



Canandaigua VA Medical Center Psychology Internship Program

Canandaigua VA Medical Center
Director of Psychology Training
400 Fort Hill Ave.
Canandaigua, NY 14424
585-394-2000

APPIC MATCH Numbers:
Mental Health Track: 217612
Neuropsychology Track: 217611
Applications Due: November 30, 2016

Accreditation Status

The doctoral internship at the Canandaigua VAMC is a newly established program not currently accredited, but in the process of seeking accreditation; however, prior to APA accreditation, graduates of this internship program are eligible to apply for APA accredited postdoctoral fellowship positions and jobs within the VA. Questions related to the programs accreditation status should be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979; E-mail: apaaccred@apa.org; Web: www.apa.org/ed/accreditation.

Positions

We are currently funded for 2 positions for the 2016-2017 academic year. We do not offer non-funded internship positions.

Statement on Nondiscrimination and Commitment to Diversity:

Our program adheres to the VA's commitment as an Equal Opportunity Employer and its policy as described in VA network 2 memorandum 10N2-064-13 (<http://vaww.visn2.va.gov/emp/eo.asp>) and concomitantly abides by Federal Executive Order 13160 specifically addressing nondiscrimination on the basis of "Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs." The program also fully adheres to APPIC policy on non-discrimination which states: "Training agencies have practices which are nondiscriminatory in regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities."

Diversity is strongly valued in the Canandaigua VAMC Psychology Internship Program. The program seeks to recruit trainees with diverse cultural backgrounds from all over United States who show a high level of commitment to VA's stated values to provide care that respects the diversity, dignity, and individuality of all veterans. Our program provides broad-based training with substantial clinical emphasis on intern's development of sensitivity to cultural diversity and individual differences, which is explicitly one of our program's training goals.

APPLICATION PROCESS AND ELIGIBILITY

Application

Our internship program participates in the APPIC match and application must be made through the online AAPI (which can be found at the APPIC website: www.appic.org). No mail or email application materials will be accepted. Please be advised that cover letters must **specify which track(s) you are applying to in the first sentence**. It is acceptable to apply for both tracks. Cover letters must also indicate the applicant's specific interests in our program. Applicant's curriculum vita and three letters of recommendation should also be submitted through the online AAPI. Applications must be completed in the AAPI by November 30th. Applicants are encouraged to complete the application as early as possible before the aforementioned deadline so that ample time will be available for application review.

Eligibility

Applicants must meet all requirements for VA internship eligibility, which includes enrollment and in good standing in an APA-accredited Clinical or Counseling Psychology program, approval for internship status by the graduate program training director, and U.S. Citizenship.

Applicants who apply to our site must also be aware of the following Federal Government requirements: 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 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 members. Interns are also subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Applicants do not need to submit any documentation for these issues at the time of their application.

Practicum and academic preparation

The program will consider applicants who have complete at least 350 hours of face-to-face assessment and intervention graduate practicum experience that involve training in evidence-based assessment and therapy under the supervision of clinical psychologist(s); have successfully completed all required academic coursework; have passed the comprehensive or qualifying exams; and have successfully proposed their dissertation by application deadline.

Selection Procedures and Interviews Policy

Our internship program utilizes a two-part multistage selection procedure. Application materials are initially reviewed by the Training Director and the Clinical Chief, Psychology to ensure that initial application requirements are met, to isolate for further review any personal, historical or program characteristics requiring consultation, and to begin creating a list of positive and negative elements to which attention should be paid during further reviews. Scores are given for dissertation (relevance of topic area to the VA mission, demonstration of scholarly potential, nearness of completion), treatment experience (quantity), assessment experience (quantity), and goodness of fit to the strengths, focus and mission of the Canandaigua VAMC. Total scores are

calculated, and a decision is made as to whether to move individual applicants to the next review level, through consultation.

The second stage concerns a review by multiple members of the psychology staff and are rated on eligibility, strength of training and experience, scholarly potential/academics, sensitivity to diversity, dissertation status, and fit with the internship program and the VA. Total scores and counts of recommendation ratings as to whether to invite the applicant to an interview are compiled and ranked. The selection committee will subsequently develop a pool of applicants to invite for a formal interview based on these criteria. Interviews are an integral part of our selection process, and an on-site interview is required prior to the first Match Phase. The program notifies applicants of their interview status by December 23rd, with interviews scheduled for mid and end of January. The training committee is committed to ensuring a range of diversity among our training classes. Provided that applicants are identified as a good fit for the program, consideration is given to those with veteran status and members of historically underrepresented groups. Interviews provide a set of ratings on various characteristics, with recommendations as to levels of ranking preferred; total scores are ordered, along with recommendation information, in solidifying the final list of rankings.

Upon the completion of our interviews, applicants will be ranked in terms of their suitability for our program in accordance with APPIC policies and guidelines, which can be found on <http://www.appic.org/Match/Match-Policies>. The rankings are subsequently submitted to the National Matching Service in early February. Letters to the successful applicants and their academic program directors will confirm all selections.

SETTING

The program is a full-time clinical internship providing 2080 hours of clinical experience. We offer training in a wide variety of clinical settings with diverse patient populations oriented to prepare psychologists to effectively respond to the challenges and changes in the modern health care environment. Training rotations are coordinated across two well established clinical settings that include the Rochester Outpatient Clinic (ROPC), and the Canandaigua VA Medical Center, which also involves the Center of Excellence at Canandaigua and the National Veterans Crisis Hotline.

Canandaigua VA Medical Center, Canandaigua, New York

The Canandaigua VA Medical Center consists of 14 patient care buildings situated on 150 acres. Located just outside Rochester, NY in the beautiful Finger Lakes region of western New York State, Canandaigua VAMC opened in 1933 with a primary focus on inpatient and residential psychiatric treatment. After WWII, the facility expanded to almost 1600 beds. Beginning in the 1960s, Canandaigua VAMC gradually shifted its focus towards providing outpatient medical and psychiatric treatment. Some psychiatric and geriatric residential facilities continue to operate on the campus. At present, the Community Living Centers contain 116 beds, while the Domiciliary programs (PRRTP, DCHV, and Domiciliary) have approximately 40 beds.

Today, veterans receive a full range of services through the availability of health screening programs, greater involvement of geriatrics and mental health staff on Primary Care Teams, and expanded partnerships with multiple community healthcare resources. In addition to its longstanding reputation in psychiatric care, the Canandaigua VA has broadened its medical focus to include long-term care. Notable services offered today at Canandaigua VA include Long-term Care, Nursing Home Care, Hospice/Palliative Care, Mental Health Care, Alcohol/Drug Rehabilitation, the Post-Traumatic Stress Disorder Clinic, the Domiciliary Program, Home-Based Primary Care, the Health Care for Homeless Veterans Program, and a variety of other coordinated services.

Rochester Outpatient Clinic (ROPC)

In 1997, the Rochester Outpatient Clinic became affiliated with the Canandaigua VA Medical Center as part of a general reorganization occurring throughout the VA. ROPC is a large outpatient facility, offering a full array of outpatient medical, behavioral health, psychiatric and specialty care services.

Center of Excellence at Canandaigua (CoE)

The Department of Veterans Affairs established the Center of Excellence at Canandaigua VAMC in August, 2007 as a prevention and research center with the primary goal of reducing the morbidity and mortality in the Veteran population associated with suicide. To this end, the Center's mission is to develop and study Veteran-focused, evidenced-based, public health approaches to suicide prevention. The CoE at Canandaigua seeks to meet this mission through serving as a national, regional and local resource on suicide research and prevention and mental health through two key Cores: the Epidemiology and Interventions Research Core and the Education, Training and Dissemination Core. The CoE also supports implementation research on several of VA's National Initiatives, including VA's National Suicide Crisis Line and the Suicide Prevention Coordinator Program. Taken together, the CoE's activities constitute a public health approach to suicide prevention through: (1) conducting research to acquire a better understanding of suicide and attempted suicide of Veterans both in VA care and those not in VA care, especially during periods of transition; (2) conducting studies to examine the impact of implementation of broadly based, national VA suicide prevention initiatives targeting early identification of Veterans at risk for suicide; (3) assessing and disseminating evidence based/best clinical practices for reducing the morbidity and mortality due to Veteran suicidal behaviors; and (4) engaging with community partners to identify Veterans outside VA's healthcare system who are at risk for suicide. The COE at Canandaigua comprises an interdisciplinary team representing the diverse fields of psychology, psychiatry, epidemiology, health services and economics, sociology, nursing, and social work.

National Veterans Crisis Hotline (Suicide Prevention/Homelessness Referral Services)

The Suicide Prevention Hotline and Homeless Call Center are National VHA programs housed on the Canandaigua VA campus. A staff of approximately 300 trained mental health counselors, with the support of 85 additional staff, respond to phone calls and online chats 24 hours a day, 365 days a year. Call Responders and Chat Counselors provide support and crisis intervention for Veterans and those working with or supporting Veterans, such as family members and friends. Staff provide contact information and/or referrals for local VA resources. Staff also coordinate with local emergency responders if the Veteran is imminently suicidal or homicidal.

TRAINING MODEL AND PROGRAM PHILOSOPHY

The training program is consistent with the Practitioner-Scholar Model that emphasizes the practical application of scholarly knowledge to psychological treatment and assessment, carried out in a clinical setting that supports professional development through thoughtful hypothesis testing, undergirded by competency-based learning and mentorship. The clinical experience allows for exposure to a diverse veteran population while highlighting the development of core skills required of clinical and counseling psychologists. These skills include: diagnostic and formulative clinical proficiency in the assessment of psychopathology, behavior, cognition, and emotions; proficient verbal and written articulation of clinical impressions, testing/diagnostic findings; and appropriate adaptation of theory- and data-based treatment strategies and interventions to a range of problem behaviors, psychosocial characteristics, and environments.

The overall goal of our training efforts is to prepare our graduates for successful placement into postdoctoral or entry level independent practice where they would operate as effective practitioners in various clinical settings, with the ability to deliver both psychological assessment and a wide variety of therapeutic interventions. Additionally, we aim to prepare graduates to function effectively as members of multidisciplinary teams, providing consultation in a wide variety of health care settings, and to practice in a highly ethical and professional manner, demonstrating appreciation of cultural and individual differences for colleagues and clients alike. A central focus of the training experience is the consistent use of scientific methods as foundational in clinical practice through staying up-to-date with the literature on empirically supported treatments; through developing competencies in evidence-based therapies and assessment strategies; and through learning to appreciate the effective use of therapeutic systems by engaging in the process of ongoing assessment, hypothesis development and testing, and the appropriate adaptation of evidence-based approaches to specific clinical situations

Program Goals & Objectives

Our overarching program aim is to prepare interns for working in a variety of medical and mental health settings. Accordingly, the goals and objectives of our internship program reflect our dedication to providing a broad training experience designed to further develop the skills acquired in graduate training and externship experiences and to firmly root them in a commitment to empirically-supported/evidence-based assessment, program design, and treatment.

To prepare entry-level psychologists with a solid foundation in psychodiagnostic assessment and evaluation through: a) refining clinical assessment skills as they pertain to clients' behavioral and/or emotional problems and familiarity with the prevailing diagnostic procedures, e.g., DSM-5; b) advancement of their knowledge of how psychopathology, personality, and neurocognitive issues manifest in the context of the client's interpersonal and socio-cultural status; c) development of skills in the administration and interpretation of commonly used psychological/neuropsychological tests and assessment tools; and d) tailoring of assessments to specific clinical settings (e.g., psychiatric, general medical, rehabilitative, substance abuse) and client characteristics; and e) clearly communicating assessment findings and recommendations.

To foster the professional evolution of doctoral interns through the acquisition and/or further development of flexible and effective psychotherapeutic skills in the context of individual and group outpatient interventions with adults involving both brief and long-term modalities, and emphasizing evidenced-based treatments that include, but are not limited to, motivational interviewing, cognitive behavioral therapy, relaxation training, stress management, anger management, and pain management.

To nurture the interns' individualized development of professional behavior and ethical practice such that at the end of their training they are able to: a) demonstrate knowledge of ethical and legal principles affecting psychological practice; and b) achieve a strong professional identity born out of high standards of professional ethics and a capacity for professional self-reflection and sensitivity.

To train entry-level psychologists to demonstrate an appropriate level of professional development and cultural competence that is undergirded by genuine sensitivity and skill in working with individuals and/or groups from diverse cultural, racial, gender, and sexual orientation backgrounds.

To train entry-level psychologists to effectively utilize scientific findings and literature to inform their clinical practice and demonstrate a scientific approach to clinical interventions that includes critical evaluation of research findings and application, and hypothesis-testing in their own measurement-based clinical work.

To train entry-level psychologists to deliver comprehensive care through inter-disciplinary collaboration, program development, and consultation and develop and hone their skills while functioning as a productive member in a multi-disciplinary team involving other health care professionals in a variety of clinical settings.

Training Competencies

The above-mentioned goals will be accomplished via the attainment of internship training competencies designed to build upon the basic clinical skills acquired in graduate training and externship experiences. To ensure the highest training quality, we have identified training competencies in six broad areas: psychological assessment; psychotherapeutic intervention; ethical and professional development; cultural and individual differences; scientific/scholarly inquiry; and interdisciplinary consultation/ multidisciplinary treatment planning. These competencies are designed to build upon those acquired in prior graduate training in a manner that demonstrate sequential, cumulative, and graduated levels of complexity, with an identified minimum level of successful achievement necessary to meet both program expectations and the interns' tailored training objectives.

Psychodiagnostic Assessment and Evaluation. Interns are expected to refine their abilities to comprehensively assess individual client's behavioral or emotional problems, utilizing prevailing diagnostic procedures such as DSM-5. Such competency requires cutting-edge knowledge of psychopathology, personality, and neuropsychology in the context of the client's interpersonal and socio-cultural status. Interns are expected to develop skills with administration of commonly used psychological tests and assessment methods; refine the skills necessary to tailor assessment

to the specific requirements of the client's unique problems; appropriately interpret and communicate findings clearly and succinctly, in both oral and written form, and in a timely manner.

Psychotherapeutic Intervention. Interns are expected to hone their skills in individual and group outpatient interventions with adults in both brief and long-term modalities, with an emphasis on evidenced-based treatments. Interns are expected to develop competencies in building positive therapeutic bonds with patients of diverse populations; implementing effective evidence-based therapeutic interventions; developing thoughtful case conceptualizations and treatment formulations within the context of the specific client's presenting problem/diagnostic category; and utilizing a variety of treatment techniques and approaches such as Motivational Interviewing, Cognitive-Behavioral Therapies, empirically-validated treatments for PTSD, relaxation training, stress management, anger management, and pain management.

Ethical and Professional Development. The internship program is committed to fostering the development of the intern's identity as a professional psychologist, and inculcating the values and ethics of the profession of psychology. Interns are expected to demonstrate knowledge of APA Ethical Principles of Psychologists Code of Conduct in the context of professional activities; demonstrate professional maturity through accurate evaluation of one's own competencies, (seeking the appropriate level of supervision when needed); demonstrate critical evaluation of ethical dilemmas and awareness of legal issues pertaining to professional activities.

Cultural Diversity and Individual Differences. Interns are expected to enhance their knowledge of and appreciation for cultural diversity and individual differences in the professional practice of psychology by demonstrating awareness of and acting in accordance with APA guidelines on Multicultural Education, Training, Research, and Organizational Change for Psychologists; consistently addressing diversity issues in their clinical activities; applying knowledge of diversity issues in practice through consultation, supervision and teaching; and demonstrating awareness of one's own biases linked to cultural and other diversity issues.

Scientific Inquiry. We do not require that interns engage in research while on internship. However, we encourage interns to learn the process by which they can pursue scientific and scholarly projects by providing education about the process of engaging in research. Additionally, interns are expected to effectively utilize the scientific literature to inform their clinical practice and articulate a theoretical/conceptual perspective that is comprehensive and flexible, and demonstrates an understanding of the scientist-practitioner approach. Moreover, the intern's emerging theoretical perspective should be consistent with a systematic, hypothesis-driven approach to case conceptualization and treatment that demonstrates their ability to identify empirically-supported treatments for patients' problems or to identify 'best practice' approaches to clinical issues when problems are not fully addressed by empirically-supported treatments.

Consultation and Multidisciplinary Treatment. Psychologists routinely function as members of multidisciplinary treatment teams in clinical settings. Interns are exposed to the roles of the psychologist as a team member / consultant in both inpatient and outpatient clinical settings, and

participate in team treatment planning in order to further develop their abilities to work cooperatively with other medical and mental health care professionals. As such, interns are expected to: demonstrate collaborative inter-professional relationships and represent psychological understanding of issues to non-psychologist staff; demonstrate the role of psychological consultant to other professionals through delivery of appropriate level of guidance; tailor psychological concepts, variables and findings to the conceptual perspectives of other disciplines; contribute to interdisciplinary teams through clear communication of important patient information while being responsive to the needs of other team members; provide treatment recommendations within the framework of psychological variables and concepts; reformulate behavioral descriptions from other team members into more complex sets of variables and constructs to aid in a more thorough conceptualization; and participate with other disciplines in forming unified and mutually-supportive treatment plan elements.

Program Structure

Internship Structure

The internship starts mid-August each year and lasts for a full calendar year. Interns' tour of duty is Monday through Friday from 8:00am to 4:30pm. The internship is designed as a full-time 40 hours per week program. Interns are provided sufficient unscheduled time to complete their documentation and engage in ad-hoc supervision throughout the week. To fully benefit from the available clinical experiences, interns are encouraged to participate in clinics at the Canandaigua facility and the Rochester outpatient clinic. Interns will be engaged in approximately 15 hours of face-to-face direct service delivery per week at the beginning of the training year, with increasing level of responsibility gradually added in accordance with their professional development.

The internship is organized into three four-month training rotations and interns work in one or possibly two programs during each rotation. We require that the intern complete two major rotations for their track that allow for both inpatient and outpatient experiences. The remaining rotation may be used as an elective and may be selected by the intern from a variety of available programs. In addition, there is time dedicated for "out of rotation" training experiences, such as long-term therapy cases supervised by psychologists in various outpatient or inpatient clinical settings and weekly assessment clinics supervised by Dr. Bridges, Dr. Warner, or Dr. Dumitrescu. Rotations are selected from the options below based on individual training needs and the program requirements for competency acquisition and broad clinical exposure.

Wednesday 1:00pm to 2:00pm is reserved for Personality Assessment seminar; Thursday mornings are reserved for the Neuropsychometrics Seminar and weekly Didactics seminar / case presentation, which will be held in Building 8B GEC conference room. Didactics seminar is scheduled from 10:00am to 12:00pm, and will cover a variety of topics including but not limited to Cultural Diversity, Ethics and Professional Development, Health psychology, PTSD, Neuropsychological assessment, and Evidence-based treatment. Group supervision will take place on Friday morning with the Director of Training intended for and is open to all interns and practicum students. The schedule for the rest of the week will depend on the intern's specific training plan with consequential variability in the weekly schedule of different interns.

Following new employee orientation, the interns meet with the Training Director for program orientation and development of individualized training plans. Available rotations and educational activities are reviewed and interns, under the guidance of the Training Director and other supervisors, develop their training plans for the year.

A typical training week might look as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	work on rotations, therapy, assessments or other clinical activities	work on rotations therapy, assessments or other clinical activities	work on rotations therapy, assessments or other clinical activities	Neuropsychometrics seminars and didactics including case presentations	Group Supervision; weekly meeting with training director
PM	work on rotations, therapy, assessments or other clinical activities	work on rotations, therapy, assessments or other clinical activities	Personality assessment seminar; work on rotations, therapy, assessments or other clinical activities	work on rotations, therapy, assessments or other clinical activities	work on rotations, long term therapy, assessments or other clinical activities

Internship Tracks and Rotations

Our internship program allows the opportunity for interns to participate in one of two internship tracks. The **Mental Health Track** includes but is not limited to outpatient mental health, substance abuse treatment, and work on the Posttraumatic Stress Disorder Clinical Teams. The **Neuropsychology Track** includes but is not limited to outpatient Neuropsychology clinics, Home Based Primary Care, inpatient CLC/ Geriatric Neuropsychology and Geriatric Evaluation and Management clinics. While interns in each track will complete rotations specific to that concentration, there is sufficient flexibility built into intern’s schedules to allow for wide range of training experiences. Selection of rotations is based on interns' background and interests.

Mental Health Track

The focus of training in this track is to help the intern learn to develop consistent and well-articulated methods for approaching the application of psychological and behavioral techniques to the amelioration of distress and the promotion of health. These methods require explicit definition of focal problem behaviors, elaboration of relatively stable personal-social characteristics and aspects of the person’s life environment, which might interact with problem behaviors or treatment, and the coordination of these client variables with staff and treatment variables. Such comprehensive methods lead naturally to the coordination of assessment, treatment, research, and program planning as a coherent whole. Interns completing this track

will be prepared to function as a psychologist in a variety of settings or to complete a specialty post-doctoral fellowship.

Areas of emphasis within General Mental Health include:

- assessment and treatment of posttraumatic stress disorder.
- assessment and treatment of military sexual trauma.
- psychology's contribution to the treatment of substance abuse problems and the integration of substance use and psychiatric treatment.
- personality assessment as a guide to treatment planning.
- training, consultation, and coaching for crisis management staff.
- consultation with Suicide Prevention Coordinators (SPCs) and Homeless Points of Contact (POCs) throughout the VA.
- treatment of borderline personality disorder and other behavioral- and emotional-regulation difficulties.
- recovery-based treatment for serious mental illness.
- psychology's role in promoting healthy behavior.
- short- and long-term therapy with primary-care patients at home, including older adults and individuals receiving palliative/supportive care services.
- program design, implementation, management and evaluation.
- psychology department administration.

Neuropsychology Track

Interns completing this track will be specifically prepared to enter a post-doctoral fellowship in neuropsychology in accordance with the Houston Conference guidelines. The intern will have the opportunity to participate in a variety of clinical settings and develop skills in

- comprehensive inpatient and outpatient neuropsychological assessment with both younger and older adults.
- neuropsychological assessment and planning and integration of treatment from a polytrauma perspective.
- neuropsychological assessment and behavioral management of dementia in both residential and home settings.
- interdisciplinary treatment and neuropsychological assessment within the Geriatric Evaluation and Management clinics

Required Training Activities

Interns are required to complete the following activities as a part of their training year:

All interns are expected to develop advanced skills in basic principles of short-term individual psychotherapy for a wide variety of complaints and types of psychological problems and learn to utilize techniques relevant to our Veteran population. Treatment emphasis will focus on empirically-supported specific and non-specific therapy approaches/strategies delivered in individual and group settings, including cognitive-behavioral treatment and motivational interviewing. To accomplish this, interns will:

- Gain experience in evidence-based treatments/cognitive-behavioral therapies (can occur in PTSD, Biopsychosocial Rehabilitation Program, or other outpatient mental health rotations).
- Maintain a minimum weekly case-load of 5 individual therapy cases.
- Facilitate or co-facilitate at least one weekly therapy group.
- Lead a PTSD “Coping with Trauma/Seeking Safety” group for 6 months of the training year.
- Complete the Motivational Interviewing Training Workshop (can be further refined in Substance Use Disorder Clinic or other mental health rotations).

All interns are expected to develop skills in systematic inquiry through the use of a broad range of assessment techniques, hypothesis testing, and clinical case conceptualization. This provides a solid foundation for understanding the underpinnings of various psychiatric disorders and brain-behavior relationships. Therefore, we support intern’s clinical development through sustained exposure to current assessment practices and evaluation of empirical data within the context of assessment clinics involving personality assessments and clinical neuropsychology. This provides a strong foundation for the biopsychosocial conceptualization of a wide range of disorders, and enhances an intern’s clinical repertoire and ability to provide clinical consultation across multiple medical/mental health settings. To accomplish this, interns will:

- Participate in weekly Neuropsychometrics Seminar and Personality Assessment Seminar
- Conduct weekly psychological/neuropsychological assessments. 12 of these assessments must be comprehensive evaluations (written reports) demonstrating multiple source data integration and including diagnostic impressions and relevant recommendations.

Specific track training requirements

For the Mental HealthTrack intern, for each major rotation in which treatment is a significant element, the intern will be expected to be involved in at least one therapy group and at least 3 individual psychotherapy cases specific to that rotation. In minor rotations, the supervisor of that rotation will determine the treatment requirements with the approval of the Training Committee.

Neuropsychology Track Interns complete two neuropsychological evaluations per week during their Neuropsychology rotation. Assessments usually consist of a flexible battery which is selected according to the referral question and the patient’s clinical setting. The intern works with the supervisor to compile the necessary battery and participate in administration of tests, scoring and interpretation of test results, report writing, and feedback delivery. During the Community Living Center/Geriatric Neuropsychology rotation, the intern utilizes the core neurocognitive battery designated for inpatient evaluations. Under the guidance of the clinical supervisor, modest modifications can be made to the battery depending on the referral question (e.g., financial capacity evaluation) and/or the patient’s functional and/or cognitive limitations (i.e., patient unable to engage in paper and pencil tasks). Additionally, the intern participates in the Geriatric Evaluation and Management clinic which promotes an interdisciplinary approach to evaluation of patients with dementia and involves disciplines such as Neuropsychology, Social Work, Pharmacy, Geriatric Medicine, and Nursing.

The intern and the training director will develop a tentative plan for meeting these experience requirements, which is then reviewed by the Training Committee. Specific times assigned to each clinic are coordinated based on the collective schedules of all the interns. Several of the rotations can or will involve experiences in both locations (Canandaigua, Rochester).

Rotations

Rotation placements are the learning settings chosen by interns with the guidance of Training Director and supportive staff. There are a variety of available placements for both tracks, each with different strengths and limitations. Interns are encouraged to choose rotations that will broaden their experience and skills. It is likely that each intern will find that there are many training opportunities that can fulfill his or her training needs.

Internship rotations, as well as their duration and order, are selected to maximize the achievement of each intern's training goals and the core competencies. The trainees are expected to devote a minimum of 60% of their time to clinical activities related to their major rotations. Typically, a minimum of two to a maximum of three major rotations may be selected for the internship year. Minor rotations typically involve one or at most two days per week and are relatively narrow in focus. Interns may elect to devote a minimum of 20% to a maximum of 40% of their time to clinical activities related to their minor rotation. Minor rotations are made available to all interns to encourage a broad exposure to different types of training experiences and supervisors. Each intern will complete both major and minor rotations to ensure a breadth of training experiences.

It is expected that Mental Health Track interns will focus on training experiences in the relevant areas listed above, while Neuropsychology Track interns will complete the majority of their training experiences in neuropsychology settings.

Neuropsychology Track interns are encouraged to schedule their neuropsychological training experiences early in the internship year in order to position themselves to apply for post-doctoral fellowships in neuropsychology, since most fellowship programs require that interns complete the majority of their neuropsychology training hours before applying for fellowship. We want to emphasize again, however, that given the structure of the training program, interns from each track will have ample opportunity to complete rotations in a variety of areas so as to provide them with a well-rounded training experience.

Each intern will be expected to have sufficient rotations in assessment and therapeutic interventions to be able to conceptualize cases at a level which specifies concrete problem behaviors or improvement goals, relatively stable personal-social variables which might moderate or mediate the expression of problems, other factors which might interact with treatment effectiveness, life environments which interact with problems or goals, and treatment modalities and environments which might interact with treatment effectiveness.

Each program at Canandaigua VAMC and the Rochester VA Outpatient Clinic (ROPC) is organized around multidisciplinary clinical treatment teams, which may include any or all of the following: psychologists, psychiatrists, geriatricians, social workers, psychiatric and/or general

practice nurse practitioners, physicians' assistants, addiction therapists, health care for homeless veterans social work staff, vocational rehabilitation counselors, nurses, peer support specialists, and physical, occupational, speech, and recreational therapists. Each provider contributes content for the treatment plans, but that content is worked out in consultation with the other members of the treatment teams. The programs themselves work together extremely well, often sharing clients and coordinating care across programs, with treatment plans reflecting this coordination. Treatment is also regularly coordinated across the VA Medical Centers in VISN 2, with frequent referrals to and from the Buffalo VAMC, Syracuse VAMC, Albany VAMC, Bath VAMC, the Batavia PTSD and Women's Residential Programs, and the CBOCs throughout the network. In addition, new software has been purchased by VISN 2 which will allow providers from multiple disciplines to construct a single treatment plan to which each provider contributes.

The following programs will be available to provide training rotations to interns. These rotations are assigned on the basis of intern training preferences and needs.

Program Name	Features/Stats	Possible Internship Foci
PTSD Clinical Teams (PCT) (Canandaigua, ROPC)	Each PTSD Clinical Team has 2 psychologists and 1 clinical social worker. The two teams share a Military Sexual Trauma specialist and psychiatric consultation with several prescribers.	Prolonged Exposure Cognitive Processing Therapy Military Sexual Trauma Seeking Safety PTSD Assessment
Neuropsychology (Canandaigua, ROPC, HBPC)	Neuropsychological evaluations for various neurocognitive and neuropsychiatric disorders	Neuropsychology assessment experiences are available at both Canandaigua and ROPC, in the community through Home-Based Primary Care, and in the Community Living Centers.
Community Living Centers Geriatric Neuropsychology/ Geropsychology	The psychologist in the CLCs conducts assessments and provides consultation to the treatment teams on neurocognitive and behavioral issues; geropsychiatric disorders; and hospice and palliative care	Behavioral Treatment Planning, Neuropsychology Assessment Hospice and Palliative care, Geriatric Evaluation and Management
General outpatient Mental Health (Canandaigua, ROPC)	Psychologists involved with Behavioral Health work in a multidisciplinary team and provide consultation to other programs.	CBT for Depression CBT for Insomnia Dialectical Behavior Therapy Motivational Interviewing
National Veterans Crisis Hotline (Suicide Prevention and Homeless Call Center)	Psychologists working with the Crisis Line develop protocols and training, consult with responders, and provide support for responders.	Lifeline and ASIST training Call Responder and Chat Counselor Training Development
Psychosocial Rehabilitation & Recovery Program	The PRRCs are committed to a thorough Recovery-oriented approach to treatment for clients with SMI.	Patient-Centered Therapy Social Skills Training in Schizophrenia

(Canandaigua, ROPC)		Illness Management & Recovery Multi-group Family Psychoeducation Program Planning
Mental Health Residential Rehabilitation Treatment Program (MHR RTP) (Canandaigua campus)	40-bed Domiciliary. Clients typically stay between 6 and 12 weeks. Two Outpatient Substance Abuse Service Programs (Canandaigua, ROPC). These programs are oriented around multidisciplinary treatment teams.	Substance Use Disorder Tx: CBT Relapse Prevention Motivational Interviewing 12-Step Facilitation Seeking Safety Treatment Program Design Coordination of VISN2 Programs Personality / PTSD Assessment Cognitive Processing Therapy CBT for Depression Self-Management Therapy for Dep Mindfulness-Based Cognitive Tx DBT Skills Training
Home-Based Primary Care (HBPC)	There are two interdisciplinary HBPC teams, one based in Canandaigua, the other based in Rochester. Each team sees patients within a 50-mile radius. The teams consist of a physician, psychologist, social workers, nurse practitioners, nurses, physical therapist, occupational therapist, and recreational therapist. The teams' total combined average daily census is approximately 300 patients.	Cognitive evaluation with a geriatric focus; short-term and long-term supportive psychotherapy with mostly older veterans in a primarily palliative/supportive home-based setting.

Rotation Descriptions:

Mental Health Residential Rehabilitation Treatment Program (MHR RTP)

The MHR RTP Psychology Internship Rotation is designed to develop psychological competencies related to effective work with complex client presentations in a fast-paced, treatment-team-grounded setting. The Canandaigua VAMC MHR RTP maintains a 48-bed residential complex serving as the primary Mental Health residential program for VISN2 (the Veterans Integrated Service Network for Upstate New York). Although most residents are male, a 4-bed women's suite is also included; stays in the residence are rapid, with a typical stay of about six weeks. The focus of treatment is to quickly provide emotional/behavioral stabilization, instill effective coping skills, and align further treatment with outpatient services at the Veteran's home VAMC. In general, the clinical population shows very substantial longitudinal failures over a number of life areas, including extensive mental health symptomatology (depression, anxiety, PTSD, serious mental illness), high levels of alcohol and drug abuse, homelessness, unemployment, lack of income, problems with interpersonal support, coping and problem-solving deficits, persistent suicidal ideation, and significant medical problems.

Interns will have the opportunity to provide individual therapy, a wide variety of possible coping skills-training group interventions (approximately 15 weekly groups are available, focusing on depression, PTSD, anxiety, substance use, problem-solving, serious mental illness, insomnia, trauma-related nightmares, chronic pain, memory improvement, cognitive-behavioral skills, suicide prevention, and mindfulness training), and psychological assessment (using Therapeutic Assessment approaches to involve clients actively in their own assessments to help guide both therapy direction and self-help activities). Instruction and supervised application of the following evidence-based, manualized therapies is available: cognitive-behavior therapy (for depression, anxiety, relapse prevention, insomnia, chronic pain), motivational interviewing, mindfulness training, DBT skills approaches, problem-solving training, Cognitive Processing Therapy for PTSD, acceptance and commitment therapy. Treatment planning with residents occurs within the context of three treatment teams; in addition to the supervising psychologist, each team includes a social work case manager, a psychiatric nurse practitioner, one or more RNs, a dietician, a vocational rehabilitation specialist, a recreation therapist, a social work financial case manager, a physician's assistant, and numerous aides from the residence, with consultation from psychiatry, addiction medicine, physical medical, and other disciplines as needed. Psychology interns would also interact regularly with other trainees involved in the program, such as advanced psychology fellows from the Center of Excellence, social work interns, and mental health counseling interns. Group treatments are typically co-facilitated with psychologists, licensed clinical social workers, and licensed mental health counselors, and with the other interns and post-doctoral fellows from these programs.

Outpatient Mental Health Treatment

The Outpatient Mental Health Treatment Rotation provides a menu of services and clinical supervisors which allows psychology interns to select a set of training experiences focused either on a set of services they are interested in developing (e.g., Cognitive-Behavioral Treatment for Depression) or a clinical population that they intern would like to gain more experience with (e.g., substance use clients with anger problems). Outpatient clinics are available both at the Canandaigua VAMC campus and at the Rochester Outpatient clinic. The following foci are available:

- comorbid PTSD and substance use disorder;
- general outpatient mental health conditions (depression, anxiety disorders, anger, impulse control problems);
- personality dysfunction (borderline, antisocial, paranoia, behavioral impulsivities);
- Military Sexual Trauma;
- Dialectical Behavior Therapy skills training modules;
- Cognitive Processing Therapy for PTSD;
- Cognitive Behavior Therapy (for depression, anxiety, insomnia);
- Cognitive Behavior Therapy for Insomnia;
- Cognitive Behavior Therapy for Chronic Pain;
- Cognitive Behavior Therapy for Hallucinations, Delusions, and Paranoia
- Motivational Interviewing and Motivational Enhancement Therapy;
- Interpersonal Psychotherapy for Depression;
- Acceptance and Commitment Therapy;

- Brief therapies such as Problem-Solving Training, Brief Behavioral Treatment of Insomnia, Image Rehearsal Therapy for Trauma-Related Nightmares;
- Cognitive Behavior Therapy for Intimate Partner Violence (beginning with the 2016-17 class);
- Group treatments (CBT for Depression, Mindfulness-Based Cognitive Therapy for Depression, various CBT and Stages-of-Change substance use skills groups, Brief Behavioral Treatment of Insomnia, Image Rehearsal Therapy for Trauma-Related Nightmares, CBT for Anxiety, CBT for Anger, CBT Skills Workshop; various Illness Management & Recovery groups; PTSD psychoeducation and coping skills groups; Seeking Safety, Problem-Solving, Gambling Recovery, 12-Step Facilitation, Memory Remediation);
- Psychological Assessment and Consultation.

A range of supervisors who work with these clinical populations or who have expertise in the desired therapy approaches are available. In addition, the Outpatient clinics are structured around integrated treatment teams (the Behavioral Health Integrated Program, or BHIP Teams), which include a range of providers from different disciplines.

Psychosocial Rehabilitation & Recovery Program (PRRC)/ Severe Mental Illness (SMI)

The Severe Mental Illness Rotation is designed to train predoctoral psychologists to work with persons living with severe mental illness, with a focus on using a recovery model approach. Using a strengths-based approach, psychology interns will help veterans develop recovery goals so veterans can live the lives they want to live in the communities of their choice. Assisting veterans in connecting with the community is an integral part of this approach. Interns will have the opportunity to provide individual and group psychotherapies as well as psychoeducation to veterans and couples presenting with a wide range of problems, including Schizophrenia, Bipolar Disorder, Severe Depression, and PTSD. These veterans often have co-morbid substance abuse and legal difficulties. Opportunities exist to co-facilitate psychotherapy groups aimed at co-morbid substance abuse disorders and specific symptom management. (e.g., Mind Over Mood). Interns will work with Health Services for Homeless Veterans (HSHV) and Veterans Justice Outreach staff to develop comprehensive treatment interventions and will learn to advocate for veterans with medical providers who may not be familiar with the population of

Posttraumatic Stress Disorder Clinical Team (PCT)

The PTSD Clinical Team Rotation provides training and mentorship in the entire range of psychological/behavioral treatments for posttraumatic stress disorder, with a focus on combat-related PTSD. Supervisors in the PCT provide training in:

- diagnostic interviewing for PTSD;
- psychological assessment with a focus on PTSD;
- treatment planning;
- specific evidence-based psychotherapies for PTSD, including:
 - Cognitive Processing Therapy;
 - Prolonged Exposure;
 - Cognitive Behavior Therapy for PTSD and co-morbidities;

- Seeking Safety;
- Mindfulness Training.
- therapy groups (psychoeducation; CPT; combat PTSD groups, coping skills training);
- treatment and assessment of Military Sexual Trauma;
- additional treatments for specific PTSD features, such as insomnia and anger/aggression.

PCT rotations are available both at the Canandaigua VAMC campus and at the Rochester Outpatient clinic. In addition to working with psychologists, the PCT teams also include clinical social workers, and coordinate treatment with outpatient psychiatrists and addiction therapists.

National Veterans Suicide Prevention Hotline/ National Homeless Veterans Call Center

The Suicide Prevention Hotline and Homeless Call Center are National programs housed at the Canandaigua VA Medical Center campus. A staff of approximately 300 trained mental health counselors, with the support of 85 additional staff, responds to phone calls and online chats 24 hours a day, 365 days a year. Call Responders and Chat Counselors provide support and crisis intervention for Veterans and those working with or supporting Veterans, such as family members and friends. Staff provides contact information and/or referrals for local VA resources. Staff also coordinates with local emergency responders if the Veteran is imminently suicidal or homicidal. Interns on this rotation are expected to:

- Attend intensive trainings on the models of crisis intervention employed on the Hotline/Call Center (Lifeline and ASIST).
- Co-facilitate the Collaborative Assessment and Management of Suicidality (CAMS) group
- Work as a Call Responder and Chat Counselor. The Psychology Intern would first observe and receive training from experienced staff, then receive one-to-one supervision while responding to calls/chats, and then advance to work independently as a Responder/Chat Counselor.
- Attend leadership and staff meetings
- Aid psychologists in coordinating staff trainings, including development and execution of a relevant in-house training for all Hotline/Call Center staff.
- Aid psychologists in data management (i.e., repeat caller data).
- Observe private consultation with staff with the approval of the staff being observed and the Clinical Care Coordinator.
- Prepare and present an one hour training on some aspect of crisis work not currently covered by mandatory training.

Outpatient Neuropsychology

The outpatient neuropsychology rotation allows for assessment of a wide array of clinical conditions. Referrals come mostly from Primary Care, VA Polytrauma clinic, and the Behavioral Health clinic. Interns begin by first observing several cases through the process of chart review, interview, test administration and scoring, conceptualization, feedback and report writing. Participation in each area is gradually shaped toward mastery prior to an intern taking on the full procedural process under the close supervision of the neuropsychologist.

Interns learn how to conduct complete full neuropsychological batteries with focus on their correct administration and scoring. Our psychometrist assists with teaching and monitoring their progress in this regard. A wide variety of common, updated neuropsychological tests are available for the intern to explore and use in their practice. Trainees learn to draw appropriate inferences from their findings and how to describe and integrate such into reports.

Typical cases include a full array of dementia conditions and generalized cognitive complaints that can evolve from metabolic syndromes, hypertension and diabetes. Distinction between dementia and mild cognitive impairment is drawn. ADHD/learning disability cases with trainee learning how to distinguish clinical disorder from comorbid conditions that could equally explain the presentation. Accent is placed on a comprehensive interview, including review of requested records and, where possible, discussion with parents. Formation of recommendations for learning accommodations to support further college or professional training are developed.

Additional focus of the clinic is the evaluation of cognitive status for returning Veterans from the wars in Afghanistan and Iraq; these frequently have the impact of combat-related traumatic brain injury as a focus of the evaluation. Traumatic brain injury from both combat/military causes and from civilian injuries is a frequent presentation. Trainees learn the natural and expected course of recovery between mild vs. moderate and severe traumatic brain injury conditions, and the role of existing comorbidities, such as PTSD, substance abuse and insomnia.

A strong feature of the rotation is to help the interns develop skills for providing useful feedback and recommendations. These may include the persuasive promotion of healthy life style changes compensatory strategies for Veterans with neuropsychological deficits, and recommendations for more targeted approaches to treatment and rehabilitation. The importance of developing effective rapport with Veterans and providing meaningful and useable personal feedback is routinely underscored. Interpretive findings are seen from within a full biopsychosocial perspective, with attention being given to the interrelations between brain-behavior relationships and social contexts.

Community Living Center/Geriatric Neuropsychology

This rotation offers training and experience in meeting the mental health needs of older adults and provides interns opportunity to see patients who present with variety of illness that affect neuropsychological and emotional functioning. The CVAMC Community Living Center (116 beds) is comprised of four units each with its focus of care delivery but an overall goal of restoring residents to maximum function, prevent further decline and maximize independence. Services delivered include short-term, restorative and rehabilitative care as well as long-term care for Veterans who meet eligibility criteria and require higher level of care due to chronic or degenerative diseases (e.g. vascular dementia, Alzheimer's, Parkinson's, ALS, or others). The CLC psychologist is an active member of the treatment team and provides therapy and assessment for veterans who are dealing with issues related to aging, loss of function, cognitive decline, and grief and loss.

The intern will learn to utilize appropriate neuropsychological evaluations with the CLC population by administering both brief neurocognitive battery afforded to all patients, as well as more comprehensive neuropsychological evaluations for patients who require more extensive

assessment. Assessments generally include conducting clinical interviews and administration of screening/neuropsychological measures to identify levels of cognitive and psychological functioning. Most frequent referrals questions addressed through this service examine patterns of cognitive deficits for differential diagnosis, evaluation of various aspects of capacity (e.g. financial, medical decision making...) and assessment of functional independence, which help inform treatment planning. The trainee contributes actively to all phases of assessment, treatment planning, and intervention and provides feedback to the veteran, their family, and to the geropsychiatry and interdisciplinary team. Additionally, the intern participates in a weekly Geriatric Evaluation and Management clinic and works along providers from multiple disciplines (Social Work, Geriatric medicine, Pharmacy, dementia care coordinator, and nursing) with a focus on providing a comprehensive evaluation of patient's cognitive, functional, medical, pharmacological, and psychosocial challenges. At the end of each clinic encounter, the intern reviews findings with other team members and provides meaningful and practical feedback to the veteran and his or her family members.

Geropsychology minor rotations

The rotation also offers training and experience on our 10-bed *Hospice and Palliative Care* unit where intern will learn to provide psychological care for terminally ill veterans and their families as they face end-of-life concerns.

Individual therapy for veterans on our 30 bed rehab unit (brief Cognitive Behavior Therapy, adjustment to illness, change in lifestyle, problem solving, behavior modification, relaxation training, etc.).

Staff Training in Assisted living Residences (STAR-VA). Trainees will learn to develop behavioral modification interventions to manage disruptive behaviors in patients with dementia, using the STAR-ABC model, and will engage in weekly consultation/behavioral rounds with treatment team and support staff with implementation of behavioral plans.

Home Based Primary Care (HBPC) where interns will learn how to function as a consultant of an interprofessional medical/mental health team and provide psychological services for adults who present with various cognitive and functional challenges, including those in advanced stages of chronic disease. Similar to CLC rotation, interns will learn to complete integrated assessment reports based on medical record reviews; clinical, collateral, and staff information; and data from psychological and neuropsychological measures. HBPC will help interns gain an appreciation for the differences between clinical and home-based presentations.

Didactics seminars and Continuing Education

Interns are expected to arrive to their internship having had at minimum basic courses in personality and psychopathology and psychological theory. Our didactic activities which account for approximately 10% of intern's time, focus on translating acquired knowledge/theory to applied clinical work through presentations, lectures, seminars and case studies which highlight technical information about specific diagnostic and treatment modalities, review of pertinent literature informing treatment in the Veteran population, and addressing any ethical issues that arise in the

clinical setting. These learning experiences are augmented by lectures at the University of Rochester Departments of Psychiatry Grand Rounds and relevant community based lectures or training opportunities. You can find information about the Grand Rounds topics meeting time and location at (<https://www.urmc.rochester.edu/psychiatry/education/grand-rounds.aspx>). Monroe Community Hospital-Geriatric Medicine Grand Rounds, sponsored by the Finger Lakes Geriatric Center are available. See <https://www.urmc.rochester.edu/medicine/geriatrics/flgec/grand-rounds.aspx> for times and location.

Interns participate in weekly Psychology Didactics, and professional development meeting with the Training Director, the weekly Neuropsychometrics and Personality Assessment seminars, a four lecture series on Psychopharmacology offered by CVAMC lead psychiatrist, and any additional educational opportunities as selected by the intern’s supervisor.

Topics covered in our weekly didactics are diverse and encompass a wide range of clinical domains within the practice of professional psychology. These include but are not limited to identification and management of patient suicide risk, violence prevention and intervention, diversity and individual differences as keys to understanding in assessment and treatment , ethical dilemmas in health care, and much more. Interns have direct involvement in designing the Didactic series content to meet class needs each year.

Here is a sample of didactics offered:

	Faculty	Topic
Week 1	Bridges	Cognitive-Behavioral Treatments for Depression
Week 2	Britton	Motivational Interviewing: Basic Course (class 1&2)
Week 3	Britton	Motivational Interviewing: Basic Course (class 3&4)
Week 4	Britton	Motivational Interviewing: Basic Course (class 5&6)
Week 5	Knapp, Cohen, Baker	Integrated Health-collaboration of Social Work and Psychology services
Week 6	Weller	Multicultural Education, Training and Practice
Week 7	Warner	Neuropsychological Assessment
Week 8	Matteson- Rusby	Sleep & Sleep Disorders/ CBT-I
Week 9	Dumitrescu	Report Writing and Feedback Neuropsychological Screening of Dementia
Week10	Rasmussen	Suicide Prevention in the elderly <i>Center of Excellence on Suicide Prevention</i>
Week 11	Crane, Easton	Intimate partner violence

Week 12	Gibson	Evaluating Diminished Capacity
Week 13	Bridges	Psychosocial Treatments for Substance Use Disorders
Week 14	Charles	Memory and aging –Neuropsychology Rehabilitation
Week 15	Warner	Neuropsychology of TBI
Week 16	Decancq	Diagnostic Clinical Interviewing for PTSD
Week 17	Decancq, Matter	Psychotherapy for combat PTSD
Week 18	a) Matter b) Barry	a)Cognitive Processing Therapy for PTSD b)Practical Psychopharmacology (6 sessions- 1hr/week)
Week 19	Matter	CBT for PTSD
Week 20	Tatelman	Prolonged Exposure- PTSD
Week 21	Mullen, Wraight	Suicide/Homeless Hotline and Crisis Work
Week 22	Bridges	Criticisms of the Rorschach (responses to criticisms will be examined during the Assessment Seminar)
Week 23	Warner	Neuropsychology of ADHD
Week 24	Matteson- Rusby	Chronic Pain Assessment and Interventions
Week 25	Hoffman	Military Sexual Trauma
Week 26	Connery	Bereavement Theory & Therapy
Week 27	Warner	Research Principles and Practice
Week 28	Connery	Therapy at the end of life; ethics and dying
Week 29	Tatelman	Refining Your CBT Skills
Week 30	Warner	Neuropsychology of Learning Disability
Week 31	Connery	Suicide prevention in geriatrics – assessment and treatment
Week 32	Bridges	Self-study method for enhancing Motivational Interviewing Skills

Week 33	Gibson	Religion and Spirituality in Clinical Practice I
Week 34	Gibson	Religion and Spirituality in Clinical Practice II
Week 35	Bridges	What's Right with the Rorschach?
Week 36	Dumitrescu	Clinical Neuroanatomy
Week 37	Dumitrescu	Elements of Clinical Supervision
Week 38	Tatelman	Don't be Traumatized by Treating Patients with Personality Disorders - Utilizing DBT Skills

Special Training and Workshops:

Program offers special trainings and workshops throughout the year with focused topics such as Psychopharmacology, Advanced Psychopathology Test interpretation, Neuropsychometric/Assessment, Motivational Interviewing training, and STAR-VA – Staff Training in Assisted living Residences – training focused behavioral modification interventions to manage disruptive behaviors in patients with dementia.

Supervision and evaluation

Supervision is the primary vehicle for experiential learning and role modeling. Every effort is made to provide interns with an opportunity to broaden their professional thinking through exposure to supervisors representing diverse clinical and theoretical orientations. Interns may also engage in supervision with professionals from other mental health disciplines.

Interns receive a minimum of 2 to 2.5 hours per week of individual face-to-face supervision from qualified supervisors in each major rotation. In addition, interns receive 2 hours of group supervision each week on Friday with the expected net total of at least 4.5 hours of supervision per week. Additional ad-hoc supervision may be acquired throughout the week as needed.

Evaluation

Evaluation is an integral component of the training program. It serves to assure quality performance and the accomplishment of training objectives. In accordance with VHA Handbook 1400 *Supervision of Associated Health Trainees* and supervision requirements the program evaluates a trainee's clinical experience, technical skill, judgment, and knowledge at the beginning and throughout the training year to ensure that training is sequential, cumulative, and graded in complexity and assign the appropriate levels of responsibility to the intern for delivery of clinical care.

Regular informal and formal evaluation provides feedback about intern performance, ensures timely identification of clinical weaknesses or deficiencies, and guides active remedial efforts. In addition, interns provide routine program evaluations designed to assess the effectiveness of the program and staff in accomplishing training objectives.

Performance Evaluations.

At the outset of the internship the interns will complete a self-evaluation to identify personal clinical strengths and weaknesses. Additionally at the beginning of the year the Training Director and interns will develop a formal training plan outlining training objectives, required activities, and caseload guidelines. This plan is reviewed with each supervisor at the beginning of each training experience and modifications are made as necessary.

The Training Director with input from intern's supervisors, completes a mid and end of the year **Internship Competencies Evaluation** based on APA Competency Benchmarks. This allows for evaluation of both foundational and functional competencies, and identifies specific points of professional development relevant for internship training (Professionalism, Assessment, Intervention, Relationships, Ethical Legal Standards and Policy, Individual and Cultural Diversity, Reflective Practice/Self-Assessment, Scientific Knowledge and Methods, Consultation/Supervision). This is a formal written evaluation, which is reviewed with the intern at mid and end of year, cosigned by TD and intern, and a copy is forwarded to the intern's graduate institution.

At midpoint of rotation, supervisors complete the **Intern Rotation Evaluation** and review the intern's progress in achieving the rotation training objectives. Areas requiring improvement are identified and any changes to the intern's training plan are made as needed. At the end of rotation the evaluation identifies overall achievement during the rotation.

Program Evaluation. Continuous quality improvement is a major component of the internship program and feedback from interns is critical in evaluating and improving the quality of internship training. In addition to regular opportunities for feedback through supervisory meetings, interns are encouraged to provide direct feedback about the training program during feedback sessions with the Training Director. Additionally, interns are asked to provide formal written feedback about their experiences at the conclusion of each rotation. At the end of the training year, interns complete a comprehensive evaluation of the program with the training director. This information is used to improve programming for the following training year. Graduates of the program are surveyed periodically to determine how well the program has prepared them for their subsequent careers.

Continued monitoring of training effectiveness is a primary function of the Psychology Training Committee, which meets a minimum of once per month. One intern sits on this committee to represent intern interests. Periodic internship faculty retreats are held to focus exclusively on the evaluation of training standards and objectives, and on program and curriculum development.

Requirements for Completion

Intern progress is assessed frequently and interns are provided with continual feedback and (remediation if needed) in order to help shape successful development. To successfully complete the Internship and receive a certificate of completion of training, an intern must achieve the following requirements:

1. Intern must complete the entire year of training (i.e., 2080 hours).

2. Intern must be in “good standing” and removed from any probationary status.
3. Intern must achieve a rating of “Intermediate” or above on at least 80% of competencies on rotation evaluations and a rating of “Advanced” on at least 80 % of the competencies o the end of the year **Internship Competencies Evaluation**.
4. Intern must have conducted him/herself in a professional manner throughout the year with no identified significant ethical misconduct.
5. Intern must have presented one case and one job-talk to the Training Committee
6. Intern must have completed administrative requirements such as signing all clinical records, returned ID to VA Police, returned keys to facility maintenance department, and signed all evaluations forms and any exit documentations required by facility HR.

Administrative Policies

Stipends

Interns stipends are determined by the VA Central Office. Our program stipend support is \$24,566.00 per year. Interns are considered Federal Employees with eligibility for health benefits. Interns receive 10 Federal holidays, 13 paid vacation days and up to 13 paid sick days per year. Given that leave time is accrued over the duration of the internship (4 hours per 2 week pay period for both vacation and sick leave), interns should not plan on taking an extended leave early in the training year unless extraoridanry circumstances arrise. Interns may be granted up to to 5 days of Authorised Absence per year which be used for dissertation work/research meetings, conference attendance, and post-doc or job interviews within the VA. It is important to note however that aforementioned activities must be approved in advance by the Training Director. Additional information on financial assistance, leave, and timekeeping policies is found in the Policy and Procedures Handbook which is distributed to all interns during the orientation.

Facility and Training Resources

Interns are provided office space for all clinical rotations and activities. Interns also have access to the computer network for clinical and professional development needs. All medical record charting in VA is done on the Computerized Patient Record System (CPRS) and interns have dedicated computers to complete treatment documentation. The training program provides all necessary testing equipment and materials, and maintains a "shared drive" on the network which holds a large collection of clinically-relevant professional resources, research articles, patient handouts, and other documents designed to facilitate professional development. Canadaigua VAMC has an excellent medical library, and interns have access to online databases and search help from the librarian.

APPIC Policies:

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.

Policy on Psychology Trainee Self Disclosure:

Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the Canandaigua VAMC are generally not required to self-disclose sensitive topics (e.g. sexual history, history of abuse and neglect, psychological treatment or conditions, and

relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. However, situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk, are the only exceptions. This policy was developed and implemented as a means of providing a balance between the need for trust and personal privacy in the supervisory relationship where the supervisor is charged with the care of the patient and the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern.

Privacy Policy:

We will not collect any personal information about the students who inquire about the program.

Grievance and Due Process Policy:

In the Canandaigua VAMC we combine professional experience with continuous program evaluation to maximize the abilities and minimize the liabilities of all participants. However carefully we strive to govern our program, there will be occasional problems, which require resolution. Our professional policies and procedures for managing these difficulties if they arise, are in keeping with the VHA handbook 1004.08 which provides federal regulations regarding due process and fair treatment of interns, and are outlined in detail in the Policy and Procedures Handbook which is distributed to all interns during the orientation.

Advisement and Termination:

Canandaigua VA Medical Center Internship program Due Process Policy governs dismissal from the psychology program. Implementation of termination proceedings is considered a last resort and it is initiated only in response to severe and persistent performance problems that involve unethical behaviors or legal violations of professional standards or laws, failure to satisfy professional obligations in a manner that violates the rights, privileges, or responsibilities of others, and appears unlikely to remediate by the end of the internship year, as determined by Training Committee.

An intern may also be terminated from the Internship program at any point during the year if the intern demonstrates behavior that seriously conflicts with the APA Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/code/>) and/or Federal Employee Code of Conduct. In the event that termination is necessary, the Intern must abide by normal clearance procedures dictated by facility Human Resources. Any VA property in the possession of the intern, must be promptly returned, and the ID card must be surrendered to the VA police. The documented procedures and events leading to the intern's termination will be reported to the intern's graduate program, and the Office of Academic Affairs. All documentation of active grievances will be stored in a locked filing cabinet in the office of the Training Director and documentation of resolved grievances will be stored in a locked filing cabinet in the office of the training programs support specialist.

TRAINING STAFF

Psychology Staff of the Canandaigua VAMC, Rochester OPC, Center of Excellence, and Veterans Suicide Prevention Hotline/Homelessness Call Center

Name	Degree	Location	Program	Specialties
Bridges, James	PhD; University of Houston 2000	Canandaigua VAMC	Biopsychosocial Rehabilitation Program	SUD treatment, personality assessment, treatment program design, depression treatments
Britton, Peter	PhD; University of Arkansas, 2005	Center of Excellence	Epidemiology and Interventions Research Core	suicide prevention, motivational interviewing
Cushman, Laura	PhD, Wayne State University, 1984	Canandaigua VAMC / ROPC	Neuropsychology, Rehabilitation	neuropsychology, cognitive effects of brain injury and rehabilitation
Crane, Cory	PhD,	Canandaigua VAMC	Psychosocial Rehabilitation and Recovery Center	Forensic psychology, treatment planning, recovery Preparing for the EPPP
Decancq, Paul	PsyD; Wright State University, 1998	Canandaigua VAMC	PTSD Clinical Team	PTSD, program management, Cognitive Processing Therapy
Dumitrescu, Claudiu	PsyD; Roosevelt University, Chicago, 2005	Canandaigua VAMC ROPC	Community Living Centers, Geriatric Evaluation and Management	Neuropsychology, dementia/capacity evaluation geropsychology, behavioral treatment, bioethics
Gellman, Rebecca	PhD; University at Buffalo, 2004	Canandaigua VAMC	Behavioral Health Clinic; Psychosocial Rehabilitation and Recovery Center	Forensic psychology, SMI, treatment planning, recovery
Gibson, William	PhD; St. John's University, Jamaica, NY, 1990	Canandaigua VAMC	PTSD-SUD	Psychotherapy with patients with PTSD, depression, serious illness; religion & spirituality; psychology & health; cognitive/ capacity evaluation

Henderson, Denise	PhD; University of Georgia, 1987	ROPC	PTSD-SUD	Assessment and treatment of PTSD/SUD comorbidity; assessment of sleep disturbances, behaviorally-based sleep interventions; Imagery Rehearsal Therapy, Seeking Safety
Hoffman, Debra	PhD; University of Rochester, 2006	Canandaigua VAMC / ROPC	Military Sexual Trauma	MST Treatment, Prolonged Exposure
King, Deborah	PhD; Indiana University, 1983	Center of Excellence	Education, Training and Dissemination Core	late-life depression, family systems, suicide prevention, integrated health care for older adults
Koziol, Joy	PsyD; Baylor University, Waco, TX, 1991	Canandaigua VAMC / ROPC	Psychosocial Rehabilitation and Recovery Center	SMI, person-centered treatment planning, Recovery
Matter, Colleen	PsyD; Florida Institute of Technology, 2000	ROPC	PTSD Clinical Team	PTSD, Prolonged Exposure, Cognitive Processing Therapy
Matteson-Rusby, Sara	PsyD; Indiana University of Pennsylvania, 2000	Canandaigua VAMC / ROPC	Health Behavior Coordinator; Insomnia, Pain	CBT for Insomnia, CBT for Pain
Mullen, Kimberley	PhD; University of Colorado at Boulder, 2009	Veterans Crisis Line / National Call Center for Homeless Veterans	Veterans Crisis Line / National Call Center for Homeless Veterans	Evidenced-Based Treatments, Family and Couple therapy with Vets (particularly in presence of SMI and/or PTSD), Bipolar Disorder,

Pigeon, Wilfred	PhD; Union Institute School of Professional Psychology, Cincinnati, 2002	Center of Excellence	Epidemiology and Interventions Research Core	Treating sleep disturbances in co-morbid conditions; treating sleep disturbance as a suicide prevention strategy; Sleep disturbance as a risk factor for suicidality and suicide; CBT-insomnia; CBT-pain; treatment of nightmares
Connery, April	PhD; University of Missouri – Kansas City 2012	Canandaigua VAMC / ROPC	Home Based Primary Care	Bereavement, death & dying; CBT-pain;
Tatelman, Sheryl	PhD; Illinois Institute of Technology, 1998	ROPC	Behavioral Health Clinic; Evidence-Based Practices Coordinator	Dialectical Behavior Therapy, CBT for depression, Prolonged Exposure
Warner, Gary	PhD, State University of New York at Buffalo, 1989	Canandaigua VAMC / ROPC	Neuropsychology, Polytrauma, research	Neuropsychology, Cognitive effects of blast injury, TBI
Wraight, Megan		Veterans Suicide Prevention Hotline / Homelessness Call Center	Veterans Suicide Prevention Hotline	Evidenced-Based Treatments, Suicide Prevention/CAMS

TRAINEES

2015-2016

Fuller Theology Seminary, Graduate School of Psychology
Biola University

2014-15

Pacific University
American University

Get on I-390 S from Airport Rd
Head southeast on Airport Rd
Turn right at the 1st cross street onto Brooks Ave
Right to merge onto I-390 S
Keep right at the fork to stay on I-390 S, follow signs for Corning
Take exit 12B for I-90 toward Thruway
Keep right at the fork to stay on Exit 12B, follow signs for Interstate 90/New York
Follow signs for I-90 E/Albany and merge onto I-90 E/
Take I-90 E/New York State Thruway (**Toll road**) to NY-332 S in Farmington.
Take exit 44 for NY-332 toward Canandaigua
Continue on NY-332 S. Drive to Fort Hill Ave
Turn left onto Fort Hill Ave

*These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly.