

PSYCHOLOGY PRE-DOCTORAL INTERNSHIP TRAINING PROGRAM



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

Fully Accredited by the American Psychological Association
Office of Program Consultation and Accreditation
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<http://www.apa.org/ed/accreditation>

PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS
NOVEMBER 15th OF THE APPLICATION YEAR.

Contents

Letter to Applicants about COVID-19 Adaptations to Training	4
Introduction.....	6
Facilities & Population Served	7
Psychology Department.....	7
Internship Training Program	7
Program Philosophy	8
Commitment to Cultural Competence and Cultural Humility	9
Commitment to Generalist Training	10
Commitment to Professional Development.....	10
Commitment to Integrative Clinical Training	11
Psychology Internship Training Program Model and Goals.....	11
Clinical Tracks and Major Rotations	12
Standard Clinical Track	12
Clinical Health Track	13
Sample Schedules.....	13
Possible Major Rotations.....	15
Year-Long Training Opportunities	21
Individual and Group Psychotherapy	21
Cognitive Processing Therapy (CPT) & Prolonged Exposure Therapy (PE).....	21
Supervision	22
Psychological and Neuropsychological Assessment	22
<i>Psychological Assessment</i>	23
<i>Neuropsychological Assessment</i>	23
Psychology Seminar Series.....	23
<i>Weekly Supervision and Seminars</i>	24
<i>Bi-Monthly Seminars</i>	24
<i>Monthly Seminars</i>	24
<i>Annual Seminars</i>	24
Thinking During Internship	25
Basic Questions Are Asked, Such As:	25
Pragmatic Questions Are Asked, Like:	26
Professional Questions Are Considered:.....	26

Theoretical Questions Are Posed:	26
Psychology Department Staff	26
Training Term, Stipend & Benefits.....	29
Application Requirements and Procedure	29
Application Checklist	31
Directions To Brooklyn Campus of The VA NY Harbor Healthcare System	31
Appendices	33
Program Tables - Admissions, Support, and Placement Data.....	33
Date Program Tables are updated: 9/16/2024.....	33

Letter to Applicants about COVID-19 Adaptations to Training

Dear Psychology Internship Applicant:

In the pages ahead, you will be learning about our internship training program. We wish to first provide you with some updated additional information about COVID-19 and adaptations to our training program.

As a hospital training program located in New York City, VA New York Harbor Healthcare System, Brooklyn Campus has been acutely aware of the personal and professional challenges presented by COVID-19 on our trainees and staff. One of these challenges is uncertainty about what will happen in the future.

Transition to Telework, Telehealth, and Changes in Application Admission Testing Requirements

With the support of medical center leadership, beginning in March 2020, we successfully transitioned all supervising psychologists and interns to telework and made adaptations very quickly. Specifically, interns continued to conduct diagnostic interviews, individual therapy, and group therapy sessions over telehealth; and interns have received individual and group supervision over virtual media technologies. Interns have benefitted from live, direct observation of clinical care by supervising psychologists. At present, our interns and supervising psychologists are on site three days/week and are teleworking two days/week. As of October 2020, the Rorschach is no longer a requirement for application for admission. Additional supervision (for those who have had limited training in Rorschach) will be offered in administration of Rorschach when appropriate during Internship.

Our Commitment to Training and Supervision

Despite the aforementioned modifications, we remain steadfast in our commitment to training and supervision. Going forward, while we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve for 2024-2025 training year, we do know with certainty that there will continue to be more overall utilization in telehealth and technology-based delivery platforms. This presents a unique opportunity for our interns to receive in-depth training in tele-mental health treatment.

All Interviews Will Be Conducted Virtually

It goes without saying that the health and safety of our Psychology Trainees, along with the competent care of our nation's Veterans, is of utmost importance to us. As such, **all interviews will be conducted virtually**. Our program will continue to provide high quality training in professional psychology while simultaneously keeping our trainees' health and wellness at the forefront.

Vaccinations/Testing of Health Professionals (HPTs)

Consistent with national VHA policy, all trainees onboarded/hired on or after November 22, 2021 must be fully vaccinated for COVID-19 (or have an approved exception) before beginning employment and/or training rotations with VA.

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Procedures for when a staff/trainee tests positive for COVID are dictated by guidance from Employee Health service at that time.

If you have questions, you may contact us as follows:

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Jessica Esposito, Ph.D., jessica.esposito@va.gov, 917-847-8326.

Our program is always happy to answer any questions that may help you decide to apply and/or rank our site.

Sincerely,

Shalini Sehgal, Psy.D.
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VA New York Harbor Healthcare System, Brooklyn Campus

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Introduction

We are pleased that you are interested in applying to the psychology internship training program at the Department of Veterans Affairs Brooklyn Campus of the New York Harbor Healthcare System. Our internship program is located within the Psychology Division of the Veteran Affairs, New York Harbor Healthcare System, Brooklyn Campus, and is fully accredited by the American Psychological Association (APA). APA is located at 750 First Street NE, Washington, D.C. 20002-4242 and can be contacted by phone (202) 336-5500 or their website www.apa.org. Our pre-doctoral internship training program is a year-long (July-July), full-time, comprehensive training program which offers a wide range of clinical experiences throughout our medical center. Our Internship Program adheres to APPIC Guidelines, and we participate in the computer-matching program regarding intern selection. Please review the following information closely, particularly the application procedures and the criteria for selection. As you already know, the internship application can be completed online through the APPIC applicant portal <https://portal.appicas.org/>

The psychology staff welcome applicants of diverse backgrounds and with a strong interest in multicultural training as we serve a diverse population of Veterans and emphasize the importance of diverse and intersecting identities in our training program. We do not discriminate against applicants based on gender, race, religion, ethnicity, sexual orientation, age, social class, or ability status. Our psychology staff is committed to providing a training environment that embraces trainees' lived experience and clinical training. As such, our staff backgrounds in training vary greatly and include psychodynamic, interpersonal, cognitive-behavioral, cognitive-processing, emotions-focused, dialectical-behavioral, and multicultural.

The psychology staff is dedicated to providing high quality clinical training to our interns within all psychology rotations. It is our goal to expose interns to a wide range of clinical and professional experiences within the medical center. We strongly believe our internship program offers an incredibly rich, rigorous, clinical and professional training experiences, by some of the most highly trained and supportive psychology supervisors. We are thrilled you are considering our program for your training experience.

Facilities & Population Served

The Brooklyn VA Medical Center is located in the Bay Ridge neighborhood, offering a spectacular view of New York Harbor and the Verrazano-Narrows Bridge. The Brooklyn Campus is accessible by car, subway, railroad or bus from all New York City boroughs and New Jersey. All interns receive a private office for clinical care needs. Free parking is available within the medical center. There is also an exercise center available free of charge. Additionally, childcare is available at a substantially reduced fee to Brooklyn VA employees and trainees.

We serve a population of demographically diverse Veterans ranging across the lifespan, multicultural identities, as well as clinical issues and psychopathology. Veterans range from young adult to geriatric patients, and represent a wide variety of cultural backgrounds, including race, ethnicity, gender identity, sexual orientation, social class, ability status, and religion. We are committed to providing an inclusive and welcoming environment to facilitate comprehensive and multicultural competent mental health care.

Psychology Department

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

Internship Training Program

The training program is designed to train interns as general adult practitioners through immersion in various clinical experiences and treatment modalities, with the support of thoughtful supervision, consultation, and didactic seminars.

The program provides excellent and intensive experience and supervision in inpatient medical and outpatient settings. Group therapy, couples therapy, substance use, posttraumatic stress, geriatric care and many areas of health psychology are integral training experiences. Each intern's background is considered in making training assignments with a view toward developing and broadening personal skills. While interns are asked their preferences, the training committee makes final rotation assignments. Six-month rotations are offered in a variety of specialties, which are detailed more comprehensively in the Clinical Tracks and Major Rotations section of this brochure. Additionally, training in either psychological testing or neuropsychological testing is required. It is the philosophy of the program that an in-depth concentration in selected clinical areas allows for comprehensive training and better prepares interns for independent practice.

During the last few years, new settings have been added in addition to primary rotations to enhance the experience of interns. We consider that these areas are excellent training opportunities and give the interns a breadth of experience that should make them more marketable upon graduation. Interns are provided with a diverse range of training activities including clinical work with patients, didactic instruction, clinical supervision, participation in research projects when available, and mentoring. Attention is given to the sequence and complexity of the learning tasks and interns are guided through their experience, adjusting for level of ability and expertise. Rotations are designed to extend over a six-month period so that more in-depth experience can be attained.

Program Philosophy

It is the philosophy of the training staff of the VA New York Harbor Healthcare System – Brooklyn Campus that interns be trained as generalists through immersion in clinical work and careful supervision. Using a Scholar-Practitioner Model, our training program focuses on the development of clinical skills that prepares interns to function successfully in treating patients with a variety of psychological problems in both mental health and medical settings. We also train our interns to adopt a scholarly attitude that emphasizes critical inquiry and fosters the notion that the discipline of psychology best serves the needs of our Veterans and their families when research and practice continuously inform each other. We expose our interns to evidence-based treatments, and encourage them to “think like psychologists,” to adopt a flexible treatment approach that best fits the needs and preferences of everyone they work with, considering issues related to diversity. In recent years, we have included training experiences, seminars, and Mental Health Grand Rounds presentations in evidence-based treatments. We also regularly provide scholarly articles and research studies that have been published in reputable journals to keep our interns and staff informed of new developments in clinical practice. Additionally, we have a library of APA produced videos on different treatment topics in psychology that we have started to incorporate into our training program.

We believe that training experiences should be sequential, cumulative, and graded in complexity. We have designed our training program to consider each intern's developmental stage, skill level, degree of complexity, and level of autonomy. Interns are provided with more intense and specific supervision earlier in their experience and gradually are expected to take on more complex functions with increased autonomy.

Commitment to Cultural Competence and Cultural Humility

As a training program, we have and continue to reflect on the impact of systemic racism. Through these reflections, we have taken a closer look at ourselves and our own role in cultivating equity and justice within our psychology training program and as members of our larger hospital-based institution. We are committed to change on the local and national levels, and we welcome intern involvement in promoting diversity and inclusion.

We believe that practitioners should have an understanding and appreciation of how multicultural factors influence thoughts, feelings, and behaviors. We strongly encourage our students to be mindful of how multiple factors between themselves and their patients, including age, gender, race, ethnicity, religion, social class, sexual orientation, and ability status, may impact therapeutic assessment, interventions, and treatment. We encourage students to be mindful of the differences that exist within such broad categories, and recognize that given our unique institutional setting, our students need to understand cultural issues pertaining to the military. As such, we offer seminars on acquainting students with military structure and relevant military history. Students are also challenged to continue to develop an awareness of how their own personal cultural identity may impact their understanding and clinical conceptualization of patients.

Students are encouraged to examine their own biases and assumptions and to think about how their own background influences their worldview. Our interns participate in a biweekly/year-long Building Cultural Competence Seminar focused on helping them further understand themselves and patients as racial-cultural beings and how our identities enter the therapy space. We also use Mental Health Grand Rounds as a forum for inviting distinguished speakers to present on topics related to cultural competency, cultural humility, and issues of diversity as it relates to our clinical work.

Additionally, we have a Multicultural and Diversity subcommittee of our psychology internship Training Committee. This subcommittee explores ways in which we can enhance the training we offer to staff and trainees and to further establish a diverse group of future applicants and staff members. Our interns are invited to work with the subcommittee on special projects. Some past examples of projects interns spearheaded include: Helping to plan a hospital-wide event in celebration of Black History Month and developing a newsletter for providers, Veterans, and allies about how we can celebrate

Disability Pride. Most recently, our Mental Health Service with several members of our psychology training staff initiated a larger diversity committee -- the Alliance for Health Equity, Accountability, and Diversity (AHEAD) -- which is a multidisciplinary action-oriented team providing leadership and guidance for best practices related to diversity, equity, inclusion, and belonging. AHEAD is for both campuses of our medical center, which has since been adopted by the larger VA hospital network within our region (VISN 2).

Commitment to Generalist Training

We believe that interns should be trained in multiple roles that prepare them for entry level practice. Our training program gives interns the experience of conducting assessments, psychotherapy, as well as health and behavior interventions; serving as consultants to other staff throughout the medical center; providing education to staff, Veterans, and their families; and learning to take on the role of supervisor in their work with psychology externs. Our training program offers a broad exposure to the various roles a psychologist can hold. We believe that interns should receive advanced training in developing traditional mental health and psychotherapy skills, in addition to the development of skills necessary to practice integrated health care within primary care and specialty medicine. We have developed several rotations that give interns the opportunity to work as part of an interdisciplinary treatment team working in the areas of Primary Care Mental Health (PCMH), Geropsychology/Palliative Care/Oncology, Substance Use, Psychosocial Rehabilitation and Recovery Center (PRRC), Posttraumatic Stress (PTSD) Clinic, Behavioral Health Interdisciplinary Program (BHIP), Post-deployment Readjustment Services, and Military Sexual Trauma Clinic (MST). We have also curated experiences outside of the rotations that allow for in-depth training in couples therapy, psychological testing or neuropsychological testing, as well as year-long group therapy and individual psychotherapy cases. In addition to the various clinical experiences that highlight the integration of science and practice, interns have valuable exposure to on-going program development and performance improvement projects being conducted by medical center personnel.

Commitment to Professional Development

We believe that preparation as a practitioner also involves an appreciation for continuing professional and personal development. By this we mean that “thinking as a psychologist” is practiced so that it defines and underlies all work. Our training program encourages interns to continuously learn, apply, and integrate scientific knowledge of current clinical practices into their work with patients. Interns then combine this knowledge with systematic collection of information about patients. Concurrently, they engage in an exploration of their own responses to the clinical experience. Engaging and supportive supervision is a key element in this process. We believe that experiential learning is the primary way that interns develop professionally and personally. In addition to formal supervision, our interns are encouraged to attend our Mental Health Grand Rounds in which we have distinguished speakers come in to present on a wide

range of topics to facilitate ongoing learning and development. We also encourage our interns to attend conferences in order to expand their knowledge base and enhance their clinical skills. Interns have the opportunity to take courses through Talent Management System (TMS), the VA-wide online education and training site. TMS offers a wide variety of courses that are relevant to caring for Veterans and professional development.

We have been successful in incorporating the Recovery Model of Care into our clinical interventions with Veterans. Interns are taught to appreciate the unique qualities of each Veteran and to draw upon their strengths, as opposed to exclusively focusing on problems or symptoms that deserve clinical attention. Interns learn to work collaboratively with Veterans (and occasionally with family members) to establish goals and to develop treatment plans. In large part, these changes have brought about an increase in multidisciplinary collaborations among diverse members of the professional staff. Interns have the opportunity to observe and participate in the need for flexibility and resourcefulness in a changing healthcare environment. Therefore, our internship training has integrated multidisciplinary consultation/team participation to afford interns the opportunity to further develop their professional skills under the supervision of the training staff.

Commitment to Integrative Clinical Training

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

Psychology Internship Training Program Model and Goals

The Psychology Internship Program is committed to supporting the overall mission of the Veterans Healthcare Administration (VHA), which seeks to provide quality healthcare to a diverse population of Veterans by offering a full range of services that are readily accessible and responsive to change. We value excellence, communication and teamwork, and encourage our interns to be respectful and compassionate of the rights and needs of our Veteran population. Our program differs from other training programs located within the medical center in that it places primary emphasis on understanding the role that psychological factors play in the treatment of Veterans and delivery of culturally competent mental health care services.

Psychologists are expected to bring not only their professional expertise to the clinical work, but also to incorporate psychological principles to program development, research ventures, interdisciplinary consultation, and other collaborative activities within the medical center setting.

We define our model as the Scholar-Practitioner Model, which focuses on the development of clinical skills that prepare interns to function successfully in treating patients with a variety of psychological problems in both mental health and medical settings, and in a competitive healthcare marketplace. Our internship training program expects our students to achieve the following goals:

1. Acquisition of professional skills in the areas of psychological assessment, psychological treatment in clinical settings, and the development of beginning skills in leadership, management, consultation, education, and supervision.
2. We strive to have interns develop appreciation for individual differences within a multicultural framework, and for everyone's capacity for change.
3. Produce psychologists who are open and flexible, and who have a firm sense of professional identity.

We believe that these goals represent the core characteristics necessary for an individual who is about to embark on a career in professional psychology.

Clinical Tracks and Rotations

Beginning with the 2024-2025 Intern recruitment season, we will implement two training tracks: (1) Standard Clinical and (2) Clinical Health. There are five Standard Clinical positions and two Clinical Health positions. While we have long trained students in all of these areas, we have added tracks so that Interns have greater opportunity to narrow their selection of preferred rotation before the start of Internship. Interns may choose to apply to one or both tracks.

Standard Clinical Track

Match Number: 145311

The **Standard Clinical Track** offers the widest flexibility of training. Interns select from a variety of six-month major rotations (see the Training Structure page for rotation details). Interns who match to this track will be given priority for (1) Post-Deployment Readjustment Services, (2) Substance Use Disorders, (3) Psychosocial Rehabilitation and Recovery Center, (4) Military Sexual Trauma, and (5) Behavioral Health Interdisciplinary Program. The tables of sample schedules will help applicants understand how the program is structured and how it could meet your training needs.

Clinical Health Track

Match Number: 145312

The **Clinical Health Track** provides training across two, six-month rotations. Interns who match to this track will be given priority for (1) Geropsychology/Palliative Care/Oncology and (2) Neuropsychological Assessment and Primary Care Mental Health. This track may be of particular interest to those who aim to pursue specialization in health, geropsychology, rehabilitation psychology and neuropsychology. Selection of additional training in neuropsychology while simultaneously participating in the Geropsychology/Palliative Care/Oncology Major rotation can reflect a Clinical Neuropsychology Synarchy (CNS) emphasis area. Participation in this track will also allow for focused didactic training in health-related topics and clinical skills (e.g., immersive training in motivational interviewing, interdisciplinary systems). Although interns in this track could choose to focus a significant portion of their training in areas related to health and neuropsychology, the track is structured to ensure that their training is broad and general and is consistent with APA CoA Guidelines and Principles.

Sample Schedules

See the tables below for graphic representations of sample 40 hour week schedules.

12 Month Internship year (Standard Clinical Track) with Standard Psychological Assessment	
Major Rotation (20 hours)	Major Rotation (20 hours)
<div>(20 hours)</div> <div>Standard Psychological Assessment (12 months)</div> <div>Couples therapy (12 months)</div> <div>Long-term individual cases (12 months)</div> <div>Long-term group therapy (12 months)</div> <div>CPT/PE (12 months)</div> <div>Didactics (12 months)</div> <div>Supervision of Extern (four months, second half of year)</div>	

12 Month Internship year (Standard Clinical Track) with Neuropsychological Assessment	
Major Rotation (20 hours)	Major Rotation (20 hours)
<div style="text-align: center;">(20 hours)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Neuropsychology (6 months) </div> <div style="width: 45%;"> Administrative Time (6 months) </div> </div> <div style="text-align: center;"> Couples therapy (12 months) Long-term individual cases (12 months) Long-term group therapy (12 months) CPT/PE (12 months) Didactics (12 months) Supervision of Extern (four months, second half of year) </div>	

12 Month Internship year (Clinical Health Track) with additional Neuropsychological Assessment beyond what is offered in Major Rotation	
Major Rotation (20 hours): Neuropsychology Assessment and Behavioral Health Interventions	Major Rotation (20 hours): Palliative Care, Psycho-oncology, and Geropsychology
<div style="text-align: center;">(20 hours)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Administrative Time (6 months) </div> <div style="width: 45%;"> Neuropsychology* (6 months) </div> </div> <div style="text-align: center;"> Couples therapy (12 months) Long-term individual cases (12 months) Long-term group therapy (12 months) CPT/PE (12 months) Didactics (12 months) Supervision of Extern (four months, second half of year) </div>	

** Selection of additional training in neuropsychology while simultaneously participating in the Geropsychology/Palliative Care/Oncology rotation for Clinical Health track can reflect a Clinical Neuropsychology Synarchy (CNS) emphasis area.*

12 Month Internship year (Clinical Health Track) with Standard Psychological Testing	
Major Rotation (20 hours): Neuropsychology Assessment and Behavioral Health Interventions	Major Rotation (20 hours): Palliative Care, Psycho-oncology, and Geropsychology
(20 hours) Standard Psychological Assessment (12 months) Couples therapy (12 months) Long-term individual cases (12 months) Long-term group therapy (12 months) CPT/PE (12 months) Didactics (12 months) Supervision of Extern (four months, second half of year)	

Possible Major Rotations

Post-Deployment Readjustment Services: The Post-Deployment Readjustment Services is a unique program that provides streamlined access to mental health services for the Post 9/11 generation of veterans and active-duty personnel. The individuals we treat have deployed to Iraq or Afghanistan, have served in other military operations, continue active-duty service, or are transitioning from active duty. With a focus on resiliency and normalizing the readjustment experience, this rotation offers the opportunity to conduct comprehensive psychological evaluations, psychotherapy, and referral for specialty care within the hospital and community.

The intern on this rotation will build their skills in assessing symptoms and determining diagnoses while learning to engage a frequently ambivalent population. There is a clinical disposition meeting with the rotation supervisors during which the intern helps develop treatment recommendations and provides this feedback to the patients. In addition, the intern builds a caseload of approximately 12 individual therapy patients that are seen for the duration of the rotation. While this population presents with a range of difficulties (depression, adjustment reaction, and substance use among others), many meet criteria for Posttraumatic Stress Disorder. The rotation offers an opportunity to learn to identify level of readiness for trauma work, to work with ambivalence and defenses to help patients move toward readiness for trauma processing, and to conduct trauma-focused therapy.

Substance Use Disorders (SUD): The Veterans served in our clinics vary in terms of treatment needs, SUD severity, and readiness for change. Many are struggling with a dual diagnosis of SUD and co-occurring trauma and mood-related difficulties. On this

rotation, interns will acquire assessment, intervention, and consultation skills to address Veterans' substance use problems in both outpatient and inpatient settings and using a variety of models (e.g., abstinence, harm reduction). Paramount to the rotation is the concept that suffering (e.g., related to past trauma and/or other life difficulties) often underlies substance use problems. Interns will learn to work with patients to develop alternative ways to ameliorate their suffering.

Interns will have the opportunity to develop SUD-specific treatment knowledge and skills by conducting intake evaluations, individual therapy, and group therapy. Through intakes, interns will learn how to assess for SUD and its severity, as well as how to work with Veterans to determine their need and readiness for different levels of treatment (e.g., outpatient, IOP, inpatient). In outpatient individual therapy, interns will have the opportunity to work with Veterans with varying severity of substance use problems, from mild, moderate, and severe use to patients in recovery. These therapy cases present an excellent opportunity to enhance motivational interviewing skills. Patients are referred for therapy from various referral sources within the hospital, including mental health clinics, medical providers, and substance use focused programs.

Interns will also lead or co-lead three groups: one outpatient harm reduction group and two groups in the 12 West Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). The SARRTP is an inpatient residential program with a 21- to 45-day length of stay and 19 beds. On the unit, interns will lead or co-lead Matrix and CBT-SUD groups. Matrix is an evidence-based treatment for SUD in which patients receive psychoeducation, assistance in structuring a substance-free lifestyle, and support to achieve and maintain abstinence. CBT-SUD is a structured group focusing on cognitive behavioral skills to support abstinence (e.g., functional analysis, coping with triggers, cognitive restructuring, refusal skills). Across the varied training experiences on the rotation, interns will learn about assessing for a substance use problem, the dynamics of addiction, stages of change, rolling with resistance, and working with SUD and comorbid diagnoses.

Psychosocial Rehabilitation and Recovery Center (PRRC): The PRRC is a hybrid five-day (Monday, Tuesday, Wednesday, and Thursday in-person; Friday virtual) per week intensive milieu therapy program serving Veterans with severe mental illness (SMI), including severe PTSD, psychotic disorders, mood and anxiety disorders, personality disorders, and a history of substance use disorders. Veterans engage in individual therapy, leading and co-leading skills and process group therapy, as well as participating in community integration activities with veterans and staff outside the medical center (e.g., volunteering). The connection between the PRRC community members is a valued part of treatment, as well as integrating families into care when needed. Our overall goal is to help Veterans learn skills to help them transition in living a more meaningful

life outside of the PRRC. The PRRC treatment team consists of two psychologists, a social worker, recreation therapist, music therapist, peer support specialist, and a clinical nurse specialist. An intern in the PRRC can expect to share duties and responsibilities as a member of the interdisciplinary treatment team, which include initial screenings, a caseload of 4-6 individual patients, process and skills-based group psychotherapy, team consultation, and morning rounds. Interns in the program are encouraged to work with the Veterans and staff to further develop their therapeutic skills as an emerging clinician and as an integrated team member in an active treatment community.

Military Sexual Trauma (MST): Military Sexual Trauma or MST is the term used by the VA to refer to experiences of sexual assault or sexual harassment that a veteran experienced during their military service. Referrals for MST Consultation come from a variety of sources, including primary care physicians, vet centers, primary care mental health, veteran self-referrals, and other mental health clinicians. As MST is an experience and not a diagnosis, an Intern can expect to see a wide range of mental health issues. Interns conduct trauma-sensitive comprehensive psychological intakes and are often the first person with whom the veteran shares their story. The intern will carry a caseload of individual psychotherapy with survivors of MST. Knowledge and skills in working with avoidance, shame, self-blame, anger/impulse control, impaired affect, and dissociative symptoms are cultivated. Interns are expected to work in collaboration with other medical professionals, particularly psychiatry. Interns may co-facilitate *Trauma Information Group*, utilizing a combined relational and psychoeducational group treatment protocol for sexual trauma survivors. Interns may also co-facilitate one other MST group. While the focus of the rotation is clinical care, Interns will have some dedicated time to take the lead in a special project of their choosing related to MST. An example of a project might be utilizing the NY Harbor MST Dashboard or their own VA experience to identify one defined area for improvement, thinking of ways to address it, and potentially implementing (e.g., conducting a literature review to create targeted educational materials, training clinical staff on sensitively screening for MST, laying out potential policy changes related to MST). During the spring rotation, one project option would be taking the lead on an event for Sexual Assault Awareness Month, in addition to involvement in events organized by the MST coordinators. Interns also attend the MST Clinical Care meeting with MST Coordinators and multiple Psychology Externs. As the rotation progresses, Interns have a chance to take a leadership role in chairing the MST Clinical Care meeting and providing feedback to externs.

Behavioral Health Interdisciplinary Program (BHIP): Considered the homebase of mental health care at the VA, our BHIP teams are comprised of psychiatrists, psychologists, nurses, social workers, trainees, and clerical staff working together in an outpatient setting to focus on the Veteran's mental health and well-being through proactive, Veteran-centered, recovery-oriented, evidence-based care. For the rotation, psychology Interns will be responsible for the provision of direct psychological patient care, consultation services on difficult or complex cases, and administrative duties. Interns typically carry a caseload of 8-10 psychotherapy cases, co-lead the Non-Combat

Trauma Group, attend weekly team meetings, and conduct about one intake per week. Interns' job duties also comprise brief psychological assessments; comprehensive evidence-based psychotherapeutic interventions (EBP) appropriate to patient's needs and desires, including individual and family psychotherapy (e.g. Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Dynamic Interpersonal Therapy (DIT), Dialectic Behavioral Therapy (DBT), etc.) as indicated; collaboration with the interdisciplinary team to provide mental health care for referred Veterans, assessment and referral of the Veteran to specialty mental health care (e.g. PTSD Clinic, ASAP, PRRC, etc.) when clinically indicated; development, implementation, and documentation of all patient care including treatment plans, crisis intervention and suicide risk assessments /safety plans to assure ongoing communication with BHIP team and other health care providers; and support of same-day access to mental health services for Veterans as deemed necessary by the service, in person and by telephone.

Palliative Care, Psycho-oncology, and Geropsychology: Interns on this rotation use a biopsychosocial model of assessment and treatment to work with a diverse and largely geriatric Veteran and caregiver population, in outpatient and inpatient medical settings. Interns integrate with the interdisciplinary teams to support adjustment to and management of chronic and/or life-limiting illness. We approach this work from a multicultural lifespan-developmental and family systems-illness-disability framework, and with a deep appreciation of culture, community, and social and structural determinants of health. Specific evidence based approaches utilized on this rotation include Meaning Centered, Acceptance and Commitment, Cognitive Behavioral, Mindfulness, Dignity, and Narrative-based therapies, as well as Motivational Interviewing skills and training in Agenda Setting, Shared Decision Making, Advance Care Planning, and Goals of Care Conversations. Opportunities may also present themselves for brief cognitive behavioral therapy for insomnia, and evaluations such as MH Evaluations for Solid Organ transplant, capacity and brief cognitive assessments.

Palliative Care and Oncology: Psycho-oncology is a field of psychology that addresses the psychological, social, and mind-body experience of cancer for patients and their loved ones, throughout the cancer process, from screening and diagnosis through survivorship and wellness, or through reoccurrence, disability, and end-of-life. [Palliative care](#), is a clinical specialty that takes a patient- and family-centered approach to care for people with serious and life span-limiting illnesses, and their loved ones. Palliative care is different than Hospice. It is a consultative and integrative approach that helps to relieve symptoms, pain and stress so that Veterans and their loved ones can have the best possible quality of life throughout their illness course. Palliative care providers help Veterans' and their families identify their goals, values and preferences to guide healthcare decision making, and offer consultation, guidance, and support making decisions that meet those goals and are in line with their values. Palliative care affirms life by supporting Veterans and caregivers' goals, values, and preferences, which could be medical treatment of disease and hopes for cure, a longer life, participating in valued activities, as well as peace of mind, comfort, and dignity.

This rotation offers unique clinical opportunities due to its location wholly within the medical context. While palliative care psychology and psycho-oncology support Veterans and their families dealing with life-threatening illness or end-of-life, the specific clinical presentation of each Veteran, family, and medical status can vary widely. Assessment and psychotherapy for psychosocial issues that affect this largely older adult population are key components of this rotation. Adjustment to illness, loss, disability, caregiver stress, demoralization and loss of meaning, trauma, and stage-of-life transitions are common themes. We may be called upon to provide brief cognitive screening at the bedside or chair-side in the chemotherapy infusion suite, to offer support and psychoeducation for Veterans and families with a new or worsening diagnosis, to provide more traditional short-term psychotherapies, caregiver distress and bereavement support, and consultation to other members of the team, which include medicine, nursing, social work, music therapy and chaplaincy. We may see a Veteran just once, or multiple times a week for many weeks. Our work may be dependent on the availability of the Veteran and can shift alongside their medical needs. Additionally, this rotation allows interns to have experiences working with Veterans across the care continuum, from outpatient settings to treatment settings (e.g., chemotherapy suite), to bedside for hospitalized Veterans.

Interns work closely with the medical teams to design assessment and treatment interventions that are tailored to the patient's individual needs. The presentation of our Veterans may range from highly alert and intact, seeking out an opportunity to explore the existential issues attendant to serious illness, to Veterans with symptomatic psychiatric illness grappling with medical illness and the hospitalization experience, to Veterans with dementia, delirium, those with significant debility due to their medical illness, and those at the very end of their lives. Provision of evidence-based psychotherapies and the use of evidence-based case conceptualization to inform treatment planning and intervention is encouraged; These often must be adapted to the short-term setting and medical context of each Veteran, truly challenging providers to "think as a psychologist." Caregiver support across inpatient and outpatient settings is also a significant component of this rotation.

This rotation may be an especially good fit for Interns who are interested in exploring other models of psychotherapy provision, working in new settings, and in flexible ways. Self-reflective practice is a must; working with Veterans and caregivers in end-of-life is invariably personally, challenging, and transformative. Opportunities to cofacilitate one or more groups may also be available based on Veteran interest.

Neuropsychological Assessment and Behavioral Health Intervention: Interns on this rotation will gain knowledge and skills in conducting assessments that inform behavioral health interventions across two different service lines: primary care and outpatient neuropsychology clinic. Both settings include a focus on an initial assessment for Veterans who present with adjustment to chronic health disease, depression, anxiety, PTSD, substance misuse, adjustment

to aging, pain, insomnia, mild cognitive impairment and dementia, caregiver distress, and a range of neuromedical and neuropsychiatric presentations (e.g., polytrauma). Importantly, our service lines have opportunities for Intern to take part in health promotion and wellbeing efforts within a Whole Health framework.

Neuropsychological training will include at least 1 neuropsychological assessment per week that will include a biopsychosocial interview, administer/score/interpret results from neuropsychological tests using a fixed-flexible battery, utilize other psychodiagnostic instruments (e.g., structured clinical interviews, MMPI), and write reports tailored for multiple audiences within a fast-paced, multidisciplinary hospital setting. Given the preponderance of recommendations centered on health behavior change following a neuropsychological assessment, this rotation will provide opportunities for learners to gain skills in following Veterans over time to implement recommendations within a time-limited model using structured protocols (e.g., SMART goal setting and post-feedback follow-up, Motivational Interviewing, REACH OUT caregiver support program protocol, ACT, CBT). Individual and group cognitive rehabilitation opportunities are also available. Depending on the Intern's interest and career path, greater focus on extended cognitive screening to inform treatment planning are available.

The Primary Care Mental Health consultation team reflects Mental Health's integration into the medical center's Primary Care clinics. PCMH is the Veterans Health Administration's (VHA) term used to describe a set of behavioral health and health behavior services that are provided to Veterans in collaboration with their Primary Care Providers (PCPs). PCMH functions as an integral member of the Veteran's interdisciplinary Patient Aligned Care Team. PCMH supports PACT to address behavioral health (e.g. anxiety, depression, PTSD, etc.) and health behavior (e.g., chronic pain, diabetes, insomnia, etc.) aspects of routine healthcare for the full Veteran population, emphasizing proactive patient identification, early intervention, and prevention efforts. PCMH fits within the broader array of mental health services by assisting PACT to manage most mild-to-moderate, uncomplicated, behavioral health conditions. Finally, PCMH assists PACT to identify Veterans in need of specialty mental health services and optimize referrals to the most appropriate level care. PCMH providers also provide routine consultation to Patient Aligned Care Team (PACT) teams.

This rotation offers interns the opportunity to conduct brief functional assessments that inform intervention and treatment planning, as well as conduct evidence-based interventions for mild to moderate mental and behavioral health concerns. Interns may also cultivate consultation skills with other members of the Veterans' medical team. Opportunities for evidence-based interventions include: CBT for Insomnia, Brief CBT for Chronic Pain, and treatment for a variety of other health-behavior concerns. This fast-paced rotation also focuses reducing the stigma historically associated with engaging with behavioral health service. Interns may also lead one or more of a variety of behavioral health groups, including MOVE! (VHA's evidence-based weight management program), Smoking Cessation, etc.

Both PCMH and Neuropsychology focus on increasing competency in working within interprofessional teams and effective communication (oral, written) within a fast-paced multidisciplinary setting. The Intern will gain knowledge and skills in delivering patient-centered

feedback to Veterans and other stakeholders (e.g., family members, consulting providers). There are frequent consultations between referring providers (e.g., Neurology, Primary Care, Mental Health disciplines) and opportunities to attend team meetings in primary care.

Please note that all comprehensive neuropsychological testing (with exception of report writing) are to be completed on site and face to face. This is a required rotation as part of our health psychology track and may be of particular interest to those pursuing specialization in health, geropsychology, rehabilitation psychology and neuropsychology. Individuals completing this rotation will also have the option to complete either a minor assessment rotation in psychological assessment or neuropsychological assessment. Selection of an additional minor in neuropsychology in the alternating semester can reflect a Clinical Neuropsychology Synarchy (CNS) emphasis area.

****For interns who are interested in further developing their training in the more specialized areas of health and geropsychology, they are encouraged to apply to the program's postdoctoral residency in Geropsychology for an additional year of training at NY Harbor (see brochure at: [Psychology Training Programs | VA New York Harbor Health Care | Veterans Affairs](#)).****

Year-Long Training Opportunities

Individual and Group Psychotherapy

In addition to two 6-month rotations, interns will have the opportunity to work with year-long individual patients and psychotherapy groups. This allows for a deeper consideration of presenting issues, treatment, and exploration of the therapeutic relationship over the long-term. All interns carry two, year-long individual patients with a variety of diagnoses, who are deemed to be good candidates for longer-term psychotherapy. All interns will also co-lead a year-long a psychotherapy group for veterans with Posttraumatic Stress Disorder (PTSD) with another intern. This offers interns a unique experience working with and learning about the complexities associated with combat stress and its aftermath. Interns meet as a group for weekly Group for Individual supervision and Group for Group supervision with staff psychologists to process their long-term individual psychotherapy cases and group assignments and as a way to also connect, learn, and grow from each others' experiences.

Cognitive Processing Therapy (CPT) & Prolonged Exposure Therapy (PE)

CPT and PE are evidence-based treatment modalities that directly address memories of the traumatic event(s) and the thoughts and feelings related to the traumatic event(s). CPT incorporates cognitive techniques to help patients challenge and modify

maladaptive beliefs related to their trauma. CPT focuses on decreasing the avoidance of traumatic memories so that beliefs and meanings can be further evaluated and understood within the original context. PE teaches patients to gradually approach trauma-related memories, feelings, and situations that they have been avoiding since their trauma. By talking about the details of the trauma and by confronting safe situations that the patient has been avoiding, they can begin to see a decrease in PTSD symptoms and regain more control of their life. Interns will participate in two, half day trainings presented by PTSD clinic staff psychologists at the start of the training year. Thereafter, all interns will attend a weekly group supervision and be provided the opportunity to complete 1-2 CPT and/or PE cases over the course of the training year.

Couples Therapy

There has been a growing need for couples therapy across the veteran population. As such, we have designed a unique training experience so that interns can work with a couple for the duration of their training year. As a part of this clinical experience, interns meet weekly for a 90-minute seminar focused on couples therapy through an integrative stance, informed by system theory, multicultural couple therapy, mindful couple therapy, Gottman, Esther Perel, Ellen Wachtel, and emotion-focused therapy (EFT) frame. They are provided with didactic instruction and have an opportunity to conduct case presentations to receive feedback from their peers about their case. Outside of seminar, interns also meet for weekly individual therapy focused on their couples case.

Supervision

Careful supervision is a central component of the internship program. The professional staff reflects a range of expertise with philosophical orientation ranging from psychoanalytic, interpersonal, psychodynamic, existential-humanistic, cognitive-behavioral, neurobiological, and multicultural. Interns are assigned to two individual supervisors per 6-month major rotation and receive at least one hour of individual supervision per week from each of their supervisors. In addition, as mentioned above, there is group supervision for long-term individual cases and group therapy. Interns also receive both group supervision as a cohort in couples therapy and individual supervision for couples cases. Interns also participate in a process group. Notably, interns are given the opportunity to supervise externs in their clinical work. We strongly value this opportunity as it is often the case that psychologists are asked to supervise without any preparation or formal training. We feel that offering the experience to supervise helps interns grow into their professional role as psychologists and feel prepared for the full range of responsibilities they will have after internship.

Psychological and Neuropsychological Assessment

Additionally, all interns will enhance their assessment skills by choosing between training in either psychological or neuropsychological assessment. Assessment is an

important component of psychological training and integral to the generalist practitioner model. The assessment experience provides an opportunity for interns to gain training across an array of assessment procedures and measures.

Psychological Assessment: Trainees will have weekly didactics and supervision about diagnostic interviewing, psychological assessment, and integrated report writing. This training experience will span twelve months. The focus will be to develop independence in selecting measures to answer specific clinical questions and to build confidence in incorporating testing into future professional practice across a variety of clinical settings. Testing will include administering, scoring, and interpreting cognitive, academic, personality and diagnostic assessments. Interns who choose this assessment experience, may conduct batteries which include but are not limited to use of measures such as WAIS, Rorschach, MMPI, PAI, TAT, Figure drawings, and CVLT.

Neuropsychological Assessment: Neuropsychological assessment can assist in diagnostic clarification and prediction of long-term outcomes. A neuropsychological evaluation can be a therapeutic experience whereby patients and their family members can increase understanding of their symptoms and identify treatment options that can improve quality of life. Interns will complete 2 cases per month for six months and will gain exposure to a variety of conditions (e.g., mild cognitive impairment and dementia, neuromedical disorders, chronic health conditions, ADHD, polytrauma). Depending on the trainee's assessment background and professional goals, training can focus on a cognitive screening approach to testing and/or engagement in comprehensive neuropsychological testing. Interns with an interest in assessment, as well as those seeking specialized career paths (e.g., geropsychology, health psychology, neuropsychology, rehabilitation psychology) may be particularly interested in undertaking training in neuropsychological assessment. A competency and strength-based approach to supervision will be utilized that focuses on building necessary skills towards culturally humble assessment and Interns pursuing a variety of career pathways. For interns who have a stronger interest in Neuropsychological Assessment training, they may choose to apply the Clinical Health track where Neuropsychological assessment is incorporated into a major rotation setting in the rotation entitled *Neuropsychological Assessment and Behavior Health Intervention*. Please note that all comprehensive neuropsychological testing (with exception of report writing) are to be completed on site and face to face.

Psychology Seminar Series

Throughout the training year we conduct a seminar series covering areas such as multicultural issues, psychopharmacology, post-traumatic stress disorder, ethical and professional issues, death and dying issues, trauma and dissociation, short term therapy cognitive behavioral therapy, dialectical behavioral therapy, and cognitive processing therapy and other topics of interest. Consultants from the New York area's rich pool of universities and post-doctoral training programs augment staff in conducting psychology seminars. Staff provides seminars in diagnostics, professional issues, group supervision

and psychotherapy interviewing. A weekly process group for interns, facilitated by an outside consulting psychologist, is an important part of our training program; only a few remaining internships in the New York area offer this unique experience. The group provides an opportunity for interns to grapple with issues, concerns, and questions about themselves as psychologists and to receive feedback. The group has been part of our program for over 25 years and has been described by interns as one of the most valuable experiences of the program. This is a required part of our internship experience. Below is a list of our typical seminar offerings:

Weekly Supervision and Seminars

- Couples Therapy Seminar: Kesia Constantine, Ph.D.
- Group for Group Supervision: Katelyn Zmigrodski, Ph.D.
- Group for Individual Supervision: Daniel Feld, Psy.D.
- CPT/PE Group Supervision: Anita Deshpande, Ph.D. & Luisa Bonifacio Ph.D.
- Psychological Testing Supervision: Vivian Mancino, Ph.D.
- Intern Process Group: Susanne Shulman, Ph.D.

Bi-Monthly Seminars

- Building Cultural Competence Seminar: Anita Deshpande Ph.D. and Jessica Esposito, Ph.D.

Monthly Seminars

- Intern Meeting with Directors of Training
- PTSD Seminar: Jennifer Leavitt-LaDuca, Ph.D. and Julia Kurtz, Psy.D.

Annual Seminars

- Anti-Sexual Harassment Training: Jessica Esposito, Ph.D.
- Biofeedback: Amy Malkin, Ph.D.
- Chart Review: Sabrina Esbitt, Ph.D. & Julija Stelmokas, Psy.D.
- Cognitive Behavioral Therapy for Insomnia (CBT-I): Valerie Abel, Psy.D. & Wing Mak, Psy.D.
- Crisis Intervention: Shalini Sehgal, Psy.D.
- Cognitive Mental Status Screening: Julija Stelmokas, Psy.D.
- CPRS Tips & Tricks/BHL Touch: Elaine Lavin, Psy.D. & Wing Mak, Psy.D.
- Dialectical Behavioral Therapy: Katelyn Zmigrodski, Psy.D. & Vivian Mancino, Ph.D.
- Ethics: Alec Miodownik Psy.D.
- Hypnosis: Valerie Abel, Psy.D.
- Imagery Rehearsal and Narrative Therapy: Elaine Lavin, Psy.D.
- Integrated Healthcare: Sabrina Esbitt, Ph.D. & Alec Miodownik, Psy.D.
- Introduction to Brief, Evidence-Based Therapies and Measurement-Based Care: Alec Miodownik Psy.D. & Julija Stelmokas, Psy.D.
- Military Culture: Azeemah Kola, Ph.D.

- Military Culture and Multiculturalism Seminar: Anita Deshpande, Ph.D., Jessica Esposito, Ph.D., & Christine Ingenito, Ph.D.
- Measurement Based Care: Alec Miodownik, Psy.D. & Julija Stelmokas, Psy.D.
- Military Sexual Trauma Seminar: Elaine Lavin, Psy.D. & Shalini Sehgal, Psy.D.
- Motivational Interviewing: Sabrina Esbitt, Ph.D.
- Professional Issues: Applying for Postdoctoral Fellowships & Jobs: Jacqueline Davis-Wright, Ph.D., Julia Kurtz, Psy.D., Avi Miodownik, Psy.D. & Katelyn Zmigrodski, Psy.D.
- Professional Issues - Limited Permit/Licensure: Sabrina Esbitt, Ph.D. & Alex Miodownik, Psy.D.
- Professional Issues - EPPP: Anita Deshpande, Ph.D. & Katelyn Zmigrodski, Psy.D.
- Professional Issues - Post-Internship: Daniel Feld, Psy.D. & Amy Malkin-Ingoglia, Ph.D.
- Psychopharmacology: Svetlana Zlotnik, M.D.
- Sexual Wellness Across the Lifespan: Alec Miodownik, Psy.D.
- Suicide Prevention: Mia Ihm, Ph.D.
- Supervision Seminar: Alexandra Drake, Psy.D. & Shalini Sehgal, Psy.D.
- Systems and Health: Sabrina Esbitt, Ph.D. & Avi Miodownik, Psy.D.
- Veteran Video Connect (VVC) and Mobile Applications Training: Wing Mak, Psy.D.
- Treatment of Eating Disorders: Astrid Insull, Ph.D.
- Working with Psychosis: Katelyn Zmigrodski, Psy.D.
- Working with Religion: Avi Miodownik, Psy.D.
- Working with Vets with Serious Illness and End-of-Life: Countertransference and Self-Reflective Practice: Sabrina Esbitt, Ph.D.

Thinking During Internship

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

Basic Questions Are Asked, Such As:

What is psychotherapy? What is change?

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

What is multiculturally competent treatment?

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

What does it mean to assess somebody psychologically? Neuropsychologically?

How are psychological and neuropsychological testing data integrated into understanding how to intervene with patients?
What are the advantages and disadvantages of group therapy as compared to individual therapy?

Pragmatic Questions Are Asked, Like:

How do I conduct psychological interventions when bedside?
How does one construct a short-term intervention utilizing the variety of psychological theories available?
Why is it important for a psychotherapist to establish a therapeutic frame?
What is psychoeducation?
What is the difference between supportive therapy and psychotherapy?

Professional Questions Are Considered:

How does one earn a living in the field of psychology?
With what issues should a clinician be concerned when intervening within a hospital setting, a clinic or a private practice?
What is the difference between psychotherapy and supervision?
What is advocacy for the profession of psychology?

Theoretical Questions Are Posed:

What are the evidenced-based interventions in psychotherapy?
How does culture affect clinical conceptualization?
How to explain certain “paradoxical” phenomena such as when “fixing” and “reassuring” the patient can make things worse?
Is “transference” relevant when you are working behaviorally?
Does the patient need insight to change?
What is “resistance” and how can it be utilized in the therapy session?
When change occurs, what changes first, thoughts, feelings or behavior? How can a therapist’s mistakes be useful to the patient?

Psychology Department Staff

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Chief of Psychology
Neuropsychological and Psychological Assessment/Geropsychology/Oncology
Yeshiva University

Arika Aggarwal, Psy.D.
Primary Care-Mental Health Integration/Women’s Health
Kean University

Luisa Bonifacio, Ph.D.
PTSD Clinic
Teacher's College of Columbia University

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Neuropsychological Assessment/Geriatric Patient Aligned Care Team (GeriPACT)
Pacific University

Katelyn Zmigrodski, Psy.D.
Psychosocial Rehabilitation and Recovery Clinic

Training Term, Stipend & Benefits

The internship is a full-time commitment for one year, beginning and ending in July. Interns are entitled to 11 federal holidays and earn sick leave and vacation days at a rate of four hours for each two-week pay period. Unused sick leave may be used in future federal employment. However, unused vacation days will lapse and therefore must be used within the year. Limited authorized leave may be approved for attendance at conferences and workshops. The internship is generally limited to a 40-hour workweek. For this year, we are offering seven full-time internship positions. The current stipend is **\$39,610** per year. State and federal income tax and FICA (Social Security) are withheld from checks. The United States Government covers interns for malpractice under the Federal Tort Claims Act. The VA also provides a complete benefits package of Federal Health Insurance programs. Each intern office is equipped with personal computers with the necessary software needed to perform their clinical and administrative duties. All interns are provided with software to perform psychological testing, word processing, data analysis, electronic mail systems, internet access, and the hospital-wide record keeping system, CPRS.

There is a full-service professional library that offers literature searches and locates difficult to find articles. Extensive computerization offers a full menu of clinical tools that are available to the intern. There is an Exercise Center, free of charge, a few steps from intern's offices. There is also a daycare center on the medical center grounds.

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

Application Requirements and Procedure

Our internship training program adheres to APPIC Guidelines, and we participate in the computer-matching program regarding intern selection. Please review the following information closely, particularly the application procedures and the criteria for selection.

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

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

If you have questions, you may contact our Director of Training, Shalini Sehgal, Psy.D., at Shalini.Sehgal@va.gov, 718-836-6600, ext. 6479.

The program adheres to the guidelines established by the American Association of Psychology Internship Centers (APPIC). Applicants must be certified by their university to be ready for an internship.

The procedure is devised to screen for competent applicants and to assure equal opportunity and access to all applicants. In the screening of potential applicants, we abide by EEO laws, regulations, and directives as well as VA policies of Diversity and Inclusion. We value diversity and expect all staff and trainees to demonstrate that value in all actions. Interns are entitled to equal treatment in selection decisions and freedom from harassment, or unfair treatment. We strive to recognize and oppose mistreatment in its various forms including prejudice, oppression, exploitation, harassment, and other forms of unfairness. We are dedicated to providing quality care to a diverse population of Veterans. As such, we appreciate applicants who have significant clinical and/or scholarly experience with diverse individuals, and/or have had professional and personal experiences in areas related to diversity, inclusiveness, or advocacy.

1. Applicants must be enrolled in an APA approved doctoral program, CPA approved, or PCSAS-accredited program and must be a citizen of the United States. Applicants must be enrolled in counseling, clinical, or combined Ph.D or Psy.D. programs. Postdoctoral applicants who are in the process of changing specialties must be certified by a Director of Graduate Professional Training as having participated in an organized program in which the equivalent of pre-internship preparation (didactic and field experience appropriate to the applied area) has been acquired.
2. Applicants should have completed course work in individual intelligence and personality testing and have a minimum of 50 hours of assessment (psychological or neuropsychological) with adults and at least two integrative reports.
3. In a typical year, applicants should have a minimum of 500 direct intervention hours (800 direct intervention hours preferred). This can include expected intervention hours (i.e., hours that will be obtained during the current year if the applicant is currently on externship). **We are aware that applicants may have had difficulty meeting certain requirements due to COVID-19. Any applicant adversely affected should explain their individual circumstances in the cover letter submitted with their application.**
4. Applications are solicited and received by the Training Directors. Interviews are scheduled through the Training Directors.
5. The application materials consist of: APPIC Application, Curriculum Vitae, graduate transcripts, three letters of recommendation, a case summary, and a psychological testing report. This is the standard application packet completed online through APPIC. You are encouraged to write about your interest about any track(s).

6. The Training Committee reviews application materials and offers personal interviews to applicants who meet the program criteria.

7. Based on the interviews and review of application materials, applicants are ranked in order of preference and the Rank Order List is then submitted to APPIC Internship Matching Program.

Application Checklist

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

- 1. APPIC Application**
- 2. Graduate Transcripts**
- 3. Curriculum Vita**
- 4. Case Summary (500 words maximum)**
- 5. Psychological or Neuropsychological Testing Report**
- 6. Three letters of reference**

Note that if an applicant chooses to apply to both tracks, the overall AAPI and cover letter in particular should provide a rationale why one's training and background and career goals are consistent with both the Standard Track and the Clinical Health Track.

For Correspondence:

Shalini Sehgal, Psy.D.
Director of Training
VA NY Harbor Healthcare System Brooklyn Campus
Dept. of Veteran Affairs
Psychology Division (116B)
800 Poly Place - Rm. 16-205
Brooklyn, NY 11209

Directions To Brooklyn Campus of The VA NY Harbor Healthcare System

By Subway: From Manhattan or Coney Island:

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

By Auto: From Long Island:

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

By Auto: From Manhattan:

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

By Auto: From Staten Island:

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

Free parking is available within the medical center complex.

Appendices

Program Tables - Admissions, Support, and Placement Data

Date Program Tables are updated: **9/16/2024**

Program Disclosures	
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?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Internship Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
<p>It is the philosophy of the training staff of the Brooklyn VA New York Harbor Healthcare System that interns be trained as generalists through immersion in clinical work and careful supervision. We define our model as the Scholar Practitioner Model. Our training program focuses on the development of clinical skills that prepare interns to function successfully in treating patients with a variety of psychological problems in both mental health and medical settings, and in a competitive healthcare marketplace. We also train our interns to adopt a scholarly attitude that emphasizes critical inquiry and fosters the notion that the discipline of psychology best serves the needs of our Veterans and their families when research and practice continuously inform each other. We expose our interns to evidence-based treatments and encourage them to "think like psychologists", and to adopt a flexible treatment approach that best fits the needs and preferences of each individual they work with, taking into account issues related to diversity.</p> <p>The Brooklyn VA sponsors seven internship positions each year. We review each internship application carefully to try to determine whether the applicant would be a good fit for our site. We rate applications based on several criteria: amount and quality of previous clinical experience, general writing ability, ability to formulate clinical material, academic</p>	

performance, strength of recommendation letters, personal statement, and overall goodness of fit with our program. Based on these ratings, we invite a select group of applicants for virtual interviews. During the interview process, we try to get a sense of each applicant's personality, interests, clinical style and response to supervision. As of October 2020, Rorschach is no longer a requirement for application.	
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	
Total Direct Contact Intervention Hours	Yes, Amount = 500
Total Direct Contact Assessment Hours	Yes, Amount = 50
Describe any other required minimum criteria used to screen applicants:	
<ol style="list-style-type: none"> 1. United States citizenship 2. Doctoral student in good standing at an APA-approved, CPA approved, or PCSAS-accredited program. Applicants must be enrolled in counseling, clinical, or combined Ph.D or Psy.D. programs. 3. Approved for internship by doctoral program Director of Clinical Training <p>Please Note: A CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP and DRUG SCREENING are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA will not consider applications from anyone who is not currently a U.S. citizen. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff. Interns are also subject to a new employee physical, fingerprinting, and background checks. Match result and selection decisions are contingent on passing these screens. No intern has ever been refused employment as a result of the physical exam or the background check, but several have had difficulty, in all cases either because of past legal problems or significant medical problems they chose not to reveal during the application process.</p>	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns	39,610
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes

If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
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?	Yes
Other Benefits (please describe):	NA
*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)	
Total # of interns who were in the 3 cohorts	24
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1
Academic teaching	PD=0, EP=1
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=0, EP =0
Hospital/Medical Center	PD=4, EP =2
Veterans Affairs Health Care System	PD=4, EP =3
Psychiatric facility	PD=0, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0
School district/system	PD=0, EP =0
Independent practice setting	PD=9, EP =0
Other	PD=0, EP =0
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.	