PRE-DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

RUSK INSTITUTE OF REHABILITATION MEDICINE
NEW YORK UNIVERSITY LANGONE MEDICAL CENTER

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The Clinical Pre-doctoral Internship Program is an APA accredited program that provides training in rehabilitation psychology and clinical neuropsychology. The brochure describes opportunities available for students applying to the program.

The Clinical Pre-doctoral Internship Program (Training Program) has been in existence since 1955 and is the second oldest internship program in the country. Approximately 440 psychology interns have completed the pre-doctoral internship program during the past 55 years. It is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Training Program follows a Practitioner-Scholar model of clinical training, incorporates 2000 hours of supervised clinical experiences, and meets licensing requirements for one year of pre-doctoral supervised clinical training.

Eight pre-doctoral interns will participate in a 12-month training program in the year 2011-2012.

The Clinical Pre-doctoral Internship Program is supported by hospital based funding.
New York University Langone Medical Center
Located in the heart of New York City, NYU Langone Medical Center is one of the nation’s premier centers of excellence in health care, biomedical research, and medical education. For over 168 years, NYU physicians and researchers have made countless contributions to the practice and science of health care. Today the Medical Center consists of the NYU Langone School of Medicine, including the Smilow Research Center, the Skirball Institute of Biomolecular Medicine, and the Sackler Institute of Graduate Biomedical Sciences; the three hospitals of NYU Hospital Center including: Tisch Hospital, a 726-bed acute care general hospital, Rusk Institute of Rehabilitation Medicine, the first and largest facility of its kind, and NYU Hospital for Joint Diseases, a leader in musculoskeletal care; and such major programs as the NYU Cancer Institute, the NYU Child Study Center, and the Hassenfeld Children’s Center for Cancer and Blood Disorders. The Medical Center is one of the main resources for federally funded medical research in the country. Past and present discoveries and innovations include vaccine development for Malaria and Hepatitis and major biomedical advances in genetic and metabolic disorders. The medical center is active in neuroscience research, including clinical studies to diagnose and treat Alzheimer’s and Parkinson’s disease, Traumatic Brain Injury, and Stroke.

Howard A. Rusk Institute of Rehabilitation Medicine
The APA-approved training program is housed within the Rusk Institute (RIRM), which is a non-profit medical facility devoted primarily to the treatment of individuals with acquired physical and cognitive disabilities. The Rusk Institute has received a Best Hospital rating for each of the last 17 years from U.S. News and World Report.

The Institute was founded by Dr. Rusk in 1948 and was the first university-based rehabilitation program in the country. Dr. Rusk’s philosophy of rehabilitation emphasized treating the entire person – an individual with emotional, psychological, social, and spiritual needs - not just the illness or disability.

Individuals with physical disabilities who could benefit from intensive (three hours per day) rehabilitation are candidates for admission to the inpatient services at the Institute. There are also extensive outpatient rehabilitation services for adults and children, along with specialized programs in Traumatic Brain Injury, Vestibular conditions, Cancer, and Neonatology. Professional staff consists of a full interdisciplinary team of psychiatrists, occupational, physical, speech, and recreational therapists, teachers, social workers, vocational counselors, and rehabilitation nurses. Programs are individually planned to enable each patient to reach his or her maximum potential and level of independence. The overall goal of rehabilitation is the revitalization of the patient’s power to live a meaningful life.
Rusk has both inpatient and outpatient services for the range of childhood through adulthood with acquired disabilities. These services are described below:

**Adult Inpatient Services at Rusk** consists of three units totaling 76 beds. The two general rehabilitation units have 54 beds, while the Cardiac Service has 22 beds. All units provide services to patients with a wide range of problems requiring intensive medical rehabilitation including Stroke, Medically Complex Conditions, Cardiac and Pulmonary Conditions, Cancer, Diabetes, and Orthopedic Impairments.

**Adult Outpatient Services at Rusk** offers outpatient services and treatment to individuals with acquired or congenital brain injury as well as those with complex medical diagnoses requiring rehabilitation services. More specifically, neurorehabilitation services are offered to outpatients with acquired brain injury whose diagnoses include Traumatic Brain Injury, Stroke, Cerebral Hemorrhage/Aneurism, Epilepsy, Brain Tumor, Anoxia, Multiple Sclerosis, and Parkinson’s disease. Medical rehabilitation services are provided to persons with various conditions including Spinal Cord Injury, Muscular Dystrophy, Vestibular Disorders, Cardiovascular Disease, Cancer, Lyme disease, Chronic Fatigue Syndrome, and Lymphoma. Chronic Pain Syndromes, such as Reflex Sympathetic Dystrophy, Fibromyalgia and Chronic Neck and Back Pain are also treated.

**Pediatric Services** consists of an Inpatient and Outpatient Service. The Inpatient Service is a 28-bed unit serving children and adolescents from 18 months to 21 years. Children are admitted for a variety of congenital disabilities such as Cerebral Palsy and Spina Bifida, as well as acquired disabilities including Spinal Cord Injury, Traumatic Brain Injury, Cancer, and Neuromuscular Disorders. The most common diagnoses on the Inpatient and Outpatient Services are Traumatic Brain Injury, Spina Bifida, Arthrogryposis, Cerebral Palsy, Orthopedic Injuries, Multiple Trauma secondary to falls and motor vehicle accidents, Spinal Cord Disease or Injury, and differential diagnoses of LD, ADD, PDD and Autistic-Spectrum Disorders and Psychiatric versus Neuropsychological Disorders. The Outpatient Pediatric Service provides in-depth neuropsychological evaluations and treatment of children in the community with collaboration with the Board of Education. In addition, Pediatrics consults for various parts of the Medical Center including the Hospital for Joint Diseases, Neonatal Intensive Care Unit, Neonatal Comprehensive Continuing Care Program, Neurosurgery, Rusk Preschool Program, Epilepsy Service, Pediatric Neurology, Developmental Pediatrics, Genetics, and Hassenfeld Children’s Cancer Program.
THE TRAINING PROGRAM IN CLINICAL PSYCHOLOGY

The Mission of the Training Program

The Rusk Clinical Psychology Internship Program is sponsored by New York University Langone Medical Center. The Program’s mission is congruent with that of the larger Medical Center. The mission of the Medical Center is to promote the relief of human suffering caused by disease and disability through education, research, and patient care. In all activities, the Medical Center maintains the highest standards of excellence and consideration of the dignity of the individual. The Medical Center supports the goal of NYU Langone School of Medicine to merge the best traditions of the past with the most relevant content and vital teaching methods of the present, instill a respect for one’s profession and the people served, provide for the continuing education of professionals throughout their careers, and foster an atmosphere of learning for all staff.

The Medical Center places the patient at the center of all efforts. The foundation for implementing the mission of the Medical Center includes the values and importance of patient/customer satisfaction, mutual respect, and creating and sustaining an environment that encourages change, responsiveness, participation, education, research, and financial responsibility. The purpose of NYU Langone Medical Center is to provide the highest level of healthcare through the maintenance of a learning environment so that all employees can continue to strive and achieve their optimum performance consistent with the institutional mission and goals. The Medical Center strives to provide an appropriate educational setting that will maintain scientific standards and further programs of health care, education, and research, and to insure the ongoing performance improvement systems for the review and evaluation of patient care and operations occur so as to systematically improve, enhance, and sustain the quality, outcomes, and effectiveness of our services.

Philosophy of the Training Program

The internship’s overarching philosophy of training follows the Practitioner-Scholar Model, emphasizing the integration of science and practice and the practical application of scholarly knowledge. The model stresses the importance of the development of self-reflection and awareness, flexibility, and openness to learning. Interns are trained to think critically and engage in scholarly inquiry. There is a value placed on the intern as a consumer of research and the importance of generating knowledge through practice and scholarly activities. The primary emphasis in training a practitioner-scholar is the delivery of effective human services that take into account individual, cultural, ethical, and societal considerations. The importance of personal and professional growth in the development of the practitioner-scholar is emphasized in all aspects of the
training program. The model depicts learning and growth as a relational and reciprocal process.

In training at the internship level, broad based training in psychology is necessary for developing competence as practicing psychologists. This outlook is reflected in the internship’s specific educational philosophy, which integrates aspects of clinical psychology, neuropsychology, health psychology, and systems theory. The clinical psychology component emphasizes a psychodynamic foundation as well as a cognitive/behavioral approach. The neuropsychology component emphasizes a process approach in which the patient’s strengths and weaknesses are assessed. The health psychology perspective stresses the development of flexible coping and problem-solving approaches. The systems approach highlights the importance of how the disability interacts with the patient’s family, culture, and value system. The meaning of the disability, illness, and loss is highly individualistic.

These four components of our educational philosophy are consistent with the overall mission of the Rusk Institute, which employs a systematic approach to assist individuals with disabilities to return to the community at their maximum level of functioning.

**Overall Goal of the Training Program**

The overarching goal of the Clinical Psychology Internship Program is to provide the opportunity to develop competence in the application of psychological knowledge and practice to clinical problems in a complex medical setting. Combining evidence-based didactics and clinical supervision, interns are socialized to be entry-level professionals who employ critical thinking, self-reflection, and strategies of scholarly inquiry. The Program places particular emphasis on introducing interns to the breadth and variety of professional roles assumed by psychologists, including intensive training in neuropsychological testing, individual and group psychotherapy, and cognitive remediation, and the application of those principles through in-vivo participation. Integral to an intern’s training is the understanding of multidisciplinary team functioning and participation as a member of the team, under supervision at team conferences.

A core focus of intern training is the impact of culture, race, and language and how these patient dimensions impact societal and family dynamics. As the primary setting for this internship is a rehabilitation medicine department, emphasis is placed on clinical experiences in working with issues of adjustment for individuals facing a range of physical and cognitive challenges. The training involves a strong experiential component. Interns work side by side with their supervisors who serve as role models in a variety of clinical and professional roles, effective consultants, and members of interdisciplinary care teams. The hospital’s multicultural patient population ensures that interns have a fertile training ground in which to learn about culture and diversity as it informs and interfaces with clinical practice. The internship, with its emphasis on the
Practitioner-Scholar Model, prepares interns for employment in a variety of settings, including but not limited to university-affiliated medical centers, free standing rehabilitation facilities and clinics, VA and Department of Defense Facilities, as well as schools and universities.

**Training Goals**

The goal of our internship is to train and prepare psychology interns for independent practice in psychology at entry level positions. Toward that end, the internship has identified eight overarching goals for training:

**Goal #1:** To develop an intern’s competence in theories and methods of assessment and methods of assessment and diagnosis.

**Goal #2:** To develop an intern’s competence in theories and methods of effective psychotherapeutic interventions.

**Goal #3:** To promote an intern’s competence in understanding individual differences and cultural/ethnic diversity.

**Goal #4:** To prepare an intern to function as ethical psychologists.

**Goal #5:** To promote an intern’s competence in professional consultation and to function as a member of an interdisciplinary team.

**Goal #6:** To develop an intern’s competence in scholarly inquiry and the application of evidence-based knowledge.

**Goal #7:** To promote an intern’s competence in understanding theories and methods of supervision.

**Goal #8:** To promote an intern’s competence in understanding theories and methods of evaluation.
THE PRE-DOCTORAL INTERNSHIP EXPERIENCE

Each year, eight interns are selected. Three of the interns will be on the Adult Track, four interns will be on the combined Pediatric/Adult Track, and one intern will be on the Pediatric Track for the entire year. The internship starts on September 1, 2011.

**Adult Track**

The three interns on the Adult Track will spend six months on the Adult Inpatient Service. There are two general rehabilitation units and a combined cardiac and pulmonary service. The psychology intern plays a pivotal role in assisting their adjustment. Due to the short length of stay, assessment requires a brief evaluation of premorbid and reactive psychopathology, cognitive functioning, and motivation for treatment. The intern provides consultation as to the patient’s specific personality and learning styles, coping strategies, adaptive strengths, and cognitive abilities, which guide the treatment team. The interns conduct neuropsychological evaluations, individual and family psychotherapy, and cognitive remediation, as well as stress management and psychoeducational groups. Interns will also spend six months on the Adult Outpatient Service where they provide both in depth and focused neuropsychological evaluations, individual and group cognitive remediation, psychotherapy, and family consultation.

**Pediatric/Adult Track**

The four interns on the Pediatric/Adult Track will spend six months on the Child/Adolescent Inpatient Service with some pediatric outpatient work. On this rotation, Interns conduct comprehensive neuropsychological evaluations with a strong emphasis on treatment recommendations and reintegration back to school, individual and group psychotherapy, family and staff consultation, and cognitive remediation. The interns work closely with members of the multidisciplinary team. The interns also provide neuropsychological testing, psychotherapy, and cognitive remediation for children and adolescents from the Pediatric Outpatient Service. Three of the four interns will spend six months on the Adult Inpatient Service with the opportunities described above. One of four interns will spend six months on the Adult Outpatient Service with their opportunities described above.

**Pediatric Track**

One intern will spend the entire year on the Pediatric Service with a focus on early childhood assessment, neuropsychological testing, individual psychotherapy, and cognitive remediation. The intern will devote 40 percent of their time in the Rusk Preschool Program providing play therapy, parent counseling, implementing behavioral intervention plans, staff consultation, and in-service training for the teachers. Their experience will also include opportunities to work with inpatients and outpatients, the Neonatology Unit, and Hassenfeld’s Children’s Cancer Center.
THE TRAINING CURRICULUM

Orientation Program
The interns will participate in a comprehensive two-week orientation for the initial two weeks at the start of the internship year. The orientation is designed to acquaint them with rehabilitation medicine and the role of the psychologist in the rehabilitation setting. The program includes a series of lectures on the various types of disabilities seen in the medical center, the roles and interventions provided by different healthcare professionals, the major responsibilities of the psychologist, and core psychological issues working with individuals with physical and cognitive disabilities. Topics include psychological reactions to disability, dealing with loss and mourning, the impact of disability on the family, countertransference issues, and stress management interventions. A second component of the orientation program is to familiarize interns with commonly used pediatric and adult neuropsychological tests.

Seminars
Interns attend four hours of seminars per week selected from the seminar series described below. The seminars are reflective of the overall philosophy of the program, which is to train interns in generic psychology skills that can be utilized in any setting, as well as specific skills related to the practice of rehabilitation psychology.

Continuous Case Seminar
Dr. Robert Gordon directs this seminar. Each intern presents at least one case during the training year. The focus of the seminar is on countertransference issues and negotiating the multiple roles of an intern in a rehabilitation setting (i.e., dealing with the treatment team and family issues).

Issues in Neuropsychology and Rehabilitation
Dr. Robert Gordon directs this seminar, which includes a rotating series of presentations: Cultural issues, ethical issues in rehabilitation and neuropsychology, family therapy, supervision, pediatric neuropsychological issues (infant assessment, developmental outcome in NICU infants, differential diagnosis of learning disabilities and psychiatric problems, use of the Rorschach and MMPI, assessment of nonverbal learning disabilities, differentiating Posttraumatic Stress Disorder and Traumatic Brain Injury, sexuality and disability, neuropsychological report writing, forensic issues (i.e., expert testimony, assessment of malingering, and case presentations), professional issues (i.e., ABPP requirements, billing, starting a private practice, etc.), program evaluation, and supervision. There is also a Journal Club/Scholarly Inquiry component of this seminar that provides a forum to apply thought-provoking articles to clinical issues, share past experiences, and discuss challenging clinical moments. The topics have included controversies in the field (i.e., ecological validity of neuropsychological tests, culturally-based norms),
integrating different perspectives (i.e., Eastern and Western perspectives, psychodynamic vs. cognitive/behavioral therapy), and the importance of self-care for psychologists.

**Neuroanatomy and Neuropsychology Test Interpretation Seminar**

Dr. David Erlanger, a Board Certified Clinical Neuropsychologist, directs this seminar, which initially focuses on neuroanatomy, brain-behavior relationships, and neuropsychological testing and then shifts to neuropsychological testing and data review.

The first half of the training year is spent in reviewing the organization of the nervous system, biochemical activity of the brain, organization of the sensory and motor systems, cortical organization, functions and disorders of the various parts of the brain, and use of neuropsychological tests to assess memory, attention and concentration, language, executive functioning, visual/spatial skills.

The second half of the training year is devoted to review of neuropsychological test data on both childhood and adult disorders commonly seen in a rehabilitation setting, such as Traumatic Brain Injury, Vascular Disorders, Cortical and Subcortical Dementias, Infectious Processes, Autoimmune Diseases, Brain Tumors, Metabolic and Endocrine Disorders, Sports Neuropsychology, Attention-Deficit/Hyperactivity Disorder, Alzheimer’s disease, Stroke, and Learning Disability.

**Psychotherapeutic and Cognitive Intervention Seminar**

Drs. Donna Langenbahn and Gordon co-direct this combined focus seminar.

In the **Psychotherapy seminar series**, topics may include dream interpretation, dealing with issues of hope, trauma, loss, impact of disability on body-image, death and dying, countertransference, termination, staff and family consultation, ethical and cultural issues related to rehabilitation psychology, and how disability and illness is portrayed in literature. There are presentations on trauma, resilience, and Posttraumatic Stress Disorder and the brain, and attachment theory and neurological development.

In the **Cognitive Remediation series**, models of cognitive remediation and intervention strategies to deal with attention, executive functioning memory, organization and planning difficulties are presented. Interns are provided an overview of the principles, clinical practice, and evidenced based research in the application of cognitive remediation to individuals with acquired brain injury, as well as practical tools to practice cognitive remediation in a supervised setting.
PROFESSIONAL DEVELOPMENT THROUGHOUT THE TRAINING YEAR

A major goal of the Training Program is to increase the autonomy of the interns as their competencies evolve during the training year. The process can be conceptualized as a four-stage process within all components of the Training Program.

Progression in Supervision

Throughout the training year, interns progress through four stages of supervision with progress dependent on each trainee’s clinical background and prior training.

**Level I:** At the start of each rotation, an intensive site-specific orientation is provided. Implicit in this process of learning through clinical experiences is an expectation of a trainee’s readiness to learn how, why and when to intervene.

**Level II:** As competency in the basic responsibilities of a given rotation grows, supervisors will gradually expand the range of clinical opportunities and interventions expected of the intern.

**Level III:** Once a repertoire of interventions is established, the supervisor shifts to one of anticipatory planning of treatment, joint problem solving and review of short- and long-term treatment strategies, with an intern expected to set priorities for discussion within supervisory sessions.

**Level IV:** As autonomy in planning clinical interventions is achieved, supervision shifts toward a consultation model.

Progression with Didactic Seminars

**Level I:** To ensure a common theoretical and practical foundation at the start of the training year, a two-week orientation is provided. The orientation focuses on the acquisition of basic assessment tools, the role of the rehabilitation team, and review of the Policies and Procedures of the Training Program, the Psychology Service, and the Department of Rehabilitation Medicine.

**Level II:** Initial seminars focus on core issues in the rehabilitation setting, basic assessment strategies and clinical interventions needed for initial competencies during inpatient and outpatient rotations.

**Level III:** Seminars shift focus to intensive reviews of the psychological and cognitive issues of specific diagnostic groups (i.e., Traumatic Brain Injury, Stroke). There is an emphasis on specific therapeutic interventions (i.e., psychotherapy, cognitive remediation, consultation).
**Level IV:** Interns present more integrated case presentations in neuropsychological assessment, individual psychotherapy, and cognitive remediation as the year progresses.

**Progression in Clinical Interventions**

Supervisors assign clinical cases with concern for the complexity of each referral and the trainees’ ability to address treatment needs.

**Level I:** Interventions are initially focused on clinical interviewing and basic assessment.

**Level II:** The intern’s responsibilities are expanded to include individual and group psychotherapy, in-depth neuropsychological assessment, cognitive remediation, and patient/family consultation.

**Level III:** Interventions are expanded to include more complex clinical cases and family interventions.

**Level IV:** Interns are expected to demonstrate increasing autonomy in planning interventions and assume greater leadership.

**Progression as a Rehabilitation Team Member**

**Level I:** Interns are initially introduced to the roles and functions of rehabilitation team members. The role of the psychologist as team and family consultant is discussed.

**Level II:** Interns observe their supervisor’s roles within evaluation and re-evaluation conferences, team and family consultations, initial intakes and test feedback sessions.

**Level III:** Under supervision, interns assume greater independence during evaluations and re-evaluation conferences, team and family consultations, initial intakes and test feedback sessions.

**Level IV:** Under supervision, interns become independent in their presentations at evaluation and re-evaluation conferences, team and family consultations, patient/family education, and intake and feedback sessions.
THE TRAINING PROGRAM FACULTY

The Training Program Faculty brings a broad diversity of clinical training and expertise to the Department, which is reflective of their respective doctoral training in clinical, counseling, school, and neuropsychology. Faculty members are involved in direct clinical practice, clinical supervision of trainees, and presentations within the training program, as well as within the larger professional community. In addition, Faculty serve on a variety of Departmental and hospital wide committees and assume active leadership in varied professional organizations (Division 22 of APA, American Congress of Rehabilitation Medicine, etc). Thus, the Faculty of the Training Program are well positioned to train and serve as role models for future psychologists in the field.

Directors of Training

Mary Hibbard, holds her Ph.D. in Counseling Psychology, New York University. She is the Director of Psychology and Professor, NYU Langone School of Medicine. She holds a Diplomate in Rehabilitation Psychology from the American Board of Professional Psychology and is currently President of Division 22. She is a board member of the Board of Rehabilitation Psychology. Dr. Hibbard has over two decades of research experience in many federally funded projects (NIDRR, NIH, and Rehabilitation Services Administration) as well as private foundation grants in which she played a leadership role. In her former work at Mount Sinai Medical School, she served as training director for its APA clinical internship as well as its Advanced Rehabilitation Research Post-Doctoral Fellowship programs. Her major interests are in the areas of functionally-based cognitive remediation, combined cognitive remediation and psychotherapy approaches, classroom accommodations for students with TBI, and consumer involvement in research. She has numerous publications in the areas of TBI including its neurobehavioral consequences, TBI in the elderly, community challenges to living with TBI, and peer mentoring. She serves as a member of the Rusk Intern Training Committee.

Robert M. Gordon, holds his Psy.D. in Child Clinical/School Psychology, Yeshiva University. He is the Director of both the Intern and Postdoctoral Clinical Fellow Training. He holds a Certificate in Psychoanalysis and Psychotherapy, Adelphi University. He supervises interns in psychotherapy on the Pediatric Service. His special interests are in the areas of ethical issues within a rehabilitation setting, forensic testing, supervision, and integration of neuropsychology, rehabilitation, and relational models. He has published in a variety of areas including supervision in hospital settings, psychotherapy with children and adolescents with physical disabilities, dream interpretation, psychological reactions to the World Trade Center tragedy, and parental coping strategies of physically disabled and premature children. Dr. Gordon coordinates the Continuous Case and Issues in Rehabilitation and Neuropsychology
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Seminars, and co-coordinates the Psychotherapeutic Intervention Seminar. Dr. Gordon serves as a member of the Intern Training Committee.

**Ad Hoc Members of Intern Advisory Board**

**Leonard Diller**, holds his Ph.D. in Clinical Psychology, New York University. Dr. Diller served as the former Director of Psychology from 1953-2009 and Chief of Behavioral Science from 1964-2009 until his retirement in 2009. He was Professor of Clinical Rehabilitation Medicine, NYU Langone School of Medicine. Dr. Diller holds a Diplomate in Clinical Neuropsychology from the American Board of Professional Psychology. He has served on many advisory committees of national organizations including the Easter Seal Research Foundation, National Head Injury Foundation, and the World Rehabilitation Fund. Dr. Diller has directed 15 federally funded projects and has been a member of seven editorial boards. He is widely published in both peer-reviewed journals and book chapters. His special interests include neuropsychology and rehabilitation, assessment and intervention, and professional aspects of psychology. Dr. Diller will serve as a consultant to the Intern Advisory Board.

**Yehuda Ben-Yishay**, holds his Ph.D. in Counseling Psychology, New York University. He was the former Director, Brain Injury Day Treatment Program until his retirement in 2009, Professor of Clinical Rehabilitation Medicine, NYU Langone School of Medicine. He is a Fellow in the National Academy of Neuropsychology. Dr. Ben-Yishay is widely published in the area of holistic approaches to brain injury rehabilitation. He will serve as a consultant to the Intern Advisory Board.

**Senior Faculty**

**Donna Langenbahn**, holds her Ph.D. in Clinical Psychology, University of Kentucky. She is Assistant Director and Supervisor on the Adult Outpatient Service. Her interests include assessment, cognitive remediation, psychotherapy with brain injured patients, and rehabilitation of Spanish-speaking individuals. Dr. Langenbahn serves as Co-Coordinator of the Psychotherapeutic Intervention Seminar and presents a comprehensive series of lectures in cognitive remediation to the interns. She has published in the area of evidence based cognitive remediation, problem-solving in acquired brain injury, and is the Senior Clinical Supervisor for a 5-year NIH/NICHD Grant on cognitive remediation. She is a member of the American Congress of Rehabilitation Medicine’s Communication Committee, Publication Committee, and Brain Injury’s Interdisciplinary Special Interest Group, and the New York Neuropsychology Group’s Bilingual Task Force.

**Joseph Marcantuono**, Ph.D. holds his Ph.D. from Fairleigh Dickinson University. He is a Supervisor, Adult Inpatient Service. He is former Director of Psychology at Children’s Specialized Hospital. Dr. Marcantuono was a member
of the Intern Advisory Board. He has published in the area of holistic approaches to pediatric rehabilitation. His interests include neuropsychological testing, cognitive rehabilitation, and psychotherapy supervision.

**Frank J. Padrone**, holds his Ph.D. in Clinical Psychology, Oklahoma State University. He received a Certificate in psychoanalysis and psychotherapy, New York University Postdoctoral Program. Dr. Padrone holds a Diplomate in Rehabilitation Psychology from the American Board of Professional Psychology. He is Assistant Director and Supervisor, Adult Inpatient Service. His special interests include approaches to dealing holistically with patients in the acute phase of rehabilitation, treatment of diffuse brain damage, the grieving process following trauma, sexuality and disability, and psychoanalysis. He has published in the areas of the trauma of spinal cord injury, sexuality and disability, and working with families in rehabilitation. Dr. Padrone serves as a member of the Intern Training Committee.

**David Salsberg**, holds his Psy.D. in Clinical Psychology, Yeshiva University. He is a Supervisor on the Pediatric Inpatient and Outpatient Services. Dr. Salsberg has taken a pivotal leadership role in expanding the role of psychology at the Hassenfeld Children’s Center, the Neonatal Comprehensive Care Unit, and the Hospital for Joint Diseases. His special interests include resistance and coping following trauma, neuropsychological assessment, individual and group psychotherapy, and educational law. He has published in the areas of neuropsychological assessment and rehabilitation of children experiencing stroke.

**Faculty Supervisors**

**Hilary Bertisch**, holds her Ph.D. in Clinical Psychology from Fairleigh Dickinson University. She works on the Adult Outpatient Service and supervises interns in neuropsychological assessment. Her special interests include neuropsychological evaluation in acquired brain injury and neuropsychiatric disorders. She also has a strong background in research and has published in the areas of cognition, neuroimaging and genetics.

**Marie Briody**, holds her Ph.D. in Clinical Psychology, Fairleigh Dickinson University. She completed her Postdoctoral Fellowship at New York Presbyterian Cornell in Westchester. She supervises interns on the Pediatric Service. Her special interests include pediatric brain injury, autistic-spectrum disorders, early childhood development, and school and family consultation.

**Barbara Cicero**, holds her Ph.D. in Neuropsychology, City University. She is Supervisor, Adult Outpatient Service. Dr. Cicero’s special interests include neuropsychological testing and cognitive remediation. She presents to the interns in the area of ethical issues in neuropsychological testing.
Ilana Grunwald, holds her Ph.D. in Neuropsychology, City University. She supervises interns in neuropsychological testing on the Adult Outpatient Service. Her special interests include neuropsychological and functional assessment and cognitive remediation. She has published in the area of lexical emotional expression across the lifespan. She presents to the interns in the area of cognitive remediation of memory disorders.

Kristine Kingsley, holds her Psy.D. in Clinical Psychology, Yeshiva University. She holds a Diplomate in Rehabilitation Psychology from the American Board of Professional Psychology. Dr. Kingsley supervises interns in the area of psychotherapy on the Adult Outpatient Service. Her special interests include family therapy, cultural issues in rehabilitation, and cognitive remediation. She presents to the interns on couples therapy, motivational interviewing, and short-term psychotherapy.

Elisa Liker, Psy.D. holds her Psy.D. in Clinical Psychology, Yeshiva University. She supervises interns on the Cardiac Service. Her special interests include Interpersonal/psychodynamic and CBT psychotherapy, biopsychosocial factors in psychotherapy, the interplay between mind, body, spirituality in coping and well-being, mindfulness meditation, and geropsychology. She presents to the interns on stress management with cardiac patients.

Leo Shea, holds his Ph.D. in Clinical Psychology, Miami Institute of Psychology. He works on the Adult Outpatient Service. His special interests include Lyme disease and forensic testing. Dr. Shea lectures to the interns in the areas of family therapy, Lyme Disease, cognitive remediation of executive dysfunction, and professional issues related to private practice in neuropsychology.

William Waked, holds his Ph.D. in Clinical Psychology, St. John’s University. He supervises interns on the Cardiac Service. His special interests include neuropsychological assessment of children and adults with learning and memory disorders and psychiatric conditions and toxic encephalopathy.

Michele Zaccario, holds her Ph.D. in Clinical Psychology, Fairleigh Dickinson University. She works on the Pediatric Outpatient Service and the Neonatal Intensive Care Unit. She supervises interns in neuropsychological testing on the Pediatric Service. Her special interests include neuropsychological assessment, the use of the Rorschach and MMPI in neuropsychological testing, feeding disorders, and family consultation. She has published in the areas of pediatric neuropsychology, psychotherapy with children and adolescents with physical disabilities, and supervision. She presents to the interns on feeding disorders, early childhood assessment, and personality assessment.
Adjunct Faculty

**Frima Christopher**, Ph.D. holds her Ph.D. in Counseling Psychology, New York University. She is a former Director of Psychology at Coler-Goldwater Hospital. Dr. Christopher is a member of the Intern Advisory Board and lecturers to the interns on professional issues related to private practice and group psychotherapy.

**David Erlanger**, holds his Ph.D. in Counseling Psychology, Columbia University. He holds a Diplomate in Clinical Neuropsychology from the American Board of Professional Psychology. Dr. Erlanger serves as Coordinator of the Neuroanatomy and Neuropsychology Test Interpretation Seminar. His special interests include neuropsychology, forensics, assessment of dementia, and computerized neuropsychological assessment. He has published in the areas of the neuropsychology of endocrine disorders, the development and validation of a web-based neuropsychological test protocol for sports-related return-to-play decision making, and gender differences in outcome from sports-related concussion.

**Patrick Swift**, holds his Ph.D in Clinical Psychology, University of Connecticut. He is a Bilingual Clinical Neuropsychologist at the Inpatient Brain Injury Unit at the Hospital for Joint Diseases. Dr. Swift completed his Postdoctoral Fellowship in Clinical Neuropsychology and Rehabilitation Psychology at Mount Sinai Medical Center. He is President of the New York Academy of Traumatic Brain Injury. His special interests include neuropsychology testing, spirituality and brain injury rehabilitation, behavior management strategies for the brain injury patient in the inpatient setting, working with the terminally ill, and multiculturalism. He presents to interns on issues of neuropsychological testing with non-English speaking individuals and on issues related to multicultural competency.
Applications by candidates coming from Clinical, Counseling, School, Neuropsychology, and Health Psychology Programs (Ph.D. and Psy.D) are accepted. Applicants from APA-approved programs are strongly preferred.

Applicants must provide a statement from their Department Chair documenting current status within their academic program and readiness to being an internship.

Candidates must have completed all academic course work and comprehensive examinations leading to a doctoral degree prior to the start of the internship. We prefer candidates who have completed a significant part of the dissertation prior to internship (i.e., completed data collection).

A minimum of 600 hours of supervised practicum experience in child or adult settings dealing with psychological, physical, cognitive, and health related issues are required prior to start of the internship. One of the practica experiences should be in a hospital setting, with prior rehabilitation experiences in the practica highly desired.

We prefer candidates to have completed at least ten integrated psychological or neuropsychological reports. Knowledge of neuropsychological testing obtained during formal coursework is required for this internship.

Candidates from minority and/or disability backgrounds are strongly encouraged to apply.

**APPIC Matching Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Track</th>
<th>Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>147512</td>
<td>Adult Track</td>
<td>3 positions</td>
</tr>
<tr>
<td>147513</td>
<td>Child/Adult Track</td>
<td>4 positions</td>
</tr>
<tr>
<td>147514</td>
<td>Child Track</td>
<td>1 position</td>
</tr>
</tbody>
</table>

The standard APPIC Matching Program On-Line information including graduate school transcript (original not required), curriculum vitae, psychotherapy case presentation, a neuropsychological or psychological evaluation, three letters of reference (two of the letters should be from clinical supervisors) should be **submitted by November 12, 2010**. The psychotherapy case can be a treatment summary. **Please indicate in your cover letter which track(s) you are interested in** (i.e., child/adult, child, or adult).

*For the matching program, applications can either rank order one, two or three of the tracks. **Please note this information in your cover letter.**
We will follow the guidelines of the APPIC Matching Program. This internship site agrees to abide by the APPIC policy that no person at the training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Each applicant will be contacted via email by December 15, 2010 regarding their interview status. Interviews are mandatory and are held in person. Each applicant will be interviewed by the Director of Training, two staff psychologists, and an intern.

**Benefits**
Stipend- $23,080. The stipend is paid every two weeks.
Medical- United Health Care, AETNA, or a choice of HMO plans. Medical benefits begin immediately.
Vacation-15 days, plus 4 personal days, and 5 professional days.
Use of the NYU Cole’s Sports Complex.
Access to Medical School and University libraries and Medical School lectures.

**Cultural and Individual Diversity**
The Program is committed to supporting cultural and individual diversity and does not discriminate on the basis of race/ethnicity, color, religion, sex, marital status, national origin, ancestry, age, sexual orientation, disability, or veteran status in its recruitment, retention of interns, postdoctoral fellows, faculty, and staff. We welcome applicants from various racial, ethnic, sexual orientation, religious and cultural backgrounds as well as those with physical disabilities. Its didactic and experiential training are designed to foster and understanding and sensitivity of cultural and individual diversity as they relate to professional psychology. The patient population with which the intern’s work is quite culturally and individually diverse, as is the staff at the Medical Center.

**Statement of Nondiscrimination**
NYU Langone Medical Center is committed to ensuring equal opportunity. Its equal opportunity/nondiscrimination policy is designed to ensure that employees, interns, faculty, and supervisors understand their rights and responsibilities. The Medical Center discrimination complaint procedure is designed to ensure that concerns are handled in a timely and responsive manner. Equal Opportunity is a legal right of all persons to be accorded full and equal consideration regardless of protected class with regard to all terms and conditions of employment (i.e., hiring, promotion, layoff, demotion, termination, access to training, educational programs, and financial aid).

**Physical Examination**
Interns will be given a physical examination during this summer prior to beginning their internship as part of the Human Resources process as required by public health law as a condition of employment, or can have their personal physician
complete a medical evaluation form during the three months prior to beginning the internship.

**ACCREDITATION STATUS**

For information pertaining to our program’s APA accreditation status, please contact:

The Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, NE  
Washington, D.C. 20002-4242  
(202) 336-5979

**Internship Policies and Procedures**  
Policies and procedures for the training program are available at request of an intern applicant. Key policies and procedures are reviewed with interns during orientation. The interns receive a copy of the Policies and Procedures Manual during the Orientation Program.