

Psychology Internship at VA Western NY Healthcare System

Psychology Internship Program Introduction

The Doctoral Psychology Internship Program at the VA Western New York Healthcare System (VAWNYHS) is accredited by the American Psychological Association. The program provides qualified doctoral candidates in Clinical and Counseling Psychology the opportunity to obtain a wide range of experiences with a variety of psychiatric, medical, and geriatric patients in both inpatient and outpatient settings. The intern gains experience in the activities conducted by practicing psychologists. The intern works as an integral part of the health care team with other professionals and their trainees.

Internship graduates are well-suited to practice in VA facilities as well as a wide range of health care settings. The majority of graduates of the VAWNYHS Doctoral Psychology Training Program have chosen to work in clinical settings. The skills that they have acquired during their internship year have proven to be highly transferable to a wide variety of professional practice settings including VA medical centers, non-VA hospitals, and other medical and psychiatric settings, as well as clinical research and academic settings. Many interns choose to take post-doctoral training positions in the year following internship and we have an excellent track record of placing interns into fellowships and jobs.

Please note that we cannot offer clinical training to students in disciplines outside Psychology. Only graduate students in doctoral programs of study in Clinical or Counseling Psychology are eligible to apply.

For further information on accreditation status, contact:

[Commission on Accreditation](#)¹

c/o Office of Program Consultation and Accreditation

Education Directorate

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

202-336-5979

TDD: 202-336-6123

Fax: 202-336-5978

E-mail: apaaccred@apa.org²

¹ Link will take you outside of the Department of Veterans Affairs Web site. VA does not endorse and is not responsible for the content of the linked web sites. The link will open in a new window.

² Submitting requests through this e-mail link is not secure. If you wish to send a secure message, please use the VA National Inquiry Routing & Information System (IRIS).

Eligibility Requirements for VA Psychology Internship Programs:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for Selective Service by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Doctoral student in good standing at an APA, CPA, or PCSAS accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.
6. Approved for internship status by graduate program training director.

VAWNYHS Psychology Internship Requirements:

1. A minimum of 1000 hours of supervised practicum experience is recommended by the start of the internship year, typically including at least 500 hours of direct patient contact. It is expected that applicants will have substantial prior supervised experience in assessment, (e.g., five MMPI-2 reports, at least five comprehensive adult reports and satisfactory grounding in intellectual assessment), as well as individual and/or group psychotherapy. We are unable to guarantee extensive experience in administration and interpretation of psychological assessment instruments outside of our Geropsychology track.
2. A basic understanding of psychological test construction and a familiarity with the use of the DSM-5 is also required. For Geropsychology track applicants, the ability to administer, score, and interpret results from customary assessment tools of the specialty are prerequisites for appointment as an intern.
3. Dissertation proposal approved by the time of application.

Application Requirements:

1. The APPIC Application for Psychology Internship (AAPIC) submitted [online](#). Your application must be complete, including all supporting documents, by 11/15/23 for you to be considered as a candidate.
2. A current vita (uploaded to your APPIC application).
3. Please include unambiguously in the cover letter uploaded to your APPIC application which internship track(s) you are applying to (Mental Health / Geropsychology). It is permissible and sometimes advantageous to apply to multiple tracks. If you know what other rotations interest you at the time of application, it is valuable for you to also indicate these in your cover letter, though you will not be bound to these choices for internship.
4. Three letters of recommendation. Please do not include more than three letters. Those who know you well enough to discuss your strengths and areas of growth as a scholar-practitioner should write these letters. At least one letter should be from a practicum supervisor (uploaded to your APPIC application).
5. Official graduate transcripts (uploaded to your APPIC application)
6. A letter from your Director of Clinical Training confirming your eligibility for internship. (Part 2 of the AAPI)
7. Do not submit work samples as part of the application. Further, VA SF 171 is not required at the time of application.

All application materials should be received by **November 15, 2023**

Selection Process:

Applications are reviewed by internship supervisors for

- Minimum expected practicum experience in assessment, intervention and supervision
- Quality, depth and breadth of practicum training
- Relevance of practicum experience to internship at our VA setting
- Fit of developing applicant career goals with the VA's mission
- Quality of communication

- Sophistication in clinical formulation, diversity awareness, developing clinical identity and scholar-clinician integration

We will be notifying candidates that they have been selected for interviews on or before December 15. Approximately 30 applicants are invited to interview annually. Interview dates will be held in January, dates to be determined. We concur with guidance provided by APPIC, and our interviews will be offered exclusively using a virtual format (i.e., video conferencing and/or telephone) for the 2024-2025 training year. Thus, no in-person interviews will be offered in order to ensure the equity of our candidates and the safety of our candidates and staff.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. We are committed to a selection process which encourages diversity among interns selected for our training program.

If you have any difficulty with or questions about the application procedure, please call Dr. Denise Mercurio-Riley at (716) 862-8581 or email denise.mercurio-riley@va.gov

COVID-19 and Internship Training

We recognize that COVID-19 may have impacted your training experiences (e.g. reduced clinical or assessment hours), and we will take this into consideration as we review applications. We encourage you to apply if you feel our program will be a good match for your training goals, and to please reach out with any questions you might have.

Decisions regarding telework arrangements will be made if necessary and based upon current COVID-19 prevention guidance from our Medical Center, as well as local public health agencies. Please note, **the VA has mandated that all VHA health care personnel, including Health Professions Trainees, be vaccinated for COVID-19.**

Downloadable Materials

VAWNYHS 2024-2025 Psychology Internship Brochure

OCHCO Bulletin Policy Notice – Mandatory COVID-19 Vaccination Program for all VA
Employees

VAWNYHS Psychology Internship Seminar Schedule 2023-2024

Training Philosophy, Goals and Internship Structure

The VAWNYHS Psychology Doctoral Internship is a highly intern-centered scholar-practitioner program that prepares interns to function independently in a wide range of clinical settings, with fidelity to scientific literature and current clinical practice standards, within a supportive and individualized training structure that values scientific activity and encourages leadership in contribution to the health care system.

Our training program has a strong tradition of intern-centered values. We value diversity in our staff and intern classes. Our supervisors provide a range of professional role models, from scientist-practitioner to specialist clinician, often including important leadership roles in the health care system. Similarly, we offer a broad range of in-depth and specialized professional experiences, with flexibility both to ensure strong core skills and to achieve advanced proficiency in areas of personal interest and experience. Intern developmental growth is supported through diverse, intensive clinical activities, strong, mentorship-style supervision and multi-faceted program elements that complement supervised direct patient care. Interns are regarded as junior colleagues in a professional culture that values metacompetence and lifelong professional growth and development.

Internship Goals

Our internship goals are to ensure that each intern possesses the profession-wide competencies for independent clinical practice in psychology, as assessed quarterly in each of the following domains:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Clinical assessment
7. Clinical intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

The VAWNYHS Psychology Internship program is best described as a scholar-practitioner program, whose intention is to prepare interns for independent practice based on fidelity to scientific literature, with a training structure that is both intern-focused and patient-centered. The program is individualized with respect to each intern's developmental needs, values, research, and clinical interests and experiences. Our program encourages leadership in contribution to the health care system as interns move into their professional roles. We emphasize training and education over productivity standards for interns. We

continue to value and pursue diversity in our staff and intern classes in both demographics and breadth of experience and ideals. Our supervisors provide a range of professional role models, from scientist-practitioner to specialist clinician. Similarly, we offer a broad range of in-depth and specialized professional experiences, with flexibility to allow interns to both build core skills and to achieve advanced proficiency in areas of significant interest. Intern developmental growth is prioritized through diverse, intensive clinical activities, supported by strong, mentorship-style supervision and supported with formal mentoring by a non-evaluative staff member. Interns are encouraged to develop a life-long model of professional growth and development.

Our Internship goals are to:

- Build broad and solid general competencies for independent clinical practice in psychology.
- Optimize the value of specific program offerings in helping interns to realize individual professional development goals.
- Supply highly competent scholar-practitioners for potential service to veterans within the VA Healthcare System.

Interns who successfully complete the internship will:

- Be broadly competent in psychological assessment, psychotherapy and clinical intervention
- Function comfortably and effectively in interdisciplinary health care settings
- Possess necessary skills and internal standards for professional ethical behavior, diversity awareness, communication, and self-management of activities
- Accurately and creatively apply scholarly knowledge and scientific principles to the solution of clinical problems
- Possess foundations of metacompetence, the ability to monitor and improve one's ongoing skill set to fit changing professional demands

Many of our interns go on to provide leadership in clinical, organizational and academic settings. Interns planning careers in specialty areas are generally able to meet all training requirements for competitive placement in post-doctoral training fellowships. Our internship values and supports research skills and activity, and many of our interns advance to careers as researchers.

To facilitate the attainment of these goals, we identify strengths and growth areas in interns' previous training and develop individualized training objectives, based on global clinical competencies and individual career goals. Training objectives established with supervisors at the start of each rotation are reviewed at mid-rotation. Progress with respect to global competencies for professional practice is re-evaluated quarterly. Performance within training rotations is reviewed at mid-rotation and formally evaluated at the end of each 6-month rotation. The core training rotations are supplemented by didactic

seminars, group supervision, a year-long intern project, a diversity project/presentation, medical center training activities, journal club presentations, individualized assessment supervision, and a relationship with a non-supervisory mentor to provide a multi-faceted and developmentally sensitive training experience. Interns are provided adequate time to learn and integrate training experiences and are supported in their development by strong supervisory relationships.

Internship Structure

We currently offer four internship positions, all emphasizing a strong scholar-practitioner skill base especially suited for psychologists working in large medical settings. Candidates must apply to one or more of our two internship tracks: the Mental Health track (comprising three of the four internship positions) or the Geropsychology track (one position). Interns in the Geropsychology track will be given priority for the geropsychology rotations (i.e., geropsychology and the community living center), which are traditionally offered in the first half of the training year. Across our internship tracks, rotations are offered pending supervisor availability, availability of patients, and/or intern interest that aligns with their professional development objectives. The standard rotation structure is two concurrent half-time rotations for each half of the internship, totaling four for the year. Rotations specific to your track will generally be assigned during the first half of the year, to support intended post-doctoral fellowship and job applications. We will consider full-time, 6-month versions or half-time, full-year versions of some rotation assignments. Rotation assignments are based primarily on intern preference, though we also balance assignments to assure breadth of clinical experience, in accord with interns' identified professional development objectives.

Rotation assignments are made well before the start of internship, though we have historically been quite flexible in adjusting second half rotation assignments during the year in response to intern requests and supervisor availability. Weekly intern schedules will vary depending on the two rotations to which interns are assigned and other program requirements, but Fridays generally bring interns together for seminars other lunchtime symposia, and group supervision. Additionally, Interns, as well as other Behavioral Health Staff will participate in the Behavioral Health Education Series, which includes Diversity Discussions, community education/educators, and clinical training issues, all of which will hold a diversity component, if not focused on issues of diversity, equity, and inclusion. Other training activities include individualized assessment supervision and participation in journal club activities.

Mental Health Track

The VAWNYHS internship offers a uniquely broad range of settings for interns to gain experience in treatment of acute and chronic mental health issues that centrally affect Veterans. Across rotations, interns can be trained in multiple evidence-based approaches for individual and group psychotherapies

for PTSD, depression, substance use disorders, etc. Our clinical settings range from residential, outpatient and community-based programs. Recent intern classes have completed certification courses in VA-sponsored evidence-based therapies as part of internship. Our intention is to prepare interns to provide leadership in the design and delivery of clinical services to Veterans, and many of our graduates occupy leadership positions in the VA system nationally.

Sample Mental Health Track Rotation Assignments:

July – January	January – July
Rotation 1: Outpatient PTSD Rotation 2: Primary Care	Rotation 3: Substance Use Disorders Treatment Rotation 4: Psychosocial Rehab & Recovery Center

Health Psychology Track

The VAWNYHS offers a range of training involvements in primary and tertiary care environments with interdisciplinary medical teams. Health Psychology Track interns are supported in forming content expertise across a range of clinical concerns (medical and psychiatric) and in forming confidence and mastery in collaborating with physicians and allied health practitioners. Past VAWNYHS interns specializing in Health Psychology have gone on to a range of fellowship and staff positions in clinical health psychology, most within the VA system.

Sample Health Psychology Track Rotation Assignments:

July - January	January - July
Rotation 1: Primary Care Rotation 2: Behavioral Medicine	Rotation 3: Substance Use Disorder Specialty Treatment Services Rotation 4: Center for Integrated Healthcare

Geropsychology Track

The Geropsychology Track is designed to offer a breadth of experiences related to geropsychology practice, guided by the Council of Professional Geropsychology Training Programs (CoPGTP) recommendations. Interns with a strong interest in geropsychology as a profession, experience with psychological testing and integrative report writing, and an interest in working with older adult, dementia and palliative care/hospice populations are encouraged to apply. The intern will be provided with a breadth of experiences related to geropsychology practice, and opportunities to work in consultation with a number of providers through an outpatient Geropsychology clinic, consult to an Advanced Illness/Palliative Care team, and function as an integral member of a multidisciplinary team that serves Veterans in the nursing home setting or Community Living Center (CLC). Opportunities will include work with Veterans with a range of mental health diagnoses including those related to mood disorders, cognitive decline, and severe mental illness, Veterans with complex medical problems, terminal illness, and Veterans with relatively short-term problems in need of rehabilitation and discharge planning. Presenting issues include depression, anxiety, dementia, grief and loss, end-of-life issues and planning, and behavioral management. Staff and family support, education, and counseling are also a component of the intern's experiences in this track. Specialty track rotations can be tailored to meet the intern's training goals and the needs of the service.

Geropsychology, Buffalo VA Medical Center. This assignment primarily involves the Geropsychology outpatient clinic, conducting outpatient geropsychological cognitive assessments and, pending availability, therapeutic interventions. The Geropsychology rotation also includes individual and family therapy in collaboration with the Advanced Illness/Palliative Care Consultation team in medical inpatient settings at the Buffalo VA site. Dr. Kathryn Moss is the primary supervisor for intern activities on this service.

Community Living Center (CLC), Batavia VA Medical Center. The CLC rotation is tailored to meet specific intern training goals and the needs of the CLC. Opportunities include conducting psychological, cognitive, and capacity evaluations, providing individual and group psychotherapy, caregiver support, behavioral assessment and treatment planning, and working as a member of the treatment team. Dr. Kim Curyto is the primary supervisor for this rotation at the Batavia campus.

The Geropsychology track intern has historically spent the first half of internship, July to January, in two concurrent half time track rotations: 1) Geropsychology, Buffalo VA Medical Center and 2) Community Living Center (CLC), Batavia VA Medical Center. The Geropsychology Track intern may request any other internship rotations for the second half of internship, January to July, that meets their training needs and ensures that professional competencies are met.

Sample Geropsychology Track Rotation Assignment:

July – January	January – July
Rotation 1: Geropsychology Rotation 2: Community Living Center	Rotation 3: Behavioral Health Clinic Rotation 4: PTSD

A benefit of the geropsychology track is that it offers a broad range of clinical and professional opportunities. A challenge with these varied opportunities is that it can be difficult to offer all on each rotation within the context of a part-time experience. While interns are not required to participate in all activities, some choose to do so or to focus in more significant depth in a particular area due to gaps in training or professional goals. We offer flexibility to geropsychology specialty interns so that experiences offered can focus even more so on interns' individual training goals and needs and provide more robust, in-depth experiences in areas of interest or in need of further development.

Sample Possible Future Geropsychology Track Rotation Assignments:

July – January	January – July
Full Time Rotation: Geropsychology	Rotation 2: Community Living Center Rotation 3: Behavioral Health Clinic

July – January	January – July
Full Time Rotation: Community Living Center	Rotation 2: Geropsychology assessment only Rotation 3: Behavioral Health Clinic

July – January	January – July
Rotation 1: Geropsychology assessment only Rotation 2: Center for Integrated Healthcare	Rotation 3: Community Living Center Rotation 4: Behavioral Health Clinic

July – January	January – July
Rotation 1: Community Living Center Rotation 2: Center for Integrated Healthcare	Rotation 3: Geropsychology assessment only Rotation 4: Behavioral Health Clinic

Supervision

Interns' supervision relationships with our training faculty are one of the central strengths of their training experience. Our internship program strictly meets and generally exceeds APA guidelines regarding volume and quality of supervision. Interns meet with individual rotation supervisors for a minimum of two hours per week. It is also expected that supervisors will spend an additional hour working with interns in case conferences, co-therapy, or informal conversations regarding patient care.

Group Supervision

Weekly group supervision (60 minutes) is co-facilitated by two training faculty. Group supervision is intended to be a flexible format, in which interns substantially determine objectives and content for group supervision, often including discussions of challenging clinical issues, systems or interpersonal issues, professional development, ethics, and job-hunting. Group supervision also includes regular discussion on diversity related topics in brown bag format. Interns are invited to not only participate in these discussions to grow their personal and professional awareness but also facilitate one of these semi-structured discussions during their training year.

Mentor

Each intern selects a member of the Psychology staff to be a non-supervisory (non-evaluative) mentor for the training year. Staff interest in mentorship is determined prior to the training year and a list of available staff is provided to trainees. Meetings typically take place biweekly for approximately one hour, although frequency may vary depending on intern needs (e.g., may increase during fellowship application and interview season, as well as, when actively seeking employment). Past interns have consistently found relationships with these mentors to be valuable as a) Models and advisors for career development, b) Confidential consultants in addressing developmental, interpersonal or systemic issues, and c) Advocates, in rare instances, when needed.

Intern Seminars/Didactic Education

Interns attend weekly 2-hour didactic seminars, whose broad content is carefully selected and revised annually based on intern feedback, developing program objectives and available expertise. Special attention is given to include offerings that facilitate increased understanding and appreciation of diverse populations and multicultural factors as well as site-specific (e.g., VA, military) cultural competencies. Topics pertaining to professional and ethical development are also strongly considered during development of the didactic curriculum. Didactic seminars take place on Friday mornings, with a few exceptions (e.g., we have accommodated afternoon seminars when presenters were unavailable in the mornings or in situations in which the presenter was not available on a Friday). In those situations, interns were given advanced notice of a scheduling change.

In addition, our training program values career-long continuing education. Psychology faculty and interns have the opportunity to attend a variety of teaching conferences, seminars and workshops. including hospital teaching rounds, presentations sponsored within the community by the SUNY Buffalo School of Medicine and affiliated medical centers, and VA-sponsored trainings. Interns may also apply to the Director of Training to use training hours to attend other workshops or seminars, either local or out of town.

[See VAWNYHS Psychology Internship Seminar Schedule 2023-2024](#)

Diversity Awareness

Our Training Committee is strongly committed to and advocates for regular, ongoing attention to diversity related issues, including training faculty and interns in diversity, equity, and inclusion content as well as facilitating diversity awareness activities. Monthly brown bag discussions are included in intern group supervision and all training faculty are encouraged to attend and participate. Faculty and interns are also encouraged to attend a monthly Behavioral Health Careline educational series which frequently

addresses culturally and diversity relevant clinical material. A library of books and scholarly articles on diversity and inclusion is also available to interns both in hardcopy as well as virtually. Internship Project

All interns are required to complete and present a project during the course of their training year. The goal of the intern project is to further develop applied research skills into clinical training or to engage in program evaluation and quality improvement. Projects may include: 1) a research project such as a literature review and/or manuscript publication in collaboration with a faculty member; 2) a program design, evaluation, and/or implementation project that has clinical relevance and incorporates associated theoretical or empirical material; or 3) any other clinically relevant scholarly product approved by the training faculty such as clinical programmatic outcome assessment or the implementation of new clinical programs, such as therapy groups. Note that the project should be seen primarily as an opportunity for expanded learning experience on the internship and is not intended to be a great evaluative or time burden for interns. At the conclusion of the training year, interns present the results of their intern project to the training committee.

Research Opportunities and Journal Club

Research participation is not required; however, research opportunities are available within the Center for Integrated Healthcare rotation. Research opportunities may be available within other rotations and interns are encouraged to participate in on-going research projects. Training faculty interests are included in staff descriptions. Applicants who are interested in pursuing research interests are encouraged to discuss this with the Director of Training.

To assist with evaluation and competency in research, interns will participate in monthly journal club meetings, which are facilitated by a Clinical Research Psychologist. Exemplar meeting topics include but are not limited to: discussion of interns' research interests, assistance with the goals of the intern project, didactics in program evaluation and quality improvement, and performing research within VHA. Interns will also be expected to present and critique 2 scholarly articles to the group throughout the training year.

Assessment Supervision

Strong assessment skills are essential tools for every licensed psychologist. Our expertise in this area distinguishes us from all other behavioral health providers. Each intern will complete a minimum of one full assessment per rotation. The nature and scope of each assessment will be individually tailored to the case at hand and will be designed to provide the best possible diagnostic and treatment planning information with the least amount of burden to the patient. In addition to testing, interns will participate in several case conceptualization exercises throughout the training year, based on the American Board of Professional Psychology oral examination model. Interns will participate in quarterly assessment supervision, which are facilitated by a board-certified Neuropsychologist.

Internship Funding and Benefits

The VHAWNYHS Doctoral Psychology Internship Program is funded by the Department of Veterans Affairs Office of Academic Affiliations via an annual earmarked allocation to the Medical Center. Stipends are provided to qualified students in APA accredited programs in clinical and counseling psychology, currently at \$ 34,788 for the 2080 hour training year from July to July. Interns are able to participate in employee health insurance programs (supplemental dental and vision insurance are not included due to the not-to-exceed one year appointment). There are several options for healthcare coverage and employees pay a portion of the cost via automatic deductions in each paycheck. The cost of coverage is dependent on the health insurance plan selected by the employee. Interns are expected to be on site during tour of duty hours, Monday through Friday, 8:00 a.m. to 4:30 p.m., Interns accrue sick time and vacation time at a rate of 4 hours each per biweekly pay period, resulting in a total of 13 sick leave and 13 annual leave days accrued by the end of the year. Interns are not expected to train on site more than 40 hours weekly without permission of the Director of Training. Interns also receive up to four days of authorized absence for attendance at professional conferences, research, dissertation defense, and post-doctoral fellowship and employment interviews.

Rotations

The following rotations are components of the Psychology Doctoral Internship at Buffalo VA Medical Center: Standard rotation schedule is half-time for 6 months in each half of the internship year; however, Geropsychology Track interns typically complete paired half-time rotations in Geropsychology and the Community Living Center, from July to January, and other rotations are sometimes offered in extended or full-time variations. Note that our roster of available rotations and supervisors may change from year to year. We provide current updates on all rotation options at interview, and you may contact the Director of Training at any time to confirm current rotation offerings.

- Behavioral Health Clinic
- Behavioral Medicine/Health Psychology
- Center for Integrated Healthcare
- Community Living Center- Batavia
- Geropsychology
- Outpatient Post-Traumatic Stress Disorder Treatment Rotation- Buffalo/Batavia
- Primary Care
- Psychosocial Rehab & Recovery Center (PRRC)
- Residential Post-Traumatic Stress Disorder Treatment Rotation- Batavia
- Substance Use Disorder Specialty Treatment Services
- Women's Wellness Clinic
- Diversity, Equity, and Inclusion Mini-Rotation

Behavioral Health Clinic

Supervisor: [Veayla Williams, PhD](#)

Prerequisites: None

Settings and Tasks: This rotation offers the intern opportunity to work in a multidisciplinary, general mental health setting that provides outpatient mental health services for more than three thousand active patients in the Buffalo, NY and surrounding areas. Most patients are also linked to a primary care medical provider and assorted other medical care specialists. Patients have access to a wide array of psychological, medical, and other support services, so that the intern has the experience and responsibility of interacting within a healthcare system, seeking to address the need of the whole patient. Each patient in the Behavioral Health Clinic is assigned to a primary mental health provider and may have numerous other providers within the Clinic or within the larger Behavioral Health Care Line. Interns have the opportunity to provide clinical assessment and treatment to patients, for whom they may have primary responsibility for evaluation, treatment, and consultation. Some of the cases will undoubtedly serve as long-term cases for interns. Usually, intervention will be done on an outpatient basis, but may involve short-term consultation and treatment on inpatient units. There are likely to be some unique opportunities for development of learning about Posttraumatic Stress Disorder (PTSD) and best practice interventions. In addition to more traditional psychiatric populations, the clinic has a wide variety of Veterans with PTSD from Korea, Vietnam, Lebanon, the Persian Gulf, Afghanistan, and Iraq, not to mention men and women who have experienced trauma in their earlier lives. Interns may be involved in psychological assessment, individual therapy and group therapy, and patient education activities. Cases are assigned to interns on the basis of their training value. The goal is that some of the cases will be long-term and provide learning opportunities for intense exploratory psychotherapy and the development of new or expanded skills. Ultimately interns have the flexibility to modify this rotation in a way that best meet their needs.

Didactic Opportunities: Monthly conferences are held for behavioral health staff.

Research Opportunities: Currently, there are no research opportunities available within this rotation.

Structure of Supervision: Supervision is seen as playing a major role in interns' development as professional psychologists. A minimum of two hours per week of individual supervision is scheduled, along with many opportunities for informal supervisory/collegial contacts with the supervisor and professionals from other disciplines. The goal of supervision is for the participants to enter a reciprocal learning enterprise, with supervisor and supervisee interacting to provide the intern opportunities for new depths of clinical understanding and for honing of skills in therapeutic intervention and practice.

Behavioral Medicine/Health Psychology

Supervisor: [Dr. Denise Mercurio-Riley](#)

Prerequisites: Familiarity with medical settings, psychological pain management treatment modalities, opioid adherence, multi-disciplinary teamwork, diagnostic interviewing, and principles of behavior change are beneficial but not required. Translating from treating psychopathology to treating medical problems in support of allied clinicians is often a challenging but rewarding shift for interns without strong prior experience in behavioral medicine.

Settings, Tasks, and Workload: Primary referrals for individual therapy is the Chronic Pain Clinic. Other specialty clinics may be sources of referrals at times. This rotation is a mix of individual psychotherapy, pre-surgical evaluations, and assisting Veterans with health-behavior change. Psychoeducational and/or psychotherapeutic groups will be a part of this rotation.

Chronic Pain Clinic - Immersion in an interactive, highly-developed interdisciplinary chronic pain team, including extensive experience in pain treatment approaches and clinical issues (e.g., opioid abuse). Intern activities include interview assessment and triage, problem-focused cognitive-behavioral intervention, relaxation training, case management, consultation to medical providers and interpretation of written psychosocial screening assessment data. The pain team offers interns unique opportunities to observe medical examinations, acupuncture and other pain management procedures. Duties include:

- **Pre-surgical evaluation** - of candidates for liver, kidney, heart-lung, stem cell/bone marrow transplantation as well as trials for implanted spinal cord stimulators for chronic pain.
- **General behavioral medicine consultation (Individual Therapy)**—Outpatient referrals are primarily from the Chronic Pain Clinic, but may come from other specialty services (i.e., Oncology, Palliative Care). Referral concerns include anxiety and depression associated with medical conditions, problems in treatment adherence, adaptation to chronic illness, coping with stressful medical procedures, psychophysiological and somatoform syndromes, and death and dying.

Behavioral medicine combines diverse foundation psychological clinical skills and concepts in resolving symptoms of or enhancing adaptation to medical problems. Our activity is patient centered, holistic, and often highly attentive to systemic issues. Co-morbid psychiatric problems (e.g., PTSD) are often a necessary focus of intervention in addressing behavioral medicine issues. Staff behavior and systemic issues are often important targets of intervention, and eventual comfort and competence in communicating with physicians and allied professionals is a priority. For interns with substantial prior relevant clinical experience, the Behavioral Medicine rotation is an opportunity to develop independent

practice skills in medical consultation and liaison, sound expertise in one or more specific medical disease paradigms, and advanced understanding of chronic pain issues and treatment strategies, in particular.

Health Behavior Change: Health Promotion/Disease Prevention (HPDP) is a VA-initiative dedicated to reducing the burden of chronic disease by targeting unhealthy behaviors (e.g., diet, exercise, tobacco and alcohol use, chronic stress) and promoting patient empowerment through self-management behaviors. This portion of the rotation will focus on facilitating or co-facilitating groups on a variety of topics (e.g., pain management, improving sleep, mindfulness, managing tinnitus, stress management, intro to biofeedback, coping with chronic illness). Interns are encouraged to develop a health and wellness group based on their interests.

Didactic Opportunities: The majority of didactic training comes from 1:1 supervision time with Dr. Mercurio-Riley, and may be supplemented by psychology seminars.

Research Opportunities: Research opportunities may be available and can be discussed with Dr. Mercurio-Riley.

Structure of Supervision: Formal supervision takes place in two one hour individual meetings per week. Additional time is available as needed.

Center for Integrated Healthcare

Supervisors: [Drs. Gregory Beehler](#), [Paul King](#) and [Julie Gass](#)

Prerequisites: The most competitive candidates for this rotation have prior experience working in research and specific research training goals. Willingness to participate in a broad array of activities at a VA Office of Mental Health and Suicide Prevention Center of Excellence is required. Prior experience in primary care or other integrated medical settings is helpful but not mandatory. Interns who are interested this rotation should be aware that it requires a significant level of self-direction, flexibility, and careful attention to detail.

Setting, Tasks, and Workload: The VA Center for Integrated Healthcare (CIH) is a national Center of Excellence with a unique mission of research, education, and implementation devoted to improving the health of Veterans by advancing integration of mental health services into primary care and other medical settings. This rotation is primarily focused on program implementation, evaluation and research. More information about the Center is available here: <http://www.mirecc.va.gov/cih-visn2/>

Tasks will include activities related to on-going CIH research projects, educational program development, program implementation and/or evaluation in a supportive research environment that

includes senior and junior investigators with shared interests in integrated care. Assignments and workload will be tailored to the intern's previous level of experience, competence, and training goals in research related activities (e.g., methodological training, research intervention). Duties will reflect the typical activities involved with clinical research and program evaluation conducted by VA researchers, including opportunities to engage in professional and scientific writing. Most trainees who complete the CIH rotation have earned authorship on at least one professional or scientific presentation or publication.

Didactics: Interns are expected to complete and discuss selected readings on integrated healthcare weekly and attend videoconference offerings on integrated care as available.

Research Opportunities: **Dr. Beehler's** research focuses on integrated care broadly. His recent work has focused on the following topics: developing, testing, and implementing Brief Cognitive Behavioral Therapy for Chronic Pain (Brief CBT-CP); development and validation of the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ-2); and identifying integrated care best practices (e.g., engagement in measurement-based care, team development, etc.). He welcomes intern collaboration on professional presentations and publications.

Dr. King's current research focuses on post-deployment health and health care in combat Veterans, transdiagnostic intervention for concussion and co-occurring conditions, processes pertaining to integrated care delivery, and women's mental health. Recent studies have adapted and evaluated the effect of flexible problem-solving interventions on Veterans' mental health outcomes.

Dr. Gass has several interests under the umbrella of integrated primary care, including brief treatments (particularly for substance use), team-based care, motivational interviewing, improving access to care, and behavioral-medical comorbidities. Her current studies include a grant that aims to develop a PACT team-delivered intervention for Veteran smokers and risky drinkers who have cardiovascular conditions (CARE-PACT), and a remote behavioral treatment for unmotivated rural smokers and drinkers who have comorbid health conditions (MINDSET). Dr. Gass is excited to work with interns interested in gaining hands-on health services research experience.

While under the supervision of Drs. Beehler, King, and Gass, interns are expected to collaborate on their research projects, but may also choose to work with other CIH researchers for part of their rotation experience, as available.

Structure of Supervision: Formal supervision is scheduled for one hour per week. Additional informal supervision is typical, and tailored to the training assignments and goals of the intern.

Community Living Center-Batavia

Supervisor: [Dr. Kim Curyto](#)

Prerequisites: Interest in geropsychology, dementia, chronic and terminal illness, interdisciplinary work, and caregiver support is preferred.

Setting, Tasks, and Workload: The Community Living Center (CLC) is a nursing home program at the Batavia VAMC that provides comprehensive care for Veterans who are severely disabled and/or chronically ill. It consists of 3 lodges between 17 and 20 residents each. CLC serves the following:

- Residents with complex medical problems that require long-term care.
- Residents with a terminal illness.
- Residents with relatively short-term problems in need of rehabilitation and discharge planning into the community.

The psychology intern in the CLC rotation will function as a member of a multidisciplinary team that serves Veterans in the nursing home setting. Most residents are elderly and chronically ill. Diagnoses vary, with a majority of Veterans presenting with some type of neurocognitive disorder/dementia and/or mood disorder. Presenting issues include depression, anxiety (including PTSD), severe mental illness, coping with pain, cognitive functioning and capacity questions, substance use disorders, personality disorders, grief and loss, end-of-life issues and planning, and distress behaviors.

The intern is encouraged to tailor the experience to meet his or her objectives. The intern will provide psychotherapy to Veterans and have opportunities for caregiver support. The focus of treatment is to provide behavioral/cognitive behavioral and problem-solving therapy and recommendations framed within the biopsychosocial model of care. The intern will co-facilitate one reminiscence group weekly with a group of Veterans with dementia. The intern will also conduct integrated psychological intake evaluations with Veterans including brief measures of cognition, mood and behavior symptoms, and determine an appropriate plan of care. The intern will have the opportunity to complete neurocognitive and capacity evaluations. The intern will attend multidisciplinary team meetings weekly, and discuss cognitive, mood, and behavioral functioning in the context of a holistic care planning process. Staff support, education, and behavior management planning are also key components of this rotation.

Didactic Opportunities: Interns on this rotation are encouraged to attend continuing education opportunities through facility medical rounds, Batavia geropsychology trainings, monthly Geriatric Mental Health Community of Practice and STAR-VA webinars, and other trainings provided through the education department as applicable. He or she will be expected to complete, discuss, and integrate into practice selected readings on a range of topics in geropsychology.

Research Opportunities: There are opportunities for research and program evaluation, which are to be compatible with the current evaluation and clinical activities in the CLC, and will be tailored to meet the intern's interests, objectives, and availability. Possible topics include the evaluation of appropriate measures in the nursing home population, adapting evidence based practice to the nursing home, and the impact of eco-psycho-social behavioral interventions implemented in the CLC such as Montessori Approaches to Person-Centered Care (MAP-VA) and an interdisciplinary person-centered approach to managing challenging dementia-related behaviors in CLCs (STAR-VA).

Structure of Supervision: Supervision will be provided on a scheduled and as needed basis, with formal individual supervision scheduled one and a half to two hours each week, and additional supervision provided during weekly team meetings and individually on an as needed basis.

Supervisees have consistently found this rotation to provide a richly rewarding training experience. This is due to the variety of Veterans served, the range of clinical activities and opportunities, including experiences in group therapy and behavioral management, and the opportunity to work within a multidisciplinary team.

Geropsychology

Supervisor: [Dr. Kathryn Moss](#)

Prerequisites: Interest in working with older adult, rehabilitation, and palliative care/hospice populations; interest in working with partners, family members/caregivers, and staff; as well as some experience with psychological testing and integrative report writing.

Setting, Tasks, and Workload: Interns involved in the Geropsychology rotation will have the opportunity to work with older adults in both outpatient and medical inpatient settings. Outpatient work includes cognitive and decision-making capacity assessments referred from various providers throughout the medical center. Interns regularly provide feedback regarding these cognitive evaluations to patients and referring providers, and develop a working knowledge of the services and resources that are available to assist those with cognitive impairment. Interns may also have the opportunity to provide outpatient psychotherapy for older Veterans as well as their caregivers and bereaved partners/family members.

Medical inpatient work occurs via involvement in the Advanced Illness/Palliative Care Consultation Team (AI/PCCT). The AI/PCCT is a consult service for Veterans who have been diagnosed with an advanced and/or chronic progressive illness.

Veterans referred to the AI/PCCT have:

- Diagnosis of advanced cancer
- In a 6-month period, 2 or more admissions, 12 Emergency department visits or one admission to the Intensive Care Unit for Chronic Obstructive Pulmonary Disease or Congestive Heart Failure
- Progressive disease such as End Stage Renal Disease, Liver Disease, Cardiac Disease
- Debilitating illness such as Multiple Sclerosis, ALS, Dementia

The AI/PCCT program focuses on the management of physical, psychosocial, psychological and spiritual suffering and optimizing quality of life. The core AI/PCCT consists of a chaplain, nurse, physician, social worker and psychologist. Medical residents and palliative medicine fellows are closely involved with the team as well. The AI/PCCT is frequently consulted by other medical teams to assist with pain and symptom management, facilitate communication with medical providers and caregivers (e.g., establishing goals of care, decision-making assistance, care coordination), and provide emotional support to patients and caregivers. The majority of the clientele are older adults, although the AI/PCCT sees Veterans and caregivers of all ages.

Clinical work takes place on a CLC Hospice unit as well as on acute and general medical units. Available training opportunities include, but are not necessarily limited to, the following: individual psychotherapy, caregiver support and intervention, cognitive screening, decision-making capacity assessment, dementia-related behavior assessment and intervention, and staff training, support, and intervention. Interns frequently provide at least one staff educational program during the course of the rotation. Group therapy experience may also be available.

A key feature of the AI/PCCT training experience is interdisciplinary team participation and involvement. Interns are expected to consult and collaborate closely with an interdisciplinary team to address the psychological needs of patients and their caregivers. The team huddles daily to review new referrals as well as to discuss pertinent patient care issues. Interns are expected to participate in at least one of the team huddles per week. Interns may also participate in family meetings focusing on patient care. There are also monthly Palliative Care administrative meetings to address the broader needs of the Palliative Care service (e.g., program evaluation and management).

Didactic Opportunities: Many continuing education opportunities are offered via the department of Psychiatry and the division of Geriatric Medicine at the VA (e.g., Palliative Care journal club, Schwartz Rounds). There are also several interactive online didactic programs offered through various VA programs (e.g., VACO Geriatrics & Extended Care, Mental Health Services, Patient Care Services, Geriatric Research Education and Clinical Center (GRECC), National Center for PTSD, etc. Offices) that interns frequently access. Less formal didactic experience takes the form of readings assigned by and discussed with the supervisor throughout the rotation.

Research Opportunities: Research is not typically emphasized on this rotation although research opportunities in the area of geriatrics are frequently available via the CLC rotation and VAWNY Center for Integrated Healthcare. Participation in research activities is supported and research-based practice is emphasized on the Geropsychology rotation.

Structure of Supervision: Formal supervision is scheduled for two hours per week. Regular informal supervision and consultation is also encouraged as needed.

Outpatient Post-Traumatic Stress Disorder Treatment Rotation- Buffalo or Batavia

Supervisor: [Dr. Sarah LaFever](#)

Prerequisites: None

Settings, Tasks, and Workload: A typical set of clinical duties for an intern would include the following: thorough biopsychosocial assessment, treatment planning, and individual psychotherapy with a caseload of outpatients. Co-facilitation of psychotherapy groups may also be available. Interns can receive training in the CAPS (Clinician Administered PTSD Scale-DSM 5). Emphasis is on trauma-focused psychotherapy, so prior training in this area is helpful but not necessary. Specific duties are determined by the intern's interests, skills, and talents, and the needs of the program. Location for the rotation could be either Batavia or Buffalo (satellite location), to be determined.

Didactic Opportunities: Regular attendance at in-house training and other PTSD-related workshops is encouraged. There may be opportunity for formal training in Cognitive Processing Therapy. If not, informal training may be available in one of the following: Cognitive Processing Therapy, Prolonged Exposure or Written Exposure Therapy, depending on intern previous experience and interest. Interns can also participate in PTSD outpatient weekly case conference/meeting. Supervision includes review of literature and application to treatment population. The rotation supervisor is also the facility's Local Evidence Based Therapy Coordinator, so the intern may have additional opportunities for observation and assistance with these duties.

Research Opportunities: There are no current research opportunities available within this rotation.

Structure of Supervision: Supervision is provided on an ongoing and as needed basis. Formal supervision of assessment/therapy case supervision is scheduled with the supervising psychologist for a minimum of two full hours per week with more supervision made available based on the needs of the intern.

Primary Care 1

Supervisor: [Dr. Sheila Donovan](#)

Prerequisites: Familiarity with medical settings and multi-disciplinary teamwork, diagnostic interviewing, and principles of behavior change are very helpful but not required.

Setting, Tasks, and Workload: As part of the Primary Care-Mental Health Integration (PC-MHI) Team, the intern will work with patients on a wide range of issues from coping with serious illnesses and losses to relaxation and stress management. Diagnostic interviewing and treatment recommendations are regularly requested. Integrated primary care skills include the ability to facilitate rapid, problem-focused, behaviorally oriented assessments and treatment plans, work in a non-traditional structure (i.e. 30' sessions) with a focus on holistic health as the target for intervention. Primary care providers are considered primary "customers" in this model. Referrals include issues of traditional psychiatric concern (i.e., PTSD, anxiety, depression) as well as behavioral medicine issues such as sleep and pain problems, adjustment to diagnoses of medical illnesses. Short-term, targeted counseling, motivational interviewing, and care management are frequent avenues of intervention. Consultation with medical providers on ways of improving adherence to medical recommendations and facilitating behavior change, as well as understanding behavior patterns will be included.

Psychoeducational or psychotherapeutic groups are developed based on both intern interest and patient need. Group offerings have included Weight Management, Stress Management, Insomnia Treatment, Depression Management, MST, and Bereavement. Additional topics are possible.

Didactic Opportunities: The majority of didactic training comes from 1:1 supervision time with Dr. Donovan and is supplemented by psychology seminars.

Research Opportunities: Research is encouraged and can be discussed with Dr. Donovan.

Structure of Supervision: Formal supervision takes place in two half-hour individual meetings per week one half-hour to one-hour group meeting per week with Dr. Donovan and post-doctoral fellow. Additional time is available as needed.

Primary Care 2

Supervisor: Dr. Travis Loughran

Prerequisites: Familiarity with medical settings and interdisciplinary teamwork, diagnostic interviewing, and principles of behavior change are very helpful but not required.

Setting, Tasks, and Workload: As part of the Primary Care-Mental Health Integration (PC-MHI) rotation, the intern will work as part of an interdisciplinary primary care team to provide collaborative care for a range of biopsychosocial health conditions. Integrated primary care skills include the ability to utilize the 5 A's (Assess, Advise, Agree, Assist, Arrange) to facilitate brief functional assessments, work in a non-traditional structure (i.e. 1-5 sessions, session length of 30 minutes), and serve as the behavioral health subject matter expert to the primary care team. Primary care providers are considered primary “customers” in this model. Primary care is a generalist setting, so interns can expect exposure to a range of clinical presentations including traditional psychiatric concerns (i.e., PTSD, anxiety, depression), substance use (i.e., alcohol, tobacco) as well as behavioral medicine issues such as sleep, pain, and management of chronic medical illnesses. The Intern will receive exposure to evidence-supported treatments including Brief Cognitive-Behavioral Therapy for Insomnia, Brief Cognitive-Behavioral Therapy for Chronic Pain, Prolonged Exposure in Primary Care, Motivational Interviewing, and Acceptance and Commitment Therapy. Consultation with medical providers to improve patient adherence and facilitate behavior change are frequent activities. This rotation may also include attendance in team huddles, clinic meetings, and providing training for other disciplines within primary care.

Didactic Opportunities: The majority of didactic training comes from 1:1 supervision time (both formal and curbside) with Dr. Loughran and is supplemented by psychology seminars.

Research Opportunities: Research is encouraged and can be discussed with Dr. Loughran.

Structure of Supervision: One hour of formal supervision takes place in weekly individual meetings. One half-hour to one-hour group meeting per week with Dr. Donovan, Dr. Loughran, other psychology intern(s), and post-doctoral fellow(s). Additional time is available as needed.

Psychosocial Rehab & Recovery Center (PRRC)

Supervisor: [Dr. Matthew Abrams](#)

Prerequisites: None. However, previous experience working with individuals diagnosed with serious mental illness would be beneficial.

Setting, Tasks, and Workload: The PRRC is part of the Community/Day Programs branch of the Behavioral Health Careline. Other components of this division include the Mental Health Intensive Case Management Program (MHICM), and Veteran’s Justice Outreach (VJO).

The PRRC treats Veterans who require greater psychological support than traditional outpatient contact can offer, but less than inpatient psychiatric treatment. Veterans can attend up to five days per week as needed. They typically are referred to the program to prevent inpatient psychiatric hospitalization or if periodic therapy visits to the Behavioral Health Clinic are yielding insufficient results in their recovery.

The PRRC adheres to a recovery-based model and each Veteran works in conjunction with their recovery coordinator to establish an individualized recovery plan. Recovery plans are focused within eight dimensions of wellness: emotional, financial, social, spiritual, physical, occupational, intellectual, and environmental. Traditional modalities of therapy (individual and group therapy) are used in combination with Veteran empowerment and healing activities (peer led groups, anti-stigma activities, community integration, etc.). Various group therapy programs are offered throughout the day (e.g., CBT-D, Understanding Trauma, MBSR, WRAP, DBT, Challenging Avoidance, Social Skills Training, etc.). About 100 Veterans are enrolled in the program with approximately 25-30 attending each weekday either in-person or virtually. Diagnoses cover the full range of DSM-5-TR disorders, including a large subset of the following diagnoses: MDD, Bipolar Disorder, Schizophrenia, Schizoaffective disorder, and PTSD. Also, between a third to a half of the Veterans attending have comorbid substance abuse disorders.

The PRRC is located two miles from the Medical Center and is readily accessible by public transportation. It is in a modern, pleasantly designed, large one-story building with good facilities for Veteran activities, and staff and intern office areas.

An initial "needs assessment" is conducted with the intern to target potential areas for clinical professional growth while in this rotation. A typical set of intern clinical duties would include the following: completing weekly initial consults and comprehensive psychosocial assessments, serving as the recovery coordinator for appointed Veterans, providing weekly individual therapy, and leadership of psychotherapy groups. Opportunities for co-facilitating EBP groups with the goal of learning the respective protocol is also available.

Trainees from social work, nursing, and psychiatry also rotate through the setting.

Didactic Opportunities: PRRC staff in-service programs are open to interns. Attendance at the psychology intern seminar series and intern supervision group at the medical center is required.

Research Opportunities: The site has served staff and students alike in their research interest areas. Examples of completed research include quality of life and well-being in the seriously mentally ill, community participation among Veterans with serious mental illness, and employee wellness initiatives.

Structure of Supervision: Supervision is usually provided at least 2 hours per week. One full hour is set aside weekly for individual supervision. In addition to individual supervision, interns may receive triadic supervision (along with the psychology practicum student) and supervision through their attendance in one of the multi-disciplinary staff meetings

Supervisees have consistently found this rotation to provide a richly rewarding training experience. This is due to the variety of patients served, the multitude of therapeutic activities and opportunities, the positive nature of the recovery model, and the prevailing positive and cooperative therapeutic atmosphere.

Residential Post-Traumatic Stress Disorder Treatment Rotation- Batavia

Supervisors: [Dr. Abigail Savage](#)

Prerequisites: None

Settings, Tasks, and Workload: The Posttraumatic Stress Disorder (PTSD) residential rehabilitation treatment program services both men and women veterans of all eras with PTSD. The men's PTSD program is a 20-bed residential unit located in the Jack H. Wisby Jr., building. The Center for H.O.P.E houses the women's 12-bed unit. The quiet spacious grounds of the Batavia campus help foster safety and a recovery focus while veteran's engage in treatment for their PTSD symptoms. The Batavia VA is approximately 35 miles, about a 40 minute commute, from the Buffalo campus.

In general, we offer two lengths of stay for our PTSD residential treatment programs:

Coping Skills for Symptom Stabilization. All veteran's admitted to the program are accepted to a 4-week "coping skills track." During this time veteran's participate in groups and individual psychotherapy focused on education regarding PTSD, symptoms, and coping skills. This time may also be used for further assessment of needs and treatment planning for trauma processing work.

Trauma Processing. Upon mutual agreement from the veteran and the treatment team, the veteran will begin an approximately 6 week trauma processing phase. During this phase an Evidence Based Psychotherapy (available options include Cognitive Processing Therapy, Prolonged Exposure Therapy, Written Exposure Therapy, among others) is utilized to facilitate processing of trauma memories and associated emotions, such as anger, guilt, and grief.

A typical set of clinical duties for an intern would include the following: Thorough psychological assessment including diagnostic interviewing, review of records; an individual psychotherapy caseload and facilitation of psychotherapy groups. In addition, the intern will gain experience learning a psychologist's role in a multidisciplinary team and associated administrative duties of a residential treatment program. The PTSD Treatment Team is open to innovative ideas and the development of new specialized program components offered by our interns.

Didactic Opportunities: Supervision may include review of literature and application to treatment population.

Research Opportunities: There are no current research opportunities available within this rotation.

Structure of Supervision: Supervision is provided on an ongoing and as needed basis. Formal supervision of cases is scheduled with the supervising psychologist for a minimum of two hours per week with more supervision made available based on the needs of the intern.

Substance Use Disorder Specialty Treatment Services

Supervisor: [Dr. Deborah Stringer](#)

Prerequisites: Familiarity with substance use disorder and/or PTSD treatment is desirable but not required.

Settings, Tasks, and Workload: The Substance Use Disorder Rotation offers a variety of clinical experiences including: Outpatient Clinic; 28-day, 18 bed co-ed Substance Abuse Residential Rehabilitation Treatment Program (SARRTP); Impaired Driver Program; Justice-Involved Veterans, Smoking Cessation Program; and Buprenorphine Clinic. Interns gain exposure to all program aspects and may focus their training in one or more areas, based on clinical interests. Veterans present with a range of substance use issues and comorbid issues (e.g. PTSD, MDD, Bipolar Disorder). Specific duties are determined by the intern's interests, skills, and talents and the needs of the program.

Training opportunities include:

- Intake Assessment, including Impaired Driver Assessments
- Individual Therapy
- Group Psychotherapy co-facilitation: residential groups- Mindfulness, Seeking Safety; Outpatient groups- SUD-PTSD, CBT; opportunity to develop a new group dependent on intern skills/interests. Interns also sample groups led by other staff in order to maximize their clinical experience.
- Training in Evidence Based Treatments for SUD and/or PTSD based on intern interests e.g. Seeking Safety for SUD/PTSD, Cognitive Processing Therapy for PTSD
- Participation in Veterans Court process
- Participation in Buprenorphine Clinic Program
- Consultation: referrals from inpatient psychiatric unit and medical units
- Outpatient and residential team meetings
- Understanding of the psychologist role in a multidisciplinary team

Didactic Opportunities: Attendance at in-house trainings and other SUD-related workshops is encouraged. Individual supervision provides the majority of didactic experience. Team meetings and psychology seminars serve as supplemental learning experiences.

Research Opportunities: Opportunities for clinical research are possible, dependent on intern skill and interest.

Structure of Supervision: Supervision will be provided on an ongoing and as needed basis, with regularly scheduled individual meeting times throughout the week as well as during weekly team meetings. Minimally, the intern will meet with Dr. Stringer individually for one and a half hours each week for a half-time rotation, with additional supervision provided in a team setting and individually on an as needed basis.

Women's Wellness Clinic

Supervisor: [Dr. Laura J. Buchholz](#)

Prerequisites: Familiarity with medical settings, multi-disciplinary teamwork, diagnostic interviewing, women's health, and principles of behavior change are beneficial but not required.

Settings, Tasks, and Workload: The primary setting for this rotation is the Helen G. Jacobs Women's Wellness Center, one of three primary care clinics located within the medical facility. The Women's Wellness Center provides comprehensive primary care services to women Veterans and eligible dependents including obstetrics and gynecological services, maternity care, primary care, and behavioral health services. Interns will be a part of a multidisciplinary team with other allied health professionals including primary care providers, nursing staff, pharmacists, registered dietitians, and social work. The intern will provide assessment and treatment for a variety of behavioral and physical health concerns such as depression, PTSD, MST, relationship concerns, reproductive health concerns, diabetes management, chronic pain, and insomnia. Services are provided using the primary care mental health integration (PCMHI) model (i.e., 30- minute appointments, 4-6 sessions) using brief, problem-focused and behaviorally oriented assessment and treatment. Treatment is predominantly individual psychotherapy including cognitive-behavioral therapy, motivational interviewing, and problem-solving approaches. In addition, interns will also consult with allied health professionals on improving adherence to medical recommendations and facilitating behavior change.

Didactic Opportunities: The majority of didactic training comes from 1:1 supervision with Dr. Buchholz, and is supplemented by psychology seminars. In addition, interns will have the opportunity to attend continuing education opportunities through the National Office of Women's Mental Health monthly meetings and selected readings on a range of topics in women's mental health.

Research Opportunities: Research is not typically emphasized on this rotation, but can be discussed with Dr. Buchholz.

Structure of Supervision: Formal supervision takes place in two one-hour individual meetings per week with Dr. Buchholz. In addition to scheduled supervision, Dr. Buchholz is also available for “on the fly” supervision and consultation as warranted.

Diversity, Equity, & Inclusion (DEI) Intern Mini- Rotation (4 hrs/week)

Supervisors: [Dr. Ursuline Bankhead](#) & [Dr. Anna Kusche](#)

Prerequisites: None

Purpose: While diversity is a value imbedded within the entire VHAWNY internship training program, this specific rotation places DEI at the center of clinical and professional psychology training with the goal to provide specific experiences for interns on this rotation related to DEI. Interns on this minor rotation will be expected to dedicate ~4 hrs./week to a mixture of clinical, administrative, and educational activities.

- *Clinical* activities may include:
 - Undergoing training for gender affirming surgery evaluations
 - Developing and running a group targeted for specific diverse population(s) &/or DEI-related theme group
 - 1:1 and intervention with Veteran populations whose members have traditionally been underserved (via Mental Health Clinic with specific DEI-related referrals and/or via other clinics – Primary Care, Women’s Wellness Clinic – with specific underserved population(s).
- *Educational* activities may include:
 - Compile/maintain resource & referral materials/handbook for WNY community
 - Serving on and assisting with the Behavioral Health Careline (BVAC) Educational Series Committee (i.e. planning and/or presenting)
 - Assist with annual BVAC half-day training (i.e. organizing &/or presenting on DEI related topic)
- *Administrative* activities may include:
 - Serving on and assisting with VHAWNY Health Equity Committee (i.e. Grand Rounds, program development)
 - Participation in BVAC DEI initiatives (i.e. advertisement/education around specific underserved populations)

Since this rotation is relatively new, supervisors are open to explore additional ways in which interns can further explore and expand their training on individual and cultural diversity by way of clinical, scholarly, and/or administrative experiences.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 7/2023

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p>All requirements associated with federal hiring and employment, as well as VA health care system requirements as outlined in our brochure and program homepage: Internships, Fellowships, Residencies, Trainees VA Western New York Health Care Veterans Affairs</p>	

Internship Program Admissions

<p>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:</p>
<p>The VAWNHYS Psychology Doctoral Internship is a highly intern-centered scholar-practitioner program that prepares trainees to function independently in a wide range of clinical settings, with fidelity to scientific literature and current clinical practice standards, within a supportive and individualized training structure that values scientific activity and encourages leadership in contribution to the health care system. Our program has a strong tradition of intern-centered values. We value diversity in our staff and intern classes.</p>

<p>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:</p>			
<p>Total Direct Contact Intervention Hours</p>	<p>Yes</p>		<p>Amount: Minimum of 500 hours of direct patient contact</p>
<p>Total Direct Contact Assessment Hours</p>	<p>Yes</p>		<p>Amount: Minimum of 5 integrated reports</p>

Describe any other required minimum criteria used to screen applicants:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for Selective Service by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Doctoral student in good standing at an APA, CPA, or PCSAS accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.
6. Approved for internship status by graduate program training director.
7. Dissertation proposal approved by the time of the application deadline. Financial and Other Benefit Support for Upcoming Training Year

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$34,788	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<u>Yes</u>	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>Yes</u>	No
Coverage of legally married partner available?	<u>Yes</u>	No
Coverage of domestic partner available?	Yes	<u>No</u>
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
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?	<u>Yes</u>	No
Other Benefits (please describe): Health insurance is available at government rates*; up to 4 days of authorized absence for attendance at professional conferences, dissertation defense, and/or postdoctoral fellowship and employment interviews.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Academic teaching	1	
Community mental health center		1
Consortium		
University Counseling Center		
Hospital/Medical Center		1
Veterans Affairs Health Care System	3	2
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting		1
Other	2	

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Psychology Training Faculty

Matthew Abrams, Ph.D.

- Counseling Psychology, Loyola University Chicago, 2012; M.A., Governors State University, 2007 B.A., Governors State University, 2004.
- Theoretical orientation: Integrative with concentration in acceptance/mindfulness-based, CBT, and interpersonal approaches.
- Professional Interests: Recovery-oriented care. The use of mindfulness in both individual and group psychotherapy. Teaching and supervision.
- Rotation: Psychosocial Rehabilitation and Recovery Center

Ursuline Bankhead, Ph.D., M.S.

- Counseling Psychology, University at Buffalo. M.S. Marriage and Family Therapy, East Carolina University. B.S. Psychology, Penn State University- Behrend College.
- Theoretical orientation: Integrative, Family-Systems, Interpersonal, Cognitive Behavioral Therapy.
- Professional Interests: Diversity, equity, and inclusion concerns (e.g., health care disparities, minority stress, cultural considerations at varied developmental stages such as end of life, cross cultural communications); end-of life transitions; Mental Health in Primary Care settings.
- Training Committee role: Facilitator of Behavioral Health Education Series, co-facilitator Group Supervision.
- Rotation: Diversity and Inclusion Mini-Rotation
- Additional Assignments within VAWNYHS: Psychology Chief/ Assistant Chief of Mental Health, Professional Standards Committee, Health Equity Committee (former chair), Nubian Empress, Putter-outer of fires

Gregory P. Beehler, Ph.D., M.A.

- Counseling Psychology, University at Buffalo, The State University of New York, 2007. M.A. (Medical Anthropology), University at Buffalo, The State University of New York, 1999. B.A., State University of New York at Geneseo, 1996.
- Theoretical orientation: Integrative: Cognitive-behavioral, Interpersonal, and Postmodern
- Professional interests: Behavioral medicine; implementation and evaluation of Integrated Primary Care; psychosocial oncology; chronic pain; program evaluation.
- Rotation: Center for Integrated Healthcare

Laura J. Buchholz, Ph.D.

- Postdoctoral Fellowship: VA Center for Integrated Healthcare, Buffalo, NY, 2017.
- Ph.D., Clinical Psychology, Kent State University, 2015; M.A., Clinical Psychology, Kent State University, 2012; B.A., Niagara University, 2009.

- Theoretical Orientation: Cognitive-behavioral; motivational interviewing
- Professional Interests: Assessment and treatment of women's health conditions using biopsychosocial approach and cognitive-behavioral treatments; brief, evidence-based treatments in primary care mental health integration (PCMHI); disordered eating and weight management; health psychology
- Rotation: Women's Wellness Clinic
- Other Assignments within VAWNYHS: Women's Mental Health Champion; Primary Care Psychologist; Intern Project Coordinator for Psychology Training Committee; Affiliated Investigator VA Center for Integrated Health

Kim Curyto, Ph.D., M.A.

- Clinical Neuropsychology, Wayne State University, PhD 2000, MA 1996. B.A. Calvin College 1994.
- Theoretical Orientation: Cognitive-Behavioral, Eco-Bio-Psychosocial, Person-Centered, Reminiscence/Life Review Therapy.
- Professional interests: Assessment and treatment of distress behaviors in dementia, evidence-based eco-psycho-social and behavioral interventions including STAR-VA and Montessori, interdisciplinary implementation of interventions, implementation science, program development and evaluation.
- Rotation: Community Living Center (CLC)
- Assignments within VHA: Geriatric Mental Health Program Evaluation Partner with VA Office of Mental Health and Suicide Prevention (OMHSP), VISN 2 dementia steering committee co-chair, Clinical Research Affiliate of VA Center for Integrated Healthcare (CIH), VAWNYHS Community Living Center Psychologist

Sheila Donovan, Ph.D., M.S.W.

- Ph.D. Counseling Psychology, 2001, University at Buffalo; M.S.W., 1996, University at Buffalo; B.A. Psychology, 1993, State University of New York at Fredonia.
- Theoretical Orientation: Cognitive Behavioral, Behavioral and Interpersonal Therapies.
- Professional Interests: Trauma recovery, health psychology, cognitive behavioral therapies, behavioral approaches, developmental disabilities, intern and postdoctoral training and mentoring.
- Additional Assignments within VAWNYHS: Primary Care Psychologist, Center for Integrated Healthcare Postdoctoral Fellowship

Julie C. Gass Ph.D.

- Clinical Psychology, 2016, University at Buffalo
- Theoretical orientation: Cognitive-Behavioral, Acceptance and Commitment, Behavioral, and Motivational.
- Professional interests: Integrated Primary Care, behavioral health in medical settings, medical/behavioral comorbidities, brief substance use interventions; team-based care
- Rotation: Center for Integrated Healthcare

- Assignments within VAWNHYS: Clinical Research Psychologist at VA Center for Integrated Healthcare (CIH) in Buffalo; Primary Care Psychologist

Paul King, Ph.D.

- Counseling Psychology, University at Buffalo, 2011. M.A. Psychology, University at Buffalo, 2007. B.A. Psychology, State University of New York College at Buffalo, 2005. B.A. Criminal Justice, State University of New York College at Buffalo, 2004.
- Theoretical orientation: Cognitive-behavioral
- Professional interests: Post-deployment health issues in combat Veterans, brief problem-solving and other transdiagnostic interventions, processes pertaining to integrated care delivery, and women's mental health. Provides behavioral health services and consultation in an integrated primary care clinic.
- Rotation: CIH research rotation; Journal club facilitator
- Assignments within VAWNHYS: Clinical Research Psychologist at VA Center for Integrated Healthcare (CIH) in Buffalo; Director of CIH Postdoctoral Fellowship Program; Primary Care Psychologist.

Anna Kusche, Ph.D.

- Counseling Psychology, University at Buffalo, 2009. M.A. Social Psychology, University at Buffalo, 2006. B.A. Psychology and Women's Studies, University at Buffalo, 2001.
- Theoretical orientation: Feminist and cognitive-behavioral Professional Interests: Diversity, equity, and inclusion (DEI), geriatrics, training & professional development
- Rotation: DEI mini-rotation, internship group supervision co-facilitator
- Assignments within VAWNYHS: Buffalo & Batavia Home Based Primary Care (HBPC), Psychology Professional Standards Committee, Center for Integrated Healthcare (CIH) Post-doctoral Training Committee Member & Group Supervision Co-Facilitator

Sarah LaFever, Ph.D.

- Ph.D. Counseling Psychology, University at Buffalo, 2014. B.S. John Carroll University, 2007.
- Theoretical orientation: Cognitive-behavioral
- Professional Interests: Recovery from trauma and PTSD, intersection of health behaviors, chronic pain, and PTSD
- Rotation: Outpatient PTSD Treatment
- Additional Assignment within VAWNYHS: Evidence-Based Psychotherapy Coordinator

Travis Loughran, Ph.D.

- Ph.D. Clinical Psychology, 2018 University of Nevada, Las Vegas; M.A. Psychology, 2009, Medaille College; B.A. Psychology, 2007, Clemson University
- Theoretical Orientation: Cognitive Behavioral Therapy, Acceptance and Commitment Therapy

- Professional Interests: Integrated Primary Care, Motivational Interviewing, Substance Use (particularly Alcohol Use), Evidence-Based Treatment, Ethics, Advocacy, Supervision and Training
- Additional Assignments within VA: PCMHI/ Substance Use Disorder Psychologist for Primary Care Group 1, Primary Care Group 2 and Batavia, Integrated Ethics Committee, Co-Chair of Psychology Recognition Week Committee, Buffalo VA Training Committee, Co-Chair of VA Psychology Training Council Model Curriculum Committee, PCMHI Facility Trainer

Denise Mercurio-Riley, Ph.D., M.S., CRC, NBC-HWC- Director of Training

- Ph.D. Counseling Psychology, 2012 University at Buffalo; M.S. Rehabilitation Counseling, 2008, University at Buffalo; B.A. Psychology, 2006, University at Buffalo; Nationally Board Certified Health and Wellness Coach, 2022.
- Theoretical Orientation: Cognitive Behavioral Therapy and Interpersonal Therapy
- Professional Interests: Behavioral Medicine, biofeedback, cognitive behavioral therapies for chronic pain/illness, EMDR, clinical hypnosis, wellness and strength-based interventions, intern training and mentoring.
- Additional Assignments within VAWNYHS: Behavioral Medicine Psychologist in Chronic Pain Clinic/Primary Care Clinics; Opioid Review Board, Psychology Professional Standards Committee, Training Committee, Whole Health Steering Committee. Dr. Mercurio-Riley serves as Secretary on the APPIC Board of Directors.

Kathryn Moss, Ph.D.

- Clinical Psychology, The University of Alabama, 2009. M.A., The University of Alabama, 2006. B.A., West Virginia University, 2003.
- Theoretical Orientation: Integrative, with a focus on cognitive-behavioral, interpersonal, and client-centered approaches.
- Professional Interests: Intervention, assessment, & consultation in long-term care and palliative care settings; cognitive and decision-making capacity assessment; geropsychology training; assessment and treatment of geriatric depression.
- Rotation: Geropsychology

Abigail Savage, Psy.D.

- Psy.D. Clinical Psychology, Nova Southeastern University, 2019; M.S., Nova Southeastern University, 2016; B.A., Mercyhurst University, 2014.
- Theoretical Orientation: Integrative with a primary focus in cognitive-behavioral and interpersonal therapies
- Professional Interests: Trauma recovery, disordered eating and body image concerns, health psychology, and incorporation of mindfulness practices to foster growth and recovery.
- Rotation: Residential PTSD Treatment Programs (Men's and Women's)

Deborah Stringer, Ph.D.

- Clinical Psychology, University of Iowa, 2012; B.A., University of Chicago, 2004
- Theoretical Orientation: Acceptance and Commitment Therapy
- Professional Interests: Substance use disorder treatment, personality assessment, neuropsychological assessment
- Rotation: Substance Use Disorders Treatment

Veayla Williams, Ph.D.

- Counseling Psychology, University of Buffalo, 2012. B.A. Canisius College, 2002
- Theoretical Orientation: Integrative with concentration in Existential, Acceptance and Commitment Therapy, and Cognitive Behavioral Therapy
- Professional Interests: Treatment of PTSD, depression and anxiety treatments, trauma-focused art therapy, and issues surrounding social inequity
- Rotation: Behavioral Health Clinic

Buffalo & Western NY

General: The population of the Buffalo Metropolitan area is approximately 1.3 million people, with 250,000 of those residing in the City of Buffalo.

Location: The City of Buffalo is bounded on the west by Lake Erie and the Niagara River. The 36 mile long Niagara River, located between Lake Erie and Lake Ontario, is the source of Niagara Falls, one of the great scenic wonders of the world. The greater Buffalo area has a varied terrain, ranging from flat to mountainous. Our beautiful Southern Tier and Niagara Regions are hilly with spaces for hiking and camping. There is a great variety in living styles available, from modern urban flats in walkable neighborhoods to lake shore homes to rural farms. For those living in the City or inner suburbs, the average commute time is approximately 20 minutes each way. For those in the outer suburbs or rural areas, the commute is typically no more than 40 minutes. It is worth noting that Buffalo is centrally located, i.e. within a day's drive of many large urban centers (New York City, Boston, Philadelphia, Chicago). Toronto is just one and one-half hours away, so bring your passport to visit our Canadian neighbors to the north, whether you walk, drive, or bike across one of the international bridges! There is easy access to the Buffalo Niagara International Airport for those travelling from further destinations.

Weather: Buffalo is fortunate in having four distinct seasons. Our summer temperatures range from 75-85, with few days over 90 degrees. Refreshing breezes drift from Lake Erie over fine harbors and beaches along both the American and Canadian shore, convenient for summer sports like boating, fishing and swimming. Autumn is quite long and colorful due to the changing foliage. In winter, Buffalo does get snow, mainly in the "snow belt" south of the city where major ski resorts are located for skiing, snowboarding and snow tubing. City Residents are often found cross-country skiing in Delaware Park or ice skating at Canalside. As the Chamber of Commerce says, "we don't sit around all season watching it fall. We ski it downhill, we ski it cross-country, we snowshoe it, we backpack in it, etc." Buffalo residents consider that the seasonal changes are an invigorating part of the variety of life that Buffalo offers.

Housing: In a recent nationwide survey of 25 urban areas, Buffalo was the 11th least expensive place to live in housing costs. There is a wide variety of apartments available at reasonable rents. Because the DVA Medical Center is across the street from the State University of New York (SUNY) at Buffalo South campus, student apartments are available within walking range of the Medical Center. For those with a car, there are many apartment complexes within a 5 mile radius of the Medical Center.

Education: The DVA Medical Center is located directly across the street from the South Campus of SUNY at Buffalo. SUNY at Buffalo is the top public school in New York state and has approximately 32,000 students on its three campuses, the North Campus being located in Amherst, NY is approximately

3 miles away, and the Downtown Campus is 6 miles away. Noteworthy for prospective interns is that there are two APA-approved training programs at UB: the Clinical Psychology program in the Department of Psychology and the Counseling Psychology program in the Department of Counseling and Educational Psychology. A shuttle bus system transports students and faculty between the North and South campuses. In addition to SUNY at Buffalo, there are six other four-year colleges in the Western New York area representing a wide range of private and public educational opportunities. Several members of our psychology training committee have an appointment at several area colleges and universities.

Health Sciences: In the metropolitan area there are approximately 25 general or specialized hospitals. Included in these facilities are two State psychiatric facilities, the Buffalo Psychiatric Center and the West Seneca Developmental Center. The Buffalo Niagara Medical Campus includes Buffalo General Medical Center, the University at Buffalo's Center for Bioinformatics, Roswell Park Comprehensive Cancer Center, and several other programs, in a single clinical, research and academic complex. Oishei Children's Hospital provides pediatric and maternity care. The state-funded Research Institute on Addictions conducts a wide range of basic and applied research on addictions. As the DVA Medical Center is a teaching hospital, there are regular seminars and symposia presented by other disciplines (palliative care, oncology, medicine, neurology, primary care) which are available for interested interns. **Leisure:** There are facilities for both spectator and participant sports in Western New York. For spectator sports, the Buffalo Bills play at the Bills Stadium. The Buffalo Sabres provide exciting hockey entertainment at the Key Bank Arena. The AAA league baseball team, the Bisons, is located in Sahlens Field, a beautiful, nationally recognized stadium in the heart of downtown Buffalo. Division I basketball and football are played at several area colleges.

Participant sports are many and varied. Because of the location, there are many facilities for water sports, including fishing and boating. There are also many facilities for winter sports. For instance, there are 20 ski areas within 90 miles of Buffalo, 12 of which are only 45 minutes from downtown. Facilities for racquet sports are also in good supply. There are 84 outdoor tennis courts scattered throughout the City of Buffalo. There are also a number of clubs available for indoor tennis, squash, racquetball, aerobics, and even dodgeball!

Locals and frequent visitors to Buffalo perhaps best regard the area as offering a wide repertoire of good and affordable restaurants as well as music venues. In fact, Buffalo is known as a haven for both foodies and music lovers, including venues such as the Colored Musicians Club, the Music is Art Festival, Porch Fest, and a host of other activities. In recent years, the city has hosted a popular series of weekly free or inexpensive concerts (ranging from rock, country, hip-hop and folk) throughout the summer at Canalside and Artpark. Buffalo's eateries range from food trucks (with Food Truck Tuesdays in Larkin Square) to

high end restaurants, offering a variety of choices for a variety of budgets.

Parks: When urban quality of life is evaluated, Buffalo is always highly rated for its park system.

Designed by Fredrick Law Olmsted, the designer of New York's Central Park, the city park system embraces over 3,000 acres of park land, stretching from the South end of the City with South Park and Cazenovia Park, through Delaware Park and Forest lawn Cemetery, to the east with Martin Luther King Junior Park and Northwest to Riverside Park, to name a few. The park system contains numerous facilities such as swimming pools, golf courses, baseball diamonds, etc. Another 2,000 acres of parks, adjacent to Niagara Falls, offer spectacular views of the river and the Falls. Other state parks near Buffalo offer facilities for hiking and camping. The largest of these is Allegany State Park, whose 65,000 acres offer 100 miles of hiking trails. Letchworth State Park and the Allegany National Forest are also easily accessible from Buffalo. If gardening is of interest to you, Buffalo has the largest free garden tour in the United States with the Buffalo Garden Walk, which has international acclaim.

Cultural Activities: Buffalo offers fine facilities for art, music and theater. The Albright-Knox Art Gallery enjoys a world-wide reputation for its permanent collection of contemporary painting and sculpture, and often as a site for touring exhibitions from New York or Washington. The Buffalo Philharmonic Orchestra features symphony concerts and pop concerts from October to May at Kleinhans Music Hall, which is architecturally famed for its acoustical qualities. The orchestra also plays summer concerts in a variety of settings, including local parks. Theater is well represented at various facilities throughout Western New York. One spectacular theater is Shea's Buffalo, located in the heart of Buffalo's Theater District. The 3,000-seat facility has been painstakingly restored to its original elegance as designed by Tiffany in 1926. There are several repertory theaters in the area and independent theater groups offering entertainment throughout the theater season if you are interested in more intimate settings. Additionally, the local colleges and Universities offer a host of plays and concerts throughout the year.

Many visitors are drawn to Buffalo's architectural heritage, including several prized municipal buildings and homes built by Frank Lloyd Wright. The turn of the century Roycroft arts and crafts movement, centered at a campus in nearby East Aurora, is also a regional attraction. Buffalo also currently hosts several annual arts and cultural festivals, including the Allentown Arts Festival, Taste of Buffalo, Greek Festival, Italian Festival, and the Chicken Wing Festival.