT group supervision
- Optional participation in ongoing research projects

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

The Child and Adolescent Acute Inpatient Psychiatry Unit (CAAP) provides interns with an opportunity to work with severely mentally ill children and adolescents in an inpatient psychiatric setting. CAAP is an acute 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 psychiatry fellows, social workers, activity therapists, nurses and mental health technicians. The interns will participate in team meetings and ongoing collaboration with cases.

The interns primarily provide psychological testing on a consult basis on the CAAP Unit. 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 Trauma Seminar

Coordinators: Jon Shaw, M.D. & Evelyn F. Benitez, Ph.D.

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

2. Child Psychiatry Rounds

Coordinators: Psychiatry Attendings

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

3. DBT for Adolescents Didactic

Coordinators: DBT-A Team

DBT-A didactic is 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.

PEDIATRIC NEUROPSYCHOLOGY TRACK

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

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

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

The Pediatric Neuropsychology Program also offers comprehensive outpatient evaluations and treatment for referrals from the community, as well as for recently discharged inpatients. These services are located in offices adjacent to the inpatient rehab floor and at the Center for Behavioral Medicine at JBHH. Services include initial evaluations, comprehensive neuropsychological testing, cognitive retraining, individual psychotherapy, behavior modification, and parent training. Typical diagnoses include children with Traumatic Brain Injury, Spinal Cord Injury, neurological illnesses, behavior problems, school difficulties, autism, or other psychological issues. Comprehensive neuropsychological testing involves initial assessments/obtaining background information, selection of appropriate tests, administration of a wide variety of neuropsychological measures, as well as parent and teacher measures/behavioral and emotional measures, interpreting and integrating results, and

comprehensive written reports. The intern will also have the opportunity to supervise practicum students for initial assessments, cognitive retraining, and neuropsychological testing.

Training is facilitated through readings, weekly group testing seminars, walking rounds, and brain cuttings. Interns participate in weekly ID rounds with the Pediatric Rehabilitation Team. In addition, weekly brain cuttings of brains of deceased infants through geriatric aged provide valuable knowledge of brain anatomy. Weekly group testing seminar will review selected topics and tests, with the emphasis on test selection, interpretation, and report writing, as well as provide a forum to discuss ongoing testing cases, diagnoses, and recommendations. The intern will have intensive supervision on all cases and is also expected to complete a variety of readings regarding the specific types of cases they are currently following. Recommended readings include Neuropsychological Evaluation of the Child, by Ida Sue Baron (Oxford University Press, 2004); and Neuroanatomy through Clinical Cases, 2nd Edition, by Hal Blumenfeld (Sinauer Associates, Inc, 2010).

There are also opportunities for research on this rotation. Retrospective research using files of the many patients that have completed neuropsychological testing is available. Additionally, case studies of our unusual and rare patients are routinely submitted for poster presentations. Average work week for the Pediatric Neuropsychology intern is 45-50 hours.

PROGRAM FACULTY

SUPERVISING PSYCHOLOGISTS:

GISELA AGUILA-PUENTES, PSY.D.

Nova Southeastern University (Clinical), 1992

Clinical Internship: University of Miami School of Medicine

Postdoctoral Residency: University of Miami School of Medicine

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

CAROLINA AVILA, PSY.D.

Nova Southeastern University (Clinical), 2013

Clinical Internship: The Help Group

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

Dr. Avila is a clinical psychologist in the Dialectical Behavior Therapy for Adolescents (DBT-A) Program and the Child and Adolescent Center (CAC) and the Coordinator for Practicum Training. 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).

DANETTE BEITRA, PH.D.

Nova Southeastern University (Clinical), 2015

Clinical Internship: Baylor College of Medicine, Texas Children's Hospital

Post-Doctoral Fellowship: University of Texas Southwestern Medical Center, Children's Health-Children's Medical Center Dallas

Dr. Beitra is an attending psychologist for the Pediatric Behavioral Medicine service at Holtz Children's Hospital. Dr. Beitra specializes in working with children and families affected by chronic illness and provides consultation, evaluation, and intervention services within numerous multidisciplinary pediatric settings. Her primary clinical interests include adjustment, coping, quality of life, and resilience in response to life-threatening diagnoses. Dr. Beitra particularly enjoys providing behavioral intervention and consultation-liaison services to families from diverse and disadvantaged backgrounds as a certified PCIT therapist. Dr. Beitra has been involved in the clinical supervision of doctoral students and fellows and has provided extensive

research mentorship in the area of measurement and quantitative statistics. Dr. Beitra is a member of the American Psychological Association, the Society for Pediatric Psychology (Division 54), and the Society of Clinical Child & Adolescent Psychology (Division 53).

EVELYN F. BENITEZ, PH.D.

Albizu University (Clinical), 1996

Clinical Internship: Metro-Dade Youth and Family Service

Dr. Benitez is the Assoc. 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 residents providing outpatient individual and family psychotherapy, parenting group therapy and psychological testing in CAC. Dr. Benitez is also an attending psychologist for the Pediatric Behavioral Health team which provides consultation liaison service at Jackson Memorial Hospital's pediatric units. 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

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

Dr. Christian is the Director of the Behavioral Medicine/Consultation-Liaison Psychology Service. After specializing in Behavioral Medicine (Psychosocial Oncology and Women's Behavioral Medicine) and serving as the Chief Intern and Chief 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 psychotherapy (individual, couple/marital), supervision, 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. Dr. Christian has taught, trained, and supervised in many psychotherapeutic modalities and has extensive experience in applied clinical psychotherapy, consultation-liaison services, and health psychology.

JONATHAN L. COHEN, PSY.D.

Nova Southeastern University (Clinical), 1993

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

Advanced Fellowship: Children's Hospital/Judge Baker Children's Center/Harvard Med. School

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

DAVID FURTH, PSY.D.

The Wright Institute at Berkeley, California 2013

Clinical Internship: Sharp Health System at San Diego, California

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

Dr. Furth is an Attending Psychologist in the Adult outpatient center (AOC), the Center for Behavioral Medicine (CBM) and the Adolescent Dialectical Behavior Therapy Clinic (DBT-A). While he completed all of his graduate and undergraduate studies in the United States of America, he grew up between several different countries of Central and South America. Dr. Furth is currently responsible for conducting and supervising individual, family and group therapy as well as psychological testing. His primary clinical and research interests include psychodynamic theories, role and impact of culture, group therapy, supervision, and the use of technology for clinical and educational purposes in the field of Psychology.

LISA GONZALEZ-ALPIZAR, PSY.D.

Nova Southeastern University (Clinical), 2005

Clinical Internship: Jackson Memorial Hospital

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

Dr. Gonzalez-Alpizar is an Attending Psychologist within the inpatient Behavioral Medicine/Consultation-Liaison Service and the outpatient Center for Behavioral Medicine (CBM). 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.

PAOLA GRANADOS-RADLICK, PSY.D.

American School of Professional Psychology, Argosy University (Clinical), 2015
Clinical Internship/Postdoctoral Fellowship: University of Miami School of Medicine/Jackson Memorial Hospital

Dr. Granados-Radlick is a clinical psychologist in the Dialectical Behavior Therapy for Adolescents (DBT-A) Program and the Child and Adolescent Center (CAC). She is responsible for supervising group DBT therapy and is a secondary supervisor for psychological testing. Dr. Granados-Radlick also leads the DBT "bootcamp" for psychology interns. Her clinical interests are in the areas of DBT with children, adolescents, and young adults, as well as trauma, depression, anxiety, eating disorders, ADHD, family therapy and parenting skills training. Dr. Granados-Radlick 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 (ABCT).

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 Center for Behavioral Medicine (CBM) and the Adult Outpatient Center (AOC). 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.

SUSAN IRELAND, PH.D.

University of Miami (Clinical, Health), 1995
Clinical Internship: Miami VA Medical Center (Neuropsychology)
Postdoctoral Fellowship: University of Miami School of Medicine/Jackson Health System
(Neuropsychology, Rehabilitation Psychology)

Dr. Ireland is the Director of Outpatient Adult Neuropsychology and an attending neuropsychologist and rehabilitation psychologist on the inpatient and outpatient Neurorehabilitation service 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.

DIANELYS S. NETTO, PH.D.

Nova Southeastern University (Clinical), 1997

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

Postdoctoral Residency: University of Miami School of Medicine/Jackson Memorial Hospital

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: University of Miami School of Medicine/Jackson Memorial Medical Center

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

Dr. Olavarria is an attending psychologist on the Adult Behavioral Medicine and Physical Rehabilitation Psychology Service and the Center for Behavioral Medicine. 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).

CLAUDIA A. RANALDO, PSY.D.

Florida School of Professional Psychology-Tampa Campus (Clinical/Child), 2012

Clinical Internship: Chicago School of Professional Psychology

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

Dr. Ranaldo is the 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 CAAP unit. Her primary clinical and research interests include DBT therapy with children and adolescents, object-relations, attachment, childhood trauma, PTSD, 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 Psychologist. 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 residents in the psychiatry residency program here at UM/Jackson. 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 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 serves as an Attending Psychologist at the Center for Behavioral Medicine and supervises 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/University of Miami School of 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 Behavior Health Clinic, Miami Transplant Institute, and Special Immunology OB/GYN Clinic. She provides clinical onsite supervision of post-doctoral 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.

PHILIP D. HARVEY, Ph.D.

Stony Brook University (Clinical), 1982

Clinical Internship: Stony Brook Clinical Consortium

Dr. Harvey is Leonard M. Miller Professor of Psychiatry and Director of the Division of Psychology at the University of Miami Miller School of Medicine. He is the author of over 900 scientific papers and abstracts and he has written or edited 10 books and over 60 book chapters. He has given more than 2,300 presentations at scientific conferences and medical education events. He has received more than \$40 million dollars in research grants in his career and currently has over \$10 million dollars in active research support. In his clinical work he has performed more than 1,000 psychological assessments. He has received a number of awards, including the Inaugural Schizophrenia International Research Society Clinical Scientist Distinguished Contributions award, The Department of Veterans Affairs John Blair Barnwell Award, and the American Psychiatric Foundation's Alexander Gralnick Schizophrenia research award. He is among the top 1% of all mental health researchers in the number of citations of his work. He is a member of the American Psychological Association, the American College of Neuropsychopharmacology (Fellow), the International College of Neuropsychopharmacology (Fellow), the Society for Research in Psychopathology (Founding Member), the Society for Biological Psychiatry, International Neuropsychological Society, the Schizophrenia International Research Society (Founding Director), and the International Society for Clinical Trials and Methodology (Founding Member). His research has focused for years on cognition and everyday functioning and he has studied aging in schizophrenia, functional impairments in severe mental illness, the cognitive effects of typical and atypical antipsychotics, as well as the effects of cognitive enhancing agents in various conditions, including schizophrenia, dementia, affective disorders, and traumatic brain injury.

MARY I. ISHII, PSY.D.

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

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

Dr. Ishii is a Voluntary Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Miami Leonard Miller School of Medicine/JMH. She is the attending psychologist for the UM/JMH Burn Center in the Department of Surgery and provides consultation services to the Orthopaedic Hand, Orthopaedic Trauma, and Trauma services for amputees, pain management and other intensive trauma related injuries. Dr. Ishii developed and facilitates a bi-weekly Burn Survivor Support Group as well as serves as an advisor to a local Amputee Support Group. Her research and clinical interests are in the areas of burn injuries and psychological sequelae, traumatic amputations, orthopaedic/traumatic injuries, medical issues, hypnosis, and HIV/AIDS. Dr. Ishii is a member of the American Psychological Association, American Burn Association and American Society for Clinical Hypnosis.

APPLICATION INFORMATION

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

The application deadline for the 2018-2019 internship year is **November 1, 2017.**

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 in the first paragraph of your cover letter in bold font.** Please note, two of the tracks have two programs, General and Hispanic. Only include clinical tracks in your rank order list. Program distinctions do not need to be included.

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

| CLINICAL TRACKS | APPIC PROGRAM CODE | |
|------------------------------------|---------------------------|------------------|
| Adult Outpatient Health Psychology | General: 121924 | Hispanic: 121925 |
| Adult Behavioral Medicine/Rehab | 121913 | |

| | | |
|-------------------------------|-----------------|------------------|
| Adult Neuropsychology | 121912 | |
| Pediatric Behavioral Medicine | 121915 | |
| Child Clinical | General: 121922 | Hispanic: 121923 |
| Pediatric Neuropsychology | 121914 | |

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 11, 2017.** 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).

Applicants who are matched to JHS/UM will be required post-match to: 1) pass an on-site physical, drug screen, and criminal background check 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
 Jackson Health System in affiliation with the
 University of Miami Miller School of Medicine
 1695 NW 9th Ave.
 Miami, FL 33136
 Phone: (305) 355-7285
 Fax: (305) 355-8095
 Email: moliva2@jhsiami.org

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Admissions

Date Program Tables are updated: 8/21/17

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 Health Psychology Track (four positions)
- Adult Behavioral Medicine and Rehabilitation Psychology Track (one position)
- Adult Neuropsychology Track (one position)
- Pediatric Behavioral Medicine Track (one position)
- Child Clinical Track (two positions)
- Pediatric Neuropsychology Track (one position)

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 | X | N | Y | Amount: N/A |
| Total Direct Contact Assessment Hours | X | N | Y | Amount: N/A |

Describe any other required minimum criteria used to screen applicants:

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

Financial and Other Benefit Support for Upcoming Training Year*

| | | |
|--|---|--|
| Annual Stipend/Salary for Full-time Interns | \$20,000 | |
| 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 |
| If access to medical insurance is provided: | | |
| 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)

| | 2013-2016 | |
|---|-----------|----|
| Total # of interns who were in the 3 cohorts | 36 | |
| 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 | 6 | |
| Federally qualified health center | 1 | |
| Independent primary care facility/clinic | 2 | |
| University counseling center | | |
| Veterans Affairs medical center | 4 | |
| Military health center | | |
| Academic health center | 5 | |
| Other medical center or hospital | 14 | |
| Psychiatric hospital | | |
| Academic university/department | 1 | |
| Community college or other teaching setting | | |
| Independent research institution | | |
| Correctional facility | 1 | |
| School district/system | | |
| Independent practice setting | 1 | |
| Not currently employed | | |
| Changed to another field | | |
| Other | | |
| Unknown | 1 | |

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.