# TABLE OF CONTENTS

**Introduction** ................................................................................................................................................................................................. 3

**The Training Program in Clinical Psychology**
- Overall Goal of the Training Program................................................................. 3-4
- Training Goals and Objectives............................................................................ 4-6
- Mission of the Program.................................................................................. 6
- Philosophy of the Program...................................................................... 6-8
- Professional Development Throughout the Internship Year.......................... 8-9

**The Context of the Training Program**
- New York University Langone Health.......................................................... 9-10
- Department of Rehabilitation Medicine......................................................... 10-12
- Adult Service.............................................................................................. 12-13
- Pediatric Services...................................................................................... 13

**The Pre-Doctoral Internship Experience**
- Clinical Rotations and Placement................................................................. 14
- The Training Curriculum.................................................................. 14-16

**Intern Selection Criteria** ......................................................................................... 16-17

**Benefits and Human Resources** ........................................................................ 17

**Cultural Diversity and Statement of Nondiscrimination** ................................. 17-18

**The Training Program Faculty** ........................................................................ 18-24

**Post-Internship Positions, Admissions Criteria, Financial and Other Benefits** 25-27

**Accreditation Status** .................................................................................. 28

**Policy and Procedures** ............................................................................... 29
INTRODUCTION

The Predoctoral Internship Program in neurorehabilitation at Rusk Rehabilitation, New York University Langone Health is an APA accredited program. As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the Training Program follows a Practitioner-Scholar Model of clinical training, incorporating 2000 hours of supervised clinical experiences.

Eight predoctoral interns will participate in a 12-month training program in the year 2018-2019.

The Clinical Predoctoral Internship Program is supported by hospital-based funding.

THE TRAINING PROGRAM IN CLINICAL PSYCHOLOGY

Overall Goal of the Training Program

The overarching goal of the Rusk Rehabilitation 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. 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, cognitive rehabilitation, and consultation. Integral to an intern’s training is becoming an effective member of the interdisciplinary team.

A core focus of intern training is the impact of multicultural values, language, and health literacy on the rehabilitation process. 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. The hospital’s multicultural patient population ensures that interns have a fertile training ground to learn about culture and diversity as it informs and interfaces with clinical practice.

The goal of our internship is to train and prepare clinical psychology interns to be competitive in obtaining either entry-level positions or further specialized training by the end of the training year. The internship provides a transitional year to apply previously learned knowledge, principles and theories to actual clinical situations and challenges. Interns learn to thoughtfully apply psychological principles to complex and diverse situations in contrast to utilizing prescribed interventions to specific problems. In order to facilitate this generalist perspective, the Rusk Rehabilitation training mission is to provide clinical experiences, didactics, and supervision that prepare interns to develop the critical thinking, self-reflection, and interpersonal skills needed to approach problems and professional challenges that will occur during the course of their careers. The generalist perspective includes a broad view of clinical practice in which creative problem solving of real-life situations is addressed by utilizing evidence based interventions and viewing problems from multiple perspectives. The rich milieu of a large city rehabilitation setting also allows interns to practice these skills under supervision with patients with simultaneous physical, emotional, cognitive and psychosocial issues in the context of diverse cultural and disability backgrounds.

Psychology interns provide clinical services with patients with complex medical, neurological, physical and co-morbid psychiatric conditions. The most frequent diagnoses include Traumatic
Brain Injury, Spinal Cord Injury, stroke, or medical illnesses with resultant disabilities (cancer, diabetes, cardiac conditions, Multiple Sclerosis). Many patients have co-morbid psychiatric diagnoses including PTSD, depression, and anxiety disorders. Psychology interns serve in multiple roles including psychological and neuropsychological assessment; individual, group and family psychotherapy; individual and group cognitive rehabilitation; stress management; and consultation with other disciplines. The clinical work often involves working with underserved and complex conditions involving issues of adjustment to physical and cognitive loss and reintegration into the community.

**Training Goals and Objectives**

The overall goal of our Clinical Psychology Internship is to train and prepare interns for entry level positions in psychology. Toward that end, the internship has identified nine overarching goals and objectives for training:

<table>
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<th>Goals</th>
<th>Objectives</th>
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| **Goal #1:** The intern will develop clinical competence in theories and methods of neuropsychological and psychological assessment and diagnosis appropriate for an entry level position as a professional psychologist | • To acquire knowledge of clinical interviewing and standardized assessment methods including psychological and neuropsychological testing  
• To acquire skills in integrating data from various sources to conceptualize a patient's cognitive, academic, emotional, and adaptive patterns and to make recommendations for therapeutic interventions  
• To develop an understanding of multicultural diversity and other forms of diversity (i.e., age, disability, socioeconomic status, military status) as they pertain to assessment |
| **Goal #2:** The intern will develop competence in the theories and application of psychotherapeutic interventions appropriate for an entry level position as a professional psychologist | • To develop skills in case conceptualization and setting realistic short- and long-term treatment goals  
• To develop the intern's clinical intervention skills  
• To develop the intern's ability to document patient's treatment progress |
| **Goal #3:** The intern will develop competence in understanding individual differences and cultural/ethnic diversity appropriate for an entry level position as a professional psychologist | • To increase the intern's sensitivity to patient's with diverse cultural, ethnic, language, sexual, age, religious, and disability backgrounds  
• To increase the intern's ability to modify assessment and treatment approaches to integrate diversity perspectives |
| **Goal #4:** The intern will develop competence in understanding of the consumer's perspective and unique needs across the continuum of care from onset of disability to successful community reintegration | • To develop an intern's understanding of the consumer's perspective and their varying needs across the continuum of adjustment needs after the onset of disability |
| Goal #5: The intern will be prepared to function as an ethical psychologist appropriate for an entry level position as a professional psychologist | • To increase the intern’s ability to discuss disability issues with patients and their families  
• To increase awareness of community resources for individuals with disabilities  

Goal #6: The intern will develop competence in professional consultation and functioning as a member of the interdisciplinary team appropriate for an entry level position as a professional psychologist | • To develop the ability to identify and respond to ethical challenges within clinical practice  
• The intern will be able to conduct him/herself according to the ethical guidelines of the American Psychological Association  
• To increase the intern’s understanding and application of ethical principles to clinical practice  

Goal #7: The intern will develop competence in scholarly inquiry and the application of evidence based knowledge to clinical practice appropriate for an entry level position as a professional psychologist | • To develop the intern’s consultation skills with other professionals  
• To develop the intern’s ability to document consultation activities  

Goal #8: The intern will develop competence in understanding theories and methods of supervision appropriate for an entry level position as a professional psychologist | • To enhance the intern’s ability to access and evaluate evidence based literature as they relate to clinical practice  
• To increase the intern’s ability to integrate evidence based research into clinical practice  

Goal #9: The intern will develop competence in understanding theories and methods of evaluation in preparation for entry level positions as professional psychologist | • To increase intern’s receptivity and openness to diverse supervisory styles during the training year  
• To increase the intern’s knowledge of models of supervision, role conflicts in supervision, and ethical issues arising in supervision supported by evidence based practice  

The Mission of the Training Program

The Rusk Rehabilitation Clinical Psychology Internship Program is sponsored by New York University Langone Health (NYULH). 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/consumer satisfaction, mutual respect, and creating and sustaining an environment that encourages change, responsiveness, participation, education, research and financial responsibility. NYULH strives to provide the highest level of healthcare through the facilitation of a learning environment so that all employees can continue to strive and achieve their optimum performance consistent with the institutional mission and goals.

**Philosophy of the Program**

The Rusk Rehabilitation Clinical Psychology Program internship uses the Practitioner-Scholar Model, emphasizing the integration of state-of-the-art scientific inquiry and scholarship with a practical application of scholarly knowledge. It is the integration of knowledge directly applied in the clinical setting that creates the foundation of the training program. The primary emphasis in training a practitioner-scholar is the delivery of effective treatment that takes into account individual, cultural, ethical, and societal considerations. Service delivery is a critical vehicle through which training occurs, but it is secondary to the educational emphasis of the Program. The model stresses the importance of multiple ways of knowing in the practice of psychology and 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, thus utilizing evidence-based interventions. The importance of personal and professional growth is emphasized in all aspects of the training program. The model depicts learning as a relational and reciprocal process.

Consistent with the overall philosophy of rehabilitation and the mission of NYULH, the Training Program deeply respects and values the individuality and uniqueness of each intern and staff member. Our program is predicated on the belief that clinical work is enhanced when we utilize a compassionate and broader view of what it is to be a person including human variations and differences. Our clinical competence is improved through an integrated and nuanced understanding of the complex forces that influence an individual’s psychosocial development, including cultural, social, historical, economic and political factors. Professional growth requires thoughtful self-reflection as we expand beyond our own worldview, reduce the impact of our biases, and learn to see the world through the perspective of others.

All of the supervisors work on-site and in close proximity to the interns. The supervisors are readily available to interns as teachers, supervisors, mentors, consultants, and colleagues. We seek to convey a flexible and respectful attitude toward intern’s questions and concerns and believe that staff accessibility is a critical component in optimizing the quality and depth of the training year. Interns are encouraged to take responsibility for their own learning by identifying individualized learning goals, through self-reflection and self-evaluation, taking an active role in program and curriculum development, and by providing feedback and evaluation of their supervisors and training experiences. The Program strives to instill interns with the skills and attitudes expected of well-qualified and ethical clinical psychologists.
We believe the Internship Program is a mutual learning experience. The interns bring a fresh perspective of new ideas, theories and research interests from their graduate school training and prior practicum experiences that provide an opportunity for supervisors to keep pace with new trends in the field. Differences in the intern’s life experience, cultural background, value system, theoretical orientation, and career goals are important dimensions that add depth to the learning atmosphere in the program. The interns also provide a vital level of energy and enthusiasm to the supervisory process. We encourage and appreciate the interns’ contributions to our growth as supervisors.

Training is provided through an “apprenticeship” model in which interns gain skills and knowledge by working side-by-side with supervising psychologists. All of our supervisors have major patient care responsibilities and many of them provide leadership in training, research and administrative roles. Because treatment in provided by interdisciplinary teams in most clinical settings, interns also have frequent and close contact with clinicians and trainees from many disciplines. This apprenticeship model allows for frequent direct observation of supervisors, as well as immediate consultation, feedback, and teaching. Interns receive regularly scheduled and intensive supervision that challenges them to thoughtfully explore and reflect on their clinical decisions. While styles of supervision vary from service to service, direct observation is the most common source of supervisory information.

The interns are viewed as junior colleagues. We value their training and seek to protect their learning needs by minimizing their involvement in hospital administrative issues. We strive, however, to explain how different political and economic forces at the Medical Center impact on clinical decision-making, programmatic changes, and team process. Decisions must be made taking into considerations time pressures, pragmatic considerations, cultural issues, as well as Medical Center and community resources.

The internship in our rehabilitation setting poses unique challenges that differ from those in typical mental health settings. An intern training in a rehabilitation hospital is challenged by incorporating new models of treatment. Interns learn to incorporate aspects of clinical psychology, neuropsychology, health psychology, and systems theory in order to meet these challenges. The clinical psychology component focuses on increasing the patient’s ability to utilize internal resources to manage the psychological and interpersonal stressors experienced following injury or illness. The neuropsychology component stresses a process approach and a search for patient’s strengths and resiliency, whereas the health psychology perspective emphasizes the development of flexible coping, problem solving, emotional self-regulation, and stress management strategies. The systems approach emphasizes the importance of how disability and illness interact with the patient’s value system, worldview, and culture. These four components of our educational philosophy are consistent with the overall mission of Rusk Rehabilitation, which employs a systematic and individualized approach to assist individuals with disabilities to return to the community at their maximum level of functioning.

**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 intern’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 intern’s readiness to learn how, why, and when to intervene.

**Level II**: As competency in the basic responsibilities of a given rotation develops, 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 program focuses on the acquisition of basic assessment tools, the role of the psychologist on the rehabilitation team, and review of the Policies and Procedures of the Training Program.

**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, group, and family 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 intern’s 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 CONTEXT OF THE TRAINING PROGRAM

New York University Langone Health

Located in the heart of New York City, NYULH is one of the nation’s premier centers of excellence in health care, biomedical research and medical education. For over 170 years, NYU physicians and researchers have made numerous contributions to the practice and science of health care. 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 Rehabilitation, the first and largest facility of its kind, and NYU Langone Orthopedic Hospital, a leader in musculoskeletal and neurorehabilitation care; the Ambulatory Care Center and such major programs as the NYU Cancer Institute, the NYU Child Study Center, the Hassenfeld Children’s Center for Cancer and Blood Disorders, NYU Langone Hospital – Brooklyn, and NYU Langone Orthopedic Center.

U.S. News World Report 2016) recognized 12 of NYU Langone’s specialty areas in the national rankings – seven of which are in the top 10 and two of which are in the top 5: Geriatrics (#5); Orthopedics (#5); Neurology & Neurosurgery (#7); Rheumatology (#8); Rehabilitation (#9); Cardiology & Heart Surgery (#10); Urology (#10); Gastroenterology & GI Surgery (#13); Pulmonology (#14); Diabetes & Endocrinology (#20); Cancer (#33); and Ear, Nose & Throat (#37). The Medical Center is ranked #10 in the nation on U.S. News & World Report’s “Best Hospitals 2016-2017 Honor Roll.”

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. Rusk Rehabilitation
has four CARF-accredited programs in the areas of adult brain injury, adult inpatient, pediatric specialty, and adult track specialty inpatient.

**Department of Rehabilitation Medicine**

Rusk Rehabilitation strives for excellence in comprehensive rehabilitation by providing holistic and integrated patient care through the utilization of the interdisciplinary team approach. The Psychology Department and Training Program utilize this holistic approach to patient care. Drawing on his experience treating wounded soldiers during World War II, Dr. Howard A. Rusk, the founder of the Rusk Institute of Rehabilitation Medicine, developed what has become the key philosophy of rehabilitation medicine: Treat the entire person. This philosophy identifies the individual as a person with emotional, psychological, social and spiritual needs - not just as someone with an illness or disability. This enables the clinician to facilitate the maximum level of functioning by the delivery of the highest quality of patient care and treatment.

As an integral part of New York University Langone Medical Center (NYULH), Rusk Rehabilitation has a legacy of training all members of the interdisciplinary rehabilitation team. Rusk Rehabilitation claims several distinctions: It has trained more medical residents in rehabilitation medicine, more physical and occupational therapists, and more rehabilitation psychologists than anywhere else in the world. In fact, graduates of our medical residency program chair 23 rehabilitation departments across the country.

Among its many innovations, Rusk Rehabilitation was the first rehabilitation facility to incorporate both psychologists and social workers, treat children with disabilities, and actively involve family members in the rehabilitation process. Numerous treatment programs have been developed at Rusk Rehabilitation from the results of decades of cutting edge clinical rehabilitation research, including vocational training for individuals with disabilities, treatment for aphasia, the use of prosthetics to replace limbs lost to amputation, vestibular therapy for inner ear disorders, driver education for disabled individuals, treatment of visual neglect and inattention following stroke, and the use of cognitive rehabilitation following brain injuries. These programs are the forerunner of today's rehabilitation medicine model of care.

Rusk has been meeting the needs of high-need populations from all cultural and ethnic background by treating children, adolescents and adults with congenital and neurological conditions in both inpatient and outpatient settings. Besides Rusk’s world-class inpatient rehabilitation services, Rusk specializes in a variety of outpatient rehabilitation services for adults and children including a holistic day treatment program for TBI, Concussion Center, vestibular therapies, cancer treatment, all of which have a psychology presence and opportunities for the predoctoral interns. Interns are fully integrated into interdisciplinary teams involved in each of Rusk’s specialized programs/settings. These teams include physiatrists, occupational therapists, physical therapists, vocational counselors, speech and language therapists, nurses, social workers and recreational therapists who work together to develop individualized treatment programs enabling patients reach maximum potential and level of independence. The overall goal of rehabilitation is the revitalization of the patient’s power to live a meaningful life; thus patients and their families are viewed as active participants in the rehabilitation process.

During the 2014-2015 year, our research program has expanded, with a four-fold increase in total NIH funding. We completed our second year as a National Institute on Disability and Rehabilitation Research (NIDRR) Traumatic Brain Injury Model System (TBIMS) center; increasing understanding of how TBI affects urban populations, including the homeless. Our
Motor Recovery Research Laboratory has led to several breakthrough technologies helping patients recover mobility and fine motor control after a stroke or brain injury.

Rusk Rehabilitation’s educational efforts have spanned the globe with ongoing international programs. In China, Rusk continues a growing partnership with Qingdao Hospital, where it conducts four yearly training visits. On these visits, Rusk faculty and staff train Qingdao clinicians on the delivery of sports medicine, orthopedic rehabilitation, and neurorehabilitation care.

Rusk Rehabilitation has a Psychology Postdoctoral Fellowship funded through the Advanced Research Training (ARRT) Program, Office of Special Education and Rehabilitation Services (OSERS), National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), and U.S. Department of Education. Dr. Joseph Rath is the Project Director for the fellowship, which is designed to train psychology postdoctoral fellows in the skills necessary to become independent clinical researchers, specifically in the areas of brain injury and neuropsychological rehabilitation. The focus is on the assessment and treatment of adults with neurocognitive disorders, including Traumatic Brain Injury, Stroke, and other conditions that impact cognitive functioning. Innovative neurorehabilitation methods, especially those related to problem-solving and emotional self-regulation, are primary areas of interest, along with the impact of diversity and demographic factors on outcome, including race/ethnicity, sexual orientation, gender, and socioeconomic status.

The APA-approved training program is housed within the Department of Rehabilitation Medicine devoted solely to the treatment of individuals with acquired physical and cognitive disabilities. The world’s first university-affiliated facility devoted entirely to rehabilitation medicine, Rusk Rehabilitation is among the most renowned center of its kind for the treatment of adults and children with disabilities - home to innovations and advances that have set the standard in rehabilitation care for every stage of life and for every phase of recovery.

The Department of Rehabilitation Medicine has both inpatient and outpatient services for children, adolescents and adults with congenital and acquired physical and neurological conditions. Individuals with physical disabilities who could benefit from intensive rehabilitation (three hours per day) are candidates for admission to the inpatient services at Rusk Rehabilitation. There are also extensive outpatient rehabilitation services for adults and children, along with specialized programs in Traumatic Brain Injury, concussion, vestibular and cardiac conditions, and cancer.

There are more than 475 clinicians on the Rusk Rehabilitation staff including 226 physical therapists, 79 nurses, 62 occupational therapists, 37 psychologists, 35 speech and language therapists, 24 physiatrists, 8 horticultural therapists, 7 vocational counselors, and 8 exercise physiologists. Between September 2013 and August 2014, there were 1,489 inpatient admissions including 312 patients with stroke, 207 with brain injury, 124 children and adolescents, and 846 individuals on the Comprehensive Integrated Inpatient Program (275 orthopedic, 213 cardiac, 114 pulmonary, 92 neurological, 77 Spinal Cord Injury, and 20 with limb loss). During this period of time, there were 12,100 outpatient visits, which reflect a 4.5 percent increase from the previous year. The Physical Medicine and Rehabilitation Residency Program is one of the largest of its kind in the United States. In 2014, a total of 41 residents received their training in the Program with clinical rotations encompassing a broad range of specialties including electromyography and orthotics, prosthetics, and bionic medicine.
The Department of Rehabilitation Medicine’s newly renovated adult inpatient and pediatric inpatient and outpatient rehabilitation services are located in a state-of-the-art facility at Rusk at NYU Langone Orthopedic Hospital (at 17th Street and Second Avenue in the Gramercy Park neighborhood of Manhattan). Rusk-HJD has a long history of specializing in neurorehabilitation, neurological diseases and adult and pediatric orthopedic surgery and orthopedics.

**Adult Services**

**Inpatient Services at NYU Langone Orthopedic Hospital**

The Adult Inpatient program is located in the Rehabilitation Therapy Department of Rusk Rehabilitation at NYU Langone Orthopedic Hospital. There are specialty designated Neurorehabilitation programs for patients with stroke and acquired brain injury (traumatic and non-traumatic), and programmatic services for patients with Spinal Cord Injury and other medically complex conditions, and musculoskeletal disorders. Our psychology team provides psychological and neuropsychological assessment of neurobehavioral and cognitive dysfunction, along with psychosocial and emotional functioning. In addition, the psychology team provides psychotherapy and neurocognitive interventions to patients, and support and consultation to their families. Psychology staff regularly participates in interdisciplinary patient care meetings. Staff consultation for the interdisciplinary specialist team members of the Rehabilitation and Neurorehabilitation staff is also a major focus, and the psychologists function as active members of the rehabilitation team that collaborate in the care and treatment of the patient. The programs are designed to provide a therapeutic and individualized plan of care for each patient.

**Inpatient Services at Tisch Hospital, NYULH**

Rusk Rehabilitation’s 22-bed Cardiopulmonary Rehabilitation/Medically Complex Program at Tisch Hospital offers a model of acute rehabilitation designed to enhance the well-being of patients with a wide range of complex cardiac, pulmonary, neurological, chronic illness, and limb loss. Consultation liaison services also are provided throughout Tisch Hospital to medically and neurologically complex patients to assess whether they would benefit from neurorehabilitation interventions. Cardiopulmonary rehabilitation tends to involve some of the most medically complex patients with advanced heart conditions including those with implantable medical devices including left ventricular assist devices (LVADS) and pacemaker defibrillators.

**Outpatient Services at Rusk-Ambulatory Care Center of NYULH**

The adult outpatient services are in the Ambulatory Care Center on 38th Street, between 2nd and 3rd Avenues (ACC) that houses a variety of outpatient services. The Rusk Adult Outpatient staff provides interdisciplinary treatment to individuals for with acquired or congenital brain injury as well as those with complex medical diagnoses requiring rehabilitation. Neurorehabilitation services are offered to individuals with acquired brain injury with diagnoses of Traumatic Brain Injury, Postconcussion Syndrome, stroke, 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, cardiac conditions, cancer, Lyme disease, Chronic Fatigue Syndrome, lymphoma, chronic pain syndromes, women’s health issues, and limb loss.

**Pediatric Services**

**Inpatient Services at NYU Langone Orthopedic Hospital**
The acute rehabilitation inpatient service is a 16-bed unit serving children and adolescents from 18 months to 21 years. Children are admitted for a variety of medical and developmental issues, orthopedic conditions, 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.

**Outpatient Services at Langone Orthopedic Hospital**

The Pediatric Outpatient Service provides comprehensive neuropsychological and psychological evaluations and treatment with children and adolescents from 18 months to 21 years. The service helps children with learning difficulties, cognitive challenges, attention and memory issues, and emotional concerns, as well as facilitating school reintegration in collaboration with the Department of Education. The most common diagnoses of children and adolescents seen in the Pediatric Outpatient Service include Traumatic Brain Injury, Postconcussion Syndrome, epilepsy, stroke, and cancer. Treatments include individual and family therapy and cognitive remediation.

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**THE PREDOCTORAL INTERNSHIP EXPERIENCE**

**Clinical Rotations and Placement**

For calendar year 2018-2019 eight interns will be selected. Six of the interns will be on the Adult Track and two interns will be on the Pediatric Track for the entire year. The internship starts on September 1, 2018. The interns receive supervision from a minimum of two supervisors per rotation.
Adult Track

Four of the adult track interns will spend six months on the Adult Outpatient Service and six months on the Neurorehabilitation Inpatient Service at NYU Orthopedic Hospital. Two interns will spend six months on the Adult Outpatient Service and six months on the Inpatient Cardiopulmonary/Medically Complex Service.

Interns at the Tisch Hospital Adult Inpatient Cardiopulmonary/Medically Complex Service provide brief neuropsychological evaluations, individual and family psychotherapy and cognitive remediation and staff and family consultation.

On the Adult Inpatient Neurorehabilitation Service at NYU Orthopedic Hospital, interns conduct brief neuropsychological evaluations, individual and family psychotherapy and cognitive remediation, as well as co-lead neurocognitive and neurobehavioral groups and provide staff and family consultation. Interns on the Adult Outpatient Service-Ambulatory Care Center provide comprehensive neuropsychological evaluations, psychotherapy, integrated approaches to psychotherapy and cognitive remediation, family consultation and co-lead cognitive remediation, stress management, and psychosocial groups.

The 6-month rotation on the Adult Outpatient Service will focus on neuropsychological evaluations, individual psychotherapy, and individual and group cognitive remediation with patients experiencing Postconcussion Syndrome, Traumatic Brain Injury, stroke, cardiac conditions, cancer, and vestibular disorders. Four of the adult interns will have the opportunity to work at the Steven and Alexandra Cohen Military Family Clinic conducting neuropsychological evaluations and cognitive remediation while they are on the Adult Outpatient Service at the Ambulatory Care Center.

Pediatric Track

Two interns will spend the entire year at NYU Orthopedic Hospital - Pediatric Services providing comprehensive neuropsychological testing, individual psychotherapy, cognitive remediation, staff and family consultation and co-lead group psychotherapy groups with children and adolescents seen in the full continuum of care on the Inpatient and Outpatient Services. There will be intensive six-month rotations on the Inpatient and Outpatient Services. Interns will provide psychotherapy to children and adolescents on the Outpatient Service for the entire training year. Interns conduct comprehensive neuropsychological evaluations with a strong emphasis on treatment recommendations and reintegration back to school.

The Training Curriculum

Orientation Program

The interns participate in a comprehensive two-week orientation program at the beginning 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 (i.e., Traumatic Brain Injury, Stroke, Spinal Cord Injury, epilepsy, and cardiopulmonary conditions), the roles and interventions provided by different healthcare professionals, and core psychological issues presented by individuals with physical and cognitive disabilities. Topics include dealing with trauma and loss, the impact of disability on the family, countertransference issues, motivational interviewing, and stress management interventions. A major component of the orientation program is to familiarize interns with commonly used tests that are part of both pediatric and adult neuropsychological assessments.
Seminars
Interns attend 4-5 hours of seminars per week for the remainder of the academic year. The seminars reflect the overall philosophy of the program, to train interns in generic psychology skills that can be utilized in any setting, as well as specific psychology skills related to the practice of neurorehabilitation psychology.

Continuous Case/Cultural Sensitivity and Awareness/Professional Development Seminar
Dr. Robert Gordon directs this seminar, which includes psychotherapy peer supervision, diversity and cultural sensitivity, disability awareness, and professional development. The focus of the seminar is on understanding and utilizing countertransference reactions as well as negotiating the multiple roles of an intern in a rehabilitation setting. Topics include dream interpretation and dealing with issues of hope, awareness, trauma, and loss. Each intern presents at least one case during the training year. Information is provided on how patients assign meaning to time, which makes up a family, what psychotherapy and a psychologist represents the meaning of illness, and visible and hidden disability. There are presentations on neuropsychological testing and psychotherapy with different cultural groups. The seminar also includes presentations by patients with various diagnoses to provide education and increase awareness of the challenges of living with a disability across the continuum of care, as well as discussion of professional issues including ABPP requirements, starting a private practice, and supervision.

Neuroanatomy and Adult Brain-Behavior Relationships Seminar
Dr. David Erlanger, a Board Certified Clinical Neuropsychologist, directs this seminar. Part I focuses on neuroanatomy and brain-behavior relationships, reviewing the organization of the nervous, sensory and motor systems, biochemical activity of the brain, cortical organization, functions and disorders of the various parts of the brain, and review of neuropsychological tests to assess memory, attention and concentration, language, executive functioning and visual/spatial skills. Part II of the seminar is devoted Neuropsychological Testing. There is a the review of neuropsychological test data with pediatric 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, Alzheimer’s disease, and stroke. Each intern presents one neuropsychological testing case during the year. Interns learn to identify pattern of strengths and weaknesses in test data and develop recommendations based on test findings.

Cognitive Remediation Seminar
Dr. Donna Langenbahn coordinates this seminar. Topics include models of cognitive remediation and intervention strategies to address attention, executive functioning, memory, organization, problem-solving and visual/spatial difficulties. After a review of the evidence based literature on each of the major cognitive domains is discussed, case presentations by outpatient staff will demonstrate the application of cognitive remediation to individuals with acquired brain injury. Interns will present clinical cases during this seminar.

Family Therapy Seminar
Drs. Leo J. Shea III and Kristine Kingsley co-lead this seminar. The interns participate in an extensive series of didactics and experiential exercises that include the history and theory of multiple family therapy approaches, practical case studies, and role-playing. The seminar focuses on treating families in a clinical and a medical/rehabilitation setting. The interns will present clinical cases during the year.
INTERN SELECTION CRITERIA

The Rusk Clinical Psychology Intern Program follows the standard APPIC Matching Program guidelines. 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 10, 2017. The psychotherapy case can be a treatment summary. Please indicate in your cover letter which track(s) you are interested in (i.e., child or adult).

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>6 positions</td>
</tr>
<tr>
<td>147514</td>
<td>Child Track</td>
<td>2 positions</td>
</tr>
</tbody>
</table>

*For the matching program, applications can either rank order both of the tracks. Please note this information in your cover letter.

We will follow the guidelines of the APPIC Matching Program.

Each applicant will receive an email by December 15, 2017 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. 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.

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 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 or who are fluent in another language are strongly encouraged to apply. 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.

BENEFITS & HUMAN RESOURCES

Compensation and Benefits

The annual stipend is $30,000. The stipend is paid every two weeks.

- Medical Coverage options include the following: two United Healthcare (PPO) options, two Health Maintenance Organizations (HMOs-Empire & HIP) and one Exclusive Provider Organization-Oxford EPO. Medical benefits begin immediately.
• Dental Plan options include the following: Delta Dental PPO, Met Life PPO Plus, Cigna DHMO Plan
• Vacation: 15 days, plus 4 personal days and 5 professional days
• Access to Medical School and University libraries and Medical School lectures
• Reduced fee for New York Sports Club and Verizon Wireless and concerts, shows, and sporting events in New York City

Physical Examination
Interns will be given a physical examination during the summer prior to beginning their internship as part of the Human Resources process as required by public law as a condition of employment.

CULTURAL DIVERSITY & STATEMENT OF NONDISCRIMINATION

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 and 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 an understanding and sensitivity of cultural and individual diversity as they relate to professional psychology. The patient population and staff at the Medical Center are culturally and individually diverse.

Statement of Nondiscrimination
NYULH 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's 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).

THE TRAINING PROGRAM FACULTY
The Training Program Faculty represents a broad diversity of clinical training and expertise to the Department, which is reflective of their respective doctoral training in clinical, counseling, child clinical/school, and neuropsychology. Faculty members are involved in direct clinical practice, clinical supervision of interns and presentations within the training program, as well as within the larger professional community. In addition, the faculty serves on a variety of departmental and hospital wide committees, publish, conduct research, and assume active leadership in varied professional organizations (i.e., Division 22 of APA, American Congress of
Rehabilitation Medicine, etc.). Thus, the faculty of the training program is well positioned to train and serve as role models for future psychologists in the field.

**Directors of Training**

**Joseph Ricker, Ph.D., ABPP** (Clinical Neuropsychology & Rehabilitation Psychology), is the Director of Psychology at Rusk Rehabilitation at NYU Langone Medical Center and Professor of Rehabilitation at NYU School of Medicine. Prior to coming to NYU, Dr. Ricker was the Director of Psychology and a Vice Chair of Physical Medicine and Rehabilitation at the University of Pittsburgh Medical Center from 2003 until 2013. Dr. Ricker has also previously worked at Kessler Rehabilitation (1999-2003) and the Rehabilitation Institute of Michigan (1993-1999). He earned a Ph.D. in Clinical Psychology, Wayne State University. He is a member of the Board of Directors of the American Academy of Clinical Neuropsychology. Throughout his career, Dr. Ricker has provided inpatient neuropsychological and psychological evaluation and treatment, as well as outpatient clinical neuropsychological and psychological evaluations with adults that have experienced neurological injury and neuromedical conditions. His program of research deals with the correlates and outcomes of cognitive impairment, recovery, and rehabilitation following brain injury (TBI), and other neurological disorders (i.e., Multiple Sclerosis). His current research projects include the examination of altered cerebral blood flow, in conjunction with functional connectivity studies, as they relate to impaired episodic and working memory after brain injury. Research programs include the use of technologies such as functional MRI (fMRI), positron emission tomography (PET), diffusion tensor imaging (DTI), and functional near infrared spectroscopy (FNIRS). Over the past 12 years, he has been the Principal Investigator of four NIH-funded grants that have examined human brain injury, including two NIH R01-funded projects that use fMRI and fMRI+DTI to study cognitive and functional aspects of TBI. Dr. Ricker is the author of 65 peer-reviewed scientific articles, 20 book chapters, and editor or co-editor of three books. He has been a member of the editorial boards of four scientific journals, including the *Journal of Head Trauma Rehabilitation, Journal of Clinical and Experimental Neuropsychology, The Clinical Neuropsychologist*, and *Rehabilitation Psychology*. He serves as grant reviewer for multiple federal agencies and other research foundations, including the National Institutes of Health, the Department of Veteran Affairs, the Department of Defense, the National Multiple Sclerosis Society, and the Ontario Neurotrauma Foundation.

**Robert M. Gordon, Psy.D.** in Child Clinical/School Psychology, Yeshiva University, Ferkauf Graduate School of Psychology. Dr. Gordon is the Director of the Intern Training Program, Co-Director of the Postdoctoral Clinical Fellow Training, and Supervisor, Adult Outpatient Service. He received a certificate in Psychoanalysis and Psychotherapy, Adelphi University. Dr. Gordon has been the Director of Intern Training since 1995 and was the Co-Director from 1987-1994. He is on the editorial board of the *Journal of Infant, Child, and Adolescent Psychotherapy*. His special interests include ethics, forensic testing, supervision, and integration of neuropsychology, rehabilitation, and relational models. He has published in the areas of supervision in hospital settings, psychotherapy with children and adolescents with physical disabilities, pain management, dream interpretation, parental coping strategies of physically disabled and premature children, relational psychoanalysis, and the use of projective tests in neuropsychological testing. Dr. Gordon coordinates the Continuous Case, Cultural Sensitivity and Disability Awareness and Professional Development and Coordinator of and the Cultural Competency Committee.

**Joseph F. Rath, Ph.D.** in Counseling Psychology, Fordham University. He is Director of the Postdoctoral Fellowship Training Program in Rehabilitation Research and Associate Director, Adult Outpatient Service. Dr. Rath is President-Elect of Division 22 (Rehabilitation Psychology).
and Chair of the American Psychological Association’s (APA) Committee on Disability Issues in Psychology, Consulting Editor for the journal *Rehabilitation Psychology*, and recipient of the Harold Yuker Award for Research Excellence from APA’s Division of Rehabilitation Psychology. He has over a decade of research experience on federally funded projects and private foundation grants and has served on scientific peer-review panels for the Department of Defense and the National Institute on Disability and Rehabilitation Research. He is Project Director or Co-Investigator on several research projects funded through grants from NIDRR, NIH, and Department of Veterans Affairs. Dr. Rath holds a certificate in rational-emotional therapy and his major interests include integrating cognitive and emotional interventions in cognitive rehabilitation, CBT for individuals coping with chronic illness or disability, neural network changes following cognitive remediation, training of psychologists with disabilities, and sociocultural diversity issues in rehabilitation psychology. He has published peer-reviewed journal articles, book chapters, and abstracts, as well as presented at national and international conferences in the areas of acquired brain injury, problem solving, emotional self-regulation, and rehabilitation psychology. He presents to the interns in the area of evidence based problem solving approaches to cognitive rehabilitation.

**Kristine Kingsley, Psy.D. (ABPP-RP)** in Clinical Psychology, Yeshiva University, Ferkauf Graduate School of Psychology, Co-Director of Intern Training and Senior Psychologist, Adult Outpatient Service. Dr. Kingsley supervises interns in the area of integrative approaches to cognitive remediation and psychotherapy and co-coordinates the Family Therapy Seminar. Her special interests include family therapy, cultural issues in rehabilitation, and cognitive remediation. She lectures to the interns on family and couples therapy, motivational interviewing, short-term psychotherapy, and memory training.

**Senior Faculty**

**Catherine Atkins, Ph.D.** in Clinical Psychology from Fairleigh Dickinson University. Supervisor, Cardiac/Complex Medical Conditions Inpatient Service. Dr. Atkins supervises interns in the area of assessment, psychotherapy and cognitive remediation. Her special interests include neuropsychological assessment and intervention, disorders of consciousness, Traumatic Brain Injury, adjustment disorders following a variety of medical diagnoses, positive psychology, health psychology, and existential, interpersonal and cognitive/behavioral psychotherapy. She presents to the interns in the areas of sports psychology and disorders of consciousness.

**Hilary Bertisch, Ph.D., ABPP-CN** received her doctoral degree in Clinical Psychology from Fairleigh Dickinson University. She is a Senior Psychologist in the Rusk Research Department and on the Adult Outpatient Service. Dr. Bertisch supervises postdoctoral fellows in neuropsychological assessment and integrated approaches to cognitive remediation. Her special interests include neuropsychological evaluation in acquired brain injury and neuropsychiatric disorders, and research in areas including functional outcomes and resilience. Dr. Bertisch has published in the areas of cognition, neuroimaging, genetics, and resilience. She has also assisted in the development of a seminar series for trainees and early career staff on board certification in Clinical Neuropsychology.

**David Biderman, Ph.D.** in Clinical Health Psychology, Yeshiva University, Ferkauf Graduate School of Psychology, Supervisor, Adult Outpatient Psychology Service, Brain Injury Day Treatment Program. Dr. Biderman is the Supervisor of Psychology for the Brain Injury Day Treatment Program and supervises interns in the areas of individual and group cognitive remediation and psychotherapy. His special interests include neuropsychological and functional
assessment and intensive holistic neuropsychological rehabilitation. He has published in the areas of Traumatic Brain Injury and ego-identity and HIV.

**Barbara Cicero, Ph.D.** in Neuropsychology, City University. Supervisor, Adult Outpatient Service. Dr. Cicero’s special interests include neuropsychological testing, cognitive remediation, and working with military veterans and their families. She supervises interns in the neuropsychological assessment of veterans.

**Ilana Grunwald, Ph.D.** in Neuropsychology, City University. Supervisor, Adult Outpatient Service. Dr. Grunwald’s coordinates neuropsychological testing on the Adult Outpatient Service and supervises interns in testing. Her special interests include neuropsychological and functional assessment and cognitive remediation. She has published in the areas of Traumatic Brain Injury and lexical emotional expression across the lifespan. She lectures to the interns in the areas of neuropsychological testing and cognitive remediation of memory disorders.

**Donna Langenbahn, Ph.D.** in Clinical Psychology, University of Kentucky. Dr. Langenbahn is Associate Director on the Adult Outpatient Service. Her interests include assessment, cognitive remediation, psychotherapy with brain injured patients and rehabilitation of Spanish-speaking individuals. Dr. Langenbahn coordinates the Cognitive Remediation Seminar. She has published in the areas of evidence based cognitive remediation and problem solving in acquired brain injury. 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.

**Karen Langer, Ph.D.** in Clinical and Experimental Psychology, Yeshiva University. Dr. Langer is Program Manager for Psychology Services at Rusk Rehabilitation at NYU Orthopedic Hospital, and coordinates psychology and neuropsychology services for the Brain Injury Neuro-Rehabilitation, Stroke, Orthopedic and General Rehabilitation programs on the Adult Inpatient Service at HJD. Her interests include supervision and interdisciplinary team consultation. Dr. Langer co-edited a textbook on psychotherapeutic interventions for adults with brain injury or stroke, was a Guest Editor for the *American Journal of Psychotherapy* on disability, and has published on memory, anosognosia, depression and denial, and topics in history of neuroscience.

**Christopher Rackley, Psy.D.** in Clinical Psychology, Yeshiva University’s Ferkauf Graduate School of Psychology. Dr. Rackley is the Supervisor for Pediatric Psychology at NYU Orthopedic Hospital. His interests are in pediatric neuropsychology with a focus on children and adolescents with acquired neurological injuries and medically complex conditions. He is a fellow in the American Academy of Pediatric Neuropsychology and member of NAN and NYSAN.

**Faculty Supervisors**, provide supervision and/or presentations in ongoing seminars

**Natashia Brown, Ph.D.** in Counseling Psychology from University at Albany. Senior Psychologist, Adult Inpatient Service, NYU Orthopedic Hospital. Dr. Brown supervises interns in the areas of neuropsychological testing, individual psychotherapy, and staff and family consultation. Her special interests include Traumatic Brain Injury, neuropsychological testing, cognitive remediation, and psychotherapy for individuals and families post-TBI.
**Michael Cao, Psy.D.** in Clinical Psychology with an emphasis in Family Psychology from Azusa Pacific University. Staff Psychologist, Pediatric Outpatient & Inpatient Services at NYU Orthopedic Hospital. Dr. Cao supervises interns in the areas of neuropsychological evaluations, psychotherapy, cognitive remediation, and staff and family consultation. His special clinical interests include working with concussion, ADHD, learning disabilities, Autism Spectrum Disorder, and Traumatic Brain Injury populations. He also has experience in consultation with educational systems, providing executive functioning coaching, researching impact of cultural issues, and working with athletes (sports psychology).

**Felicia B. Connor, Psy.D.** in Clinical Psychology, American School of Professional Psychology, Washington DC. Senior Psychologist, Adult Outpatient Service. Her special interests include Traumatic Brain Injury, cognitive remediation, neuropsychological testing, concussion in children and adults, cognitive behavioral therapy in TBI populations, interpersonal therapy, and individual and family psychotherapy. She is a member of the cultural competency committee.

**Judy Creighton, Ph.D.** in Clinical Psychology with emphasis in Neuropsychology, Queens College and The Graduate Center of City University of New York. Senior Psychologist, Adult Outpatient Services. Her special interests include neuropsychological assessment and treatment, concussion, Traumatic Brain Injury, and memory disorders. Dr. Creighton supervises interns in the area of neuropsychological testing. She presents to the interns on topics pertaining to memory testing and the natural variability of performance on neuropsychological testing. She has co-led a distress tolerance group for individuals with Post-Concussion Syndrome and a stress management groups with interns.

**Ava Dorfman, Ph.D.** in Clinical Psychology with a specialization in Neuropsychology, Fordham University. Staff Psychologist, Pediatric Outpatient Service at NYU Orthopedic Hospital. Dr. Dorfman supervises interns in neuropsychological assessment. Her special interests include pediatric neuropsychology, epilepsy, oncology, concussion, and symptom validity testing.

**Navneet K. Gill, Psy.D.** in Clinical Psychology with a specialization in Neuropsychology, Argosy University San Francisco. Staff Psychologist, Adult Inpatient Service at NYU Orthopedic Hospital. Dr. Gill supervises interns in neuropsychological assessment, individual psychotherapy, and staff and family consultation. Her interests include working with adults and geriatric populations assessing and treating a variety of disorders and diagnoses with cognitive behavioral approach. Special interests include working with psychiatric populations and cultural psychology/neuropsychology.

**Shinakee Gumber, Ph.D., (ABPP-RP)** in Clinical Psychology, Bowling Green State University. Postdoctoral Fellowship at Icahn School of Medicine at Mount Sinai Medical Center. Senior Psychologist, Brain Injury Day Treatment Program. She supervises interns in individual and group cognitive remediation. Dr. Gumber has published in the areas of Traumatic Brain Injury and fatigue and complementary and alternative treatments in TBI. She is a member of the cultural competency committee.

**Yuen Shan Christine Lee, Ph.D.** in Clinical Psychology (Health Emphasis), Yeshiva University, Ferkauf Graduate School of Psychology, Senior Psychologist, Adult Outpatient Service. Dr. Lee supervises interns in neuropsychological testing and integrative approaches to cognitive remediation and psychotherapy. Her special interests include concussion, Traumatic Brain Injury, cross-cultural issues related to neuropsychological assessments and neurorehabilitation interventions, and positive psychology. She presents to the interns in the area of cross-cultural
issues in rehabilitation and neuropsychology. She is a member of the cultural competency committee.

**William Lu, Psy.D.** in Clinical Psychology and Neuropsychology, Yeshiva University, Ferkauf Graduate School of Psychology. Senior Psychologist, Adult Outpatient Services. His special interests include Traumatic Brain Injury, sleep and memory processing, mindfulness, neuropsychological testing, and cognitive remediation. Dr. Lu has published in the areas of Traumatic Brain Injury and sleep and memory processing. He is a member of the cultural competency committee.

**Yuka Matsuzawa, Psy.D.** in Clinical Psychology, Pepperdine University. Senior Psychologist, Adult Outpatient Service. She supervises interns in neuropsychological assessment and cognitive remediation. Interests include neuropsychological assessment and treatment, Traumatic Brain Injury, and memory disorders. Dr. Matsuzawa lectures to the interns in the areas of neuropsychological testing and treatment of concussion.

**Eva Mihovich, Ph.D.** in Clinical Psychology, New York University. Senior Psychologist, Adult Outpatient Service. Dr. Mihovich supervises interns in psychotherapy on the Adult Outpatient Service. Her special interests include mindfulness, health psychology, and psychotherapy with patients with vestibular conditions.

**Nicole C. Murray, Psy.D.** in Clinical Psychology with a specialization in Neuropsychology, Illinois School of Professional Psychology. Postdoctoral Fellowship at Icahn School of Medicine at Mount Sinai. Staff Psychologist, Adult Outpatient Rehabilitation. Dr. Murray’s special interests include neuropsychological testing, cognitive remediation, and psychotherapy for individuals and couples post-TBI. She is a member of the cultural competency committee.

**Olga M. Nikelshpur, Ph.D.** in Clinical Psychology with emphasis in Neuropsychology, the City University of New York. Staff Psychologist, Adult Outpatient Services. Dr. Nikelshpur’s special interests include neuropsychological testing, neuropsychology of aging and dementia, and cognitive remediation.

**Tamar Press, Psy.D.** in School/Child Clinical Psychology, Yeshiva University, Ferkauf Graduate School of Psychology. Staff Psychologist, Adult Outpatient Service. Special interests include brain tumors and cancer treatment, Traumatic Brain Injury, acquired brain injury, neuropsychological assessment and treatment, and collaborating with families affected by disease and/or injury.

**Carol Rosen, Ph.D.** in Clinical Psychology, Nova University. Senior Psychologist, Pediatric Outpatient Service. Dr. Rosen supervises interns in neuropsychological testing. Her special interests include neuropsychological testing with childhood cancer survivors, psychotherapy with children with learning and physical disabilities, and school reintegration. She has published in the areas of cognitive functioning of older patients receiving adjuvant chemotherapy for breast cancer and team approaches to treating children with disabilities.

**Leo J. Shea III, Ph.D.** in Clinical Psychology Miami Institute of Psychology. Senior Psychologist, Adult Outpatient Service. He co-coordinates the Family Therapy Seminar. His special interests include Lyme disease and forensic testing. Dr. Shea lectures to the interns in the areas of family therapy, forensic testing, and professional issues related to neuropsychology.
Lucia Smith-Wexler, Ph.D. in Clinical Psychology (Health Emphasis), Yeshiva University, Ferkauf Graduate School of Psychology, Staff Psychologist, Adult Outpatient Service. Dr. Smith-Wexler’s clinical work focuses on providing culturally relevant and sensitive psychological services to Latino and Spanish-speaking patients. She also supervises bilingual Spanish-speaking interns in the provision of rehabilitation psychology and neuropsychological testing to Latinos. Her special interests include ethnic minority issues in rehabilitation, culturally competent neuropsychological test administration, and health psychology. She has written about ethnic minority rehabilitation disparities and spoken about her clinical experiences working with Latino patients at the national conference level. She presents to the interns on cross-cultural issues in rehabilitation and neuropsychology. Dr. Smith-Wexler is a member of the cultural competency committee.

Amanda Spray, Ph.D. in Clinical Psychology (Health Emphasis), Yeshiva University, Ferkauf Graduate School of Psychology. Training Director, The Steven and Alexandra Cohen Military Family Clinic at NYU Langone Medical Center (NYULMC). She completed her Predoctoral Internship in General Psychology and Postdoctoral Fellowship in Clinical Health Psychology and Primary Care Based Mental Health at the VA NY Harbor Healthcare System, Manhattan Campus. Dr. Spray specializes in working with veterans and their families and providing treatment to individuals with comorbid psychological and physical illness. She supervises interns at the Steven and Alexandra Cohen Military Family Clinic at NYULMC.

Philip J. Uy, Ph.D., ABPP-RP, ABN in Clinical Psychology from Fairleigh Dickinson University. Postdoctoral fellowship at the VA New York Harbor Healthcare System. Senior Psychologist, Medically Complex/Cardiopulmonary Inpatient Acute Rehabilitation and Adult Outpatient Service. He is board certified in rehabilitation psychology (American Board of Professional Psychology) and neuropsychology (American Board of Professional Neuropsychology). Dr. Uy supervises and lectures to interns in the areas of neuropsychology, rehabilitation psychology treatment (including cognitive rehabilitation), and professional practices. His clinical and research interests include traumatic brain injuries, strokes, memory disorders, and neurobehavioral changes secondary to medical/neurological conditions. In addition to rehabilitation neuropsychology, Dr. Uy also has expertise in substance use disorders.

Linnea Vaurio, Ph.D. in Clinical Psychology (Neuropsychology emphasis), SDSU/UCSD Joint Doctoral Program. She completed her internship at UCLA, and post-doctoral fellowship in at the NYU Comprehensive Epilepsy Center, both with an emphasis in neuropsychology. She is a clinical neuropsychologist, working at the Steven A Cohen Military Family Clinic at NYU. Dr. Vaurio specializes in evaluating and providing remediation for cognitive deficits as a result of traumatic brain injury and other neurological and developmental factors in former military personnel.

William Waked, Ph.D. in Clinical Psychology, St. John’s University. Senior Psychologist, Adult Outpatient Service. His special interests include neuropsychological assessment of children and adults with learning and memory disorders and psychiatric conditions and toxic encephalopathy. He supervises interns in the area of individual psychotherapy. Dr. Waked presents to the interns on the assessment and clinical interventions with patients experiencing toxic encephalopathy.

Joanna Wolfson, Ph.D. in Clinical Psychology, Fairleigh Dickinson University. Staff Psychologist, Adult Outpatient Service. Dr. Wolfson completed her internship at Rusk and postdoctoral fellowship at the Manhattan VA in health psychology/primary care. Dr. Wolfson
supervises interns in the area of integrating cognitive remediation and psychotherapy. Her special interests include health psychology, behavioral health interventions, and CBT for mood/anxiety difficulties related to TBI, vestibular conditions, and other medical illness. She is a member of the cultural competency committee.

Ellen Daniels-Zide, Ed.D. in Counseling Psychology, Harvard University. Program Manager, Brain Injury Day Treatment Program. Her special interests include holistic neuropsychological rehabilitation, and group and family interventions following acquired brain injury. Dr. Daniels-Zide has published in the areas of holistic neuropsychological rehabilitation, ego identity, and adaptation and treatment outcomes following acquired brain injury.

Adjunct Faculty-NYU Department of Rehabilitation Medicine

David Erlanger, Ph.D. (ABPP-CN) in Counseling Psychology, Columbia University. Adjunct Clinical Instructor. Dr. Erlanger serves as Coordinator of the Neuroanatomy and Adult Brain-Behavior Relationship Seminar. His special interests include neuropsychology, forensic testing, assessment of dementia, and computerized neuropsychological assessment. Dr. Erlanger 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.

Special Intern Advisory Board

Frima Christopher, 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.

Abraham Givner, Ph.D. in Child Clinical/School Psychology, Yeshiva University, Ferkauf Graduate School of Psychology, Director of the Combined Clinical Child/School Psychology Program, Yeshiva University, Ferkauf Graduate School of Psychology. Dr. Givner’s special interests include cognitive-behavioral therapy and models of training.

Mel Schneiderman, Ph.D. in Clinical Psychology, Hofstra University. Director of Psychology, New York Foundling Hospital. Dr. Schneiderman’s special interests include the assessment and treatment of child abuse.

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>2013-2016</th>
<th>2013-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>26</td>
</tr>
</tbody>
</table>
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree
-1 intern

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
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</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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:

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 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 or who are fluent in another language are strongly encouraged to apply. 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.

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
</tr>
</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:

10 integrated reports

Financial and Other Benefit Support for Upcoming Training Year*

<p>| Annual Stipend/Salary for Full-time Interns | 30000 |
| Annual Stipend/Salary for Half-time Interns | N/A |
| Program provides access to medical insurance for | Yes |</p>
<table>
<thead>
<tr>
<th><strong>If access to medical insurance is provided:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>19 days</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>12 days</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Other Benefits (please describe):**

- Medical Coverage options include the following: two United Healthcare (PPO) options, two Health Maintenance Organizations (HMOs-Empire & HIP) and one Exclusive Provider Organization-Oxford EPO. Medical benefits begin immediately.

- Dental Plan options include the following: Delta Dental PPO, Met Life PPO Plus, Cigna DHMO Plan

- Access to Medical School and University libraries and Medical School lectures

- Reduced fee for New York Sports Club and Verizon Wireless and concerts, shows, and sporting events in New York City

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**ACCREDITATION STATUS**

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

The Commission on Accreditation
American Psychological Association
The Rusk Rehabilitation Clinical Psychology Internship has been accredited since 1955 and is the second oldest accredited internship program in the country and is currently accredited for seven years.

**POLICIES AND PROCEDURES**

Policies and procedures for the training program are available at the 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.