

**PRE-DOCTORAL
INTERNSHIP TRAINING PROGRAM
IN
CLINICAL PSYCHOLOGY**

**DEPARTMENT OF VETERANS AFFAIRS
NEW YORK HARBOR HEALTHCARE SYSTEM
MANHATTAN CAMPUS**

PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE

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INTRODUCTION

The Psychology Division of the Mental Health Service at the Manhattan campus of the Department of Veterans Affairs New York Harbor Healthcare System has a long tradition of providing training through our Pre-doctoral Internship in Clinical Psychology. We are proud of our training program and of the reputation it has achieved throughout the national psychology community. Our past interns have distinguished themselves in a wide variety of employment settings including the Department of Veterans Affairs and other medical centers and health care facilities; community agencies, clinics, and private practices; colleges, universities, and research institutes; and in business and industry settings throughout the country.

The Psychology staff maintains a strong commitment to the training of pre-doctoral interns and makes every effort to provide as enriching an experience as possible within an atmosphere of mutual respect and professionalism. We endeavor to achieve a good balance between servicing the clinical needs of the VA population and savoring the training process. This perspective is reflected in the quality and quantity of supervision that has characterized the program over the years. Our training program utilizes an apprenticeship model, where interns work alongside staff psychologists, frequently conducting assessments and treatment jointly at the beginning of a rotation or new elective. Interns are considered junior colleagues and soon function with a great deal of independence and autonomy.

We place particular emphasis on exposing interns to the breadth and variety of professional roles assumed by psychologists, including concentrated training in specialties such as Neuropsychology, Health Psychology, Posttraumatic Stress Disorder, and psychodiagnostics. We are committed to helping interns develop their own professional identities in addition to expanding and refining their clinical competencies.

Our Pre-doctoral Internship Training Program is fully accredited by the American Psychological Association, with our next site visit scheduled for Fall 2010. As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), we abide by their procedures and guidelines.

David Ruhland, Ph.D., ABPP
Director of Psychology

Christie Pfaff, Ph.D.
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FACILITIES & PATIENT POPULATION

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

Inpatient and outpatient services are available to both male and female veterans. While many veterans seen are adult males, a significant and increasing number of female veterans are seen as well. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a variety of racial, ethnic, and cultural backgrounds. Our population presents with a broad range of clinical problems and psychopathology. Patients include veterans who have served during World War II, the Korean War, the Vietnam War, the Persian Gulf War, and most recently, those returning from duty in Iraq and Afghanistan. We also provide care for veterans who have served during peacetime, and, under some circumstances, for veterans' spouses and their families as an adjunct to the veteran's treatment.

The Medical Center operates a medical library that is fully available to interns. The library contains a good selection of medical, psychological, and psychiatric books, journals, and audio-visual materials. A computerized bibliographic database (including PsychInfo and Medline) and an extensive selection of full-text electronic journals are available free of charge. In addition, the library participates in a comprehensive interlibrary loan system, providing any book or photocopies of journal articles not available on site or online.

PSYCHOLOGY DIVISION

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

In addition to our internship program, the Psychology Division also provides practicum level training to psychology doctoral students. Previously, we have had externship placements in Health Psychology/Primary Care, Posttraumatic Stress Disorder Clinic, and Neuropsychology. Availability of externship placements in each of these clinical areas varies from year to year.

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

THE PSYCHOLOGY TRAINING PROGRAM

Training Model and Program Philosophy

Our intention is that upon the completion of their internship year, our graduates will have acquired professional level assessment and treatment skills and will be well-qualified, highly desirable candidates for staff appointments at a variety of clinical settings and postgraduate training programs. Consistent with a generalist orientation that emphasizes the basic clinical principles and skills essential to the ethical and competent practice of clinical psychology, we provide each intern with a broad range of training experiences in assessment, intervention, and consultation with a wide range of patients in medical and mental health settings. We also provide in-depth training within the specialty areas of Neuropsychology, Health Psychology, and the treatment of Posttraumatic Stress Disorder.

It is our philosophy and conviction that a successful training program is one in which both staff and interns learn from each other and grow together. Therefore, we utilize an apprenticeship training model. Interns work alongside staff psychologists, frequently conducting assessments and treatment jointly at the beginning of a rotation or new assignment. At the same time, we make every effort to foster each intern's creativity, growth, and autonomy. Interns are considered junior colleagues and over the course of their training come to function with a great deal of independence. Interns carry their own cases and participate in interdisciplinary team meetings and peer review presentations along with their supervisors and independently.

Our supervisory and consulting staff utilize a variety of treatment orientations and approaches, including psychodynamic, psychoanalytic, behavioral, cognitive-behavioral, interpersonal, systems, and eclectic modalities. We feel that exposure to such a diversity of clinical approaches and styles will not only educate and enlighten our interns, but also inspire the development of their own unique professional identities and clinical styles. We emphasize the integration of science and practice in all facets of our program – clinical training assignments, supervision, and didactics.

Program Goals and Objectives

Before entering our program, interns should have had practica in individual psychotherapy and have mastered the basic technical skills of administration and scoring of a standard psychological test battery (including Rorschach, TAT, Figure drawings, Bender-Gestalt, and WAIS III). Interns should also have had previous training in test interpretation and the preparation of clinical reports. Given this foundation, interns will receive advanced training in performing in-depth assessment interviews; constructing test batteries to respond to specific diagnostic issues and referral questions; evaluating, integrating, and synthesizing clinical findings; developing formulations and recommendations and communicating these in articulate written and/or oral reports tailored to the referral source.

The goals of the internship are as follows: (1) interns will reach a demonstrable level of clinical proficiency in a range of assessment and treatment methods; (2) interns will develop competence in working with patients from diverse racial, ethnic, educational, and socio-economic backgrounds; and (3) interns will value professionalism and dedicate themselves to the highest standards of patient care and ethical conduct. We consider our goals to be

consistent with the treatment needs of our patient population, the mission of VA, and the requirements of graduate programs who entrust their students to us for an intensive year of clinical training. Each of our goals and their corresponding objectives are described below:

- (1) Clinical Proficiency: In order to provide our interns with a broad clinical knowledge base and prepare them for employment in a wide variety of settings, interns complete training experiences in assessment, intervention, and consultation which expose them to a wide range of patients and psychopathology. Objectives towards achieving this goal include proficiency in the following skill areas:
 - individual psychotherapy
 - group psychotherapy
 - clinical interviewing
 - neuropsychological assessment
 - psychodiagnostic testing

- (2) Diversity: As providers of mental health services in a diverse urban environment, we are committed to training our interns to appreciate the impact of cultural factors in each individual's psychological functioning and to provide appropriate psychological services. Objectives for the development of competence in treating diverse populations are as follows:
 - Knowledge base of the clinical significance of culture
 - Skills which include respect for and understanding of culturally-appropriate clinical interventions

- (3) Professionalism and Ethical Conduct: We expect interns to uphold the highest standards of professionalism and ethical conduct in all clinical and collegial activities. We foster interns' sense of professional identity as psychologists, which allows them to work confidently and effectively with patients and colleagues. Objectives towards this goal include:
 - Professional conduct in all activities
 - Competence in varied professional roles
 - Increased comfort as professionals and confidence in views and contributions
 - Understanding of ethics and commitment to ethical conduct

DESCRIPTION OF TRAINING PROGRAM

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

1. Required Clinical Training Assignments (see overview on page 9)

Major Rotations

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

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

Outpatient Psychotherapy

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

Assessment

Interns are assigned testing cases on a rotating basis throughout the training year. Cases focus mainly on neuropsychological assessment. Referrals cover a wide range of neuropsychiatric disorders and emphasize differential diagnosis, assessment of residual functioning, and disposition planning. Interns will have the opportunity to test both inpatients and outpatients, as well as to participate in the interdisciplinary Memory Disorders Clinic.

Interns also conduct psychodiagnostic and personality testing. Over the course of the training year, interns typically conduct two psychodiagnostic assessment batteries including projective and objective measures as well as abbreviated diagnostic work-ups, as needed.

2. Supervision and Didactics

The various clinical training assignments are enhanced by a diverse program of supervision, seminars, and peer review presentations within the Psychology Division, throughout the VA Medical Center, as well as at neighboring institutions such as Bellevue and NYU Medical Center.

3. Electives

Interns may enrich their training experience to meet individual interests and needs. Elective activities include a variety of groups, additional psychotherapy cases, and research.

**VA NEW YORK HARBOR HEALTHCARE SYSTEM – NY CAMPUS
PSYCHOLOGY INTERNSHIP**

OVERVIEW OF REQUIRED CLINICAL TRAINING ASSIGNMENTS

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
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MAJOR ROTATIONS		
INPATIENT	HEALTH/PRIMARY CARE	PTSD CLINIC
Required: • caseload of 2 individual pts. • co-lead inpt. group 2x/week • daily rounds • team meetings 3x/week • Community Meetings 2x/week	Required: • 3 Primary Care intakes per week • 1 short-term PC therapy case • Smoking Cessation Group (weekly) • Relaxation Group or Mindfulness Group (weekly) • Healthy Sleep Group (monthly) • 1 Palliative or Inpt. Rehab therapy case • Palliative Care team meeting (weekly) • 1 Home Based Primary Care visit during rotation	Required: • 2 PTSD Clinic intakes per week • 1 OEF/OIF Readjustment Clinic intake per week • 2 PTSD groups • 1 short-term PTSD therapy case (CBT, VR, exposure) • PTSD team meeting (weekly) • Case Conference/Journal Club (weekly)

OUTPATIENT THERAPY
PSYCHODYNAMIC PSYCHOTHERAPY: 2 year-long cases
COGNITIVE BEHAVIORAL THERAPY: 1 short-term case at a time
PTSD: 1 year-long case
GROUP PSYCHOTHERAPY: co-lead 1 year-long group

ASSESSMENT	
NEUROPSYCHOLOGY 1: • Memory Disorders Clinic (weekly): brief cognitive screenings • 2 follow-up comprehensive assessments	NEUROPSYCHOLOGY 2: • comprehensive outpatient assessments (4-6 cases) • weekly neuropsychology rounds
PSYCHODIAGNOSTIC AND PERSONALITY ASSESSMENT: 1-2 cases per year	

MAJOR ROTATIONS:

Acute Inpatient Psychiatry – Dr. Pfaff

The Medical Center houses two locked, co-ed psychiatric units for acutely disturbed patients. Patients represent all of the major diagnostic categories, especially schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, posttraumatic stress disorder, substance abuse, and severe personality disorders, and cover a broad age range. An increasing number of veterans returning from Iraq and Afghanistan, as well as active duty personnel are admitted to the inpatient service with difficulties ranging from severe PTSD and depression to first-break psychotic disorders. Patients arrive in acute states and often have very little social support. These units serve as training units for NYU School of Medicine psychiatric residents as well as students of other medical and mental health disciplines.

Interns function as primary therapists on the training unit, and carry two individual patients at a time. As a primary therapist, the intern shares responsibility for all facets of patient management with a multidisciplinary treatment team. Because stays tend to be brief, patients are seen daily for supportive psychotherapy and treatment planning. Other clinical activities include an initial interview and written admission summary, family consultation, behavioral monitoring, crisis management, charting, reporting to the team on the patient's progress and medication response, team coordination, and discharge planning. Interns work closely with the attending psychiatrists who provide medical back-up for their cases.

Other clinical responsibilities on the unit include leading community meetings (bi-weekly meetings of all staff and patients) and providing group therapy. Twice a week, interns co-lead a verbal, interpersonally-oriented psychotherapy group along with a psychiatry resident. Interns also attend daily rounds, weekly interdisciplinary team meetings, case conferences, and Psychiatry Grand Rounds at NYU/Bellevue.

By the end of the Acute Inpatient Psychiatry rotation, interns will (1) be able to conduct a thorough diagnostic interview including a mental status exam; (2) develop realistic treatment plans; (3) write timely admission summaries and progress notes documenting assessment and treatment; (4) understand the symptoms and treatment of severe mental illness, including psychopharmacological and supportive therapy interventions; (5) provide crisis intervention; and (6) contribute to an interdisciplinary mental health team by providing information and making recommendations from a psychological perspective.

Posttraumatic Stress Disorder Clinic – Drs. Hanover, Katz, Kramer, and Nicolosi

The PTSD Clinic consists of a multidisciplinary team (four Psychologists, two Psychiatrists, two Social Workers, one Nurse Practitioner) dedicated to the assessment and treatment of PTSD. Veterans with combat trauma (WWII, Korea, Vietnam, Persian Gulf, Iraq, and Afghanistan) as well as those with a history of military sexual trauma are seen in the PTSD Clinic. Currently serving 650+ veterans, the clinic provides specialized, comprehensive treatment to veterans suffering from PTSD, including pharmacotherapy, individual psychotherapy, and group psychotherapy. Treatment is offered in multiple modalities. Individual psychotherapy modalities include supportive, psychodynamic, CBT, prolonged imaginal exposure, virtual reality exposure, Seeking Safety (concurrent treatment of PTSD and substance abuse), and motivational interviewing. A variety of groups are also available (supportive, problem-focused, psychoeducational, exposure-based).

Interns participate in both the PTSD Clinic and in Readjustment Services for veterans and active duty personnel who have deployed under Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). These patients present with a range of difficulties. In keeping with a model of psychosocial rehabilitation, our emphasis is on normalizing readjustment difficulties and enhancing health in order to assure these individuals reach their highest level of functioning and to prevent chronic difficulties as best as possible. The program concentrates on three main areas: 1) providing clinical services, 2) tracking patients through the system and coordinating care, and 3) conducting outreach to various military units (reservists and active duty) and their families as part of larger VA outreach initiatives.

Interns conduct three intake evaluations per week (two PTSD clinic intakes, one readjustment services intake), attend PTSD team meetings and a case conference/journal club, provide short-term individual psychotherapy, and co-lead two groups. A number of different psychotherapy groups are available within the PTSD Clinic, including Seeking Safety, Stress Management, Anger Management for PTSD, Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Support Group, and PTSD/Substance Abuse Group for OEF/OIF veterans.

Upon completion of the PTSD Clinic Rotation, interns will (1) know how to conduct a thorough PTSD evaluation; (2) be able to accurately diagnose PTSD and differentiate it from other Axis I diagnoses; (3) understand the symptoms and treatment of PTSD; (4) write concise evaluations and present them to a multidisciplinary treatment team; (5) provide and be familiar with a variety of treatment techniques for PTSD and concurrent Substance Abuse; (6) make appropriate treatment referrals and recommendations for veterans with Posttraumatic Stress Disorder; and (7) understand the readjustment difficulties faced by recently returning soldiers.

Health Psychology/Primary Care – Drs. Chen, Egert, Goloff, and Spivack

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

Primary Care (required): The Primary Care model seeks to provide comprehensive health care coordinated by a primary medical provider. Patients receive multidisciplinary consultation and services from a treatment team including providers from Medicine, Nursing, Social Work, Psychology, Psychiatry, and Pharmacy. Interns serve as core members of the PC treatment team providing consultative services to patients and other clinicians. Interns are actively involved in triaging patients referred for Mental Health services, conducting in-depth psychological intake evaluations, providing psychotherapeutic and/or psychoeducational interventions, and referring patients for additional services, as appropriate. Interns conduct evaluations of patients with a wide range of psychiatric, substance use, and medical conditions. Interns have a small caseload of short-term primary care treatment cases focused on adjustment issues, symptom management, treatment adherence, and substance abuse.

Psychoeducational Groups (required): Interns co-lead several psychoeducational groups over the course of the rotation, including Relaxation Training, Mindfulness, Smoking Cessation, and Healthy Sleep Class.

Inpatient Health Psychology (required)

Interns follow one medical inpatient at a time from either palliative care or acute rehabilitation:

- *Palliative Care*: works with terminally ill patients to provide comfort and assist with medical decision making at end of life. Interns are full members of the interdisciplinary team (nurse practitioner, physician, social workers, and chaplain). Interns are involved in diagnosis, intervention, and assessing patients' insight into their illness and prognosis as well as their thoughts and feelings about dying. Interns act as consultants to the medical team, facilitating understanding of patients' psychological adjustment.
- *Physical Medicine and Rehabilitation (PM&R)*: an acute inpatient unit for patients with a variety of medical problems including strokes, traumatic brain injury, amputations, neurosurgery, cardiac surgery, and orthopedic surgery. Psychology provides evaluation and short-term intervention for patients with acute adjustment issues and more long-standing psychiatric illness. Interventions include cognitive-behavioral therapy, short-term dynamic therapy, relaxation training, stress management and pain management.

Home Based Primary Care (HBPC) (required): the psychologist for the HBPC team provides psychological services, including screening, evaluation, psychotherapy, psychoeducation, and testing to homebound older veterans in their homes. Interns will accompany the HBPC psychologist on at least one home visit during the course of the rotation.

Electives

- *Pain Management Team*: This interdisciplinary team (Psychology, Neurology, Anesthesiology, Pharmacy, and PM&R) takes a biopsychosocial approach to the management of complex chronic pain conditions such as back conditions, arthritis, and neuropathy. Treatment is multimodal including medication, physical and occupational therapy, behavioral intervention, and acupuncture. Psychology staff evaluate patients for psychiatric conditions that may impact the experience of pain, provide cognitive behavioral interventions to enhance symptom management and coping skills, and assess misuse of pain medication and need for substance abuse treatment.
- *Biofeedback*: Interventions involve the use of instrumentation to monitor and modify psychophysiological processes relevant to autonomic arousal and muscle tension, most often used for relaxation and pain management.
- *Other Electives*: Psychological evaluations and/or testing through HBPC; psychological evaluations of dialysis patients including transplant evaluations, evaluations for peritoneal dialysis, and general psychological evaluations for short-term treatment.

Upon completion of the Health Psychology Rotation, interns will (1) understand the assessment and treatment of patients who initially present with medical complaints as well as those with chronic, debilitating, severe, and/or terminal illness; (2) be familiar with research on and practice of state-of-the-art treatments in behavioral medicine; (3) function as integral members of an interdisciplinary medical team providing psychological input and feedback.

OUTPATIENT PSYCHOTHERAPY:

Over the course of the year, interns will work with outpatients in a number of different treatment modalities. Typically, interns carry at least four psychotherapy cases at one time for short-term and long-term individual therapy. Individual patients are referred from services throughout the Medical Center.

- **Posttraumatic Stress Disorder – Drs. Hanover, Kramer, and Nicolosi**

In addition to the four month major rotation in the PTSD Clinic, interns will carry one long-term PTSD patient for the duration of the year. Interns receive a half-hour of individual supervision per week.

- **Psychodynamic Psychotherapy – Drs. Katz, Kennedy, Pfaff, and Miller**

Interns carry two patients for the full training year and have the opportunity to treat a range of both Axis I and Axis II psychopathology. Interns receive a half-hour of individual supervision per week.

- **Cognitive-Behavioral Therapy – Drs. Ruhland & Song**

Interns typically carry one CBT patient at a time. Treatment is usually short-term and thus interns are able to treat a number of different cases over the course of the year. Interns attend a weekly group supervision where they have the opportunity to present their own work and participate in clinical discussion of other cases; individual supervision is also provided on an as-needed basis.

- **Group Psychotherapy**

A rich variety of group therapy training experiences are available, including support, psychoeducational, and interpersonal approaches to group work. Each intern will co-lead a long-term psychotherapy group with a staff psychologist for the duration of the training year. Some recent examples of groups open to interns are:

- Alzheimer’s Caregivers Support Group
- Gay Men’s Support Group
- Life Stages Group
- Sobriety Maintenance Group
- Depression Group
- Interpersonal Therapy Group

ASSESSMENT:

Neuropsychological Testing – Drs. Cercy and Green

Neuropsychology provides testing and evaluation of patients referred from services throughout the Medical Center, with the majority of referrals coming from Primary Care, Neurology, and Psychiatry. Typical consultations involve evaluation of Alzheimer's disease, vascular dementia, Parkinson's disease, traumatic brain injury, stroke, neoplasm, hydrocephalus, multiple sclerosis, HIV-related dementia and other neurological disorders and infectious diseases. Referrals may involve such questions as differential diagnosis of schizophrenia-spectrum and major affective disorders from primary neurodegenerative processes, evaluation of cognitive impairment associated with medical illness such as diabetes and obstructive sleep apnea, and diagnosis of adult residual attention deficit hyperactivity disorder and learning disabilities. Evaluations focus primarily on outpatient assessments, but inpatient consultations are available to interns who demonstrate an interest in such patients.

Interns will gain training and experience in performing neuropsychological evaluations using a hypothesis driven assessment approach and in the provision of feedback and psychoeducation to veterans and their families. Interns will also have the opportunity to attend departmental case conferences, rounds, and seminars on site and at NYU/Bellevue.

For six months of the year, interns conduct comprehensive outpatient assessments and attend a weekly neuropsychology rounds/ group supervision. For the other six months, interns participate in the Memory Disorders Clinic. This weekly multidisciplinary service consists of providers in Neurology, Neuropsychology, Psychiatry, Geriatrics, and Social Work and provides comprehensive evaluation and management of patients with suspected or known disorders of cognition. Interns conduct one evaluation per week, which involves a brief screening of cognition, emotion, and adaptive functioning. Interns then present their findings in the context of the multidisciplinary team meeting, and referrals for future comprehensive neuropsychological evaluation and other aspects of patient management are made. Interns will conduct two comprehensive follow-up evaluations with patients screened in the Memory Disorders Clinic during their six months on the service.

Psychodiagnostic & Personality Testing – Drs. Kramer, Pfaff, and Miller

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

SUPERVISION AND DIDACTICS:

Supervision

At the Manhattan VA, supervision is seen as a powerful vehicle for promoting professional and personal growth. In keeping with an apprenticeship model, interns work closely with each of their supervisors, gaining independence as each training experience progresses. All psychology staff participate in the internship and thus interns have the opportunity for supervision in a variety of modalities (e.g., psychodynamic, psychoanalytic, interpersonal, cognitive-behavioral, behavioral, systems, and eclectic).

Interns receive intensive supervision, mostly on an individual basis, for each rotation and training experience (generally 5-6 hours per week). Interns receive daily informal supervision on their major rotations, along with at least one hour weekly formal individual supervision for the rotation. Both individual and group supervision is provided for outpatient psychotherapy cases, as described in previous sections. All psychology staff maintain an open door policy and interns are free to request additional supervision/consultation at any time.

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

Training Seminars

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

Regular modules in the seminar series include clinical interviewing, ethical issues, Axis I psychopathology, character pathology, group psychotherapy, health psychology, PTSD, substance abuse, neuropsychology, cultural formulations and diversity issues, peer supervision group, and psychopharmacology. In addition, other special topics are presented over the course of the year. Recent seminar subjects have included military history, women's health psychology, cognitive-behavioral treatment for PTSD, forensic psychology, suicide assessment and prevention, disaster relief mental health, military sexual trauma, motivational interviewing, health disparities, program evaluation, and supervision.

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

ELECTIVES:

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

On each of the major rotations, there is the possibility of expanding the interns' clinical activities in particular areas of interest. Similarly, interns may elect to increase their outpatient caseload in a specific treatment modality. Interns may also elect to conduct additional therapy groups. Recent examples of groups offered by psychology staff and interns include Pain Management, Hepatitis-C Support Group, Insomnia Treatment Group, Women's Stress Management Group, and Creative Arts Group.

Interns may participate in ongoing research or initiate their own investigations at the Medical Center. A number of our interns have completed dissertations at the VA. Interns may use VA patients as subjects (with approval from the Medical Center's Research Committee) or may pursue their own research interests and populations. The Medical Center Library is available with a full range of research support services. Examples of research conducted by Psychology and Psychiatry staff include investigation of AIDS-related dementia, neuropsychological sequelae of cardiac surgery, visual memory, ADHD, right hemispheric processing, and outcome research in PTSD and in chronic pain treatment.

Finally, interns are encouraged to consider creating an elective tailored to their interests. All efforts will be made to accommodate individual training needs when possible.

EVALUATION OF INTERNS AND SUPERVISORS

Interns are evaluated for each major rotation, for outpatient individual therapy cases, and for neuropsychological assessment. Evaluations are accomplished by means of structured forms and scheduled verbal feedback based upon expected performance standards and competencies appropriate to the level of predoctoral internship training. Interns are evaluated in the following areas: general clinical skills, diversity, professionalism and ethical conduct, and specific competencies relevant to the rotation or training assignment. Sample intern evaluation forms are shown in Appendix C.

Informal bi-directional feedback between interns and supervisors is encouraged as part of the ongoing supervisory process. Formal, written evaluations are conducted throughout the training year, as follows:

- **Major Rotations (four-month assignment):** a brief, verbal feedback session is held between the intern and the supervisor at the midpoint of each rotation in order to identify areas for mutual improvement while there is plenty of time for constructive changes. Supervisors formally evaluate interns via structured forms at the end of each rotation. Interns likewise complete a written evaluation of the supervisor.
- **Outpatient Therapy (year-long assignment):** supervisors evaluate interns (and vice versa) using a written evaluation at six months and at year's end.
- **Neuropsychological Assessment (six-month assignment):** at three months, a brief, verbal feedback session is held between intern and supervisor in order to discuss progress, strengths, and areas for improvement. At six months, supervisors and interns complete final evaluations.

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

Evaluative feedback about the internship program is extremely important to us. The Training Director meets with the interns as a group on the first Monday of each month for an informal lunch. Interns are also encouraged to meet individually with the Training Director at any time to raise concerns about the internship.

Near the completion of the year, interns submit a portfolio containing samples of their work, including intakes, psychotherapy notes and summaries, assessments, etc. The portfolio is a performance-based measure that allows each intern to demonstrate her/his mastery of the skills necessary for successful completion of the internship.

INTERNSHIP AGREEMENT

The internship appointments are for 2080 hours, which is full time for a one year period from July 1 to June 30 (these dates may vary slightly depending on the schedule of orientation for new employees). Within this framework, interns may take up to 12 days leave for vacation and up to 12 days sick leave, in addition to 10 Federal holidays. Requests for educational leave are granted for participation in conferences, conventions, or for dissertation-related meetings at the intern's university.

The Veterans Administration internship stipend is \$25,024 per year and is considered by the Internal Revenue Service as taxable income. Health care benefits are available to interns, married spouses, and legal dependents. A routine physical examination is provided upon employment, as is on-site emergency health care. Interns are also eligible for life insurance, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. However, if interns are later employed by VA, they receive service credit for the internship year.

INTERNSHIP QUALIFICATIONS

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

- United States citizenship
- Doctoral student in good standing at an APA-approved Clinical or Counseling doctoral psychology program
- Approved for internship by doctoral program training director
- Completion of all coursework
- Practicum training in psychotherapy and psychodiagnostic assessment (including basic proficiency in the administration and interpretation of both cognitive and projective instruments (WAIS-III, Rorschach, TAT, Bender-Gestalt, and Figure Drawings))

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

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

<http://www.appic.org>.

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

APPLICATION PROCEDURE

To apply for our internship program, please follow the steps detailed below. Our mailing address and telephone are as follows:

Christie Pfaff, Ph.D.
Director of Training
Psychology Division (11M)
2nd Floor, Clinical Addition, Room 2571
Department of Veterans Affairs
NY Harbor Healthcare System
423 East 23rd Street
New York, New York 10010

Phone (212) 686-7500 Ext. 7698
Fax (212) 951-6357
Email: Christie.Pfaff@va.gov

Our APPIC Matching Program Code Number is **148011**.

1. Please include the following materials in your application packet.

- Completed APPIC standardized application form, available on APPIC homepage (www.appic.org), including Verification of Internship Eligibility and Readiness
- Supplementary application (see following page of this brochure)
- Curriculum vita
- A psychodiagnostic testing report that includes objective and projective personality measures
- Official transcript from each graduate psychology program
- Three letters of recommendation (at least one from a practicum supervisor)

2. PLEASE NOTE: ALL APPLICATION MATERIALS SHOULD BE SUBMITTED AS A SINGLE PACKAGE. ALL APPLICATIONS ARE DUE BY NOVEMBER 14.

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

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

SUPPLEMENTARY APPLICATION

Please answer the following question on a separate sheet of paper and include it with your application packet.

Write a brief synopsis of a psychotherapy case. Please address why this case was particularly meaningful to you.

Please submit an original essay, rather than a treatment summary you may have previously prepared. Please do not exceed 500 words.

APPENDIX A

NEW YORK VA MEDICAL CENTER PSYCHOLOGY DIVISION STAFF

Steven Cercey, Ph.D., Southern Illinois University

Clinical Neuropsychologist

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

Clinical activities: Neuropsychological assessment

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

Corey Chen, Ph.D., University of North Carolina

Clinical Psychologist/Geropsychologist, Home-based Primary Care

Clinical activities: Evaluation, brief psychotherapy, psychoeducation, and psychological and neuropsychological testing with home-bound veterans and family members.

Research interests: Dementia, depression, and caregiving of older adults; treatment interventions for older adults and caregivers.

Jennifer Egert, Ph.D., Duke University

Clinical Health Psychologist; VISN Coordinator for Psychological Palliative Care Services

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

Clinical activities: Assessment and treatment of problems related to medical illness, disability, and loss; cognitive-behavioral individual and group interventions

Research interests: chronic illness and disability; death, dying, and bereavement; pain management

Marc Goloff, Ph.D., ABPP, New York University

Clinical Psychologist; Director of Psychological Services in Primary Care

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Evaluation and short-term cognitive behavioral therapy for primary care and pain management patients; use of specialized interventions such as biofeedback and hypnosis

Research interests: Psychological aspects of chronic pain

Susan Green, Psy.D., ABPP-CN, Yeshiva University

Clinical Neuropsychologist

Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Neuropsychological assessment

Research interests: Neuropsychological sequelae of cardiac surgery; Alzheimer's Disease

Ronald E. Hanover, Ph.D., Syracuse University

Clinical Psychologist; Director of Psychological Services in PTSD Clinic

Clinical activities: Individual and group treatment of PTSD

Josh Hooberman, Ph.D., Fordham University

Clinical Psychologist

Clinical activities: Assessment, identification, and intervention with veterans at risk for suicide/parasuicide

Research interests: Coping and resilience of severe trauma, psychological sequelae of traumatized refugees, suicidal behavior treatment and assessment

NEW YORK VA MEDICAL CENTER PSYCHOLOGY DIVISION STAFF (con't)

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

Janet K. Kennedy, Ph.D., New York University
Clinical Psychologist
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Assessment and treatment of mood disturbance and adjustment difficulties due to medical problems; preventative health interventions; individual and group psychotherapy
Research interests: Relationship conflict patterns; efficacy of behavioral interventions in the context of medical care.

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

Ilysa Michelson, Psy.D., George Washington University
Clinical Psychologist; VISN 3 Project Manager, Primary Care-Mental Health Integration
Clinical activities: Management of regional initiative to increase access to mental health care; evaluation, preventative interventions and short-term psychotherapy for primary care patients
Research interests: Assessment of treatment-readiness in patients with severe mental illness; cultural factors in mental health.

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

Anna Nedelisky, Ph.D., New School For Social Research
Clinical Neuropsychologist
Clinical Activities: Neuropsychological Assessment
Research Interests: Attachment and Obsessive-Compulsive Disorder; anxiety spectrum disorders

C. Matthew Nichols, Ph.D., Fordham University
Counseling Psychologist, Suicide Prevention Coordinator
Clinical activities: Assessment, identification, and intervention with veterans at risk for suicide/parasuicide
Research interests: suicidal and self-injurious behavior; coping behaviors of patients and family members with psychiatric and medical illness; assessment and treatment of prodromal states of schizophrenia and psychotic illness

NEW YORK VA MEDICAL CENTER PSYCHOLOGY DIVISION STAFF (con't)

Jessica B. Nicolosi, Psy.D., Argosy University/Phoenix

Clinical Psychologist

Clinical activities: Assessment and treatment of combat trauma, sexual trauma, and substance abuse; adjustment of returning combat veterans; diversity and cultural issues; cognitive behavioral, interpersonal, and group psychotherapy

Research interests: Program development and evaluation, factors related to resiliency or vulnerability in combat and sexual trauma, treatment of chronic substance abuse

Christie Pfaff, Ph.D., New York University

Clinical Psychologist; Director of Training

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

Clinical activities: Psychodynamic psychotherapy; interpersonal group psychotherapy; psychodiagnostic testing; treatment of severe mental illness

Research interests: The role of insight in schizophrenia; phenomenology and significance of delusions

Danielle Ramati, Psy.D., Yeshiva University

Clinical Psychologist

Clinical Activities: Evaluation and same day triage of primary care patients to mental health services; short-term bereavement counseling and psychodynamic psychotherapy.

Research Interests: Birthmothers' experience of social support; Program evaluation of mental health services in primary care.

David Ruhland, Ph.D., ABPP, University of Michigan

Clinical Psychologist; Director of Psychology; Assistant ACOS for Mental Health, New York Harbor Healthcare System

Adjunct Associate Professor, Department of Psychology, New York University; Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Cognitive behavioral therapy and supervision

Research interests: Relationship of personality variables to psychological and medical problems

Yong S. Song, PhD, Virginia Commonwealth University

Clinical Psychologist; Assistant Director, Substance Abuse Recovery Program (SARP)

Assistant Clinical Professor, University of California, San Francisco, School of Medicine, Department of Psychiatry

Clinical Activities: Cognitive-behavioral and interpersonal psychotherapy; individual and group psychotherapy for substance abuse and co-occurring disorders

Research Interests: Evidence based treatments for addictions; clinical trials for drug treatments; health promotion among drug users; HIV-risk behaviors among drug users

Neal Spivack, Ph.D., Adelphi University

Clinical Psychologist

Instructor of Psychology in Clinical Psychiatry, Weill Medical College of Cornell University

Clinical Activities: Assessment and treatment of substance use disorders in primary care; group therapy programming

Research interests: Group therapy; organizational dynamics; substance use disorders treatment

APPENDIX B

PSYCHOLOGY TRAINING PROGRAM CONSULTANTS

Consultants to our program provide ongoing supervision to interns in their areas of expertise.

Lenard Adler, M.D., Emory University School of Medicine
Attending Psychiatrist, Unit Chief (17N), NYVA Mental Health Service
Associate Professor of Psychiatry and Neurology, NYU School of Medicine
Psychopharmacology, Attention-Deficit Disorder

Danika Altman, Ph.D., Temple University
Independent Practice
Etiology and treatment of Axis II pathology

Sarah Brazaitis, Ph.D., Teachers College, Columbia University
Associate Professor of Psychology & Education, Department of Organization & Leadership,
Columbia University
Racial identity, group dynamics and group relations

Brian Bronson, M.D., New York University School of Medicine
Director of Consultation and Liaison Psychiatry Services, NYVA Mental Health Service
Clinical Assistant Professor of Psychiatry, New York University School of Medicine
Consultation-Liaison Psychiatry

Robert Delgado, M.D., New York University School of Medicine
Attending Psychiatrist (17N), NYVA Mental Health Service
Clinical Assistant Professor of Psychiatry, New York University School of Medicine
General adult psychiatry, psychopharmacology, psychotherapy

Marion Eakin, M.D., Harvard Medical School
Director, Outpatient Psychiatry, NYVA Mental Health Service
Clinical Assistant Professor of Psychiatry, New York University School of Medicine
Post Traumatic Stress Disorder, Military Sexual Trauma, Attention-Deficit Disorder

Grace Hennessy, M.D., Tufts University School of Medicine
Director, Substance Abuse Recovery Program (SARP)
Co-occurring substance use and psychiatric disorders, pharmacologic treatments for
substance use disorders

PSYCHOLOGY TRAINING PROGRAM CONSULTANTS (con't)

Ira Jasser, M.D., SUNY Downstate Medical Center College of Medicine
Attending Psychiatrist, Mental Health Clinic, NYVA Mental Health Service
Clinical Instructor of Psychiatry, New York University School of Medicine
Psychopharmacology, Organic brain syndrome

Donald L. Schuman, Ph.D., ABPP, Yeshiva University
Independent Practice
Clinical Assistant Professor, NYU School of Medicine
Psychodiagnostic assessment, clinical interviewing

Arthur Sinkman, M.D., University of Pittsburg School of Medicine
Attending Psychiatrist (17N), NYVA Mental Health Service
Clinical Associate Professor of Psychiatry, New York University School of Medicine
Psychodynamic theory

John Tatarakis, R.N., M.S., M.P.H., Columbia University
Local Recovery Coordinator, Psychiatric Mental Health Clinical Nurse Specialist,
Psychiatry Service, NYVA Mental Health Service
Adjunct Clinical Instructor, Borough of Manhattan Community College, CUNY
Recovery, severe mental illness, group psychotherapy

Kathlene Tracy, Ph.D., New School for Social Research
Director of Community Research & Prevention Program (CRPP)
Assistant Professor of Psychiatry, New York University School of Medicine
Community interventions for psychiatric and substance abuse disorders

APPENDIX C

SAMPLE EVALUATION FORMS

**PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
ACUTE INPATIENT PSYCHIATRY ROTATION – FINAL EVALUATION**

Intern: _____ Period Covered: _____

Supervisor(s): _____

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

General Clinical Skills:

1. Diagnostic interviewing skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Differential diagnosis and knowledge of DSM-IV							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Development and implementation of appropriate assessment and/or treatment strategies							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to establish a working alliance with patients and demonstrate appropriate empathy							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Ability to present cases clearly and objectively in supervision and team meetings							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to utilize supervision and integrate supervisory feedback							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
7. Quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
8. Individual psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
9. Group psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Diversity:

1. Awareness of cultural/diversity issues and how these affect the clinical situation							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Incorporation of cultural/diversity knowledge into assessment and treatment planning							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Use of culturally-sensitive and appropriate interventions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Professionalism & Ethical Conduct:

1. Demonstration of professional responsibility (e.g., organizational skills, management of workload, timely completion of clinical reminders and other chartwork, punctuality for appointments and meetings, preparation for supervision, adherence to program procedures, ability to function independently within scope of competence)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

2. Emotional maturity (e.g., ability to tolerate ambiguity or anxiety, ability to consider other points of view)								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
3. Awareness of own competence and limitations; ability to seek supervision appropriately								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
4. Relationships with and ability to provide a psychological perspective to other health professionals and team members								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
5. Awareness of and adherence to APA ethical guidelines								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
6. Ability to think critically about ethical and legal issues such as confidentiality and informed consent								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		

Rotation-Specific Competencies:

1. Understanding of the symptoms and treatment of severe mental illness (including behavioral, psychotherapeutic, and psychopharmacological interventions)								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
2. Ability to conduct and document Mental Status Examinations								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
3. Unit management and team coordination								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
4. Ability to manage and intervene effectively in crisis situations (e.g., lethality assessments, formulation of behavioral plans, notification and involvement of appropriate unit staff)								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		

Comments:

Areas of strength:

Areas for improvement:

The intern has completed this training assignment satisfactorily: _____Yes _____No

If no, please explain:

Intern signature: _____

Date: _____

Supervisor signature(s): _____

Date: _____

Date: _____

Date: _____

Director of Training signature: _____

Date: _____

**PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
PTSD CLINIC ROTATION – FINAL EVALUATION**

Intern: _____ Period Covered: _____

Supervisor(s): _____

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

General Clinical Skills:

1. Diagnostic interviewing skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Differential diagnosis and knowledge of DSM-IV							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Development and implementation of appropriate assessment and/or treatment strategies							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to establish a working alliance with patients and demonstrate appropriate empathy							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Ability to present cases clearly and objectively in supervision and team meetings							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to utilize supervision and integrate supervisory feedback							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
7. Quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
8. Individual psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
9. Group psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Diversity:

1. Awareness of cultural/diversity issues and how these affect the clinical situation							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Incorporation of cultural/diversity knowledge into assessment and treatment planning							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Use of culturally-sensitive and appropriate interventions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Professionalism & Ethical Conduct:

1. Demonstration of professional responsibility (e.g., organizational skills, management of workload, timely completion of clinical reminders and other chartwork, punctuality for appointments and meetings, preparation for supervision, adherence to program procedures, ability to function independently within scope of competence)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

2. Emotional maturity (e.g., ability to tolerate ambiguity or anxiety, ability to consider other points of view)								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
3. Awareness of own competence and limitations; ability to seek supervision appropriately								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
4. Relationships with and ability to provide a psychological perspective to other health professionals and team members								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
5. Awareness of and adherence to APA ethical guidelines								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
6. Ability to think critically about ethical and legal issues such as confidentiality and informed consent								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		

Rotation-Specific Competencies:

1. Understanding of PTSD symptoms and treatments								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
2. Ability to assess and diagnose PTSD and to distinguish PTSD from other diagnoses								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
3. Ability to formulate appropriate treatment recommendations and referrals for patients with PTSD								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
4. Understanding and assessment of co-morbid PTSD and substance abuse, including how each disorder impacts the other and implications for treatment								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
5. Understanding, assessment, and treatment of readjustment difficulties in recently returning veterans								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		

Comments:

Areas of strength:

Areas for improvement:

The intern has completed this training assignment satisfactorily: _____Yes _____No

If no, please explain:

Intern signature:_____

Date:_____

Supervisor signature(s):_____

Date:_____

Date:_____

Date:_____

Director of Training signature:_____

Date:_____

**PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
HEALTH PSYCHOLOGY/PRIMARY CARE ROTATION – FINAL EVALUATION**

Intern: _____ Period Covered: _____

Supervisor(s): _____

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

General Clinical Skills:

1. Diagnostic interviewing skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Differential diagnosis and knowledge of DSM-IV							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Development and implementation of appropriate assessment and/or treatment strategies							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to establish a working alliance with patients and demonstrate appropriate empathy							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Ability to present cases clearly and objectively in supervision and team meetings							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to utilize supervision and integrate supervisory feedback							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
7. Quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
8. Individual psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
9. Group psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Diversity:

1. Awareness of cultural/diversity issues and how these affect the clinical situation							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Incorporation of cultural/diversity knowledge into assessment and treatment planning							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Use of culturally-sensitive and appropriate interventions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Professionalism & Ethical Conduct:

1. Demonstration of professional responsibility (e.g., organizational skills, management of workload, timely completion of clinical reminders and other chartwork, punctuality for appointments and meetings, preparation for supervision, adherence to program procedures, ability to function independently within scope of competence)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

2. Emotional maturity (e.g., ability to tolerate ambiguity or anxiety, ability to consider other points of view)								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
3. Awareness of own competence and limitations; ability to seek supervision appropriately								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
4. Relationships with and ability to provide a psychological perspective to other health professionals and team members								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
5. Awareness of and adherence to APA ethical guidelines								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
6. Ability to think critically about ethical and legal issues such as confidentiality and informed consent								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		

Rotation-Specific Competencies:

1. Knowledge and understanding of the interplay between medical and psychological issues								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
2. Ability to assess and diagnose substance use disorders								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
3. Understanding and use of relaxation and imagery techniques								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
4. Understanding and use of mindfulness techniques								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
5. Understanding and use of clinical biofeedback skills								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
6. Understanding and use of motivational interviewing techniques								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
7. Ability to provide effective psychoeducational interventions								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
8. Consistency in checking and completing CPRS mental health reminders in the context of intake evaluations when indicated								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		

Comments:

Areas of strength:

Areas for improvement:

The intern has completed this training assignment satisfactorily: _____Yes _____No

If no, please explain:

Intern signature: _____

Date: _____

Supervisor signature(s): _____

Date: _____

Date: _____

Date: _____

Director of Training signature: _____

Date: _____

**PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
NEUROPSYCHOLOGICAL ASSESSMENT – FINAL EVALUATION**

Intern: _____ Period Covered: _____

Supervisor(s): _____

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

General Clinical Skills:

1. Diagnostic interviewing skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Differential diagnosis and knowledge of DSM-IV							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Development and implementation of appropriate assessment and/or treatment strategies							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to establish a working alliance with patients and demonstrate appropriate empathy							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Ability to present cases clearly and objectively in supervision and team meetings							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to utilize supervision and integrate supervisory feedback							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
7. Quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Diversity:

1. Awareness of cultural/diversity issues and how these affect the clinical situation							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Incorporation of cultural/diversity knowledge into assessment and treatment planning							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Use of culturally-sensitive and appropriate interventions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Professionalism & Ethical Conduct:

1. Demonstration of professional responsibility (e.g., organizational skills, management of workload, timely completion of clinical reminders and other chartwork, punctuality for appointments and meetings, preparation for supervision, adherence to program procedures, ability to function independently within scope of competence)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Emotional maturity (e.g., ability to tolerate ambiguity or anxiety, ability to consider other points of view)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Awareness of own competence and limitations; ability to seek supervision appropriately							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Relationships with and ability to provide a psychological perspective to other health professionals and team							

members								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
5. Awareness of and adherence to APA ethical guidelines								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
6. Ability to think critically about ethical and legal issues such as confidentiality and informed consent								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		

Training Assignment-Specific Competencies:

1. Appropriate review of medical records relevant to case								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
2. Appropriate use of research literature to supplement knowledge relevant to cases								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
3. Planning of test batteries								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
4. Test administration and scoring								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
5. Test interpretation								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
6. Grasp of brain-behavior relationships								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
7. Understanding of neuroimaging and other neurodiagnostic findings								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
8. Ability to integrate history with findings to arrive at a diagnostic formulation								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		
9. Ability to formulate appropriate recommendations based on test findings								
1	2	3	4	5	6	7		N/A
Poor			Good			Superior		

Comments:

Areas of strength:

Areas for improvement:

The intern has completed this training assignment satisfactorily: _____Yes _____No

If no, please explain:

Intern signature: _____

Date: _____

Supervisor signature(s): _____

Date: _____

Date: _____

Date: _____

Director of Training signature: _____

Date: _____

**PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
PSYCHODYNAMIC PSYCHOTHERAPY – FINAL EVALUATION**

Intern: _____ Period Covered: _____

Supervisor(s): _____

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

General Clinical Skills:

1. Diagnostic interviewing skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Differential diagnosis and knowledge of DSM-IV							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Development and implementation of appropriate assessment and/or treatment strategies							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to establish a working alliance with patients and demonstrate appropriate empathy							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Ability to present cases clearly and objectively in supervision and team meetings							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to utilize supervision and integrate supervisory feedback							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
7. Quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
8. Individual psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Diversity:

1. Awareness of cultural/diversity issues and how these affect the clinical situation							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Incorporation of cultural/diversity knowledge into assessment and treatment planning							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Use of culturally-sensitive and appropriate interventions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Professionalism & Ethical Conduct:

1. Demonstration of professional responsibility (e.g., organizational skills, management of workload, timely completion of clinical reminders and other chartwork, punctuality for appointments and meetings, preparation for supervision, adherence to program procedures, ability to function independently within scope of competence)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

2. Emotional maturity (e.g., ability to tolerate ambiguity or anxiety, ability to consider other points of view)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Awareness of own competence and limitations; ability to seek supervision appropriately							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Relationships with and ability to provide a psychological perspective to other health professionals and team members							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Awareness of and adherence to APA ethical guidelines							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to think critically about ethical and legal issues such as confidentiality and informed consent							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Training Assignment-Specific Competencies:

1. Ability to conceptualize case from a psychodynamic perspective							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Attendance to process and content of patient's verbalizations							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Knowledge of diagnoses and interpersonal issues guides treatment strategies							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to respond effectively to patient's thoughts, feelings, and behaviors							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Self-awareness; awareness of the impact of the self on the therapeutic process							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Openness to exploring countertransference and personal reactions to patients							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Comments:

Areas of strength:

Areas for improvement:

The intern has completed this training assignment satisfactorily: _____Yes _____No

If no, please explain:

Intern signature:_____

Date:_____

Supervisor signature(s):_____

Date:_____

Date:_____

Date:_____

Director of Training signature:_____

Date:_____

**PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
COGNITIVE BEHAVIORAL THERAPY – FINAL EVALUATION**

Intern: _____ Period Covered: _____

Supervisor(s): _____

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

General Clinical Skills:

1. Diagnostic interviewing skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Differential diagnosis and knowledge of DSM-IV							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Development and implementation of appropriate assessment and/or treatment strategies							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to establish a working alliance with patients and demonstrate appropriate empathy							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Ability to present cases clearly and objectively in supervision and team meetings							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to utilize supervision and integrate supervisory feedback							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
7. Quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
8. Individual psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Diversity:

1. Awareness of cultural/diversity issues and how these affect the clinical situation							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Incorporation of cultural/diversity knowledge into assessment and treatment planning							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Use of culturally-sensitive and appropriate interventions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Professionalism & Ethical Conduct:

1. Demonstration of professional responsibility (e.g., organizational skills, management of workload, timely completion of clinical reminders and other chartwork, punctuality for appointments and meetings, preparation for supervision, adherence to program procedures, ability to function independently within scope of competence)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

2. Emotional maturity (e.g., ability to tolerate ambiguity or anxiety, ability to consider other points of view)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Awareness of own competence and limitations; ability to seek supervision appropriately							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Relationships with and ability to provide a psychological perspective to other health professionals and team members							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Awareness of and adherence to APA ethical guidelines							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to think critically about ethical and legal issues such as confidentiality and informed consent							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Training Assignment-Specific Competencies:

1. Understanding of basic cognitive model (e.g., relationship between thoughts, emotions, behaviors and physiology; concepts such as automatic thoughts, cognitive distortions, core beliefs, and schemas)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Understanding of indications and contraindications for CBT							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Ability to conceptualize case within a CBT framework and formulate appropriate interventions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to structure and focus therapy sessions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Knowledge and skill in using cognitive techniques such as identifying automatic thoughts, cognitive restructuring, problem solving, advantage/disadvantage analyses, examining the evidence, thought recording, and modification of core beliefs							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Knowledge of and skill in using behavioral techniques such as activity scheduling, exposure and response prevention, relaxation training, and systematic desensitization							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
7. Feedback and guidance provided appropriately to peers during group supervision							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Comments:

Areas of strength:

Areas for improvement:

The intern has completed this training assignment satisfactorily: _____Yes _____No

If no, please explain:

Intern signature:_____

Date:_____

Supervisor signature(s):_____

Date:_____

Date:_____

Date:_____

Director of Training signature:_____

Date:_____

**PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
PTSD LONG-TERM PSYCHOTHERAPY CASES – FINAL EVALUATION**

Intern: _____ Period Covered: _____

Supervisor(s): _____

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

General Clinical Skills:

1. Diagnostic interviewing skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Differential diagnosis and knowledge of DSM-IV							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Development and implementation of appropriate assessment and/or treatment strategies							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
4. Ability to establish a working alliance with patients and demonstrate appropriate empathy							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
5. Ability to present cases clearly and objectively in supervision and team meetings							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
6. Ability to utilize supervision and integrate supervisory feedback							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
7. Quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
8. Individual psychotherapy skills							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Diversity:

1. Awareness of cultural/diversity issues and how these affect the clinical situation							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
2. Incorporation of cultural/diversity knowledge into assessment and treatment planning							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	
3. Use of culturally-sensitive and appropriate interventions							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

Professionalism & Ethical Conduct:

1. Demonstration of professional responsibility (e.g., organizational skills, management of workload, timely completion of clinical reminders and other chartwork, punctuality for appointments and meetings, preparation for supervision, adherence to program procedures, ability to function independently within scope of competence)							
1	2	3	4	5	6	7	N/A
Poor			Good			Superior	

2. Emotional maturity (e.g., ability to tolerate ambiguity or anxiety, ability to consider other points of view)								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
3. Awareness of own competence and limitations; ability to seek supervision appropriately								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
4. Relationships with and ability to provide a psychological perspective to other health professionals and team members								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
5. Awareness of and adherence to APA ethical guidelines								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
6. Ability to think critically about ethical and legal issues such as confidentiality and informed consent								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		

Training Assignment-Specific Competencies:

1. Understanding of PTSD symptoms and treatments								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
2. Ability to assess and diagnose PTSD and to distinguish PTSD from other diagnoses								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
3. Facilitation of patient's ability to discuss and process traumatic material								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
4. Ability to use a variety of skills in symptom reduction								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		
5. Awareness of vicarious traumatization and personal reactions to trauma								
1	2	3	4	5	6	7	N/A	
Poor			Good			Superior		

Comments:

Areas of strength:

Areas for improvement:

The intern has completed this training assignment satisfactorily: _____Yes _____No

If no, please explain:

Intern signature: _____

Date: _____

Supervisor signature(s): _____

Date: _____

Date: _____

Date: _____

Director of Training signature: _____

Date: _____

**PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
INTERN EVALUATION OF SUPERVISION**

Intern: _____ Supervisor: _____

Rotation/Clinical Assignment: _____ Period Covered: _____

Frequency of Supervision: _____ Modalities Utilized: _____

Please fill out this form as honestly as possible. Your feedback will be used to improve the quality of interns' future experiences with this supervisor. Supervisors will be provided with overall feedback based on comments from you and your fellow interns. Your confidentiality will be completely respected.

1. How available was this supervisor to you for supervision?

1	2	3	4	5	6	7
always available						never available

2. How knowledgeable was this supervisor about the area being supervised (psychotherapy, assessment, etc.)?

1	2	3	4	5	6	7
very knowledgeable						not at all knowledgeable

3. Did the supervisor provide useful information on and conceptualization of clinical/treatment issues?

1	2	3	4	5	6	7
very frequently						never

4. Did the supervisor provide useful information on and conceptualization of diagnostic/assessment issues?

1	2	3	4	5	6	7
very frequently						never

5. Did the supervisor provide references from the literature relevant to clinical issues?

1	2	3	4	5	6	7
very frequently						never

6. How often was the supervisor willing to understand and incorporate your views of the patient?

1	2	3	4	5	6	7
always						never

7. How flexible was this supervisor in terms of his/her theoretical approach?

1	2	3	4	5	6	7
very flexible						not at all flexible

8. Please rate this supervisor's teaching and didactic skills.

1	2	3	4	5	6	7
excellent						poor

9. How responsive was this supervisor to your particular interests and needs when providing training?

1	2	3	4	5	6	7
very responsive						very unresponsive

10. Did this supervisor provide you with effective feedback?

1	2	3	4	5	6	7
very frequently						never

11. Overall rating of quality of supervision

1	2	3	4	5	6	7
excellent						poor

Comments:

Intern signature: _____

Date: _____

Director of Training signature: _____

Date: _____

APPENDIX D

INTERN GRIEVANCE PROCEDURE AND IMPAIRED INTERN PERFORMANCE POLICY

INTERN GRIEVANCE PROCEDURE

First, it should be noted that every effort is made to create a climate of access and collegiality within the service. The Director of Training is actively involved in monitoring the training program and frequently checks informally with interns and supervisors regarding interns' progress and potential problems. In addition, Intern-Director meetings are held periodically to provide another structured forum for discovery and resolution of potential problems.

Second, if an intern has an issue with a particular supervisor or training assignment, s/he is encouraged to attempt to work it out directly. If unable to do so, s/he would discuss the grievance with the Director of Training, who would meet with the two parties as appropriate. If still unable to resolve the problem, the intern, supervisor, and Director of Training would then meet with the Director of the Psychology, who would intervene as necessary. If an intern has an issue with the Director of Training that s/he is unable to work out directly, s/he would discuss the grievance with the Director of Psychology, who would then meet with the intern and Director of Training, as appropriate.

Third, if a mutually satisfying resolution is not achieved, any of the parties involved can move to enlist the services of two outside consultants, a graduate of the internship program and a psychologist unaffiliated with the program, but familiar with training issues. The consultants will work with all involved individuals to mediate an acceptable solution. The Director of Training will implement this step in the grievance procedure as soon as a request is made.

IMPAIRED INTERN PERFORMANCE

If a situation were to arise wherein an intern was not performing at the expected level of competence, several steps would be followed:

1. After noting serious deficiencies which did not improve through ongoing supervision, the supervisor most directly involved in the problematic area would meet with the Director of Training in order to assess the seriousness of the intern's deficient performance, its probable causes, and remedial steps to be taken.
2. Based upon this assessment, the supervisor and Director of Training would meet with the intern and together they would formulate a written plan detailing: (a) the areas and nature of deficient performance, (b) the specific objectives for the intern to meet over a specified period of time in order to meet performance standards, and (c) the means for accomplishing those objectives. This plan would become a part of the intern's file and a copy forwarded to the Director of Clinical Training at the intern's school.
3. If the intern is unable to meet the objectives set to achieve acceptable performance, the Director of Training would meet with the full Training committee, including the Director of Psychology, and then contact the Director of Clinical Training at the intern's school to discuss what course of action ought to be taken, from development of a new remedial plan to termination from the internship program.
4. All deficiencies, corrective plans, meetings, and intern's progress in meeting remedial objectives would be fully documented. Two reports would be forwarded to the intern's graduate program. The first would describe the deficiencies and remedial plan at the time a serious problem was noted. The second would report the intern's degree of success in correcting the deficiencies and make final recommendations.