

# **Manhattan Psychiatric Center**



**Department of Psychology**

**Pre-Doctoral Internship Program**

## **Clinical Internships in Professional Psychology**

The Psychology Department of Manhattan Psychiatric Center (MPC) sponsors five full-time clinical Internship positions in Psychology. The Internship Program, which has been fully accredited by the American Psychological Association for over 25 years, carries a stipend of approximately \$30,000 plus fringe benefits, including sick leave (13 days), vacation (13 days), conference time (3 days), paid holidays (12 days), personal leave (5 days), free parking, reimbursement of tolls, pre-tax health and dependent care accounts, and medical, dental, Rx, and vision/eyeglass insurance. Interns are supplied with facility email accounts and internet services. The Internship is a one-year, 40 hour per week, position with a required 1750 total hours for successful completion. The Internship year begins the first Thursday after Labor Day and ends at close of business on the first Wednesday following Labor Day of the following year.

Applicants must be enrolled in a Psychology doctoral program having the characteristics accredited by the APA Committee on Accreditation. Prior to beginning the Internship, the applicant should have completed a minimum of three years of graduate study, at least 250 hours of direct client contact, consisting of at least 150 hours therapy and 100 hours testing. In addition, applicants should have at least 100 hours of supervision of clinical activities. Applicants should have some previous experience in working with individuals with chronic mental illness, either as in- or out-patients.

Only students from currently APA-approved programs in Clinical, Counseling, and/or School Psychology will be considered. The director of the applicant's training program must certify, in writing, his/her matriculation status, admission to doctoral candidacy, and readiness for Internship.

As a member of APPIC, MPC participates in the National Matching Service in its selection of Psychology Interns. Interested parties must submit the required materials prior to the deadline date. Materials are reviewed by the Training Director and other Internship Faculty for relevant experience, sophistication of written work, and all other necessary requirements. The specific guidelines which the Faculty uses during this review are public and are available upon request. Based on this initial review, a portion of applicants are invited for an in-person interview. The interview consists of the applicant meeting with the Training Director and a member of the Faculty, as well as a chance to meet with current Intern(s). Applicants invited for an interview are also offered the opportunity to attend an Open House, where they meet with clinical staff, are afforded an in-depth tour of the facility, and are able to discuss the program with both clinical staff and current Interns. Based on these interviews and supporting materials, MPC submits a rank ordered list to NMS. We are bound by the results of this match. All applicants must participate in the NMS match in order to be considered for an Internship position.

## **The Setting**

Manhattan Psychiatric Center is a general psychiatric hospital of approximately 350 beds, providing long and short term inpatient and outpatient hospitalization services to a severely psychiatrically disturbed adult population. The mission of MPC is to assist seriously and persistently mentally ill and psychiatrically disabled persons to reduce their stress and increase their capacity for self-mastery, self-care and social integration, so that they can function successfully in the least restrictive environment available to them. Our goal at MPC is always to work toward recovery even for the most ill patients.

As a hospital providing services under the administration of the New York State Office of Mental Health, MPC serves a population which is frequently indigent, often chronically and severely disturbed, and which presents to mental health workers of all levels and varieties of training, a continuous challenge to their understanding of, and ability to treat, emotional disturbance. Patients frequently present multiple disabilities in the form of social and educational deprivation, physical handicaps, intellectual impairment, trauma history, severe substance abuse, and legal involvements, in addition to the specific psychiatric crises which precipitate admission. Although some admissions are brief, longer-term hospitalizations often occur, as do recurrent admissions. While we are not a forensic facility, the vast majority of our admissions come either directly from the City jail or State prison system. The criminalistic nature of the population at MPC, including the associated Personality Disorders and characterological issues, present challenging and unique treatment and learning opportunities.

All admissions come to one of two Admissions wards, where they receive an extensive diagnostic work-up. An interdisciplinary team works rapidly and effectively to create specialized treatment plans to enable each patient to receive the optimal services available, with subsequent discharge into the community, or transfer to a longer-term specialized ward within the facility. On the treatment wards, patients are assigned to an interdisciplinary treatment team. Psychiatric treatment, social services, psychological, educational, vocational and rehabilitative therapies, as well as milieu, group, and individual therapies are provided on the ward, in accordance with the specific treatment recommendations. In addition, patients are referred to rehabilitation services off-ward, on our Treatment Mall, and as part of our Patient Work Program.

The facility is currently administratively organized into two large functional divisions, Meyer and Dunlap Adult Services. Wards within each unit may include patients with a variety of needs, such as mentally ill chemical abusers, patients in need of social rehabilitation or neuro-cognitive remediation, patients best served with behavioral models of treatment, such as DBT, diabetic patients, polydipsic patients, those in need of closer, more secure, observation, recidivistic and character-disordered patients, often with histories of incarceration (STAIR Unit), and elderly and/or physically infirm psychiatric patients.

It is the responsibility of Psychologists and Interns on the treatment teams to provide psychological assessments, including psychological testing when necessary, to provide

psychotherapeutic services, and to function as consultants to other team members on issues of diagnosis, therapeutic programming, intra-team collaboration, and behavior management. At MPC, part of our goal is to train not only clinicians, but clinical leaders, as well. Throughout the course of the year, Interns can expect to be asked to take an increasing responsible and demanding role on their Treatment Teams.

Often the Staff Psychologist's job is complicated by fiscal limitations, or by lack of appropriate community facilities. Thus, the Internship experience presents students not only with complex clinical issues, but provides a unique opportunity to study the interaction between psychiatric, legal, social, and political forces in one of the nation's largest mental health service delivery systems. Although this experience is at times difficult and often frustrating, it is also challenging, stimulating, and rewarding.

Whether a student intends to continue working with severely impaired individuals in an institutional setting, or with those exhibiting less severe psychological disorders in outpatient or private treatment, the intensive involvement in interviewing, assessment, therapeutics, and system analysis which is provided at MPC has broad applicability. Gaining exposure to the MPC population provides Interns with an internal frame of reference for conceptualizing and understanding psychopathology along the full spectrum, from mild to the most severe.

## **The Training Program**

Manhattan Psychiatric Center is accredited by the Centers for Medicare and Medicaid Services (CMS) Health Care Financing Administration and the Joint Commission on Accreditation of Health Care Organizations (JCAHO). The hospital serves as a major training facility for the treatment of the severely disturbed psychiatric patient; thus the Psychology Intern is exposed to other colleagues in training. MPC's affiliations with New York University and Mt. Sinai Medical Schools of NY and St. George's Medical School in Grenada bring with them the training of psychiatric residents and medical students. Training is offered also to psychiatric nurses, social workers, rehabilitation counselors, occupational therapists, as well as other mental health professionals and paraprofessionals. In addition to its Internship, the Psychology Department offers a part-time Externship program in which supervised clinical experience is provided for pre-Internship doctoral students.

Interns are placed on wards throughout the facility, where they become acquainted with patients as they enter the system. Each Intern is assigned to a ward with a senior Psychologist who will help design a program of working with individual patients, groups, and selecting patients to be tested. The supervisor on the ward may also oversee psychological assessments conducted by the Intern. In keeping with a philosophy of continuity of care, Interns will have the opportunity to follow some patients from admission to and even following discharge, whether that be to a long-term treatment unit or an outpatient clinic. Long-term individual psychotherapy is possible, and year-long groups are offered on the longer term wards with a co-therapist.

In addition to an intense training experience in which Interns are able to work closely with the same patients for a full year, we also expect our Interns to become consultants and “experts” over the course of the year. As an integral member of the inter-disciplinary Treatment Team, the Intern participates in frequent team meetings on his/her unit, at which decisions are made about diagnosis, treatment goals, objectives, and techniques. Psychology staff, as well as Interns, are often sought for their unique perspective on patients, particularly with patients who are treatment refractory or who present particular difficulties. In this regard, all Interns are expected to present a complete case study at two hospital-wide Clinical Case Conferences during the course of the Internship year.

In order to maximize their experience on Internship, Manhattan Psychiatric Center offers a variety of services in which Interns are involved. Our primary goal is to train Interns in three distinct, but overlapping aspects of clinical work with severely mentally ill patients: treatment, assessment, and consultation. The following is a brief description of many of the major components of the Internship program. A list of specific programmatic requirements for successful completion of the Internship is available upon request.

## **Treatment Modalities**

**Psychotherapy:** The Internship Faculty at MPC has a strong belief in the therapeutic potential of psychotherapy for patients with severe and persistent mental illness and therefore consider this to be one of the most important aspects of the training year. Interns carry a caseload of three to four individual psychotherapy patients. These may be long term cases that will extend throughout the training year or brief interventions and crisis therapy to address acute issues regarding stabilization and re-compensation. Interns are generally encouraged to meet with patients multiple times per week in order to maximize both the services they provide and experience providing psychotherapy to this most challenging population.

As many of our patients have prominent negative symptoms and are extremely withdrawn, isolative and socially impaired, group psychotherapy represents an invaluable tool for helping patients to confront their fears and deficits in creating and maintaining social support networks, a crucial aspect of recovery. All of the Interns attend a weekly “training group.” This is a unique type of group which is co-led by two experienced group leaders who are also staff psychologists, as well as a different Intern each week, who “rotates in” to co-lead the group. When it is not their week to co-lead, the other four Interns observe the group live (thus, this group is sometimes referred to at MPC as the “Observation group”). All “seven” co-leaders (the 5 Interns and the two permanent staff Psychologists) then meet to process the events of the groups and discuss ways to address necessary issues and to help each other improve their understanding of the group process, as well as interventions. During these meetings, the two supervisors also distribute and discuss readings and literature on group process and technique.

**Evidenced- based treatment modalities:** To afford Interns the opportunity to acquire experience and training in some of the state-of-the-art, empirically-based treatments which MPC provides its patients, we have instituted an Elective opportunity for our Interns. In addition to his/her permanent and primary placement on a specific ward and unit, these afford the Intern the opportunity to become involved in cutting-edge treatment modalities for this most challenging of clinical populations. These elective opportunities are explained in great detail at the start of the Internship year. Briefly, they consist of the following:

*Sex Offender Treatment-* In addition to risk assessment evaluations, Interns are able to participate in a cognitive-behaviorally-based group aimed at addressing the cognitive distortions and anti-social belief systems that often accompany criminalistic sexual behavior.

*Cognitive Remediation-* A treatment modality which addresses typical neurocognitive dysfunction present in many of our more regressed, lower functioning patients. Specifically, the treatment utilizes computer-based software and discussion groups to remediate deficits in problem solving, attention, memory, and processing speed.

*Dialectical- Behavior Therapy-* MPC utilizes a modified form of DBT formulated by Dr. Marsha Linehan, specifically aimed at inpatients with diagnoses and/or personality characteristics of Borderline Personality Disorder. The group focuses on the skills training aspects of DBT.

*Trauma Treatment-* As previously alluded to, many of our patients present with significant histories of trauma. Our T.R.Y. (Trauma, Recovery, and You) groups are based on supportive and coping skills models of trauma work.

*Supervision-* One of the responsibilities of many psychologists working in a hospital setting is clinical supervision. We have found that many new psychologists come unprepared for this aspect of professional work. In this vein, we offer our Interns the opportunity to supervise one of our Externs in Psychological Testing and to receive instruction and guidance in different models of supervision and the supervisory process.

**Assessment:** Interns at MPC are trained in, and provide, various assessment measures and assessment and testing take place in a variety of settings. Generally, assessment comes in three forms: Admission Intakes, Referral-based psychological assessment, and Sex Offender evaluations.

*Admission Intakes-* MPC receives approximately 150 patient admissions per year. Upon admission, each discipline administers a comprehensive intake assessment to determine the needs of the patient in relation to that specific discipline. Interns are heavily involved in these intake interviews, with a focus on specific psychological sequelae that have resulted in the patient being admitted to MPC. These evaluations require a strong knowledge of diagnostic classifications and criteria. In addition, each interview involves a screening for trauma history and trauma-related symptoms and reading ability. Many also include IQ screenings.

*Referral-based Testing-* Referrals for more comprehensive psychological testing come from a variety of sources, and are generally aimed at helping Treatment Teams to understand an aspect of the patient's functioning that has remained perplexing or inconsistent with the general psychiatric presentation. We have an extensive Testing library, with access to many of the most commonly administered Psychological Tests, as well as many neuropsychological instruments. We do not prescribe to a "standard testing battery," but rather the Intern, together with his/ her supervisor, designs a test battery to meet the individual needs of the patient being referred. Interns can expect to do approximately seven (7) of these more complete assessment batteries throughout the training year.

## **Consultation**

The Faculty at MPC recognizes that many doctoral candidates start their Internship year with already excellent clinical skills and experiences. Thus, while it is certainly a goal to help Interns improve their skills in terms of providing treatment to severely mentally ill individuals, we also aim to help create not just clinicians, but clinical leaders. Indeed, much of what Psychologists do on inpatient units may not involve direct patient care, but focus rather on guiding Teams in terms of treatment planning, constructing and implementing behavioral interventions, managing crises situations, and providing a general "psychological" perspective on patient care. Additionally, Interns learn the process of Primary Care leadership and how members of inpatient Teams serve as liaisons between the patients and the treatment providers. Toward this goal, Interns are involved in daily meetings both in "Morning Rounds" and "Treatment Team Meetings" in which they interact with and provide guidance for a staff from multiple disciplines. In addition, each Intern is expected to present at two hospital-wide case conferences during the course of the year, as well as leading a Departmental clinical discussion. Finally, Interns provide feedback from both their psychotherapy and assessment work with patients to the respective Treatment Teams.

## **Supervision & Didactics**

The MPC Internship faculty pride themselves with the level and intensity of supervision that we are able to provide. All clinical functions performed by Interns are closely supervised and Interns can expect to receive at least six (6) hours of direct supervision per week. We recognize that we are often treating patients with whom others have not succeeded. Thus we need to be flexible and creative in our treatment approaches. In this spirit, the supervision at MPC represents a broad range of orientations including dynamic and behavioral approaches. This is a training program in which the entire associated staff is invested in the student's professional growth. We provide a setting that is conducive to challenging one's self in his/her personal development as a clinician, and such growth is strongly encouraged. An environment of collegial respect for the Interns and their prior experiences, both personal and professional, prevails. As such, there is continuous mutual feedback and support among staff, faculty, and students.

Attendance at a variety of seminars and conferences comprises another integral component of training at MPC. These include seminars in individual psychotherapy, psychodiagnosis, group therapy, forensic issues, cultural issues, testing, neuropsychology, psychopathology, program evaluation, psychoanalytic theory, and interviewing/brief assessment skills. Through didactic lectures and readings, as well as case material presented by the participants, each seminar provides a range of theoretical and technical approaches. Throughout these seminars there is an emphasis on application of the broader spectrum of clinical psychopathology, assessment and treatment to this particular hospital's population.

In addition, we believe that as part of a comprehensive treatment team, it is important to expose and educate Interns about the role of other professionals in the hospital. As such, seminar topics include psychopharmacology, relevant legal issues (including the ability to attend "Retention" and "Medication over objection" hearings), community resources and attitudes, and adjunctive treatment methods (such as an opportunity to observe and learn about ECT, a seminar on the development and use of the PANSS by one of its creators, J.P. Lindenmayer, M.D., etc.). These issues are also regularly discussed in the context of weekly Case Conferences and Grand Rounds, which Interns are expected to attend and to participate in.

### **Training in Issues of Diversity**

An extremely diverse area of the City, Harlem is home to many different cultures and people from all over the world, and this multiethnic composition is well represented in our staff who represent at least 32 different nationalities, and ethnic minorities comprise approximately 75% of the facility's staff. As such, we are a faculty that recognizes the need to provide specific training in working within the cultural and ethnic, as well as real life experiences, of our patients, who likewise represent a "melting pot" of cultures and ethnic backgrounds. During the course of the year, Interns receive specific training in issues of cultural awareness and sensitivity. These discussions are likewise built into all on-going supervision and clinical discussions.

Finally, the Interns are provided an experiential training and process group, to provide support during this challenging, yet rewarding year, and to enable them both as individuals and as a group to enrich their personal and professional development as group therapists and as Psychologists. This group is led by a consultant who has no evaluative function in the program, thus allowing for confidentiality and freedom of expression. We consider this an integral aspect of the training year and one which Interns find both personally and professionally rewarding.

In total, seminars, supervision, and other didactic presentations comprise approximately 25-30% of an Intern's time.

## **Feedback and Evaluations**

Central to training is the ability to provide feedback—in order to reinforce those aspects of performance that promote good patient care and to address and remediate, if necessary, those qualities that may detract from this goal. Along these lines, the faculty at MPC is dedicated to maintaining collegial and strong working relationships with Interns in order to afford them the best possible learning environment. Feedback goes on all the time, both informally and in more formal supervisory settings.

In this vein, Interns receive formal, written competencies at both the mid-year and end-year points. The competencies clearly delineate what is expected of Interns in terms of major training goals and objectives, together with objective criteria for what is expected at each level of competency. Competencies are evaluated based upon a variety of sources, including individual and group supervision, direct observation, and documentation review. These evaluations are important in that they allow the Intern and the Faculty to evaluate what the Intern's strengths and weaknesses are and to develop a plan to promote areas of strength and to address any areas of continued growth. These formal evaluations are completed on all aspects of the Intern's work, and copies are distributed to Interns at the outset of the Internship and are also available upon request to prospective applicants. Interns discuss these written evaluations with their supervisors and there is ample opportunity to provide input and feedback. Interns are asked to sign their evaluations, as does the Training Director, and copies are kept on file, given to the Intern, as well as sent to the Training Director of the Intern's academic program. In the event of problems being identified as part of these evaluations, a plan to remediate these problems is established collaboratively between Intern and supervisor. Progress is then documented on an on-going basis.

Additionally, Interns have the opportunity to provide written feedback to the Training Faculty to aspects of the experience that they found helpful, as well as areas of possible improvement. These are important aspects of program evaluation and they have and will continue to have an important impact on the type and quality of training that we provide. These evaluations are completed in a manner which provides the most useful information possible to the program without compromising trust between Intern and Faculty. Again, these evaluations forms and the specific process for completion are provided to Interns at the outset of the training year and are available upon request.

## **Goals and Philosophy**

The Internship year at MPC is a demanding one. It calls for the student's full attention and commitment. It is suggested that extracurricular activities, e.g., outside employment, course work, etc., be limited so that full concentration may be brought to bear on the challenging work load. Toward this goal, the Intern's work schedule generally does not extend beyond 5 PM. We cannot over-emphasize that the Internship year at MPC is exceedingly demanding and challenging--mentally and emotionally. The training program is ideally suited for the student who is looking for an intensive adult inpatient experience to round out his/her training. Working with severely regressed and developmentally arrested people is likely to tap into the

practitioner's own primitive affects and vulnerabilities. The work is apt to induce feelings of anger, fear, confusion, self-doubt, helplessness, and uncertainty. However, we firmly believe that these experiences, in the context of intensive and supportive supervision, will enable the student to work with the broadest range of patients and settings that one may encounter as a professional Psychologist.

We subscribe to a Practitioner-Scholar Model of training. Our focus in our training is to help our Interns grow into professionals, competent and skilled in delivering clinical services to a wide-range of populations, including those with the most severe mental illness and limited resources. While our primary goals remain clinical in nature, we cannot emphasize enough the important role that research and empirically-based treatment play in this regard. As can be seen from our description of treatment modalities which Interns are involved in, we support and train in several evidence-based treatment modalities. Our Interns are expected to become "consumers of research," and are guided in applying what they learn toward being more skilled clinicians. Toward this end, all of our didactic seminars and supervision are supplemented with scholarly inquiry in which Interns are provided with and have the opportunity to discuss relevant research literature. In addition, MPC has an excellent Medical Library, staffed by a full-time librarian. Interns have access to thousands of journal articles and books. Finally, all Interns are supplied with access to Internet resources and a facility-wide email system to facilitate their own research as well as scholarly consumption of research relating to their clinical work.

In addition, in accordance with the Integrated Developmental Model of supervision (Stoltenberg, Delworth, & McNeill, 2005), we expect that as Interns become increasingly comfortable with their clinical responsibilities and their own knowledge and expertise in working with our patients, that the structure and direction of supervision will decrease. Training occurs throughout the year with the goal of helping the Intern to adopt increasing confidence and autonomy. With the beginning of the Internship year, each Intern's competencies are assessed, and specific training plans are developed in order to maximize areas of strength and also to remediate any areas of relative weakness. This assessment is done through consideration of previous training experiences and academic course work, observation of the Intern's current clinical work, and open and frank discussions with the Interns regarding their particular areas of strength and interest, as well as areas of expected growth and development. As the training year progresses, each Intern will take on greater responsibility, so that by completion of the Internship program at MPC he or she is ready to join the community of professional Psychologists.

Upon the satisfactory completion of the program, the Psychology Intern is awarded a certificate in recognition of his or her achievement, signifying effectiveness and proficiency in the delivery of psychological services.

### **Administrative Assistance**

In order to facilitate the process of learning and sharing of information, all Interns are supplied with a facility email account, internet access, and access to our facility patient data base. All Interns have office space (sometimes private, at other times shared with another professional), desk, phone with voicemail and desktop computer with access to a HIPAA protected drive. Interns are able to access their email from on and off site, and can access the "HIPAA drive" from anywhere in the facility.

In addition, the facility maintains a Medical library with a full-time librarian. The facility subscribes to hundreds of medical and psychological abstracts, and many thousands more are accessible through our partnership with other libraries. Full texts are available usually within a couple of days.

The facility also maintains an up-to-date testing library, with several computerized scoring programs. A full list of our testing materials is available upon request.

### **Training Faculty**

Our training Faculty consists of Psychology and non-Psychology staff who, for the large part, have many years of experience in working with individuals with severe mental illness. The common denominator is an intense passion and belief in the power of psychological treatment for these individuals and in the love of public psychology as a profession.

It should be noted that as we are an exempt setting, not all of our training staff are licensed, and a few are Mater's level Psychologists. As per APA guidelines, we ensure that each Intern receives the required hours of supervision from a licensed, doctoral level supervisor, and then supplement additional hours from other Psychology and non-Psychology staff.

The following is a list of faculty for our Internship. Also included are the school from which they received their degree, and a brief description of specific areas of interest:

#### **Full-Time Faculty:**

Edna Albert, Ph.D., *University of Urbana- Champaign, 1974-* Psychotherapy with NGRI patients; Cognitive-behavioral approaches to treating polydipsia

Howard Bernstein, Psy.D., *Yeshiva University, 2000-* Treatment and evaluation of individuals with chronic severe mental illness, Integrated approaches to psychotherapy

Lisa Hoffman, Ph.D., *Yeshiva University, 1999-* Neuropsychological assessment and cognitive remediation

Jacob Kader, Psy.D., Director of Psychology and Psychology Training, *Yeshiva University, 2003-* Phenomenology of psychosis, administrative psychology, program development

Jonathan Keigher, Ph.D. *City University of New York, 2007*- Forensic issues, Trauma and Terror, interaction of the legal and psychiatric systems

Jennine Porter, Psy.D, *University of Hartford, 2009*, Sex Offender Treatment, admission assessment

Ross Tappen, M.A., *Adelphi University, 1996*, Group psychotherapy training, Trauma

Gladys S. Valdez, Ph.D., *University of Texas at Austin, Clinical Psychology, 2007* - Treatment and Research in Cultural competency, Latino/Multicultural Psychotherapy, Group psychotherapy training, Dialectical Behavior Therapy, Cognitive Remediation

**Adjunct Faculty:**

Dr. Marissa Kaminsky, M.D.- Dr. Kaminsky leads a monthly seminar in psychopharmacology and related topics

Dr. Susan McGurk, Ph.D.- *Assistant Professor of Psychiatry, Dartmouth Medical School*- Dr. McGurk is a world-renowned researcher in the area of neuro-cognitive remediation. She leads a comprehensive monthly seminar for our Interns in neuropsychological testing of a SPMI population

**Statement of Non-Discriminatory Practice**

The Manhattan Psychiatric Center Internship program does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or sexual orientation in the admission, access to, or employment in its programs or activities.

**Further Inquiries**

If applicants are interested in further information about accreditation in general, the address and telephone number of the APA Office of Program Consultation and Accreditation is 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

**Location/Transportation**

The Psychology Department of Manhattan Psychiatric Center Complex on Ward's Island is decentralized and is located throughout the hospital. Dr. Kader's office is located in the Dunlap building on the 15<sup>th</sup> Floor (Room #1525B) and the Intern's lounge and the testing library are located on the 4<sup>th</sup> floor of the Meyer Building.

Public Transportation is via the M-35 bus from the NW corner of Lexington Avenue and 125<sup>th</sup> Street, Manhattan. The bus stops directly outside the MPC campus where visitors will be directed to the Psychology Department by a safety officer.

By car, MPC can be reached only via the Triboro Bridge. Follow signs to the Triboro Bridge from Queens, Bronx, or Manhattan. Immediately after paying the toll look for signs that direct to: Randall's Island/Ward's Island/Icahn Stadium and take the ramp down under the bridge. Drive around the curving roadway, about one mile, driving past signs heading back to Bronx, Manhattan, etc., to the large paved oval parking area under the bridge, always following the green and white signs to Manhattan Psychiatric Center. At the far end of the oval, continue south to Ward's Island. Turn right to the MPC Complex (Meyer-Dunlap, Kirby Forensic Buildings). Free parking is available at several adjacent parking areas. There is NO TOLL when leaving Ward's Island. Interns are reimbursed for bridge tolls.

The Manhattan Psychiatric Center is committed to providing access for all people with disabilities and will provide accommodations if notified within 10 days of the interview date.

**To Apply:**

Interested students are invited to submit the APPIC form- (AAPI) on-line form. No additional materials are required, nor will they be considered if sent.