

VA HUDSON VALLEY HEALTH CARE SYSTEM PSYCHOLOGY INTERNSHIP TRAINING PROGRAM



Internship Structure

The internship year is divided into two major six-month rotations. Each intern participates in two rotations for the year. In addition, there are several supplemental rotations. The supplemental rotations are six months or a year depending on the clinical rotation.

Rotation assignments are based upon the interns' interest and identified training needs. Interns are asked their interest prior to starting the internship year.

First Rotation: September – March

Second Rotation: March – August

There are specific days designed for the supplemental rotations (which are subject to change based on schedule):

Mondays 12:30 - 4:30 pm & Thursdays 8:00 - 12:00pm

Or

Fridays 8:00 - 4:30pm

Thursdays 12:15 pm – 1:00pm / Intern Lunch/Peer Supervision

1:00 pm – 4:00 pm / Didactics & Seminars

Due to COVID-19 there have been some changes to the Internship Rotations. Interns will be on campus Monday, Tuesday, Wednesday and off-site on Thursday and Friday. As a result, major rotations and supplemental rotations will be done Monday, Tuesday and Wednesday. The hours of these rotations are pending discussion with rotation supervisors.

During the three days, Interns will be 'housed' at their Major rotation and will conduct sessions, testing, groups via VOD from that location.

Major rotations are 28 hours per week. These include all clinical, administrative, assessment and supervision.

Supplemental rotations are eight hours per week. These include six hours of clinical experience. One hour of clinical experience is designated for a CPT case; one hour of supervision; one hour for documentations.

MAJOR ROTATION: POST TRAUMATIC STRESS DISORDER RESIDENTIAL PROGRAM

Alina Grinman, PsyD Yitzhak Rosman, PsyD, Shimel, H. RNCS

The PTSD Residential Program rotation at VA Hudson Valley Healthcare System provides training in providing intensive treatment of Veterans who experienced trauma related to their military service. The rotation is designed to enhance a trainee's skills in exposure-based treatment of PTSD and assessment.

Goals

The main objective of the PTSD Residential Program rotation is to provide the opportunity for interns to develop competency in obtaining extensive psychological histories, detailed evaluations of precipitating traumatic events, and treatment of trauma- and stressor-related disorders.

Training Model

The unit uses a Practitioner-Scholar training model, emphasizing the “mutuality of science and practice. Training experience is acquired through clinical practice informed by scholarly inquiry rather than by involvement in laboratory research. Interns are trained to think critically and engage in disciplined inquiry, considering individual, cultural, and societal considerations in their treatment of patients. Consistent with the Practitioner-Scholar training model, the unit strives to develop proficiencies in clinical assessment and intervention, promote a reliance on professional research and literature, and develop a sense of professional identity and functioning in patient treatment. Interns are expected to become sophisticated consumers of the research literature and are urged to consider empirical findings in their clinical work through hypothesis testing, awareness of bias, and critical evaluation of clinical interventions. Training in Evidenced Based Practices (EBP) is provided as a component of the unit along with consultation throughout the training year. Appropriate time is allotted for EBP training.

Clinical experiences

During the first week of the rotation, interns will participate in an orientation phase. During the orientation phase, they will engage in training, observe screenings to the unit, complete CAPS training, and observe daily routines. A psychopharmacology orientation will also take place during this phase. Interns will be oriented to administrative unit duties and clinical documentation. During this time, interns will become familiar with unit structure and professional expectations.

Interns are expected to commit to 28 hours per week on this major rotation. This includes 1 hour of supervision with unit supervisor and 1 hour of assessment supervision. An additional hour of supervision may be utilized with other unit staff for additional unit duties. Interns will also attend a twice a month seminar on complex trauma.

Unit duties will include a caseload of at least three Veterans, with whom they will conduct individual psychotherapy and case management as needed. Interns will co-facilitate trauma processing group, as well as at least one psychoeducational group. Interns who are interested in group work will have an opportunity to create an additional group for the unit. Interns will conduct assessments upon intake and throughout course of treatment to monitor progress. Interns will provide assessment feedback to the interdisciplinary team within two weeks of the assessment. They will participate in treatment team meetings. Interns will be assigned to collaboratively prepare a case presentation for Grand Rounds in the hospital.

Clinical Staff:

Thomas Stracuzzi, PhD/ Program Manager.

Francesca Pacaud-Parker, PhD. CASAC, Psychologist.

David Levy, MD. Psychiatrist.

Yitzchak Rosman, PsyD. Supervisor.

Alina Grinman, PsyD. Supervisor

Helaine Shimel, RNCS. Clinical Nurse Practitioner.

Sophia Reynolds-Barnes, RN. Nurse.

MAJOR ROTATION – SUBSTANCE ABUSE RESIDENTIAL PROGRAM

Dana J. Jackson, PsyD., ABPP & Assunta G. Vitti, PhD

The objective of the SATP-R is to provide the Veteran with a drug-free environment so that s/he may work towards sustained sobriety by achieving a better understanding of the forces that have led to their addiction, and by developing coping skills to deal more effectively with relapse issues.

Goals

The Intern obtains experience functioning as the primary treatment coordinator of Veterans in a 45-day residential substance abuse treatment program. The primary focus of this rotation is to provide the Intern with experience in addiction and dual diagnosis within an early recovery setting.

Training Model

The program utilizes a mixture of “best practices,” Cognitive Behavioral and Seeking Safety, in addition to a wide variety of group treatment interventions and educational groups.

Clinical experiences

Interns are expected to commit to 28 hours per week on this major rotation. This includes 1 hour of supervision with unit supervisor and 1 hour of assessment supervision.

This rotation includes diagnostic evaluation of psychopathology and psychosocial issues, assessment, interdisciplinary treatment planning, and individual and group psychotherapeutic interventions (EBT, psychoeducation, and process). The Intern’s training includes, but may not be limited to:

Screening assessments including mental status, cognitive and neuropsychological screening, objective/projective testing to assist with diagnostic clarification, medication management, or appropriateness for treatment.

1. Interdisciplinary team participation, including daily team meetings and twice weekly new admission teaming to development the multidisciplinary treatment plans.
2. Primary treatment coordinator for 3 individual cases including individual psychotherapy, case management, and discharge planning.
3. Lead/co-lead group psychotherapy (EBT, psychoeducation, and process-oriented).
4. Work closely with psychiatrist and psychiatry residents regarding differential diagnosis and treatment recommendations.

Clinical Staff:

Dr. Dana Jackson, PsyD, ABPP

Dr. Assunta G. Vitti, PhD, Director of Pre-Doctoral Internship Training

SUPPLEMENTAL EVIDENCED-BASED PSYCHOTHERAPIES ROTATION

Shareen Kneeshaw, Ph. D.

The Evidence-Based Psychotherapy rotation at VA Hudson Valley Healthcare System provides training in the delivery of Cognitive Behavioral Therapy for depression and anxiety, Cognitive Behavioral Therapy for Insomnia, and additional opportunity for Cognitive Processing Therapy for PTSD. The rotation is designed to enhance a trainee's skill level in providing protocol-based therapy. VA EBP protocols recognize individuality and are in support of the VA's recovery-oriented stance.

Goals

The main objective of the EBP rotation is to provide the opportunity for Interns to develop competency in delivering research-based diagnosis specific protocols. The implementation of EBP in VA is not based on the application of techniques in a nomothetic fashion. Rather, the application of the core components of the therapy is tailored to the specific understanding, goals, and needs of the patient, while maintaining fidelity to the established model.

Training Model

The training model, as defined by the VA EBP initiative, involves two key components, both of which we believe are necessary for building skill mastery and implementing new psychotherapies and for longer-term sustainability: (1) experientially-based training, followed by (2) ongoing, weekly clinical consultation on actual therapy cases. The consultation/supervision is a critical component of the training program.

In addition to the important active skills components of the treatments, the protocols place great emphasis on the therapeutic relationship and the tailoring of the intervention to the specific patient, guided by a careful case conceptualization and individualized treatment plan developed in collaboration with the patient. Our belief is that EBP done well requires a very collaborative therapeutic relationship. Although not the direct mechanism of change, the therapeutic relationship is a critical contextual variable in EBP and can promote or diminish the likelihood of therapeutic change in the patient.

In addition to the various EBPs there will be training in VA's Shared Decision-Making process.

Manuals are downloaded via the VA Share Points.

Clinical experiences

During the initial phase of the rotation interns will participate in trainings for CBT-I, SDM, and review of CBT if needed. Interns are expected to commit to 8 hours per week on this rotation for the entire year. This includes 1 hour of supervision with supervisor and 1 hour for documentation. Caseload is expected to be 6 split between CBT and CBT-I (can also include CPT cases above and beyond the 2 required for CPT completion). There is an expectation that at least 2 cases of each EBP will be completed. Interns will gain experience in the use of SDM skills as part of initial assessment sessions for possible EBP cases. Interns will also learn to use the associated documentation templates for each EBP.

Clinical Staff:

Shareen Kneeshaw, Ph. D.

Regional CPT Trainer, National CPT consultant, Local Evidence-Based Psychotherapy Coordinator, Tele-mental Health Champion

SUPPLEMENTAL PRIMARY CARE MENTAL HEALTH INTEGRATION ROTATION

Marina Stanislavskaia, Ph.D.

The Primary Care Mental Health Integration (PCMHI) Supplemental Rotation at VA Hudson Valley Healthcare System provides training in clinical psychology with an emphasis on providing brief focused mental health care in the primary care setting. The rotation is designed to enhance a trainee's skills in completing functional assessments and providing short-term, problem-focused interventions.

Goals

The main objective of the PCMHI Rotation is to provide the opportunity for Interns to develop competency in the application of brief assessment and interventions that support primary care providers, with an emphasis on integration of mental health services within primary care. The focus is on assessment and treatment of patients who present with a wide range of medical, emotional, and psychosocial problems. Referrals come from Primary Care, as well as Specialty Care (e.g. neurology, psychiatry, endocrinology).

Training Model

Interns learn to complete brief functional assessments and provide short-term focused interventions in a primary care setting where patients present with a broad range of medical problems. Interns will have an opportunity to learn behavioral interventions focused on helping patients who are struggling with a variety of medical issues, including chronic pain, diabetes, weight problems, sleep difficulties, and others. Interns will gain skills in making treatment and

referral decisions, as well as be a liaison to other clinical services and programs. Interns will also work with medical providers in a primary care setting and provide consultation services directed at enhancing health-promoting behaviors.

Clinical experiences

Interns are expected to commit to 8 hours per week. This includes 1 hour of supervision, 1 hour of consultation and chart review, and 6 hours of clinical application. The Intern will have the opportunity to learn to conduct brief functional assessments provide problem-focused interventions to patients in a primary care setting. Interns will also have the opportunity to learn to provide concise feedback to referring medical providers, as well as facilitate appropriate referrals.

SUPPLEMENTAL NEUROPSYCHOLOGY ROTATION Christopher D'Amato, Psy.D., MPA, ABN

The Neuropsychology Supplemental Rotation at VA Hudson Valley Healthcare System provides training in clinical psychology with an emphasis on neuropsychological assessment and treatment planning. The rotation is designed to enhance a trainee's understanding of neuropsychological diagnosis, evaluation/assessment and biological psychology.

Goals

The main objective of the Supplemental Neuropsychology Rotation is to provide the opportunity for Interns to develop competency in the application of psychological and neuropsychological knowledge to the professional practice of psychology, with specific emphasis placed on clinical problems in medical and psychiatric settings. Emphasis is on assessment with individuals with a range of physical, cognitive, emotional and behavioral disabilities, on outpatient and inpatient settings. Referrals come from Neurology, Internal Medicine, Psychiatry, Psychology, Physiatry, and Geriatrics.

Training Model

Interns learn effective interviewing techniques with a broad range of neurologically-impaired patients and become proficient at test selection, administration, and scoring, as well as interpretation of results and oral and written communication of findings. Supervision emphasizes integrated conceptualization of theoretical models of adult neuropsychology, neuropsychological assessment, behavioral neurology and cognitive neuroscience.

Clinical experiences

Interns are expected to commit to 8 hours per week. This includes 1 hour of supervision, 1 hour of participation in weekly didactic/educational seminar on our substance abuse unit in building 28, and 6 hours of clinical application. Fridays are set aside for most of these activities. The Intern will have the opportunity to learn history taking as it relates to neuropsychological assessment, test selection and administration, case conceptualization, report writing, and making recommendations. The Intern can participate in weekly educational lectures regarding the influences of drugs and alcohol on the brain and body. Interns may begin their rotation at any level of expertise and can expect to learn gradually and enjoy an evolving level of autonomy as time goes on.

SUPPLEMENTAL ROTATION: DIALECTAL BEHAVIORAL THERAPY (DBT)

Mark Lombardo, Ph.D.

The DBT track offers the intern the opportunity to spend a full year as part of a DBT team. This includes leading and co-leading skills training groups, individual DBT therapy with supervision, and weekly consultation team meetings. Trainings throughout the year may also be available. Prospective DBT team interns will be expected to either have significant previous DBT experience (having functioned as part of a DBT team) and/or will be expected to do some reading and education as they gain experience through observation and supervision. The commitment to the DBT team is for the duration of the internship. The intern should be expected to have time for 90-minute DBT group weekly, carry a minimum of one outpatient DBT patient, attend 60-minute consultation team weekly, and have one hour of weekly outpatient DBT supervision. DBT interns are strongly encouraged to travel to CP to take participate in that part of the DBT program as well.

DBT Team members

Melissa Halligan, PhD

Mark Lombardo, PhD

Cecil Sison, PhD

Jonathan Weinstein, PhD

Supplemental Rotation: MST Outpatient Rotation

Helaine Shimel, RNCS

This supplementary rotation is designed to offer interns with clinical experiences in treating Military Sexual Trauma. This group is a process-oriented group. Interns will be involved in take part in once a week 90 minutes group from 1 to 2:30 (Tuesdays), have one hour of supervision, one hour for documentations. There are also possibilities for individual therapy. This rotation is a one-year commitment.

Supplemental Rotation: Long Term Group Psychotherapy Helaine Shimel, RNCS

This supplemental rotation is designed to offer interns with clinical experiences in treating Veterans with a wide range of diagnosis utilizing long term process-oriented group psychotherapy. The group meets on Mondays 1:30-3 :00 pm.

THE FOLLOWING ROTATIONS HAVE BEEN TEMPORARILY SUSPENDED DUE TO COVID-19. THEY ARE CURRENTLY UNAVAILABLE FOR THE FALL PORTION OF THE INTERNSHIP TRAINING YEAR. IF AND WHEN GUIDANCE ON COVERING THESE UNITS DURING COVID-19 CHANGES, THEY WILL BE OFFERED AGAIN.

MAJOR ROTATION-ACUTE PSYCHIATRY UNIT (4 CD)

Jessica Nicolosi, PsyD

GOALS/OBJECTIVES

The Intern initially gains intensive treatment and evaluation experience with Veterans in an acute phase of illness on a 28-bed locked inpatient psychiatric unit. The primary focus of this rotation is to provide the Intern with both experience and comfort with the acute phases of psychopathology of severe mental illnesses. Acute episodes related to schizophrenia, drug induced psychosis and/or mood disorders, major depressive episodes, manic episodes, underlying personality pathology and suicidal behaviors are amongst the most frequently encountered admitting diagnoses. This rotation includes diagnostic evaluation of psychopathology and psychosocial issues, rapid assessment training, interdisciplinary care planning, as well as individual and group psychotherapeutic interventions.

TRAINING MODEL

The unit uses a Practitioner-Scholar training model where training is acquired through clinical practice informed by scholarly inquiry. There is a culture of hitting the ground running...with support of course! It is important to note that 4 CD is also a site of training for medical students, social work interns, as well as psychiatry residents, so each member of this multidisciplinary team is here to support and be part of the training experience at all levels. Interns are invited to

think critically and engage in inquiry related to all aspects of care, especially centered on fleshing out issues with consideration of individual, cultural, and societal values that each unique Veteran may identify. Training on the unit is evidence-based, but given the acute nature of the program, and the diversity among the cohort of men and women Veterans at any given time, adaptations of such evidence-based treatments are expected to be offered in service of more patient-centered care. The unit also welcomes and emphasizes whole health approaches to treatment, where psychology staff on 4 CD assist with coordination of clinical care by outreach to many different providers who are part of the Veteran experience both on and off the unit (e.g., Women's Veterans' Coordinator, Transition Care Management, Whole Health Coordinator, Suicide Prevention Coordinator, etc.).

CLINICAL EXPERIENCES

The Intern's training includes, but may not be limited to:

1. Functioning as an integral team member during rounds, providing treatment recommendations specific to life after discharge and community inclusion.
2. Advancement of assessment skills, with attention to how to differentially diagnoses, develop skills for inquiring about psychotic spectrum symptoms, rapid assessment when one experiences significant problems related to mood and/or thinking and to judiciously use both objective and projective testing to provide the Veteran and the team with diagnostic feedback and education/recommendations.
3. Facilitate recovery-focused process and psychoeducation groups for individuals who vary in their level of symptoms management.
4. Conduct time-limited and problem focused one-on-one interventions.
5. *Clinical training supervision through umbrella supervision with medical students.

*The intern will provide formal supplementary "umbrella" training supervision to one or more medical students who complete rotation on Acute Psychiatry Unit. This umbrella supervision training experience occurs under the direct supervision of rotation supervisor and collateral supervision from lead psychiatrist physician when applicable. The primary emphasis of this teaching and supervision experience will center on educating students on case formulation and assisting, when applicable, with preparation of a case presentation utilizing case formulation skills.

SUPPLEMENTAL ROTATION: COMMUNITY LIVING CENTER

Cecil Sison, PhD

VA Hudson Valley HCS has four (4) Community Living Centers, formerly known as Nursing Homes, with three (3) in Montrose (113 beds). The CLCs serve mostly geriatric Veterans with skilled nursing needs, with some younger residents who are medically compromised or are admitted for short term rehabilitation. The CLCs provide skilled nursing, dementia care,

palliative care, and hospice care. One unit is a mental health recovery service, with mostly seriously mentally ill Veterans.

Psychological services in the CLC in Montrose may include individual and group psychotherapy, cognitive screening, and psychological assessment. Psychologists work closely with the Psychiatrists and Psychiatry resident. There will be opportunities to consult with the unit staff and the interdisciplinary teams. There may be opportunities for CBT, motivational interviewing, pain management, supportive therapy, and family support.

Administrative Organization

Dr. Assunta G. Vitti is the interim training director, and reports to the Chief of Psychology, Dr. Thomas Stracuzzi. Dr. Vitti oversees the training program and chairs the training committee. In case of the absence of the training director, a member of the training committee is assigned to assume the necessary duties.

Training Committee

The training committee is an integral part of the internship program. One of the functions of the training committee is to ensure that interns receive the proper training that meet the intern training goals and needs. The Training committee is also involved in development of training policies and procedures. This is accomplished by reviewing the interns' progress, potential program issues, and making changes as appropriate.

All supervisors are members of the training committee. The training director may appoint other staff to provide services in the interest of the training program.

All the training committee members are required to attend 6 mandatory meetings for the internship year. If a committee member is not able to attend a meeting, the progress of the interns, any other concerns, or other agenda items should be communicated to the training director prior to the scheduled meeting.

Training Committee members may request a meeting with the training director to discuss any internship related issues. Such requests should be made in writing. If issues cannot be resolved at that level, a meeting with the Chief of Psychology may be requested.

All training committee meetings minutes will be recorded and made available to the committee.

Any decision made related to the training program will be communicated to the training committee.

Potential policy changes will be discussed with the training committee before the implementation of the policy.

Quarterly, a representative of the intern class may submit agenda items for review by the training committee. Any item to be discussed should be made in writing to the training director.

Supervisors

Interns will be assigned a licensed psychologist as their primary supervisor on their major and supplementary rotations, as well as a supervisor for assessment.

Supervisors are essential to the training program. Interns are to receive regular weekly supervision. Supervisors should meet with the intern at the beginning of the rotation, to discuss the rotation and to identify intern training needs.

Supervision with interns should include observed supervision. This may include co-leading a group with the interns. Another option is video/audio recording of a session with the Veteran signed consent.

Supervisors must schedule weekly regular times for supervision. A minimum of four hours of supervision are provided each week. A minimum of two hours of scheduled individual supervision is required.

Assessment supervisors must meet with the interns for weekly supervision even if the intern does not have a current case. This time may include discussing different assessment tools that the interns may not be familiar with, or any other tools related to assessments.

Supervisors cosign all progress notes, treatment plans, assessment reports, correspondence, and any other intern entries into the medical record. Each cosigned note must include an addendum for billing purposes. See sample of the addendum note below:

This case & the plan of care was discussed in clinical supervision with writer and author of note (Psychology Intern). We discussed and I concur with the clinical thinking, plan of care, & note content.

Interns must include the following statement in all their notes.

Confidentiality: The Veteran has been informed that this writer is an unlicensed clinician working under the supervision of Dr. XXXX, which is confirmed by the supervisor's cosigning of this note.

When the supervisor is away from the Medical Center, he/she arranges for appropriate backup supervision. If the psychologist identified is not from the training committee, the supervisor must inform the training director prior to the arrangement.

During the training committee meetings, supervisors discuss the interns' progress and training needs, as well as any other concerns related to the interns' training.

Supervisors prepare quarterly and final evaluations of the interns' experiences on the rotation, including progress toward developing the expected competencies. The supervisor and intern discuss the evaluation. This evaluation is signed by both the supervisor and the intern. Interns receive a copy of the signed evaluation. All completed evaluations must be given to

Dr. Vitti to be placed in the intern file.

Training Program Involvement

As part of the intern training, interns will be asked to participate in various activities, including:

- **Intern Interviews:** Interns are invited to be present during certain components of the intern interview process for the upcoming year. Interns will not be expected to evaluate internship applications, nor make recommendations for selection. Their role is primarily to provide information to interviewees regarding rotations and overall intern experience.
- **Intern orientation:** With input from staff and interns, the Training Director plans and schedules a week of orientation activities for incoming interns.
- **Program evaluation:** Interns are encouraged to provide feedback about the program. The interns will meet with the Training Director every six weeks. Interns will also participate in an Exit Interview completed by the Chief of Psychology, Dr. Stracuzzi. Each intern will be asked to complete a feedback form about the internship program (supervisors, didactic seminars, etc.). Data obtained from these evaluations will be used to make changes to the program as needed to ensure obtainment of training goals. The feedback forms will be reviewed by the Training Director and the data compiled will be analyzed for program improvement. The feedback from the Exit Interview and the data from the feedback forms will be discussed with supervisors.

Seminars/Didactics:

Interns will participate in weekly seminars. Thursdays, from 11:45-4:30, is designated for these didactic seminars.

Intern Lunch/Peer Supervision:

Interns meet for one hour on a weekly basis for peer supervision and consultation. This provides a forum for interns to supervise each other in a comfortable, private and collegial setting. Interns may also use this time to provide support and guidance to each other for any needs with which they present. Interns can discuss supervisory experience with their individual supervisors or during Group Psychotherapy Supervision, which meets twice a month. Interns are required to

keep a log of peer supervision. The intern assigned for the month must email the log to the training director.

Group Psychotherapy Supervision 4x/month:

1. To provide Psychology Interns with a forum to process issues that may arise during the internship and to explore the developmental changes that naturally occur throughout the internship year. Care is given to facilitate an Intern's greater understanding of how their own personal/cultural history and related components impact their interactions within the Intern cohort, as members of treatment teams and with patients.
2. To provide Psychology Interns with a space that encourages the development of collaborative support skills and self-care tools.
3. To provide additional supervision to Interns regarding issues that might arise on their designated rotations/placements including related to interactions with other staff members.
4. To work with Interns to facilitate a sense of professional identity and commitment.

Other expected seminars:

1. Cognitive Processing Therapy supervision (1x/week)
2. Group Supervision (1x/week) **TBD**
3. Peer Supervision/Intern Lunch (1x/week)
4. Boundaries (2x/year)
5. OEF/OIF/OND (1x/year)
6. Pharmacology
7. Ethics (1x/month)
8. Smoking cessation (1x/year)
9. Transference/Counter-transference (2x/year)
10. Military Sexual Trauma (1x/year)
11. Art Therapy (1x/year)
12. Music Therapy (1x/year)
13. Supervision (1x/year)
14. Psychological Assessment (2x/month)
15. Multicultural issues (1x/month)
16. Suicide Prevention (1x/year)
17. Life after Internship (1x/year)

Assessment

Successful completion of the internship program entails demonstrating competency attainment across multiple domains of profession-wide foundational competencies, completing the minimum number of hours on duty, and all assigned surveys and tasks. The following activities are required and evaluated:

(1) Assessment Module:

At the outset of the internship training year, each intern must demonstrate beginning competence in diagnostic assessment, interpretation of psychological tests, and report writing. All interns will be provided with a MOCK assessment case, where they will be provided with relevant background information and raw test data/score composites. Each intern will be responsible for writing an integrative psychological assessment report. If the report is deemed adequate (as determined by individual testing supervisor), the intern has completed the initial requirement. If the report is less than adequate, the intern and his/her supervisor will work on areas of development before moving on to engage in ongoing assessment throughout the training year.

Subsequent to this initial and required area of competence, interns will then be expected to engage in ongoing psychological testing, including test administration, scoring, report writing and provision of feedback throughout the training year. All interns will be required to complete a MINIMUM of 10 integrative test batteries that will, at minimum, include a cognitive, objective and projective component as agreed upon between intern and their assessment supervisor. It is important to note however, that engagement in assessment across the entire training year is expected and outside of the minimum for integrative assessment, interns may be asked to complete rapid assessments that may require less than mentioned above to address the referral question.

When completing test batteries, the intern is expected to complete the clinical interview, test administration, scoring and to discuss preliminary results with his/her supervisor within two weeks of responding to the referral. It is understood that the final report may lag due to need for supervision and report edits. In addition, it is expected that feedback be provided to the patient, identified partners in care, as well as the treatment team within two-three weeks of responding to the referral. All final reports should be uploaded in the electronic medical record and signed by intern and supervisor no later than four weeks after initiating testing.

Other Training (Web seminar, evidenced based training, conferences)

The training committee encourages interns' motivation to learn and to enrich their training. If an intern is interested in other training not part of the internship program, they may discuss it with their supervisor and determine if the training is possible and meet one's training needs. For other Evidenced Based training not offered by the training program, interns need approval from the training director. Given some of the requirements for Evidenced Based trainings it may not be possible for an intern to complete the requirements. Also, there are specific guidelines, such as one cannot complete two EBTs simultaneously.

ADMINISTRATIVE INFORMATION Financial Support

The intern annual stipend is \$ 30,178.00. The pay schedule is on a bi-weekly basis.

Travel reimbursement may be available for interns who take the Hudson line train to commute to the Hudson Valley VA. Appropriate documents will be available to complete for those who may be eligible.

Health Insurance

Health insurance is available to interns and family members. Interns will have to pay a portion of the cost for their health care. During the orientation with Human Resources all the necessary information related to health insurance will be discussed.

Work Hours

Interns work a 40-hour work week from Monday to Friday (8:00am-4:30pm). Interns are expected to arrive to their duty station on time. Interns cannot perform clinical duties if there are no supervisors on site. Interns are encouraged to complete their work within the scheduled work day.

Leave

Interns accrue a total of 13 days of annual leave (vacation), and 13 days of sick leave for the year. Interns will accrue four hours of annual leave (vacation) and sick leave per pay period. In addition, interns receive ten paid federal holidays. Interns must complete the necessary hours to complete internship. In case of emergency please consult training director with clinical supervisors as soon as issue becomes known. The Program Support Assistant, Stacey Cilento will be the official timekeeper. In case Ms. Cilento is not available, Ms. Helaine Goldberg-Hall will assume the timekeeper role and she should be contacted. Interns must call x2330 when they arrive at one's duty station. An e-mail message can be sent to Stacey Cilento as well.

Leave Requests

Interns are accountable for their time and are responsible for keeping track of leave and making sure all their clinical duties are covered during any absence. Prior to entering a leave request in

VATAS, annual leave should be planned with clinical supervisors to ensure that time away does not present problems in the clinical setting. In addition, interns should ensure that they have adequate leave time available to meet their leave request (check with designated timekeeper). Approval must be granted by clinical supervisors, the Training Director, and the Psychology Chief in advance of annual leave or authorized absence.

Leave requests are initiated informally with an email request. Once approved as per process outlined above, leave requests should be entered in VATAS at least two weeks before the leave is to occur (except in special circumstances).

Sick Leave: For sick leave, interns must call in or email their clinical supervisors, the training director, as well as Ms. Stacey Cilento to report that they will be absent. As soon as possible after returning from sick leave, interns must enter the leave on VATAS. Sick leave should only be used for periods of illness or documented medical appointments. However, in this case, the intern will need to bring written documentation from a medical provider stating that s/he was incapable of working due to illness. Alternatively, earned annual leave can be used. Requests for sick leave of more than 3 days at a time require written documentation from a physician. Use of sick leave without illness is considered fraud and can result in disciplinary action or termination from the internship. Trainees should note that unused sick leave can be credited to future federal government positions.

Annual Leave: Cannot be used until it is earned, except in cases of hardship; such requests must be approved by the Training Director and Psychology Chief.

Authorized Absence: In limited cases, authorized absence (leave that does not count against AL or SL) may be granted for attendance at conferences, workshops, professional meetings, and the doctoral oral exam or dissertation defense at the discretion of the Training Director and the Chief of Psychology. Authorized absence will be limited to three days per year, except under unusual circumstances. Authorized absence is at the sole discretion of the Psychology Chief, must be requested at least two weeks prior to the requested absence, and must be approved by clinical supervisors, the Training Director, and Chief. Once approved, email notification must be sent to the Program Support Assistant Ms. Stacey Cilento.