

The information in this document is provided for potential applicants of the Department of Veterans Affairs New York Harbor Healthcare System Brooklyn Campus Psychology Internship Training Program. If you are interested in this program or have questions, please contact the Chief of Psychology and Director of Training.

**VA New York Harbor Healthcare System
Brooklyn Campus
Psychology Division (116B)
800 Poly Place, Brooklyn, NY 11209**

Dear Psychology Internship Applicant:

We are pleased that you are interested in applying to the Psychology Internship Training Program at the Department of Veteran Affairs Brooklyn Campus of the VA New York Harbor Healthcare System. Our Internship Program adheres to APPIC Guidelines and we participate in the computer-matching program regarding intern selection. Please review the following information closely, particularly the application procedures and the criteria for selection. As you already know, the internship application can be obtained from the Internet web site at www.appic.org. You will also need to complete our application addendum available along with our internship brochure at: <http://www.brooklyn.va.gov/psychintern.asp>.

Please submit all of the information requested in the application package. All application materials should be returned to us by mail **NO LATER THAN November 15 of the application year**. Mail the applications and materials to:

Judith E. Patterson, Ph.D.
Chief of Psychology and Director of Training
VA NY Harbor Healthcare System Brooklyn Campus
Dept. of Veteran Affairs
Psychology Division (116B)
800 Poly Place Rm. 16-205
Brooklyn, NY 11209

Should you have any further questions about the internship-training program, please feel free to contact us, or leave a message with the Psychology Office at 718-630-3758.

Sincerely,

Judith E. Patterson, Ph.D.
Chief of Psychology
Director of Training

and

Wayne Ayers, Ph.D.
Assistant Director of Training

Reviewed/Updated Date: October 27, 2008

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Reviewed/Updated Date: October 3, 2006

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APPLICATION PROCEDURE FOR PSYCHOLOGY INTERNSHIP PROGRAM

The procedure is devised to screen for competent applicants and to assure equal opportunity and access to all applicants.

1. Applications are solicited and received by the Training Directors. Interviews are scheduled through the Training Directors.
2. The application materials consist of: APPIC Application with VA Supplement, Curriculum Vitae, graduate transcripts, three letters of recommendation, a case summary, and a psychological evaluation.
3. A personal interview with a staff psychologist is generally required of each applicant. Special arrangements for a telephone interview will be made in cases where travel is prohibitive.
4. The Training Committee reviews applicants. Based on the interviews and a review of application materials, applicants are ranked in order of preference and the Rank Order List is then submitted to APPIC Internship Matching Program.
5. In the screening of potential applicants the VA policies of equal opportunity and Affirmative Action are followed. Applications from minority applicants are encouraged.

ADMISSION PROCEDURE

Applicants are screened based on VA policy and APPIC guidelines.

1. Applicants must be enrolled in an APA approved doctoral program in clinical or counseling psychology and must be a citizen of the United States. Postdoctoral applicants who are in the process of changing specialties must be certified by a Director of Graduate Professional Training as having participated in an organized program in which the equivalent of pre-internship preparation (didactic and field experience appropriate to the applied area) has been acquired.
2. Applicants should have completed course work in individual intelligence testing and projective techniques have some experience with neuropsychological assessment measures and have 800 hours of supervised practice and/or relevant experience.

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**DEPARTMENT OF VETERANS AFFAIRS BROOKLYN CAMPUS
PSYCHOLOGY INTERNSHIP APPLICATION ADDENDUM 2005/2006**

NAME: _____
UNIVERSITY: _____
ADDRESS: _____
PROGRAM: _____
DIRECTOR: _____
DIRECTOR'S ADDRESS: _____
DIRECTOR'S TEL# _____
PHONES:(H) _____ **(OFFICE)** _____
U.S. CITIZEN: YES ___ **NO** ___
(OTHER) _____
APA APRVD PRGM: YES ___ **NO** ___
SOC.SEC.# _____

Please discuss the following statement (feel free to draw on your experience):

A therapist's personal therapy experience has an impact on one's efficacy at providing psychotherapy.

(Use additional paper if necessary.)

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**APPLICATION CHECKLIST
IN ORDER TO BE CONSIDERED AN APPLICANT YOU MUST SEND
THE FOLLOWING IN A COMPLETED PACKAGE:**

- 1. APPIC Application**
- 2. The VA NYHHS Brooklyn Campus Psychology Internship Application Addendum.**
- 3. Graduate Transcripts**
- 4. Curriculum Vita**
- 5. Case Summary**
- 6. Psychological Evaluation**
- 7. Three letters of reference**

MAIL APPLICATION AND ALL MATERIALS TO:

**JUDITH E. PATTERSON, Ph.D.
CHIEF OF PSYCHOLOGY AND TRAINING
VA NY Harbor Healthcare System Brooklyn Campus
Dept. of Veteran Affairs
Psychology Division (116B)
800 Poly Place - Rm. 16-205
Brooklyn, NY 11209**

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INTRODUCTION

The Psychology Division of the VA NY Harbor Healthcare System, Brooklyn Campus offers internships in Clinical Psychology that are fully accredited by the American Psychological Association (APA). APA is located at 750 First Street NE, Washington DC 20002 and can be contacted by phone (202) 336-5500 or their Web site www.apa.org.

The Internship is full time with 40 hours per week of clinical work, supervision and seminars. Many of our interns find that time outside of internship hours is required in order to complete paperwork, testing reports and assigned readings. Some rotations have evening hours in order to work with the patient's families. Interns work 12 months, September through August. Applicants must be citizens of the United States and come from an APA approved program in Clinical or Counseling Psychology. The program adheres to the guidelines established by the American Association of Psychology Internship Centers. Applicants must be certified by their university to be ready for an internship. Applicants should have completed course work in individual intelligence testing, projective techniques and have coursework or some experience with neuropsychological assessment measures. We also require that applicants have 800 total hours of supervised clinical experience.

The Psychology Division does not discriminate against applicants based on sex, race, religion, ethnic background, or sexual orientation. The Psychology Division functions as an integral part of the Mental Health Service within the VA facilities. Staff members' backgrounds and training vary greatly and include: psychodynamic, interpersonal, cognitive-behavioral, post-doctoral institute and postdoctoral neuropsychological certificate training. A program of clinical and didactic seminars, as well as a required weekly process group accompanies supervision for interns. As an inner city Medical Center, there is an interesting and diversified patient population of male and female veterans, their spouses and occasionally children.

There are a variety programs to which interns may have access, such as the Iraqi/Afghanistan Readjustment Services program, Substance Abuse treatment programs, Primary Care medicine, Oncology, the Hepatitis-C clinic, Palliative Care, the Pain Clinic, and other settings such as a Day Hospital, a Mental Hygiene Outpatient Clinic. There is also an intensive neuropsychological and psychological testing requirement in the program. There is a full service professional library that offers literature searches and locates difficult to find articles. Extensive computerization offers a full menu of psychological and neuropsychological assessment tools that are available to the intern. There is an Exercise Center, free of charge, a few steps from the interns' offices. There is also a daycare center on the medical center grounds. The Medical Center is located in a beautiful setting, and there is a spectacular view of New York Harbor and the Verrazano-Narrows Bridge. There is fine dining in Bay Ridge, with many ethnic restaurants and specialty shops. The VA NY Harbor Healthcare System Brooklyn Campus is accessible by car, subway, railroad or bus from Manhattan, Long Island or the Bronx. It is easily

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accessible from New Jersey and from Staten Island. Free parking is available within the medical center complex.

THE PSYCHOLOGY DIVISION

The Psychology Division functions in an integrated multiple facility medical center which includes the hospital, an extended care facility and an outpatient clinic. The Chief of Psychology heads the Service. A Training Committee coordinates the internship program. The committee is composed of the Directors of Training, and staff psychologists. Interns serve in an advisory capacity, meeting on a timely basis with the Directors and/or the Training Committee. The Training Committee is responsible for the selection, assignment, and evaluation of interns and the training program. Should it become necessary, there is a formal due process procedure for issues that cannot be worked out through daily working relationships or the regular Training Committee. The procedures are available in the Training Policy and Procedure Manual. The Psychology Division serves the entire Medical Center, providing psychological consultation and clinical services to the Psychiatry, Substance Abuse, General Medicine, Primary Care, Surgery, Neurology, Oncology, Palliative Care, Long Term Care Facility and Rehabilitation Medicine Departments. The staff consists of Doctoral level clinical and counseling psychologists.

PROGRAM PHILOSOPHY AND TRAINING MODEL

It is the philosophy of the training staff of the Brooklyn VA New York Harbor Healthcare System that interns be trained as generalists through immersion in clinical work and careful supervision. We define our model as the Practitioner Model. The Practitioner Model focuses on the development of clinical skills that prepare interns to function successfully in treating patients with a variety of psychological problems in both mental health and medical settings, and in a competitive healthcare marketplace.

We believe that interns should be trained in multiple roles that prepare them for entry-level practice. These roles should include clinical excellence informed by scholarly inquiry, consultation, education, professional and ethical identifications and beginning supervisory abilities. Instruction and supervisory experiences consistently emphasize the importance of scholarly inquiry. In addition to the various clinical experiences that highlight the integration of science and practice, interns have valuable exposure to on-going program development and scientific investigations being conducted by medical center personnel. For example, in the past our interns have played a key role in a research project through the Hepatitis C clinic where patients are being treated in an innovative multidisciplinary program. Interns have assisted in conducting literature reviews, and collecting and analyzing data. The findings of these investigations have been presented at scholarly meetings and will be submitted for publication in scientific

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journals. Interns have had the opportunity to see first hand how scientific data reciprocally influences clinical practice. In our Primary Care Clinic, interns have been key players in the annual mental health assessment of veterans. They have been involved in reviewing research data and selecting and administering appropriate clinical instruments. They have worked in collaboration with staff psychologists in collecting and analyzing this data for program development and assessment. This data has also been presented at APA and other scientific meetings.

We believe that preparation as a practitioner also involves an appreciation of the need for continuing professional and personal development. By this we mean that thinking as a psychologist is practiced so that it defines and underlies all of the work. Thus, interns learn to apply and integrate knowledge of current clinical practices informed by scientific knowledge and evidence based practices. Interns then combine this knowledge with systematic collection of information about patients. Concurrently, they engage in an exploration of their own responses to the clinical experience. Intense supervision is a key element in this process. We believe that experiential learning is the primary way interns develop both professionally and personally. Through intense supervision we encourage students to reflect on their experience and translate this awareness into clinical approaches.

We believe that practitioners should be able to adapt to the changing healthcare delivery system and to changes in the competitive marketplace. As the healthcare field has undergone rapid change over the last few years, we are committed to integrating psychological care into the changing marketplace. We have been able to intensify our services in multiple sectors in the Medical Center, including Primary Care, the Hepatitis C Project, and Oncology. In large part these changes have brought about an increase in the interdisciplinary collaborations among diverse members of the professional staff. Interns have the opportunity to observe the need for flexibility and resourcefulness in a changing healthcare environment. Interns are encouraged to participate in many of these experiences and are afforded the opportunity to develop their professional skills under the supervision of the training staff.

At the same time, we believe that educational, clinical and supervisory experiences should be organized as to provide an in-depth experience. It is the philosophy of the program that concentration in selected clinical areas is preferable to many superficial experiences. As a result, we change rotations only every six months, so that students can get to know patients and staff and function independently in the areas to which they are assigned.

We believe that psychological health includes an integrative understanding of the relationships between biological, psychological and social dimensions with a recovery model of mental illness. We challenge interns to focus on these dimensions whether they work in traditional mental health settings or in medical and primary care

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areas. Interns work with interdisciplinary teams and with medical students/residents to share perspectives in an integrated approach. We have consultants come in and further supervise interns on working with patients from diverse cultural backgrounds.

We believe that training experiences should take into account the stage of development that each intern has mastered and the degree of complexity and level of autonomy that is appropriate. Interns are provided with more intense and specific supervision earlier in their experience and gradually are expected to take on more complex functions and to do so with increased autonomy. In group therapy supervision, areas such as patient selection and maintaining group boundaries are emphasized early on, and interns are expected to create their own groups by the end of the year. The program also offers a unique feature. Towards the end of the internship, interns have been provided with the opportunity to supervise our extern trainees (first and second year doctoral psychology students). As numbers permit, we will continue this practice. We believe this experience prepares them for what they will be expected to do soon after graduation. Our evaluation forms have been designed to monitor not only intern functioning, but assess the complexity and autonomy levels they have attained.

The Psychology Training Program is committed to supporting the overall mission of the Department of Veteran Affairs (DVA), which seeks to provide quality healthcare to veterans by offering a full range of services that is readily accessible and responsive to change. Like the DVA, we value excellence, communication and teamwork, and encourage our interns to be respectful and compassionate of the rights and needs of our veteran population. Our program differs from other training programs in the Medical Center in that it places a primary emphasis on understanding the role that psychological factors play in the treatment of veterans and delivery of healthcare services. Psychologists are expected to bring not only their professional expertise to the clinical work, but also to incorporate psychological principles to program development, research ventures, and other collaborative activities within the medical center setting.

TRAINING PROGRAM

The program of training is designed to train interns as generalists through immersion in clinical work and careful supervision. Interns undertake two half-year rotations with two or three training assignments for each rotation. The program provides excellent and intensive experience and supervision in inpatient medical and outpatient experiences, group therapy, substance abuse, post-traumatic stress, geriatrics and many areas of health psychology. An evaluation of each person's background is considered in making training assignments with a view toward developing and broadening the intern's skills. The training committee makes rotation assignments. Rotations are offered in a variety of specialties that are listed in the next section. Two half-year rotations are required of all interns. Rotations may include Primary Care, Iraqi/Afghanistan Readjustment Services, Pain Clinic, Hepatitis C Clinic, Oncology/Geropsychology and Substance Abuse

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programs. The training staff makes final determination of the rotation choice. In addition, a full year of neuropsychological and psychological testing is required. Our interns are assigned a minimum of 10 testing batteries and can experience administering many more batteries throughout the year as the service expands to include TBI assessments of returning Iraq/Afghanistan veterans. Each intern also receives training and experience in providing couples therapy throughout the year. It is the philosophy of the program that in-depth concentration in selected clinical areas is preferable to many superficial experiences.

Psychology Internship Training Program Model and Goals

Our internship-training program has established the following as the goals we expect our students to achieve. We believe that these goals represent the core characteristics necessary for an individual who is about to embark on a career in professional psychology. We define our model as the Practitioner Model. The Practitioner Model focuses on the development of clinical skills that prepare interns to function successfully in treating patients with a variety of psychological problems in both mental health and medical settings, and in a competitive healthcare marketplace. Our goals include the acquisition of professional skills in the areas of psychological assessment, psychological treatment in clinical settings, and the development of beginning skills in leadership, management, consultation, education and supervision. We also strive to have interns develop appreciation for individual differences within a multicultural framework, and for each individual's capacity for change. Our goal is to produce psychologists who are open and flexible and who have a firm sense of professional identity.

Training Activities

We enrich the learning experience through a program of seminars and group learning experiences that are led by competent staff and consultants. In addition, we provide a weekly process group for our interns. This unique feature of the program helps create cohesion among the interns and gives them the opportunity to work through issues that arise among them or as a consequence of their work. Interns describe this as one of the most valued parts of their experience and as such we have made it a requirement of our program.

Rotations are generally six months in length. Possible rotations are listed below. The training staff makes the final determination of the rotation choice in which interns participate. Treatment takes the form of individual, group and couples/family therapy. During the last few years new settings have been added to the rotations to enhance the experience of interns. We consider that these areas are excellent training opportunities and give the interns a breadth of experience that should make them more marketable upon graduation.

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Interns are provided with a diverse range of training activities including clinical work with patients, didactic instruction, clinical supervision, participation in research projects and mentoring. Attention is given to the sequence and complexity of the learning tasks and interns are guided through their experience, adjusting for level of ability and expertise. Rotations are designed to extend over a six-month period so that more in depth experience can be attained. A description of the clinical rotations that are available is listed below.

Possible Clinical Rotations

Geropsychology/Oncology/Palliative Care: The Psychology Division participates as a full member of the interdisciplinary treatment teams on both inpatient and outpatient oncology units. Psychologists and psychology interns monitor, with the primary care provider, at-risk patients, and build on and support primary care interventions. This may include performing appropriate clinical assessments and brief intervention with the following goals: support of primary care provider decision making; teach primary care provider core mental health skills; assisting with patient compliance; providing psychoeducation and team building. Additional services include screening and assessment of psychological and neuropsychological disorders including delirium amongst oncology patients. In addition, interns participate in a psycho-social program developed by psychology during which they co-lead a psycho-education group for oncology and palliative care patients. Another important role of psychology involves psychotherapeutic work with patients and their families to assist them with the emotional impact of their medical illness.

Since 80% of the oncology and palliative care patients are older adults, this rotation is also designed to provide interns with specialized training with regard to psychological assessment and treatment of geriatric patients. Students have an opportunity to work in a variety of inpatient and outpatient settings that provide mental health and medical care to older veterans. Students work with team members in the Geriatric Oncology/Palliative Care Program at the St. Alban's Extended Care Facility. Interns gain competency in understanding the unique needs of this population including identification of the characteristics of organic impairment. Interns become aware of the interaction of emotional and social issues with illness. Psychosocial issues that effect this population such as, loss, retirement and lifestyle transitions are emphasized.

Iraq and Afghanistan Readjustment Services: The Iraq and Afghanistan Readjustment Services is a unique program which provides services for veterans and active duty military personnel returning from the current wars in Iraq and Afghanistan. With a focus on resiliency and normalizing the readjustment experience, this rotation offers the opportunity to perform comprehensive psychological evaluations, as well as to provide psychoeducation, outpatient individual, group, couples, and family therapies for this newest population of combat veterans. Interns are exposed to diverse clinical issues

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ranging from less disruptive readjustment difficulties to more disabling problems such as severe Posttraumatic Stress Disorder. The Readjustment Services also affords the opportunity to work within an interdisciplinary network of clinicians, as the program regularly interfaces with other services such as the PTSD clinic, Day Hospital, substance abuse programs, and Department of Defense medical clinic, among others. Interns also have the opportunity to conduct outreach to the various Reserve, National Guard and Active Duty units in the area.

Primary Care/ Women's Clinic Mental Health Services: This program reflects Psychology's integration into the medical center's Primary Care Clinics and provides psychological services to veterans at the point at which they first seek assistance for medical services. Primary Care Psychology covers a range of services including initial assessment and treatment of all psychological conditions, weight management and insomnia treatment, as well as referral for specialty mental health services (i.e. posttraumatic stress; substance abuse). Primary Care Psychology is also tasked with providing consultation to primary care physicians as well as being available to provide consultative and treatment services to medical inpatients. Interns participate as core members of the Primary Care Psychology team and as such are relied upon to function in all areas of clinical responsibility. The team meets weekly in our Primary Care Triage meeting where cases are discussed and dispositions are determined. This is in addition to weekly individual supervision. This rotation offers a comprehensive clinical experience where interns will develop their clinical acumen, psychotherapy skills and professional interpersonal abilities in a supportive supervisory environment which fosters intern's autonomy and self confidence.

Women's Health Program Clinic: Within Primary Care, this program is especially designed to address the health care needs of women veterans. Interns are provided with the opportunity to perform psychological evaluations and time-limited therapy with female veterans and spouses of male veterans. Interns also lead a monthly "Women's Workshop", a psychoeducational group that varies in topic each month (e.g., building self-esteem, healthy relationships, stress management, etc)." Wide ranges of clinical issues are addressed. Interns are expected to work in collaboration with other medical professionals.

Substance Abuse Treatment: Within the Substance Abuse Rotation interns work in 3 different programs/settings, Ambulatory Substance Abuse Programs (ASAP), Primary Care Substance Abuse Prevention Program (PC-SAP), and Domiciliary Programs. Across these programs, interns will work with diverse client populations and engage in enriching clinical experiences, as well as have the unique opportunity of working on multi-disciplinary teams. Each program training experience is described below:

Substance Abuse/Dependence Treatment Programs (ASAP): This program involves both residential and outpatient treatment of substance abuse/dependence. It features a comprehensive, holistic, and individualistic treatment approach to the problem that utilizes a variety of psycho-bio-social assessment and treatment modalities. Through their

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treatment, the patients learn what it means to be addicted, the things that trigger their cravings to use, how their personality dynamics relate to their use/abuse of substances, how co-existing mental illnesses relate to their addiction, and how to maintain sobriety once it is achieved.

Within the program, there will be many opportunities to provide individual and group psychotherapy, as well as to conduct psychological assessments through testing, interviewing, and observation. One such opportunity is for the Interns to serve as therapists for the program's Co-Occurring Disorder (COD) group, a group established for COD patients who are very dysfunctional in terms of their daily living. They will also have opportunities to provide substance abuse/dependence assessment and treatment in their other rotations

Primary Care-Substance Abuse Prevention Program (PC-SAP): PC-SAP is a new program which grew from a VA-funded proposal for improvement in specialized treatment programs for substance use disorders. The aim of the program is to enhance screening, assessment, and treatment of substance use disorders within the primary care setting through providing: a) trainings for medical providers in substance abuse screening, brief intervention, and referral; b) clinical consultation, including "curb-side" collegial discussions; c) extended substance abuse assessments and brief interventions for patients; and d) program evaluation.

While working within PC-SAP, Psychology Interns will receive training in motivational interviewing as applied to assessment and treatment of substance use disorders in the primary care setting. Interns will have the opportunity to conduct both individual and group psychotherapy approached within a comprehensive, individualized, and holistic framework. In order to provide appropriate, culturally-sensitive treatment (and referrals) knowledge and understanding of the constellation of biopsychosocial factors affecting patient well-being is emphasized. Further, this model of patient care is important for effective collaboration with primary care providers and with other programs in the Mental Health Department (e.g., ASAP, PTSD Clinic, MH Clinic). Interns with interests in medical staff trainings and program evaluation can also integrate such work into their rotation experience.

*Domiciliary-*Currently, one day a week the intern on this rotation will be located at our St. Albans Domiciliary in Queens. The "Dom" is a 4 month long term treatment facility focusing on substance abuse treatment. The whole spectrum of a veterans needs are addressed (i.e. psychiatric, social work, medical, addiction, etc.) in attempts to help him or her "restart" their life. Interns will have the opportunity to provide individual and group psychotherapy, and to participate as part of an interdisciplinary treatment team in a residential setting.

Hepatitis C Clinic and Pain Management Clinic: Interns have the opportunity to work in a highly integrated health care delivery program. In this rotation, interns learn to perform in-depth psychological evaluations to help medical specialists determine Interferon/Riboviron appropriateness in patients infected with the Hepatitis-C virus. They may also provide time-limited psychological treatment to veterans who are

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diagnosed with Hepatitis-C and who may be at a higher risk for developing depression or anxiety while on the treatment protocol. Interns will also gain experience leading a Hepatitis-C support group for patients who are experiencing significant stress related to both diagnosis and/or treatment side effects, as well as have the opportunity to perform detailed mental health evaluations in order to help assess candidacy for national liver transplantation list.

Pain Management Clinic: In this rotation interns will have the opportunity to work with a multidisciplinary clinic providing short-term, focused individual and group therapy to patients suffering from both acute and chronic pain conditions. Interns will gain an understanding of the mind-body connection regarding treatment of patient's with chronic pain. The psychology intern screens all patients in the pain clinic in order to provide greater insight into the biopsychosocial etiology and impact of the patient's pain.

Day Hospital Program: The Day Hospital Program is typically a four-month, five-days per week milieu therapy program serving veterans of all ages with a wide range of emotional and adjustment problems. The treatment team consists of a psychologist, social worker, recreation therapist, and a nurse clinical specialist. An intern in the Day Hospital Program can expect to share in duties and responsibilities as a member of the interdisciplinary treatment team. These include: initial screenings, sponsorship of individual patients, individual psychotherapy, co-therapy in one or more group modalities, psychological testing, team consultation, and a staff relations group. Interns in the program are encouraged to work out their own level of involvement with the program patients and staff, and to discover and develop all aspects of themselves that can be applied therapeutically in a vibrant and active treatment community. *Though this program is fully functional it is unlikely that it will be offered as a training rotation this calendar year.*

Experiential & Practical Learning

As noted in the descriptions above, interns have considerable opportunity to participate in and influence clinical programming and delivery of services to our veteran population. In each rotation experience, they are considered as full members of the team and respect for them as professionals is expected and encouraged. Access to supervisors is readily available and interns frequently present cases in a group format so that styles and orientations can be compared and explored. Interns attend psychology meetings and conferences with other members of the staff so that they can observe how systems function, and they gain exposure to the perspective those psychologists contribute to an issue or topic.

There are opportunities for mentoring and role modeling. Interns work side-by-side with staff psychologists on research projects or in collaborative activities on treatment teams.

Interns are encouraged to implement new programming. Interns have helped develop the

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Women's Program and have introduced a Women's Support Groups and Pain Management, Anger management and PTSD groups.

Interns have frequent opportunity for consultative guidance. They meet weekly in didactic instruction with the couples therapy consultant and bi-monthly with a consultant who supervises case presentations. The use of meditative and mindfulness techniques is presented. In addition, there are many other consultants who work with students in the areas of PTSD, multicultural issues and group process. Intern representatives serve on the training committee and attendance at weekly Mental Health Grand Rounds is required.

One of the unique aspects of our training program has been the provision of an Intern Process Group. This group experience has been described as one of the most valuable experiences in the program and has been a standard offering in the program for over 15 years. An outside consulting psychologist facilitates this group, and it affords the interns an opportunity to grapple with issues, concerns, and questions about themselves as psychologists and to receive constructive feedback using the group dynamic experience.

Supervision

Careful supervision is a central component of the program. The program is well known for the excellent quality of the supervision and for the concern that professional staff have for the personal and professional development of interns. The professional staff reflects a range of expertise with philosophical orientation ranging from psychoanalytic interpersonal, to eclectic, existential-humanistic, cognitive-behavioral and neurobiological. The multiple view points presented represent strength and are involved in an ongoing creative conversation within the program.

Interns receive at least one hour of individual supervision per week from both of their supervisors. In addition, there are other weekly group supervisions on couples therapy, psycho-diagnostics, group therapy, and a process group. Also, bi-weekly there are seminars in professional issues, and case supervision. Additionally lectures are conducted for the interns so that current concepts and practices in psychology are examined and explored. We have regular monthly seminars on a variety of topics ranging from working with patients from multiple and diverse ethnic and cultural backgrounds to working with PTSD, time-limited therapy, trauma and dissociation and psychopharmacology. A more complete seminar list is presented below. Our consultant staffs bring their practical experience to their presentations. In addition to the above, there is a weekly mental health wide Grand Rounds forum which covers diverse topics in the mental health field. Recognized psychologists from the metropolitan area frequently present new and innovative theories and clinical reports dealing with important issues facing psychologists in clinical settings. Seminars are given designed to address professional issues, including a review of the ethical code for psychologists, professional standards of care and

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professional practice issues.

Also, because we have a thriving externship program, towards the end of the year interns are sometimes given the opportunity to supervise externs in their clinical work. It is often the case that psychologists are asked to supervise without ever having been given any preparation or training for doing so. We feel that offering this experience helps students grow into their professional role as psychologists.

Neuropsychological and Psychological Testing

All interns meet a testing requirement in neuropsychological and psychological testing. The testing clinic is an opportunity for interns to experience in-depth training across an array of tests. The testing clinic operates in a small group format during which interns interview and test patients with their supervisor and peers. This exposes the intern to a wide array of patients and different roles during each testing: observer, scorer, interviewer and tester. Decision-making regarding tests that are necessary to administer, scoring and test interpretation are also supervised in a small group format.

Testing referrals come from all areas of the hospital and cover a wide range of assessment including: traumatic brain injury; dementias due to Alzheimer's disease, Parkinson's disease, and vascular illnesses; memory loss due to PTSD and seizure disorder; and learning disabilities. There are opportunities for psychoeducation regarding "cognitive fitness" and memory-enhancing techniques. Feedback to the patient, referral source and family is stressed including how to translate complex test data into useful intervention and treatment planning. There is also an opportunity to learn short-term treatment of individuals and couples focused on psychoeducation and integrating neuropsychological results into the treatment plan and therapy.

Computer Access

Personal Computers: Interns are given access to Personal Computers that are equipped with software to perform word processing, data analysis, electronic mail systems, Internet access, and the hospital-wide record keeping system, CPRS.

The Psychology Seminar Series

Throughout the training year we conduct a seminar series covering areas such as multicultural issues, psychopharmacology, post-traumatic stress disorder, ethical and professional issues, sexual issues between therapist and patient with ethical considerations, alcohol rehabilitation, death and dying issues, trauma and dissociation, short term therapy and cognitive behavioral therapy. Consultants from the New York area's rich pool of universities and post-doctoral training programs conduct psychology

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seminars that include seminars emphasizing both psychotherapy and assessment. Many consultants hold seminars on a weekly basis so that a group can develop an open atmosphere conducive to learning. Several consultants focus on ethnicity, including the range of multicultural issues that characterize the experience of our diverse veteran population. Staff provides seminars in diagnostics, professional issues, group supervision and psychotherapy interviewing. A weekly process group for interns, facilitated by an outside consulting psychologist, is an important part of our training program; only a few remaining internships in the New York area offer this unique experience. The group provides an opportunity for interns to grapple with issues, concerns, and questions about themselves as psychologists and to receive feedback. The group has been part of our program for over 20 years, and has been described by interns as one of the most valuable experiences of the program.

Supervision and Seminars

These supervision groups take place on an ongoing basis:

Supervision

Case Presentation/Mindfulness Training: (1 hrs every other week) Phil Morse, Ph.D.

Psychological and Neuropsychological Testing: 1 hrs./week, Donna Waters, Ph.D./Valerie Able, Ph.D./ Chris Russo, Ph.D.

Process Group: 1 hrs/week, Suzanne Schulman, Ph.D.

Couples Therapy Seminars: 1 hr/week - Jill Allen, Ph.D.

Group Supervision: 1 hrs/week - Paul Rhindress, Ph.D.

Multicultural Seminar: 1hr monthly – Laura Barbanel, Ed.D.

Seminars offered in a last year

A Sampling of Seminars:

Introduction to Military Organization and Military History: Paul C. Liebman, Psy.D.

Psychopharmacology: Bennett Cohen, MD

Crisis Intervention: Paul Rhindress, Ph.D.

Issues of Culture & Ethnicity: Annie Lee Jones, Ph.D.

Clinical Aspects of Pain Management: Eric Sessions, MD

Advocacy and Politics in the Profession of Psychology: Donna Rasin-Waters, Ph.D.

Medical Ethics: Alice Beal and Robert Moran, MD

Multiculturalism—Ideas of Privilege: Gladys Ng, Ph.D.

Substance Abuse: Jerome Carroll, Ph.D.

Interpersonal Psychological Assessment: Arthur Russo, Ph.D.

Professional Issues in Psychology: Psychology Supervising Staff

Multicultural Perspectives in Assessment and Treatment: William Bracero, Ph.D.

Using Hypnosis in Psychology: Valerie Abel, Ph.D.

Understanding Military Sexual Trauma: Amy Malkin-Ingoglia, Ph.D.; Shalini Sehgal,

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Psy.D.
Motivational Interviewing Techniques: Susan Vitti, Ph.D.

Training Term, Stipend & Benefits

The internship is a full-time commitment for one year, beginning about Labor Day and ending just prior to that holiday on the following year. Interns are entitled to 10 federal holidays and earn sick leave and vacation days at a rate of 4 hours per two-week pay period. Unused sick leave may be used in future federal employment; however, unused vacation days will lapse and therefore must be used within the year. Limited authorized leave may be approved for attendance at conferences and workshops or to complete activities required by your university. The internship is generally limited to a 40-hour workweek, but interns may at times take work home. For this year we will offer six full time internship positions. The current stipend is **\$25,024** per year. State and federal income tax and FICA (Social Security) are withheld from intern's checks. The United States Government covers interns for malpractice under the Federal Tort Claims Act. The VA also provides a complete benefits package of Federal health insurance programs.

NOTE: 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.

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THINKING DURING INTERNSHIP

While practicing psychotherapy during internship, interns apply many definitions of psychotherapy in order to broaden their technique and deepen their understanding of their practices. Interns learn to work with violent, suicidal and chronic patients, as well as those in the incipient stages of psychosis. With these and other types of patients, questions are pursued in the effort to define, differentiate and consolidate the intern's identity as a psychologist and as a person. During the training experience interns and supervisors pursue the central questions that each psychologist must seek to define, and then re-define, for him or herself. These questions may take a lifetime pursuit.

BASIC QUESTIONS ARE ASKED, SUCH AS:

What is psychotherapy? What is Change?

What are a psychologist's goals as compared with the goals of other the healthcare professionals?

What are behavioral interventions and how are they tailored in different medical settings?

What does it mean to assess somebody psychologically? Neuropsychologically?

How are psychological and neuropsychological testing data integrated into understanding how to intervene with patients?

What are the advantages and disadvantages of group therapy as compared to individual therapy?

PRAGMATIC QUESTIONS ARE ASKED, LIKE:

How do I conduct psychological interventions when bedside?

How does one construct a short-term intervention utilizing the variety of psychological theories available?

Why is it important for a psychotherapist to establish a therapeutic frame?

What is psycho-education?

What is the difference between supportive therapy and psychotherapy?

PROFESSIONAL QUESTIONS ARE CONSIDERED:

How does one earn a living in this field?

With what issues should a clinician be concerned when intervening within a hospital setting, a clinic or a private practice?

What is the difference between psychotherapy and supervision?

What is advocacy for the profession of psychology?

THEORETICAL QUESTIONS ARE POSED:

What are the evidenced-based interventions in psychotherapy?

Are non-evidenced based interventions unethical?

How to explain certain "paradoxical" phenomena such as when "fixing" and "reassuring" the patient make things worse?

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Is “transference” relevant when you are working behaviorally?

Does the patient need insight to change?

What is “resistance” and how can it be utilized in the therapy session?

When change occurs, what changes first, thoughts, feelings or behavior?

How can a therapist’s mistakes be useful to the patient?

EXPLANATION OF THE MEANING AND PROCESS OF THERAPY IS A CENTRAL PURSUIT, AS EXEMPLIFIED IN THE FOLLOWING:

As Graham Greene, the novelist, said when asked why he wrote his autobiography, "I wrote it for the same reason I write novels--to create some kind of order out of Chaos."

As a VA supervisor once said, "This is not a bad definition of psychotherapy".

Erich Fromm said: "Therapy is a wrestling match," while someone else, said it's more like two people sitting in a room trying to tell the truth.

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PSYCHOLOGY STAFF

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Annie Lee Jones, Ph.D.
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University of Tennessee

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Amy Malkin-Ingoglia, Ph.D.
Primary Care/ Women's Clinic
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Marianne Matthaey, Ph.D.
Oncology/Palliative Care
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Albans Campus, Domiciliary Substance Treatment Unit
Adelphi University

DeAnsin Parker, Ph.D.
Traumatic Brain Injury Team
Columbia University

Judith E. Patterson, Ph.D.
Chief of Psychology Division
Director of Training
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Donna Rasin-Waters
Neuropsychological and Psychological Assessment / Geropsychology/Oncology
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Paul Rhindress, Ph.D.
Iraq and Afghanistan Readjustment Services
Former Prisoner of War Services
New York University

Arthur Russo, Ph.D.
Neuropsychological and Psychological Assessment
University of Tennessee

Shalini Sehgal, Psy.D.
Pain Clinic and Hepatitis C Clinic
Yeshiva University

Susan Vitti, Ph.D.
Primary Care-Substance Abuse Program
Adelphi University

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DIRECTIONS TO BROOKLYN CAMPUS OF THE VA NY HARBOR HEALTHCARE SYSTEM

By Subway: From Manhattan or Coney Island:

"N" train to 8th Avenue stop; #70 bus to Veterans Administration Medical Center. "R" train to 95th Street; #8 bus to Veterans Administration Medical Center. Or "D" train to 18th Avenue; #8 bus to Veterans Administration Medical Center.

By Auto: From Long Island:

Belt Parkway to Exit 4 (14th Avenue--Bay 8th Street)- proceed to light and make a left; at the next light make a left, continue around golf course and the Medical Center will be on your left.

By Auto: From Manhattan:

Brooklyn Bridge of Battery Tunnel to Brooklyn Queens Expressway (BQE) - once on the BQE follow signs to Verrazano Narrows Bridge which will lead you into BQE extension; exit 92nd Street (last exit before bridge); at light make a left (over parkway) to 7th Avenue; make a right and continue around to golf course to the Medical Center.

By Auto: From Staten Island:

Verrazano Narrows Bridge to 92nd Street exit (1st exit); at light make a right turn; proceed to 7th Avenue; make a right a continue around the golf course to the Medical Center.