

Internship in Health Service Psychology
Northport Veterans Affairs Medical Center
Northport, New York



Northport VAMC campus

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ACCREDITATION STATUS

The internship in health service psychology at the Northport VAMC is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2021.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Phone: 202-336-5979

Email: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

THE SETTING

Training in the VA

The VA is the largest healthcare system in the nation and serves as a principal training site for health care professionals. Excellence in training is central to the VA mission and is addressed in its strategic plan. The VA considers mental health care to be an essential component of its integrated healthcare system. The VHA Uniform Mental Health Services Handbook specifies the modalities of mental health care that must be readily accessible to veterans. This care must be recovery oriented and provided with cultural competence. Toward this end, the VA employs local Recovery and Suicide Prevention Coordinators. Furthermore, the VA offers implementation guidelines and clinical competencies for outpatient, residential, and inpatient mental health services. The VA offers same day access to care and has allocated resources to enhance the training of mental health providers in the delivery of evidence based psychotherapy.

Location



Montauk Point

The Northport Veteran Affairs Medical Center (VAMC) is situated on a large, beautiful campus

just outside the seaport village of Northport, Suffolk County, Long Island. The location offers the advantages of a suburban setting within easy reach of both New York City and the beaches and vineyards of rural eastern Long Island. Cultural opportunities abound, not only because of the proximity to New York City, but because of the major universities on Long Island including Stony Brook University, Adelphi University, Hofstra University and Long Island University. Long Island is a rapidly expanding and increasingly diverse area with easy access to cultural events, cosmopolitan cuisine, organic farms, outdoor recreation, and a wealth of historical sites. Please go to discoverlongisland.com for information on recreational options.

Opened in 1928 as a psychiatric hospital, Northport VAMC was converted to a full service Medical Center in 1971. The Northport VAMC provides inpatient medical, surgical, and psychiatric treatment. There are also community living centers that provide nursing home care and residential treatment programs for substance abuse and PTSD. Over 600,000 medical and psychiatric outpatient visits were made last year to the Medical Center and to its Community Based Outpatient Clinics throughout Long Island. The Northport VAMC is accredited by The Joint Commission and is a clinical campus of the School of Medicine at Stony Brook University. Several programs, including programs that are administered by Psychology Service, have obtained accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

Psychology Service

The Psychology Service at the Northport VAMC is an autonomous service, which means it is headed by a Psychologist. The service employs 23 full-time psychologists and one part-time psychologist. The range of professional activities conducted are exceptionally wide. Generally, psychologists are members of multidisciplinary treatment teams and, in some cases, are directors of treatment programs. Staff members conduct psychological and neuropsychological assessments and provide psychotherapy and behavioral treatments. Psychologists also provide consultation to other health care providers. Our psychologists are trained in a broad range of orientations including psychodynamic therapy, CBT, and third-wave models.

Northport's psychology service values training and considers the imparting of knowledge and skills to be one of the essential roles of a staff psychologist. Psychologists also function as direct clinical service providers and leaders within the hospital, serving on committees such as the Disturbed Behavior Committee and Ethics Committee. The Chief of Psychology promotes the implementation of the larger VA mission, noted above, which has resulted in Northport being a front runner in areas such as peer support and recovery based treatment for those diagnosed with serious mental illness. This atmosphere promotes a collaborative and nurturing environment in which trainees work alongside staff. Trainees are invited to participate in psychology staff meetings and receive the same service wide correspondence pertaining to matters such as systems changes, continuing education, and best practice guidelines.

In addition to our internship, the Northport VAMC has two postdoctoral fellowship positions ([Link to fellowship](#)) and five to seven externship positions ([Link to externship](#)).

Recipients of Care

Active duty service members and veterans are eligible to utilize the VA for their mental and physical health needs. There are approximately 79,000 veterans living in Suffolk County alone, and the Northport VAMC attracts many more veterans from throughout the New York metropolitan area. Over 15,000 veterans sought care at Northport VAMC within the last year. The veteran population reflects the demographics of the area and represents military service

periods from WW II to today's Global War on Terror. The population is therefore diverse in age, ethnic background, disability status, clinical presentation, and range of functioning. Psychologists often work with veterans who present with medical, psychiatric, and psychosocial needs. Thus, psychology takes an integrated approach to veteran care. This model is reflected in intern's work in interdisciplinary settings throughout the hospital.

The demographics of the military population is changing. For example, amongst active duty personnel, about half are under age 25, 31% identify as an ethnic minority, and 15% are female. The VA has responded by strengthening its commitment to culturally appropriate care. A sample of expanded resources in the VA includes offering a clinic specific to women, sponsoring the Minority Veterans Program, providing on-site childcare (VA Kids Care) to reduce missed appointments, and making medical records accessible to veterans online (MyHealthyVet). With the support of the community at large the VA is also able to offer assistance with psychosocial needs (e.g., services for homeless veterans) and reintegration (e.g., supported employment program). All interns receive extensive training, education and experience in providing services to active duty and newly returned veterans.

The Psychology Service Training Program is committed to training interns to work with all of our culturally diverse populations. Cultural competence is interwoven into all aspects of training, as described in greater detail below. The Northport VAMC, along with other VA and non-VA training programs, has joined with the American Psychological Association and the Council of Chairs of Training Councils to express our commitment to the White House Joining Forces Initiative. This is a "national initiative that mobilizes all sectors of society to give our service members and their families the opportunities and support they have earned".

THE TRAINING PROGRAM

Overview

The primary **aim** of the Northport VAMC internship program is to offer training experiences that result in marketable skills for application to and successful performance in entry level positions in professional psychology. We provide broad clinical training that focuses on the advancement of skill in the delivery of psychotherapy and assessment, greater comfort in a multidisciplinary medical setting, and an increased confidence in the role of a culturally sensitive and ethically responsible psychologist.

As psychologists and supervisors, we are invested in training that emphasizes **service delivery in a nurturing atmosphere**. The overwhelming majority of the psychology staff participate in training. Support for training comes from the top down. Interns are treated with respect and are invited to participate alongside staff in most functions. As needed, supervisors make themselves accessible to interns outside of the proscribed supervision times. The promotion of learning is emphasized across all clinical activities, supervision, and didactics.

Our internship provides exposure to the many roles a psychologist performs in a medical setting. In this **generalist** approach, interns model the functions of our psychologists in their assigned settings. Our psychologists work in acute, residential, and outpatient settings treating an exceptionally broad range of clinical pathology. The therapeutic interventions they perform include neuropsychological assessment, short-term and long-term individual psychotherapy, couples therapy, crisis intervention, and process-oriented and psychoeducational group treatment. Treatment interventions are recovery based. Reflecting this approach, psychologists are trained in psychodynamic, CBT, and third-wave orientations, and tend to tailor interventions

based on the needs of the veteran. The VA emphasis on **integrated** care has meant that consultation with other providers is an increasingly important function in psychology. Most psychologists work as part of an interdisciplinary team, an approach which strengthens positive health outcomes. All psychologists offer consultation throughout the medical hospital as needed.

The internship is designed to ensure interns gain exposure to the professional roles, treatment modalities, and orientations of a psychologist across interdisciplinary settings. This includes training in areas increasingly important for a career in psychology such as the provision of evidence based treatments, work in a primary care setting, and proficiency in assessing and treating veterans with a wide range of clinical presentations. Interns can expect to acquire experience working with veterans diagnosed with PTSD across all settings.

Each intern works with the Training Committee to construct an **individualized** program that includes required and elective experiences. The internship year begins with an orientation when time is devoted to familiarizing oneself with the hospital, visiting programs where psychologists are assigned, and meeting with staff to learn about their approaches to clinical work and supervision. This allows interns to make informed choices regarding their schedules and training plan, including whether there is a preference to specialize. This period also includes EBP workshops (CPT, PE, CBT-D, CBT-Pain, CBT-I, MI, and Psychoanalytic Psychotherapy), and seminars which serves as a valuable time to review general medical center policies and procedures.

Training is **developmental** in nature such that we consider each intern's current level of mastery and ability to work autonomously in specific competency areas. Training is designed to be sequential, cumulative, and graded in complexity. For example, an intern may initially co-lead a group that he/she later facilitates independently. Supervision likewise tends to begin with direct observation and culminates in a more consultative role. Throughout the year interns are encouraged to participate in program development by for example, initiating new groups. Again, the level of autonomy and supervision will be consistent with the current skill level of the intern.

We consider training in **diversity** and individual differences to be a vital component of a well-rounded internship experience. Providing culturally sensitive interventions is foundational to the working alliance and the effectiveness of interventions. While attention to diversity is incorporated into all rotations, we also offer seminars (e.g., military culture, veteran voices series) and didactics (case conference, journal club) which specifically address the multifaceted nature of diversity and offer interns a chance to reflect on the intersection of their worldview with others in clinical practice. Interns are provided with a virtual library of resources, making practice guidelines and similar trainings in diversity and inclusion readily accessible. The psychology service recently started a Multicultural Diversity Committee whose mission is "to create a culturally responsive treatment environment through a demonstrated commitment to cultural competence." Participants on this committee work on recruitment of individuals from diverse backgrounds, skill development, and strive to address any identified gaps in the provision of culturally sensitive treatment and/or training. Interested interns are invited to participate on this committee. As noted above (ref: recipients of care), these efforts are occurring in a broader context, reflecting a system that prioritizes diversity in all its forms (<https://www.diversity.va.gov/default.aspx>).

An emphasis on **empiricism** is also integral to all aspects of training. We expect decisions about the delivery of psychological interventions to be informed by the current literature. Explicit attention to the integration of clinical practice and science is offered through the monthly journal

club and training in EBPs. As noted previously (ref: training in the VA), the VA values evidence based approaches and offers a share point for independent training in these and additional practices (e.g., ACT, DBT, Seeking Safety).

We are committed to the **professional development** of our interns and hope that by the time internship concludes they have a greater sense of self as professionals. This includes monitoring oneself, others, and the ethical context dictated by a given situation. Ethical and clinical decisions must also be delivered in an interpersonally effective manner. The ability to self-reflect in treatment and use oneself as a therapeutic tool is likewise part of professional growth. Again, these elements are interwoven into all aspects of training but are considerably pertinent in the areas of consultation and supervision. Opportunities to provide consultation are offered in many rotations. Externs train in the same areas as interns which allows interns to gain direct experience with supervision. Interns also provide peer supervision to one another in group based supervision.

Learning elements

Experiential

The internship rotation structure outlines required and elective experiences:

Full Year

Evidence Based Practice – 1.5 day

- Primary Care- Mental Health Integration
- Mental Health Clinic
- Option of Women’s Wellness Center

Rotation A (6 months)

Primary Care elective – 1 day

Select from:

- Health Promotion/ Disease Prevention
- Home Based Primary Care

General elective – 1.5 day

Select from any available experience. This can include an extension of your time in an area already assigned (e.g., neuropsychology; an additional elective under the primary care or SMI umbrella) or from a program not listed elsewhere:

- Iraq and Afghanistan Wars Readjustment Program

- PTSD Residential Rehabilitation Program
- Substance Abuse Residential Rehabilitation Treatment Program

Didactics and supervision – 1 day

Rotation B (6 months)

Serious Mental Illness elective – 1.5 day

Select from:

- Acute Units
- Community Living Center
- Dual Diagnosis Recovery Center
- Psychosocial Rehabilitation Recovery Center

Neuropsychology – 1 day

Didactics and supervision – 1 day

Please see the section on rotations which further delineates the nature of each rotation.

Over the course of the year we also expect interns to gain experience with EBPs and the delivery of supervision while training in the settings noted above.

Interns must complete 70% of sessions in at least two EBP treatment protocols. Workshops on EBPs are provided at the start of internship year with regularly scheduled follow-ups. It is not necessary to have previous practice with these approaches. Externs train in the same areas as interns which allows interns to gain direct experience in providing supervision. Interns also provide peer supervision to one another in group based supervision.

Didactic

Seminars are generally scheduled for two hours per week. The seminar schedule is updated annually based on intern feedback and facilitator availability. A brief sample of topics from the past year includes: Military Culture, Traumatic Brain Injury, Mindfulness and Acceptance, Forensics, and Psychopharmacology. Interns are invited to participate in the Multicultural Diversity Committee.

Interns participate in a monthly case conference. The curriculum is developed each year in collaboration with the interns. Its purpose is to provide an opportunity to present and discuss cases in a peer supervision format, and offer a space where interns can read and discuss relevant literature related to any competency areas in need of further development.

Interns are also encouraged to take advantage of Continuing Education courses available at the Northport VAMC and through the online SharePoint.

Research

Interns participate in a monthly journal club whose purpose is to engender critical thinking, promote the integration of practice and science, and foster currency in the field. Interns will also demonstrate the application of research by either a) presenting their dissertation research, b) offering assistance in a post-doctoral fellow's performance improvement project, or c) participating in program evaluation.

Supervision

A major strength of this program is its commitment to supervision. Supervision is provided by the staff psychologist assigned to the particular program or unit where the intern has been placed. Interns can expect to have three supervisors at any one time and, therefore, receive a minimum of three hours of supervision each week. Interns are provided additional formal and informal supervision as needed.

Competencies

Research: Demonstrates the ability to integrate research into clinical practice. This includes being skilled in the understanding, evaluation, and application of research and related scholarly activities.

Ethical and legal standards: Maintains the high ethical and professional standards required for effective functioning in the role of a professional Clinical or Counseling Psychologist.

Individual and cultural diversity: Demonstrates knowledge, awareness, and sensitivity to human diversity in all professional activities. Provision of care to varied populations reflects culturally responsive skills and interventions.

Professional values, attitudes, and behaviors: Displays an emerging professional identity reflective of the values and attitudes of the psychology field.

Communication and interpersonal skills: Relates effectively and meaningfully with individuals, groups, and/or communities.

Assessment: Proficiency in conducting evidence-based assessment.

Intervention: Skilled in the provision of clinical interventions with a range of populations. Ability to deliver interventions in different modalities and from varied theoretical orientations.

Supervision: Burgeoning skill in the delivery of supervision to more junior members of the profession, peers, or other mental health providers.

Consultation and interprofessional/interdisciplinary skills: Ability to collaborate with individuals or groups for the purpose of problem resolution, imparting or obtaining knowledge, or promoting effectiveness in professional activities.

Completion requirements

1. Interns must complete 2080 hours, which includes all paid Annual Leave, Sick Leave and Administrative Leave. Administrative Leave can be requested for scheduled activities related to dissertation completion, continuing education related to the mission of the VA and interviews

for VA postdoctoral fellowships and employment.

2. Interns must complete all learning elements of the training program.

3. Interns must achieve a minimum threshold of “3” and “4” on a 1-5 scale for mid and end of year supervisor evaluation of intern performance.

4. Interns must show ethical and professional behavior including compliance with federal, local, and professional guidelines and policies.

DESCRIPTION OF ROTATIONS

YEAR LONG EXPERIENCE in EVIDENCE BASED PRACTICE

Interns participate in a continuum of care experience which focuses on the provision of evidence based treatment. This includes but is not limited to: CPT, PE, CBT-I, CBT-D, CBT-Pain, MI, and Psychodynamic Psychotherapy. Primary Care-Mental Health Integration offers opportunities to train in a fast paced setting, responding to consults and same day access requests, and providing brief health focused individual interventions. The Mental Health Clinic offers training in longer term individual psychotherapy and treatment planning. Across these settings interns will also gain experience in the delivery of measurement based care.

Supervision in these areas will be covered by the same psychologist. Additional consultation is provided in the weekly PC-MHI interdisciplinary team meetings.

Mental Health Clinic (MHC)

This clinic is open to all veterans seeking mental health services. The population of patients presenting to MHC are therefore quite varied, including the full range of psychopathology and life cycle related issues. Interns can expect to conduct intakes, deliver individual psychotherapy, and assist with all aspects of treatment planning. Given the range of presentations, interns tailor the treatment to the needs of the individual. This may include psychodynamic, CBT, or third wave approaches. Referrals for complex personality cases and couples work may also be available.

Primary Care- Mental Health Integration (PC-MHI)

PC-MHI is a yearlong rotation. Interns spend four hours per week in PC-MHI delivering clinical services under the supervision of staff psychologists. Interns also participate in a weekly interdisciplinary team (IDT) meeting that includes all PC-MHI staff (psychologists, psychiatrist, care managers), psychology and psychiatry fellows, psychology externs, and the Health Behavior Coordinator (HBC). The IDT meeting is used for case presentations, clinical discussions, and the disposition of cases for treatment. The PC-MHI program works in close collaboration with the Health Promotion Disease Prevention (HPDP) program and strives to improve the physical and mental health of veterans.

PC-MHI staff and trainees work collaboratively with the medical teams in the Primary Care (PC) clinics. The medical teams in PC provide comprehensive outpatient medical services to over 16,000 veterans annually. The teams work in a medical home model, known in the VA as Patient Aligned Care Teams (PACTs). PC-MHI is considered an extension of the PACT. Social

workers, nutritionists, and pharmacists also serve as extended team members. PC-MHI interns work in the PC clinics alongside the PACTs and other extended team members. Interns conduct initial assessments, develop treatment plans, deliver short-term evidence based treatment, and provide consultation liaison to PACTs. In addition to providing treatment for mental health conditions, interns will have the opportunity to provide brief health psychology interventions, such as stress management, pain management, medical non-compliance, weight management, and relaxation training. In all cases, psychologists and all trainees strive to empower patients to become responsible for their own health outcomes with a view toward prevention.

SIX MONTH ROTATIONS

PRIMARY CARE ELECTIVES

Health Promotion/Disease Prevention (HPDP)

An elective part-time rotation in Health Promotion/Disease Prevention (HPDP) is available for those interested in more specialized training in Health Psychology or Lifestyle Medicine. This rotation will focus on preventative behavioral medicine and provides a variety of experiences (largely group based) that provide the intern with opportunities to work closely with supervising psychologists as well as the Psychology Post-doctoral Fellows and Preventive Medicine Residents. Through this rotation, Interns will also have the opportunity to receive more intensive training in the use of Motivational Interviewing to facilitate health behavior change in a medical setting. Interns have the opportunity to both co-lead with their supervising psychologist or Psychology Fellow, and independently lead various health psychology groups and psycho-educational programs. New groups and programs are continuously developed, and interns may be involved in the development process. HPDP and PCMH programs are closely aligned and staff members work in an integrated fashion to promote sustainable healthy behavior changes in our Veteran population.

Training opportunities include:

1. Wellness Clinic – Psychology and Preventive Medicine staff work collaboratively to provide Veterans with a place to explore whole health and wellness planning. Veterans are encouraged to consider developing a ‘personalized health and wellness plan’ which serves as a blueprint for them to work towards their specific goals and values. The program includes a wellness workshop series, wellness support group and individual health coaching sessions and is integrated with PACT.
2. Mindfulness Stress Reduction – a 12 week program based closely on Mindfulness Based Stress Reduction, by Jon Kabat Zinn. It runs 3 times a year and includes a 4 hour silent meditation retreat for each cohort of the group. Interns will be given the opportunity to co-facilitate the group, which teaches veterans principles of building their own meditation practice, and co-facilitate the retreat. Personal practice is encouraged and weekly meditation sessions on Tuesdays mornings are required for all facilitators. Full Catastrophe Living on CD will be provided as a required text for this experience.
3. Pain management - The pain management program involves opportunities to co-lead two chronic pain management groups. One group is an 8-week CBT based skills group; “Living with Chronic Pain”. In this group, Veterans learn basic CBT skills for pain management based on the biopsychosocial model of pain conceptualization. It also

incorporates mindfulness and meditation based strategies, psychoeducation, and providing information on other pain management resources within the facility. In addition to the skills group, there is also a pain support group that meets twice per month that is available for Veterans who have completed the skills group (or individual CBT for pain). The support group is designed to be a forum where Veterans can practice skills learned, share information about resources, and offer each other support in reaching their pain management goals.

4. MOVE – weight management program – Psychology supports the work of this Nutrition led program by participating in the 10 week psycho-educational series which covers all aspects of lifestyle change to promote a healthy weight. Opportunities also exist to become involved in co-leading a weight management support group, provide support to the MOVE ‘Walk and Talk’ program (Veterans participate in monitored walking exercise three times a week) and contribute to segments of the Healthy Teaching Kitchen program (Veterans learn healthy cooking techniques). Support is also provided to Veterans interested in bariatric surgery with Psychology involvement in both assessment (completing the required mental health clearance evaluation) and behavioral preparation through brief individual therapy.
5. Smoking Cessation program – Psychology and Preventive Medicine staff work collaboratively to provide Veterans with comprehensive support to develop effective quit plans utilizing a variety of approaches including psychological and behavioral support, alongside options for medicine, nicotine replacement and acupuncture treatments. Psychological and medical treatment is offered to all patients interested in quitting smoking. The clinic provides comprehensive assessment, treatment and follow-up relapse prevention support in group and individual formats.
6. Diabetes management – Psychology supports the Diabetes Education and Self - Management classes and provides a weekly support group for Veterans living with diabetes. Focus is on enhancing self-management of this complex and chronic health condition.
7. Special consult requests – interns may have the opportunity to complete pre-surgical mental health evaluations that come from the specialty medical-surgical clinics such as neurology, vascular, orthopedics, or general surgery and are required for such procedures as organ transplants and penile implants. Interns also may respond to consults from the inpatient medical units, providing bedside consultation to a range of acutely medically ill patients.
8. Interns may assist with medical center promotional event planning (e.g., ‘Great American Smoke Out’, ‘Health and Wellness Fair’) and may have opportunities to become involved in other promotional events throughout the year.

Home Based Primary Care (HBPC)

The Home Based Primary Care (HBPC) program is an interdisciplinary program consisting of a medical director, program coordinator, social workers, psychologist, nurse practitioners, nurses, dietitians, physical therapists and occupational therapists. It offers comprehensive primary health care services to Veterans, who are diagnosed with chronic, complex and often progressively disabling medical conditions (e.g., Congestive Heart Failure, Diabetes, Chronic Obstructive Lung Disease, Parkinson’s Disease, Dementia, and Amyotrophic Lateral Sclerosis),

in their home with the goal of maximizing their autonomy and reducing preventable emergency room visits and hospitalizations. HBPC psychologists serve as consultants and receive and/or initiate consults for HBPC patients. The issues psychologists are asked to assess and/or treat include, but are not limited to, cognitive status (especially memory loss), suicide risk, mood dysregulation, pain management, sleep disturbance, bereavement, and lack of adherence to medical treatment. Consultations with other staff are often needed to coordinate treatment efforts and sometimes are the only intervention required for a particular problem. Furthermore, given the broad geographical area covered by our program, we are at times find it necessary to augment face-to-face sessions with phone and/or clinical video telehealth (CVT) visits. Interns will perform the same functions as the psychologist in this area, gradually gaining greater independence in the field.

Women's Wellness Clinic (WWC)

The Women's Wellness Clinic (WWC) elective rotation will provide interns with the opportunity to work with female veterans directly in the WWC and alongside the Women's Health Patient Aligned Care Team (PACT). The WWC is a separate clinic area created to provide a private and safe space sensitive to the distinct needs of female veterans. Mental health services offered in the WWC align with the Primary Care-Mental Health Integration model, in that we are providing direct mental health assessment and treatment opportunities within the WWC while collaborating with the Women's Health PACT. Interns will conduct psychological evaluations and time-limited individual therapy to female patients referred by their primary care providers and/or psychiatrists. Patients present with varied concerns and mental health problems, such as: reactions to trauma (childhood, combat, sexual), depression, anxiety, bipolar disorder, bereavement, peri and post-partum mood disorders, adjustment related difficulties, sexual orientation or gender identity concerns, anger management difficulties, and relationship problems. Interns will be supervised in providing individual therapy utilizing psychodynamic, relational, and cognitive-behavioral therapeutic approaches. In addition to assessment and individual therapy, interns will connect WWC patients to other resources and treatment opportunities throughout the medical center if appropriate. These may include referrals to psychiatry, vocational rehabilitation, social work for concrete needs, or various therapeutic groups throughout the medical center. There may also be an opportunity to develop and facilitate a group therapy within the WWC.

SERIOUS MENTAL ILLNESS ELECTIVES

Acute Units

The Northport VA maintains two inpatient units which support the full range of acute psychological presenting problems. The program utilizes a combination of medication, psychotherapy, and a variety of recreational and psycho-educational activities to create a therapeutic program focused on stabilization and treatment planning for veterans in acute distress. The psychology program focuses on group psychotherapy and safety planning. Psychological therapies utilized are based on evidence-based therapies from a wide range of psychological orientations. The focus of psychotherapy on the units includes: helping to develop veteran's insight into own mental health diagnoses and/or patterns of functioning, enhancing motivation for mental health treatment, psycho-education about mental illness for both veterans and their families, safety planning for suicide, homicide, and substance use risks, and treatment planning for full range of psychological concerns. There is a substantial focus on substance use disorder recovery and suicide prevention. Each unit has a bed capacity for up to 21 residents and provides treatment to male and female veterans who are culturally and ethnically diverse

with a wide range of ages. Veterans of all wars are eligible for treatment but the population is generally comprised of veterans who served during Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and the Vietnam War.

Possible Clinical Activities: Interns have the opportunity to participate in staff meetings, lead group psychotherapy session, provide brief individual psychotherapy, supervise externs, and conduct psychological testing. A large part of this rotational experience includes learning how to be a contributing part of a larger interdisciplinary team comprised of psychiatrists, nurses, social workers, nursing aids, peer support specialists, and recreational therapists.

Days: Tuesdays or Fridays.

Community Living Center

The Community Living Center (CLC) rotation will provide interns with the opportunity to work with older adults, mostly male, but some female veterans, residing at the Northport VA Medical Center. This population includes veterans of World War II, Korea, and increasingly, the Vietnam era. Residents present with varied psychiatric diagnoses, including PTSD, depression, anxiety, schizophrenia, personality disorders, substance use histories, and a wide variety of neurocognitive disorders, such as Alzheimer's, vascular, Lewy Body, Frontotemporal, Creutzfeld-Jacobs, and Korsakoff's syndrome. These residents often face significant comorbid medical problems, such as cardiac and respiratory conditions, diabetes, neurological disorders, and cancer.

Interns will serve as integral members of the interdisciplinary team working with physicians, nurse practitioners, nursing staff, social workers, chaplains, occupational and physical therapists, nutritionists, and recreation therapists. Interns will attend weekly behavior rounds, during which time the treatment team reviews and discusses residents' challenging behaviors or mental health concerns. In addition to individual and group therapy, interns will have the opportunity to engage in behavioral management interventions, including creation and implementation of a Behavioral Treatment Plan, which involves an interdisciplinary approach to creating behavioral plans tailored to individual resident needs and goals.

Interns may also participate in STAR-VA (Staff Training in Assisted Living Residences) educational trainings offered to the CLC staff. STAR-VA is a nationwide, research based approach to addressing challenging behaviors of residents with dementia diagnoses. It involves teaching CLC staff effective, non-pharmacological methods to manage behaviors that interfere with the residents' quality of life or the overall smooth functioning of the CLCs. The goal of STAR-VA interventions is to reduce the use of pharmacological interventions in treating challenging behaviors and improve the quality of life for residents and staff.

Two of the four CLCs are extended care facilities for veterans who require skilled nursing care for a wide variety of medical and psychiatric diagnoses. The third CLC is a locked neuropsychiatric unit for veterans with serious and persistent mental illness who require a more structured and restrictive setting. This unit also serves veterans with advanced dementia or those who present an elopement risk. The fourth CLC serves two populations: palliative care for veterans at end-of-life is provided on one wing while respite and short-stay rehabilitative services for veterans living in the community is provided on the other wing. Interns will specify which population and unit they would prefer to focus their CLC experience.

Days: days flexible.

Dual Diagnosis Recovery Center (DDRC)

The Dual Diagnosis Recovery Center is an evidence-based interdisciplinary outpatient treatment program that aims to improve the quality of life for veterans with co-occurring severe and persistent mental illness and active substance use disorders by integrating substance abuse services with traditional mental health care. The core philosophy of the DDRC rests on the principles of bio-psychosocial rehabilitation, combining pharmacological, psychological, educational, and social interventions to assist the veteran to stabilize his/her illness and when possible, to establish a meaningful role in the community. Interventions will be culturally sensitive, dignifying, and respectful of individuality. DDRC therapists endeavor to establish therapeutic relationships with veterans that are free of power struggles, collaborative, draw upon existing strengths, and are focused on instilling hope. Interns participating in the DDRC rotation will be involved in the provision of individual and group psychotherapy services under appropriate supervision. Interns have the opportunity to co-facilitate a Dialectical Behavior Therapy (DBT) skills group.

Possible clinical activities: Interns participating in the DDRC rotation will be involved, under appropriate supervision, in the provision of group psychotherapy, group psychoeducation as well as individual psychotherapy cases when more intensive work is needed. Primary population treated will be OIF/OEF combat trauma with active substance use, some of whom will be legally mandated to treatment. Students will also have the opportunity to work with a wider cross section of clients in DDRC in the psychoeducation classes. Psychoeducation may include opportunities such as Relapse Prevention, Anger Management, Pain Management, STAIR, Seeking Safety, and Dialectical Behavior Therapy. Crisis intervention skills will also be developed as frequent risk assessments will be conducted on clients to determine if a higher level of care is warranted given veteran's fast changing presentations that can accompany active substance use. Possible opportunities depending on the needs of the client may involve accompanying veteran to emergency room if inpatient admission is appropriate, consulting and collaborating with inpatient and outpatient IDT teams to facilitate treatment, and providing informal support to family members regarding veteran's current struggles. Telephone assessment and crisis support when needed will also be done. In these calls the focus will be placed on assessment of safety, and when appropriate contacting police if a wellness check is deemed necessary. Interns will also be involved in chart review, screening, intakes, and treatment planning as appropriate. Informal supervision of an extern will also be possible when schedules overlap.

Days: Flexible Schedule: Mondays, Tuesday, Thursdays are primary group days. Training opportunities have also been able to be tailored to fit a particular student needs when/if possible.

Psychosocial Rehabilitation and Recovery Center (PRRC)

The PRRC is an outpatient program for veterans who are diagnosed with a serious and persistent mental illness. This might include diagnoses such as MDD, Schizophrenia, PTSD, Bipolar Disorder, etc. Veterans who attend PRRC represent a broad range of functioning levels, from veterans who reside in supportive housing to veterans who are independent in all domains. The program is based upon the Recovery Model and is managed by a psychologist. The PRRC provides a structured, supportive environment within which veterans can develop the skills and confidence necessary to live satisfying lives and to function successfully in the community. It

empowers veterans to take control of their lives by becoming actively involved in their recovery, in the program itself, and in the outside community. The multidisciplinary treatment team includes staff from Psychology, Social Work, Nursing, Recreation, and Vocational Rehabilitation. Peer support technicians are also on the staff and offer a unique perspective for our veterans. Therapeutic activities include intensive process oriented psychotherapy groups, psycho-educational/skills groups, recreation/socialization groups and self-help activities. Veterans are scheduled to attend the program from one to five days per week depending on their needs as determined collaboratively by the treatment team and veteran.

Possible clinical activities: Interns may attend community and staff meetings, lead and co-lead groups, and participate fully in treatment planning and implementation. Group opportunities include mood disorder and PTSD process groups, Holistic Health, Coping with PTSD, CBT-Insomnia, Positive Thinking (CBT-D), Smoking Cessation, Mindfulness Meditation, and Weight Management. We welcome intern initiative in the development of new groups. When requested by veterans there are opportunities to provide brief individual evidence based interventions.

Days: flexible

REQUIRED SIX MONTH EXPERIENCE:

Neuropsychology and Psychological Assessment

Each intern is required to participate in the Neuropsychology and Psychological Assessment rotation, which is a component of the overall training experience assigned during two of the three rotation periods. The intern will provide consultation to other health care providers around issues of differential diagnosis. They will develop skills in designing and administering assessment measures, and will learn to use findings to elucidate relevant features of a veteran's mental functioning for the purpose of diagnostic determination, patient education and treatment planning. The majority of referrals are for neuropsychological assessment, but the intern will also conduct psychodiagnostic assessments, where psychopathology is the presenting concern. The intern is supervised in all aspects of the evaluation process, including the clinical interview, administration and interpretation of appropriate test batteries, report writing and feedback. This rotation can be designed for interns seeking either basic or advanced training. Interns will be exposed to cases where there is known or suspected neurological disturbance related to a wide variety of possible etiologies including developmental conditions and those acquired through injury or illness.

ADDITIONAL GENERAL ELECTIVES:

Iraq and Afghanistan Wars Readjustment Program

This program is geared to addressing the mental health needs of those who have served in the Iraq and Afghanistan war zones. It emphasizes making mental health services accessible to active duty military personnel and to veterans. In this year-long rotation, interns do initial interviews and provide individual psychoanalytic psychotherapy consistent with the evidence-based practice of psychotherapy. The therapy model is based on principles of psychotherapy that can guide the practice of therapy for the range of DSM diagnoses. PTSD is a frequent presenting problem in this clinic. However, since about 80 % of PTSD cases involve co-morbidity with such other diagnoses as substance use disorders, depression, generalized anxiety disorder, and personality disorders, our focus is on preparing interns to address such co-morbidity in their practice of psychotherapy for trauma-related conditions. Supervision is in a group format and includes, in addition to interns, externs and post-doctoral fellows. The open-

dialogue model of supervision is intended to encourage open, mutual, detailed discussion of participants' psychotherapy cases with a focus on their use of core elements of effective psychotherapy. This model allows participants the opportunity to benefit from, in addition to discussion of their own work, the discussion of the work of their fellow participants. It also allows for participants' furthering their supervisory skills, as they collaboratively facilitate the process of group members' open dialogue about their work. The groups' co-supervisors will provide readings on theory, research, and practice-related to issues addressed in the course of supervision.

PTSD Residential Rehabilitation Program (PRRP)

PRRP is an eight bed 90 day program staffed by an interdisciplinary team which includes psychology, psychiatry, nursing, social work, peer support, art therapy, and vocational rehabilitation. The program treats veterans with a diagnosis of PTSD who have experienced military-related trauma often accompanied by co-occurring alcohol/substance use disorders. The Residential program provides intensive group and individual psychotherapy and other therapeutic interventions toward development of insight and skills for coping with PTSD symptoms and maintenance of abstinence and sobriety. There is a significant focus on providing evidence-based treatments, such as Cognitive Processing Therapy and Prolonged Exposure Therapy. Interns will have the opportunity to participate in biopsychosocial assessments, individual psychotherapy, group therapy, co-therapy, community meetings, rounds, trainings (e.g., observation of psychopharmacological evaluations), family meetings, treatment planning and consultation with the PTSD treatment team. Interns also provide evidence-based individual therapy in the Residential setting. Tue, Th, and F mornings required.

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)

The SARRTP is a residential treatment program for male and female Veterans with a diagnosis of substance use disorder and who would benefit from a structured and therapeutic environment. Residents typically have co-occurring mental health and medical diagnoses. The 30 residents participate in substance abuse treatment, vocational rehabilitation and self-help groups. Interns function as members of a multidisciplinary team, which includes staff from Psychology, Vocational Rehabilitation, Social Work, Nursing and Recreation. Interns participate in team meetings, community meetings and screening of new residents. Interns co-facilitate groups with psychologists in the program and assume responsibility for facilitating a cognitive-behavioral Anger Management group. Interns also function as primary therapist for one or two program residents. This role includes individual therapy and treatment coordination. Thursdays are mandatory.

EVALUATION AND FEEDBACK

Intern performance evaluation

Informal evaluation is an ongoing process occurring across training activities. It is our intention to make sure verbal feedback on skills is consistently provided so opportunities for growth and discussion are available at all times. Formal written evaluations occur at the mid and end point of all rotations.

Feedback

We are continuously developing our program to ensure we are meeting our stated goals and offering training relevant to the field today. Program improvement is sought from interns informally (regularly scheduled meetings with training director, during supervision, staff meetings) and through evaluations of supervision, the training program, and pre and post internship assessments of competency. The training committee and supervisors also complete a program assessment. The collective data is brought to the training committee, psychology staff meetings, and/or chief of service as appropriate.

Alumni are asked to provide us with information on their licensure status, current employment, and professional achievements. Many of our alumni gain employment in the VA, complex medical centers, or academic positions.

Retention

The VA has a long history of retaining trainees when employment opportunities arise. The Northport VAMC psychology service is largely comprised of individuals who were externs or interns in the VA system.

Termination

Policy on Remediation of Trainee Problem Behaviors and Termination

Problem Behavior

1. Trainee problem behavior will be defined as an inability or unwillingness to acquire and integrate professional standards as outlined by federal, state, or discipline standards and regulations into one's repertoire of professional behavior; inability to acquire professional skills in order to reach an acceptable level of competency, inability to control personal stress, interpersonal difficulties, impaired functioning, disruptive behavior, failure to communicate significant veteran care issues to one's supervisor, psychological dysfunction or excessive emotional reactions that interfere with professional functioning. Please see VHA Handbook 1400.08 for further examples constituting problem behavior.
2. The problem behavior is not developmentally normative, for example transition issues, or a lack of skills with an openness to acquire them.
3. A trainee with a problem behavior is differentiated from a qualified trainee with a disability. In this situation, Center Memorandum 05-31, REASONABLE ACCOMMODATION OF A QUALIFIED INDIVIDUAL WITH A DISABILITY, will be followed.
4. When a problem behavior is identified by a supervisor, he/she will consult with the training committee to discuss the behavior, settings in which it occurs, the consequences of the behavior, recommendations for addressing the problem, and an expected time frame for resolution. The committee, in consultation with the chief of service, OAA, APPIC, APA, and/or DEO as appropriate may elect to implement an informal plan (e.g., monitoring of behavior, verbal warning) or may formally provide written notice that a problem has been identified. Such notice will be accompanied by a plan for remediation, as delineated below. In either case, a hearing of training faculty with the trainee is held in which the problematic behavior is articulated and in which the trainee has the opportunity to present information regarding the problematic behavior.
5. Trainees have the opportunity to appeal the decision discussed at the hearing in a manner consistent with the grievance policy.

6. A plan for remediation will include the following elements: description of the problem behavior, corrective actions, expected time line to implement corrective actions, consequences for unsuccessful remediation, and individuals notified of the implementation of this plan. The training director will review progress and response to the remediation plan. The training director will continue to inform and consult with the training committee and others as needed. A copy of the plan will be placed in the trainee's training file.
7. Corrective actions may include but are not limited to:
 - a. increasing supervision
 - b. changing the format, emphasis and/or focus of supervision; changing the supervisor
 - c. recommending that the trainee initiate personal therapy. Interns, as employees, may utilize the Employee Assistance Program at no cost.
 - d. reducing the trainee's clinical or other workload and/or requiring specific academic course work
 - e. recommending a leave of absence
8. At the point that a written remediation plan is necessary, the training director will consult with the trainee's graduate school program. This communication will include: (a) a clear statement of the problem, remediation plan, and expected outcomes needed to resolve the problem; the (b) what the training program's response has been to date; and (c) what role, if any, the training program would like the graduate program to play in addressing the problem. A record will be kept of this communication in the trainee's file. The communication will be ongoing, and the graduate school program will also be notified if the problem is resolved.
9. Further action may be taken under the following circumstances:
 - Trainee does not acknowledge, understand, or address the problem when it is identified.
 - The quality of services delivered by the trainee is sufficiently negatively affected.
 - The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
 - The problematic behavior has potential for ethical or legal ramifications if not addressed.

Such action may include:

- a. Placing the trainee on probation
- b. Giving the trainee a limited endorsement
- c. Terminating the trainee from the program
- d. Limitations of a trainee's duties

Any of the above steps would occur in consultation with the individuals/advisory bodies noted above. Any steps taken will be in compliance with Northport VAMC due process regulations per VA Handbook 5021, and the rights of the trainee will be respected. Any steps taken will be documented fully. Trainees have the right to appeal in a manner consistent with the grievance policy.

10. With regard to the limitation of a trainee's duties, or termination, the training program follows the guidance of VHA Handbook 1400.04 which states, "When a trainee's performance or conduct is judged to be inappropriate in the health care environment, including actions that may be detrimental to veteran health care, evaluation of the trainee, in consultation with faculty from the affiliated institution (when relevant), must be documented. In these situations, trainees may have clinical duties limited, have additional supervision assigned, or be assigned non-clinical duties for the duration of the performance review. In consultation with the affiliated institution, VA may, after careful weighing of the facts, withdraw the trainee from VA assignment. A trainee who is thought to pose a threat to the public, veterans, or staff must immediately be placed on administrative leave. The purpose of the leave is to allow review and investigation of alleged performance problems, including the contribution of any underlying medical condition. Any

disciplinary action on the part of VA will conform to Human Resources policy when the trainee is paid by VA and in a program sponsored by VA. For a trainee in a program sponsored by an affiliate, further investigation and appropriate action, including possible remediation, disciplinary action, or dismissal from the training program, will be at the discretion of the affiliate.”

11. Interns, who are paid by the VA, are entitled to mediation, as per Center Memorandum EEO-06, ALTERNATIVE DISPUTE RESOLUTION (ADR) EEO MEDIATION. In order to initiate mediation, the ADR Program Coordinator at the Northport VAMC should be contacted.
12. When the trainee is an extern, the primary responsibility for that extern remains with the affiliated university. Any problem behaviors that are not resolved through informal actions will be brought to the attention of the university training director. Problem behaviors that are not resolved with the intervention of the university training director may lead to dismissal from the externship program. Other formal or disciplinary actions will be at the discretion of the affiliated university.

Insufficient Performance

1. Expectations of performance are stipulated in the trainee brochures and orientation handbooks.
2. Supervision is intended to be an ongoing bidirectional process with consistent feedback on progress and attention to relationship dynamics as needed. As such, it is anticipated that informal action will be the most common intervention for insufficient performance.
3. Mid-rotation and end of rotation evaluations allow for documentation of efforts to remedy insufficient performance and may include, but are not limited to, any of the following:
 - a. Continued experience under closer supervision
 - b. Supervisor modeling of skills
 - c. Recording of sessions
 - d. Recommendations for reading relevant empirical literature
4. A formal remediation of performance will be triggered when the above steps have already been taken and did not result in improvement. This plan will include a description of the problem, expectations for performance, trainee and supervisor responsibilities, method of assessment, anticipated timeframe, and consequences should the problem remain.
5. When a recommendation for improvement has been made and a rotation is ending, progress will be monitored in the next rotation.
6. When the above actions do not lead to resolution of insufficient performance or the training year is near its end, the supervisor will consult with the training committee to determine a course of action. This may include a decision to treat the issue as a problem behavior.
7. When the trainee is an extern, any of the above steps will occur in consultation with the affiliate institution.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 5/2/17

Internship Program Admissions

Our training committee carefully reviews all applications, attending to goodness of fit between the applicant's goals and experiences, and the training we offer. Our selection criteria also focuses on scope of training, writing skills, and the quality of letters of reference. We actively seek diversity in our training cohorts. We offer multiple interview days where applicants have the chance to learn more about our training site, talk with current interns, and participate in the evaluative interview process.

Federal laws and regulations of the Equal Employment Opportunity Commission (EEOC) prohibit discrimination based on race, color, religion, gender (sex), national origin, age (40 years and over), physical or mental disability, and/or reprisal. This applies to VA employees, applicants for employment and former employees. Psychology interns are considered VA employees.

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	Y xx	Amount: 500 hours
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Total Direct Contact Assessment Hours	Y xx	Amount: 75 hours
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Describe any other required minimum criteria used to screen applicants:

1. Applicant must be a citizen of the United States.
2. Applicant must be a doctoral student in good standing at an APA or CPA-accredited program, or respecialization program, in Clinical or Counseling Psychology.
3. Applicant must be approved for internship status by the graduate program training director.
4. Applicant must have written at least four supervised integrated psychological reports for adults.
5. Dissertation proposal must be approved prior to the date of the application.
6. Applicant must have training and career goals that fit with the mission of the training program and the Department of Veterans Affairs.
7. Letters of recommendation must indicate a high quality applicant.

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 fingerprinting and background checks. Match result and selection decisions are contingent upon passing these screens. To comply with federal and VA rules and provide interns with liability

protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the intern can be appointed. Most APA-approved doctoral programs already have an agreement on file.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$27,132 paid in biweekly installments
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 (amount depends on your choice of insurance)
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation) :	4 hours per pay period
Hours of Annual Paid Sick Leave:	4 hours per pay period
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:

Insurance

Life insurance is available to interns.

Leave

Interns have off on all federal holidays.

VA Handbook 5011, Part III, Chapter 2, Section 12 states that an employee may be given authorized absence when the activity is considered to be of substantial benefit to the VA in accomplishing its mission, or the activity will clearly enhance an employee's ability to perform the duties of the position presently occupied or may be

expected to prospectively occupy, or the basis for excusing the employee is fairly consistent with prevailing practices of other Federal establishments in the area concerning the same or similar activities. Up to 40 hours of authorized absence may be approved for the purpose of scheduled activities related to dissertation (e.g., dissertation defense) and/or for employment interviews in the VA system.

Interns are eligible for leave without pay under the FMLA program. Please note this would require an extension of time into the following academic year, which could potentially impact the training activities available.

Facility Resources

Intern offices have personal computers with access to email, instant messenger, computerized patient records, internet, and Office programs. The VA intranet allows access to its library and training SharePoint.

Our Testing Center maintains and continuously adds to a library of assessment materials. For a variety of tests, computer administration and scoring is available. Interns have full access to the medical center library, which coordinates with local and VA libraries to obtain any requested materials. Our library allows access to large search engines and scholarly databases.

Northport VAMC offers affordable on campus student housing on a first come first serve basis. Interns with children may also use our on-station, accredited Day Care and Summer Camp, if slots are available. Please note we cannot guarantee housing or placement in childcare programming.

The VA campus includes facilities such as a veterans' childcare center, pool, golf course, cafeteria, canteen, employee exercise room, art studio, and housing for homeless veterans through Beacon House. The VA has its own police and fire services. The campus buildings are connected via a tunnel system.

Initial Post-Internship Positions 2013-2014, 2014-2015, 2015-2016

Total # of interns who were in the 3 cohorts	9
Total # of interns who did not seek employment because they returned to their doctoral program /are completing doctoral degree	0

	Postdoctoral position	Employed position
Community mental health center	NA	NA
Federally qualified health center	NA	NA
Independent primary care facility/clinic	6	4
University counseling center	NA	NA
Veterans Affairs medical center	NA	NA
Military health center	NA	NA

Academic health center	NA	NA
Other medical center or hospital	1	2
Psychiatric hospital	NA	1
Academic university/department	1	1
Community college or other teaching setting	NA	NA
Independent research institution	NA	NA
Correctional facility	NA	NA
School district/system	NA	NA
Independent practice setting	1	1
Not currently employed	NA	NA
Changed to another field	NA	NA
Other		
Unknown		

ADMINISTRATIVE POLICIES

Remediation

Please reference the evaluation and feedback section above.

Grievance

Policy on Resolution of Trainee Grievances

1. Problems identified by a trainee should, whenever possible, be addressed with the supervisor in the setting where the complaint is occurring. Examples include, but are not limited to: challenging a performance rating the trainee considers inaccurate or unfair, grievance against clinical, teaching, supervision, or other professional behavior of the supervisor or challenging a program policy or procedure.
2. The training director may be consulted by either the trainee or the supervisor in order to facilitate a resolution that is satisfactory to the trainee and the supervisor. The training director will monitor the situation in order to verify that a constructive resolution has occurred.
3. Opportunities for trainees to express concerns or complaints are built into the training program. Examples of this include formal and informal evaluation of learning experiences, didactics, and the training program as a whole. The training director has regularly scheduled development meetings with all trainees.
4. If the grievance is against the training director, it should be brought to the assistant training director.
5. If the issue has not been resolved, the training director will notify the training committee of the situation and the committee will become involved in the discussion and resolution of the problem.
6. If the problems are not resolved at the above levels or if the training committee believes that the nature of the resolution falls outside its authority, the chief, psychology service will be consulted.
7. A trainee may also consult with the Chief of Psychology directly if he/she is not satisfied with the resolutions offered by the training director, assistant director and/or committee.

8. Trainees have the right to make a formal complaint in writing. Such complaints are kept on file, along with documentation of steps to address the complaint.
9. As VA employees, interns can elect to file complaints to any established body designated for this purpose (e.g., OIG, AFGE 2011 Article 43).
10. As VA employees, interns are entitled to mediation, as per Center Memorandum EEO-06, ALTERNATIVE DISPUTE RESOLUTION (ADR) EEO MEDIATION. In order to initiate mediation, the ADR Program Coordinator at the Northport VAMC should be contacted.
11. Interns may consult with and/or seek counseling services through the Employee Assistance Program at no cost.
12. Externs are not VA employees. They remain primarily associated with their graduate school training program. Externs have the option to bring complaints to the attention of their university training director for help and guidance in resolving a grievance. This may include the university training director contacting the VA training director or the Chief, Psychology Service.

Records

Each intern file includes a record of the intern's training experiences, evaluations, and certificate of internship. Documentation of successful completion of internship is retained indefinitely.

FACULTY

Nyasanu Barbee, Ph.D. – University of Wisconsin - Milwaukee
Assignment: Primary Care- Mental Health Integration

Michelle Castellano, Ph.D. – Nova Southeastern University
Assignment: Substance Abuse Residential Rehabilitation Treatment Program; CARF liaison

William Cheney, Ph.D. – New School for Social Research
Assignment: Neuropsychology; Training Committee

Janet Eschen, Ph.D. – Fordham University
Assignment: Program Manager, Substance Abuse Residential Rehabilitation Treatment Program; Training Committee

Lauren Fitzgerald, Psy.D. – Long Island University, C.W. Post Campus
Assignment: Community Living Centers; Women's Wellness Center

Tracy French, Psy.D.. – Argosy University
Assignment: Dual Diagnosis Recovery Center; Training Committee

Deirdra Frum, Psy.D. – La Salle University
Assignment: Primary Care- Mental Health Integration

David Gately, Ph.D.– The Ohio State University
 Post-Doctoral Certificate in Psychoanalysis and Psychotherapy, Derner Institute of Advanced Psychological Studies, Adelphi University
Assignment: PTSD Residential Rehabilitation Program

Erin Kode, Psy.D. – Regent University

Assignment: Substance Abuse Residential Rehabilitation Treatment Program

Eftihia Linardatos, Ph.D. – Kent State University

Assignment: Home Based Primary Care

Stephen Long, Ph.D. – California School of Professional Psychology

Post-Doctoral Certificate in Psychoanalysis and Psychotherapy, Derner Institute of Advanced Psychological Studies, Adelphi University

Assignment: Iraq and Afghanistan Wars Readjustment Program; Training Committee

Michael Marino, Ph.D. – Bowling Green State University

Assignment: Chief, Psychology Service

Vivian Mendelsohn, Ph.D. – Derner Institute of Advanced Psychological Studies, Adelphi University

Assignment: PTSD Residential Rehabilitation Program

Melody Millando-Wirtenson, Ph.D. – Derner Institute of Advanced Psychological Studies, Adelphi University

Assignment: Iraq and Afghanistan Wars Readjustment Program

Leroy Monroe, Ph.D. – Derner Institute of Advanced Psychological Studies, Adelphi University

Assignment: Community Based Outpatient Clinics

Louis Mora, Ph.D. – St. John's University

Post-Doctoral Certificate in Forensic Psychology, St. John's University

Assignment: Acute Admissions Units; Training Committee

Margaret Rayne, Psy.D. – Long Island University, C. W. Post Campus

Assignment: Program Director, Psychosocial Rehabilitation and Recovery Center; Training Committee

Mark Sandberg, Ph.D. – University of Miami

Assignment: Neuropsychology

Amy Scott, Psy.D. – Nova Southeastern University

Assignment: Community Living Centers; Community Based Outpatient Clinics, Training Committee

Marc Shulman, Ph.D. – Ferkauf Graduate School of Psychology Yeshiva University

Assignment: Substance Abuse Residential Rehabilitation Treatment Program; Community Based Outpatient Clinics

Amy Tal, Ph.D. – Fordham University

Assignment: Psychosocial Rehabilitation and Recovery Center (PRRC); Training Committee

Joanne Taylor, Ph.D. – Fairleigh Dickinson University

Assignment: Health Behavior Coordinator; Training Committee

Maureen Welsh, Ph.D. – Derner Institute of Advanced Psychological Studies, Adelphi University

Assignment: Community Living Centers

Mathew Williams, Ph.D. – Stony Brook University
Assignment: Primary Care- Mental Health Integration; Evidence Based Psychotherapy
Coordinator; Training Committee

APPLICATION PROCESS and DATES

Interns complete a 2080-hour, APA accredited twelve-month training program from August 6, 2018 to August 2, 2019.

1. The Northport VAMC uses the AAPI online. No additional materials are requested.
2. Completed applications for admission for the 2018 - 2019 training year must be received by midnight EST on November 15, 2017.
3. The Training Committee attempts to interview as many candidates as possible. All applicants who submit a complete set of application materials will be notified by e-mail of their interview status by December 15, 2017. We do not conduct telephone interviews. OUR COMPUTER MATCHING CODE NUMBER IS **148111**

MISCELLANEOUS

Privacy statement: We collect no personal information from you when you visit our website.

APPIC statement: 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.

APPIC contact:

APPIC
10 G Street, NE
Suite 440
Washington, DC 20002
Phone: 202-589-0600
Web: [Link to APPIC](#)
Email: appic@aol.com

Northport VAMC Psychology TD contact:

Amy Tal, PhD
Northport VAMC
79 Middleville Rd. (116B)
Northport, NY 11768

Email: Amyllene.Tal@va.gov
Phone: (631) 261- 4400 extension 5805
Fax: (631) 266 - 6086

Directions to the Northport VA Medical Center:

Take the Long Island Expressway (I-495) to Exit 53. Follow signs to Sunken Meadow Parkway North (also known as Sagtikos Parkway) .

Proceed north on the Sunken Meadow Parkway to Exit SM 5 West. Continue westbound on route 25A for approximately 2 ½ miles until you see the North Fort Plaza on your right and the Learning Experience center on the left.

Take the next left (at the blinking light) which will be Rinaldo Road. At that left, you will see a small sign for the VA Medical Center. The Medical Center is at the juncture of Rinaldo Road and Middleville Road.

Enter the VA. You will be driving through a golf course. At the end of the golf course there is a security booth where you will be required to show picture I.D. At the second STOP sign after the security booth, make a left onto 60's Blvd. You will be passing buildings 61-64. After building 64, keep to the left. You will be passing buildings 89 and 88. You will see a large parking lot on your left. Park in this lot (lot I). Directly across the street from the parking lot is a dead end. Walk into the dead end and building 6 will be directly in front of you. The Psychology Service office is on the second floor of Building 6, room 229.

Street Address:

Northport VA Medical Center
Psychology Service (116B)
Building 6, room 229
79 Middleville Road
Northport, NY 11768-2290