

**DEPARTMENT OF VETERANS AFFAIRS
NEW JERSEY HEALTH CARE SYSTEM
MEDICAL CENTERS at EAST ORANGE & LYONS, NJ**

**PSYCHOLOGY INTERNSHIP TRAINING PROGRAM
2023 - 2024**

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INTRODUCTION

PLEASE NOTE: *APPIC and the VA Office of Academic Affiliations (OAA) has encouraged internship programs to address the implications and potential modifications to internship training that have been created by the Covid-19 pandemic crisis. Please see pages 24-26 below for the specific information relating to these issues.*

The Psychology Internship Training Program offered by the VA New Jersey Health Care System is accredited by the American Psychological Association. We were successfully re-accredited for a 10-year period in 2018. Our next accreditation review is due in 2028. Our primary goal is to train professional psychologists capable of providing a wide range of psychological services to a heterogeneous patient population. Our internship training program is well-established with considerable experience in preparing psychologists to make the step from a graduate student to practicing professional.

The Psychology Internship Program is an integral part of the Psychology Section of the Mental Health and Behavioral Sciences Service (MH&BS). Comprehensive mental health services are

provided to a wide range of eligible veteran patients in areas such as acute psychiatry, outpatient mental health, long-term psychiatric rehabilitation, geropsychology, substance abuse, post-traumatic stress disorders, military sexual trauma, health psychology, behavioral medicine, primary care mental health integration, pain management, oncology, palliative & hospice care, traumatic brain injury, serious mental illness, spinal cord disorders, tele-mental health, and neuropsychology. Administrative supervision of the Psychology staff is coordinated by the Associate Chief, MH&BS for the Psychology Section. The Director of Psychology Internship Training coordinates the day-to-day operation of the internship program. The VA New Jersey Healthcare System offers a high-quality Internship Training Program with many clinical and educational opportunities provided by a highly competent, diverse professional staff dedicated to the training of future psychologists. We adhere to a ‘generalist’ model, but interns with specific clinical interests may devote a portion of their internship training to working with specific disorders and/or patient populations. We are mindful that interns who may be applying for Postdoctoral Residencies in specific clinical areas will need to demonstrate experience and competency in their specialty areas during internship.

EDUCATIONAL PHILOSOPHY & TRAINING MODEL

Our philosophy of training is based on the notion that health service psychologists should be capable of providing a wide range of services to a broad-based patient population. Internship training at the VA NJ Health Care System is designed to provide a comprehensive and integrated experience in working with a wide variety of patients for the purposes of developing highly competent, professional psychological skills. To this end, we value direct clinical experience in the context of close supervisory contact and oversight, supplemented by didactic instruction. We emphasize tailoring internship experiences in accordance with each intern’s unique developmental level, academic preparation, and prior clinical training to facilitate the advancement of foundational and functional competencies throughout the training year. We also carefully consider each intern’s developmental level in the designation of their clinical assignments and are mindful of providing the necessary support and supervisory oversight to ensure early success and growth in professional competencies.

We are committed to the philosophy that one is first a professional psychologist, and secondarily, identifies with a psychological specialty such as health psychology or trauma specialist, etc. In keeping with this view, we strive to refine fundamental skills while developing more advanced clinical competencies, such that our graduates are prepared for both the professional demands of entry level practice and further postdoctoral specialty training.

We view practicing psychologists as being able to adopt multiple roles. While this mainly encompasses clinical activities, it can also entail research, supervision, and teaching, plus administrative and program evaluation skills. We view our primary responsibility as training highly competent clinicians who will be able to provide a full range of professional psychological services to a heterogeneous mix of clients. We anticipate that our intern graduates will pursue employment in mental health and medical facilities or postdoctoral clinical training.

The practical, day-to-day work of the health service psychologist is expected to be based upon the application of scientifically derived psychological principles, theories, concepts, and outcomes in all clinical and professional activities. Thus, we conceptualize the practice of psychology and the science of psychology as mutually interdependent. We attempt to promote in our interns a respect for and knowledge of the current scientific underpinnings and empirically supported bases for clinical practice. We strive to instill in our trainees through supervision, seminars, and modeling the need for competent psychologists to be lifelong learners who are both sophisticated providers and critical consumers of ever-changing developments in the field of health service psychology. Thus, the scientific and empirical bases of health service psychology are an inherent part of our rotations and seminars; we attempt to integrate the practice of psychology with its scientific underpinnings. To this end, we adopt a Practitioner- Scholar model of internship training.

In meeting our primary responsibility to train competent clinicians, our major resources are: (1) a very large psychology staff which serves in multiple professional capacities at two large medical centers and outpatient clinics in New Jersey; and (2) a diverse, energetic, experienced staff who conceptualize supervision and teaching as a fundamental and integral part of their professional identities.

TRAINING GOALS

The APA Commission on Accreditation (CoA) requires that all interns who complete an accredited internship program develop certain core competencies as part of their preparation for professional practice in Health Service Psychology (HSP). The internship training program at the New Jersey VA Health Care System is organized to fulfill these training competencies during the course of the training year. There is an expectation that all Profession Wide Competencies will be grounded to the greatest extent possible in the existing empirical literature and in the scientific knowledge base upon which psychological knowledge and methods rest. Consistent with our “generalist” orientation, training in the profession-wide competencies will provide a broad and general preparation for entry into professional practice, postdoctoral residency training, and licensure. As the internship program progresses throughout the year, interns are expected to demonstrate each profession-wide competency with increasing levels of knowledge, independence, and complexity.

The following is a list of the profession-wide competencies that comprise the internship training program:

- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary skills
- Research

It is the expectation that upon completion of the internship program, interns will be able to demonstrate “Advanced Competency” in each of the profession wide competencies listed above. In our view, a “competent clinician” is one who is capable of providing a full range of high-quality clinical services to a broad-based client/patient population. She/he identifies as a health service psychologist and is knowledgeable about and involved in the profession. We define beginning professional status as the ability to autonomously perform routine clinical tasks and to effectively manage complex clinical cases with appropriate consultation/supervision. To this end, we progressively increase the level of demands placed upon interns throughout the course of the training year, commensurate with their increasing levels of competence afforded by their varied clinical experiences and supervisory input.

TRAINING

Structure

The overall operation of the Psychology Internship Program is the responsibility of the Director of Training. The Director serves as Chairperson of the Psychology Training Committee which is charged with the following responsibilities: a) developing policy regarding the structure and operation of the Internship Program, b) reviewing intern rotation assignments, c) consulting on the content and organization of didactic instruction, d) reviewing the progress of intern competencies, e) resolving any issues relating to an intern's personal and professional functioning in the program and f) communicating with the University about the intern's progress in the program. The Director of Training advises and actively collaborates with interns about their rotation assignments and individual training goals.

Orientation Phase

The orientation phase serves to familiarize interns with each supervising psychologist and his/her responsibilities through visits to their respective clinical units. The orientation phase is of major importance, since it is during this period that the intern becomes familiar with the organizational structure of the Medical Center and Mental Health & Behavioral Sciences Service. During this period, interns are required by the medical center to complete a brief “new employee” Human Resources orientation. It is also during this period that interns along with the Director of Training review the intern handbook containing all policies, procedures, evaluation forms, rights and responsibilities including requirements for successful completion of the internship program.

Clinical Rotations

Several months prior to the beginning of the training year, incoming interns are asked to complete a comprehensive “self assessment” questionnaire which provides a beginning framework for developing competency goals for the ensuing internship year. This information is reviewed carefully by the Director of Training and the Training Committee to further assess each intern's past clinical experiences, current level of skill development, clinical interests, rotation interests, and areas for future development. Clinical supervisors similarly assess intern's skill levels and knowledge at the beginning of each rotation in order to achieve rotation specific learning objectives. Clinical rotation activities are initially adapted and tailored based upon this information in an attempt to meet each intern's level of functioning. The overall aim is to demonstrate progressive acquisition of skills and knowledge throughout each rotation and

ultimately over the course of the training year. All planning and goal setting is a collaborative process in which the intern, supervisor, and Director of Training in consultation with the Training Committee work together to enhance competence and professional development. Rotation assignments along with the development of clinical and professional competencies is viewed as a fluid process with opportunities for revisions as interests and exposure to various settings and populations occur during the first rotation period.

In order to offer maximal exposure to a variety of patients and to different types of supervisory methods, training assignments permit rotation through a number of services and training areas. The basic model entails two six-month rotations. The rotations include clinical units that offer a high level of therapeutic and assessment activities along with ample supervisory support. The time commitment for rotations is 3.5 – 4 days/week. Some rotations depending on the treatment program lend themselves to full time assignments while others allow for a 1-2 days per week assignment. Interns may thus choose to rotate in two clinical assignments during any one 6-month rotation. Consistent with our “generalist training model,” this permits an intern to obtain exposure to a broader array of clinical disorders and/or training with different supervisors. Careful planning is devoted to the allocation of time between rotation assignments so that an intern’s training experience does not become fragmented or unmanageable.

At the time of 2nd rotation assignments in March, ongoing therapy relationships between interns and patients are not necessarily terminated. Interns may continue with the treatment of selected patients from the prior assignment, provided that the involved supervisors agree, and scheduling issues can be satisfactorily resolved. Such arrangements are often desirable since they further continuous patient care while facilitating training in longer-term psychotherapy.

Assessment Training

We believe that training in psychological assessment contributes to the education of a broadly trained competent psychologist and is consistent with our “generalist” model. As such, diagnostic interviewing and psychological testing are integrated components of the internship program. To this end, we offer didactic instruction and weekly individual and group supervision in the performance of psychological testing, assessment, and integrated report writing. The administration and interpretation of objective and projective measures of personality, intellectual assessment, neuropsychological measures, and appropriately selected symptom inventories, are key components of our assessment training sequence. Each intern will be assigned a primary assessment supervisor throughout each 6-month rotation. It is expected that interns complete a minimum of 8 assessment testing cases during the internship year; at least 6 ‘integrated’ assessments and 2 ‘targeted’ assessments.

Supervision

In accordance with APA accreditation guidelines, the internship program at the VA New Jersey will provide a minimum of 4 hours of supervision per week. This will include a minimum of 2 hours of individual supervision. The remaining supervision will be provided in a combination of assessment supervision and group supervision. Depending on the clinical rotation, it is often the case that supervision time exceeds these minimum requirements. The program takes seriously its obligation to provide high quality clinical supervision to our interns.

Modeling appropriate professional behaviors, roles, and boundaries is taken seriously and is an important aspect of our professional identities. Supervision is construed as an ongoing, collaborative process between staff and interns. Supervisors accept as their responsibility providing interns with clinical experiences commensurate with their level of skill development. They also provide relevant professional literature materials and resources while providing timely appropriate supervisory feedback both on an ongoing basis, and at more formally designated intervals. This supervisory relationship serves our training goals by providing instruction in a graduated, sequential, and hierarchical manner. Interns are exposed to more complex clinical tasks as the year progresses and as confidence and competencies build. In so doing, we foster the steady acquisition of increased clinical competencies. Interns, for their part, accept as their primary responsibility, the challenge of serious involvement in the supervisory process. This process can require the intern to engage in close personal self-examination in relation to their cognitive and emotional reactions to patients and of the supervisory process. Similarly, the training program seeks to develop intern's competencies in understanding their own personal/cultural histories, attitudes, and biases and how they understand and interact with people who are different from themselves. To this end, we seek interns who regardless of their theoretical orientation or personal backgrounds have a willingness to engage in appropriate "self-reflection" in relation to all aspects of their developing clinical competencies and professional identities.

Didactic Training

The didactic part of the training program is designed to meet the needs of our interns who come from varied clinical and counseling psychology programs. Thus, it is important, at the outset of training, that our interns share a basic level of professional knowledge necessary to function in a clinical setting. Therefore, at the beginning of the year, the seminars impart a foundational knowledge base in their respective topic areas. As the year progresses, the training programs' well-developed and organized seminar offerings enable the intern to receive group supervision, integrate scientific and evidence-based underpinnings of clinical practice, and engage in peer supervision and support.

Scheduled for a full day every Wednesday, a series of Core and Specialty seminars are offered throughout the training year, alternating monthly between our two campuses. Core seminars are offered throughout the training year in Psychological Assessment & Consultation, Individual Psychotherapy, Group Psychotherapy, Ethics & Legal Standards, Individual and Cultural Diversity, Methods of Supervision, and Research. Specialty Seminars on various clinical topics occur throughout the training year. Staff members and consultants with expertise in particular clinical areas lead seminars which range from one to four sessions. These include topics in various evidence-based treatments (including ACT, DBT, PE, CPT, mindfulness), health psychology/behavioral medicine, geropsychology, substance use disorders, Serious Mental Illness, PTSD, and psychopharmacology.

CORE SEMINARS

Assessment Seminar

The assessment seminar sequence is designed to impart skills in the administration and interpretation of psychological tests that culminate in the intern writing integrated and

comprehensive psychological reports. Fundamental aspects include conducting detailed clinical histories, performing diagnostic interviews, plus selecting, administering and scoring relevant assessment measures. Commonly used assessment measures include the Rorschach, TAT, MMPI-2, PAI, WMS, and neuropsychological screening measures. The seminar involves both didactic and clinical case presentations by interns and seminar leaders that address issues such as diagnosis, specific clinical disorders, normative interpretation of tests, and cultural issues. Ongoing group supervision and peer feedback occurs throughout the training year during the assessment seminar. Interns will also be introduced to the prevailing models and practices of consultation including its application in interprofessional/interdisciplinary clinical settings.

Psychotherapy Seminar

The psychotherapy seminar is designed to assist interns in their continued development of psychotherapy skills, with a focus on diagnosis and case conceptualization, the working alliance, treatment planning, strategic and tactical considerations in making interventions, evidence-based treatments, and boundaries. The primary vehicle for skill development is intern case presentations with ongoing group supervision and discussion. An emphasis in the seminar is placed on creating an emotionally supportive environment in which interns can feel comfortable sharing their clinical work with colleagues. Interns are encouraged to become conversant with a variety of theoretical orientations, and to develop the ability to flexibly tailor their interventions based on the needs of the client. Readings are distributed and discussed, with the goal of ensuring that the intern's practice is guided by relevant clinical literature including appropriate empirically supported and evidence-based treatments and culturally sensitive approaches to psychotherapy.

Group Psychotherapy Seminar

Seminar for group therapy utilizes both didactic and experiential tools for expanding the intern's knowledge and experience of group therapy. Discussions focus upon psychotherapy/process, psycho-educational, and problem-focused groups. Specific topics include beginning a group, interviewing patients for a group, entering existing groups, collaborating with co-therapists, and identifying group norms and processes. Strategies for coping with basic group problems are addressed early in the seminar. Interns are expected to present the groups they are leading, with seminar participants providing their observations, feedback, and group supervision about the work presented.

Ethics & Professional Issues Seminar

The seminar includes an overview of the most recent Ethics Code with an emphasis upon application to the intern's functioning in their internship setting as well as application to post-training professional settings and roles. Principles of the Ethics Code are illustrated by presentations from staff and interns about clinical dilemmas and less well-defined "grey areas" encountered in professional practice. The latter part of the seminar addresses topics relevant to entry-level professional practice such as legal guidelines, licensure, specialty practice guidelines, interprofessional relationships, and basic issues of practice management and professional conduct. An ongoing theme of the seminar is the recognition and understanding of professional boundaries and personal conduct as it relates to Health Service Psychology.

Individual and Cultural Diversity Seminar

This ongoing seminar series led by various members of our psychology faculty will address the role of ethnic, cultural, and social factors that influence patients' psychological functioning, as well as interns' attitudes about working with individuals from diverse backgrounds. Relevant professional literature including theoretical and empirical evidence will be reviewed. Seminar discussion will focus upon issues of ethnicity and culture, socioeconomic status, religious/spiritual values, and gender, among others. Interns will also examine how their own cultural identities and backgrounds influence their implicit assumptions and values in relation to their work as professional psychologists.

Research Seminar

The research seminar meets periodically throughout the year. The purpose of the seminar is the demonstration of the integration of science and practice. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. At the completion of the seminar, interns will have demonstrated the ability to critically evaluate and disseminate research through case conference and presentation. The overall theme of the seminar will be to understand a range of methodologies for determining whether and how psychotherapies are helpful to patients. Interns will take turns leading the seminar and presenting relevant articles.

Methods & Theories of Supervision

This seminar has been developed to expose interns to the theories and methods of clinical supervision within health service psychology. Trainees will learn about Falender and Shafranske's (2004) model of clinical supervision and APA's ethics and practice guidelines for supervisors/supervisees (<http://www.apainc.org.au/wp-content/uploads/2011/05/APA-Ethics-and-Practice.pdf>). The seminar covers: the purpose, roles, and goals of supervision; the complexity of supervision including ethical, legal, and contextual issues; use of the supervisory relationship to enhance supervisees and their clients; and the factors affecting the quality of supervision outcomes for both supervisee and their clients. Interns are encouraged to discuss their experiences in supervision as well as role play various supervision scenarios.

In order to augment training in Clinical Supervision, interns attend the day-long Annual Supervision Workshop sponsored by Seton Hall University. Each year the annual supervision workshop is led by a leading expert in the supervision/clinical training field.

Consultation & Interprofessional/Interdisciplinary skills.

This seminar which meets at various times throughout the training year is designed to expose interns to the basic principles and skills required to provide effective consultative and interprofessional/interdisciplinary skills in a large medical/psychiatric hospital. Interns are introduced to an array of common referral questions and the competing and complex demands that often confront the "psychologist as consultant" in interprofessional/interdisciplinary settings. Instruction in focused diagnostic interviewing skills and processes to obtain relevant medical information are important issues discussed and modeled in the seminar. Issues of providing brief interventions, assessing decision-making capacity, integrating community resources, and interacting effectively with medical and interdisciplinary team members are emphasized. Both

direct and simulated consultation will occur during the seminar in order to enhance competency skills.

SPECIALTY SEMINARS

Evidence-Based Treatment Approaches

Lead by various members of our psychology staff with particular expertise and specialty interests, this ongoing seminar series attempts to expose interns to the latest evidence-based treatment approaches to various clinical disorders and populations. An important goal of our internship program is for interns to integrate the current research and scientific underpinnings of professional psychology whenever possible. Seminars have included such topics as Acceptance and Commitment Therapy, Mindfulness, Dialectical Behavior Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Evidence-Based Substance Abuse Treatment, Evidence-Based SMI Treatment, and CBT anxiety treatments.

In addition, staff and invited psychologists with expertise in designated areas lead seminars of special interest. Topics include substance abuse, geropsychology, palliative care, neuropsychology, management of pain disorders, hypnosis, biofeedback, ptsd, psychopharmacology, licensing, developing a private practice, early career issues, self-care and recovery models.

Continuing Education & Support Services

The VA New Jersey Healthcare System offers an active and substantial continuing education program oriented to the needs of an interdisciplinary medical and psychiatric staff. The VA New Jersey Health Care System maintains ongoing residency and teaching affiliations with two local medical schools. This creates the opportunity for our psychology interns to attend grand rounds, lecture series, and case conferences available at both campuses throughout the training year in such areas as Psychiatry, Medicine, Oncology, and Neurology. Interns are strongly encouraged to avail themselves of these opportunities.

In keeping with the strong teaching commitment of the VANJHCS, each campus has a medical library which offers a rich variety of professional texts, plus current and bound volumes of journals covering psychological, psychiatric, and medical topics. Audiovisual and CD/DVD materials are available. Internet access is provided to all interns, and a wide range of medical and pharmacological reference texts and patient information resources are available on demand. Medical reference librarians on both campuses support clinical care and research by conducting medical/psychological literature searches upon request. An interlibrary lending program offers access to virtually any journal article or book. Many psychology interns have used our vast and supportive medical library resources and reference librarians in order to complete their dissertations during internship training.

EVALUATION PROCESS

Determination of an intern's clinical competence and professional conduct will be based upon the evaluations by clinical supervisors and seminar leaders. Each intern receives a formal evaluation upon completion of each major clinical rotation.

Requirements of Successful Internship Performance

At the completion of the training year, interns will be expected to demonstrate competence in the areas previously mentioned including research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation and interprofessional/interdisciplinary skills. Such a determination will be based upon evaluations by clinical supervisors, seminar leaders, and the Director of Training. It is required by the completion of the internship year that as a minimum level of achievement, 100% of the competency areas contained on the "Competency Evaluation Form" be rated at "Advanced" or higher. In addition, supervised assessment reports are required to be completed in order for the intern to successfully complete the program. A detailed review of the competency areas and promotion policy are reviewed during the orientation phase.

The training program strives to ensure all interns make satisfactory progress toward completion of the program requirements. All clinical supervisors, and ultimately the Training Committee, are responsible for identifying in a timely manner interns who exhibit deficiencies in their performance of clinical competencies, professional relationships, or personal conduct so that corrective processes can be implemented. At a minimum, clinical supervisors are expected to review and discuss with the intern at the mid-point of each rotation their progress on each relevant competency that is being assessed on the rotation. It is also the expectation that supervisors will alert the intern to any competency deficiency that may occur when it is first observed.

The Director of Training serves as a primary resource for interns, and interns are encouraged to meet with the Director if they encounter any difficulties in the training program. This "open door" policy provides interns with the opportunity to address concerns at any point during the training year. In the event that an intern's functioning in any competency area is judged as deficient, a remedial plan would be developed in conjunction with the intern, along with input from members of the Training Committee. Such a plan might include additional specialized supervision, didactic instruction, reading assignments, or personal therapy. Additional stages of problem resolution could involve the Training Committee, Coordinator of the Psychology Section and representatives from the intern's graduate program. A policy which details stages of intervention, and an associated grievance procedure that ensures an intern's rights, is distributed and reviewed during the orientation phase at the beginning of the training year. Please see Appendix II attached to this brochure for a complete description of our policies regarding the identification and remediation of insufficient competence and/or problematic intern behavior.

ROTATIONS

Training opportunities in the VA NJ Healthcare System are described in some detail as follows. Rotations are six months in duration. Some rotations have components that may be conducted on

a less-than-full-time basis, thereby allowing the intern to split her/his time during the week and obtain exposure to additional training experiences. Interns may also select outpatient therapy cases that are not assigned to a focused treatment unit.

PSYCHIATRY

The Lyons campus houses several inpatient psychiatry units, involving acute- and longer-term care, including specialized residential units for Post-Traumatic Stress Disorders, Women's Trauma, Geriatrics, and Seriously Mentally Ill. The East Orange campus has comprehensive substance abuse treatment programs. Extensive outpatient psychiatric and behavioral medicine services are offered at each campus.

Acute Treatment/Admissions Unit (East Orange)

An inpatient admission unit on the East Orange campus maintains 25 beds. The typical length of stay ranges from 3 - 21 days, with most averaging about 7 – 10 days.

Interns assigned to Acute Treatment units have the opportunity to work with patients presenting a broad spectrum of acute psychiatric symptoms, such as adjustment reactions, affective disorders, substance-induced disorders, and exacerbations of chronic psychotic conditions. All interns participate in assessment (interviewing and testing), short-term individual and group psychotherapy, and interdisciplinary team meetings. It is strongly recommended that interns who have not had previous exposure to severe psychopathology complete a part-time rotation in the admission unit in order to appreciate the scope and acute management of psychotic disorders, as well as refine skills in establishing a differential diagnosis.

The Acute Treatment/Admission units are most appropriate for part-time rotations.

Psychosocial Rehabilitation and Recovery Centers (PRRC) (Lyons/East Orange)

The Psychosocial Rehabilitation and Recovery Centers (PRRC) are specialized outpatient clinics providing aftercare treatment and rehabilitation of patients with serious psychiatric disorders, especially schizophrenia, bipolar disorders, and major depression. Frequently, these veterans may have co-occurring substance abuse disorders for which ongoing treatment is also provided. The PRRC programs are located on both the Lyons and East Orange campuses. Psychologists direct both programs. Multidisciplinary staff includes a psychiatrist, social worker, psychiatric nurse, recreation therapist, and addiction counselors. Each program provides services to about fifty veterans on any given day.

Both the Lyons and East Orange PRRC rotations offer an opportunity to become actively involved in a total systems approach to the treatment of people with severe psychiatric disabilities. The programs are designed to follow the Recovery Model for the rehabilitation of serious mental illness. The programs emphasize group and individual interventions addressing symptom management, medication management, social problem-solving, addiction treatment, and vocational rehabilitation geared to this population. Interventions are provided in a supportive milieu context with supplemental socialization and recreational activities. Interns can act as a case manager for patients who reside in the community, in addition to leading psychotherapy groups,

conducting psychological assessments, and providing individual psychotherapy. The intern will learn to implement treatments to deal with residual symptoms including social withdrawal, lack of motivation, and other negative symptoms of schizophrenia. Higher functioning patients will address issues such as seeking employment and independent housing. Efforts to deter decompensation and management of crises may also be anticipated.

The PRRC programs are appropriate for a full or part-time rotation.

Dual Diagnosis Transitional Intensive Case Management (DDTIC) (East Orange + Lyons)

The DDTIC program provides short-term intensive case management (6-8 weeks) for patients with co-morbid psychiatric and substance abuse disorders. Patients are assisted in making a transition from acute crisis management to ongoing involvement in outpatient treatment. Patients are screened and selected for the program while in an Acute Psychiatry Unit. The program emphasizes the establishment of a therapeutic alliance while assessing psychiatric vulnerabilities, patterns of substance use, and support resources. The program incorporates motivational enhancement, coping skills training and relapse prevention strategies. Treatment is centered around group therapy, including open focus, healthy living and recreational activities.

DDTIC is appropriate as a part-time rotation.

Domiciliary (Lyons)

The Lyons Domiciliary Care for Homeless Veterans Program is a 70-bed, time-limited (6 month), residential treatment program for veterans who are homeless or have unstable living arrangements. Many of these individuals will have recently undergone treatment for substance abuse disorders. During the course of their treatment at the Domiciliary, patients initiate employment within the Medical Center and/or seek employment in community settings; thus, their adjustment to competitive employment can be carefully monitored. Psychological services include individual and group psychotherapy, vocational assessment and rehabilitation, and drug and alcohol counseling.

A rotation in the Domiciliary offers an opportunity to assist patients who are struggling with the early phase of recovery from substance abuse disorders and/or reintegrating into the community. Many are addressing long-standing patterns of interpersonal conflict and vocational dysfunction. Opportunities exist for instruction in the treatment of addictions, personality disorders, and problem-solving therapies.

The Domiciliary is appropriate for a part-time rotation.

Mental Health Primary Care Triage Clinic (East Orange/Lyons)

The MH/PC Triage Clinic is located within the primary care medical service on the East Orange and Lyons Campuses and provides same day mental health access to veterans. The purpose of the clinic is to enhance access to mental health services for veterans, provide co-located integrative care, and serve as a mental health consultant to medical providers. Primary responsibilities for interns will include same day triage assessment, provision of time-sensitive individual

psychotherapy, suicide risk assessment, and mental health liaison. There will also be the opportunity to provide brief interventions focused on enhancing health behaviors and conducting wellness related groups. Interns will be able to refine their interviewing and differential diagnostic skills as well as learn the skills necessary for successful application of mental health services within a medical setting.

The MH/PC Triage Clinic is appropriate for a part-time rotation.

Mental Health Clinic (MHC) (Lyons/East Orange)

Mental Health Clinic provides psychiatric and psychological services including individual and group psychotherapy for a range of diagnoses that are found in traditional outpatient mental health settings. Patients may be treated both on a long- and short-term basis. Interns selecting this minor rotation would provide a variety of outpatient psychological services including assessment, diagnosis, triage, consultation, individual, and group psychotherapy.

The MHC Clinic is appropriate for a part-time rotation.

Telemental Health (TMH) (Lyons)

The TMH program in New Jersey was established in 2009. Telemental health improves access to mental health care by making services available at a time and location that is amenable to the Veterans. In NJ, veterans are seen via Clinical Video Technology in one of nine clinics located throughout the state. An intern in this rotation would work as a full member of the TMH team conducting diagnostic assessments and providing on-going individual and group psychotherapy for a variety of DSM diagnoses. Beginning in the summer of 2012, services to veterans has broadened whereby veterans can be seen via their personal computers. During the current pandemic telehealth has dramatically increased including increased access to newer technologies. The VA now uses Webex regularly in telehealth.

TMH is appropriate as a part-time rotation.

GEROPSYCHOLOGY

Opportunities for working with geriatric patients exist within virtually all rotations including outpatient psychiatry clinics, substance abuse, and behavioral medicine. A unit specially designed for the care of geriatric patients is described below.

Healthy Aging Recovery Program (HARP) (Lyons)

This inpatient geriatric psychiatry rotation is designed to teach the intern about the manifestation of serious psychopathology in an elderly population. Patients may present with long-standing psychotic disorders, or a recent onset of affective &/or cognitive disorders (often associated with medical disorders). The interplay of developmental history, current psychosocial stressors, health status, and medication/substance abuse effects are critical components in the evolution of patients' pathology. Interns work within an interdisciplinary team and conduct comprehensive diagnostic interviews and psychotherapy, utilizing interventions geared to the aging individual.

Nursing Home Care Unit (Lyons)

The VANJHCS has a modern 240-bed Nursing Home facility. The facility is divided into four sections; three units are devoted to long-term care for elderly and/or disabled veterans, and one unit dedicated to intermediate-term physical rehabilitation services. An associated Palliative Care Unit is also part of the Nursing Home Care rotation and interns are welcome to spend time in this program as well. Many of the patients have a history of psychiatric disorders. The rehabilitation unit serves individuals who require physical therapy or conditioning prior to returning to the community. While most patients are elderly, younger patients are also treated in the Nursing Home, such as individuals recuperating from acute medical disorders or with degenerative neurological disorders and/or head trauma.

Interns have an opportunity to engage in a variety of services, especially individual and group psychotherapy and cognitive assessments. Patients may manifest chronic anxiety or depression, and discuss adaptation to chronic illness, and end-of-life issues. Multidisciplinary treatment team consultation is a key role for interns, offering an opportunity to present psychological perspectives on patient care to physicians, social workers, physical therapists and recreation staff. Involvement in family meetings is expected.

The HARP and Nursing Home Units are most suitable for part-time rotations. Breadth and scope of training in geriatrics can be excellent for the intern with interest in this field, especially in conjunction with rotations in neuropsychological consultation and/or health psychology.

POST TRAUMATIC STRESS DISORDERS

PTSD Residential Rehabilitation Program (PRRP) (Lyons)

A 25-bed, 45-day residential treatment program unit is available for veterans presenting with post-traumatic stress disorder (PTSD). This program serves veterans who manifest enduring anxiety disorders, impairments in social relations, and physiological disturbances associated with combat exposure in Vietnam and the Persian Gulf. Many of these patients present with concurrent substance abuse disorders. A therapeutic community approach is emphasized, entailing cognitive-behavioral, exposure, and dynamic approaches. The unit psychologists are extremely active in leading the program's groups, providing individual therapy, assessment and crisis intervention services.

An intern electing this rotation will learn much about the nature of trauma and its psychological and physical sequelae. PTSD patients represent an excellent patient population for interns to learn fundamental and advanced clinical skills.

The Residential PTSD program requires a minimum of 3 full days.

Women's Residential Trauma Unit (Lyons)

The Women's Trauma Unit is a 10-bed residential program offering state of the art, evidenced based treatment to women veterans who have experienced Military Sexual Trauma (severe sexual

harassment, sexual abuse and/ or sexual assault occurring during their enlistment). The average length of stay is 6-8 weeks. Depending upon the needs and wants of the veteran, in conjunction with the assessment of the treating team, specific target goals are identified such as: developing more effective ways to deal with PTSD symptoms, learning to manage feelings related to trauma without resorting to alcohol, substances, or other forms of self-harm, developing increased feelings of safety in the world, or specific exposure-based treatment of traumatic material.

Many of the women in the program have co-morbid substance abuse/alcohol abuse issues, eating disorders, and are survivors of early childhood trauma. Additionally, a large percentage have combat exposure and have PTSD issues related to those experiences.

Interns selecting this rotation will learn about the broad spectrum of PTSD, assessment, the use of evidence-based treatments such as Dialectical Behavior Therapy, Prolonged Exposure, Acceptance and Commitment Therapy, and Cognitive Processing of Trauma. It is also an excellent opportunity to learn about working as an integral part of a treatment team as well as learning to maintain professional boundaries while treating what can be an emotionally volatile population. The Women's Trauma Unit is currently a part time rotation.

Outpatient Post-Traumatic Stress Disorder Program (East Orange/Lyons)

In addition to the Residential Programs, outpatient services are provided by the PTSD team at Lyons. Patients may seek outpatient treatment as an aftercare component of the residential programs or as the initial phase of care. The outpatient Post-Traumatic Stress Disorder (PTSD) treatment team at East Orange consists of psychologists, a psychiatrist and counselors. Functioning as an interdisciplinary assessment and treatment team, the members provide specialized treatment services to veterans diagnosed with combat-related PTSD, typically from service in Vietnam or the Persian Gulf. The team provides differential diagnostic assessments, and on-going individual and group psychotherapy. There is a strong psycho-educational component as well, with a patient-led governmental structure to which the psychologists offer guidance.

Bloomfield Vet Center

The Bloomfield Vet Center is a community Outreach Center which offers a wide range of counseling, referral, and advocacy services to Vietnam Era veterans as well as veterans of post-Vietnam conflicts including current OEF/OIF veterans. Post-Traumatic Stress Disorder is the most significant issue for those seeking Vet Center assistance. Group and individual psychotherapy services are provided to patients who are struggling with work, relational, and various post-deployment adjustment issues. Thus, there is the likely opportunity for interns to provide outpatient military sexual trauma treatment during this rotation.

The Residential PTSD is a major rotation (3-4 days per week). The outpatient PTSD programs and the Bloomfield Vet Center are most appropriate as part-time rotations (1-2 days per week). Interns with a particular interest in PTSD may elect both an inpatient and outpatient rotation during the internship year, which would provide extensive exposure and experience with this clinical population

SUBSTANCE ABUSE

Residential & Outpatient Substance Abuse Treatment Units (East Orange/Lyons)

The VANJ Healthcare System offers a comprehensive and integrated series of substance abuse treatment and rehabilitation services. The programs offer a wide spectrum of care to veterans, including an inpatient medical management unit and extensive outpatient programming (East Orange), plus residential treatment/vocational rehabilitation services for homeless veterans (Domiciliary at Lyons). In addition, psychiatric and specialized medical care is offered concurrently as many patients manifest serious psychopathology (i.e., residual psychotic disorders or PTSD), as well as chronic physical disorders. Assignment to the inpatient or outpatient units is guided by the American Society for Addiction Medicine (ASAM) criteria. The program has an integrative orientation, incorporating cognitive-behavioral, psychodynamic and family systems perspectives. In addition, 12-Step Programs such as AA & NA are regarded as a valuable adjunctive approach. The scope of programming allows veterans entering treatment to receive the level of intervention required for their mix of psychological and social needs.

Services are offered by an interdisciplinary treatment team composed of psychologists, a consulting psychiatrist, physician, nurses, social workers, and substance abuse counselors. Activities such as psychoeducation and group therapy are conducted seven days a week in the residential units. Outpatient services (including evening programming) are offered three to five days each week. Individual and marital therapy (when possible) is an integral part of the programming as well. Lectures and time-limited therapy groups are offered on specific issues such as anger management, impact of parental substance abuse and trauma-induced disorders. Attendance at AA/NA meetings, educational and vocational counseling, and recreational therapy reintroduce patients, many of whom are chronically unemployed and estranged from friends and family, to positive, re-socialization activities in the community.

Psychology interns assigned to the Substance Abuse units provide a broad array of psychological services including comprehensive clinical interviews, cognitive and personality assessments, and active participation in treatment team meetings. They provide individual, group, and psycho-educational therapies to both outpatient and residential patients. Beyond these traditional approaches to substance abuse treatment, the SATP incorporates advanced motivational enhancement and relapse prevention techniques. Treatment approaches are tailored to match the “stage of change” of the patient. Interns learn ways of managing resistance and facilitating motivation for treatment that can be applied to a wide variety of psychological problems.

The multiple physical, mental, and behavioral consequences associated with alcohol and drug abuse compound and can be quite difficult to distinguish from preexisting psychopathology. The residential and outpatient SATP programs, plus the Dual Diagnosis Transitional Intensive Case Management (DDTIC) program, provide interns an opportunity to assess and treat veterans who manifest concurrent serious psychopathology and substance abuse disorders. Emphasis is placed upon facilitating patients’ understanding of their dual disorders, addressing psychosocial stressors and enhancing medication compliance, as well as replacing maladaptive and dysfunctional

activities with behaviors that maintain sobriety and psychiatric stabilization. Further, as diagnostic clarification is a key factor in establishing appropriate treatment regimes, psychological testing is extremely valuable. Assessment of psychiatric patients with varying degrees of abstinence elucidates the impact of chronic substance abuse upon cognitive processes and personality dynamics. Thus, interns learn the unique and interactive features of these co-morbid disorders.

The Substance Abuse Treatment Program can be tailored to accommodate full or part-time rotations. Interns with a particular interest in Substance Abuse may elect both an inpatient and outpatient rotation, which would provide extensive exposure and experience with this diagnostic group.

HEALTH PSYCHOLOGY/ BEHAVIORAL MEDICINE

Both the East Orange and Lyons campuses offer a wide variety of opportunities to provide psychological interventions to patients dealing with medical disorders. Training opportunities are available through primary care clinics and specialized treatment programs. Medical conditions commonly seen include cardiac, gastrointestinal and respiratory disorders, cancer, diabetes, infectious diseases (hepatitis C, HIV), obesity, and pain.

Referrals for care arise from physicians on inpatient medical units as well as outpatient clinics. A common request is to evaluate and manage patients who experience anxiety or depression in response to a physical disorder. Another frequent request is to make a determination of a patient's decision-making capacity with regard to offering informed consent about a proposed medical intervention, or ability to sustain independent living despite manifesting serious physical or cognitive disorders. Poor adherence by patients to their medication or physical therapy regimen also engenders referrals for assistance. Psychologists have been particularly well-integrated into the Oncology Service. The Spinal Cord Service is another program in which interns can serve as full members of a treatment team.

Intervention strategies usually involve conducting clinical interviews and focused psychological testing. Opportunities exist for a variety of patient-teaching activities such as management of chronic disorders (i.e., diabetes, hypertension, pulmonary), and illness prevention or health maintenance strategies (i.e., smoking cessation and weight management groups). Interaction with physicians, nurses and multidisciplinary health care staff fosters development of consultation and interprofessional communication skills. Further, provision of consultative services in a variety of inpatient units and outpatient primary care teams afford an understanding of each discipline's role in the coordination of services. In addition, the opportunity exists on the Lyons Campus for selected interns to learn basic biofeedback techniques.

The Behavioral Medicine/Health Psychology rotations are available as full or part-time rotations.

Outpatient Health Psychology (Lyons/East Orange)

Both campuses of VA New Jersey have health psychologists who provide consultation and therapeutic intervention to outpatients suffering from health-related disorders and accompanying psychological sequelae such as anxiety and depression. The promotion of healthy behavior, self-management, and shared goal setting are frequently interventions employed by outpatient health psychologists. These psychologists also conduct ongoing groups and psychoeducational programs promoting healthy behaviors and chronic illness rehabilitation. The health psychologists on this rotation are embedded within the Mental Health Clinics of both campuses and primarily receive their referrals from the interdisciplinary MHC staff and medical units. Interns would function within the MHC treatment teams during this rotation.

TBI/Polytrauma Program

The TBI/Polytrauma program is a component of the Physical Medicine & Rehabilitation Service. The Polytrauma program serves veterans who have sustained physical and/or cognitive injuries during their involvement in the Iraq & Afghanistan wars (Operation Enduring Freedom/Operation Iraqi Freedom). Musculoskeletal disorders, headache, balance/vestibular issues are prototypical physical concerns. Cognitive issues typically entail complaints of impaired concentration, memory, and executive functions. Emotional disorders and psychosocial issues are often prominent. This truly multidisciplinary program emphasizes collaboration with a wide variety of health care professionals, esp. Physiatry, Speech, & Occupational Therapy, along with Social Work and Nursing case managers. Interns working in this unit will conduct neuropsychological screenings, assist in cognitive rehabilitation interventions, offer focused psychotherapeutic interventions, and receive exposure to the role of the psychologist as consultant. In addition to Polytrauma services, exposure to general physical rehabilitation interventions is available. Involvement with patients with diverse physical conditions is feasible, such as pulmonary disease and orthopedic disorders. This rotation provides a focused engagement in Health Psychology issues. At this time, this newly developed rotation would be available as a half time or minor rotation.

Center for Health & Wellness Rotation (East Orange)

The Center for Health and Wellness is a new program at VA New Jersey located on the East Orange Campus. The program is highly integrative with the aim of providing collaborative health, wellness, and mental health services within an interprofessional team and accompanying healing environment. The Center is staffed by physicians, 3 psychologists, social workers, pharmacists, nurses, yoga instructor, acupuncturist, and chef/culinary expert. Mental health plays a vital function in the “Center” providing traditional and innovative behavioral health treatments and interventions, not just for traditional mental health problems but also for adjunctive health-related services—improving the overall care of patients suffering from a variety of chronic conditions including pain and diabetes. A psychologist functions both as the program manager for the Health Promotion Disease Prevention Program (HPDP) and the Mental Health Lead for Primary Care Mental Health Integration in the Center for Health & Wellness. Activities from the HPDP team also include assisting/training medical providers to improve doctor-patient relationships and increase patient motivation. The center also includes an active Health Coaching team focused in this area to help providers assist patients in quitting smoking, limiting alcohol use, increasing exercise, and adhering to medical regimens.

Pain Management/Pain Psychology (East Orange)

Located within the Pain Management Clinic and the Center for Health and Wellness at VA New Jersey East Orange Campus. As one of 18 Flagship Hospitals for Whole Health this facility has been charged with developing innovative programs and services to change the model of healthcare. The intern on this rotation will work closely with the Pain Psychologist and Pain Management Team consisting of two physicians, one medical resident, two nurse practitioners, two nurses, and a chiropractor. The primary treatment modality for the Pain Psychology Intern will be co-facilitating and leading groups such as CBT-Chronic Pain, CBT-Insomnia, ACT-Chronic Pain, Women's Pain Group, and Biofeedback and Hypnosis for Chronic Pain. The Pain Team is also developing a Suicide Prevention treatment group to address the crisis of veteran suicides. Additionally, the intern will participate one day each week in Behavioral Health Integration working closely with the medical providers in the outpatient pain management clinic where providers are challenged with managing and reducing opioid medications, and introducing innovative non-opioid based medical interventions. Interns will have the opportunity to conduct initial assessments for patients referred to group and may have the opportunity to perform brief individual psychotherapy sessions (≤ 6 thirty-minute sessions) as veterans with primary mental health issues will typically be followed by a primary MH/BS provider. The intern on this rotation will also learn about the integrative and adjunctive interventions offered in the Center for Health and Wellness (CHW) such as acupuncture, yoga, dietary and healthy eating strategies, as well as Mindfulness Based Stress Reduction.

Radiation Oncology/Oncology (East Orange)

The rotation in Radiation Oncology/Oncology provides an opportunity to gain experience providing Psychological assessment, consultation, and intervention services to individuals undergoing cancer treatment and their family members. The Intern/Fellow will function as a member of an interdisciplinary treatment team that includes physicians, residents, nurses, dietitians, clinical social workers, rehabilitation therapists, radiation therapists, dosimetrists, medical physicists, and technicians. Psychological services provided within Oncology include psychological evaluation and psychodiagnostic assessment, individual, couples, family, and group intervention, symptom management, crisis intervention, liaison with and referral to other medical center services and programs, treatment team consultation and education, and participation in interdisciplinary patient care conferences and treatment team meetings. The primary focus of the rotation will be upon providing Psychological services within the Radiation Oncology service, with additional training opportunities in Medical and Surgical Oncology. Individuals undergoing treatment may be seen at various stages of their treatment process, including during initial diagnosis and treatment planning, active treatment, and post-treatment follow-up.

The Radiation Oncology unit is currently available as a part-time rotation.

Spinal Cord Injury/Dysfunction (SCI/D) Rotation (East Orange)

The Spinal Cord Injury/Disorders (SCI/D) Center is a regional center that provides comprehensive medical services to eligible Veterans in New Jersey, Eastern Pennsylvania and Delaware so as to enable them for healthy, independent community living. The Center is also the VA Multiple Sclerosis (MS) Center of Excellence East – NJ region and includes an Amyotrophic Lateral Sclerosis (ALS) Seamless Care program. The SCI/D interdisciplinary team consists of

psychologists, neuropsychologists, psychiatrists, nurse practitioners, wound care specialists, nurses, dietitians, occupational, physical and recreation therapists, social workers, other medical, support and volunteer staff, as well as Veteran caregivers and family members. The SCI/D Intern/Resident is a true member of the team, which fosters development of interprofessional collaboration skills, an increased understanding of how each discipline contributes to coordinated care and an ability to clinically practice in an integrated manner. The SCI/D Center provides inpatient, outpatient and virtual care services.

Trainees participate in grand rehabilitation rounds, interdisciplinary patient care conferences, treatment team meetings, and work with families and caregivers. Clinical Video Technology (CVT) is used to conduct visits with those who may be homebound, in remote areas or at other VA facilities. Individualized mental health services include health-focused interviews as a part of comprehensive annual evaluations by the SCI/D team. Psychotherapeutic interventions are offered as warranted. Trainees are instructed in evidence-based approaches to address emotional distress and adjustment issues in response to acute or chronic illnesses, lack of engagement in treatment or self-care regimens, and help identify personality &/or cognitive issues that may adversely impact a Veteran's rehabilitation and overall functioning. Neurocognitive and neurobehavioral issues related to aging, TBI, and progression of MS and ALS are common and so evaluations of decision making capacity, cognitive screening and/or neuropsychological evaluations may be performed by trainees throughout the rotation.

The SCI/D rotation is appropriate for a part-time rotation. Attendance at Grand Rehabilitation Rounds (Tuesdays 9:45 – 11:00) and Interdisciplinary Team Meetings (Tuesdays 11:00 – 11:45) is a mandatory part of the rotation.

Neuropsychology Consultation (East Orange/Lyons)

The Neuropsychology consultation rotation is designed to produce a clinical psychologist who is able to perform a basic evaluation of cognitive systems and discuss the practical implications of these findings (e.g., impact upon an individual's adaptive functioning). This entails identifying clinical syndromes or medical disorders that engender risk of cognitive dysfunction, and assessing major cognitive domains (i.e., memory systems, higher-order reasoning processes, & visuospatial functions). Such skills supplement traditional cognitive and personality assessments, but do not represent competence in neuropsychology. Exposure is provided to patients with a variety of conditions such as neurodegenerative disorders, vascular disease, substance abuse, and mild to moderate traumatic brain injury. Also, the differentiation and/or interaction between neurological and psychiatric disorders are addressed. Training is offered in the administration and scoring of the more widely used neuropsychological instruments. There is ample opportunity for consultation with Neurology Service.

Neuropsychology Consultation is appropriate for a part-time rotation, especially in conjunction with a geropsychology, health psychology, or substance abuse focus.

APPLICATION TO THE PROGRAM

Intern Selection

Applications

Internship applicants must be U.S. citizens and currently enrolled in an APA-Accredited Clinical or Counseling Doctoral Psychology Program. Additionally, applicants must present evidence on the AAPI of a minimum of 500 hours of supervised intervention and 50 hours of assessment experience.

In order to apply, please submit the following materials:

1. The completed Online APPI (APPIC Uniform Internship Application form).
2. Copy of your vita included in the online APPI.
3. Official copies of all graduate transcripts included in the online APPI.
4. Three letters of recommendation included in the online APPI.

Required Supplemental Materials

5. One psychological assessment report. This work sample should be a recent example of your best work.
6. One treatment or case summary. Please note that both the submitted assessment report and case summary must have identifying information redacted according to HIPPPAA guidelines.
7. In your cover letter/personal statement of goals and interests in the online APPI, please specify which rotations at the NJ VA Health Care System you are most interested in. These selections are not binding but help guide our interview process.

Please direct all inquires and correspondence to:

Norman R. Mosley, Ph.D.
VA New Jersey Health Care System
Bldg. 143, Mental Health & Behavioral Sciences (116A)
151 Knollcroft Road
Lyons, NJ 07939-5000
(908) 647-0180 x216442
Norman.Mosley@va.gov

The deadline for receipt of completed applications via the APPIC online matching system is November 3, 2022.

Interviews and Selection

The New Jersey VA will follow the latest guidance for interviewing from APPIC and offer virtual interviews this year. Applicant's chosen for interviews will be invited to join one of several virtual group orientation meetings led by the Director of Training. An overview of the program will be presented along with questions and answers. Each applicant will be contacted individually by a member of our Training Committee to arrange for a virtual interview. Typically, individual

interviews will be scheduled directly after the orientation group meeting with the Director of Training. Efforts are made to match applicants with an interviewer in their areas of clinical interest. Applicants will be contacted by email and/or their cell phone. **Please check your cell phone voice mails regularly** during this period. Orientation meetings and interviews will be scheduled and completed beginning in early December – early January. Applicants who are not offered an interview will be notified via email approximately December 15th.

It also has been our practice to have all applicants chosen for interviews meet with several of our current interns in a group format during their interview day.

We have eight positions available each training year. We seek students who have had training in a systematic approach to intervention and assessment and can articulate a coherent theoretical model or framework to their developing professional work. A highly desirable candidate is one who is mature, self-reflective, flexible, seeking and open to supervisory feedback, reasonably well organized, and committed to becoming a highly competent professional psychologist. Finally, substantial progress toward completion of the dissertation is viewed favorably. All applicants who have successfully completed APA accredited graduate programs in clinical or counseling psychology are considered to be technically prepared for our internship training program so long as the minimum hours for intervention and assessment are satisfied.

In addition, the New Jersey VA Health Care System internship program is committed to maintaining a training environment that is rich in cultural and individual diversity. Our psychology training staff, hospital staff, and patient population is richly and widely representative of cultural and individual diversity. We therefore are particularly encouraging of applicants from diverse backgrounds to apply for internship training at our site.

Nondiscrimination Policy

Equal opportunity laws and Department of Veterans Affairs regulations prohibit discrimination based upon race, color, national origin, limited English proficiency, age, sex, handicap or reprisal. This applies to all programs or activities conducted by VHA. The New Jersey VA psychology internship program adheres strictly to all federal and local non-discrimination laws and policies. Please see Appendix I below for a summary of VA New Jersey's EEO, Diversity, and No Fear Policies.

Program Considerations & Modifications for Covid-19 related Issues

APPIC and the VA Office of Academic Affiliations (OAA) has encouraged internship programs to address the implications and potential modifications to internship training that have been created by the Covid-19 pandemic crisis. It is important to note that if Covid-19 conditions change, the psychology training program will adapt to those changes. The health and safety of our interns is of primary importance while maintaining our simultaneous obligation to provide clinical and professional services to our patients.

Practically speaking, it difficult to predict exactly how the Covid-19 pandemic will affect our health care system when the intern class of 2023-24 (your class) begins training in late August 2023. Given the current state of vaccine development and booster mandates it is our hope that our internship program would have returned to normal operations and procedures. At that time, please

be assured that our program will continue to follow all CDC and federal health care precautions. The health and safety of our interns, patients, and employees will always be at the forefront of our mind. You also should be aware that recently the Veterans Administration is requiring all employees and trainees to be fully vaccinated in order to be employed.

If you have specific questions or concerns regarding our modifications and accommodations during the covid-19 crisis, please feel free to contact Dr. Mosley.

REQUIREMENTS OF APPOINTMENT

Administrative and Financial Assistance

Appointment

All appointments are for a one-year (12 month) period beginning in late August. Interns are required to complete 2080 hours of service and training. This includes eleven Federal holidays, thirteen vacation days, and up to thirteen days for illness. Please note that Vacation and Sick Leave is accumulated in 4-hour increments for each successive 2 week pay period completed. It is the expectation that interns will accumulate enough leave early in the training year to accommodate for vacations and time off. It is only in exceptional circumstances that Leave Without Pay (LWOP) would be granted. The Director of Training may also approve leave requests (Authorized Absence) for professional activities such as attendance at conferences and professional presentations, and for activities associated with the completion of doctoral dissertations.

The VA internship stipend is currently \$30,387 per year. The Internal Revenue Service considers the stipend as taxable income. Interns are eligible to purchase health insurance; a choice of several health plans are available. Interns are regarded as temporary full-time VA employees for an appointment of one year.

Background Investigations: “Temporary full-time” appointment status requires that intern candidates successfully matched with our program are subject to many of the same hiring requirements as candidates for full time federal appointment. As such, intern candidates will be required to complete several federal employment forms soon after match notification day. Employment as a psychology intern at the New Jersey VA is subject to satisfactory completion of a background investigation and subsequent finger printing. It is the responsibility of matched intern candidates to provide complete and accurate answers to all questions in the required paperwork. If you fail to tell the truth or fail to list all relevant events or circumstances, this may be grounds for termination of the internship offer or for dismissing a candidate who has already begun the internship program. It is the responsibility of the intern applicant to carefully consider all circumstances in their background that could potentially prevent them being granted temporary employment status in the Veteran’s Administration. If an intern applicant is unsure about circumstances in their background that could preclude them from appointment, they should make appropriate inquiries prior to submitting an application to our program. Consultation with the Director of Training is welcomed regarding employment eligibility questions and concerns at any time.

Physical Requirements: Selected intern candidates will be required to successfully complete a pre-employment physical examination and drug screening. The VA has established a Drug-Free Federal Workplace Policy and violation of this policy at any point could lead to a rescission of an internship offer or dismissal from the program during the internship year.

Interns who match with us should be aware that psychology internship positions are considered “testing designated positions” and are thus subject to random drug testing. It should be the intern’s expectation that they will be drug tested at some point during the training year. **It should be noted that while the use of cannabis is legal in many states it remains illegal under federal laws. Positive tests for cannabis could result in mandatory counseling and rehabilitation assistance or disciplinary action could occur which could include termination.** Submission of supplemental medical documentation is possible when a legally prescribed medication results in a positive test. Any applicant who has questions or concerns about this policy can review the following website:

<http://www.va.gov/oaa/app-forms.asp>

Affiliation Agreements: An Affiliation Agreement executed between the intern candidate’s educational program and the Department of Veterans Affairs is required of all matched interns. Affiliation Agreements are prepared and sent to the intern’s Training Director soon after national match notification day. Failure by the intern’s educational program to return a duly executed Affiliation Agreement to the Department of Veterans Affairs will prevent the intern from beginning the internship program and may result in rescission of the internship offer. Intern applicants are urged to inform their Directors’ of Training to anticipate this requirement well in advance of match day in the event of a match with our program. Selected intern candidates agree to hold harmless the NJ VA Internship Program for failures of their academic programs and institutions in completing this mandatory affiliation agreement process in a reasonable time period.

ACCREDITING BODIES

The internship program is accredited by the American Psychological Association (APA). The program was re-accredited by APA in 2018 for a period of 10 years. The next accreditation site visit will be scheduled in 2028. Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979
Web: www.apa.org/ed/accreditation

As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), we adhere strictly to APPIC's policies and procedures. Comments about the operation of our internship program, especially pertaining to the APPIC Match process, may be addressed to:

APPIC Central Office
17225 El Camino Real
Onyx One - Suite #170
Houston TX 77058-2748
Appic@appic.org
Phone: 832.284.4080

Brochure Updates: Please note that the VA New Jersey Health Care System maintains a website which contains this brochure. It is recommended that applicants review the website periodically for changes to the brochure and program descriptions prior to submitting their final application to the program.

The Website address is:

<https://www.va.gov/new-jersey-health-care/work-with-us/internships-and-fellowships/psychology-internship-postdoctoral-residency-training-programs/>

(Latest Revision: August 20, 2022)

MAINTENANCE OF RECORDS

The Director of Psychology Internship Training is responsible for maintaining all pertinent records of training that are accumulated during the internship training year including competency evaluations and records relating to supervision hours, clinical rotations, and other relevant professional related training activities. It is the responsibility of the Director of Training to maintain these records for the purposes of verifying intern's professional activities for licensing boards and other credentialing agencies such as health care privileging boards and other related employment requirements. The records will be appropriately stored and transferred to succeeding Psychology Internship Training Directors.

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 8/20/2022

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

As previously stated in the internship brochure, we require 500 intervention hours and 50

assessment hours. Our program is generalist in its approach to training and thus interns who appreciate broad based training aimed at integration of profession-wide clinical competencies are a good fit for our program. In addition, applicants who desire continued training in assessment including personality assessment and the opportunity to be supervised in writing integrated assessment reports are also a good fit. We feel like our brochure is accurate in its description of our training program so please read the above brochure carefully.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact **Yes=X**
 Intervention Hours Amount=500 hours
 Total Direct Contact **Yes=X**
 Assessment Hours Amount=50 hours

Describe any other required minimum criteria used to screen applicants:
 None

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns : **\$30,387**
 Annual Stipend/Salary for Half-time Interns : **N/A**

Program provides access to medical insurance for intern? **Yes=X**
 If access to medical insurance is provided
 Trainee contribution to cost required? **Yes=X**
 Coverage of family member(s) available? **Yes=X**
 Coverage of legally married partner available? **Yes=X**
 Coverage of domestic partner available? **No=X**
 Hours of Annual Paid Personal Time Off : **104 hours**
 Hours of Annual Paid Sick Leave : **104 hours**

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? **Yes=** (we have made reasonable accommodations in the past. It is on a case-by-case basis).

Other Benefits (please describe): 11 paid federal holidays

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts) **2018-2021**

Total # of interns who were in the 3 cohorts: **24**

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: **0**

	<u>PD</u>	<u>EP</u>
Community mental health center	0	1
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	2	1
Veterans Affairs medical center	11	2
Military health center	0	0
Academic health center	2	0
Other medical center or hospital	1	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	3	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD"= Post-doctoral residency position; "EP"= Employed Position.

Note: The VA New Jersey Health Care System's Internship Training Program is accredited by the American Psychological Association (APA). APA requires that all accredited programs provide public disclosure of program information including policies relating to non-discrimination, grievances, and due process. Our program is providing these policies in Appendices I-II below.

APPENDIX I

Summary of the VANJHCS's EEO, Diversity, and No FEAR Policies

The VA New Jersey Healthcare System is committed to ensuring equal

employment opportunity (EEO), promoting diversity and inclusion, and constructively resolving workplace conflict in order to maintain a high performing workforce in service to our Nation's Veterans. To that end, this Facility will vigorously enforce all applicable Federal EEO laws, regulations, executive orders, and management directives to ensure equal opportunity in the workplace for all VANJ employees. The VANJ is strongly committed to reminding managers and supervisors of their obligations to maintain an environment free from discrimination, reprisal and retaliation actions. This document summarizes the VANJ's EEO and diversity-related policies.

EEO and Prohibited Discrimination

The VANJ will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, parental status, marital status, sexual orientation, age, disability, genetic information, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation. In addition, the VANJ will provide reasonable accommodation to qualified individuals, and accommodations for religious practices, in accordance with applicable laws and procedures.

VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints-management process to address and resolve complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361. The regulations governing the Federal EEO complaint process are found in the 29 CFR Part 1614. Employees seeking redress under this process must contact an EEO Counselor in person, by phone, or in writing within 45 calendar days of the date of the alleged incident. Employees may also report allegations to the facility's EEO Manager, a management official in their chain of command, or they may raise discrimination issues through the Negotiated or Administrative Grievance Process, as appropriate. While a discrimination allegation may be raised through these additional avenues, it does not constitute initiation of an EEO complaint with an EEO Counselor through the Federal sector EEO complaint process and it does not extend the 45 calendar-day time limit to initiate an EEO complaint with ORM.

While sexual orientation, gender identity, genetic information, parental status, marital status, and political affiliation are not listed as protected bases in Title VII of the Civil Rights Act, discrimination on these bases is strictly prohibited by VA. Complaints of discrimination filed on these bases will be processed according to the aforementioned Federal EEO complaint process up to and through the investigation stage of the EEO process. The VA Office of Employment Discrimination Complaint Adjudication will issue a Final Agency

Decision on the merits of the claim within 60 days of its receipt of the complaint file. Complaints filed solely on this basis will not proceed to the U.S. Equal Employment Opportunity Commission. Other avenues of redress available to raise a claim of discrimination based on sexual orientation, gender identity, genetic information, parental status, marital status, and political affiliation include the Negotiated or Administrative Grievance Process, both of which permit claims of discrimination, and if otherwise appealable, raising the matter with the U.S. Office of Special Counsel and/or the Merit Systems Protection Board if the claim of discrimination is coupled with adverse impact and/or prohibited personnel practices. While a discrimination allegation may be raised with these avenues, it does not constitute initiation of a complaint through this internal complaint process and it does not extend the 45 calendar-day time limit to initiate such complaint with the Office of Resolution Management.

Accommodations

VA is committed to providing reasonable accommodation to qualified individuals with disabilities in accordance with law, unless doing so poses an undue hardship as provided by the applicable law. For people with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to apply for a job, perform the essential functions of their jobs or enjoy equal benefits and privileges of employment. Individuals who believe they need such accommodation should request accommodation from anyone in their chain of command, human resources, or EEO. The procedures for requesting and processing requests for reasonable accommodation are contained in VA Directive 5975.1. Denials must be discussed with the VA Disability Program Manager or the local general counsel before conveying the denial to the employee. VA has also established a centralized reasonable accommodation fund to refund costs associated with some accommodations. For information on this, contact the Office of Diversity and Inclusion.

VA is also committed to providing religious accommodations to employees. Title VII of the Civil Rights Act of 1964 (Title VII) prohibits employers from discriminating against individuals because of their religion in hiring, firing, and other terms and conditions of employment. Title VII also requires employers to reasonably accommodate the religious practices of an employee or prospective employee, unless to do so would create an undue hardship upon the employer. Individuals who believe they need such accommodation should request accommodation from immediate supervisors.

Alternative Dispute Resolution

Conflict in the workplace is inevitable. Left unmanaged, it can lead to organizational disruption, high attrition, low productivity, and poor employee morale. To maintain a respectful, productive, and harmonious work

environment, it is the policy of VA to resolve workplace disputes at the earliest possible stage. VA offers Alternative Dispute Resolution (ADR) services such as mediation and facilitation to assist parties in resolving conflicts constructively. ADR involves a neutral third-party working with the employee, supervisor, or group to engage in constructive communication, identify issues and concerns, and develop collaborative solutions. I encourage all VA employees to consult with their Administration's ADR Coordinator or VA's Workplace ADR program for assistance in resolving workplace disputes quickly and informally.

Workplace Harassment

Harassment is a form of discrimination and will not be tolerated. Workplace harassment is defined as any unwelcome, hostile, or offensive conduct taken on the bases listed above under prohibited discrimination that interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Harassment by or against VA employees, applicants, contract employees, clients, customers, and anyone doing business with VA is prohibited.

Sexual harassment is a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of one's employment, or (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment.

Both supervisors and employees bear responsibility in maintaining a work environment free from discrimination and harassment. Employees must not engage in harassing conduct and should immediately report such conduct to their supervisor, another management official, collective bargaining unit, Employee Relations Specialists, Labor Relations Specialists, or ORM, as appropriate. Harassment claims will be handled confidentially to the greatest extent possible. If an employee brings an issue of harassment to a supervisor's attention, the supervisor must promptly investigate the matter and take appropriate and effective corrective action, as necessary. Allegations of discrimination and harassment will be taken seriously and appropriate corrective action—up to and including termination—will be taken if allegations are substantiated. Supervisors are strongly encouraged to seek guidance from their local EEO Manager, ORM, Employee and Labor Relations staff, or the Office of the General Counsel when addressing issues of discrimination or harassment.

No FEAR/Whistleblower Protection

Retaliation and reprisal against Federal employees for opposition to discrimination, or participation in the discrimination-complaint process is unlawful and will not be tolerated. These protections are ensured by the Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act of 2002 - Public Law 107-174). VA prohibits retaliation and reprisal against Federal employees or applicants for employment who report violations of law, official wrongdoing, including gross waste, fraud and abuse of authority. These protections are ensured by the Whistleblower Protection Act (5 U.S.C. § 2302 (b) 8). Additionally, the right of employees, individually or collectively, to petition Congress or a Member of Congress, or to furnish information to either House of Congress, or to a committee or Member thereof, may not be interfered with or denied (5 U.S.C. § 7211). Protected individuals include complainants, witnesses, and others who provide information concerning such claims. The U.S. Office of Special Counsel (OSC), an independent agency of the Federal government, is responsible for addressing such retaliation or reprisal complaints. OSC is responsible for investigating all prohibited personnel practices regardless of original contact.

Mandatory Prevention of Workplace Harassment, No FEAR, EEO, Diversity, and Conflict Management Training

The No FEAR Act of 2002 requires all employees to take No FEAR training within 90 days of their initial hire and every 2 years thereafter. VA also requires workplace harassment prevention training for all employees every 2 years. This training is available to all employees through the VA Talent Management System (TMS). Managers and supervisors are also required to take mandatory EEO, Diversity and Conflict Management Training for Managers and Supervisors every 2 years. This training is mandatory for all senior executives, managers, and supervisors and is available in face-to-face format and on-line via the TMS.

Toward Diversity and Inclusion

To be an exceptional Federal agency, we must cultivate an inclusive work environment that reflects the diversity of our global community. Diversity and inclusion in the workplace are more than legal imperatives; they are business imperatives in this millennium. This begins with eliminating barriers on the legally protected bases yet does not end there. To be fully inclusive, we must define diversity broadly and leverage the diverse talents of all our human resources. Our Nation's Veterans are best served when we create an environment that is free of barriers to full participation, values diversity of perspectives, and empowers every individual to contribute to his or her fullest potential. Each one of us bears the responsibility to ensure that discrimination is not tolerated and that diversity is valued. We all share the responsibility to ensure we promote the complementary principles of equity, diversity, inclusion and respect in the VA workplace.

APPENDIX II

The Management of Deficient or Problematic Intern Performance & Grievance Procedures

I. General Principles

Issues pertaining to unsatisfactory performance by an intern with respect to clinical performance and/or personal attitudes and behaviors are discussed below. Remedial strategies, possible sanctions, and due process/grievance procedures are delineated. Procedures for interns to register complaints about staff members or the program are outlined.

Deficient Clinical Performance

It is anticipated that in most instances deficient clinical functioning or a lack of skills based competencies derive from deficits in the intern's knowledge base or prior training, i.e., lack of exposure or training.

Supervising faculty in the internship training program will alert the intern and training director when problematic skills based deficits are identified. The program director will also contact each rotation supervisor at the mid-point of each rotation to ensure that any skills-based competencies that are below expectations will be identified as quickly as possible. Skills based deficits will be identified and documented on the Internship Competency Evaluation Form at the end of each 6 month rotation as well.

Deficient Professional Conduct: Professional Values, Attitudes, & Behaviors

In contrast to a skill deficit, impaired performance resulting from problematic behaviors or poor judgment is regarded as:

1. An inability or unwillingness by the intern to acquire and integrate professional standards into his/her repertoire of professional behavior;
2. An inability to acquire professional skills at an acceptable level of competency;
3. An inability to control personal stress, strong emotional reactions, or psychological dysfunction that interferes with professional functioning;
4. An inability to recognize and adhere to ethical principles for psychologists in daily practice;
5. An inability to engage in self-reflective practice and take personal responsibility for professional activities and behaviors.

Although it is a matter of professional judgment when an intern's professional conduct has become significantly deficient or risen to the level of impairment, the following features are considered in the assessment of the problematic behavior(s):

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training and additional supervision.
3. The quality of services delivered by the intern is negatively affected and below expected standards.
4. The problem is not necessarily restricted to one area of professional functioning.

5. A disproportionate amount of attention by training personnel may be required.
6. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Procedures for Addressing Deficient Skills and/or Deficient Professional Conduct
When supervisors' observations and evaluations indicate that a intern's skills, professionalism, or personal functioning are inadequate, the Training Committee will initiate the following procedures:

1. The Training Director will review the negative evaluation in the context of the intern's prior academic training record including graduate school coursework, previous clinical experiences including externships and practicums, and all current program supervisor evaluations. The Training Director will meet with the intern to discuss the evaluation and gather information from the intern pertinent to the issues identified.
2. Depending on the severity of the perceived negative evaluation, the Director of Training may contact the intern's graduate program for further information about the intern's past academic and clinical functioning.
3. The intern will be notified in writing that a comprehensive review of his/her performance is occurring and asked to provide the Training Committee in writing with any information relevant to the identified issues. The graduate program may be contacted and asked to provide input and further information on the intern's perceived deficiencies.

After reviewing all available information, within ten working days, the Training Committee will make a determination and apprise the intern in writing that it plans to adopt one or more of the following steps, or take other appropriate action:

1. The Training Committee may elect to take no further action.
2. The Training Director may issue a written **Notice of Counseling** which states the Training Committee is aware of and concerned about the negative evaluation and may recommend, but is not limited to, the following interventions:
 - a. Increased supervision with the intern's current and/or additional clinical supervisors.
 - b. Didactic instruction and focused reading assignments.
 - c. Modification of the current clinical assignments to remediate deficits.
 - d. Recommendation of personal therapy or counseling around any identified issues of personal conduct, including identification of sources of stress or interpersonal difficulties.

A written Remediation Plan will be completed (see attached remediation plan template) in which specific problems, responsibilities, time lines, and achievable outcomes will be identified. A specific time frame for resolution of these issues (usually three months) will be established, at which time the Committee will review the intern's progress and suspend, continue, or modify the remedial program. Alternately, a Notice of Probation may be issued.

3. The Training Committee may issue to the intern a written **Notice of Probation** that

specifies that the intern's skill deficiencies or unsatisfactory behaviors are significant and of sufficient magnitude that more intensive action may be warranted. The Notice of Probation to the intern will include the following:

- a. A description of the problematic performance or behaviors.
- b. Specific recommendations for rectifying the problems.
- c. A time-frame for the probation period during which the problem would be expected to be ameliorated or considerable progress has been achieved toward resolving the deficit skills/behaviors.
- d. Systematic procedures to assess whether the problem has been appropriately rectified.

Possible remedial steps may include (but are not limited to) the following:

- a. Increased supervision, either with the same or additional supervisors.
- b. Changes in rotations, rotation format, clinical emphasis, and/or focus of supervision.
- c. A recommendation and/or requirement that personal therapy is undertaken with a clear statement about the issues which such therapy should address.
- d. In extreme circumstances, recommendation of an unpaid leave of absence could occur.

Following the delivery of a Notice of Counseling or Probation, the Training Committee will meet with the intern within 10 working days to review the issues and the recommended interventions. A written Remediation Plan will be completed (see attached remediation plan template) in which specific problems, responsibilities, time lines, and outcomes will be identified. The intern may elect to accept the conditions of probation or may grieve the Training Committee's actions as outlined below.

Failure to Correct Problem as Specified in the Remediation Plan

Should the interventions adopted not rectify the deficient or problematic performance within a reasonable period of time, or when the intern seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If an intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Notice of Probation and outlined in the formal Remediation Plan, the Training Committee will conduct a formal review. The Training Committee will inform the intern in writing that the conditions for revoking the probation have not been met and that additional actions are proposed. The Training Committee may then elect to take any of the following steps, or other appropriate actions:

1. It may continue the probation for a specified period of time with any accompanying modifications noted in the written Remediation Plan.
2. It may suspend the intern from engaging in certain professional activities for a limited time until there is evidence that the identified problematic performance has been rectified. Suspension beyond a specified period of time may result in termination from the internship program if satisfactory progress toward completion of the program's requirements and goals would not be achievable in a reasonable time frame.
3. It may warn the intern, their graduate program, and the Psychology Practice Leader (Chief) that the intern will not successfully complete the program if his/her problematic performance has not improved sufficiently to satisfy the criteria specified in the

Remediation Plan. If by the end of the training year, the intern has not successfully completed the training requirements as outlined in the program brochure and training plan, the Training Committee may recommend that the intern not be graduated. The intern and their home graduate program would then be informed that he/she has not satisfactorily fulfilled the requirements of the internship program.

4. The Training Committee may recommend to the Psychology Practice Leader that the intern be terminated immediately from the internship program. The Psychology Practice Leader retains ultimate authority to terminate the intern from the program.

III. Intern Grievance Procedure & Appeal Process

An intern who receives a Notice of Counseling or Probation, or who otherwise disagrees with any Training Committee decision regarding his/her status in the program, is entitled to challenge the Training Committee's actions by initiating a grievance procedure. Within 10 working days of receipt of the Training Committee's notice, the intern must inform the Training Director in writing that he/she disagrees with the Training Committee's action, and provide information as to why the intern believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the intern's grievance, the following actions will be taken:

1. Upon receipt of the written notice of grievance, the Training Director will convene a Review Panel consisting of three psychology staff members who are not members of the Training Committee and have no direct involvement in the grievance process. Both the intern and Director of Training can recommend members for the Review Panel. The intern retains the right to hear all allegations and is given the opportunity to dispute them and explain his/her behavior relevant to the identified deficiencies.
2. The Review Panel will convene within 5 working days to hear from all interested parties and examine all relevant documentation. Within 10 days of completion of the review hearing, the Review Panel will prepare a report documenting the reasons for its decision and recommendations to the Psychology Practice Leader. Copies of the report will be provided to the Training Committee and intern.
3. Once the Review Panel has submitted its report, the Training Committee and intern have 5 working days to review the panel's report and to submit final comments about the grievance process and any actions recommended by the Review Panel.
4. The Psychology Practice Leader will review all documents submitted and render a written decision within 10 working days. The Psychology Practice Leader may accept, reject, or modify the Training Committee's or Review Panel's recommendations. The decision of the Psychology Practice Leader will be final.
5. Once a final and binding decision has been made, the intern will be informed in writing of the actions taken.

IV. Intern Complaint or Grievance about a Supervisor, Staff Member, or the Training Program

We believe strongly that most sources of concern interns may experience in the program are

best resolved through face-to-face interaction between the intern and supervisor (or other staff) as part of the on-going working relationship and the process of professional development. Interns are encouraged to first discuss with their direct supervisor any problems or concerns about the quality of the training in their clinical rotations or evaluations. In turn, supervisors are expected to be receptive to complaints, attempt to develop a mutual solution with the intern, and to seek appropriate consultation. Similarly, any concerns about the operation of the training program should first be discussed with the Director of Training. If intern-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the fellow as detailed below:

Informal Mediation

Either the intern or staff member may request the Training Director to act as a mediator, or to select a mediator who is acceptable to both the intern and the supervisor. It is hoped that such mediation will result in a positive resolution of the concern. Alternatively, mediation may result in a recommendation for changes within the intern's clinical rotation, a recommendation for a different clinical rotation, or some other alteration in their training plan. Changes in rotations and training plan must be reviewed and approved by the Director of Training.

Formal Grievances

In the event that informal mediation is not successful, or in the event of a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Training Director.

1. The Training Director will notify the Psychology Practice Leader of the grievance and call a meeting of the Training Committee to review the complaint within 10 working days. The intern and all identified supervisory staff will be notified of the date of the review and given the opportunity to provide the Committee with any information regarding the grievance.
2. The intern will be informed in writing of the Training Committee's decision and asked to indicate whether he/she accepts or disputes the decision. If the intern accepts the decision, the recommendations will be implemented. If the intern disagrees with the decision, he/she may appeal to the Psychology Practice Leader. The Director of Psychology will render a decision regarding the appeal within 10 working days to the intern and the Training Committee.
3. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will excuse him/herself from serving on the Training Committee during the grievance/appeal process. A grievance regarding the Training Director may be submitted directly to the Psychology Practice Leader for review and resolution in consultation with the Training Committee.

