

PRE-DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

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

PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE

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INTRODUCTION

The Department of Veterans Affairs New York Harbor Healthcare System, Manhattan Campus, offers a one-year, full-time Pre-doctoral Internship in Professional Psychology to advanced students in APA-accredited doctoral psychology programs. The internship is based in the Psychology Division of the Mental Health Service and is affiliated with the New York University School of Medicine.

The Manhattan VA has a long tradition of providing high-quality clinical training in psychology. We are proud of our internship program and of the reputation it has achieved throughout the national psychology community. Our past interns have distinguished themselves in a wide variety of employment settings including the Department of Veterans Affairs and other medical centers and health care facilities; community agencies, clinics, and private practices; colleges, universities, and research institutes; and in business and industry settings throughout the country.

The Psychology staff maintains a strong commitment to the training of interns and makes every effort to provide as enriching an experience as possible within an atmosphere of mutual respect and professionalism. We endeavor to achieve a good balance between 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.

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

We are committed to providing muticulturally competent training for our interns and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We are fortunate to be located in New York City, and our patient population includes African-American, Latino, Caribbean-American, Asian, and Caucasian veterans of both genders. Interns learn how factors such as race, ethnicity, culture, gender, sexual orientation, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds.

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

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

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

FACILITIES & PATIENT POPULATION

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

Inpatient and outpatient mental health services are available to both male and female veterans. While many veterans seen are adult males, a significant and increasing number of female veterans are seen as well. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a wide variety of racial, ethnic, and cultural backgrounds. 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 Operation Iraqi Freedom (OIF), Operation New Dawn (OND; Iraq), and Operation Enduring Freedom (OEF; Afghanistan). We also provide care for veterans who have served during peacetime. The main treatment modalities utilized are individual and group psychotherapy. On rare occasions, veterans' spouses and families may be seen for a time-limited intervention as an adjunct to the veteran's treatment.

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

PSYCHOLOGY DIVISION

Seventeen 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, suicide prevention, substance abuse, and group psychotherapy.

We offer internship and also practicum-level externship training to pre-doctoral psychology students. Previously, we have had externship placements in Health Psychology/Primary Care, Posttraumatic Stress Disorder Clinic, Suicide Prevention, Caregiver Psychotherapy, and Neuropsychology. Availability of externship placements in each of these clinical areas varies from year to year. More information about our externship program is available at: <http://www.nyharbor.va.gov/docs/psychexternNY.pdf>

We also offer a postdoctoral fellowship with an emphasis in Clinical Health Psychology and Primary Care. More information about our postdoctoral program is available at: <http://www.nyharbor.va.gov/docs/psychresNY.pdf>

Please be aware that we are currently unable to offer supervised training positions to students in bachelor's or master's level programs. Our internship and externship programs for psychology doctoral students comprise between 9-12 positions per year (6 interns and 3-6 externs); our postdoctoral fellowship comprises one additional position. Given the level of intensive supervision devoted to these programs, we are not able to accommodate additional supervisees.

The Psychology Division is housed within the outpatient Mental Health Clinic. The Clinic provides a broad range of psychiatric, psychological, medical, and social work services to our veteran outpatients and includes 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, locked file/storage space, and computer 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 INTERNSHIP PROGRAM

Training Model and Program Philosophy

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

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

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

Program Goals and Objectives

Our internship's training goals and objectives are as follows:

Goal 1) To train interns in integrated assessment, diagnostic, and intervention strategies that prepare them for the general practice of professional psychology in a healthcare setting.

Objectives: In order to provide our interns with a broad clinical knowledge base, interns will complete training assignments which expose them to a wide range of patients, psychopathology, theoretical orientations, and treatment settings.

Goal 2) To train interns to be culturally-competent practitioners.

Objectives: Interns will receive training and supervision on the impact of cultural factors on psychological functioning and use this knowledge to provide appropriate treatment for a diverse urban population.

Goal 3) To train interns to value professionalism and dedicate themselves to the highest standards of patient care and ethical conduct.

Objectives: We seek to foster each intern's identity as a psychologist, so that they will develop an understanding of professional responsibility, judgment, and ethics and apply this knowledge in all activities and professional roles

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.

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

DESCRIPTION OF TRAINING PROGRAM

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

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

Major Rotations

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

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

Outpatient Psychotherapy

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

Assessment

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

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

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, research, Home-Based Primary Care, Psychiatric Emergency Room, Consultation-Liaison, and Psychosocial Clubhouse.

**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: <ul style="list-style-type: none"> • Admissions on an as needed basis (generally 1-2 per week) • Caseload of 2 individual patients seen for daily therapy • Family meetings, as indicated • Communications group • Community Meetings • Daily rounds • Team meetings 	Required: <ul style="list-style-type: none"> • 3 Primary Care Clinic intakes per week • 1 Palliative Care individual therapy case • 1 short-term individual therapy or biofeedback case • Relaxation Group • Smoking Cessation Group • Healthy Sleep Group • Home-Based Primary Care home visit • PACT Extended Team meeting <ul style="list-style-type: none"> • Palliative Care team meeting • Case conference/journal club 	Required: <ul style="list-style-type: none"> • 2 PTSD Clinic intakes per week • 1 short-term individual therapy case (CBT, VR, exposure) • Seeking Safety Group • Vietnam Veterans group • PTSD Clinic team meeting • Case conference/journal club

OUTPATIENT THERAPY
PSYCHODYNAMIC PSYCHOTHERAPY: 2 year-long cases
COGNITIVE BEHAVIORAL THERAPY: 1 short-term case at a time (2 cases over the course of the year)
PTSD: 1 year-long case or 2 STAIR cases over the course of the year
GROUP PSYCHOTHERAPY: co-lead 1 year-long group

ASSESSMENT	
NEUROPSYCHOLOGY 1: <ul style="list-style-type: none"> • Memory Disorders Clinic (weekly): brief cognitive screenings and interdisciplinary team meetings • comprehensive assessments for patients screened in Memory Disorders Clinic or seen on the inpatient service (1-2 cases over 6 mos.) 	NEUROPSYCHOLOGY 2: <ul style="list-style-type: none"> • comprehensive outpatient assessments (4-6 cases over 6 mos.) • weekly neuropsychology rounds/group supervision
PSYCHODIAGNOSTIC AND PERSONALITY ASSESSMENT: 1-2 cases per year	

MAJOR ROTATIONS:

Acute Inpatient Psychiatry – Dr. Pfaff

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

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

Other clinical responsibilities on the unit include leading community meetings (weekly meetings of all staff and patients) and providing group therapy. For half of the rotation, interns co-lead the Communications Group. This group is a verbal, interpersonally-oriented psychotherapy group that is held twice a week on 17N, co-led by 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. understand the symptoms and treatment of severe mental illness, including psychopharmacological and supportive therapy interventions
2. conduct a thorough diagnostic interview including a mental status exam
3. write timely and clinically appropriate admission summaries and progress notes documenting assessment and treatment
4. coordinate with and contribute to the interdisciplinary mental health team by providing information and making recommendations from a psychological perspective
5. develop realistic treatment plans and goals
6. provide effective management and intervention in crisis situations.

MAJOR ROTATIONS:

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

The PTSD Clinic consists of a multidisciplinary team (psychologists, psychiatrists, social workers, nurse practitioner) dedicated to the assessment and treatment of PTSD. Veterans with combat trauma (WWII, Korea, Vietnam, Persian Gulf, Iraq, and Afghanistan) as well as those with a history of military sexual trauma are seen in the clinic. Currently serving 800+ veterans, the clinic provides specialized, comprehensive treatment to veterans suffering from PTSD, including pharmacotherapy, individual psychotherapy, and group psychotherapy. Treatment is offered in multiple modalities. Individual therapy modalities include supportive, psychodynamic, CBT, prolonged imaginal exposure, virtual reality exposure, Seeking Safety (concurrent treatment of PTSD and substance abuse), and motivational interviewing. A variety of groups are also available (e.g., 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), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). In keeping with a model of psychosocial rehabilitation and recovery, 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 two intake evaluations per week, co-lead two PTSD groups, and attend weekly PTSD team meetings. A number of different psychotherapy groups are offered within the PTSD Clinic, including Vietnam Veterans' Groups, Seeking Safety, Live Well, Mixed Combat, Stress Management, Anger Management for PTSD, OEF/OIF Support Group, and PTSD/Substance Abuse Group for OEF/OIF veterans. Interns also have the opportunity to provide short-term individual psychotherapy in a number of different modalities, including prolonged imaginal exposure therapy and virtual reality exposure therapy. There is also a weekly case conference/journal club to discuss treatment issues and research in PTSD. Interns are required to make at least one literature review/research presentation in this meeting over the course of the rotation.

Upon completion of the PTSD Clinic Rotation, interns will:

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

MAJOR ROTATIONS:

Health Psychology/Primary Care – Drs. Chen, Dognin, Goloff, Ingenito, Kehn, Ramati, and Spivack

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

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

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

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

Group Supervision/Journal Club (required): There is a weekly group supervision/journal club to discuss treatment issues and research in health psychology. Each intern is required to make at least one literature review/research presentation in this meeting over the course of the rotation.

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

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

Electives

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

Upon completion of the Health Psychology Rotation, interns will:

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

OUTPATIENT PSYCHOTHERAPY:

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

- **Group Psychotherapy**

A rich variety of group therapy training experiences are available, including support, psychoeducational, and interpersonal approaches to group work. Some recent examples of groups open to interns are:

- DBT Skills Group
- OEF/OIF Support Group
- Alzheimer's Caregivers Support Group
- Mixed Combat PTSD Group
- Gay Men's Support Group
- Life Stages Group
- Substance Abuse Rehabilitation Program Transition Group
- Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning Support Group

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

In addition to the four month major rotation in the PTSD Clinic, interns see PTSD patients for intensive, longer-term, individual treatment. Interns can choose one of the following modalities:

- **Trauma-focused long-term therapy for combat-related PTSD**, using a variety of interventions including psychodynamic, cognitive-behavioral, and exposure techniques. Interns will treat one patient for the duration of the year and receive a half-hour of individual supervision per week.
- **Skills Training in Affect and Interpersonal Regulation (STAIR)**, a cognitive-behavioral therapy for adult survivors of childhood sexual abuse. STAIR treatment is generally 16 weeks, with the first 8 sessions targeting emotion management and interpersonal skills in preparation for exposure therapy in the final 8 sessions. Interns will see 2 patients over the course of the year and attend an hour-long weekly group supervision.

- **Psychodynamic Psychotherapy – Drs. Chen, Dognin, Katz, Kehn, Miller, and Pfaff**

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 – Dr. Jackson**

Interns typically carry one CBT patient at a time. Treatment is short-term and thus interns are able to treat a number of different cases over the course of the year. Patients present

with a wide range of concerns and diagnoses, and treatment focuses on targeting identified symptoms and setting specific goals. Interventions include various methods of behavioral modification and cognitive restructuring, and at times interns will also have the opportunity to utilize empirically validated treatment protocols, such as Dialectical Behavior Therapy (DBT). Interns attend a weekly hour-long group supervision where they present their own work and participate in clinical discussion of other cases; individual supervision is also provided on an as-needed basis.

ASSESSMENT:

Neuropsychological Testing – Drs. Cercy and Green

The Neuropsychology Service provides testing and evaluation of patients referred from services throughout the Medical Center, with the preponderance 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 conducting neuropsychological evaluations using a hypothesis driven approach and in providing feedback and psychoeducation to veterans and their families. Interns will also have the opportunity to attend departmental case conferences, rounds, and seminars.

For six months of the year, interns conduct comprehensive outpatient assessments and attend weekly Behavioral Neurology Clinic. 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.

Psychodiagnostic & Personality Testing – Drs. Chen, Kehn, Kramer, Pfaff, and Ramati

Interns typically conduct 1-2 psychodiagnostic assessment batteries over the course of the year. Tests administered include projective and objective personality measures (e.g., Rorschach, TAT, Bender-Gestalt, Figure Drawings, and PAI). Referral questions include differential diagnosis, functional assessment, and disposition planning. Referrals may be from inpatient or outpatient services. Individual supervision is provided on each case with the goal of producing comprehensive, integrated test reports, as well as sharpening skills in interviewing, testing, and diagnostic formulation. Objective and projective personality testing may also be conducted in conjunction with neuropsychological assessment, as indicated on a case-by-case basis.

SUPERVISION AND DIDACTICS:

Supervision

At the Manhattan VA, supervision is seen as a powerful vehicle for promoting professional and personal growth. In keeping with our program's practitioner-scholar model, supervision is collaborative and focuses on case conceptualization, active learning, inquiry, and reflection. Interns work closely with 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, supportive, 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 case conference and in interdisciplinary team meetings on each of the major rotations. Finally, interns are encouraged to present their research or other areas of expertise.

Didactic Seminars

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

The seminar series emphasizes training in assessment, treatment methods, cultural diversity, ethics, and supervision. Regular topics include military history, mental status examinations, clinical interviewing, ethical issues, Axis I psychopathology, group psychotherapy, health psychology, PTSD, substance abuse, neuropsychology, cultural formulations and diversity issues, countertransference issues, supervision, psychopharmacology, and professional development. In addition, other special topics are presented over the course of the year. Recent seminar subjects have included women's health psychology, cognitive-behavioral treatment for PTSD, forensic psychology, dream interpretation, suicide assessment and prevention, disaster relief mental health, military sexual trauma, motivational interviewing, sleep disorders, health disparities, and program evaluation.

In addition to our own seminar program there are a multitude of additional seminar and grand rounds offerings available within the Medical Center and at NYU/Bellevue. Interns are encouraged to attend these seminars 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 interns are not obligated to do an elective in addition to their other required training activities, described previously in this brochure. It should also be noted that elective choices will inevitably vary each year. Particular programs may not be available in a given year while new opportunities are always being created.

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 and various online resources are 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. There are numerous opportunities in clinical areas staffed by psychologists and our program consultants, such as Home-based Primary Care, Psychiatric Emergency Room, Consultation-Liaison, and Psychosocial Clubhouse. All efforts will be made to accommodate individual training needs when possible.

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 pre-doctoral 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. 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 formal written 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 Director of Clinical 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. For outpatient therapy, minimum global ratings of 3 for mid-year evaluations and 4 for final evaluations are necessary to successfully pass the training assignment. For major rotations and neuropsychological assessment, minimum global ratings of 4 are required to pass.

Evaluative feedback about the internship program is extremely important to us. The Director of Training 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 Director of Training at any time to raise concerns about the internship. Our policies and procedures regarding due process, intern grievances, and impaired intern performance are detailed in Appendix D.

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; the start date for the 2013-2014 training year is Monday, July 1, 2013. Within this framework, interns may take up to 12 days leave for vacation and up to 12 days sick leave, in addition to 10 Federal holidays. Requests for educational leave (up to 3 days) are granted for participation in conferences, trainings, or for dissertation-related meetings at the intern's university.

The Veterans Administration internship stipend is \$27,031 per year and is considered by the Internal Revenue Service as taxable income. Health care benefits (including medical, dental, and vision) are available to interns, married spouses, and legal dependents. A routine physical examination is provided upon employment, as is on-site emergency health care. Interns are also eligible for life insurance and transit benefits, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. However, if interns are later employed by VA, 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 tests and objective and projective personality measures (e.g., WAIS, Rorschach, TAT, Figure Drawings, PAI, MMPI). **We expect applicants to be able to independently administer and score the Rorschach (Exner Comprehensive System); we also expect that, under supervision, applicants will have interpreted Rorschach results and integrated them with other test findings in a least one written report.**

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

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

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

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

APPLICATION PROCEDURE

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

Christie Pfaff, Ph.D.
Director of Training & Assistant Chief, Psychology
Email: Christie.Pfaff@va.gov
Phone (212) 686-7500 Ext. 7698

VA NY Harbor Healthcare System
423 East 23rd Street (11M), Rm. 2571
New York, NY 10010
Fax (212) 951-3336

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

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

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

Please submit the following through the supplementary materials portal:

- **Treatment Summary**: in order to get a sense of your style as a therapist and the way that you think about clinical material, we ask that you write a brief synopsis of a psychotherapy case. **PLEASE ADDRESS WHY THIS CASE WAS PARTICULARLY MEANINGFUL TO YOU. PLEASE DO NOT EXCEED 500 WORDS.**
 - **Psychodiagnostic Test Report**: please submit a report that includes **both objective and projective personality measures, including a Rorschach**. If you do not have a report that includes a Rorschach, we will still consider your application; however we expect incoming interns to have already mastered the basic skills of administering, scoring, and interpreting the Rorschach. Therefore, your application will be much more competitive if your report includes a Rorschach and other projective tests, or if you can demonstrate that you will obtain training with these instruments prior to the start of internship.
2. **PLEASE NOTE: ALL APPLICATION MATERIALS SHOULD BE SUBMITTED BY FRIDAY, NOVEMBER 9, 2012, 5:00pm Eastern Standard Time.**
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. If applicants' schedules permit, they may return on the afternoon of the interview day to attend one of our didactic seminar presentations. Applicants may also choose to attend another seminar in December or January.

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.

APPENDIX A

VA NEW YORK HARBOR HEALTHCARE SYSTEM, MANHATTAN CAMPUS PSYCHOLOGY STAFF

Steven Cercy, Ph.D., Southern Illinois University
Clinical Neuropsychologist; Director, Memory Disorders Clinic
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

Cory K. Chen, Ph.D., University of North Carolina, Chapel Hill
Clinical Psychologist/Health Services Researcher – Family Caregiver Psychotherapy Research Program
Assistant Clinical Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Individual, couples, and family intervention for caregivers of individuals with chronic health issues, particularly dementia; Interpersonal/Relational Dynamic Therapy; Cognitive Behavioral Psychotherapy.
Research interests: Dementia, depression, and caregiving of older adults; psychotherapy outcome and process research; predictors of non-response in CBT and psychodynamic interventions; intervention development for treatment resistant populations.

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

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

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
Clinical activities: Individual and group treatment of PTSD

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

Christie Jackson, Ph.D., University of North Dakota
Clinical Psychologist; Director of the PTSD Clinic
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Assessment and treatment of veterans with PTSD and comorbid disorders, including Skills Training in Affective and Interpersonal Regulation (STAIR) for complex PTSD ; Cognitive Behavior Therapy (CBT); Dialectical Behavior Therapy (DBT)
Research interests: Evaluating and disseminating effective treatments for complex PTSD; brief interventions for high-risk veterans

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

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

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

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

Jessica B. Nicolosi, Psy.D., Argosy University, Phoenix
Clinical Psychologist, PTSD Clinic
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; Assistant Chief, Psychology
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Acute inpatient psychiatry and treatment of severe mental illness; psychodynamic psychotherapy; interpersonal group psychotherapy; psychodiagnostic testing;
Research interests: Insight in schizophrenia; phenomenology and significance of delusions

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

Neal Spivack, Ph.D., Adelphi University
Clinical Psychologist, Primary Care Mental Health
Instructor of Psychology in Clinical Psychiatry, Weill Medical College of Cornell University
Clinical Activities: Assessment & treatment of substance use disorders in Primary Care
Research interests: Group therapy; organizational dynamics; substance use treatment

Gladys Todd, University of California, Santa Barbara
Clinical Psychologist, Substance Abuse Recovery Program (SARP)
Clinical Activities: Assessment and treatment of substance abuse and co-occurring disorders; individual and group psychotherapy
Research Interests: Psychotherapy with ethnic minorities; cultural values; counselor self-disclosure

APPENDIX B

PSYCHOLOGY INTERNSHIP PROGRAM CONSULTANTS

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

Mark Bradley, M.D.,

Attending Psychiatrist, Unit Chief (17N inpatient unit), Baylor College of Medicine
Clinical Assistant Professor of Psychiatry, New York University School of Medicine
Psychosomatic medicine, behavioral and neuropsychiatric aspects of HIV disease

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

Director, Psychiatric Emergency Services
Emergency Psychiatry, addiction psychiatry, geriatric psychiatry

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

Director, Substance Abuse Recovery Program (SARP)
Co-occurring substance use and psychiatric disorders, pharmacologic treatments for
substance use disorders

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

Attending Psychiatrist, Mental Health Clinic
Clinical Instructor of Psychiatry, New York University School of Medicine
Psychopharmacology, Organic brain syndrome

Ilysa Michelson, Psy.D., George Washington University

Clinical Psychologist; VISN 3 Mental Health Lead for Patient-Centered Care
Evaluation, preventative interventions and short-term psychotherapy for primary care
patients

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 inpatient unit
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 Clinical Nurse Specialist, Mental Health Clinic
Adjunct Clinical Instructor, Borough of Manhattan Community College, CUNY
Recovery, severe mental illness, group psychotherapy

APPENDIX C

SAMPLE EVALUATION FORMS

**PREDOCTORAL INTERNSHIP IN PROFESSIONAL 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.

The following guidelines should be used in making ratings:

- 1 – Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.*
- 2 – Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.*
- 3 – Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.*
- 4 – Some supervision needed (intern exit level/postdoc entry level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.*
- 5 – Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.*
- 6 – No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.*
- 7 – Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.*
- N/A – Insufficient basis for making a rating. This rating should be used when the intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.*

The expected level of competence is 4 or above for all global scores.

General Clinical Skills:

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

Diversity:

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

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
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
3. Awareness of own competence and limitations; ability to seek supervision appropriately	1	2	3	4	5	6	7	N/A
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
5. Awareness of and adherence to APA ethical guidelines	1	2	3	4	5	6	7	N/A
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

Professionalism & Ethics Global Score**1 2 3 4 5 6 7 N/A****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
2. Ability to conduct a thorough diagnostic interview, including MSE	1	2	3	4	5	6	7	N/A
3. Admission evaluations and treatment progress are documented in a timely and clinically appropriate manner								
4. Unit management and team coordination	1	2	3	4	5	6	7	N/A
5. Ability to develop realistic treatment plans and goals	1	2	3	4	5	6	7	N/A
6. 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

Rotation/Training Assignment Specific Competencies Global Score**1 2 3 4 5 6 7 N/A****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: _____

Director of Training signature: _____

Date: _____

**PREDOCTORAL INTERNSHIP IN PROFESSIONAL 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.

The following guidelines should be used in making ratings:

- 1 – Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.*
- 2 – Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.*
- 3 – Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.*
- 4 – Some supervision needed (intern exit level/postdoc entry level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.*
- 5 – Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.*
- 6 – No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.*
- 7 – Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.*
- N/A – Insufficient basis for making a rating. This rating should be used when the intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.*

The expected level of competence is 4 or above for all global scores.

General Clinical Skills:

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

Diversity:

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

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
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
3. Awareness of own competence and limitations; ability to seek supervision appropriately	1	2	3	4	5	6	7	N/A
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
5. Awareness of and adherence to APA ethical guidelines	1	2	3	4	5	6	7	N/A
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

Professionalism & Ethics Global Score**1 2 3 4 5 6 7 N/A****Rotation-Specific Competencies:**

1. Knowledge and understanding of the interplay between medical and psychological issues	1	2	3	4	5	6	7	N/A
2. Ability to assess and diagnose substance use disorders	1	2	3	4	5	6	7	N/A
3. Understanding and use of relaxation and imagery techniques	1	2	3	4	5	6	7	N/A
4. Understanding and use of mindfulness techniques	1	2	3	4	5	6	7	N/A
5. Understanding and use of clinical biofeedback skills	1	2	3	4	5	6	7	N/A
6. Understanding and use of motivational interviewing techniques	1	2	3	4	5	6	7	N/A
7. Ability to provide effective psychoeducational interventions	1	2	3	4	5	6	7	N/A
8. Familiarity with roles/contributions of various disciplines within integrated medical care team; ability to provide psychological input and feedback to team	1	2	3	4	5	6	7	N/A

Rotation/Training Assignment Specific Competencies Global Score**1 2 3 4 5 6 7 N/A****Comments:****Areas of strength:****Areas for improvement:**

The intern has completed a lit review/research presentation as part of this assignment: _____Yes _____No
 Comments:

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 PROFESSIONAL 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.

The following guidelines should be used in making ratings:

- 1 – *Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.*
- 2 – *Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.*
- 3 – *Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.*
- 4 – *Some supervision needed (intern exit level/postdoc entry level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.*
- 5 – *Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.*
- 6 – *No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.*
- 7 – *Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.*
- N/A – *Insufficient basis for making a rating. This rating should be used when the intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.*

The expected level of competence is 4 or above for all global scores.

General Clinical Skills:

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

Diversity:

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

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
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
3. Awareness of own competence and limitations; ability to seek supervision appropriately	1	2	3	4	5	6	7	N/A
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
5. Awareness of and adherence to APA ethical guidelines	1	2	3	4	5	6	7	N/A
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

Professionalism & Ethics Global Score**1 2 3 4 5 6 7 N/A****Rotation-Specific Competencies:**

1. Understanding of PTSD symptoms and treatments	1	2	3	4	5	6	7	N/A
2. Ability to assess and diagnose PTSD and to distinguish PTSD from other diagnoses	1	2	3	4	5	6	7	N/A
3. Ability to formulate appropriate treatment recommendations and referrals for patients with PTSD	1	2	3	4	5	6	7	N/A
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
5. Understanding, assessment, and treatment of readjustment difficulties in recently returning veterans	1	2	3	4	5	6	7	N/A

Rotation/Training Assignment Specific Competencies Global Score**1 2 3 4 5 6 7 N/A****Comments:****Areas of strength:****Areas for improvement:**

The intern has completed a lit review/research presentation as part of this assignment: _____Yes _____No
 Comments:

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 PROFESSIONAL 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.

The following guidelines should be used in making ratings:

- 1 – *Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.*
- 2 – *Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.*
- 3 – *Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.*
- 4 – *Some supervision needed (intern exit level/postdoc entry level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.*
- 5 – *Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.*
- 6 – *No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.*
- 7 – *Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.*
- N/A – *Insufficient basis for making a rating. This rating should be used when the intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.*

The expected level of competence is 3 or above on mid-year evaluations and 4 or above on final evaluations for all global scores.

General Clinical Skills:

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

Diversity:

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

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
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
3. Awareness of own competence and limitations; ability to seek supervision appropriately	1	2	3	4	5	6	7	N/A
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
5. Awareness of and adherence to APA ethical guidelines	1	2	3	4	5	6	7	N/A
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

Professionalism & Ethics Global Score**1 2 3 4 5 6 7 N/A****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
2. Understanding of indications and contraindications for CBT	1	2	3	4	5	6	7	N/A
3. Ability to conceptualize case within a CBT framework and formulate appropriate interventions	1	2	3	4	5	6	7	N/A
4. Ability to structure and focus therapy sessions	1	2	3	4	5	6	7	N/A
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
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
7. Feedback and guidance provided appropriately to peers during group supervision	1	2	3	4	5	6	7	N/A

Rotation/Training Assignment Specific Competencies Global Score**1 2 3 4 5 6 7 N/A****Comments:****Areas of strength:****Areas for improvement:**

The intern has completed a lit review/research presentation as part of this assignment: _____ Yes _____ No
 Comments:

The intern has completed this training assignment satisfactorily: _____ Yes _____ No
 If no, please explain:

Intern signature: _____ Date: _____

Supervisor signature(s): _____ Date: _____

_____ Date: _____

Director of Training signature: _____ Date: _____

**PREDOCTORAL INTERNSHIP IN PROFESSIONAL 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.

The following guidelines should be used in making ratings:

- 1 – *Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.*
- 2 – *Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.*
- 3 – *Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.*
- 4 – *Some supervision needed (intern exit level/postdoc entry level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.*
- 5 – *Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.*
- 6 – *No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.*
- 7 – *Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.*
- N/A – *Insufficient basis for making a rating. This rating should be used when the intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.*

The expected level of competence is 3 or above on mid-year evaluations and 4 or above on final evaluations for all global scores.

General Clinical Skills:

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

Diversity:

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

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
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
3. Awareness of own competence and limitations; ability to seek supervision appropriately	1	2	3	4	5	6	7	N/A
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
5. Awareness of and adherence to APA ethical guidelines	1	2	3	4	5	6	7	N/A
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

Professionalism & Ethics Global Score**1 2 3 4 5 6 7 N/A****Training Assignment-Specific Competencies:**

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

Rotation/Training Assignment Specific Competencies Global Score**1 2 3 4 5 6 7 N/A****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: _____

Director of Training signature: _____

Date: _____

**PREDOCTORAL INTERNSHIP IN PROFESSIONAL PSYCHOLOGY
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
PTSD LONG-TERM PSYCHOTHERAPY CASE – 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.

The following guidelines should be used in making ratings:

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

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

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

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

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

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

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

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

The expected level of competence is 3 or above on mid-year evaluations and 4 or above on final evaluations for all global scores.

General Clinical Skills:

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

General Clinical Skills Global Score

1 2 3 4 5 6 7 N/A

Diversity:

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

Diversity Global Score

1 2 3 4 5 6 7 N/A

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
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
3. Awareness of own competence and limitations; ability to seek supervision appropriately	1	2	3	4	5	6	7	N/A
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
5. Awareness of and adherence to APA ethical guidelines	1	2	3	4	5	6	7	N/A
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

Professionalism & Ethics Global Score**1 2 3 4 5 6 7 N/A****Training Assignment-Specific Competencies:**

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

Rotation/Training Assignment Specific Competencies Global Score**1 2 3 4 5 6 7 N/A****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: _____

Director of Training signature: _____

Date: _____

**PREDOCTORAL INTERNSHIP IN PROFESSIONAL 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.

The following guidelines should be used in making ratings:

- 1 – *Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.*
- 2 – *Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.*
- 3 – *Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.*
- 4 – *Some supervision needed (intern exit level/postdoc entry level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.*
- 5 – *Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.*
- 6 – *No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.*
- 7 – *Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.*
- N/A – *Insufficient basis for making a rating. This rating should be used when the intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.*

The expected level of competence is 4 or above for all global scores.

General Clinical Skills:

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

General Clinical Skills Global Score

1 2 3 4 5 6 7 N/A

Diversity:

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

Diversity Global Score

1 2 3 4 5 6 7 N/A

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
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
3. Awareness of own competence and limitations; ability to seek supervision appropriately	1	2	3	4	5	6	7	N/A
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
5. Awareness of and adherence to APA ethical guidelines	1	2	3	4	5	6	7	N/A
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

Professionalism & Ethics Global Score**1 2 3 4 5 6 7 N/A****Training Assignment-Specific Competencies:**

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

Rotation/Training Assignment Specific Competencies Global Score**1 2 3 4 5 6 7 N/A****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: _____

Director of Training signature: _____

Date: _____

VA New York Harbor Health Care System – Manhattan Campus Psychology Internship – Intern End of Year Feedback

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

Christie Pfaff, PhD
Director of Training & Assistant Chief, Psychology

Name: _____ Year: _____

Overall evaluation

A. How would you rate the internship as a whole?

Excellent	Good	Needs Improvement	Poor
1	2	3	4

B. Would you recommend this internship to your peers?

Definitely Yes	Mostly Yes	Mostly No	Definitely No
1	2	3	4

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

Definitely Yes	Mostly Yes	Mostly No	Definitely No
1	2	3	4

Comments:

		Excellent	Good	Needs Improvement	Poor
I.	Psychotherapy training cases				
A.	Number of cases	1	2	3	4
B.	Variety of cases	1	2	3	4
C.	Suitability of cases to training needs	1	2	3	4

Comments:

II. Psychodiagnostic & Neuropsychological testing cases

A.	Number of cases	1	2	3	4
B.	Variety of cases	1	2	3	4
C.	Suitability of cases to training needs	1	2	3	4

Comments:

III. Overall quality of internship clinical training opportunities (rate applicable items):

Inpatient psychiatry rotation	1	2	3	4
PTSD Clinic rotation	1	2	3	4
Health psychology/PC rotation	1	2	3	4
Neuropsychology/psychodiagnostic testing	1	2	3	4
Cognitive-behavioral therapy	1	2	3	4
PTSD long-term therapy	1	2	3	4
Psychodynamic psychotherapy	1	2	3	4
Group Psychotherapy	1	2	3	4
Other: _____	1	2	3	4
Variety of clinical assignments available to trainees	1	2	3	4

Comments:

	Excellent	Good	Needs Improvement	Poor
IV. Supervision				
A. Inpatient psychiatry rotation	1	2	3	4
B. PTSD Clinic rotation	1	2	3	4
C. Health psychology/PC rotation	1	2	3	4
D. Neuropsychology/psychodiagnostic testing	1	2	3	4
E. Cognitive-behavioral therapy	1	2	3	4
F. PTSD long-term therapy	1	2	3	4
G. Psychodynamic psychotherapy	1	2	3	4
H. Group Psychotherapy	1	2	3	4

Comments:

V. Evaluation process

A. Informativeness of supervisors' formal written evaluations	1	2	3	4
B. Amount and informativeness of supervisors' informal feedback	1	2	3	4
C. Fairness of evaluation process	1	2	3	4
D. Opportunity to give feedback to supervisors	1	2	3	4

Comments:

VI. Communications with psychology staff

A. Info about policies, procedures and reports affecting interns	1	2	3	4
B. Amount and frequency of communication between staff and interns	1	2	3	4
C. Level of supportiveness and respect shown by staff toward interns	1	2	3	4
D. Relations between staff and interns	1	2	3	4
E. Consideration given to interns' needs	1	2	3	4

Comments:

		Excellent	Good	Needs Improvement	Poor
VII.	Professional atmosphere and role modeling				
A.	Competence of psychology staff	1	2	3	4
B.	Quality of psychology programs involved in patient care	1	2	3	4
C.	Facilitation of understanding and appreciation for the psychologist's professional role	1	2	3	4
D.	Relations between Psychology and other services such as Psychiatry, Neurology, SW, Medicine, etc.	1	2	3	4

Comments:

VIII. Seminars

A.	Overall variety of topics	1	2	3	4
B.	Overall quality of seminars	1	2	3	4
C.	Responsiveness to training needs	1	2	3	4

D. Additional topics you would recommend:

E. Topics or presenters you would recommend deleting:

Comments:

IX. Support facilities

A.	Word processing facilities	1	2	3	4
B.	Availability of offices	1	2	3	4
C.	Medical library	1	2	3	4
D.	Physical environment	1	2	3	4

Comments:

X. What have been the highlights of your training experience and why?

1.

2.

3.

4.

XI. What were the less desirable aspects to your training experience and why?

1.

2.

3.

4.

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

Definitely Yes	Yes	Not Sure	Definitely Not
1	2	3	4

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

XIII. In retrospect, would you choose this internship again?

Definitely Yes	Yes	Not Sure	Definitely Not
1	2	3	4

Why or why not?

XIV. Additional comments:

APPENDIX D:

INTERN GRIEVANCE PROCEDURE & IMPAIRED INTERNPERFORMANCE POLICY

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

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

The internship program follows due process guidelines to assure that decisions are fair and nondiscriminatory. During the orientation process (first week of employment), interns are given this Policy and Procedure handbook and this material is reviewed with the Director of Training. The handbook contains written information regarding:

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

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

Problematic Intern Performance and/or Conduct

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

Definition of Problematic Behaviors

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

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

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

Some examples of problematic behaviors include:

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

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

Remediation of Problematic Performance and/or Conduct

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

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

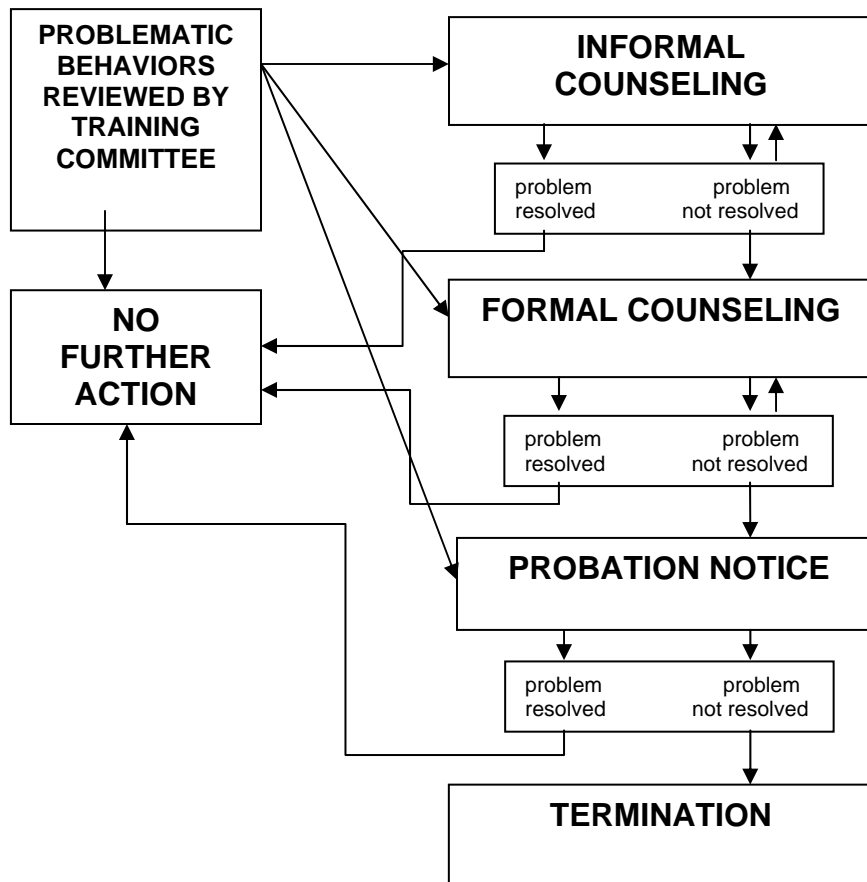
Interns are continuously evaluated and informed about their performance with regard to the training goals and objectives of the program. It is hoped that interns and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation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

The expected level of competence as indicated in interns' written evaluations are global ratings of 3 or above on mid-year evaluations and 4 or above on final evaluations, as well as the overall rating that the intern has completed the training assignment satisfactorily.

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

1. Supervisor meets with Director of Training and/or full Training Committee to assess the seriousness of intern's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.

2. After a thorough review of all available information, the Training Committee may adopt one or more of the following steps, as appropriate:



- A. **No further action** is warranted.
- B. **Informal Counseling** – the supervisor(s) may seek the input of the Training Committee and decide that the problem(s) are best dealt with in ongoing supervision.
- C. **Formal Counseling** – this is a written statement issued to the intern which includes the following information:
- A description of the problematic behavior(s)
 - Documentation that the Training Committee is aware of and concerned about the problematic behavior(s) and has discussed these with the intern
 - A remediation plan to address the problem(s) within a specified time frame. Remediation plans set clear objectives and identify procedures for meeting those objectives. Possible remedial steps include but are not limited to:

- Increased level of supervision, either with the same or other supervisors
- Additional readings
- Changes in the format or areas of emphasis in supervision
- Recommendation or requirement of personal therapy, including clear objectives which the therapy should address
- Recommendation or requirement for further training to be undertaken
- Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution)

As part of this process, the intern is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, Director of Training, and intern will meet to discuss intern's progress at a specified reassessment date. The supervisor documents the outcome and gives written notification to intern and Director of Training.

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

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

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

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

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

- **VA Office of Resolution Management (ORM) –**

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

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

- **Prevention:** programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
 - **Early Resolution:** ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This is a form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
 - **Equal Employment Opportunity (EEO) Complaint Processing**
- **APA Office of Program Consultation and Accreditation:**
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979
<http://www.apa.org/ed/accreditation>
 - Independent legal counsel

INTERN GRIEVANCE PROCEDURE

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

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

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