

Psychology Training Program Brochure

James J. Peters VA Medical Center



VA MEDICAL CENTER
BRONX, NEW YORK

Psychology Program
Veterans Affairs Medical Center
130 West Kingsbridge Road
Bronx, New York 10468

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Dear Psychology Internship Applicant,

We are pleased that you are interested in applying to the Psychology Internship Training Program at the James J. Peters VA Medical Center (JJPVAMC) in Bronx, NY. Our training program is accredited by the American Psychological Association (Contact information for the APA Commission on Accreditation: 750 1st Street NE, Washington, DC 20002. Telephone: 202-336-5979).

We are pleased to announce the introduction of 2 tracks within our program beginning in September 2017.

Track 1) (Program Code 144611) is our General Internship Track. We have openings for 6 interns within this track. The General Internship Track offers a year-long PTSD rotation as well as a broad range of 6-month sub-rotations.

These sub-rotations are:

- 1) Supportive Recovery Program- (Substance Abuse)
- 2) Mental Health Outpatient Clinic
- 3) Mental Health Inpatient ward
- 4) Geri psychology
- 5) Spinal Cord Injury or Primary Care Clinic (minor rotation 3 hrs/wk)
- 6) 6-month Neuropsychology (TBI) or 6 Month DBT

Track 2) (Program Code 144612) is our year-long Neuropsychology Track. We have openings for 2 interns within this track. The Neuropsychology Track is designated for those interested primarily in specialty neuropsychological training, devoting roughly 50 percent of time to neuropsychology. Generally applicants applying to this Track have plans to continue onto Neuropsychology Post-doctoral Programs. The year-long Neuropsychology Track includes 6-month sub-rotations.

These sub-rotations are:

- 1) Supportive Recovery Program- (Substance Abuse)
- 2) Mental Health Outpatient Clinic
- 3) Mental Health Inpatient ward
- 4) Geri psychology
- 5) Spinal Cord Injury or Primary Care Clinic (minor rotation 3 hrs/wk)

Applicants can choose to apply to both Track 1 and Track 2 or can apply to either track. Applicants should indicate in their cover letter if they are interested in the General Internship Track only, Neuropsychology Track only, or if they would like to be considered for both the General and Neuropsychology. If you apply to both tracks, you can express your stronger interest in a single cover letter.

The brochure below will lay out the specifics of these rotations.

The JJPVAMC services a diverse population within the Bronx and surrounding neighborhoods. As such, we look for applicants with a specific interest in and, preferably, experience with a community similar to that served by the JJPVAMC (i.e. low to middle income, urban, multiethnic minority population). Bilingual, bicultural, culturally competent applicants are strongly encouraged to apply. The JJPVAMC is an Equal Opportunity Employer. The training offered at the JJPVAMC is unique in its diversity, its breadth and range of experiences.

Psychology Training Program VA Medical Center Bronx, New York

The James J. Peters Veterans Affairs Medical Center (JJPVA) is a 258-bed General Medical and Surgical teaching hospital and 120-bed Nursing Home located in the University Heights section of the Bronx in New York City. The Medical Center, which is adjacent to the Major Deegan Expressway and just south of Riverdale, affords a view of the New Jersey shoreline across the nearby Hudson River. The Medical Center serves a multi-racial and multi-ethnic veteran population drawn mainly from middle and lower socioeconomic levels. The veteran population is largely male, however, a growing number of opportunities to work with females do exist, either through contact with female veterans, or in the context of couples treatment.

The VA is easily reached by car, three subway lines, or several bus lines, including an express bus. Free on-site parking is provided for interns who choose to drive. In addition, shuttle bus service is provided between the JJPVA Medical Center and our affiliated medical school, The Icahn School of Medicine at Mount Sinai in Manhattan, during morning and evening travel periods. This service is available to interns, and the shuttle schedule coincides with their workday schedule. The Medical Center is also within walking distance of several colleges, including Herbert Lehman College and Fordham University.

Psychologists serve as members of the treatment team in most of the Medical Center's Patient Care Centers (PCC's) and provide consultation services to the entire hospital. They participate in the training of professional and paraprofessional personnel and in the conduct of research.

The training program in Psychology is administered by the Chief/Director of Training, Psychology Program and in consultation with the Psychology Training Committee comprised of Psychology Program staff members. It is one of the many training programs in the medical, behavioral and rehabilitative services offered at the Medical Center.

The number of training positions available varies depending upon the training budget. Most recently, funding has provided for eight training positions. Only interns who are citizens of the United States and who are enrolled in an APA approved doctoral program in Clinical or Counseling Psychology can be considered for an internship.

The Psychology Program

Psychologists at the JJPVA Medical Center provide psychological and rehabilitation services, including assessment and evaluation, individual and group psychotherapy, case management, follow-up, therapeutic programming, research and consultation, in the areas of psychology, rehabilitation and the social-ecology of the health care delivery system. Psychologists serve on a number of Medical Center committees concerned with managerial and professional issues, such as the Clinical Executive Board, Ethical-Clinical Issues Committee, Educational Committee, Disruptive Behavior Committee, Safety Committee, and Institutional Review Board.

The staff of the Psychology Program consists of staff psychologists in the specialties of clinical, counseling and neuropsychology, all of whom must be licensed within two years of employment. Clinical and counseling psychology interns participate in providing psychological services under supervision. The training program is supplemented by in-house trainers, all of whom have varying experience in their areas of specialty. These include social workers, nurse practitioners, psychiatrists, and medical physicians. Interns learn by functioning as part of the treatment team on many Medical Center services and by participating in seminars, lectures, and case conferences offered by the Mental Health Department as well as other departments throughout the Medical Center. The Psychology staff offers intensive individual and group supervision and also conducts its own extensive case conference and seminar series.

Chief of Psychology/Director of Training

Dr. Howard Hillel Becker acts as both Chief of Psychology and Director of Training.

As Chief, he provides administrative and professional supervision for all of the Psychology programs. He provides coordination with Patient Care Centers through the Chief of Staff, to whom he directly reports, and Medical Center Management. He maintains liaison with VA Central Office Psychology in regard to professional functioning. He engages in program development, program evaluation and the recruitment, interviewing and hiring of new staff.

As Director of Training, Dr. Becker supervises the VA-sponsored doctoral training program in both clinical and counseling psychology. The program is based on the Practitioner-Scholar Model, emphasizing the practice of psychology informed by science. Additionally, the philosophy of the training program emphasizes learning through practical experience. The bulk of an intern's time is devoted to contact with patients, programs and supervision. The Director of Training provides orientation to newly assigned interns, assigns them to supervisors, and manages their rotation among supervisors in line with their training plan and work performance. He maintains liaison with universities, sharing information concerning trainee progress. He makes arrangements for university consultants and schedules their visits to the Medical Center. He facilitates meetings of the Psychology Training Committee. He supervises the caseload of interns to assure that they are meeting both service and training expectations. He provides counseling to interns with training and professional problems, and in general he is a resource for an intern with personal and/or professional concerns.

The Pre-Doctoral Psychology Internship Program

Overview and Philosophy

The Psychology Internship Training Program at the James J. Peters Veterans Affairs Medical Center is fully accredited by the American Psychological Association (APA) and is a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our Philosophy of training is based on a Practitioner-Scholar Model emphasizing the practice of psychology informed by science. We recognize the importance of empirically supported treatments, and the Practitioner-Scholar Model reflects our training philosophy, rigorous approach to clinical practice, and the rich clinical research milieu of our training

program. While we do not train our interns as researchers we do attempt to inculcate the importance of the integration between research and practice.

We believe that science influences and shapes the form of clinical practice while practice reciprocally influences and defines the substance of research. Our training model in this hospital-based system endorses a scientific attitude as psychologists act to *observe, assess, and intervene* in all professional capacities such as psychotherapy, psychodiagnostics, research, and consultation to and multidisciplinary functioning within treatment teams, wards, programs, etc. An essential part of our interns' training is to *think like a psychologist*. This is consistent with the Practitioner–Scholar Model as it attempts to expand the level of observation, assessment, and intervention beyond the level of “identified patient” to all relevant systems impacting upon the individual ranging from diverse backgrounds to the dynamic within the hospital health care delivery system. Our Practitioner–Scholar Model requires of our trainees the highest standards in psychology for clinical practice and ethical conduct.

It is our aim to develop competent clinical psychologists within a hospital setting. It is our desire to develop the clinical skills of a well-rounded clinical or counseling psychologist. However, we recognize that good technical skills alone are not sufficient in the development and practice of a psychologist. Professional conduct, high standards of ethics, and a maturing sense of professional identity are at the foundation of our beliefs. Additionally, the ability to work with a variety of individuals and groups from varying backgrounds are important attributes of the well-rounded Practitioner–Scholar.

It is our belief that involvement with multidisciplinary teams as well as intense fostering of exposure to and training in working with people from diverse backgrounds builds the foundation of sound clinical practice. In order to practice competently, a psychologist must be able to think globally and expand their experiences, understanding, and perspectives beyond their own personal world view. Working in a multidisciplinary system not only benefits the patient but also prepares the provider for all future work they do in their clinical practices. A multidisciplinary approach expands the thinking and allows for different views, perspectives, and perceptions to be introduced. It is our view that such a perspective opens the mind and heart of the clinician. Similarly, it is our strong belief and conviction that gaining knowledge, understanding, and sensitivity to cultural and individual differences fosters competence and proficiency in all clinical practice. The more open, aware and sensitive one is, the higher the level of competence one can attain.

Our training program has identified five goals for our interns to attain consistent with the Practitioner–Scholar Model of training. Each goal includes measurements of proficiency and competency. The following are our goals: the development of clinical proficiencies and skills, competence in working with people from diverse backgrounds with cultural and individual differences, adherence to highest standards of professional functioning and ethical conduct, a professional identity, and competence in program/ward/team multidisciplinary functioning.

The training program provides its interns with a closely supervised, multi-faceted practicum field experience with the variety of clinical areas and populations that are typical of a general hospital setting, provides additional instruction in the form of case conferences and lectures utilizing the Psychology staff and extra-hospital experts, and encourages reflection on potential roles for a psychologist within a general hospital. The program is also designed to provide interns with the experience of functioning as a member of a multidisciplinary team which deals with diagnostic, treatment and ward and case management issues. In this capacity, the intern is both supervised by the team and provides suggestions for other team members, all under the guidance of team

leaders. In general, the training program attempts to immerse the intern in all aspects of a hospital Psychology Program, to provide supervised experience in the various diagnostic, treatment and administrative areas of psychology, and to encourage a close working relationship with the staff of related disciplines. In this way, we hope to present an experience of what it is like to be a psychologist in a hospital setting and to train our interns to fulfill this function competently.

To attain these goals, interns are rotated, generally on a twice yearly basis, through selected Medical Center programs in which Psychology is involved. Within each program rotation, the intern, under the supervision of staff psychologists, functions as a member of the team and provides the full range of psychological services commensurate with their background and experiences. In addition to these program-related training experiences, interns are also assigned patients from other programs and areas of the Medical Center to ensure a comprehensive education. Thus, an intern might be involved in individual, family and group psychotherapy on an in- and out-patient basis, and psychodiagnostic and neuropsychological evaluations, behavior modification procedures, personality screenings, therapeutic programming, intake interview evaluations, ward consultation, etc. Interns are also offered a unique opportunity to be trained in Dialectical Behavior Therapy (DBT) for borderline personality disorder patients and biofeedback for pain related issues. Additionally, other specialized treatments are offered to interns throughout their training year, which include the potential to receive cases using the technique of Prolonged Exposure and Cognitive Processing Therapy. Interns meet regularly with supervisors to discuss their functioning in the above areas. Along with the intensive clinical supervision, staff members also help interns integrate their varied experiences and develop a clear conceptualization of how a psychologist functions.

The training program also provides for ongoing scheduled didactics and case conferences with recognized experts in the various areas of psychology. Interns are encouraged to attend conferences and lectures sponsored by Psychiatry and other hospital programs, as well as workshops and seminars offered at The Icahn School of Medicine at Mount Sinai, our affiliated medical school.

In summary then, it is through the full and intense participation and involvement with the work, staff and experiences provided by the Psychology Program, via its program and non-program assignments, supervision, case conferences, staff-intern interactions and lectures, that the full benefits of such practicum training can be realized.

Training Goals and Objectives

Our training program has identified five goals for our interns to attain consistent with the Practitioner–Scholar Model of training. Each goal includes measurements of proficiency and competency. The following is an outline of our training goals and objectives:

Goal #1: To foster the development of clinical proficiencies and skills in our interns.

Objective: By the end of the internship, interns will have developed competence in psychological assessment as well as in psychotherapeutic interventions.

Goal #2: To foster competence in working with people from diverse backgrounds with cultural and individual differences.

Objective: By the end of the internship, interns will have developed proficiency in functioning effectively, respectfully and professionally with patients and staff of cultural and individual

diversity. This includes diversity of age, color, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, educational level, familial background and social economic status.

Goal #3: To foster adherence to the highest standards of professional functioning and ethical conduct.

Objective: By the end of the internship, interns will have learned to conduct themselves professionally and will understand the ethical standards of our field and will conduct themselves ethically.

Goal #4: To foster a professional identity.

Objective: By the end of the internship, interns will have developed clear identities as professional psychologists, allowing them to apply their skills multifunctionally across populations and settings.

Goal #5: To foster competence in program/ward/team multidisciplinary functioning.

Objective: By the end of the internship, interns will have learned to function as multidisciplinary team members. As members of multidisciplinary teams, interns will have provided psychological consultation to relevant personnel regarding a patient's diagnosis, treatment and disposition. They will also have provided educational information about psychological issues to other disciplines and professionals.

Supervision

It is through supervision by a more experienced and objective observer that an intern is helped to understand, conceptualize and resolve the various difficulties he/she may meet in the clinical areas with which he/she is involved. The Psychology training program offers interns a variety of supervisory experiences.

a. Individual Therapy Supervisors

It is the responsibility of the individual therapy supervisors to provide supervision on all therapy cases. These cases can vary from short-term to long-term and inpatient to outpatient treatments. Each intern will be assigned therapy supervisors with whom they will meet regularly for scheduled appointments.

Interns also treat individuals from selected patient populations in order to increase the breadth of their training experience. It is the supervisor's responsibility to supervise those cases selected from specific patient populations. Who the supervisor will be is determined by the specific patient population from which the case is drawn. Depending on the patient population, multiple different psychotherapeutic techniques are implemented. By systematically exposing interns to varying techniques, we hope, thereby, to broaden the training experience.

b. Psychodiagnostic Supervisors

It is the responsibility of the psychodiagnostic supervisors to provide supervision for all psychodiagnostic evaluations assigned to interns. Supervisors assist the intern in such areas as test selection, administration, scoring, interpretation and report writing. Although the amount of supervision time required may vary from intern to intern and case to case, supervision time is available, as needed. Supervision for psychodiagnostics is provided by all psychodiagnostic supervisors in an ongoing Testing Seminar for all interns, and, in

addition, by the individual psychodiagnostic supervisor assigned to an individual intern. Both didactic and case presentations comprise the content of the Testing Seminar.

c. Group Therapy Supervision

Interns functioning as group therapists are supervised in their work by a group therapy supervisor. Such supervision may be provided either by Staff Psychologists or by the staff of related disciplines (e.g., Psychiatry, Social Work Program) during regularly scheduled meetings or, if the supervisor is also the co-therapist, following the group session. Opportunities for both in- and outpatient groups exist.

d. Team Meetings

Team meetings provide valuable supervisory experiences for interns. During such meetings, members of the interdisciplinary staff, including Psychology interns and staff, discuss the progress, treatment and disposition plans for their patients, in order to share their thinking and to get the suggestions of other team members and the team supervisor. They participate in reaching therapeutic programming decisions and gain the experience of being involved in the running of a hospital ward.

e. Case Conferences

During such conferences, cases are presented to staff and interns for group discussion. Individual or group therapy, as well as psychodiagnostic cases, may be presented. These conferences may also employ the supervisory expertise of a Psychology Consultant. Not only does the intern gain the experience of presenting material, but also profits from a discussion by people of relatively diverse backgrounds.

f. Intake Meetings

Either during intake or following intake, interns have the opportunity to receive direct supervision on their cases. In some of the clinics, new or prospective patients are interviewed and evaluated by the interdisciplinary staff. Diagnostic and dynamic issues are explored, and likely therapeutic problems and benefits are discussed. This not only allows the intern to learn from other more experienced staff (psychologists, psychiatrists, social workers, nurses, etc.), but also allows them to verbalize and modify their own thinking about patients. In other clinics, supervision is provided by a specialized intake supervisor to review the case and help formulate diagnostic impressions.

g. Didactic Seminars

Throughout the year, Psychology staff and/or extra-hospital experts are invited to present a series of lectures on topics of interest to Psychology.

Consultants and Case Conferences

Aside from the varied supervisory experiences already enumerated, it has also been found to be educationally useful to provide staff and interns a forum for a free and interactive expression of ideas as they relate to an individual or group therapy or psychodiagnostic case presentation. Often the conceptualizations that emerge from such conferences add greatly to the understanding of the presented material, and they also add dimensions that cannot be duplicated in one-to-one supervisory sessions. These conferences may utilize the talents of extra-VA consultants and/or the Psychology staff in conjunction with intern participation. Additional conferences, sponsored by other hospital programs, such as

Psychiatry, Pain Management Clinics, Palliative Care, Ethics Committee, Neurology and Social Work Services, may be available to interns as time and schedule permit.

Psychodiagnostic Assessment

Interns are trained to do psychodiagnostic evaluations. The psychodiagnostic tests applied will be determined by the nature of the presenting case between the supervisor and the intern. Psychodiagnostic evaluations might include the Rorschach, TAT, WAIS-IV, MMPI-II, PAI, etc. Each intern will be assigned a psychodiagnostic supervisor and will attend a regularly scheduled Testing Seminar. At this point, interns are only assigned one full psychodiagnostic battery per year, as our emphasis has shifted towards a more neuropsychological model for evaluation.

Clinical Programs and Rotations

Interns are generally assigned to supervisors and programs for six-month periods. They are then rotated to a different program and new supervisors. This rotation system is used because we believe that the opportunity to function on several services and to work with a variety of supervisors is professionally desirable. We also believe, at the same time, that differing program assignments offer many parallel clinical experiences. Thus, what one may experience in the way of team functioning, interdisciplinary staff relations, treatment planning and implementation and ward-system consultation is similar whether one is assigned to Rotation A or Rotation B. In general, ward participation and interdisciplinary functioning is a central element to the experience. Each program assignment provides appropriate and adequate professional training. Programs and supervisors are flexible and provide training to interns with varying levels of experience and backgrounds.

During the course of the first rotation and before assignments are made for the second rotation, the staff meets to discuss the various training needs, based upon supervisory evaluation, and training preferences of the interns, and how these can best be met. These form part of the data used in deciding upon the specifics of an intern's new rotation assignment. Practical considerations such as the time demands of specific programs and the number of available patients and staff are also taken into account.

Psychology staff members are assigned to a variety of wards and programs throughout the Medical Center and provide a wide range of psychological services, including evaluation, consultation, treatment and rehabilitation. One component of the intern training experience is to work alongside a Staff Psychologist on such a ward or program and to provide the above services under supervision. A description of the clinical programs to which interns are currently assigned follows.

General Outline of Rotations

In total we accept eight (8) interns to our internship program. Six (6) interns are accepted to our General Internship Track (Program Code 144611) and 2 Interns are accepted to our year-long Neuropsychology Track (Program Code 144612). Applicants can choose to apply to both Track 1 and Track 2 or can apply to either track. Applicants should indicate in their cover letter if they are interested in General Internship Track only, Neuropsychology Track only, or if they would like to be considered for both the General and Neuropsychology. If you apply to both tracks, you can express your stronger interest in a single cover letter.

In addition to the year-long tracks, each intern is assigned to 6 month sub-rotations. These 6-month sub-rotations are designated Rotation A and Rotation B. Beginning in September 2017, four interns (3 General Internship Track interns, and 1 year-long Neuropsychology Track intern) will begin in Rotation A and 4 interns (3 General Internship Track interns, and 1 year-long Neuropsychology Track intern) will begin in Rotation B. At the 6th month mark, (March 2018), interns on Rotation A switch with the Interns on Rotation B. (i.e. Intern A1 switches with Intern B1, A2 with B2, A3 with B3 and A4 with B4).

To further clarify (or confuse ☺)

6 Interns (3 per rotation) are assigned to General Track

From these 6 interns:

2 (1 per 6-month rotation) (A2 and B2) are assigned to 6-months of Neuropsychology (TBI Focus)

and

4 (2 per 6-month rotation) (A3, B3, A4, B4) are assigned to DBT.

Those assigned to 6 months of neuropsychology (A2 and B2) are not assigned to 6-month DBT (A3, B3, A4, B4) and those assigned to 6-month DBT are not assigned to 6 months of neuropsychology.

Rotation Schedule (General Outline)

YEAR-LONG NEURO TRACK

Program Code 144612

Rotation A1:

Geriatric Psychiatry Clinic: (6 Months) (6 Hours)

Primary Care: (6 Months) (3 hours)

Supported Recovery Services: (6 Months) (Dual Diagnosis) (15 Hours)

Neuropsychology: (Yr Long) (20 Hours)

Rotation B1:

MH OPD: (6 Months) (15 hours)

Inpatient MH

Neuropsychology Testing: (Yr Long) (20 Hours)

Year-Long General Internship Track

Program Code 144611

Rotation A2:

Geriatric Psychiatry Clinic: (6 Months) (6 Hours)

Spinal Cord: (6 Months) (3 Hours)

Supported Recovery Services Supported-(6 Months) PTSD Integration (15 Hours)

PTSD: (Yr Long) – (7 Hours)

Rotation B2:

MH OPD: (6 Months) (15 Hours)

Neuropsychology-(6 Months) TBI (10 Hours)

Inpatient MH

PTSD: (Yr Long) (7 Hours)

Rotation A3:

Geriatric Psychiatry Clinic: (6 Months) (6 Hours)

Primary Care: (6 Months) (3 hours)

Supported Recovery Services - (6 Months)- (15 Hours)

PTSD: (Yr Long) – (7 Hours)

Rotation B3:

MH OPD: (6 Months) - (15 Hours)

DBT: -(6 Months) (5 Hours)

Inpatient MH

Community Living Center (CLC): -(6 Months) (6 Months) (4 Hours)

PTSD: (Yr Long) – (7 Hours)

Rotation A4:

Geriatric Psychiatry Clinic: (6 Months)(6 Hours)
Spinal Cord: (6 Months) (3 Hours)
Supported Recovery Services- (6 Months) (15 Hours)
PTSD: (Yr Long) - (7 Hours)

Rotation B4:

MH OPD: (6 Months) (15 Hours)
DBT: -(6 Months) (5 Hours)
Inpatient MH
Community Living Center (CLC): -(6 Months)(4 Hours)
PTSD: (Yr Long) – 7 Hours)

Rotation A – Description

Rotation A has an emphasis on the assessment and treatment of select populations, including geriatric patients, substance-dependent patients, borderline personality disorder clinic, and patients dealing with neuropsychologically-related issues, as well as selected inpatient experiences depending upon the need, which include both individual and group possibilities.

Geriatric Psychiatry Clinic (4 interns per rotation- All 8 per year)

The Geriatric Psychiatry Clinic is an interprofessional clinic staffed by board certified geriatric psychiatrists, clinical neuropsychologists, a nurse practitioner, social workers, social work interns, and geriatric psychiatry fellows. In this clinic, veterans are provided with specialty mental health services unique to the geriatric patient population. These services include psychotropic medication management, psychotherapy (cognitive behavioral, interpersonal, and supportive), group psychotherapy, couples and family work.

Interns are integrated into the multidisciplinary team. They conduct intake evaluations and carry a caseload of individual patients from a variety of psychiatric diagnostic categories. Special emphasis on areas of mourning and loss as well as illness adjustment are incorporated into the experience. Interns also attend an advanced weekly didactic lecture series.

Outpatient Substance Recovery Services (SRS) (4 interns per rotation. All 8 per year)

The mission of the Substance Recovery Services (SRS) is to provide individualized assessment and integrated care in an outpatient setting to patients with substance use disorders. The SRS offers a range of outpatient care options, including intensive daily programming, ongoing rehabilitation, and aftercare. Care is provided within several related programs. An Opioid Treatment Program (OTP) provides opiate replacement (methadone/suboxone) therapy and psychosocial treatments to patients with Opioid Dependence. Patients with Alcohol or other Drug Dependence(s) are also treated in the SRS and group interventions involve a mix of patients that abuse various substances. All clinicians see a mix of patients with different substance abuse and psychiatric diagnoses and most patients participate in both group and individual therapy. The Dual Diagnosis Program (DDP) provides specialized treatment to patients who suffer both serious and persistent mental illness (SPMI) and substance dependence. Groups and caseloads in the

DDP are smaller and treatment at each level of care tends to be more intensive than in the SRS. The DDP has a separate group therapy program and dedicated staff with specialized knowledge of integrated therapies.

Each intern is assigned to a subcategory of the overall SRS program. Two interns are assigned the general SRS clinic, 1 is assigned to the Dual Diagnosis SRS clinic, and one is assigned to SRS-PTSD sub specialty.

Interns are trained to assess and care for patients with primary addictive disorders with or without co-occurring disorders. Two interns will be assigned to work in the SRS program, and one in the DDP specialty program.

Integration between outpatient substance abuse and inpatient psychiatry is an important component of this rotation.

Interns learn to conduct full psychosocial evaluations, including detailed substance use histories and ASAM patient placement criteria assessments. Interns learn and utilize VA Substance Use Disorder Treatment Guidelines and become familiar with JCAHO standards for patient assessment.

Interns learn to develop and implement care plans as members of multidisciplinary treatment teams. Interns provide primary clinical responsibility (individual therapy and case management) for individual patients and co-facilitate groups. Interns practice a range of individual and group interventions that may include Motivational Interventions, Harm Reduction, 12-step support, and Cognitive Behavioral Treatment. Interns also attend weekly substance abuse didactic seminars.

Either:

Spinal Cord Injury Program (2 interns per rotation, 4 interns over the year)

Psychologists on The Spinal Cord Injury Unit provide psychological services to ward patients and participate as members of a multi-disciplinary team.

As a member of the team, the psychologist attends weekly ward and other staff meetings, where they provide psychological data about patients, discuss with other team members the psychological issues involved in adjustment to injury and illness, and recommend treatment strategies based on psychological principles, both for their own patients and others being discussed. The psychology intern generally follows one or two cases. Interns meet regularly with SCI patients and provides for the full range of psychological services. They may provide counseling to newly injured patients to assist them in adjusting to the emotional and social impact of their loss of physical function, and to help them develop a new life style. Counseling with spouses and other family members is an integral part of the psychologist's responsibilities on the SCI, and these may be provided by psychology interns.

Individual psychotherapy is provided by psychologists to patients who request it and could benefit from this service. The psychologist has an opportunity to work with patients having a wide range of psychological difficulties. As spinal cord patients tend to remain in the

hospital for long periods of time, the therapist is able to work with the patient for an extended period to help him resolve basic personality difficulties and to observe the effects of the therapeutic intervention. Patients may also be seen on an outpatient basis.

OR:

Primary Care-Mental Health Integration Program (2 interns per rotation, 4 interns over the year)

The James J Peters VA offers clinical training to psychology doctoral students in Primary Care Mental Health Integration and Health Psychology. This placement offers an immersion into the practice of health psychology within a primary care setting. The interns will work alongside 2 psychologists who implement a co-located, collaborative care practice model within the outpatient primary care clinics. The extern will gain familiarity and experience with the function of psychology within a medical setting. The primary role in this minor rotation will be the implementation of primary care-based groups which may include CBT for chronic pain, stress management, and/or tobacco cessation groups.

Rotation B – Description

Rotation B focuses on outpatient mental health and offers interns exposure to a wide array of psychiatric patient populations.

The General Mental Health Outpatient Department (OPD) (4 interns per rotation, All 8 per year)

The General Mental Health Outpatient Department treats the full range of psychiatric pathology in patients who have either recently stabilized and discharged from the acute psychiatric inpatient unit or who have been referred for treatment and have been evaluated by the Intake Team as stable enough to proceed in general outpatient treatment. Following the psychiatric intake interview, the patient is assigned to a case manager/psychotherapist and a physician. The psychology intern is assigned a caseload of individual psychotherapy patients and is responsible for coordinating care with other treatment providers. The intern will function as a full team member bringing issues of the patient's progress or problems to the team for updating of the treatment plan. The team includes permanent staff psychiatrists, psychiatric residents, clinical nurse specialists, psychologists, social workers and psychology interns.

In addition to the team functioning, the intern will function as part of the Intake Team in evaluating for appropriateness of treatment in either the general clinic or referring them to one of the other specialty outpatient clinics in the Mental Health Patient Care Center (PTSD, SRS (Substance Recovery Services), STAR (Schizophrenia Treatment And Research), Geripsychiatry, Young Adult/Transitions). The intern will be supervised in this diagnostic interview by the director of the outpatient clinic, a senior social worker, who was founding member of the Intake Team, or by the Chief of Psychology/ Director of Training.

Additionally, the intern will be involved in co-leading group psychotherapy. Groups typically assigned to interns include a women's group, a men's group, a time-limited cognitive anger-

management group, and a supportive-interactional group for patients dealing with multiple comorbid medical problems.

To further round out the experience as a psychologist in an outpatient clinic, the intern will respond to requests for formal psychological testing of diagnostically complicated patients where the team needs help in clarification. As a full functioning member of the team, the intern will attend a weekly staff meeting where a variety of clinical, administrative, and systemic issues are discussed.

Either:

Neuropsychology- TBI (1 intern per rotation, 2 interns over the year)

The role of the intern on this rotation is to provide comprehensive neurocognitive assessment and consultation services specifically for patients suffering from Traumatic Brain Injury- TBI. Assessment may also be requested to assist the patient, referring provider, treatment team or family members in discharge planning decisions, rehabilitation options and future vocational or educational planning. The general purpose of the neuropsychological evaluation is to identify and document disruption of cognitive and/or behavioral function secondary to neurologic insult.

This process includes interns observing the testing process, administering tests, interpreting, scoring, report writing, and providing feedback, all under the direct supervision of our TBI neuropsychologist.

OR:

Dialectical Behavior Therapy (2 interns per rotation, 4 interns over the year)

Within the outpatient experience, interns participate in the DBT (Dialectical Behavior Therapy) Training Program, which has been established in the General Mental Health Outpatient Clinic. This training experience includes participation in a weekly skills training group, individual psychotherapy, telephone consultation, and participation in the DBT team consultation meeting. Staff has been trained as part of the founding DBT Team at this facility, and offer this training experience as what we think is a very rich addition to our existing training rotations.

Dialectical Behavior Therapy has been demonstrated to be very effective in the treatment of impulsive and self-harming borderline personality disordered patients. It is a synthesis of behavior therapy, which promotes positive emotional regulation and behavior change, and the principles of Zen, which promote the acceptance of one's current distressing state, while change occurs. Validation of the patient's experience is balanced with the dialectic of coaching and positively reinforcing cognitive and behavior skills to manage and thus change the patient's current experience. DBT emphasizes the patient's responsibility in being a co-equal partner with the individual therapist to work toward behavioral stabilization and the learning of skills to be able to have an enhanced quality of life. The DBT Program at this facility has expanded the treatment to both men and women, and targets not only self-harm, but also aggressive and harmful behavior toward others. The DBT treatment team offers the empirically validated treatment protocol established by Dr. Marsha Linehan, but extends the application of the treatment to the treatment of patients with suicidal ideation and is researching the efficacy of

this application as a formal protocol. This further demonstrates our commitment to EBT treatments as we attempt to inculcate this type of thinking in our interns.

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Community Living Center (CLC) (2 interns per rotation, 4 interns over the year)

The Community Living Center adds another level of care within the Medical Center. It is an interdisciplinary, holistic continuation of rehabilitative services, dedicated to the unique needs of long term and geriatric patients. The CLC provides rehabilitation, skilled nursing care, related medical services, supportive personal care and psychological, social, dental, recreational, nutritional and spiritual services. The care continues over extended periods of time and may serve as a follow-up to hospitalization. The CLC is responsible for meeting the needs of and providing individual adjustment services for each patient. The unit is designed to foster an independent and homelike atmosphere. Environmental management adaptation and rehabilitation are important goals for patients, and they help focus the patient's return to family, community or to the least restrictive long-term care setting possible.

The potential for elaboration and exploration of the roles that clinical and counseling psychologists might play within the CLC is marked. The opportunities for psychologists and interns to contribute pertinent skills to the ever expanding field of geriatrics are many. Currently, such unique contributions involve assessment, diagnosis, treatment planning, consultation and training for staff, clinical intervention and case management. Interns also have the opportunity to provide individual and/or group psychotherapy to patients and/or their families with particular focus on adjustment issues while in the CLC or in preparation for discharge back home.

YEAR-LONG ROTATION Description

Either:

PTSD (6 interns per year)

The PTSD rotation will provide interns with experience assessing and treating PTSD for combat and non-combat related traumas. Emphasis is placed on evidence-based assessment and treatment practices. Interns will learn to identify and treat PTSD and other trauma-related sequelae (e.g., guilt, grief, depression). The veteran population includes individuals with acute and chronic trauma-related symptoms related to combat trauma and sexual trauma, as well as civilian trauma, such as childhood abuse histories, accidents, or domestic violence.

Interns will conduct initial diagnostic interviews with veterans who have both acute and chronic trauma-related symptoms. The training goal is to help interns recognize PTSD, make reliable differential diagnoses between PTSD and similar disorders, as well as to identify and address comorbid diagnoses. Interns will use structured interview and standardized self-report measures to improve their diagnostic skills.

Interns will have the opportunity to learn and use several evidence-based PTSD treatments, including Cognitive Processing Therapy and Prolonged Exposure Therapy. Interns may co-facilitate PTSD groups such as Cognitive Processing Therapy group treatment.

OR:

Neuropsychology Track (2 interns per year)

The Neuropsychology Track at the James J. Peters (Bronx) VAMC adheres to the APA's Division 40 Houston Conference Guidelines. As such, interns in the Neuropsychology Track will spend a minimum of 50% of their training year participating in clinical, educational, and research related activities related to neuropsychology. The goals of the Neuropsychology Track of the James J. Peters VA Psychology Internship Program are: to further the development of clinicians highly skilled in neuropsychological assessment and intervention; to prepare interns for a postdoctoral fellowship in neuropsychology. Trainees will develop a career plan for the years immediately following the internship, as well as explore possibilities for the next steps in their professional lives. This includes exposure to role models in predominantly clinical positions, as well as in administrative and research positions who can serve as examples of alternative career paths. Many Bronx VA psychology interns who have focused on neuropsychology during their internship have gone on to clinical neuropsychology postdoctoral fellowships.

In accordance with APA's Division 40 Houston Conference Guidelines, the Neuropsychology Track Interns will spend at least 50% of their time devoted to neuropsychology. Interns will be part of the Neuropsychology Consult Service in the Mental Health Patient Care Center at the James J. Peters VA Medical Center. This program provides outpatient and inpatient neuropsychological consultation to numerous services throughout the medical center including Mental Health (e.g., PTSD clinic, Supported Recovery Services, Outpatient Mental Health, Inpatient Psychiatry Unit, Primary Care Mental Health Integration), Neurology, Primary Care, Infectious Disease, Community Living Center, Inpatient Spinal Cord Injury Unit, and Inpatient Medicine Units. Neuropsychology Track Interns will receive extensive training in assessment of a variety of neurologic disorders including dementias (e.g., Alzheimer's disease, vascular dementia, and frontotemporal dementia), mild cognitive impairment, TBI, stroke, Parkinson disease, multiple sclerosis, ALS, metabolic disturbances, infectious diseases, as well as psychiatric conditions (e.g., PTSD, depression, anxiety, bipolar disorder, schizophrenia, ADHD) and learning disorders. Common differential diagnoses include distinguishing organically based cognitive and behavioral dysfunction from that caused by underlying psychiatric and/or substance abuse disorders. Assessment may also be requested to assist the patient, referring provider, treatment team and/or family members in discharge planning decisions, rehabilitation options and future vocational or educational planning. The general purpose of the neuropsychological evaluation is to identify and document disruption of cognitive and/or behavioral function secondary to neurologic disease/insult, substance abuse and/or psychiatric dysfunction.

Interns will gain an advanced level of competence in the administration and scoring of neuropsychological tests as well as in the interpretation of neuropsychological data through the use of a flexible battery designed to address the referral question at hand. Report writing and feedback skills will be a focus of advanced development and growth. Training at the Bronx VA will expand the Intern's knowledge base of neuroanatomy, neuropathology, and related neurosciences. Neuropsychology case conferences are held on a biweekly basis. A journal club devoted to issues related to neuropsychological assessment meets once per month.

Application and Selection Procedures

Our interns are selected for full-time training solely from APA approved doctoral programs in Clinical or Counseling Psychology. Internships are only available to United States citizens. Appointments, requiring 1000 hours of prior applied clinical experience, provide 2080 hours of supervised training for one year. Stipends are currently \$27,031 per year. Prospective interns should submit a completed online APPIC internship application. Each intern should also submit an updated graduate school transcript and three letters of reference. Prospective interns may then be interviewed by a psychology staff member. The purpose of the interview is to gather information regarding the candidate's suitability for an internship at the Medical Center, and to form impressions as to the candidate's strengths and weaknesses. Thus, a candidate's maturity, motivation, background, and capacity for learning will be noted. The selection committee then meets to discuss the relative merits of each candidate as they relate to the criteria for acceptance into the training program. Based upon an evaluation of all of their application materials and, when appropriate, interview performance, interns are rated and selections are made. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking related information from any intern applicant.

The Psychology Internship Program strongly seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to obtain a diverse intern class while selecting the most qualified candidates. Individuals from diverse backgrounds are particularly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

Application material should be submitted through APPIC no later than November 15th. Information can be obtained by accessing our web site at http://www.bronx.va.gov/careers/psychology_internship_program.asp or through APPIC.ORG. Further questions can be obtained by e-mailing Howard Hillel Becker, Psy.D. at Howard.Becker@va.gov or by calling 718-584-9000, ext. 6952.

Additional Information about our training program can be obtained through the Association of Psychology Postdoctoral and Internship Centers (APPIC) at www.APPIC.ORG and through the Office of Program Consultation and Accreditation of the American Psychological Association (APA) at:
American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242 Telephone: 202-336-5979
PSYCHOLOGY STAFF DIRECTORY

Allen, Amanda	3B-33	x3726	PTSD/Outpatient
Bacon, Steve	1E-56	x5219	SCI Outpatient
Balzano, Julie		x5951,	917-566-4507 Primary Care-MH Integration
Bang, Charlene	3C-20	x5108	TBI/Polytrauma Neuropsychology
Becker, Hillel	3B-11	x6952	Chief and Director of Training
Berger, Noelle	3B-68	x5165	CWT/PolyTrauma
Branch, Allison	3B-08	x5228	Outpatient Mental Health
Calkins, Lauri	1C-315	x1357,	646-823-2935 Primary Care-MH Integration
Degen, Lara	5B-22	x5330	SRS Psychologist
DiAmbrosio, Phyllis	1D-59	x5438	Inpatient Spinal Cord Injury Program
Dimoulas, Eleni	3B-66	x3437	PTSD/Outpatient
Donahue, Rebecca	1C-59	x3861	Primary Care-Mental Health Integration
Feld, Charlotte	3B-43	x1443	PTSD Fellow
Flory, Janine	3B-42	x1689	PTSD Clinical Coordinator
Halberstam, Batsheva	3B-26	x5948	Outpatient Mental Health & Inpatient
Heinze, Peter	3B-38B	x5427	Compensation and Pension Examinations
Higgins, Brian	5B-09B	x5331	SRS Clinical Director
Huey, Solam	6C-50	x5943	Healthy Behavior Coordinator/PCMHI
Hunnicutt-Ferguson, Kallio	5B-17	x5910	SRS/PTSD Integration
Kelty, Larry	1D-67	x5411	Inpatient Spinal Cord Injury Program
Krug, Shy	3B-48	x1683	Outpatient Mental Health
Laboy, Felicity	5B-08	x6683	Clinical Coordinator, SRS-Dual Diagnosis Program
Lehrner, Amy	3B-58	x3205	PTSD/Research
Martin, Kristopher	3B-63	x3415	PTSD/OPD
Penner, Justin	6A-41G	x3717	MIRECC Fellow/DBT
Podolak, Evan	3B-44/3B-70	x3708	Suicide Prevention Coordinator/RAC
Pratchett, Laura	3B-21	x5215	PTSD/outpatient
Silverman, Jeremy	3B-06	917-886-9094	RAC
Stein, Melissa	3B-51	x6945	PTSD/Outpatient
Szeszko, Philip	3B-29	x5869	OPD/RAC
Thysen, Julie	5B-32	x5860	Neuropsychology
Wisniewski, Wendy	Bldg 107 R 138	x3113	Community Living Center