

PRE-DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

DEPARTMENT OF VETERANS AFFAIRS
NEW YORK HARBOR HEALTHCARE SYSTEM
MANHATTAN CAMPUS

PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE

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Revised September 2016
for the 2017-2018 Training Year

***PLEASE NOTE THAT THE REVISED APPLICATION DEADLINE FOR OUR PROGRAM IS
TUESDAY, NOVEMBER 1, 2016 5:00PM EST***

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INTRODUCTION

The Department of Veterans Affairs New York Harbor Healthcare System, Manhattan Campus, offers a one-year, full-time Pre-doctoral Internship in Health Service Psychology to advanced students in APA-accredited doctoral psychology programs. The internship is based in the Psychology Division of the Mental Health Service and is affiliated with the New York University School of Medicine. The Manhattan VA has a long tradition of providing high-quality clinical training in psychology. We are proud of our internship program and of the reputation it has achieved throughout the national psychology community. Our past interns have distinguished themselves in a wide variety of employment settings including the Department of Veterans Affairs and other medical centers and health care facilities; community agencies, clinics, and private practices; colleges, universities, and research institutes; and in business and industry settings throughout the country.

The Psychology staff maintains a strong commitment to the training of interns and makes every effort to provide as enriching an experience as possible within an atmosphere of mutual respect and professionalism. We endeavor to achieve a good balance between serving the clinical needs of the VA population and savoring the training process. This perspective is reflected in the quality and quantity of supervision that has characterized the program over the years.

We place particular emphasis on exposing interns to the breadth and variety of professional roles assumed by psychologists, including concentrated training in areas such as neuropsychology, health psychology, Posttraumatic Stress Disorder, and acute inpatient psychiatry. We also provide training in a range of treatment modalities, including psychodynamic psychotherapy, cognitive-behavioral therapy, supportive psychotherapy, group psychotherapy, and evidence-based treatment of psychological trauma. We are committed to helping interns develop their own professional identities in addition to expanding and refining their clinical competencies.

Our staff are a unique group of psychologists who seek to create a training atmosphere that embraces diversity. Amongst our staff are psychologists of different races, ethnicities, and religions, those who identify as LGBT, those who speak other languages, those with a military background, and those who are the first in their families to have attended college or attained a graduate degree. Our program is attentive to systems of oppression and committed to social justice. We are also committed to providing multiculturally competent training for our interns and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We are fortunate to be located in New York City, and our patient population includes African-American, Hispanic/Latino, Caribbean-American, Asian, and Caucasian veterans of both genders. Interns learn how factors such as age, race, ethnicity, cultural identity, gender identity, sexual orientation, nationality, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds.

Our internship is accredited by the American Psychological Association; our next site visit will be in 2017 (see page 1 of this brochure for information on how to contact the APA Office of Program Consultation and Accreditation). As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), we abide by their procedures and guidelines.

Marc Goloff, Ph.D., ABPP
Chief, Psychology

Christie Pfaff, Ph.D.
Director of Training & Assistant Chief, Psychology

FACILITIES & PATIENT POPULATION

The Manhattan VA is a modern, air conditioned 18 story building overlooking the East River. It is located on East 23rd Street at First Avenue, adjacent to the New York University and Bellevue Medical Centers. The Manhattan VA is fully accredited by the Joint Commission on Accreditation of Hospitals and is a full service teaching hospital providing comprehensive coverage of all medical, surgical, and dental specialties. A Dean's Committee supervises the various approved training programs. In addition to the internship in Psychology, the medical center maintains residencies in all medical specialties and subspecialties, almost all of which are fully integrated or affiliated with New York University Bellevue. This integration allows for continual interaction between psychology interns and medical residents and fellows. Specialty areas include Dentistry, Infectious Disease, Medicine, Neurosurgery, Oncology/ Hematology, Ophthalmology, Otolaryngology, Palliative Care, Pathology, Pharmacy, Physical Medicine and Rehabilitation, Psychiatry, Pulmonary Disease, Radiology, Surgery, and Urology.

Inpatient and outpatient mental health services are available to both male and female veterans. While many veterans seen are adult males, a significant and increasing number of female veterans are seen as well. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a wide variety of racial, ethnic, and cultural backgrounds. In line with national VA directives, the Manhattan VA has promoted systemic changes in advancing inclusiveness and clinical competence with populations who have been historically stigmatized, subject to discrimination, and experienced health disparities, such as LGBT veterans and women veterans. Several of our psychologists are actively involved in the hospital's Women's Clinic, which provides comprehensive, specialized medical care and mental health services within the Primary Care setting. One of our psychologists also serves as the hospital's LGBT Veteran Care Coordinator, providing support and advocacy for LGBT patients and training and consultation to staff. The Mental Health Clinic also offers two long-term psychotherapy groups, co-led by interns, for LGBT veterans.

Our patient population presents with a broad range of clinical problems and psychopathology. Patients include veterans who have served during World War II, the Korean War, the Vietnam War, the Persian Gulf War, and most recently, those returning from Operation Iraqi Freedom (OIF), Operation New Dawn (OND; Iraq), and Operation Enduring Freedom (OEF; Afghanistan). We also provide care for veterans who have served during peacetime. The main treatment modalities utilized are individual and group psychotherapy. On rare occasions, veterans' spouses and families may be seen for a time-limited intervention as an adjunct to the veteran's treatment. Frequently, interns request to work with a particular population for one or more of their outpatient individual psychotherapy cases (e.g., sexual orientation, gender, gender identity, age group, conflict-era), and we try to accommodate such requests to the extent possible.

The Manhattan VA operates a medical library that is fully available to interns. The library contains a good selection of medical, psychological, and psychiatric books, journals, and audio visual materials. A computerized bibliographic database (including PsychInfo and Medline) and an extensive selection of full-text electronic journals are available free of charge. In addition, the library participates in a comprehensive interlibrary loan system, providing any book or photocopies of journal articles not available on site or online. Interns utilize these resources to complete a variety of research and literature review presentations over the course of the year.

PSYCHOLOGY DIVISION

Twenty-three psychologists form the Psychology Division of the Mental Health Service. Psychology is actively involved with the hospital's inpatient Psychiatry units and with inpatient medical units including Medicine, Surgery, Neurology, Palliative Care, and Physical Medicine and Rehabilitation. Staff psychologists provide services to outpatients via the Mental Health Clinic, the Posttraumatic Stress Disorder Clinic, and the Substance Abuse Rehabilitation Program, and through various medical clinics including the Primary Care Clinic, the Geriatric Clinic, Infectious Disease, Pain Management, Renal Dialysis, Oncology/Hematology, and Urology. In addition to psychodiagnostic and psychotherapeutic skills, members of our staff possess specialized skills in geropsychology, health psychology, neuropsychological assessment, cognitive rehabilitation, suicide prevention, substance abuse, and group psychotherapy.

We offer internship and also practicum-level externship training to pre-doctoral psychology students. Currently, we offer externships in our Psychotherapy Research and Development Program. More information about our externship program is available at:

<http://www.nyharbor.va.gov/docs/psychexternNY.pdf>

We also offer postdoctoral fellowship training in the following areas of emphasis:

1. Clinical Health Psychology and Interprofessional Training in Primary Care
2. Geropsychology, Clinical Health Psychology and Interprofessional Training in Geriatric Primary Care.
3. PTSD, Interprofessional Training, and OEF/OIF/OND Veterans

More information about our postdoctoral programs is available at:

<http://www.nyharbor.va.gov/docs/NYPostdocbrochure.pdf>

Please be aware that we are currently unable to offer supervised training positions to students in bachelor's or master's level programs, or to students outside of psychology. Our internship, externship, and postdoctoral programs for psychology doctoral students comprise 15+ positions per year (6 interns, 5-6 externs, 4 postdoctoral fellows). Given the level of intensive supervision devoted to these programs, we are not able to accommodate additional supervisees.

The Psychology Division is housed within the outpatient Mental Health Clinic. The Clinic provides a broad range of psychiatric, psychological, medical, and social work services to our veteran outpatients and includes Behavioral Health Interdisciplinary Programs, the Posttraumatic Stress Disorder Clinic and the Substance Abuse Rehabilitation Program, among other programs and services. This location affords psychology staff and interns the opportunity to collaborate freely with the full array of mental health professionals. Interns share offices (2 per office), with each intern having their own desk, locked file/storage space, and computer equipped with word processing and other software packages including internet access and email. All patient records are electronic and progress notes are entered online so that every clinician has easy access to the entire medical record, including remote data from other VA facilities nation-wide.

THE PSYCHOLOGY INTERNSHIP PROGRAM

Training Overview

Training general adult practitioners is the primary purpose of the Manhattan VA psychology internship program. Our internship training emphasizes the basic clinical principles and skills essential to the ethical and competent practice of health service psychology. Our intention is that upon the completion of their internship year, our graduates will have acquired professional level assessment and treatment skills and will be well-qualified, highly desirable candidates for staff appointments at a variety of clinical settings and postdoctoral training programs. Consistent with a generalist orientation that emphasizes the basic clinical principles and skills essential to the ethical and competent practice of health service psychology, we provide each intern with a broad range of training experiences in assessment, intervention, and consultation with a wide variety of patients in medical and mental health settings, including training in psychodynamic psychotherapy, cognitive-behavioral therapy, health psychology, treatment of acute, severe psychiatric illness, evidence-based treatment of Posttraumatic Stress Disorder, and neuropsychological and psychodiagnostic assessment.

Our training program places a strong emphasis on clinical practice that is informed by scientific inquiry, critical thinking, and active learning. We emphasize the integration of science and practice in all facets of our program, including clinical training assignments, supervision, and didactics. It is our philosophy and conviction that a successful training program is one in which both staff and interns learn from each other and grow together. Therefore, our program uses an apprenticeship method in teaching clinical skills and fostering interns' professional growth. Interns work alongside staff psychologists, frequently conducting assessments and treatment jointly at the beginning of a rotation or new assignment. At the same time, we make every effort to promote each intern's creativity, autonomy, and unique clinical style. Interns are considered junior colleagues and over the course of their training come to function with a great deal of independence. Interns carry their own cases and participate in interdisciplinary team meetings and peer review presentations along with their supervisors and independently.

Our supervisory and consulting staff utilize a variety of treatment orientations and approaches, including psychodynamic, psychoanalytic, behavioral, cognitive-behavioral, dialectical-behavioral, interpersonal, systems, supportive, and eclectic modalities. We feel that exposure to such a diversity of clinical approaches and styles will not only educate and enlighten our interns, but also inspire the development of their own unique professional identities and clinical styles.

Aims and Competencies

The aims of our internship program are as follows:

- To train interns in integrated assessment, diagnostic, and intervention strategies that prepare them for the general practice of health service psychology. In order to provide our interns with a broad clinical knowledge base, interns complete training assignments which expose them to a wide range of patients, psychopathology, theoretical orientations, and treatment settings.
- To train interns to be culturally-competent practitioners. Interns receive training and supervision on the impact of cultural factors on psychological functioning and use this knowledge to provide appropriate treatment for a diverse urban population.
- To train interns to value professionalism and dedicate themselves to the highest standards of patient care and ethical conduct. We seek to foster each intern's identity as a psychologist, so

that they develop an understanding of professional responsibility, judgment, and ethics and apply this knowledge in all activities and professional roles

We consider these aims to be consistent with the treatment needs of our patient population, the mission of VA, and the requirements of graduate programs who entrust their students to us for an intensive year of clinical training. In line with the standards of the APA Commission on Accreditation, we provide broad-based training that allows interns to develop competence in the following areas: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision, and consultation and interprofessional/interdisciplinary skills. On the basis of our specific rotations and training assignments, the internship program also allows interns acquire competence in the following specific skill areas: psychodynamic psychotherapy, cognitive-behavioral therapy, health/primary care psychology, treatment of acute, severe psychiatric illness, evidence-based treatment of Posttraumatic Stress Disorder, and neuropsychological and psychodiagnostic assessment.

Before entering our program, interns should have had practica in individual psychotherapy and have mastered the basic technical skills of administration and scoring of a standard psychological test battery (including the WAIS, and both projective and objective personality tests, such as the Rorschach, TAT, Figure Drawings, PAI, and MMPI). Interns should also have had previous training in test interpretation and the preparation of clinical reports. Given this foundation, interns receive advanced training in performing in depth assessment interviews; constructing test batteries to respond to specific diagnostic issues and referral questions; evaluating and integrating clinical findings to provide appropriate treatment; and developing formulations and recommendations and communicating these in articulate written and/or oral reports.

DESCRIPTION OF TRAINING PROGRAM

The internship training program consists of several required components, which are described in greater detail in the following pages. Approximately half of the intern's clinical time is spent on the major rotation; his or her remaining time is comprised of ongoing, year-long training assignments in outpatient psychotherapy and 6 month assignments in assessment. Interns' clinical work is enhanced by a diverse program of supervision and didactics. Finally, depending on interest and available time, interns may engage in elective activities.

Required Clinical Training Assignments (see overview on the following page)

Major Rotations

All interns complete 3 major rotations (for 4 months each) in:

- Acute Inpatient Psychiatry
- Health Psychology/Primary Care
- Posttraumatic Stress Disorder Clinic

Outpatient Psychotherapy

These are year-long training assignments. All interns carry outpatients in each of the following treatment modalities: psychodynamic psychotherapy, cognitive-behavioral therapy, and evidence-based treatment of Posttraumatic Stress Disorder. Interns also co-lead one long-term psychotherapy group with a staff member for the year.

Assessment

Interns are assigned testing cases on a rotating basis throughout the training year. Cases focus mainly on neuropsychological assessment. Referrals cover a wide range of neuropsychiatric disorders and emphasize differential diagnosis, assessment of residual functioning, and disposition planning. Interns will have the opportunity to test both inpatients and outpatients, as well as to participate in the interdisciplinary Memory Disorders Clinic. Interns also conduct psychodiagnostic and personality testing. Over the course of the training year, interns typically conduct two psychodiagnostic assessment batteries including projective and objective measures as well as abbreviated diagnostic work-ups, as needed.

Supervision and Didactics

The various clinical training assignments are enhanced by a diverse program of supervision, seminars, and peer review presentations within the Psychology Division, throughout the VA Medical Center, as well as at neighboring institutions such as Bellevue and NYU Medical Center. Interns also attend a weekly process group that provides a forum for concerns and issues related to the internship and to help further facilitate their professional development.

Electives

Interns may enrich their training experience to meet individual interests and needs. Elective activities include a variety of groups, additional psychotherapy, research, Home-Based Primary Care, Psychiatric Emergency Room, Consultation-Liaison, and Psychosocial Clubhouse.

OVERVIEW OF REQUIRED CLINICAL TRAINING ASSIGNMENTS

MAJOR ROTATIONS

Acute Inpatient Psychiatry

- Admissions on an as needed basis (generally 1-2 per week)
- Caseload of 2 individual patients seen daily for therapy
- Family meetings, as indicated
- Communications group and DBT Skills group
- Community Meetings
- Daily rounds and thrice weekly team meetings

Health Psychology/Primary Care

- Primary Care Triage, Same-Day Assessments, & Intakes, 2 hrs./week
- 1 Palliative Care individual therapy case
- 1 short-term problem-solving therapy or biofeedback case
- Relaxation Group, Smoking Cessation Group, Healthy Sleep Group, MOVE! Weight Loss Support Group, and Substance Abuse Rehabilitation Program (SARP) Phase II group
- Home-Based Primary Care home visit
- PACT Extended Team meetings
- Palliative Care Team meetings
- Health Psychology didactics

PTSD Clinic

- 2 PTSD Clinic intakes per week
- 1-2 short-term individual therapy cases (co-morbid PTSD and substance use disorders)
- Vietnam Veterans group, Acceptance and Commitment Therapy Group, OEF/OIF Support Group, and CBT for Insomnia Group
- PTSD Clinic team meetings
- PTSD didactics

OUTPATIENT PSYCHOTHERAPY

- Psychodynamic Psychotherapy: 2-3 cases (combination of year-long therapy and short-term Dynamic Interpersonal Therapy, DIT)
- CBT: 2 consecutive cases (6 months each)
- PTSD: 1-2 consecutive cases; interns choose 1 primary modality, either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). If time allows, interns may elect to see an additional case in a different treatment modality.
- Group Psychotherapy: co-lead 1 year-long group

ASSESSMENT

- Neuropsychology 1 – Memory Disorders Clinic: brief cognitive screenings and interdisciplinary team meetings; comprehensive assessments for patients screened in Memory Disorders Clinic or seen on the inpatient service (1-2 cases over 6 mos.)
- Neuropsychology 2 – weekly psychoeducational and cognitive screening group; comprehensive outpatient assessments (4-6 cases over 6 mos.); weekly neuropsychology rounds/group supervision
- Psychodiagnostic and Personality Assessment: 2-3cases per year

MAJOR ROTATIONS:

Acute Inpatient Psychiatry – Drs. Ihm & Shifrin

The Medical Center houses two locked, co-ed inpatient psychiatric units for acutely disturbed patients. Interns are assigned to the acute inpatient training unit (17N), where they work alongside other trainees including social work interns, nursing students, and NYU School of Medicine psychiatric residents and medical students. Patients cover a broad age range and represent all of the major diagnostic categories, especially schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, posttraumatic stress disorder, substance abuse, and severe personality disorders. An increasing number of veterans returning from Iraq and Afghanistan, as well as active duty personnel are admitted to the inpatient service with difficulties ranging from severe PTSD and depression to first-break psychotic disorders. Patients present with acute psychopathology and severe psychosocial difficulties.

Interns function as primary therapists on the training unit, and carry two individual patients at a time. As a primary therapist, the intern shares responsibility for all facets of patient management with a multidisciplinary treatment team. Because stays tend to be brief (1-3 weeks), patients are seen daily for supportive psychotherapy and treatment planning. Other clinical activities include an initial interview and written admission summary, family consultation, behavioral monitoring, crisis management, charting, tracking progress and medication response, team coordination, and discharge planning. Interns work closely with the attending psychiatrists who provide medical back-up for their cases. Following discharge from the unit, interns may see their patients for a one-time follow-up appointment to improve continuity of care and assist patients in their transition to the outpatient setting.

Other clinical responsibilities on the unit include leading community meetings (weekly meetings of all staff and patients) and providing group therapy. For half of the rotation, interns co-lead the Communications Group. This group is a verbal, interpersonally-oriented psychotherapy group that is held twice a week on 17N, co-led with a psychiatry resident. The Communications Group thus provides an opportunity for interns and residents to work collaboratively and learn from each other. For the other half of the rotation, interns co-lead a DBT Skills Group with a staff member. While on the rotation, interns also attend daily rounds, weekly interdisciplinary team meetings, and case conferences. Interns may also attend Psychiatry Grand Rounds at NYU/Bellevue.

By the end of the Acute Inpatient Psychiatry rotation, interns will:

1. understand the symptoms and treatment of severe mental illness, including psychopharmacological and supportive therapy interventions
2. conduct a thorough diagnostic interview including a mental status exam
3. write timely and clinically appropriate admission summaries and progress notes documenting assessment and treatment
4. coordinate with and contribute to the interdisciplinary mental health team by providing information and making recommendations from a psychological perspective
5. develop realistic treatment plans and goals
6. provide effective management and intervention in crisis situations.

MAJOR ROTATIONS:

Posttraumatic Stress Disorder Clinic – Drs. Brinn, Kramer, Perera, & Weiss

The PTSD Clinic consists of a multidisciplinary team (psychologists, psychiatrists, social workers, nurse practitioner) dedicated to the assessment and treatment of PTSD. Veterans with combat trauma (WWII, Korea, Vietnam, Persian Gulf, Iraq, and Afghanistan) as well as those with a history of military sexual trauma are seen in the clinic. Currently serving 800+ veterans, the clinic provides specialized, comprehensive treatment to veterans suffering from PTSD, including pharmacotherapy, individual psychotherapy, and group psychotherapy. Treatment is offered in multiple modalities. Individual therapy modalities include supportive, psychodynamic, CBT, Prolonged Exposure (PE), Virtual Reality Exposure (VRE), Cognitive Processing Therapy (CPT), and motivational interviewing. A variety of groups are also available (e.g., supportive, problem-focused, psychoeducational, skills training, exposure-based). In keeping with a model of psychosocial rehabilitation and recovery, our emphasis is on normalizing readjustment difficulties and enhancing health in order to assure that veterans reach their highest level of functioning and to prevent chronic difficulties as best as possible. The program concentrates on three main areas: 1) assessment and evaluation, 2) providing clinical services, and 3) tracking patients through the system and coordinating care.

Interns conduct two intake evaluations per week, co-lead two PTSD groups, and attend weekly PTSD team meetings. A number of different psychotherapy groups are offered within the PTSD Clinic, including Vietnam Veterans' Groups, OEF/OIF Support Group, Medics Group, Acceptance and Commitment Therapy Group, Writing Group, and CBT for Insomnia. Interns also have the opportunity to provide short-term individual follow-up and psychotherapy for patients with co-morbid PTSD and substance use disorders and/or those who require help with developing coping skills prior to beginning trauma work. There is a weekly didactic seminar and a monthly journal club to discuss treatment issues and research in PTSD. Interns are required to make at least one literature review/research presentation over the course of the rotation.

Upon completion of the PTSD Clinic Rotation, interns will:

1. have a thorough understanding of the symptoms of and treatments for PTSD
2. be able to accurately assess and diagnose PTSD and differentiate it from other disorders
3. be able to formulate appropriate treatment recommendations and referrals for patients with PTSD
4. understand and utilize a variety of assessment and treatment techniques for PTSD and concurrent substance abuse
5. understand, assess, and treat the readjustment difficulties faced by recently returning soldiers

MAJOR ROTATIONS:

Health Psychology/Primary Care – Drs. Dognin, Goloff, Hamlin, Ingenito, Kehn, Spivack, and Todd

This rotation is an immersion into the practice of health psychology. A cornerstone of the rotation is participation as a treatment team member within the Medical Center's outpatient PACT/Primary Care Clinic. Other required activities involve providing individual and group therapies and traditional health psychology interventions (e.g., modifying unhealthy behaviors, treating symptoms of medical disorders that are amenable to behavioral interventions, and improving adherence to medical regimens).

Primary Care (required): The PACT (Patient Aligned Care Team)/Primary Care model seeks to provide comprehensive health care through an integrated team approach. Patients receive multidisciplinary consultation and services from a treatment team including providers from Medicine, Nursing, Social Work, Psychology, Psychiatry, and Pharmacy. Interns serve as members of the PACT treatment team providing consultative services to patients and other clinicians. Interns perform triage, same-day assessments, and intake evaluations for patients referred by their Primary Care provider. Interns also provide psychotherapeutic and/or psychoeducational interventions, and refer patients for additional services. Interns evaluate patients with a wide range of psychiatric, substance use, and medical conditions. Interns carry at least one short-term primary care treatment case focused on adjustment issues, symptom management, treatment adherence, or substance abuse. Interns may also elect to be trained in biofeedback therapy. Biofeedback interventions involve the use of instrumentation to monitor and modify psychophysiological processes relevant to autonomic arousal and muscle tension, most often used for anxiety disorders, stress management, PTSD, and pain management.

Groups (required): Interns lead and co-lead several psychoeducational groups over the course of the rotation, including Relaxation Training/Mindfulness, Smoking Cessation, Healthy Sleep Class, MOVE! Weight Loss Support Group, and Substance Abuse Rehabilitation (SARP) Phase II Group.

Palliative Care (required): Interns follow one inpatient on the Palliative Care service at a time. Palliative Care works with terminally ill patients to provide comfort and assist with medical decision-making at end of life. Interns are full members of the interdisciplinary team (psychologist, nurse practitioner, physician, social workers, and chaplain). Interns are involved in diagnosis, intervention, and assessment of patients' insight into their illness and prognosis as well as their thoughts and feelings about dying. Interns act as consultants to the medical team, facilitating understanding of patients' psychological adjustment.

Health Psychology Didactics (required): this is a weekly seminar to discuss treatment issues and research in health psychology. Each intern is required to make at least one literature review/research presentation in this meeting over the course of the rotation.

Home-Based Primary Care Home Visit (required): HBPC is a multidisciplinary team providing primary care to homebound veterans in the community. The team consists of a Nurse Practitioner/Registered Nurse, Occupational Therapist/Physical Therapist, Social Worker, Dietician, and Psychologist. The Psychologist receives consults from other team members for mental health assessment, cognitive evaluation, or capacity assessment. Interns will make 1 home visit with HBPC psychologist during which they will participate in an initial mental health evaluation and assist in developing a treatment plan.

Administrative and Team Meetings (required): Interns attend a number meetings along with their supervisors in order to familiarize themselves with the various administrative and clinical roles of health psychologists. Interns participate in a weekly Palliative Care interdisciplinary team meeting. At the beginning of the rotation, they attend the monthly Primary Care interdisciplinary staff meeting, which covers a wide range of clinical and administrative issues. Interns will also attend a PACT Extended Team Meeting for half of the rotation in order to directly observe Psychology's consulting role as an extended team member.

Electives

- Short-term Substance Abuse Counseling: Brief interventions with people misusing drugs and alcohol can be quite effective. Interns will be supervised in applying Motivational Interviewing and Harm Reduction approaches in brief interventions to assist veterans in managing their problematic substance use.
- Primary Care – Specialty Clinics: Interns have the opportunity to provide a variety of assessments and interventions in the Geriatric Clinic, the Women's Clinic, and House Staff Clinics. In the Geriatric Clinic, interns may provide individual, couples, or family interventions relevant to the psychological issues faced by older veterans and their families. Opportunities to learn to provide caregiver specific interventions through the Family Caregiver Psychotherapy Research Program are also available. In the Women's Clinic, interns may conduct psychological evaluations and/or provide short-term therapy.
- Pain Management Team: This interdisciplinary team (Psychology, Neurology, Anesthesiology, Pharmacy, and PM&R) takes a biopsychosocial approach to the management of complex chronic pain conditions such as back conditions, arthritis, and neuropathy. Treatment is multimodal including medication, physical and occupational therapy, behavioral intervention, and acupuncture. Psychology staff evaluate patients for psychiatric conditions that may impact the experience of pain, provide cognitive behavioral interventions to enhance symptom management and coping skills, and assess misuse of pain medication and need for substance abuse treatment.
- Other Electives: Psychological evaluations and/or testing through Home-Based Primary Care (HBPC); psychological evaluations of dialysis patients including transplant evaluations, evaluations for peritoneal dialysis, and general psychological evaluations for short-term treatment.

Upon completion of the Health Psychology Rotation, interns will:

1. Understand the interplay between medical and psychological issues
2. Be able to assess and diagnose substance use disorders
3. Understand and implement a variety of therapeutic techniques, including relaxation and imagery, mindfulness, biofeedback, motivational interviewing, and psychoeducation
4. Function as integral members of an interdisciplinary integrated medical care team providing psychological input and feedback
5. Be familiarized with the respective roles and contributions of the various disciplines within an integrated medical care team.

OUTPATIENT PSYCHOTHERAPY:

Over the course of the year, interns work with outpatients in a number of different treatment modalities. Typically, interns carry at least four psychotherapy cases at one time for short-term and long-term individual therapy who are referred from services throughout the Medical Center. Interns also co-lead one outpatient group for the entire year.

Group Psychotherapy – Drs. Ingenito, Katz, Miller, Mitchell, & Spivack; John Tatarakis, R.N.

A rich variety of group therapy training experiences are available, including supportive, psychoeducational, and interpersonal approaches. Interns receive a half-hour of individual supervision per week. Some recent examples of groups are:

- Trauma and Body Image Group
- DBT Skills Group
- Medics Group
- Alzheimer's Caregivers Support Group
- Gay Men's Support Group
- Life Stages Group
- Connections Group for Older Veterans
- Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning Support Group

Evidence-Based Therapies for Posttraumatic Stress Disorder

In addition to the four month major rotation in the PTSD Clinic, interns see PTSD patients for intensive, longer-term, individual treatment. Interns see 1-2 cases over the course of the year; if time allows, interns may elect to take on an additional PTSD case in a different modality. Interns elect to train primarily in one of the following modalities:

- Prolonged Exposure (PE), Dr. Kramer: these exposure-based treatments involve having patients repeatedly re-experience their traumatic event, and include both imaginal exposure and in vivo exposure to safe situations that have been avoided because they elicit traumatic reminders. Interns receive an hour of weekly group supervision.
-
- Cognitive Processing Therapy (CPT), Dr. Perera: CPT incorporates cognitive techniques to help patients challenge and modify maladaptive beliefs related to their trauma. CPT focuses on decreasing the avoidance of traumatic memories so that beliefs and meanings can be further evaluated and understood within the original context. Interns will videotape sessions and attend a one-hour weekly group supervision.

Psychodynamic Psychotherapy – Drs. Chen, Ingenito, Kehn, Miller, Mitchell, & Pfaff

Interns can choose a combination of traditional psychodynamic psychotherapy and shorter-term Dynamic Interpersonal Therapy (DIT), an evidence-based dynamic treatment protocol for patients with depression and/or anxiety and interpersonal difficulties. Interns carry 2-3 patients over the course of the year and have the opportunity to treat a range of psychopathology, including depression, adjustment disorders, anxiety disorders, and personality disorders. Interns receive a half-hour of individual supervision per week.

Cognitive-Behavioral Therapy – Drs. Brinn & DeAlmeida

Interns typically see two patients consecutively over the course of the year (6 months each). Patients present with a wide range of concerns and diagnoses, and treatment focuses on targeting identified symptoms and setting specific goals. Interventions include various methods of behavioral modification and cognitive restructuring. Interns may also have the opportunity to utilize other related, empirically validated treatment protocols, such as Dialectical Behavior Therapy (DBT). Interns attend a weekly hour-long group supervision where they present their own work and participate in clinical discussion of other cases. Over the course of the year, interns are encouraged to demonstrate increased independence and develop more of a peer supervision approach. Individual supervision is also provided on an as-needed basis.

ASSESSMENT:

Neuropsychological Testing – Drs. Cercy & Cuesta

The Neuropsychology Service provides testing and evaluation of patients referred from services throughout the Medical Center, including Primary Care, Neurology, and Psychiatry. Typical consultations involve evaluation of Alzheimer's disease, vascular dementia, Parkinson's disease, mild traumatic brain injury, stroke, neoplasm, hydrocephalus, multiple sclerosis, HIV-related dementia and other neurological disorders and infectious diseases. Referrals may involve such questions as differential diagnosis of schizophrenia-spectrum and major affective disorders from primary neurodegenerative processes, evaluation of cognitive impairment associated with medical illness such as diabetes and obstructive sleep apnea, and diagnosis of adult residual attention deficit hyperactivity disorder and learning disabilities. Evaluations focus primarily on outpatient assessments, but inpatient consultations are available to interns who demonstrate an interest. Interns gain experience conducting neuropsychological evaluations using a hypothesis driven approach and providing feedback and psychoeducation to veterans and their families. Interns also have the opportunity to attend departmental case conferences, rounds, and seminars.

For six months of the year, interns respond to neuropsychology consults, co-leading a weekly psychoeducational and cognitive-screening group and conducting follow-up comprehensive outpatient assessments. For the other six months, interns participate in the Memory Disorders Clinic, a weekly multidisciplinary service consisting of providers in Neurology, Neuropsychology, Psychiatry, Geriatrics, and Social Work which provides comprehensive evaluation and management of patients with suspected or known disorders of cognition. Interns conduct one evaluation per week, which involves a brief screening of cognition, emotion, and adaptive functioning. Interns then present their findings in the context of the multidisciplinary team meeting, and referrals for future comprehensive neuropsychological evaluation and other aspects of care are made.

Psychodiagnostic & Personality Testing – Drs. Chen, Hamlin, Kehn, Kramer, Nehrig, Pfaff, Shifrin, & Sultan

Interns typically conduct 2 psychodiagnostic assessment batteries over the course of the year. Tests administered include projective and objective personality measures (e.g., Rorschach, TAT, Bender-Gestalt, Figure Drawings, and PAI). Referral questions include differential diagnosis, functional assessment, and disposition planning. Referrals may be from inpatient or outpatient services. Individual supervision is provided on each case with the goal of producing comprehensive, integrated test reports, as well as sharpening skills in interviewing, testing, and diagnostic formulation. Objective and projective personality testing may also be conducted in conjunction with neuropsychological assessment, as indicated on a case-by-case basis.

SUPERVISION AND DIDACTICS:

Supervision

At the Manhattan VA, supervision is seen as a powerful vehicle for promoting professional and personal growth. In keeping with our program's practitioner-scholar model, supervision is collaborative and focuses on case conceptualization, active learning, inquiry, and reflection. Interns work closely with their supervisors, gaining independence as each training experience progresses. All psychology staff participate in the internship and thus interns have the opportunity for supervision in a variety of modalities (e.g., psychodynamic, psychoanalytic, interpersonal, cognitive-behavioral, dialectical-behavioral, behavioral, supportive, systems, and eclectic).

Interns receive intensive in-person supervision, mostly on an individual basis, for each rotation and training experience (generally 5-6 hours per week total). Interns receive daily informal supervision on their major rotations, along with at least one hour weekly formal individual supervision for the rotation. Both individual and group supervision is provided for outpatient psychotherapy cases, as described in previous sections. All psychology staff maintain an open door policy and interns are free to request additional supervision/consultation at any time. Our program does NOT utilize telesupervision or other distance education technologies for training and supervision.

As an essential part of their training, interns have many opportunities to present their work and to practice skills in order to receive feedback and direct instruction. Toward this end, interns participate in live diagnostic and mental status interviewing along with their supervisor on each rotation. They also present cases in the monthly Psychology case conference and in interdisciplinary team meetings on each of the major rotations. Finally, interns are encouraged to present their research or other areas of expertise.

Didactic Seminars

Our seminar program is an integral part of internship training. There are two regularly scheduled seminars each week. Seminars consist of lectures, case presentations, and patient interviews, and are taught by Psychology staff and consultants from within the Medical Center and from other settings. Seminars provide a rich and varied sampling from different facets of the field.

The seminar series emphasizes training in assessment, treatment methods, cultural diversity, ethics, and supervision. Regular topics include military history, mental status examinations, clinical interviewing, DSM-5 diagnoses, ethical issues, group psychotherapy, health psychology, PTSD, substance use disorders, neuropsychology, cultural formulations and diversity issues, psychodynamic theories and interventions, supervision, psychopharmacology, and professional development. In addition, other special topics are presented over the course of the year. Recent seminar subjects have included women's health psychology, cognitive-behavioral treatment for PTSD, Emotion-Focused Therapy (EFT), Integrated Behavioral Couples Therapy for veterans, forensic psychology, suicide assessment and prevention, disaster relief mental health, military sexual trauma, motivational interviewing, sleep disorders, health disparities, and program evaluation.

In addition to our own seminar program there are a multitude of additional seminar and grand rounds offerings available within the Medical Center and at NYU/Bellevue. Interns are encouraged to attend these seminars as their schedules permit.

Process Group

This weekly required group is facilitated by an outside consulting psychologist who is not involved in the supervision or evaluation of interns. The group provides a forum for interns to discuss issues related to the internship and to their development as psychologists and to receive feedback. The group allows interns to raise questions and concerns in a safe environment and represents a unique opportunity for personal and professional development.

ELECTIVES:

Our internship program enjoys the advantage of being situated within a full service medical center. This allows us to offer a wide range of clinical experiences to round out an intern's training program. While time does not permit the pursuit of all available activities, interns may choose from a number of additional training opportunities. It is important to note that interns are not obligated to do an elective in addition to their other required training activities, described previously in this brochure. It should also be noted that elective choices will inevitably vary each year. Particular programs may not be available in a given year while new opportunities are always being created.

Clinical Electives

On each of the major rotations, there is the possibility of expanding the interns' clinical activities in particular areas of interest. Similarly, interns may elect to increase their outpatient caseload in a specific treatment modality. Interns may also elect to conduct additional therapy groups. Recent examples of groups offered by psychology staff and interns include Pain Management, Hepatitis-C Support Group, Insomnia Treatment Group, Women's Stress Management Group, and Creative Arts Group. Interns are also encouraged to consider creating an elective tailored to their interests. There are numerous opportunities in clinical areas staffed by psychologists and our program consultants, such as Home-based Primary Care, Psychiatric Emergency Room, Consultation-Liaison, and Psychosocial Clubhouse. All efforts will be made to accommodate individual training needs when possible.

Research Electives

The internship program supports trainees' interest in planning, implementing, and analyzing mental health-related research. VA offers numerous opportunities and career paths for psychologists involved in research, and cultivation of these interests can begin on internship. Interns may participate in ongoing research or initiate their own investigations at the medical center. A number of our interns have completed dissertations at the VA. Interns may use VA patients as subjects (with approval from the medical center's Research Committee) or may pursue their own research interests and populations. Collaboration and research mentoring are also possible through the program's academic affiliation with NYU School of Medicine. The medical center library and various online resources are available with a full range of research support services. Examples of research conducted by Psychology and Psychiatry staff include neuropsychology, ADHD, PTSD, DBT, substance abuse, severe mental illness, chronic pain, TBI, and interventions for caregivers of dementia patients.

EVALUATION OF INTERNS AND SUPERVISORS

Evaluative feedback about the internship program is extremely important to us. The Training Director meets with the interns as a group once a month for an informal, open-ended discussion about training issues and professional development. Individual meetings between interns and the Training Director are held in the fall, spring, and at year's end. Interns are also encouraged to meet individually with the Training Director at any time to discuss any concerns about the internship.

All interns are formally evaluated using the same procedures. Evaluations are given for each major rotation, for outpatient individual therapy cases, and for neuropsychological assessment. Evaluations are accomplished by means of structured forms and scheduled verbal feedback based upon expected performance standards and competencies appropriate to the level of predoctoral internship training. Interns are evaluated on the following profession-wide competencies on all rotations and training assignments: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment, intervention; supervision; and consultation and interprofessional/interdisciplinary skills. Program-specific competencies relevant to each rotation or training assignment are also evaluated, as follows: assessment and treatment of acute, severe psychiatric illness; health/primary care psychology; assessment and evidence-based treatment of PTSD, cognitive-behavioral therapy, psychodynamic psychotherapy, and neuropsychological and psychodiagnostic assessment. All evaluations are based in part on direct observation of the intern's clinical work. Sample evaluation forms are shown in Appendix C.

Bi-directional feedback between interns and supervisors is an important part of the ongoing supervisory process. Evaluations are conducted throughout the training year, as follows:

- Major Rotations (four-month assignment): a brief, verbal feedback session is held between the intern and the supervisor at the midpoint of each rotation in order to identify areas for mutual improvement and growth. Supervisors formally evaluate interns via structured forms at the end of each rotation. Interns likewise complete a written evaluation of the supervisor at the end of the rotation.
- Neuropsychological & Psychodiagnostic Assessment (six-month assignments): at three months, a brief verbal feedback session is held between intern and supervisor in order to discuss progress, strengths, and areas for improvement. At six months, supervisors and interns complete written evaluations.
- CBT, Evidence-Based Therapies for PTSD, & Psychodynamic Psychotherapy (year-long assignments): supervisors evaluate interns (and vice versa) using a written evaluation at six months and at year's end.

Individual meetings between the intern and supervisor are an integral part of the evaluation process and are always held in conjunction with the completion of evaluation forms. The written evaluation forms are signed by the intern, the supervisor, and the Director of Training. Copies of evaluations are sent to the Director of Clinical Training at the intern's university and discussed when questions arise. At the end of the year, each intern is asked to complete an overall evaluation of the program and to make suggestions for future improvements. All written evaluations become a part of the intern's permanent file with the Psychology Division. These records are maintained by the Director of Training and kept in secure, locked cabinets in her office.

Evaluations of supervisors completed by the intern are signed by the intern and the Director of Training, who then gives general feedback to supervisors based on the collective comments of all

interns. At the end of the year, each intern is also asked to complete an overall evaluation of the program and to make suggestions for future improvements. This program evaluation is discussed with the Director of Training as part of the intern's exit interview.

Our policies and procedures regarding due process, intern grievances, and impaired intern performance are detailed in Appendix D.

Expected levels of performance:

To successfully pass each training assignment are as follows:

- 1st rotation: global scores of 2-3
- Evaluations completed at mid-year (1st Neuropsychology assignment, mid-year evaluations for CBT, PTSD, and Psychodynamic Psychotherapy): global scores of 2-3
- 2nd rotation: global scores of 3
- Evaluations completed at end of year (3rd rotation, 2nd Neuropsychology assignment, 2nd PTSD long-term case assignment, final evaluations for CBT and Psychodynamic Psychotherapy): global scores of 4.

To successfully complete the internship, interns are expected to pass all training assignments.

INTERNSHIP AGREEMENT

Internship appointments are for 2080 hours, which is full time for a one year period from approximately July 1 to June 30. These dates may vary slightly depending on the schedule of orientation for new employees; the start date for the 2017-2018 training year is Monday, June 26, 2017. Within this framework, interns may take up to 12 days leave for vacation and up to 12 days sick leave, in addition to 10 Federal holidays. Requests for educational leave (up to 3 days) are granted for participation in conferences, trainings, or for dissertation related meetings at the intern's university. The intern's training may be extended due to unexpected illness, parental leave, etc. to successfully complete the program. Issues related to extended leave are determined on a case-by-case basis; typically, interns must use all accrued sick and vacation time and then go on Leave Without Pay status until they are able to return to the program.

The Veterans Administration internship stipend is \$27,132 per year and is considered by the Internal Revenue Service as taxable income. Health care benefits (including medical, dental, and vision) are available to interns, married spouses, and legal dependents. A routine physical examination is provided upon employment, as is on-site emergency health care. Interns are also eligible for life insurance and transit benefits, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. However, if interns are later employed by VA or another federal agency, they receive service credit for the internship year. When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

INTERNSHIP QUALIFICATIONS

The Manhattan VA sponsors six internship positions each year. Applicants must meet the following criteria to be considered for our program:

- United States citizenship
- Doctoral student in good standing at an APA-approved Clinical or Counseling doctoral psychology program
- Approved for internship by doctoral program training director
- Completion of all coursework
- Practicum training in psychotherapy and psychodiagnostic assessment (including basic proficiency in the administration and interpretation of both cognitive tests and objective and projective personality measures (e.g., WAIS, Rorschach, TAT, Figure Drawings, PAI, MMPI). We expect applicants to be able to independently administer and score the Rorschach (Exner Comprehensive System); we also expect that, under supervision, applicants will have interpreted Rorschach results and integrated them with other test findings in a least one written report.

We review each internship application carefully to try to determine whether the applicant would be a good fit for our site. We rate applications based on several criteria: amount and quality of previous clinical experiences, academic performance (including scholarly and research achievements), general writing ability, ability to formulate clinical material, strength of recommendation letters, and level of interest in our program. Based on these ratings, we invite a select group of applicants for in-person interviews at our site. During the interview process, we try to get a sense of each applicant's personality, interests, clinical style, and response to supervision. Again, our goal is to determine who we feel will be the best match for what our program has to offer. For details regarding the application process and required materials, see instructions on the next page.

The VA New York Harbor Health Care System is an Equal Opportunity Employer and follows all federal guidelines regarding nondiscriminatory hiring practices. We strongly encourage minority and physically challenged candidates to apply. We strictly abide by the APPIC Uniform Notification Procedures. No person from our program will solicit, accept, or use any ranking-related information from any intern applicant. The APPIC guidelines can be accessed on the APPIC web site:

<http://www.appic.org>

Please Note: a CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA will not consider applications from anyone who is not currently a U.S. citizen. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff. Interns are also subject to a new employee physical, fingerprinting, and background checks. Match result and selection decisions are contingent on passing these screens. No intern has ever been refused employment as a result of the physical exam or the background check, but several have had difficulty, in all cases either because of past legal problems or significant medical problems they chose not to reveal during the application process.

APPLICATION PROCEDURE

To apply for our internship program, please follow the steps detailed below. If you have any questions, you may contact Dr. Pfaff (email is preferred):

Christie Pfaff, Ph.D.
Director of Training & Assistant Chief, Psychology
Email: Christie.Pfaff@va.gov
Phone (212) 686-7500 Ext. 7698, Fax (212) 951-3336
VA NY Harbor Healthcare System
423 East 23rd Street (11M), Rm. 2571
New York, NY 10010

Our APPIC Matching Program Code Number is 148011.

1. Please go to www.appic.org to access the online AAPI application. Please be sure to submit the following materials through the online application portal:

- Completed AAPI application, including cover letter, CV, certification from your program's Director of Clinical Training, official transcripts from each graduate psychology program and 3 letters of recommendation (at least one from a practicum supervisor).

Please submit the following through the supplementary materials portal:

- Treatment Summary: in order to get a sense of your style as a therapist and the way that you think about clinical material, we ask that you write a brief synopsis of a psychotherapy case. PLEASE ADDRESS WHY THIS CASE WAS PARTICULARLY MEANINGFUL TO YOU. PLEASE DO NOT EXCEED 500 WORDS.
- Psychodiagnostic Test Report: please submit a report that includes both objective and projective personality measures, including a Rorschach. If you do not have a report that includes a Rorschach, we will still consider your application; however, we expect incoming interns to have already mastered the basic skills of administering, scoring, and interpreting the Rorschach. Your application will be much more competitive if your report includes a Rorschach and other projective tests, or if you can demonstrate that you will obtain training with these instruments prior to the start of internship.

2. **APPLICATION DEADLINE: TUESDAY, NOVEMBER 1, 2016, 5:00pm Eastern Standard Time.**

3. Please wait to hear from us regarding an interview. On-site interviews are held from mid-December through early January. Invitations for interviews are sent out by email. Applicants invited to interview will spend a half-day at our facility. They will have a group orientation where they will meet the entire psychology staff and learn about our program. Each applicant will have an individual interview with two staff members. Applicants will be asked to answer questions and provide a formulation and treatment plan for a clinical vignette. Applicants will also have ample time to meet with our current intern class to ask questions and obtain additional information about the program.

4. We participate in the National Matching Program and will abide by the Match Policies enumerated on the APPIC website (www.appic.org). The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/

APPENDIX A PSYCHOLOGY STAFF

Anthony J. Brinn, Psy.D., Yeshiva University

Clinical Psychologist; PTSD Clinic

Clinical activities: Assessment and treatment of veterans with PTSD and Substance Use Disorders; CBT; Acceptance and Commitment Therapy (ACT); Motivational Interviewing (MI); and Screening Brief Intervention and Referral to Treatment (SBIRT).

Research interests: Evaluating and disseminating effective treatments for comorbid PTSD and Substance Use Disorders; Qualitative Research Methodology; Integration of mental health treatments into primary care; Facilitators of treatment success/compliance in treatment-resistant populations.

Steven Cercy, Ph.D., Southern Illinois University

Clinical Neuropsychologist; Director, Memory Disorders Clinic

Clinical Associate Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Neuropsychological assessment.

Research interests: Cognition in macular degeneration; development and validation of cognitive screening measures; development and validation of cognitive assessment measures in low vision; dissimulated cognitive impairment; Lewy Body disease.

Cory K. Chen, Ph.D., University of North Carolina, Chapel Hill

Clinical Psychologist/Director – Psychotherapy Research and Development Program

Assistant Clinical Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Individual and couples psychotherapy and intervention for caregivers of individuals with chronic health issues, particularly dementia; Interpersonal/Relational Dynamic Therapy; Dialectical Behavior Therapy.

Research interests: Psychotherapy outcome and process research; predictors of non-response in CBT and psychodynamic interventions; intervention development for treatment resistant populations; attachment, caregiving and geropsychological issues.

George Cuesta, Ph.D., California School of Professional Psychology at Alliant International University

Clinical Neuropsychologist

Adjunct Professor, Disability Studies Program, School of Professional Studies, City University of New York

Clinical activities: Neuropsychological evaluation and treatment of neurological disorders (e.g., traumatic brain injury, stroke, dementia); neuropsychological testing; cognitive remediation; psychodiagnostic testing; cognitive behavioral psychotherapy for post-traumatic stress disorder and depression; mindfulness-based stress reduction.

Research interests: Cognitive and behavioral consequences of traumatic brain injury (TBI); impact of TBI on family members and caregivers.

Chrystianne DeAlmeida, Ph.D., The New School for Social Research

Clinical Psychologist, Outpatient Mental Health Clinic

Clinical activities: Patient centered care and streamlining delivery of mental health services in integrated patient care settings; pain management; cognitive behavioral therapy; dialectal behavioral therapy; Compensation and Pension exams.

Research interests: Deepening the understanding of how culture influences mental health and treatment practices.

Joanna S. Dognin, Psy.D., Chicago School of Professional Psychology – Chicago
Clinical Psychologist/Health Behavior Coordinator – Health Promotion Disease Prevention Program
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Motivational interviewing, chronic disease self management, shared medical appointments, psychodynamic therapy.
Research interests: Integrated models of mental health and medical care, patient centered medical home, shared medical appointments for chronic disease .

Marc Goloff, Ph.D., ABPP, New York University
Chief, Psychology; Director of Psychological Services in Primary Care
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Evaluation and short-term cognitive behavioral therapy for primary care and pain management patients; use of specialized interventions such as biofeedback and hypnosis.
Research interests: Psychological aspects of chronic pain.

Danielle Hamlin, Psy.D., Yeshiva University
Clinical Psychologist, Primary Care Mental Health
Clinical Activities: Evaluation and same day triage of Primary Care patients to mental health services; short-term bereavement counseling and psychodynamic psychotherapy.
Research Interests: Birthmothers' experience of social support; Program evaluation of mental health services in primary care.

Mia Ihm, Ph.D., Teachers College, Columbia University
Clinical Psychologist, Acute Inpatient Psychiatry Unit; Suicide Prevention Coordinator
Clinical Activities: Suicide risk assessment and coordination of treatment for high-risk patients; acute inpatient psychiatry and short-term crisis management-focused individual and group psychotherapy; psychodynamic psychotherapy
Research interests: Insight in psychotic-spectrum disorders; evidence-based treatment for psychosis

Christine Ingenito, Ph.D., Teachers College, Columbia University
Counseling Psychologist, Primary Care Mental Health/Women's Clinic and Psychiatric Emergency Room
Clinical activities: Evaluations and individual therapy for OIF/OEF/OND veterans; DBT consultation team; same-day access, evaluations and short-term therapy for female veterans in Primary Care Women's Clinic; Psychiatric Emergency Room .
Research Interests: Multicultural counseling competency, the impact of therapists' social attitudes on their clinical judgments, the psychosocial correlates of HIV/AIDS, and factors influencing sexual risk-taking among gay-identified men.

Wendy Katz, Ph.D., Teachers College, Columbia University
Counseling Psychologist; OEF/OIF/OND Mental Health/Readjustment Services
Clinical activities: Assessment and treatment of combat veterans returning from Iraq and Afghanistan; preventative health interventions; outreach services.
Research interests: Resilience; PTSD; Alzheimer's' Disease; pain management.

Michelle Kehn, Ph.D., Long Island University, Brooklyn
Clinical Psychologist, Home Based Primary Care and Palliative Care
Clinical Activities: Individual, couples, and family psychotherapy for home-bound, medically-ill veterans; interventions for family caregivers of home-bound veterans; bereavement counseling; capacity and cognitive assessment for home-bound veterans; individual psychotherapy for geriatric and palliative care patients; psychodynamic psychotherapy.
Research interests: Psychological interventions and measurement for older adults.

Michael Kramer, Ph.D., Long Island University, Brooklyn
Clinical Psychologist, PTSD Clinic
Clinical activities: Cognitive behavioral, Virtual Reality, and exposure therapy for PTSD; CBT for anxiety-spectrum disorders; psychodiagnostic assessment.
Research interests: Resiliency to trauma in combat veterans and disaster relief workers; heat exposure in the treatment of PTSD and hyperarousal symptoms; the effectiveness of peer mentorship in the treatment of chronic substance abuse.

Abigail S. Miller, Psy.D., Yeshiva University
Clinical Psychologist; Geropsychologist
Clinical activities: Geropsychological and psychodiagnostic assessments; psychodynamic individual and group therapy for patients and caregivers.
Research interests: Narcissism, envy, & self-esteem; Alzheimer's disease; vascular dementia.

Sarah Mitchell, Psy.D, Yeshiva University
Clinical Psychologist, Outpatient Mental Health Clinic
Clinical Activities: Treatment of mood and anxiety disorders, trauma, and body image disturbances including Body Dysmorphic Disorder, family and couples' therapy, psychodynamic psychotherapy.
Research Interests: Impact of body image disturbances on affective states and relationships.

Nicole Nehrig, Ph.D., Long Island University, Brooklyn
Clinical Psychologist – Psychotherapy Research and Development Program
Adjunct Assistant Professor, Long Island University, Brooklyn, Department of Psychology
Clinical Activities: Individual psychotherapy for complex trauma and caregivers of dementia patients; psychodiagnostic assessment; short-term and long-term models of psychodynamic psychotherapy.
Research Interests: Personality disorders; psychotherapy outcome and process research; predictors of non-response in CBT and psychodynamic interventions; intervention development for treatment resistant populations; attachment; multimethod assessment.

N. Sulani Perera, Ph.D., University of Minnesota
Clinical Psychologist; Director, PTSD Clinical Team
Clinical Activities: Evidence-Based treatments for PTSD and other trauma related concerns (e.g., PE, CPT, & DBT)
Research Interests: Role of culture in understanding trauma exposure and PTSD

Christie Pfaff, Ph.D., New York University
Clinical Psychologist, Outpatient Mental Health Clinic; Director of Training; Assistant Chief, Psychology
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Psychodynamic psychotherapy; interpersonal group psychotherapy; psychodiagnostic testing; treatment of schizophrenia and severe mental illness.
Research interests: Insight in schizophrenia; education and training in psychology; brief psychodynamic psychotherapy

Maria Shifrin, Ph.D., Adelphi University
Clinical Psychologist, Acute Inpatient Psychiatry Unit and Outpatient Mental Health Clinic
Adjunct Assistant Professor, Queens College, CUNY
Clinical activities: Acute inpatient psychiatry; psychodynamic psychotherapy; short-term, manualized psychotherapy; group psychotherapy; psychodiagnostic testing
Research interests: Processes of change in psychodynamic psychotherapy; efficacy of short-term dynamic therapy in treatment of caregivers of dementia

Neal Spivack, Ph.D., CGP, Adelphi University
Clinical Psychologist, Primary Care Mental Health
Clinical Activities: Assessment & treatment of substance use disorders in Primary Care.
Research interests: Group therapy; organizational dynamics; substance use treatment.

Lillian Sultan, Ph.D., Long Island University, Brooklyn Campus
Clinical Psychologist, , Outpatient Mental Health Clinic and OEF/OIF/OND Mental Health/Readjustment Services
Clinical activities: Assessment and treatment of combat veterans returning from Iraq and Afghanistan; outpatient psychotherapy; psychodiagnostic testing.
Research interests: the effects of mindfulness and meditation on psychological well-being; the role of the Internet on socialization and identity.

Gladys Todd, Ph.D., University of California, Santa Barbara
Clinical Psychologist, Substance Abuse Recovery Program (SARP)
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical Activities: Assessment and treatment of substance abuse and co-occurring disorders; individual and group psychotherapy; psychological evaluations of police personnel.
Research Interests: Psychotherapy with ethnic minorities; cultural values; counselor self-disclosure.

Carolyn Weiss, Psy.D., PGSP-Stanford University Psy.D. Consortium
Clinical Psychologist; PTSD Clinical Team
Clinical Activities: Evidence-Based treatments for PTSD and other trauma related concerns (e.g., STAIR, CPT, PE, DBT)
Research Interests: Complex Trauma, post-traumatic growth, and the impact of couples therapy on combat-related PTSD.

APPENDIX B
PSYCHOLOGY INTERNSHIP PROGRAM CONSULTANTS

Consultants to our program provide consultation and supervision in their areas of expertise.

Mark Bradley, M.D., Baylor College of Medicine

Director, Consultation-Liaison Service

Clinical Assistant Professor of Psychiatry, New York University School of Medicine

Psychosomatic medicine, behavioral and neuropsychiatric aspects of HIV disease

Daniel Friedman, M.D., Medical College of Pennsylvania

Attending Psychiatrist, Unit Chief (17N inpatient unit)

Med-psych Issues, somatization, chronic pain, general psychiatry

Arnaldo Gonzalez-Aviles, M.D., Ponce School of Medicine

Director, Psychiatric Emergency Services

Emergency Psychiatry, addiction psychiatry, geriatric psychiatry

Grace Hennessy, M.D., Tufts University School of Medicine

Director, Substance Abuse Recovery Program (SARP)

Co-occurring substance use and psychiatric disorders, pharmacologic treatments for substance use disorders

Ira Jasser, M.D., SUNY Downstate Medical Center College of Medicine

Attending Psychiatrist, Mental Health Clinic

Clinical Instructor of Psychiatry, New York University School of Medicine

Psychopharmacology, Organic brain syndrome

Arthur Sinkman, M.D., University of Pittsburgh School of Medicine

Attending Psychiatrist, 17N inpatient unit

Clinical Associate Professor of Psychiatry, New York University School of Medicine

Psychodynamic theory

Benjamin Smoak, M.D., Wake Forest University School of Medicine

Attending Psychiatrist, 17N inpatient unit

Assistant Clinical Professor, NYU School of Medicine

Psychopharmacology, HIV Psychiatry, Addictions

John Tatarakis, R.N., M.S., M.P.H., Columbia University

Local Recovery Coordinator, Psychiatric Clinical Nurse Specialist, Mental Health Clinic

Adjunct Clinical Instructor, Borough of Manhattan Community College, CUNY

Recovery, severe mental illness, group psychotherapy

APPENDIX C
SAMPLE EVALUATION FORMS

ACUTE INPATIENT PSYCHIATRY ROTATION – FINAL EVALUATION

Intern:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the intern to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the intern might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.

2 – Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.

4 – Some supervision needed (intern rotation exit level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

5 – Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.

6 – No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.

7 – Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.

N/A – Insufficient basis for making a rating. The intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.

The expected level of competence for all profession-wide competencies and for the global score for Inpatient-specific competencies is as follows: 1st rotation: 2-3; 2nd rotation: 3; 3rd rotation: 4

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

PROFESSION-WIDE COMPETENCIES

Ethical and Legal Standards: is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines. Recognizes ethical dilemmas as they arise, & apply ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities. =

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Consultation and Interprofessional/Interdisciplinary Skills: demonstrates knowledge and respect for the roles and perspectives of other professions. Applies the knowledge of consultation models and practices. in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. =

INPATIENT-SPECIFIC COMPETENCIES

Understanding of the symptoms and treatment of severe mental illness =

Ability to conduct a thorough diagnostic interview, including MSE =

Admission evaluations & treatment progress are documented in a timely & clinically appropriate manner =

Unit management and team coordination =

Ability to develop realistic treatment plans and goals =

Ability to manage and intervene effectively in crisis situations (e.g., lethality assessments, formulation of behavioral plans, notification and involvement of appropriate unit staff) =

Rotation-Specific Competencies Global Score =

The intern has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Intern Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

PTSD CLINIC ROTATION – FINAL EVALUATION

Intern:

Supervisor(s):

Period Covered:

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6 – No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.

7 – Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.

N/A – Insufficient basis for making a rating. The intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.

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- Direct observation (including co-facilitation)
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- Review of video recording

Comments:

PROFESSION-WIDE COMPETENCIES

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PTSD-SPECIFIC COMPETENCIES

Understanding of PTSD symptoms and treatment =

Ability to assess and diagnose PTSD and to distinguish PTSD from other diagnoses =

Ability to formulate appropriate treatment recommendations and referrals for patients with PTSD =

Understanding and assessment of co-morbid PTSD and substance abuse, including how each disorder impacts the other and implications for treatment =

Understanding, assessment, & treatment of readjustment difficulties in recently returning veterans =

PTSD-Specific Competencies Global Score =

The intern has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Intern Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

HEALTH PSYCHOLOGY/PRIMARY CARE ROTATION – FINAL EVALUATION

Intern:

Supervisor(s):

Period Covered:

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Comments:

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HEALTH/PC-SPECIFIC COMPETENCIES

Knowledge and understanding of the interplay between medical and psychological issues =

Ability to assess and diagnose substance use disorders =

Understanding and use of relaxation and imagery techniques =

Understanding and use of mindfulness techniques =

Understanding and use of clinical biofeedback skills =

Understanding and use of motivational interviewing techniques =

Ability to provide effective psychoeducational interventions =

Health/PC-Specific Competencies Global Score =

The intern has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Intern Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

NEUROPSYCHOLOGICAL & PSYCHODIAGNOSTIC ASSESSMENT – FINAL EVALUATION

Intern:

Supervisor(s):

Period Covered:

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N/A – Insufficient basis for making a rating. The intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.

The expected level of competence for all profession-wide competencies and for the global score for Inpatient-specific competencies is as follows: 1st rotation: 2-3; 2nd rotation: 3; 3rd rotation: 4

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
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Comments:

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NEUROPSYCHOLOGICAL & PSYCHODIAGNOSTIC TESTING-SPECIFIC COMPETENCIES

Appropriate review of medical records relevant to case =

Appropriate use of research literature to supplement knowledge relevant to cases =

Planning of test batteries =

Test administration and scoring =

Test interpretation =

Grasp of brain-behavior relationships =

Understanding of neuroimaging and other neurodiagnostic findings =

Ability to integrate history with findings to arrive at a diagnostic formulation =

Ability to formulate appropriate recommendations based on test findings =

Neuropsychological & Psychodiagnostic Testing - Specific Competencies Global Score =

The intern has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Intern Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

COGNITIVE BEHAVIORAL THERAPY – FINAL EVALUATION

Intern:

Supervisor(s):

Period Covered:

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Comments:

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CBT-SPECIFIC COMPETENCIES

Understanding of basic cognitive model (e.g., relationship between thoughts, emotions, behaviors and physiology; concepts such as automatic thoughts, cognitive distortions, core beliefs, and schemas) =

Understanding of indications and contraindications for CBT =

Ability to conceptualize case within a CBT framework and formulate appropriate interventions =

Knowledge and skill in using cognitive techniques such as identifying automatic thoughts, cognitive restructuring, problem solving, advantage/disadvantage analyses, examining the evidence, thought recording, and modification of core beliefs =

Knowledge of and skill in using behavioral techniques such as activity scheduling, exposure and response prevention, relaxation training, and systematic desensitization =

CBT-Specific Competencies Global Score

The intern has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Intern Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

PSYCHODYNAMIC PSYCHOTHERAPY – FINAL EVALUATION

Intern:

Supervisor(s):

Period Covered:

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Comments:

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Assessment: selects and applies assessment methods that draw from the best available empirical literature and that reflect

the science of measurement and psychometrics. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.=

Intervention: establishes and maintains effective relationships with the recipients of psychological services. Develops evidence-based intervention plans specific to the service delivery goals. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Demonstrates the ability to apply the relevant research literature to clinical decision making. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking. Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.=

Supervision: applies the knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.=

Consultation and Interprofessional/Interdisciplinary Skills: demonstrates knowledge and respect for the roles and perspectives of other professions. Applies the knowledge of consultation models and practices. in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. =

PSYCHODYNAMIC PSYCHOTHERAPY-SPECIFIC COMPETENCIES

Ability to conceptualize case from a psychodynamic perspective =

Attendance to process and content of patient's verbalizations =

Knowledge of diagnoses and interpersonal issues guides treatment strategies =

Ability to respond effectively to patient's thoughts, feelings, and behaviors =

Self-awareness; awareness of the impact of the self on therapeutic process =

Openness to exploring countertransference & personal reactions to patients =

Psychodynamic Psychotherapy-Specific Competencies Global Score =

The intern has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Intern Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

PTSD EVIDENCE-BASED THERAPY – FINAL EVALUATION

Intern:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the intern to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the intern might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.

2 – Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.

4 – Some supervision needed (intern rotation exit level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

5 – Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.

6 – No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.

7 – Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.

N/A – Insufficient basis for making a rating. The intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.

The expected level of competence for all profession-wide competencies and for the global score for Inpatient-specific competencies is as follows: 1st rotation: 2-3; 2nd rotation: 3; 3rd rotation: 4

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

PROFESSION-WIDE COMPETENCIES

Ethical and Legal Standards: is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines. Recognizes ethical dilemmas as they arise, & apply ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities. =

Individual and Cultural Diversity: understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). =

Professional Values, Attitudes, and Behaviors: behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. Actively seeks and demonstrate openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. =

Communication and Interpersonal Skills: develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts. Demonstrates effective interpersonal skills and the ability to manage difficult communication well. =

Assessment: selects and applies assessment methods that draw from the best available empirical literature and that reflect

the science of measurement and psychometrics. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.=

Intervention: establishes and maintains effective relationships with the recipients of psychological services. Develops evidence-based intervention plans specific to the service delivery goals. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Demonstrates the ability to apply the relevant research literature to clinical decision making. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking. Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.=

Supervision: applies the knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.=

Consultation and Interprofessional/Interdisciplinary Skills: demonstrates knowledge and respect for the roles and perspectives of other professions. Applies the knowledge of consultation models and practices. in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. =

PTSD-SPECIFIC COMPETENCIES

Understanding of PTSD symptoms and treatments =

Ability to assess and diagnose PTSD and to distinguish PTSD from other diagnoses =

Facilitation of patient's ability to discuss and process traumatic material =

Ability to use a variety of skills in symptom reduction =

Awareness of vicarious traumatization and personal reactions to trauma =

PTSD-Specific Competencies Global Score

The intern has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Intern Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

INTERN EVALUATION OF SUPERVISION

Intern:
Supervisor:
Rotation:
Period Covered:

Please fill out this form as honestly as possible. Your feedback will be used to improve the quality of interns' future experiences with this supervisor. Supervisors will be provided with overall feedback based on comments from you and your fellow interns; you will not be identified in any comments/ratings shared with supervisors. Your confidentiality will be completely respected. Please rate each item on a scale from 1 to 7, and be sure to include written comments as well.

How available was this supervisor to you for supervision? =
1= always available, 7=never available

How knowledgeable was this supervisor about the area being supervised (psychotherapy, assessment, etc.)? =
1= very knowledgeable, 7=not at all knowledgeable

Did the supervisor provide useful information on and conceptualization of clinical/treatment issues? =
1=very frequently, 7=never

Did the supervisor provide useful information on and conceptualization of diagnostic/assessment issues? =
1=very frequently, 7=never

Did the supervisor provide references from the literature relevant to clinical issues? =
1=very frequently, 7=never

How often was the supervisor willing to understand and incorporate your views of the patient? =
1=very frequently, 7=never

How flexible was this supervisor in terms of his/her theoretical approach? =
1= very flexible, 7=not at all flexible

Please rate this supervisor's teaching and didactic skills =

How responsive was this supervisor to your particular interests and needs when providing training? =
1=very responsive, 7=very unresponsive

Did this supervisor provide you with effective feedback? =
1=very frequently, 7=never

Overall rating of quality of supervision =
1=excellent, 7=poor

Comments:

Intern Signature & Date:

Director of Training Signature & Date:

INTERN EVALUATION OF INTERNSHIP PROGRAM

Intern:
Year:

We would greatly appreciate your honest evaluation and comments about your training experience at the Manhattan VA. Your feedback will directly impact future program changes and improvements. The information you provide is confidential. We encourage as many written comments as possible, especially in areas where room for improvement is noted. Many thanks for your help in our on-going efforts to improve our internship program.

All items are rated on scale from 1 to 4, with 1 indicating "excellent" and 4 indicating "poor."

OVERALL EVALUATION

How would you rate the internship as a whole?

Would you recommend this internship to your peers?

Did the internship provide what you expected, based on the brochure, application process, and interviews?

Comments:

PSYCHOTHERAPY TRAINING CASES

Number of cases

Variety of cases

Suitability of cases to training needs

Comments:

PSYCHODIAGNOSTIC & NEUROPSYCHOLOGICAL TESTING CASES

Number of cases

Variety of cases

Suitability of cases to training needs

Comments:

OVERALL QUALITY OF INTERNSHIP CLINICAL TRAINING OPPORTUNITIES

Inpatient Psychiatry Rotation

PTSD Clinic Rotation

Health Psychology/PC Rotation

Neuropsychology/psychodiagnostic testing

Cognitive-Behavioral Therapy

PTSD Evidence-Based Therapy

Psychodynamic Psychotherapy

Group Psychotherapy

Other:

Variety of clinical assignments available to trainees

Comments:

SUPERVISION

Inpatient Psychiatry Rotation
PTSD Clinic Rotation
Health Psychology/PC Rotation
Neuropsychology/psychodiagnostic testing
Cognitive-Behavioral Therapy
PTSD Evidence-Based Therapy
Psychodynamic Psychotherapy
Group Psychotherapy

Comments:

EVALUATION PROCESS:

Informativeness of supervisors' formal written evaluations
Amount & informativeness of supervisors' informal feedback
Fairness of evaluation process
Opportunity to give feedback to supervisors

Comments:

COMMUNICATIONS WITH PSYCHOLOGY STAFF:

Info about policies, procedures, and reports affecting interns
Amount and frequency of communication between staff and interns
Level of supportiveness and respect shown by staff toward interns
Relations between staff and interns
Consideration given to interns' needs

Comments:

PROFESSIONAL ATMOSPHERE & ROLE-MODELING

Competence of Psychology staff
Quality of psychology programs involved in patient care
Facilitation of understanding and appreciation of the psychologist's professional role
Relations between Psychology and other services such as Psychiatry, Neurology, SW, Medicine, Primary Care, etc.

Comments:

SEMINARS

Overall variety of topics
Overall quality of seminars
Responsiveness to training needs

Comments:

Additional topics you would recommend:

Topics or presenters you would recommend deleting:

SUPPORT FACILITIES

Computer system
Availability of offices
Medical library / Online journal access
Physical environment

Comments:

WHAT HAVE BEEN THE HIGHLIGHTS OF YOUR TRAINING EXPERIENCE & WHY?

- 1.
- 2.
- 3.
- 4.

WHAT WERE THE LESS DESIRABLE ASPECTS TO YOUR TRAINING EXPERIENCE AND WHY?

- 1.
- 2.
- 3.
- 4.

Did your VA internship help further your professional goals and development?

1=definitely yes, 2=yes, 3=not sure, 4=definitely not

Please specify the ways in which it did and did not:

In retrospect, would you choose this internship again?

1=definitely yes, 2=yes, 3=not sure, 4=definitely not

Why or why not?

Any additional comments?

APPENDIX D

**INTERN GRIEVANCE PROCEDURE, DUE PROCESS, &
IMPAIRED INTERN PERFORMANCE POLICY**

DUE PROCESS, REMEDIATION OF PROBLEMATIC INTERN PERFORMANCE, AND GRIEVANCE PROCEDURES

This document provides a definition of problematic intern performance and how these situations are handled by the program, as well as a discussion of due process and grievance procedures.

The internship program follows due process guidelines to assure that decisions are fair and nondiscriminatory. During the orientation process (first week of employment), interns are given the Policies and Procedures Manual which contains these guidelines, and they are reviewed with the Director of Training. The manual contains written information regarding:

- Expected performance and conduct
- The evaluation process, including the format and schedule of evaluations
- Procedures for making decisions about problematic performance and/or conduct
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems
- Procedures for appealing the program's decisions or actions

At the end of orientation, interns sign a form indicating that they have read and understood these policies.

Problematic Intern Performance and/or Conduct

This section describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic intern performance.

Definition of Problematic Behaviors

Problematic behaviors are broadly defined as those behaviors that disrupt the intern's professional role and ability to perform required job duties, including the quality of: the intern's clinical services; his or her relationships with peers, supervisors, or other staff; and his or her ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the intern's inability or unwillingness to a) acquire professional standards and skills that reach an acceptable level of competency, or b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training
- The intern's behavior does not improve as a function of feedback, remediation, effort, and/or time
- The professional services provided by the intern are negatively affected
- The problem affects more than one area of professional functioning
- The problem requires a disproportionate amount of attention from training supervisors

Some examples of problematic behaviors include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Failure to respect appropriate boundaries

- Failure to identify and report patients' high risk behaviors
- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA NYHHS policies and procedures, as outlined during new employee orientation.

Remediation of Problematic Performance and/or Conduct

It should be noted that every effort is made to create a climate of access and collegiality within the service. The Director of Training is actively involved in monitoring the training program and frequently checks informally with interns and supervisors regarding interns' progress and potential problems. In addition, Intern-Director meetings are held once a month to provide another forum for discovery and resolution of potential problems. Interns are also encouraged to raise concerns with the Director of Training as they arise. It is our goal to help each intern reach his/her full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The Training Committee consists of all psychology supervisors and staff involved in internship planning. The Committee meets once per month to discuss training issues and intern performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Interns also receive direct feedback from their clinical supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout the year (see previous section on the Evaluation Process for details). The Director of Training also communicates with graduate programs about each intern's progress while on internship. This occurs at mid-year and again at year's end when copies of the intern's evaluation forms are sent to the graduate program.

Interns are continuously evaluated and informed about their performance with regard to the training goals and objectives of the program. It is hoped that interns and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the intern and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although interns are formally evaluated at regular intervals (see previous section on the Evaluation Process), problematic behaviors may arise and need to be addressed at any given time.

The expected level of competence as indicated in interns' written evaluations are as follows:

- 1st rotation: global scores of 2-3
- Evaluations completed at mid-year (1st Neuropsychology assignment, 1st PTSD long-term case assignment, mid-year evaluations for CBT and Psychodynamic Psychotherapy): global scores of 2-3
- 2nd rotation: global scores of 3
- Evaluations completed at end of year (3rd rotation, 2nd Neuropsychology assignment, final evaluations for CBT, PTSD EBTs, and Psychodynamic Psychotherapy): global scores of 4.

If the intern fails to meet these expectations at the time of the written evaluation, or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct would be implemented. These include:

1. Supervisor meets with Director of Training and/or full Training Committee to assess the seriousness of intern's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.
2. After a thorough review of all available information, the Training Committee may adopt one or more of the following steps, as appropriate:
 - A. No further action is warranted.
 - B. Informal Counseling – the supervisor(s) may seek the input of the Training Committee and/or the intern's graduate program and decide that the problem(s) are best dealt with in ongoing supervision.
 - C. Formal Counseling – This is a written statement issued to the intern which includes the following information:
 - A description of the problematic behavior(s)
 - Documentation that the Training Committee is aware of and concerned about the problematic behavior(s) and has discussed these with the intern
 - A remediation plan to address the problem(s) within a specified time frame. Remediation plans set clear objectives and identify procedures for meeting those objectives. Possible remedial steps include but are not limited to:
 - o Increased level of supervision, either with the same or other supervisors
 - o Additional readings
 - o Changes in the format or areas of emphasis in supervision
 - o Recommendation or requirement of personal therapy, including clear objectives which the therapy should address
 - o Recommendation or requirement for further training to be undertaken
 - o Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution)

The intern is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, Director of Training, and intern will meet to discuss intern's progress at a specified reassessment date. As part of this process, the Training Director will contact the intern's graduate program to notify them that intern requires a remediation plan and will seek the program's input to the plan. The Director of Training documents the outcome and gives written notification to the intern and supervisor(s). VA Office of Academic Affiliations (OAA) and the facility Assistant Chief of Service, Education will also be notified when a remediation plan has been implemented and may be utilized by the program for further consultation.

- D. Probation Notice – this step is implemented when problematic behavior(s) are deemed to be more serious by the Training Committee and/or when repeated efforts at remediation have not resolved the issue. The intern will be given written statement that includes the following documentation:

- A description of any previous efforts to rectify the problem(s)
- Notification of and/or consultation with the intern's graduate program regarding further courses of action
- Specific recommendations for resolving the problem(s)
- A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the intern is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor(s), Director of Training, intern, and a representative from the intern's graduate program (optional) will meet to discuss intern's progress at the end of the probationary period. The Director of Training documents the outcome and gives written notification to intern, supervisor, the graduate program, and the facility Chief of Human Resources.

E. Termination – if an intern on Probation has not improved sufficiently under the conditions specified in the Probation Notice, termination will be discussed by the full Training Committee as well as with the intern's graduate program, VA OAA, and the facility HR Chief. The final decision regarding the intern's passing is made by Director of Training and Chief of Psychology, based on the input of the Committee and other governing bodies, and all written evaluations and other documentation. This determination will occur no later than the May Training Committee meeting. If it is decided to terminate the internship, the intern will be informed in writing by Director of Training that he/she will not successfully complete the internship. The intern and his/her graduate program will be informed of the decision in writing no later than May 15th.

3. At any stage of the process, the intern may request assistance and/or consultation outside of the program. Resources for outside consultation include:

VA Office of Resolution Management (ORM)

Department of Veterans Affairs
 Office of Resolution Management (08)
 810 Vermont Avenue, NW, Washington, DC 20420
 1-202-501-2800 or Toll Free 1-888- 737-3361
<http://www4.va.gov/orm/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner. These services and programs include:

- Prevention: programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
- Early Resolution: ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This is a form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.

- Equal Employment Opportunity (EEO) Complaint Processing

Association of Psychology Postdoctoral and Internship Centers (APPIC)

APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship training year.

<http://appic.org/Problem-Consultation>

Informal Problem Consultation (IPC)
Jason Williams, Psy.D. (720) 777-8108
Chair, APPIC Board of Directors

Formal Complaints
Elihu Turkel, Ph.D.
Chair, APPIC Standards and Review Committee
turkel@lij.edu

APA Office of Program Consultation and Accreditation:

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979

<http://www.apa.org/ed/accreditation>

Independent legal counsel

Note: All documentation related to the remediation and counseling process becomes part of the intern's permanent file with the Psychology Division. These records are maintained by the Director of Training and kept in secure, locked cabinets in her office.

INTERN GRIEVANCE PROCEDURE

This section details the program's procedures for handling any complaints brought by interns.

1. If an intern has a grievance of any kind, including a conflict with a peer, supervisor, or other hospital staff, or with a particular training assignment, the intern is first encouraged to attempt to work it out directly.
2. If unable to do so, he or she would discuss the grievance with the Director of Training, who would meet with the parties as appropriate.**
3. If still unable to resolve the problem, the intern, supervisor, and Director of Training would then meet with the Chief of Psychology, who would intervene as necessary.
4. A meeting with all the involved parties would be arranged within two weeks of notification of the Chief of Psychology. The Chief of Psychology serves as a moderator and has the ultimate responsibility of making a decision regarding the reasonableness of the complaint.
5. The Chief of Psychology would make a recommendation of how to best resolve the grievance. Within one week of the meeting, a written notification of this recommendation will be forwarded to all parties by the Chief of Psychology.
6. If a mutually satisfying resolution cannot be achieved, any of the parties involved can move to enlist the services of two outside consultants, a graduate of the internship program and a psychologist unaffiliated with the program, but familiar with training issues.
7. The consultants would work with all involved individuals to mediate an acceptable solution. The Director of Training will implement this step in the grievance procedure as soon as a request is made in writing.
8. The consultants would meet with the involved parties within one month of the written request. The two consultants and the Chief of Psychology would then make a final decision regarding how to best resolve the grievance.
9. All parties, as well as the intern's graduate program, would be notified of the decision in writing within one week. This decision would be considered binding and all parties involved would be expected to abide by it.

***Please note: if an intern has an issue with the Director of Training that he or she is unable to work out directly, the intern would discuss the grievance with the Chief of Psychology, who would then meet with the intern and Director of Training, as appropriate.*