

# PSYCHOLOGY INTERNSHIP CONSORTIUM

## INFORMATION FOR CANDIDATES



PONCE HEALTH SCIENCES UNIVERSITY  
SCHOOL OF BEHAVIORAL AND BRAIN SCIENCES  
Psychology Internship Consortium

**PONCE HEALTH SCIENCES UNIVERSITY  
PSYCHOLOGY INTERNSHIP CONSORTIUM (PIC)**

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An exclusively affiliated psychology internship program of the Clinical Psychology  
Psy.D. and Ph.D. Programs School of Behavioral and Brain Sciences  
Ponce Health Sciences University

**PHSU PSYCHOLOGY INTERNSHIP CONSORTIUM (PIC)**

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**MESSAGE FROM THE PIC DIRECTOR**

Welcome to the PIC informational brochure. We have worked to make this document as complete as possible in order to assist you in making an informed decision concerning applying to our program.

More than 10 years ago, the Clinical Psychology PsyD program established an internship training program in order to meet the clinical training needs of its students. Originally housed at our training clinic, the “CSP”, the internship has grown steadily in terms of the number of interns and the variety of training experiences it offers.

While the internship training program remains exclusively affiliated to our academic programs (admitting only students from the PHSU Clinical programs) it offers an extensive variety of training settings and experiences.

The PIC consists of 6 collaborating agencies: the PHSU training clinics CPS/BHC, Hospital del Maestro, the Primary Care Psychology Program, Damas Hospital, Ponce Center for Autism, and San Lucas Hospital. Together, they offer diverse experiences with a common denominator of excellence in training and supervision.

As a newly established training program (2014), the PIC is currently (July 2014) in the process of seeking APPIC membership as a Consortium program and also accreditation from the American Psychological Association (APA). The APA self-study document is to be submitted in August, 2014. Information about the accreditation status of the PIC is available from the Commission on Accreditation of the APA at (202) 336-5979. Individual members of the PIC are not APA accredited independently as psychology internships and therefore do not advertise themselves as such.

We invite you to consider our program and to contact us with any questions you might have in order to assist you with your application decision.

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## PHSU PSYCHOLOGY INTERNSHIP CONSORTIUM (PIC)

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### INTERNSHIP SITES



## MODEL AND PHILOSOPHY

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### Model of Training

Developing highly competent, ethical professionals who are capable of providing clinical services in diverse contexts is the focus of the PIC. Nonetheless, we view scholarly inquiry as critical to the integrity of clinical practice and both, scholarship and practice, as mutually informing. Therefore, we adhere to a *practitioner-scholar* model of training. All our training is informed by the scientific literature, which in turn enables interns to receive training in evidenced-based treatments. Interns are encouraged to think through clinical problems using a scientifically-minded, evidence-based approach. More specifically, interns are encouraged to apply scientific methodology to their clinical thinking and this is expressed in their critical evaluation of clinical interactions, their integration of available information toward hypothesis development or conceptualization, and their hypothesis testing in clinical practice.

Consistent with this philosophy, interns are encouraged to develop their reflective skills and to generate and test hypotheses in their clinical work within the frame of Evidence-Based Practices. Consistent with its mission to develop diversity-sensitive Clinical Psychologists who will be prepared to assume multiple roles in diverse clinical, academic and professional settings, the Consortium provides training based upon a *biopsychosocial/systemic model*. Within this orientation, supervisors and faculty emphasize a variety of treatment frameworks and modalities, mostly those that adhere to Evidence Based Practices. These modalities include Cognitive Therapy, various Cognitive-behavioral Therapy modalities including Dialectical Behavior Therapy, Systemic and Postmodern approaches, a range of sensory and systemic treatment approaches for autism and Primary Care Behavior Health (PCBH) principles in health psychology.

The PIC training program is built upon the following guiding principles:

- Application of Evidence-Based practices appropriate to the sociocultural circumstances of those we serve
- Ethical practice
- Respect for all forms of diversity
- Continuous development of professional identity and character

## MODEL AND PHILOSOPHY

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### Training Approach

The Consortium's training approach is highly experiential as it provides intensive and systematic training in the application of psychological principles to a range of clinical presentations. This promotes the development of competencies in therapeutic intervention, systematic observation of behavior, and psychological assessment. Additionally, the training provides opportunities for interns to observe and collaborate with clinical supervisors, further promoting efforts to integrate conceptual knowledge and skills as clinical competencies develop.

The program emphasizes the integration of the intern's didactic learning and prior graduate training with the practical knowledge and skills of the developing professional psychologist.

### Goals and objectives of training and how these are evaluated

The main goals of the PIC training program are:

1. To prepare clinical psychologists to be able to competently integrate the knowledge, skills, attitudes, and values that serve as the foundation of clinical practice through the provision of a broad-based training experience. This goal is attained through development of the following objectives and competencies:

- The intern will develop/consolidate reflective practice-self-assessment competencies as evidenced by his/her professional conduct, lifelong learning commitment, engagement in scholarly work, and critical thinking.
- The intern will develop/consolidate scientific mindedness and apply scientific and evidence-based methodology in their clinical practice.
- The intern will develop/consolidate the personal and professional characteristics that enable the formation and maintenance of professional relationships with clients, colleagues, supervisors, faculty, multidisciplinary healthcare team professionals, and community members.
- The intern will develop/consolidate the capacity to successfully manage complex ethical reasoning and decision making in their clinical practice.
- The intern will develop/consolidate awareness, attitudes of respect, and appropriate responses regarding all dimensions of diversity (e.g. gender, socioeconomic status, affective orientation, ethnicity, physical and mental capacities, religion, spirituality, and age) in their clinical practice.

- The intern will develop/consolidate the ability to recognize and engage in opportunities for effective collaboration with other professionals toward shared goals.

2. To prepare clinical psychologists for the ethical delivery of evidence-based psychological services in diverse clinical situations through the provision of a wide variety of sequential, organized, and supervised training experiences. This goal is attained through development of the following objectives and competencies:

- The intern will develop/consolidate understanding and solid command of clinical assessment, diagnosis and case conceptualization adapted to particular populations and/or problems.
- The intern will develop/consolidate the skills and knowledge to appropriately select and execute evidence-based psychological interventions as well as to document and evaluate therapeutic progress accurately.
- The intern will develop/consolidate the knowledge to articulate, implement, and evaluate consultation services/ interventions applying a variety of intervention models.
- The intern will develop/consolidate the ability to evaluate and apply current research to their clinical practice and exercise command of different methods of scientific inquiry in clinical settings
- The intern will develop/consolidate the ability to utilize appropriate supervisory and teaching strategies/skills in enhancing the professional functioning of 1<sup>st</sup> and 2<sup>nd</sup> years Clinical Psychology graduate students who are beginning to acquire basic clinical skills.
- The intern will be able to develop and/or consolidate administrative skills and will learn to apply a variety of models appropriate to lead the delivery of professional services.
- The training program aims for interns to develop competencies to the point where they are judged by their supervisors to appropriately use and display these skills and display an advanced level of competence all of the time.
- Throughout the training year, interns receive frequent and specific feedback on their competency development. This promotes a timely, proactive and collaborative manner of helping the intern build the skills required for entry into the profession. Therefore, all interns are evaluated at 5 different times during the year using the same instruments in all sites of the Consortium. These instruments are matched to the competencies contained within the training objectives. Likewise, interns have

the opportunity to provide feedback as to their supervisors' ability to help them develop the necessary competencies and as to the program's ability to help them attain the main goals as described above.

### Overview of Consortium Training Experiences

The PIC offers the following training experiences. The inclusion of these experiences is consistent with the vision of a pre-doctoral internship training that coherently integrates developmental and functional aspects of human behavior from a biopsychosocial perspective. To this end, the Consortium is designed as a generalist training with opportunities to obtain focused training in health psychology, neurocognitive rehabilitation, developmental disorders, and primary care through various electives:

1. **Required generalist training:** All interns must complete a minimum of 6 months of their year in generalist training. Consortium sites that meet this requirement include:

a. **Outpatient Behavioral Health at the Center for Psychological Services/Behavioral Health Center (CPS/BHC):** In this site interns may complete their full year or the mandatory 6 months if they choose one of the electives listed below. The CPS/BHC is the PIC's home site and where all Consortium-wide activities, weekly staff meetings, and monthly case presentations take place. Settings for this option include the PsyD/PhD programs' own training clinic, the Center for Psychological Services (CPS), and the Behavioral Health Clinic (BHC) at the PHSU Outpatient Community Clinics, where the Psychiatry residency and Child/Adolescent fellowship training programs are housed. Both are outpatient facilities serving children, adolescents, families, and adults from Ponce and surrounding towns in the South and Southwestern region of the Island.

b. **General Outpatient training at the Diagnostic and Treatment Center of the Puerto Rico Teachers Association at Hospital del Maestro (DTC-HM):** Site is the outpatient clinics of the HM, a well-established community hospital serving a large portion of the metropolitan area of San Juan. While this training is housed within a general hospital setting, it meets the generalist requirement as experiences here are not exclusively focused on health psychology. The program subscribes to an intern-focused practitioner-scholar model, with emphasis on providing evidence-based treatments and evaluations as well as interdisciplinary work. In line with other internships developed in the U.S, the specific objectives of this program include the development of evaluation and treatment competencies to serve a broad range of populations.

c. **Primary Care Psychology Program:** This is a full time, year-long generalist training. Interns who select this generalist training provide a range of psychotherapeutic, assessment, psychoeducational, and consultation services to a diverse population including People Living with HIV and AIDS (PLWHA) in a multidisciplinary context. The services are available to people ages 13 to 80 but the majority are 21 and older. These clients receive services at specialized immunology clinics in the towns of Ponce, Arecibo and Bayamon, Puerto Rico.

2. **Elective training experiences:** The following elective trainings are to be completed for a period of 6 months full time or half-time concurrently with generalist training according to how the experience is designed:

a. **Clinical Psychology Services Program (CPSP) at Damas Hospital--Health Psychology Training:** This is a 6-month long, full time elective. The Damas Hospital is a community medical institution that serves the municipality of Ponce (2013 population 166,300) and surrounding southwestern towns of Puerto Rico. It is a teaching hospital for PHSU Medical interns and Internal Medicine residents.

Through the Hospital's Clinical Psychology Services Program (CPSP), clinical psychology interns have the opportunity to work with patients who will be undergoing cardiovascular interventions, cognitively compromised patients, and patients from the various units of the hospital. Also, the program has established a system of standing orders for evaluation of all patients admitted to critical care units (ICU and Cardiac ICU), and for all patients admitted to Ob/Gyn and the Skilled Nursing Facility.

b. **Clinical Psychology Services Program (CPSP) at Damas Hospital-Neurocognitive Rehabilitation Program:** This is a 6-month long, full time elective. The CPSP provides services to the Hospital's Neurocognitive Rehabilitation Program, which serves a primarily adult patient population who present medical conditions including cerebrovascular accidents, traumatic brain injuries, and amputations. This is the first and only training experience in Puerto Rico for psychology interns where they work at the inpatient level in a neurocognitive rehabilitation unit and where there are standing orders to screen neurocognitive deficits for all patients who are admitted to the unit. Additionally, interns are able to work with patients pre-surgery in the OR in order to reduce patients' anxiety and provide psychoeducation concerning surgical procedures.

c. **The Ponce Center for Autism (CEPA):** Interns who choose to pursue training in this area spend 2.5 days per week at CEPA throughout the internship year. The remainder of the week these interns are at the CPS/BHC mandatory generalist setting. In this way, these interns meet the requirement of a minimum of 50% of their total internship

time in a generalist training experience. CEPA follows a biopsychosocial developmental approach. Healthcare services are addressed from an interdisciplinary approach. All functional developmental areas, physical, social, emotional, cognitive, behavioral, communication, adaptive, sensory processing and modulation are addressed in an integrative approach. Services are family-centered, culturally competent and based on scientific evidence.

**d. The San Lucas Hospital (SLH) Integrated Pediatric Care Program:** Interns spend 20 hours per week in this elective (50% of their internship time) and the remaining of the total 40 hours per week at the required generalist training at the CPS/BHC. The SLH is a medical institution that serves the greater municipality of Ponce, Puerto Rico's second largest city (2013 pop. est. 166,300) and other towns in southwestern Puerto Rico. It is a teaching hospital affiliate of the PHSU. In response to the rapid development of integrated care in pediatrics, the hospital has incorporated into its services psychological and prevention services based on an integrated care model with a biopsychosocial and family-systems orientation. At the center of these services is the hospital's training of PHSU Clinical Psychology students to become professionals and develop research in the area of pediatric health psychology.

## The Training Program

### General approach

Consistent with the program's practitioner-scholar philosophy and its biopsychosocial, evidence-based orientation, each component of the Consortium encourages a balance between clinical training and scholarship in the application of assessment and intervention techniques. Likewise, the diversity of settings and populations that interns may work with reflect the biopsychosocial orientation where the development of advanced levels of proficiency working within complex systems is supported. The structure of the internship program and its diversity of experiences serve to meet the PIC major training goals:

1. Promote that interns competently integrate the knowledge, skills, attitudes, and values that serve as the foundation of clinical practice through the provision of a broad-based training experience.
2. Preparing clinical psychologists for the ethical delivery of evidence-based psychological services in diverse clinical situations through the provision of a wide variety of sequential, organized, and supervised training experiences.

Interns participate in the available training experiences based on their stated interests at the time of the internship interview or after they have matched to the PIC. Interns' previous practicum experiences and academic focus are also considered in their choice of training experiences. Therefore, not all interns participate in all training experiences with the exception of the required generalist-oriented training described above.

In keeping with the need to provide training that is sequential and graded in complexity, requests for electives are carefully considered on a case-by-case basis. Therefore, training and elective preferences are first discussed during the internship interview with the intern-candidate. Following the Match, the Consortium Training sub-committee considers the intern's preferences and background prior to approving the preferred placement. Should the committee determine that the preferred placement is not appropriate, it makes recommendations for an alternative placement within the Consortium that will respond to the intern's training needs. Information on interns' stated preferences at the time of the interview is in no way utilized by the Consortium Training sub-committee to determine Match ranks. Therefore, an intern with substantial pre-internship practicum experience in health psychology, for example, may start internship in a health-psychology elective and at the end of the 6 months move to the generalist training at the CPS/BHC, where it is expected that the intern will acquire training in areas where he/she may have relatively less experience. In all cases and settings, however, regardless of the intern's practicum background, supervision is closer and more detailed at the beginning of the experience and is expected to progress toward increased autonomy as the experience develops.

### **Supervision**

In all training sites of the PIC, interns are provided 4 hours of weekly supervision of which 2 hours must be individual and 2 hours in a group format. Supervisors may determine that an intern requires additional or closer supervision in a given context and are expected to make the necessary arrangements to meet such training needs. Each site strives to provide interns at least 2 different supervisors in order to facilitate interns' exposure to a diversity of perspectives.

### **Didactic trainings**

In all training sites of the PIC, interns must attend 2-hour weekly didactic training sessions on topics that are pertinent to the clinical area of the site, e.g., health psychology, autism. Additionally, interns must attend monthly Consortium-wide didactics which address topics pertinent to all trainees regardless of their placement. Topics for these didactics may include ethics, diversity, professional issues, and other general interest issues. Each training

site will provide its interns a schedule of its required didactic trainings.

### Qualified Candidates

Because the PHSU PIC is a program-affiliated consortium, it is open only to qualified candidates from the PHSU Clinical Psychology PsyD and PhD programs. The PIC encourages applications from candidates that represent the cultural diversity of the academic programs and of the population of Puerto Rico. The inclusion of diverse candidates is a critical aspect of the PIC, as by its very nature the PIC incorporates a highly diverse set of clinical presentations, clients, and settings. Qualified candidates are those PHSU Clinical Psychology PsyD and PhD students who have met the following requirements at the time of application to the PIC:

1. Completion of all academic program courses and evidence of satisfactory performance consistent with the PHSU Satisfactory Academic Policy (PHSU Institutional Catalog, 2010-2015, pp. 68-72).
2. Satisfactory completion of the Comprehensive and Clinical Practice Examinations
3. Completion of total required practicum hours (1100) as follows:
  - a. Two (2) hours per week for 25 weeks of the first and second semester of the first year attending PSY 581/582 for a total of 50 hours per semester.
  - b. Two (2) hours each week of the first and second semester of the second year attending didactic sessions (Psy 683 / 685) and 8 hours per week of direct clinical contact during 25 weeks for a total of 250 hours semester.
  - c. Two (2) hours each week of the first and second semester of the second year attending didactic sessions (Psy 786 / 787) and 8 hours per week of direct clinical contact during 25 weeks for a total of 250 hours semester.
  - d. Candidates from the Ph.D. program are also required to complete 500 hours of research practicum.
4. Completion of a minimum 4 comprehensive assessment batteries.
5. Approval of dissertation proposal.

### Application Process

The PHSU PIC fully complies with all APPIC internship application and Match policies and utilizes the AAPI application.

***Application deadline is December 1<sup>st</sup>. The internship year begins July 1st and ends June 30th of the following year.***

***The PHSU PIC strictly observes APPIC policies at all stages of the application process. Therefore, the PIC does not solicit, accept, or utilize any information that may influence its ranking decisions.***

In order to be reviewed by the Consortium Training sub-committee, all applications must be complete. A complete application package includes:

- The AAPI submitted online within the stated deadline
- CV and cover letter that indicates interest in training experiences or electives
- Academic transcript submitted according to APPIC instructions
- Verification by the DCT
- Three letters of recommendation
- Supplemental materials per APPIC norms: One testing battery report and one case write-up.

Applications are also reviewed as to the amount of experience candidates have had with the interventions and approaches they are likely to employ at the PIC; their stated interest in the training experiences offered and populations served in the PIC; supervised clinical practicum experiences in 3 to 4 settings with a minimum length of placement of one semester in at least 3 different settings; variety of clinical presentations, conditions, age groups, and populations seen in practicum; and evidence of ability to integrate theory and practice as reflected in case write-up or battery.

### Internship Interviews

The PHSU PIC conducts in-person interviews by invitation only. Candidates are notified of their interview no later than December 15 and interviews take place between January 10<sup>th</sup> and 24<sup>th</sup>, in advance of the ROLIC deadline for the Match.

All candidates are interviewed individually by teams of either 2 PIC faculty members or one PIC faculty member and one current intern. To the extent possible, candidates are interviewed by faculty from the PIC training experiences in which they are interested.

## Stipends, Health Insurance and Other Benefits

Internship stipends are uniformly set for all interns in the PIC at \$12,000 per year. Interns have 10 days vacation in addition to the PHSU approved holidays per year. Interns may purchase health insurance.

Additionally, interns are authorized weekly dissertation time as described in the PIC Internship Manual.

Opportunities for intern contact: Interns have their own group email address, which they use to communicate on internship related issues and to promote socialization opportunities. The home facility, CPS/BHC, has a large work and meeting area (“the Central”) for interns that is often a meeting point for both work and informal interactions. When interns who are outside of the CPS/BHC setting attend training activities at the home facility, they traditionally join other interns who are primarily at CPS/BHC at the Central. Additionally, through the leadership of the Chief Intern and intern representatives to the Consortium Committee, interns have recently initiated a monthly group, “Our time,” directed at promoting self-care, stress reduction, and supportive, health-enhancing activities and interactions. This initiative is supported and encouraged by the Consortium faculty.

## Non-discrimination policies

In addition to its own non-discrimination policy, the PHSU PIC abides by all PHSU policies on non-discrimination as follows:

## PIC policy on Cultural and Socioeconomic Diversity

The PHSU-PIC program intends to prepare psychologists for practice in different cultural contexts. In the context of Puerto Rico, diversity is reflected on the many ethnic backgrounds that compose our culture, the varied manifestations of affection and love, and the difference in access to resources in our community. Exposure to patients from different socio-economic backgrounds is expected from all interns. However, exposure to patients from different ethnic backgrounds might not be a frequent experience during a particular year due to the ethnic homogeneity of the community the program serves. Nonetheless, most interns will work with persons who have had migratory experiences and who have multiple experiences of oppression and disenfranchisement.

Discrimination and oppression manifest in the context of Puerto Rico in ways that are both, similar and different from USA. A predominant manifestation of oppression is the

## Psychology Internship Consortium (PIC) Brochure

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variations in access to fundamental resources such as education and health. Discrimination also manifests through racism, sexism, ableism, and heterosexism.

The PHSU-PIC is committed to promote culturally competent services respectful of all manifestations of diversity in our students, clients, and staff.

(Source: PHSU Psychology Internship Consortium Manual, 2014-15)

### ***PHSU Equal Educational Opportunity Policy***

The Ponce School of Medicine and Health Sciences (PHSU) offers equal opportunity to all members of its faculty and staff and to all applicants for employment without regards to race, age, color, creed, sex, national origin, or physical impediments. Applications for admission are considered on the basis of each applicant's qualifications without regard to race, age, color, creed, sex, national origin, or physical handicaps. Students, faculty, and staff are assured participation in the educational programs and in the use of the School facilities without discrimination. The School accepts letters (regular mail, facsimile or electronic mail) of recommendation on behalf of any candidate for admission, but regrets that it cannot accept phone calls in relation to any applicant without exception.

(Source: PHSU Institutional Catalog 2010-2015, rev. 2013, p.3)

### ***PHSU Nondiscrimination Policy***

The Ponce School of Medicine and Health Sciences (PHSU), as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the School prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, political affiliation, disability, or status of veteran. Further, the School will continue to take affirmative steps to support and advance its values consistent with the PHSU mission. This policy applies to admission, students, employment, and access to and treatment in PHSU programs and activities. This is a commitment made by the PHSU and is in accordance with federal, state and/or local laws and regulations.

*For information on PHSU equal opportunity and complaint/grievance procedures, please contact the Dean of Students at 787- 840-2575.*

(Source: PHSU Institutional Catalog 2010-2015, rev. 2013, p.65).

## Contact Information

Interested candidates may obtain additional information by contacting

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Candidates may also reach the Director and Associate Director by calling the PHSU Clinical Psychology Programs at 787-840-2575 x2288.

## PIC TRAINING EXPERIENCES: DETAILED DESCRIPTIONS

Please refer to section V above for general descriptions of the PIC training experiences. Details on the training provided for each experience follow below:

### 1. REQUIRED GENERALIST ORIENTED TRAINING

#### a. Outpatient Behavioral Health CPS/BHC

**Experience overview:** In this setting, interns who wish generalist training throughout their internship may remain the entire internship year on a full time basis. Those interns who wish to complete one of the available electives, spend 50% of their time (6 calendar months) in this setting. Interns who choose the CPS/BHC for their mandatory generalist rotation spend a minimum 15 hours per week providing psychotherapy to children, adolescents, families and adults as well as a range of evaluation services (cognitive, psychoeducational, neuropsychological, and psychodiagnostic). Interns work with family systems-based, behavior management and cognitive behavioral approaches in this setting and are expected to complete a minimum of 8 full testing batteries during the internship year. Interns with the appropriate coursework and background may dedicate part of their weekly time to the Dialectic Behavior Therapy adjunct training experience offered at the CPS. This training consists of an adaptation to the local population of the training principles of Marsha Linehan and encompasses the group and individual long term treatment aspects as well as the crisis intervention and process group aspects that characterize the approach. This training experience ensures meaningful exposure to long term psychotherapy work with adolescents and adults with personality disorders and emotion regulation difficulties. Interns at the BHC participate in the training activities offered to the psychiatry residents.

**Didactic seminars and supervision:** Interns participate in mandatory weekly didactic trainings (2hrs) and receive a minimum of 2 hours of weekly individual supervision. To complete the 4 hour minimum requirement, interns also receive 2 hours per week of group supervision. At the CPS/BHC, group supervision focuses on the area of evaluation and assessment. This has been designed with the purpose of providing a structured yet rich learning environment where interns discuss assessment findings and their integration with a supervisor and their peers. This format has been designed acknowledging that training in this area must be of a sequential nature and graded in complexity. Therefore, at the beginning of the internship year, individual attention is provided to each intern in the group in order to identify their level of testing

administration and interpretation proficiency at the outset. All supervision is conducted by doctoral-level licensed psychologists. There are 17 licensed supervisors available in this training. Interns are also expected to provide an in-depth case presentation at least once during their internship year as part of the Consortium-wide activities calendar. Additionally, these interns participate in Consortium-wide staff meetings and didactics at least on a monthly basis.

**Opportunities to supervise and teach:** Each intern is expected to provide weekly supervision to a practicum student in a vertical-team format by following a specified set of supervisory roles. In turn, both the intern and the practicum student are under the supervision of a common supervisor to both for a minimum of one semester of the internship. Specifically, the intern's own individual supervision includes discussion of the process of supervising the assigned practicum student. In order to develop teaching competencies, interns may elect to serve as Teaching Assistants (TA's) in formal program courses.

**b. General Outpatient Training at the Diagnostic and Treatment Center of the Puerto Rico Teachers Association (DTC-HM)**

**Experience overview:** The main experiences within this training take place in the Mental Health Clinic and the Integrated Primary Care program. Interns provide a minimum of 20 hours per week in direct patient care services. In these settings interns provide therapy services, screenings and consultations for patients in the interdisciplinary teams of the Diabetes Pilot Project, the Breast Cancer Early Detection Clinic, and the Hypertension and Cardiovascular Diseases Clinic. In addition to the two main settings within HM where interns obtain clinical experiences, there are other outpatient and inpatient areas where interns may perform evaluations and provide therapy to bariatric surgery patients and geriatric patients. This further ensures exposure to a diversity of clients and to interdisciplinary work. Interns are expected to complete a minimum of 4 comprehensive psychological evaluation batteries during their training year. They also complete screenings for all patients employing measures such as the Patient Health Questionnaire (PHQ) and the Generalized Anxiety Disorder-7 (GAD7), both in their Spanish versions. Additionally, as part of their consults they employ measures that assess symptomatology for individuals with other medical conditions including diabetes, cancer and obesity. These are specified in the didactic trainings schedule that corresponds to this generalist training.

**Didactics and supervision:** Interns participate in mandatory weekly didactic trainings (2hrs) and receive a minimum of 2 hours of weekly individual supervision. One hour is dedicated to therapy supervision with a therapy supervisor and one hour dedicated to

testing and assessment supervision with an assessment supervisor. To complete the 4 hour minimum requirement, interns also receive 2 hours per week of group supervision where they discuss and receive feedback on diagnosis and treatment planning for their cases. All supervision is conducted by 2 doctoral-level licensed psychologists. They are also expected to provide an in-depth, public case presentation once per month. All of these interns participate in Consortium-wide staff meetings and didactics at least on a monthly basis.

**Opportunities to supervise and teach:** This experience does not incorporate opportunities for interns to supervise or teach practicum students as there are no practicum students placed here yet. Nevertheless, as they are required to attend Consortium-wide didactics, they will receive sessions dedicated to supervision models and ethical/legal issues in supervision. Additionally, the process of receiving individual and group supervision is to serve as a model of the supervisory role for these interns.

### c. Primary Care Psychology Program

**Experience overview:** Interns provide outpatient assessment and psychotherapy within the Primary Care Behavioral Health Model (PCBHM) into which they incorporate evidence-based Cognitive-Behavioral, solution-oriented, narrative therapy approaches, and Motivational Interviewing. Interns spend between 16 and 20 hours per week providing individual therapy, evaluation and consultation and also provide a minimum of 2 group sessions per month with a psychoeducational focus. Family-systemic therapy sessions that are solution oriented are also regularly scheduled on a weekly basis as well as other collateral contacts with clients' physicians, nurses, and case managers in order to ensure coordination of services. Additionally, interns offer in-service trainings to clinic staff every other month on topics ranging from stress management for clinic staff to how to support clients upon being told of an HIV-positive diagnosis.

Interns perform approximately eight intakes per week that include a semi-structured interview as well as standardized measures for depression, anxiety, and treatment compliance. More extensive testing batteries are completed in cases where additional information is required in order to develop a treatment plan; where a drastic decrease in immune function or affect has been identified; or where there are questions as to the etiology of changes in functioning. Interns typically complete two of these batteries per week.

**Didactics and supervision:** Interns receive a minimum of two hours of individual supervision per week by a doctoral-level licensed psychologist. They also participate

in group supervision. Interns have meaningful contact with the multidisciplinary staff of the clinic, with whom they are expected to communicate in order to ensure the appropriate coordination of services. Interns in this training are expected to make case presentations to the supervisory staff (2 hours/month) and receive didactic trainings at the PCPP and at CPS/BHC. The program is staffed by 4 doctoral-level licensed psychologists who are responsible for intern supervision. These interns will participate in mandatory Consortium-wide staff meetings and didactic activities at least once per month.

### ELECTIVES

#### a. Clinical Psychology Services Program (CPSP) at Damas Hospital--Health Psychology Training

**Experience overview:** Interns work primarily with an adult population in the general medical floors, with Ob-Gyn patients including new teenage mothers, and at the Emergency Room. They are expected to spend a minimum of 15 hours per week in direct patient contact providing initial screenings and short-term psychotherapy in addition to performing consultations, evaluations, participating in didactic trainings and receiving supervision.

Interns are expected to spend approximately 15 to 20 hours per week providing therapy primarily in an individual modality. The evidence-based approaches utilized include Cognitive-Behavioral Therapy, health-related behavior modification, and solution-focused behavioral medicine for emergencies and crisis interventions. As appropriate, insight-oriented approaches are also employed. Additionally, interns provide intervention services and support for families of patients who experience suicidal crises. Interns are expected to spend between 4 and 6 hours per week providing services in the Emergency Room.

Contact with patients' families, collateral support, and patient management training are expected to occupy approximately 10 hours of interns' weekly schedules. These services are offered within a systemic orientation that considers the critical importance of family systems and community supports in the sociocultural context of Puerto Rico.

As part of their clinical experience, interns perform psychological evaluations appropriate to the health psychology context and the hospital setting. This experience includes a standardized assessment to all patients admitted to Cardiovascular Surgery

Unit, Ob/Gyn Unit, and Critical Care Units, as well as Skilled Nursing Facilities Unit (SNFU). In this setting, the psychological assessment consists of a clinical interview, the use of the Beck Scales, the Mini-mental status examination, and MINI Psychiatric screening. Specifically, SNFU' patients require special test batteries for evaluating cognitive functioning. Other scales, such as the Millon Behavioral Medicine Diagnostic are used as needed. Interns are required to submit a minimum of 5 reports that integrate the findings of the assessment instruments utilized with the clinical evaluation of the patient.

**Didactics and supervision:** The program provides a weekly two-hour seminar where practicum students and interns, under the coordination of program of health psychology in a hospital setting. Topics such as suicidal and self-injuring patients, somatoform disorders, fundamentals of behavioral medicine, and the integration of medicine and psychology, are among the topics included in these seminars. In these seminars, interns are responsible for initiating and conducting discussions that integrate the topics covered with the clinical case presented.

Interns receive supervision in a variety of contexts and modalities. They receive 2 hours of formally scheduled individual supervision per week from their on-site supervisor (a licensed doctoral level psychologist) and also receive 2 hours of group supervision per week, where they make an in-depth case presentation to the supervisor and the other interns. Above and beyond the formally scheduled required supervision, supervisory contact takes place on an informal basis every day given the specific demands and dynamics of the hospital setting. In addition, interns are expected to participate in multidisciplinary staff meetings particularly when a patient is transferred to another service within the hospital, such as the Skilled Nursing Unit (SNFU). The SNFU team includes members of Internal Medicine Department, Rehabilitation Unit, Nurses, and Social Workers. Often, a family member or caregiver attends the multidisciplinary meeting, resulting in a highly productive case management experience.

These interns must attend Consortium-wide staff meetings and monthly didactic activities.

**Opportunities to supervise and teach:** Interns also have the opportunity to develop their own supervisory and mentoring skills by assisting practicum level students with differential diagnoses, report and note writing, and treatment planning. Interns in turn receive supervision of their own supervisory activities with practicum students from their main supervisor, who also supervises the practicum student.

**b. Clinical Psychology Services Program (CPSP) at Damas Hospital-- Neurocognitive Rehabilitation Program**

**Experience overview:** Interns are expected to spend approximately 15 hours per week providing direct clinical services, of which 70% should include cognitive rehabilitation and remediation interventions. Some of these include SIPA (Self Instructional Pay Attention), CPAT (Computerized Program Attention Training), MBAT (Mindfulness Based Attention Training) SRT (Spaced Retrieval Training for Memory), PROMPT (Prospective Memory Process Training), and Errorless Training.

Neuropsychological assessments are also performed as indicated. Approximately 20% of the weekly time is dedicated to group interventions for pain management. Pain related interventions include psychoeducational groups on pain perception and Guided Relaxation Training to reduce pain perception. The remaining 10% is dedicated to family training and support for post-discharge home-based rehabilitation activities. Interns are also trained in crisis intervention and receive formal training in managing suicidal, aggressive, and hostile patients.

Additionally, interns spend at least 10 hours per week performing neuropsychological batteries, neurological screenings, pre-discharge functional assessments, and cognitive testing. Generally, interns work on two extended neuropsychological evaluations per week. These evaluations include the Mini Mental Status Examination; Neurological Screening; the Beck Depression and Anxiety Inventories; Blessed Dementia Scale (Spanish translation); COGNISTAT; the Controlled Oral Word Association Test; the Fist-Side-Palm Test; the Grooved Pegboard Test; Hand Dynamometer; the Hooper Visual Organization Test; the Montreal Cognitive Assessment; the Neurobehavioral Functioning Inventory (Family form); the Ponton-Satz Boston Naming Test; the Rey Complex Figure Tests and Recognition Trial; the Stroop Color-Word Test; the Dot Counting Test; Trail Making Test A and B; the Wechsler Adult Intelligence Scale-III (Spanish, EIWA-III); the Wechsler Memory Scale-III; the WHO-UCLA Auditory Verbal Learning Test (Spanish translation); the Wisconsin Card Sorting Test; and the Woodcock Muñoz Achievement Battery. Additionally, all patients are screened with instruments including the Mini Mental, MOCA, BDI, BAI, and BLESSED Dementia Rating Scale. Interns also administer pre-discharge assessments in order to promote ongoing implementation of rehabilitative techniques.

**Didactics and supervision:** The program provides a mandatory weekly two-hour seminar. Interns receive extensive supervision in a variety of contexts and modalities.

They receive a minimum of 2 hours of formally scheduled individual supervision per week from their on-site supervisor and also receive 2 hours of group supervision per week, where they make an in-depth case presentation to the supervisor and the other intern. Supervisory contact above and beyond the scheduled supervision takes place on an informal basis every day given the specific demands and dynamics of the hospital setting. In addition, interns are expected to participate and provide their input in multidisciplinary staff meetings 1 hour per week. The staff includes physical, occupational, and speech therapists, a physiatrist, the unit chief physician, social worker, service coordinator and nurses. These interns must attend Consortium-wide staff meetings and monthly didactic activities.

**Opportunities to supervise and teach:** Interns also have the opportunity to develop their own supervisory and mentoring skills by assisting practicum level students with how to assess and discriminate neurocognitive disorders and medical complications. Interns in turn receive supervision of their own supervisory activities with practicum students from their main supervisor, who also supervises the practicum student. On average, interns spend 2 hours per week in these activities.

**Scholarly inquiry and activities:** Interns spend approximately 1 hour per week reviewing relevant literature, comparing published patient's profiles with their own cases and collecting biographical and clinical data from the unit's patients for further site research. Interns at the Clinical Psychology Services and Neurocognitive Rehabilitation Unit at Damas Hospital may also present and participate in the Damas Hospital Annual Scientific Meeting & Symposium where physicians, medical residents and researchers present on a wide range of subjects related to the care of medically compromised patients and latest research in the field of medicine.

### c. The Ponce Center for Autism (CEPA)

**Experience overview:** CEPA has developed a Clinical Psychology Pre-doctoral Program in collaboration with the PHSU Clinical Psychology Programs. Three internship positions are available in this setting. Interns complete 20 hours of clinical work per week. They are expected to complete a minimum of 13 hours per week in face-to-face patient contact which include a wide range of clinical activities:

1. Psychotherapy: Individual (10 hrs/week of Developmental Individual Differences and Relationship- Based Model or DIR; Applied Behavioral Analysis or ABA; Social Skills Training, Executive Functions Training; Sensory Integration Model); family and couples therapy (support around the child's condition, coping with the child's disability, psychoeducation, CBT approaches to manage distress, consultation around

behavior modification, and home-based techniques) and group modalities (2 hrs, Social Skills training, ABA approaches).

2. Psychological assessment (individually and as part of an interdisciplinary team): Developmental, cognitive, personality, psychoeducational, and neuropsychological, psychodiagnostic (especially as related to ASD and developmental disorders) and family functioning as well as report preparation and delivery. Minimum of 5 full batteries including neuropsychological testing.
3. Consultation with collaterals: Relatives, schools, courts, medical staff and other relevant individuals.

**Didactics and supervision:** The internship program includes didactic experiences that focus on the acquisition and consolidation of theory and clinical models to guide specific assessment procedures and interventions within the framework of Evidence-Based Practice (EBP) for children with ASD and other developmental disorders and their families. Three-hour advanced training sessions are held weekly throughout the internship year, provided by the center's staff and specialized guest speakers. Students also participate in weekly interdisciplinary case discussions every Friday. In addition, they participate in monthly group discussions of scientific articles related to ASD, other developmental disorders, and other related topics as identified by the team. One hour per week is dedicated to topics specific to ASD including intervention techniques, family issues, legal issues, and interactive programs to demonstrate administration of test instruments specific to these disorders.

Interns receive a minimum of two hours per week of formally scheduled individual supervision, of which 1 hour is dedicated to supervision of therapy cases and one hour to testing supervision. Three licensed, doctoral level supervisors provide the required supervision. Interns and supervisors can also be co-therapists in specific cases, which afford interns additional modeling of therapeutic interventions. There is also a two-hour group supervision session per week, where interns must present new cases after the initial interview and receive multidisciplinary input prior to formally initiating treatment. During these sessions, interns also have the opportunity to obtain feedback on cases that present treatment and/or management challenges. These interns must attend consortium-wide staff meetings and monthly didactic activities.

**Opportunities to supervise and teach:** Interns also have the opportunity to develop their own supervisory and mentoring skills by participating as co-therapists with practicum level students. Interns typically coach these students in the use of DIR and

ABA techniques, and provide support and modeling with challenging cases. Interns typically spend between 3-5 hours per week in this role. Interns' work with practicum students is supervised by their main supervisor, who is also a supervisor for the practicum student.

**Research:** Interns have been involved in projects including data collection with the ASD population for the standardization of the DIAL IV. On an ongoing basis, interns have available support for their dissertations as long as their topic is related to ASD and is clinically-oriented research. Support is typically in the form of facilitating access to study participants.

**Advocacy/Community outreach**—Interns participate in CEPA's community outreach activities such as health fairs, advisory boards including collaborations with local Head Start programs and the Puerto Rico Autism Alliance, currently the largest parent association in Puerto Rico. Interns have also been involved to other advocacy efforts including proposals for public policy around providing insurance coverage for autism-related clinical services and around development of a uniform evaluation protocol for autism that psychologists and other child health care providers may utilize.

### d. The San Lucas Hospital (SLH) Integrated Pediatric Care Program

**Experience overview:** Interns spend a total of 20 hours per week in this elective. Interns are expected to spend a minimum of 8 hours per week in this elective providing direct clinical therapeutic services using system-based behavior modification, cognitive-behavioral therapy and Motivational Interviewing. In most cases, therapy is provided in a family-systemic modality. Interns also discuss cases regularly with medical staff including specialists, nurses, and social workers. Joint psychologist-physician sessions are also conducted as needed. Additionally, all patients admitted to the care of the Pediatrics Residency teaching staff are screened for their psychological functioning with measures including the Pediatric Symptom Checklist, MINI KID, MCHAT, ECSA, and AQT.

**Didactics and supervision:** Interns receive 1 hour of formally scheduled individual supervision per week from their on-site supervisor, a doctoral level licensed psychologist with a certification in Primary Care. Additionally, and in response to the specific dynamics of this setting, interns discuss cases with their supervisor immediately following their assessment of each case. Because these interns spend the rest of their 40 weekly hours at the CPS/BHC site, they receive a second hour of individual supervision weekly related to their work in at CPS/BHC. This is in addition to their testing supervision at CPS/BHC and to their two hours of group supervision. In

this way, these interns receive the minimum required of 4 hours total of weekly supervision.

Opportunities to supervise and teach: Shadowing with practicum students.

### SUCCESSFUL COMPLETION REQUIREMENTS

- 1.) Satisfy the minimum requirement of 2000 total internship hours and 500 face to face hours.
- 2.) Complete a minimum of 8 psychological assessment (testing) batteries including reports according to the specific training experience focus.
- 3.) Attend all required training programs, staff meetings, case conferences and Consortium-wide training activities and meetings.
- 4.) Obtain evaluation ratings that reflect appropriate use and display of skill in all competencies to be developed through training
- 5.) Demonstrate ethical behavior in all endeavors related to professional and personal behavior while at the training sites and in the community.
- 6.) Comply with all supervision requirements
- 7.) Employ the prescribed remedies described in the Grievance, Due Process and Appeal procedures in the PIC Manual and provided at the beginning of the training year to address conflicts or difficult issues with patients, staff or with supervisors.

## Psychology Internship Consortium (PIC) Brochure

<b>Consortium Director</b>	<b>Rank</b>	<b>Site</b>	<b>Areas of Interest and Expertise</b>
<i>Maria Garrido, Psy.D</i>	Professor- Training Director	<i>CPS/BHC</i>	Objective Personality Evaluation, Forensic Psychology, CT and CBT therapy, Evidence-based treatments
<b>Associate Director</b>	<b>Rank</b>	<b>Site</b>	<b>Areas of Interest and</b>
<i>Nydia M. Cappas, Psy.D.</i> Associate Professor, Director of Outpatient Health Psychology Program	Associate Professor	<i>Primary Care Psych and CPS/BHC</i>	Program development; health psychology; poverty
<b>Consortium Faculty</b>	<b>Rank</b>	<b>Site</b>	<b>Areas of Interest and Expertise</b>
<i>José Pons Madera, Ph.D.</i> Director, <i>Psy.D</i> and <i>Ph.D</i> Clinical Psychology Programs	Full Professor- Director Clinical Psychology Program	CPS/BHC	Psychological Testing, Clinical Neuropsychology, Mental Health and Academic Administration, Rorschach & Personality Psychology, Addictions Psychology, Consultation.
<i>Nydia Ortiz, Ph.D.</i>	Professor and Coordinator of the <i>Psy.D.</i> Program	CPS/BHC	Family and couples therapy, Narrative therapy, Supervision.
<i>Frances Centeno, Ph.D.</i>	Associate Professor	CPS/BHC	Adult and adolescent psychotherapy; neuropsychological evaluation.
<i>Yaritza Lopez, Ph.D.</i>	Assistant Professor	CPS/BHC	Adult and adolescent psychopathology, severe and psychotic disorders, family and group interventions
<i>Julio Santana, Ph.D.</i>  <i>Chief supervisor, HM generalist training</i>	Associate Professor	HM/CPS/BHC	Health psychology research and practice; program development; clinical psychology in hospital-based settings.

## Psychology Internship Consortium (PIC) Brochure

<i>Grace Vinas, Psy.D.</i>		HM	Psychological wellbeing; social support
<i>Domingo Marques, Psy.D.</i>	Assistant Professor and consultant	CPS/BHC	Personality disorders, DBT, Borderline pathology; couples therapy; behavior modification in children
<i>Javier Hernandez, Psy.D.</i> <i>Chief Supervisor, Damas Hospital Neuro and Health electives</i>	Assistant Professor	Damas Neurocognitive and Health	Neuropsychological assessment, neurocognitive rehabilitation , health psychology
<i>Julio Jimenez, M.D.</i>	Professor	Damas Health	Health psychology, cancer prevention research
<i>Giselle Medina, Psy.D., Chief Supervisor, San Lucas Episcopal Hospital elective</i>	Associate Professor	San Lucas Hosp/CPS/BHC	Child development, assessment of pre-schoolers, psychological and psychoeducational testing, individual, family and couples psychotherapy.
<i>Beatriz Cintrón, Psy.D.</i>	Assistant Professor	Primary Care Psych/CPS/BHC	Psychotherapy, Projective Personality Assessment, Neuropsychological assessment.
<i>Viviana Hoyos, Psy.D.</i>		Primary Care Psych/CPS/BHC	Psychotherapy; health psychology; HIV; mental health administration;
<i>Walter Rodríguez, Psy.D.</i>	Assistant Professor	CPS/BHC	Neuropsychological Assessment and peri-surgical assessment of neurological patients, Neuropsychological Rehabilitation, Cognitive Psychology
<i>Mary S. Rodriguez, Psy.D.</i>	Associate Professor	CPS/BHC	Psychoeducational assessment; psychotherapy with children and adolescents; educational consultation
<i>Mary Annette Moreno, Ph.D.</i>	Assistant Professor	CPS/BHC	Psychoeducational and neuropsychological assessment.
<i>Efrain Rios, Psy.D.</i>	Assistant Professor	CPS/BHC	Adult psychotherapy

## Psychology Internship Consortium (PIC) Brochure

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<i>Rafael Oliveras, Psy.D.</i>	Visiting Assistant Professor	CEPA	Pediatric neuropsychology, neurodevelopmental disorders, autism spectrum disorders.
<i>Laura Deliz, Psy.D. Chief Supervisor, CEPA</i>	Visiting Assistant Professor	CEPA	Neurodevelopmental disorders, autism spectrum disorders, and learning disabilities.
<i>Natalia Delgado, Psy.D.</i>		CEPA	Neurodevelopmental disorders, learning disabilities
<i>Antonia Nieves, Psy.D. Chief Supervisor, BHC</i>		CPS/BHC	Psychotherapy supervision within Psychiatry residency, program administration
<i>Arturo Cintron, Psy.D.</i>		CPS/BHC	Adult psychotherapy in diverse modalities; substance abuse program administration.
<i>Carlos F. Sellas, Psy.D.</i>		CPS/BHC	Child and adolescent therapy and health psychology.

## SELECTED BIBLIOGRAPHY OF PIC FACULTY

Dr. Nydia Cappas

### Presentations

- Cappas, N., Lozada, A. (2013) Health Psychology at the State Immunology Clinics: Administrative lessons. Presentation for the Annual convention of the Puerto Rican Psychological Association. November.
- Cappas, N. (2013) Ripple effects of a practicum and internship program in Health Psychology. Presentation for the Annual convention of the Puerto Rican Psychological Association. November.
- Medina-velez, G. M., Cappas, N. M., Torres, Y. M., Montalvo, A., Perez, E. M., Alicea, O. A., & Rivera, J. (2012). *Pediatricians' Openness Toward Collaborations With Primary Care Psychologists*. Washington, District of Columbia, US: American Psychological Association (APA)
- Cappas, N.M., Ramos, J.C. (2011, October). *Lessons learned from implementing an Integrated Behavioral Health model in the provision of services for people living with HIV/AIDS in Puerto Rico*. Accepted for presentation at the Collaborative Family Healthcare Association Convention Accelerating Adoption of Collaborative Care: Reaching the Tipping Point, Philadelphia.
- Cappas, N.M., Toro, V., Hoyos, V. (2010, November). Experiencias y desafíos en la provisión de servicios de cuidado integrado para personas que viven con VIH/SIDA. Presentaion for the Annual convention of the Puerto Rican Psychological Association, Puerto Rico.
- Cappas, N.M. (2010, November) Neuroscience and Counseling: Practical applications for the profession. Presentation for the annual convention of the of the Professional counselors association, Puerto Rico.
- Cappas, N.M., Ramos J.C. (2010, March). Experiencias de cuidado integrado dirigido a personas que viven con VIH/SIDA. Presentation for the 8vo Congreso Caribeño de Psicología, Dominican Republic.

## Psychology Internship Consortium (PIC) Brochure

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Cappas, N.M. (2006, August). Seven Principles of Brain Based Psychotherapy. Invited by the President Elect of APA's Psychotherapy Division to present at APA's annual convention, New Orleans

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### Dr. Frances Centeno

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Centeno, F., Rosselló, J., & Jimenez, María I. (2005). Depressive and anxiety symptomatology in parents of adolescents with type 1 diabetes: Implications for the treatment of depression and metabolic control. Paper presented at the 9<sup>th</sup> European Congress of Psychology. Granada, Spain.

Centeno, F. & Rosselló, J. (2005). Dysfunctional Thoughts and Depressive Symptomatology in Puerto Rican Youth, Paper presented at the International Psychological Society Congress, Buenos Aires, Argentina.

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## **Dr. Beatriz Cintrón**

### **Presentations**

Cintrón B. Estrategias para el manejo de pacientes con diagnóstico dual: VIH y trastornos psicológicos. Presented at the Ryan White case management trimestral meeting. May 2013

Pons, J., Cintrón, B., Hernández, P., Oliveras, L. Advances in the study of the neurophysiology of stress, anxiety and fear; Implications for clinical practice. Presented at the 55<sup>th</sup> convention of the Puerto Rico Psychological Association. November, 2008

Pons, J. & Cintrón-Alvarez, B. Application of evidences from neuroscience to the clinical assessment and intervention with anxiety disorders, substance abuse and neurocognitive disorders in older age. Continuing Education Pre-convention workshop presented during the 54<sup>th</sup> convention of the Puerto Rico Psychological Association. October, 2007.

Cintrón, B. Neurobiological aspects of behavior. Presentation given at Ponce School of Medicine, to first year medical students. April, 2006 & 2007.

### **Publications**

## **Dr. Laura Deliz**

### **Presentations**

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**Dr. Maria Garrido**

**Presentations**

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Towards the Development of MMPI-2 Spanish Norms in Rico: Report and Initial MMP-2 RF Findings. Poster presented at the 59th Annual Meeting of the Puerto Rico Psychological Association, Rio Grande, Puerto Rico.

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**Dr. Javier Hernández**

### Presentations

April 2014                      Teaching with the brain in mind, Advances in the Neuroscience of Learning - Neuropsychology Symposium at University of Puerto Rico, Cayey, PR.

## Psychology Internship Consortium (PIC) Brochure

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- July 2013            Neuropsychological Rehabilitation Protocols, Panelist - Rehabilitation Psychology Conference, Long Beach, California.
- April 2013            Neuroplasticity and Neurocognitive Rehabilitation Lecture - Neuropsychology Symposium in Cayey, Puerto Rico.
- April 2013            Anatomy of Brain Injury and Rehabilitation Lecture - 1st Congress of Brain Injury Sponsored by The LSG Foundation, San Juan, Puerto Rico.
- January 2013        Teaching with the Brain in Mind Lecture - Seminar to Public School teachers on how to facilitate adaptive learning in children between the ages of 6-14. Añasco, Puerto Rico.
- October 2012        Neurocognitive Rehabilitation in Mild Cognitive Impairment and Early Dementia Lecture - Caribbean Congress on Alzheimer's Disease, Isla Verde, Puerto Rico
- April 2012            Neurocognitive Rehabilitation: Basic Principles and Therapeutic Applications in Clinical Practice Lecture - Annual Neuropsychology Institute, Interamerican University, San German, Puerto Rico.
- April 2011            Alzheimer's Disease and Cognitive Decline Lecture -Community Center Health Fair, Santurce, Puerto Rico.

### Dr. Viviana Hoyos

#### Presentations

Hoyos, V., Llenin, G., Alejandro, K. (2009, April) *Health Care Providers: Improving the best instrument*. Presented to surgical intensive care unit providers.

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### Dr. Yaritza López

#### Presentations

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### Dr. Giselle Medina

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Medina-Vélez, G. M., Cappas, N. M., Torres, Y. M., Montalvo, A., Pérez, E. M., Alicea, O. A., & Rivera, J. (2012). *Pediatricians' openness toward collaborations with primary*

care psychologists. *Pediatricians' Openness Toward Collaborations With Primary Care Psychologists*, 3. doi: 10.1037/e666212012-001

Garrido, M., Rosario E., Figueroa. J., **Medina. G.** & Padovani, C. (2012). Comparación de las Escalas de Validez, Clínicas y Reestructuradas del MMPI-2 en una Muestra Puertorriqueña. *Revista Puertorriqueña de Psicología*, 23, 119-145.

Rodríguez, J., Herrans, L., Pons, J., Matías, L., **Medina, G.** & Rodríguez, M. (2008). Proceso de traducción y adaptación para Puerto Rico de la Wechsler Adult Intelligence Scale - III: Escala de Inteligencia Wechsler para Adultos Versión III (EIWA - III). *Revista Puertorriqueña de Psicología*, 19, 58-74.

Pons, J., Matías, L., Rodríguez, M., Rodríguez, J., Herrans, L., Jiménez, M., Negrón, A., Flores, L., Mañon, S., Jiménez, K., **Medina, G.**, Rosario, E. & Ortiz, N. (2008). Estudios de validez de la Escala de Inteligencia Wechsler para Adultos Versión III, Puerto Rico (EIWA - III). *Revista Puertorriqueña de Psicología*, 19, 75-111.

## **Dra. Nydia Ortiz**

### **Presentations**

Ortiz, N. (2013) "The Puerto Rican Family" Multicultural Awareness Program to a group of students and faculty from University of Arkansas. Ponce School of Medicine.

Ortiz N. & Piazza J. (2013). Family and addictions. Annual Symposium Puerto Rico Psychological Association.

Ortiz, N. (2011) Terapia de familia en Puerto Rico: Intervenciones desde la Clínica Ponencia en Simposio Ciencias Sociales Universidad de Puerto Rico.

Ortiz, N. & Albizu C. (2010). Esfuerzos Multisectoriales para la ampliación de tratamiento para las adicciones en Puerto Rico. Ponencia en Convención Anual Asociación de Psicología de Puerto Rico.

Ortiz, N. Medicación: La experiencia de ASSMCA. Conferencia ofrecida a Administración de Tribunales. (2010)

- Ortiz, N. Las adicciones en Puerto Rico. Comité de Salud Pública de Mentees puertorriqueñas en acción (2009)
- Ortiz, N. Families in contemporary societies. Association of Dean's Assistants. Ponce School of Medicine (2009)
- Ortiz, N. (2009) Intervención con Familias en Crisis. Asociación de terapia de familia y de parejas de PR .
- Ortiz, N. La Infidelidad en la pareja (2009). Asociación de terapia de familia y de parejas de PR.
- Ortiz, N, Caraballo, L. (2007) Intervenciones con familias que enfrentan condiciones crónicas o terminales. Asociación de terapia de familia y de parejas de PR.
- Ortiz, N. (2007) Intervenciones con familias que enfrentan condiciones crónicas o terminales. Asociación de terapia de familia y de parejas de PR.
- Ortiz, N. (2007) Técnicas de intervención con familias y parejas. Asociación de terapia de familia y de parejas de PR.

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- Ortiz, N. (2014). Families and addictions: Ways of understanding, preventing, and Intervening . In Serrano, I., Ortiz, N., Capps, N., Sáez, E., Rodríguez, S. & Toro, V. (Eds). *Families in Puerto Rico: Contexts, challenges, and alternatives for practitioners*. In press.
- Pons, J.; Torres, Y. & Ortiz, N. (2014) Families in divorce and in custody determination transitions. In Serrano, I., Ortiz, N., Capps, N., Sáez, E., Rodríguez, S. Toro, V. (Eds). *Families in Puerto Rico: Contexts, challenges, and alternatives for practitioners*. In press.
- Febo-López, M., Ortiz- Nolasco, N., Pons Madera, J. (2013). Use of standardized patients in clinical skills development and evaluation In, *El Reto de la Educación Unversitaria: Experiencias desde la Psicología*. Asociación de Psicología de Puerto Rico

- Pons, J. & Ortiz, N. (2010). Psychological & psychosocial aspects of old age. *Med. y Salud Pública*. 19, 9-14
- Pons, J., Rodríguez, M., Rodríguez, J.M., Herrans, L.L., Matías-Carrelo, L., Medina, G., Jiménez, M.E., Negrón, A., Flores-Pabón, L., Mañón, S., Jiménez, K., Rosario, E., Ortiz, N. (2008). Estudios de Validez de la Escala de Inteligencia Wechsler para Adultos Versión III, Puerto Rico (EIWA-III). *Revista Puertorriqueña de Psicología*, Vol.19.
- Rivera, E., Pons, J.I., Rosario-Hernández, E., Ortiz, N. (2008). Traducción y adaptación para la población puertorriqueña del Inventario Bar-On de Cociente Emocional (Bar-On EQ-i): Análisis de propiedades psicométricas. *Revista Puertorriqueña de Psicología*, Vol 19.
- Vargas, B. Ortiz, N., Cappas, N. (2008). Análisis del discurso de personas que reciben servicios de salud mental tradicional y la Terapia Narrativa como alternativa de intervención. *Revista Puertorriqueña de Psicología*, Vol . 20
- Pons, J. Ortiz, N., Rosario, E., Matías, L., Jiménez, J. (2008) El proceso de disertación en los programas doctorales en psicología profesional: la experiencia del programa de la Escuela de Medicina de Ponce. *Revista Puertorriqueña de Psicología*, Vol. 20
- Rodríguez, S. & Ortiz, N. (2005). El poder de la narrativa: La de-construcción y co-construcción de “realidades” en el contexto psicoterapéutico. In Bernal G. & Martínez A. *Teoría y práctica de la psicología en Puerto Rico*. San Juan: Publicaciones Puertorriqueñas.

**Dr. José Pons Madera**

### **Presentations**

*Pons, J., (2014). Navigating the Gap between Self and Other: A Model to Guide Competency-Based Diversity Training. Key Note Conference, Council of University Directors of Clinical Psychology. New Orleans.*

*Pons, J., et al. (2013). Contributions of Professional Clinical Psychology to Puerto Rican Psychology. Key Note Panel presented during the 60<sup>th</sup> Convention of the PR*

Psychological Association.

**Pons, J.** (2013). *Implementation of the new Regulations Manual, use of Spanish EPPP in Puerto Rico and new requirements for Continuous Professional Development*. 60<sup>th</sup> Convention of the PR Psychological Association.

**Pons, J.,** (2013). *Normal Development, Mild Cognitive Impairment and Alzheimer Disease in the Older Adult. First Symposium on Neuropsychology*. Psych Program of UPR, Cayey Campus.

**Pons, J.** (2013). *Families in the Legal Context of Child Custody Disputes. Family Symposium. PR Psych Assoc.*

**Pons, J.,** Fankhanel, E., Garrido, M., Velázquez, C. (2012). *Changes in Law 96-1983 and in the Regulation Manual of Board of Psychology Examiners of Puerto Rico*. Convention of the Puerto Rico Psychological Association.

**Pons, J.,** (2012). *Regulation of the Psychology Profession for the 21st Century*. Panel presented in the “Damos Clases, pero Enseñamos? symposium. PR Psychological Association.

**Pons, J.** (2011). *Violence and Depression*. Clinical Congress HIMA-San Pablo Hosp. Group. Rio Grande PR

**Pons, J.** (2011). *Mental Health challenges in the PR of the twenty first century: Violence, Autism & Alzheimer*. Keynote Speech. XXXI Scientific and Academic Forum, UPR Medical Sciences Campus.

**Pons, J.** (2010). *The future of Professional Psychology in Puerto Rico: training and practice considerations*. Celebration of the Tenth Anniversary of U. Turabo’s Psychology Programs.

**Pons, J.,** Jiménez, K., Rodríguez, M., Rodríguez, J. & Herrans, L. (2009). *Assessing intellectual Disabilities with the Spanish WAIS-III, PR*. APA Convention. Toronto, Canada. Published in *PsychExtra*.

**Pons, J.,** Rodríguez, J, M., Rodríguez, M. (2009). Psychometric characteristics of the EIWA-III, PR: Validity & Reliability. Round Table. XXXII Congress of Interamerican Society of

Psychology. Guatemala City.

Roca de Torres, I., Boulon, F., Rodríguez, J. M., **Pons, J.I.**, (2009). *Clinical applications of the EIWA III*, PR. XXXII Interamerican Congress of Psychology of Interamerican Society of Psych.

### Publications

Ayala-Feliciano, M., Pons-Valerio, J.J., **Pons-Madera, J.**, Acevedo, S. (2011). The Relationship between Visuospatial Memory and Coping Strategies in Breast Cancer Survivors. *Breast Cancer: Basic and Clinical Res* 5 117-130.

Deliz, L., Oliveras, R & **Pons, J.** (2014). Impact of the Autism Spectrum Disorder in the family. In *La Familia en Puerto Rico/* Published by PR Psych Association from the 2013 symposium on Family in Puerto Rico. (In Spanish)

Febo, M., Ortiz, N., **Pons, J.** (2013). Use of Standardized Patients in the development of skills and in clinical evaluation. In, *The Challenge of University Education: The experience from Psychology*. Psychological Assoc. of PR. (In Spanish).

Laguer, A, Matías, L., **Pons, J. I.**, Rodríguez, J.M., Herrans, L. (2008). Performance on the Spanish WAIS-III (EIWA- III), of a sample of persons with epilepsy. *Revista Puertorriqueña de Psicología*, 19, 133-147

**Pons, J.**, Torres, Y. & Ortiz, N., (2014). Divorce and Custody in Puerto Rico from the Forensic Family Psychology perspective. Published by PR Psych Association based on 2013 symposium on Family in Puerto Rico. (In Spanish) **Pons-Madera, J.**, (2013). Forensic Family Psychology: A Case Study. In, *Clinical Cases Studies: Contributions to the Psych. of PR*). A. Martínez & G. Bernal, (Eds). (pp. 220-252). San Juan: Publicaciones Puertorriqueñas. pp. 220-252. (In Spanish)

**Pons, J.**, et al. (2013). Professional Psychology in Puerto Rico: Training, Regulation and Job Opportunities. In *The Challenge of University Education: The experience from Psychology*. Asociación de Psicología de PR. (In Spanish).

**Pons, J.** & Ortiz, N (2010). Psychological & psychosocial aspects of old age. *Med. y Salud Pública*. 19, 9-14

**Pons, J.I.**, et al., (2009). The dissertation process in doctoral psychology programs: The experience at Ponce School of Medicine. *Revista Puertorriqueña de Psicología*. Vol. 20, 144 - 153.

**Pons, J.**, Rosario, E., & Students of 2007 Class of PSM, (2009). Towards the development & validation of a questionnaire for the evaluation of dimensions of Emotional Intelligence. *Medicina y Salud Pública*. 17, 55-62.

**Pons, J.I.**, et al. (2008). Validity studies of the Escala de Inteligencia Wechsler para Adultos Versión III, Puerto Rico (EIWA-III). *Revista Puertorriqueña de Psicología*, 19, 75-111

## Dr. Rafael Oliveras

### Presentations

Oliveras-Rentas, R.E., Rivera, S., Viera, K., Ferder, N., Ferder L., & Ferder, L. (2012). *Vitamin D levels in children with Autism Spectrum Disorders*. Poster presented at the 7<sup>th</sup> Ponce School of Medicine and Health Sciences Scientific Fair, May 2012, Ponce, PR

Vega, M., Pabón, E., Ruiz, J. & Oliveras-Rentas, R.E. (2012). BASC-2 Profiles for Puerto Rican Children with Autism Spectrum Disorders. Poster presented at the International Meeting for Autism Research, Mayo 2012, Toronto, Canada.

Invited Guest Speaker, Second Annual Autism Conference, 2011 Binational Health Week, Sponsored by the Mexican Consulate, Falls Church, VA & Rockville, MD, October 2011

Invited Speaker, 7<sup>th</sup> Neuropsychology Institute: Neuropsychological and Social Cognition Evaluation in Autism Spectrum Disorders, Interamerican University of Puerto Rico at San Germán, April 2011

Montalvo, J., Echegaray, M., Oliveras-Rentas, R.E., Deliz-Bauza, L., Acevedo, S.F., Collazo, S.M., Carlo, S., Alvarado, L., Velazquez, V., Negroni, X., Hernandez, Y., & Vazquez-Correa, M. (2011). *Association Study of Apoe Polymorphisms and*

*Autism In Puerto Rican Children.* Poster presented at the International Meeting for Autism Research, May 2011, San Diego, CA.

Jankowski, K.F., Phillips, J., Wallace, G.L., Kenworthy, L., Oliveras-Rentas, R., & Yerys, B.E. (2010). *Response Inhibition to Emotional Facial Expressions in Children with Autism Spectrum Disorders.* Poster presented at the International Meeting for Autism Research, May 2010, Philadelphia, PA.

Wills, M.C., Yerys, B.E., James, J.D., Oliveras-Rentas, R., Wallace, G.L., Black, D.O., Jankowski, K.F., Bollich, A.M., & Kenworthy, L. (2010). *Divided Auditory Attention in Children with Autism Spectrum Disorders.* Poster presented at the International Meeting for Autism Research, May 2010, Philadelphia, PA.

### Publications

Oliveras-Rentas, R.E. & Hernández, V. (2012, October). Mutuos malentendidos con los niños y jóvenes con desórdenes del espectro de autismo. *Revista de la Organización Puertorriqueña de Patología del Habla-Lenguaje y Audiología*, 30 (1), 33-34.

Oliveras-Rentas, R.E., Kenworthy, L.E., Roberson III, R.B., Martin, A., & Wallace, G.L. (2012). WISC-IV Profile in High-Functioning Autism Spectrum Disorders: Impaired Processing Speed is Associated with Increased Autism Communication Symptoms and Decreased Adaptive Communication Abilities. *Journal of Autism and Developmental Disorders*, 42, 655-664

Oliveras, R., Deliz-Bauzá, L., & Pons-Madera, J. (2010). Desórdenes del Espectro Autista: prevalencia, historia y entendimiento contemporáneo del síndrome. *Medicina y Salud Pública*, 12 (4), 59-65.

**Dr. Efraín Ríos**

### Presentations

La interacción del apego parental y los eventos de vida estresantes en la etiología de la psicopatología

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Rios-Ruiz, E. J. 60<sup>th</sup> Puerto Rican Psychological Association Annual Convention.

November, 2013. Tracing the Path for Decoding the Psychological Experience of HIV People with No Felt Stigma in Puerto Rico

EJ Ríos-Ruiz; JC Jiménez; CN Vélez; G Asencio. 2012 Summit on the Science of Eliminating Health Disparities. December 17-19 Maryland, USA. Accepted.

Toward a Profile of HIV People with No Felt Stigma: A Secondary Analysis

EJ Ríos-Ruiz; JC Jiménez; CN Vélez; G Asencio. 13<sup>th</sup> RCMJ International Symposium on Health Disparities. San Juan, Puerto Rico. November, 2012. Are Abuse and Neglect Related to Depression among HIV People with No Felt Stigma?

Ríos-Ruiz, Efrain J, PsyD; Jiménez, Julio, MD; Vélez, Carmen, PhD; Asencio, Gloria, PhD.

59<sup>th</sup> Puerto Rican Psychological Association Annual Convention. December, 2012. Sexual Abuse and Domestic Violence: A Frequent Experience among PLWHA in PR

Puig, M. PhD · Jiménez, J. MD ; Castro, E., Ramos, J., BA; Ríos, E. BA; Santiago, L. PhD; Zorrilla, C. MD Third Puerto Rican Conference on Public Health, University of Puerto Rico. May 2007. Perceived Stigma and the Presence of Depression and Anxiety among PLWHA PR

Jiménez, J. MD; Puig, M. PhD; Castro, E., Deliz, L. MS; Ramos, J., BA; Morales, M.; Ríos, E. BA; Santiago, L. PhD; Zorrilla, C. MD Third Puerto Rican Conference on Public Health, University of Puerto Rico. May 2007. Clinical Psychology Services in General Hospitals: Contributing to a Public Health Problem in Puerto Rico

Jiménez, J. MD; Rivera, D. RN; Tarrats, H. MD; López, N. PsyD; Ortiz, N, PhD; Quintana, R, MPH; Ríos, E. BA; Deliz, L. MEd; Castro, E. BA; Ramos, J. BA.; Rodríguez, M. BA; Lugo, J, BA. Third Puerto Rican Conference on Public Health, University of Puerto Rico. May 2007.

### Publications

**Rios-Ruiz, E.** (2013). Bases neurofisiológicas de la memoria consciente y la memoria inconsciente: Una mirada clínico-teórica [Neurophysiological bases of the

unconscious and conscious memory: A clinical-theoretical view]. *Revista Ceiba [Ceiba Journal], University of Puerto Rico Ponce Campus Journal*

**Dr. Mary Rodríguez**

**Presentations**

Pons, J., Rodríguez, J, M., **Rodríguez, M.** (2009). Psychometric characteristics of the EIWA-III, PR: Validity & Reliability. Round Table. XXXII Congress of Interamerican Society of Psychology. Guatemala City

Ramos, A., Jiménez, J., Hernández, J. & **Rodríguez, M.** Servicios de salud mental en hospitales generales: Una contribución al problema de accesos a servicios de salud mental en Puerto Rico. IV Conferenciade Salud Pública y el VI Congreso Internacional de Universidades Promotoras de la Salud. March 19-21, 2013.

Patín, Y., **Rodríguez-Rabassa, M.S.** & Pons, J. Perfil psicológico de jóvenes institucionalizadas en una correccional juvenil. Presented during the 2012 Convention of the Puerto Rico Psychological Association.

Jimenez, J., Hernández, J., Rivera, D., **Rodríguez, M.**, Ramos, A. & Benítez, P. Servicios de psicología clínica en hospitales generales: integrando servicios de salud. XXXIII Interamerican Congress of Psychology of the Interamerican Society of Psychology. Presented June 2011, Medellin, Colombia.

**Rodríguez-Rabassa, M. S.**, Hernández-Sterling, R., Santiago-Torres, M., Ross-Casiano, J., Vega-Carrero, M., Moreno-Torres, M. A., Oliveras-Rentas, R. & Medina-Vélez, G. Normalización del DFH, Raven-Coloreada y Bender II en Niños/as Puertorriqueños/as. Presented during the 2011 Convention of the Puerto Rico Psychological Association.

Pons, J. I., Jiménez, K., **Rodríguez, M.**, Rodríguez, J. & Herrans, L. Assessing intellectual disabilities with the Spanish WAIS-III (EIWA-III), Puerto Rico. Presented during the 2009 Convention of the American Psychological Association and published in APA database: *PsychExtra*.

Pons, J. I., Rodríguez, J. M., Matías-Carrelo, L., **Rodríguez, M.** Psychometric characteristics of the EIWA III, PR: Validity and Reliability. As part of the Round Table; *The history of psychological testing in Puerto Rico*. XXXII Interamerican Congress of Psychology of the Interamerican Society of Psychology, Presented June 2009, Guatemala City, Guatemala.

Roca de Torres, I., Boulón, F., Rodríguez, J. M., **Rodríguez, M.**, Pons, J. I., Clinical applications of the EIWA III, PR. XXXII Interamerican Congress of Psychology of the Interamerican Society of Psychology. Presented June 2009, Guatemala City, Guatemala.

Pons, J., Rodríguez, J.M., Matías, L., **Rodríguez, M.** (2008). Basic training on the psychometric properties and clinical use of the new EIWA-III standardized for Puerto Rico. Workshops presented from on September 2008 in Interamerican University of PR-San Germán Campus.

### Dr. Walter Rodriguez

#### Presentations

Rodriguez, W, et al. (2013). Funcionamiento cognitivo en ancianos activos y no activos. Convención de Psicología de Puerto Rico.

Rodriguez, W., et. Al. (2012). SCL-90-R Symptoms Checklist and Mini International Neuropsychiatric Interview (M.I.N.I.): A Study of Concurrent Validity in the Puerto Rican Population. 3rd Summit of Translational Research in Health Disparities and 3rd Multidisciplinary Conference in Clinical Research. San Juan PR.

Rodríguez, W, Torres J. y Valle, D. (2010). Investigaciones con el Cognistat con Poblaciones Puertorriqueñas. Convencion de la Asociacion de Psicologia de Puerto Rico.

#### Publications

Torres, P., Romero, I., Rodriguez, W. y Rodriguez. (2009). Validación concurrente de la Wechsler Intelligence Scale for Children-Fourth Edition, Spanish con la Escala de Inteligencia Wechsler para Niños-Revisada de Puerto Rico. *Revista Puertorriqueña*

## Dr. Julio Santana

### Presentations

Santana Mariño, J., Bernal, G., Soltero, E., Gómez, K., Morales, J., Rodríguez, L., & Coronado, M. (2013). Terapia cognitiva conductual más hipnosis en una paciente con cáncer de mama. En Martínez Taboa, A., & Bernal, G. (Eds.). *Estudios de Casos Clínicos: Contribuciones a la Psicología en Puerto Rico*. (pp.129-143). San Juan: Publicaciones Puertorriqueñas.

Santana Mariño, J., Bernal, G., Rodríguez, L., Gómez, K., & Morales, J. (2012). Asuntos conceptuales, metodológicos y éticos de la hipnosis como terapia psicológica adjunta al tratamiento del cáncer de mama. *Salud y Sociedad, 3(2)*, (212-236).

Santana Mariño, J. (2007). La Psicología de la salud. Un campo transdisciplinario. In (Ed.). *Al margen de los márgenes: Transdisciplinariedad y complejidad. Experiencias y retos desde la Universidad* (pp. 213-215). San Juan: Comunicadora Koiné

### Publications

Santana Mariño, J. (2014, marzo). *El estrés como determinante social de la salud*. Presentación oral en el Simposio Temático de la APPR, Universidad Sagrado Corazón, San Juan, Puerto Rico.

Santana Mariño, J. (2014, marzo). *Nuevos modelos de Psicología de la Salud: Retos y oportunidades*. Presentación oral en el II Congreso de Psicología del Colegio de Psicólogos de Guatemala, Ciudad de Guatemala.

Santana Mariño, J. (2012, noviembre). *Crucial la investigación para integrar la Psicología de la Salud en el apoyo psicosocial a mujeres con cáncer de mama*. Presentación oral en la 59 Convención Anual de la Asociación de Psicología de Puerto Rico, Río Grande, Puerto Rico.

Duarté, Y.; Santana Mariño, J., Bernal, G., & Cumba, E. (2009, noviembre). *Acercamiento cualitativo a la ideación suicida en adolescentes con síntomas de depresión*. Presentación oral en la 57 Convención Anual de la Asociación de Psicología de Puerto Rico, Ponce, Puerto Rico.

Duarté, Y., Santana Mariño, J., Bernal, G., & Cumba, E. (2009, junio). *Comportamiento Suicida en un Grupo de Adolescentes con Síntomas Depresivos*. Presentación oral en el XXXII Congreso Interamericano de Psicología, Ciudad de Guatemala, Guatemala.

### Dr. Julio Jiménez

#### Presentations

Jiménez, J., (2013) Servicios de salud mental en hospitales generales: Una contribución al problema de accesos a servicios de salud mental en Puerto Rico. IV Conferencia Puertorriqueña de Salud Pública. San Juan, PR

Jiménez, J., (2012) Toward a new vision of research team. RCMI. San Juan, PR.

Jiménez, J., (2012) Bridging the gap between community and academia: A new research paradigm. 3ro Multidisciplinary Conference in Clinical Research. San Juan, PR Oral presentation

Jiménez, J., (2013) La investigación participativa de base comunitaria (IPBC/CBPR): un acercamiento innovador para una nueva generación de investigadores de la salud. IV Conferencia Puertorriqueña de Salud Pública. San Juan, PR.

Jiménez, J., (2013) Hacia la construcción de un modelo de intervención: Comunidad y academia como compañeros de investigación. IV Conferencia Puertorriqueña de Salud Pública. San Juan, PR.

#### Publications

Gwede CK, Castro E, Brandon TH, McIntyre J, Meade CD, Munoz Antonia T, Simmons VN, Vadaparampil ST, Jiménez J, Quinn GP. Developing strategies for reducing cancer disparities via cross-institutional collaboration: Outreach efforts for the partnership between the Ponce School of Medicine and the Moffitt Cancer Center. 2011 Dec 12, Health Promotion Practice. [Epub ahead of print] PMID:22167362

## Psychology Internship Consortium (PIC) Brochure

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- Jiménez J, Puig M, Sala A, Ramos J, Castro E, Morales M, Santiago L, Zorrilla C (2011) Felt Stigma in Injection Drug Users and Sex Workers: Focus Group Research with HIV-Risk Populations in Puerto Rico. *Qualitative Research in Psychology*. 8 (1):26-39. Populations. *JHCPU*.22(3): 886-893. PMID:21841285
- Jiménez JC, Morales M, Puig M, Castro E, et al. Levels of felt stigma among a group of people with HIV/AIDS in Puerto Rico. *PRJHS*. 2012; 31(2): 64-70.
- Jimenez, J., Morales, M., Sala, C., Puig, M., Deliz, L., Castro, E., Santiago, L., Zorrilla, C.(2011) HIV-related felt stigma among Puerto Ricans living with HIV/AIDS: A focus group study. *Interamerican Journal of Psychology*. 45 (3): 331-338.
- Jimenez, J, Rivera, D, Benitez, P, Tarrats, H, Ramos, A. Integrating mental health services into a general hospital in Puerto Rico. *J Clin Psychol Med Settings*. Published online 31 March 2013.
- Quinn GP, Jiménez J, Meade CD, Muñoz Antonia T, Gwede CK, Castro E, Vadaparampil ST, Simmons VN, McIntyre J, Crocker T, Brandon TH (2011). Enhancing Oncology Health Care Provider's Sensitivity to Cultural Communication to Reduce Cancer Disparities: A Pilot Study. *J Cancer Edu*. 22(3):322-325, PMID:21479572
- Simmons VN, Jiménez J, Castro E, Litvin EB, Gwede CK, Vadaparampil ST, McIntyre J, Meade CD, Brandon TH, & Quinn GP (2011). Initial efforts in community engagement with health care providers: Perceptions of barriers to care for cancer patients in Puerto Rico. *Puerto Rico Health Sciences*. 30(1):28-34. PMID: 21449495