

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

Dear Psychology Internship Applicant:

We are pleased that you are interested in applying to the Psychology Internship Training Program at the Department of Veteran Affairs Brooklyn Campus of the VA New York Harbor Healthcare System. Our Internship Program adheres to APPIC Guidelines and we participate in the computer-matching program regarding intern selection. Please review the following information closely, particularly the application procedures and the criteria for selection.

As you already know, the internship application can be completed online through the APPIC applicant portal <https://portal.appicas.org/>.

Please submit all of the information requested in the application package. All application materials should be uploaded **NO LATER THAN November 15 of the application year**.

If you have questions you may contact our Director of Training, Meredith Hostetter, Ph.D. at Meredith.Hostetter@va.gov, 819-836-6600, ext. 3306.

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

Sincerely,

Meredith P. Hostetter, Ph.D.
Director of Training
VA, New York Harbor Healthcare System, Brooklyn Campus

And

Wayne Ayers, Ph.D.
Assistant Director of Training
VA, New York Harbor Healthcare System, Brooklyn Campus
And

Marc Goloff, Ph.D.
Chief of Psychology
VA, New York Harbor Healthcare System

APPLICATION PROCEDURE FOR PSYCHOLOGY INTERNSHIP PROGRAM

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

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

ADMISSION PROCEDURE

Applicants are screened based on VA policy and APPIC guidelines.

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

APPLICATION CHECKLIST

IN ORDER TO BE CONSIDERED AN APPLICANT YOU MUST HAVE THE FOLLOWING COMPLETED ONLINE:

- 1. APPIC Application**
- 2. Graduate Transcripts**
- 3. Curriculum Vita**
- 4. Case Summary**

5. Psychological Evaluation
6. Three letters of reference

For Correspondence:

Meredith Hostetter, Ph.D.

DIRECTOR OF TRAINING

VA NY Harbor Healthcare System Brooklyn Campus

Dept. of Veteran Affairs

Psychology Division (116B)

800 Poly Place - Rm. 16-205

Brooklyn, NY 11209

INTRODUCTION

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

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

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

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

THE PSYCHOLOGY DIVISION

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

PROGRAM PHILOSOPHY AND TRAINING MODEL

It is the philosophy of the training staff of the Brooklyn VA New York Harbor Healthcare System that interns be trained as generalists through immersion in clinical work and careful supervision. We define our model as the Scholar Practitioner Model. Our training program focuses on the development of clinical skills that prepare interns to function successfully in treating patients with a variety of psychological problems in both mental health and medical settings, and in a competitive healthcare marketplace. We also train our interns to adopt a scholarly attitude that emphasizes critical inquiry and fosters the notion that the discipline of psychology best serves the needs of our veterans and their families when research and practice continuously inform each other. We expose our interns to evidence based treatments and also encourage them to “think like psychologists”, and to adopt a flexible treatment approach that best fits the needs and preferences of each individual they work with, taking into account issues related to diversity. In recent years, we have included seminars and Grand Rounds presentations in evidence-based treatments including motivational interviewing, CBT, DBT, Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, and psychodynamic psychotherapy. We also disseminate scholarly articles and research studies that have been published in reputable journals to keep our interns and staff informed of new developments in clinical practice. Also, this past year we were able to get funding to buy a library of videos from APA that we have started to incorporate into our training program.

We believe that interns should be trained in multiple roles that prepare them for entry level practice. Our training program gives interns the experience of conducting assessments, psychotherapy, and health and behavior interventions; serving as consultants to other staff throughout the medical center; providing education to staff,

veterans, and their families; and learning to take on the role of supervisor in their work with psychology externs. Our training program offers interns a broad exposure to working in different ways as a psychologist. This is consistent with the direction for psychology as proposed in the 2009 APA Summit on the Future of Psychology. We believe that interns should receive advanced training in developing traditional mental health and psychotherapy skills, in addition to the development of skills necessary to practice integrated health care within primary care and specialty medicine. We have developed several rotations that give interns the opportunity to work as part of an interdisciplinary treatment team working in the areas of primary care, Hepatitis C, pain management, oncology, and palliative care. In addition to the various clinical experiences that highlight the integration of science and practice, interns have valuable exposure to on-going program development and scientific investigations being conducted by medical center personnel.

We believe that preparation as a practitioner also involves an appreciation of the need for continuing professional and personal development. By this we mean that “thinking as a psychologist” is practiced so that it defines and underlies all of the work. Thus, interns learn to apply and integrate knowledge of current clinical practices informed by scientific knowledge. Interns then combine this knowledge with systematic collection of information about patients. Concurrently, they engage in an exploration of their own responses to the clinical experience. Intense supervision is a key element in this process. We believe that experiential learning is the primary way interns develop both professionally and personally. Through intense supervision we encourage students to reflect on their experience and translate this awareness into clinical approaches. Our interns also attend our Mental Health Grand Rounds in which we have distinguished speakers come in to present on a wide range of topics. We have also sent our interns to attend conferences in order to expand their knowledge base and enhance their clinical skills. This past year, our interns attended a two-day seminar on Motivational Interviewing.

We believe that practitioners should be able to adapt to the changing healthcare delivery system and to changes in the competitive marketplace. As the healthcare field has undergone rapid change over the last few years, we are committed to integrating psychological care into the changing marketplace. In recent years, we have made efforts to expand psychological services into all areas of our medical center. Psychology is recognized as being a core component of integrated healthcare at our facility. We have expanded into primary care, pain management, oncology, palliative care, and working with veterans afflicted with Hepatitis C. We are always mindful of the needs of the veterans we proudly serve and have been intimately involved in developing new programs and clinical services. We developed the OIF/OEF Readjustment Services program to provide a full range of psychological services for active duty soldiers and veterans returning from combat in Afghanistan and/or Iraq. We have also made advances in expanding our neuropsychological testing program to more thoroughly assess veterans returning from a war zone after experiencing TBI. Based upon the needs of our older veterans, our interns also get training in the use of neuropsychological testing to assess for memory disorders and other cognitive problems. Another recent development has

been our effort to incorporate the Recovery Model of Care into the way we work with veterans. Interns are taught to appreciate the unique qualities of each veteran and to draw upon their strengths, as opposed to exclusively focusing on problems or symptoms that deserve clinical attention. Interns learn to work collaboratively with veterans (and sometimes with family members) to establish goals and to develop treatment plans. In large part these changes have brought about an increase in the interdisciplinary collaborations among diverse members of the professional staff. Interns have the opportunity to observe the need for flexibility and resourcefulness in a changing healthcare environment. Therefore, Interns are encouraged to participate in many of these experiences and are afforded the opportunity to develop their professional skills under the supervision of the training staff.

We believe that health includes an integrative understanding of the relationships between biological, psychological and social dimensions. We challenge interns to focus on these dimensions whether they work in traditional mental health settings or in primary care/specialty medical areas. Interns work with interdisciplinary teams and with medical students/residents to share perspectives in an integrated approach. We take a holistic approach with regard to assessment and intervention – including emphasizing the Mental Health Recovery Model of care. That is, mental health care that empowers veterans to work collaboratively with providers and have the best possible quality of life in the community of their choosing, despite mental health issues. This philosophy works to build upon an individual's strengths as opposed to an exclusive focus on problems and symptoms.

We believe that practitioners should have an understanding and appreciation of how multicultural factors influence thoughts, feelings, and behavior. To that end, we encourage our students to be mindful of how a multiplicity of factors including age, gender, race, ethnicity, religion, class, sexual orientation, and disability status might impact upon therapeutic assessment, interventions, and treatment. At the same time, we encourage students to be mindful of the differences that exist within such broad categories. We also recognize that given our unique institutional setting, our students need to understand cultural issues pertaining to the military. As such we offer seminars on acquainting students with military structure and relevant military history. Students are also challenged to continue to develop an awareness of how their own personal cultural identity might impact upon their understanding of patients. Students are encouraged to examine their own biases and assumptions and to think about how their own background influences their worldview. In addition to offering a series of seminars related to issues of diversity, we also use Mental Health Grand Rounds as a forum for inviting distinguished speakers to present on topics related to multiculturalism. Also, we have recently created a subcommittee of our Training Committee to further explore ways in which we can enhance the training we offer our interns with regard to diversity and to establish ways of attracting a diverse group of future intern applicants.

We believe that training experiences should be sequential, cumulative, and graded in complexity. We have designed our training program to take into account the stage of development that each intern has mastered and the degree of complexity and level of

autonomy that is appropriate. Interns are provided with more intense and specific supervision earlier in their experience and gradually are expected to take on more complex functions and to do so with increased autonomy.

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

TRAINING PROGRAM

The program of training is designed to train interns as generalists through immersion in clinical work and careful supervision. Interns undertake two half-year rotations with two or three training assignments for each rotation. The program provides excellent and intensive experience and supervision in inpatient medical and outpatient settings. Group therapy, couples therapy, substance abuse, post-traumatic stress, geriatrics and many areas of health psychology are integral training experiences. Each intern's background is considered in making training assignments with a view toward developing and broadening personal skills. While interns are asked their preferences, the training committee makes final rotation assignments. Rotations are offered in a variety of specialties that are listed in the next section. Half year rotations may include Primary Care, Iraqi/Afghanistan Readjustment Services, Pain Clinic, Hepatitis C Clinic, Oncology/Geropsychology and Substance Abuse programs. . In addition, a full year of psychological testing (including neuropsychological instruments and assessment of TBI for Iraq/Afghanistan veterans) is required. Our interns are assigned a minimum of 10 testing batteries and may administer many more batteries throughout the year. It is the philosophy of the program that in-depth concentration in selected clinical areas is preferable to many superficial experiences.

Psychology Internship Training Program Model and Goals

We define our model as the Scholar-Practitioner Model. The Scholar-Practitioner Model focuses on the development of clinical skills that prepare interns to function successfully in treating patients with a variety of psychological problems in both mental health and medical settings, and in a competitive healthcare marketplace.

Our internship-training program expects our students to achieve the following goals. We believe that these goals represent the core characteristics necessary for an individual who is about to embark on a career in professional psychology. Our goals include the

acquisition of professional skills in the areas of psychological assessment, psychological treatment in clinical settings, and the development of beginning skills in leadership, management, consultation, education and supervision. We strive to have interns develop appreciation for individual differences within a multicultural framework, and for each individual's capacity for change. Our goal is to produce psychologists who are open and flexible and who have a firm sense of professional identity.

Training Activities

During the last few years new settings have been added to the rotations to enhance the experience of interns. We consider that these areas are excellent training opportunities and give the interns a breadth of experience that should make them more marketable upon graduation.

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

Possible Clinical Rotations

Operations Enduring Freedom and Iraqi Freedom Readjustment Services/Posttraumatic Stress Disorder: The Iraq and Afghanistan Readjustment Services is a unique program which provides services for veterans and active duty military personnel returning from the current wars in Iraq and Afghanistan. With a focus on resiliency and normalizing the readjustment experience, this rotation offers the opportunity to perform comprehensive psychological evaluations, as well as to provide psychoeducation, outpatient individual, group, couples, and family therapies for this newest population of combat veterans. Interns are exposed to diverse clinical issues ranging from less disruptive readjustment difficulties to more disabling problems such as severe Posttraumatic Stress Disorder. The Readjustment Services also affords the opportunity to work within an interdisciplinary network of clinicians, as the program regularly interfaces with other services such as the PTSD clinic, Day Hospital, substance abuse programs, and Department of Defense medical clinic, among others. Interns also have the opportunity to conduct outreach to the various Reserve, National Guard and Active Duty units in the area. The PTSD component of the rotation is separate from the Iraq and Afghanistan Readjustment Services. In that part of the rotation interns get the opportunity to work with more chronic cases, work with other era veterans, and veterans of all ages, as well as non-combat related PTSD. The intern works with an outpatient team which is composed of a psychiatrist, psychologist, nurse and social workers. Individual, group and family treatment are provided for PTSD and related issues such as substance abuse and depression.

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

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

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

Substance Abuse/Dependence Treatment Programs (ASAP): This program involves both residential and outpatient treatment of substance abuse/dependence. It features a comprehensive, holistic, and individualistic treatment approach to the problem that utilizes a variety of psycho-bio-social assessment and treatment modalities. Through their treatment, the patients learn what it means to be addicted, the things that trigger their cravings to use, how their personality dynamics relate to their use/abuse of substances, how co-existing mental illnesses relate to their addiction, and how to maintain sobriety once it is achieved.

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

Primary Care-Substance Abuse Program (PC-SAP): PC-SAP grew from a VA initiative for improvement in specialized treatment programs for substance use disorders. The aim of the program is to enhance screening, assessment, and treatment of substance use disorders within the primary care setting. We work with other providers who refer veterans struggling with substance abuse to PC-SAP, and we provide comprehensive assessment, treatment, and referrals to veterans.

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

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

Hepatitis C Clinic and Pain Management Clinic: Interns have the opportunity to work in a highly integrated health care delivery program. In this rotation, interns learn to perform in-depth psychological evaluations to help medical specialists determine Interferon/Riboviron appropriateness in patients infected with the Hepatitis-C virus. They may also provide time-limited psychological treatment to veterans who are diagnosed with Hepatitis-C and who may be at a higher risk for developing depression or anxiety while on the treatment protocol. Interns will also gain experience leading a Hepatitis-C support group for patients who are experiencing significant stress related to both diagnosis and/or treatment side effects, as well as have the opportunity to perform detailed mental health evaluations in order to help assess candidacy for national liver transplantation list.

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

Geropsychology: *Geropsychology within Patient-Aligned Care Team (PACT) and Health rotation:* Interns in this clinic work with veterans aged 60 and above who are referred from Primary Care to the PACT psychologist for a geropsychology evaluation. Interns also work with individuals struggling with chronic illness/behavior change and

are involved in several health behavior groups. Interns gain competency in understanding the complex nature of mind/body interactions in working with the psychological concomitants of physical problems.

Within the geropsychology component, interns become aware of the interaction of emotional and social issues with geriatric illness. Psychosocial issues that effect this population such as, loss, retirement and lifestyle transitions are emphasized. Interns work with the team to triage the patient and design treatment interventions tailored to the patient's individual needs. This may include performing appropriate clinical assessments as the case demands. An important role of psychology involves psychotherapeutic work with patients and their families to assist them with the emotional impact of their medical illness.

Within the health rotation, interns learn and demonstrate knowledge of psychological interventions designed to modify behaviors that can cause or contribute to the onset of illness. Interns utilize evidence based psychotherapy approaches, such as motivational interviewing to effectively facilitate behavior change. Interns work with interdisciplinary teams in a psycho-educational group setting to facilitate prevention and/or management of chronic illness.

Psychosocial Rehabilitation and Recovery Center (PRRC): The PRRC of the Geropsych rotation is typically a four-month, five-days per week milieu therapy program serving veterans with a wide range of emotional and adjustment problems many over 60 years of age. The treatment team consists of a psychologist, social worker, recreation therapist, and a nurse clinical specialist. An intern in the PRRC can expect to share in duties and responsibilities as a member of the interdisciplinary treatment team. These include: initial screenings, sponsorship of individual patients, individual psychotherapy, co-therapy in one or more group modalities, psychological testing, team consultation, and a staff relations group. Interns in the program are encouraged to work out their own level of involvement with the program patients and staff, and to discover and develop all aspects of themselves that can be applied therapeutically in a vibrant and active treatment community.

Experiential & Practical Learning

As noted in the descriptions above, interns have considerable opportunity to participate in and influence clinical programming and delivery of services to our veteran population. In each rotation experience, they are considered as full members of the team and respect for them as professionals is expected and encouraged. Access to supervisors is readily available and interns frequently present cases in a group format so that styles and orientations can be compared and explored. Interns attend psychology meetings and conferences with other members of the staff so that they can observe how systems function, and they gain exposure to the perspective those psychologists contribute to an issue or topic. There are opportunities for mentoring and role modeling. Interns work side by side with staff psychologists in collaborative activities on treatment teams. Interns are encouraged to implement new programming. Interns have helped develop the Women's Program and have introduced Women's Support Groups and Pain

Management, Anger Management and PTSD groups.

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

Supervision

Careful supervision is a central component of the program. The program is well known for the excellent quality of the supervision and for the concern that professional staff have for the personal and professional development of interns. The professional staff reflects a range of expertise with philosophical orientation ranging from psychoanalytic interpersonal, to eclectic, existential-humanistic, cognitive-behavioral and neurobiological.

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

Learning How to Do Supervision

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

Psychological and Neuropsychological Assessment

All interns develop and enhance skills in psychological and neuropsychological assessment. The assessment experience provides an opportunity for interns to gain training across an array of assessment procedures and measures. Decisions regarding test selection, scoring, and interpretation are supervised closely at first. As the internship progresses and the intern develops basic competencies in test administration, scoring, and interpretation, and the intern is given more independent responsibility for the testing process. Feedback sessions are always provided to clients and family members.

Assessment referrals come from all areas of the Brooklyn Campus hospital and the domiciliary and long-term care facility at St. Albans. Referrals cover a wide range of etiologies and diagnostic possibilities including: mood and personality disorders; PTSD; traumatic brain injury; dementias due to Alzheimer's disease, Parkinson's disease, and vascular illnesses; cognitive issues related to psychiatric diagnoses; and pre-existing learning disabilities. Feedback to the patient, referral source, and family is emphasized, including translation of complex test data into useful intervention and treatment planning.

Computer Access

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

The Psychology Seminar Series

Throughout the training year we conduct a seminar series covering areas such as multicultural issues, psychopharmacology, post-traumatic stress disorder, ethical and professional issues, sexual issues between therapist and patient with ethical considerations, alcohol rehabilitation, death and dying issues, trauma and dissociation, short term therapy CBT, motivational interviewing and cognitive behavioral therapy. Consultants from the New York area's rich pool of universities and post-doctoral training programs augment staff in conducting psychology seminars. Staff provides seminars in diagnostics, professional issues, group supervision and psychotherapy interviewing. A weekly process group for interns, facilitated by an outside consulting psychologist, is an important part of our training program; only a few remaining internships in the New York area offer this unique experience. The group provides an opportunity for interns to grapple with issues, concerns, and questions about themselves as psychologists and to receive feedback. The group has been part of our program for over 20 years, and has been described by interns as one of the most valuable experiences of the program. This is a required part of our internship experience.

Supervision and Seminars

Supervision Groups

Case Presentation/Mindfulness Training: 1 hrs every other week-Wayne Ayers, Ph.D.

Long Term Psychotherapy Supervision: Daniel Feld, Psy.D.

Psychological and Neuropsychological Testing: 1 hr monthly, Shane Bush, Ph.D

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

Couples Therapy Seminar: 1 hrs every week- Kesia Constantine, Ph.D.

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

Multicultural Seminar: 1hr monthly – Psychology Staff

Typical Seminars:

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

Psychopharmacology: Bennett Cohen, MD

Crisis Intervention: Paul Rhindress, Ph.D.

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

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

Medical Ethics: Alice Beal, MD

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

Working with Substance Abusers: Jerome Carroll, Ph.D.

Interpersonal Psychological Assessment: Arthur Russo, Ph.D.

Professional Issues in Psychology: Psychology Supervising Staff

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

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

Motivational Interviewing Techniques: Susan Vitti, Ph.D.

Training Term, Stipend & Benefits

The internship is a full-time commitment for one year, beginning about Labor Day and ending just prior to that holiday on the following year. Interns are entitled to 10 federal holidays and earn sick leave and vacation days at a rate of 4 hours per two-week pay period. Unused sick leave may be used in future federal employment. However, unused vacation days will lapse and therefore must be used within the year. Limited authorized leave may be approved for attendance at conferences and workshops. The internship is generally limited to a 40-hour workweek, but interns may at times take work home. For this year we will offer six full time internship positions. The current stipend is **\$27,031** per year. State and federal income tax and FICA (Social Security) are withheld from intern's checks. The United States Government covers interns for malpractice under the Federal Tort Claims Act. The VA also provides a complete benefits package of Federal health insurance programs.

NOTE: This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

THINKING DURING INTERNSHIP

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

BASIC QUESTIONS ARE ASKED, SUCH AS:

What is psychotherapy? What is Change?

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

What is multiculturally competent treatment?

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

What does it mean to assess somebody psychologically? Neuropsychologically?

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

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

PRAGMATIC QUESTIONS ARE ASKED, LIKE:

How do I conduct psychological interventions when bedside?

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

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

What is psycho-education?

What is the difference between supportive therapy and psychotherapy?

PROFESSIONAL QUESTIONS ARE CONSIDERED:

How does one earn a living in the field of psychology?

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

What is the difference between psychotherapy and supervision?

What is advocacy for the profession of psychology?

THEORETICAL QUESTIONS ARE POSED:

What are the evidenced-based interventions in psychotherapy?

Are non-evidenced based interventions unethical?

How does culture effect clinical conceptualization?

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

Is "transference" relevant when you are working behaviorally?

Does the patient need insight to change?

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

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

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

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DIRECTIONS TO BROOKLYN CAMPUS OF THE VA NY HARBOR HEALTHCARE SYSTEM

By Subway: From Manhattan or Coney Island:

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

By Auto: From Long Island:

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

By Auto: From Manhattan:

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

By Auto: From Staten Island:

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