

**DEPARTMENT OF VETERANS AFFAIRS  
NEW JERSEY HEALTH CARE SYSTEM  
MEDICAL CENTERS at EAST ORANGE & LYONS, NJ**

**PSYCHOLOGY INTERNSHIP TRAINING PROGRAM  
2010 - 2011**

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### **INTRODUCTION**

The Psychology Internship Training Program offered by the VA New Jersey Health Care System is accredited by the American Psychological Association. Our primary goal is to train professional psychologists capable of providing a wide range of psychological services to a heterogeneous patient population. Our internship training program is well-established, with considerable experience in preparing psychologists to make the step from a graduate student to practicing professional.

The Psychology Internship Program is an integral part of the Psychology Section of the Mental Health and Behavioral Sciences Service (MH&BS). Comprehensive mental health services are provided to a wide range of eligible veteran patients in areas such as acute psychiatry, outpatient mental health, long-term psychiatric rehabilitation, geropsychology, substance abuse, post-traumatic stress disorders, health psychology, primary care, and neuropsychology. Administrative supervision of the Psychology staff is coordinated by the Associate Chief, MH&BS for the Psychology Section. The Director of Psychology Internship Training coordinates the day-to-day operation of the internship program. We believe that the VA New Jersey Healthcare System offers a high quality Internship Training Program with many clinical and educational opportunities provided by a highly competent, diverse professional staff dedicated to the training of future psychologists. We adhere to a 'generalist' model, but interns with strong clinical backgrounds may devote a portion of their internship training to working with a specific patient population.

## **EDUCATIONAL PHILOSOPHY & TRAINING MODEL**

Our philosophy of training is based upon the notion that professional psychologists should be capable of providing a wide range of services to a broad-based patient population. Internship training at the VA NJ Health Care System is designed to provide a comprehensive and integrated experience in working with a wide variety of patients for the purposes of developing highly competent, professional psychological skills. To this end, we value direct clinical experience in the context of close supervisory contact and oversight, supplemented by didactic instruction. We also carefully consider interns' developmental level in the designation of their clinical assignments. We emphasize tailoring their internship experiences in accordance with their academic knowledge and prior clinical training to facilitate early success and growth in confidence.

We are committed to the philosophy that one is first a professional psychologist, and secondarily, identifies with a psychological specialty such as health psychology or clinical neuropsychology. In keeping with this view, we strive to refine fundamental skills while developing more advanced clinical skills, such that our graduates are prepared for the professional demands placed upon the entry level practicing psychologist.

We view practicing psychologists as being able to adopt multiple roles. While this mainly encompasses clinical activities, it can also entail research, supervision, and teaching, plus administrative and program management skills. We view our primary responsibility as training highly competent clinicians who will be able to provide a full range of professional psychological services to a heterogeneous mix of clients. We anticipate that our intern graduates will pursue employment in mental health and medical facilities or postdoctoral clinical training.

The practical, day-to-day work of the professional psychologist is expected to be based upon the application of scientifically-derived psychological principles, theories and concepts, in all clinical functions, especially assessment, intervention, and consultation. Thus, as we conceptualize the practice of psychology and the science of psychology as mutually interdependent, we attempt to promote in our interns a respect for, knowledge of, and interest in research and appropriate clinical literature. In our view, well-trained clinicians are adequately prepared to be sophisticated "consumers" of, and possibly contributors to, psychological research literature. Thus, the scientific bases of professional psychology are an inherent part of our rotations and seminars; we attempt to integrate the practice of psychology with its scientific underpinnings. To this end, we adopt a Practitioner- Scholar model of internship training.

## **TRAINING GOALS**

In meeting our primary responsibility to train competent clinicians, our major resources are: (1) a large psychology staff which serves in multiple capacities at two large medical centers and outpatient clinics in New Jersey; and (2) a diverse, energetic, experienced staff who conceptualize supervision and teaching as a fundamental and integral part of their professional identities. Clinical activities for interns include supervised experiences in individual and group psychotherapy, diagnostic interviewing, psychological testing, and consultation. Additional areas of development include ethics, multicultural issues, methods of scholarly inquiry (i.e., scientific basis for clinical practice), supervision, and interprofessional relations.

It is our expectation that upon completion of the internship program, interns should be able to demonstrate competence in the following clinically-relevant domains commensurate with beginning professional status: Psychological Assessment, Intervention, Consultation, Ethics & Professional Functioning and Multicultural Issues. In our view, a “competent clinician” is one who is capable of providing a full range of high quality clinical services to a broad-based client/patient population. She/he identifies her/himself as a professional psychologist and is knowledgeable about, and involved in the profession. We define beginning professional status as the ability to autonomously perform routine clinical tasks, and being able to effectively manage complex clinical cases with appropriate consultation. To this end, we progressively increase the level of demands placed upon interns throughout the course of the training year, commensurate with their increasing levels of competence afforded by their varied clinical experiences.

## **TRAINING**

### **Structure**

The overall operation of the Psychology Internship Program is the responsibility of the Director of Training. The Director serves as Chairperson of the Psychology Training Committee which is charged with the following responsibilities: a) developing policy regarding the structure and operation of the Internship Program, b) reviewing intern rotation assignments, c) consulting on the content and organization of didactic instruction, d) reviewing the progress of interns, e) resolving any issues relating to an intern's personal and professional functioning in the program and f) communicating with the University about the intern's progress in the program. The Director of Training advises interns about their rotation assignments and individual training goals.

### **Orientation Phase**

The orientation phase serves to familiarize interns with each staff psychologist and his/her responsibilities through visits to their respective clinical units. The orientation phase is of major importance, since it is during this period that the intern becomes familiar with the organizational structure of the Medical Center and Mental Health & Behavioral Sciences Section. In addition, interns complete Human Resources' training programs and are formally introduced to the structure and policies of the Psychology Internship Program.

### **Clinical Rotations**

Several months prior to the beginning of the training year, incoming interns are required to complete a comprehensive “self assessment” questionnaire which provides a beginning framework for developing competency goals for the ensuing internship year. This information is reviewed carefully by the Director of Training and the Training Committee to further assess each intern’s past clinical experiences, current level of skill development, clinical interests, rotation interests, and areas for future development. Clinical supervisors similarly assess intern’s skill levels and knowledge at the beginning of each rotation in order to achieve rotation specific learning objectives. Clinical rotation activities are initially adapted and tailored based upon this information in an attempt to meet each intern’s level of functioning. The overall aim is to demonstrate progressive acquisition of skills and knowledge throughout each rotation and ultimately over the course of the training year. All planning and goal setting is a collaborative process in which the intern, supervisor, and Director of Training in consultation with the Training Committee work together to enhance competence and professional development. Rotation assignments along with the development of clinical and professional competencies is viewed as a fluid process with opportunities for revisions as interests and exposure to various settings and populations occur.

In order to offer maximal exposure to a variety of patients and to different types of supervisory methods, training assignments permit rotation through a number of services and training areas. The basic model entails two six-month, ‘major’ rotations, supplemented by limited ‘minor’ rotations. The major rotations involve clinical units that offer a high level of therapeutic and assessment activities with ample supervisory support. Such rotations include several psychiatry units, PTSD, substance abuse and behavioral medicine. The time commitment for major rotations is 3 – 4 days/week. Minor rotations may be 1 - 2 days/week for six months or the entire year to allow for a sustained training experience. This permits an intern to obtain exposure to a broader array of clinical disorders &/or sequential training by different supervisors. Careful planning is devoted to the allocation of time between the major and minor rotations so that an intern’s training experience does not become fragmented or unmanageable.

At the time of a rotation to a new assignment, therapy relationships between interns and patients are not necessarily terminated. Interns may continue with the treatment of selected patients from the prior assignment, provided that the involved supervisors concur and scheduling issues can be satisfactorily resolved. Such arrangements are desirable since they further continuous patient care while facilitating training in longer-term psychotherapy.

### **Assessment Training**

We believe that traditional training in psychological assessment contributes to the education of a broadly-trained competent psychologist and is consistent with our “generalist” model. As such, diagnostic interviewing and psychological testing are important components of the internship program. To this end, we offer didactic instruction and weekly individual and group supervision in the performance of psychological testing, assessment, and integrated report writing. The administration and interpretation of objective and projective measures of personality, intellectual assessment, and appropriately selected symptom inventories, are key components of our

assessment training sequence. Each intern will be assigned a primary assessment supervisor and is expected to complete eight assessment batteries during the course of the year.

### **Supervision**

Modeling appropriate professional behaviors, roles, and boundaries is taken seriously and is an important aspect of our professional identities. Supervision is construed as an ongoing, collaborative process between staff and interns. Supervisors accept as their responsibility providing interns: clinical experiences commensurate with their level of skill development; relevant educational materials and sources; plus appropriate supervisory feedback both on an ongoing basis, and at more formally designated intervals. This supervisory relationship serves our training goals by providing instruction in a graduated, sequential, and hierarchical manner. Interns are exposed to more complex clinical tasks as the year progresses and as confidence and experience build. In so doing, we foster the acquisition of increased clinical competencies. Interns, for their part, accept as their primary responsibility, the challenge of serious involvement in the supervisory process. This process often requires the intern to engage in close personal self-examination in relation to their cognitive and emotional reactions to patients and of the supervisory process. To this end, we seek interns who regardless of their theoretical orientation have a willingness to engage in appropriate “self-reflection” in relation to all aspects of their developing clinical competencies and professional identities.

### **Didactic Training**

The didactic part of the training program is designed to meet the needs of our interns who come from varied clinical and counseling psychology programs. Thus, it is important, at the outset of training, that our interns share a basic level of professional knowledge necessary to function in a clinical setting. Therefore at the beginning of the year, the seminars impart a foundational knowledge base in their respective topic areas. As the year progresses, the training program’s well-developed and organized seminar offerings enable the intern to receive group supervision, integrate scientific underpinnings of clinical practice, and engage in peer support and supervision.

Scheduled every Wednesday, a series of core, expanded, and specialty seminars are offered throughout the training year, alternating between our two campuses. ‘Core’ seminars are offered throughout the training year in Psychological Assessment, Individual Psychotherapy, Group Psychotherapy, Ethics & Professional Issues, and Multicultural Issues. Three ‘expanded’ seminars series are currently offered in Methods of Consultation, Methods of Supervision, and Evidence Based Treatment Approaches occurring at various times throughout the training year. In addition, staff members and consultants with expertise in particular clinical areas conduct ‘specialty’ seminars which range from one to four sessions.

### **CORE SEMINARS**

#### **Assessment Seminar**

The assessment seminar sequence is designed to impart skills in the administration and interpretation of psychological tests that culminate in the intern writing integrated and comprehensive psychological reports. Fundamental aspects include conducting detailed clinical

histories, performing diagnostic interviews, plus selecting, administering and scoring relevant assessment measures. Commonly used assessment measures include the Rorschach, TAT, MMPI-2, PAI, and neuropsychological screening measures. The seminar involves both didactic and clinical case presentations by interns and seminar leaders that address issues such as diagnosis, specific clinical disorders, normative interpretation of tests, and cultural issues. Ongoing group supervision and peer feedback occurs throughout the training year during the assessment seminar.

### **Psychotherapy Seminar**

The psychotherapy seminar is designed to assist interns in their continued development of psychotherapy skills, with a focus on diagnosis and case conceptualization, the working alliance, treatment planning, strategic and tactical considerations in making interventions, and transference and countertransference. The primary vehicle for skill development is intern case presentations with ongoing group supervision and discussion. An emphasis in the seminar is placed on creating an emotionally supportive environment in which interns can feel comfortable sharing their clinical work with colleagues. Interns are encouraged to become conversant with a variety of theoretical orientations, and to develop the ability to flexibly tailor their interventions based on the needs of the client. Readings are distributed and discussed, with the goal of ensuring that the intern's practice is guided by relevant clinical literature including appropriate empirically-supported and evidence based treatments and culturally sensitive approaches to psychotherapy.

### **Group Psychotherapy Seminar**

Seminar for group therapy utilizes both didactic and experiential tools for expanding the intern's knowledge and experience of group therapy. Discussions focus upon psychotherapy, psychoeducational, and problem-focused groups. Specific topics include beginning a group, interviewing patients for a group, entering existing groups, collaborating with co-therapists, and identifying group norms and processes. Strategies for coping with basic group problems are addressed early in the seminar. Interns are expected to present the groups they are leading, with seminar participants providing their observations, feedback, and group supervision about the work presented.

### **Ethics & Professional Issues Seminar**

The seminar includes an overview of the most recent Ethics Code with an emphasis upon application to the intern's functioning in their internship setting. Principles of the Ethics Code are illustrated by presentations from staff and interns about clinical dilemmas they have encountered. The latter part of the seminar addresses topics relevant to entry-level professional practice such as licensure, specialty practice guidelines, interprofessional relationships, and basic issues of practice management.

### **Multicultural/Diversity Seminar**

This seminar led by various members of our psychology faculty will address the role of ethnic and social factors that influence patients' psychological functioning, as well as interns' attitudes about working with individuals from diverse backgrounds. Relevant professional literature and seminar discussion will focus upon issues of ethnicity and culture, socioeconomic status, religious/spiritual values, and gender. Interns will also examine how their own backgrounds

influence their implicit assumptions and values in relation to their work as professional psychologists.

Due to our close proximity to New York City, the internship has been able to offer release time and full tuition support for attendance at the 2-day Annual Columbia University Winter Roundtable on Cultural Psychology and Education. This well known and highly regarded national conference not only supplements our multicultural education efforts but it affords our interns exposure to international experts and the latest research in the field of cultural psychology.

## **SPECIALTY SEMINARS**

### **Methods of Consultation**

This seminar which meets at various times throughout the training year is designed to expose interns to the basic principles and skills required to provide effective consultative services in a large medical/psychiatric hospital. Interns are introduced to an array of common referral questions and the competing and complex demands that often confront the “psychologist as consultant”. Instruction in focused diagnostic interviewing skills and processes to obtain relevant medical information are important issues discussed and modeled in the seminar. In addition, issues of providing brief interventions, assessing decision-making capacity, integrating community resources, and interacting effectively with medical and interdisciplinary team members are emphasized.

### **Methods of Supervision**

This seminar has been developed to expose interns to the theories and methods of clinical supervision within professional psychology. The seminar covers: the purpose, roles, and goals of supervision; the complexity of supervision including ethical, legal, and contextual issues; use of the supervisory relationship to enhance supervisees and their clients; and the factors affecting the quality of supervision outcomes for both supervisee and their clients. Occurring within the larger context of the Group Psychotherapy Seminar, interns are encouraged to discuss their experiences in supervision as well as role play various supervision scenarios.

### **Evidence-Based Treatment Approaches**

Lead by various members of our psychology staff with particular expertise and training, this ongoing seminar attempts to expose interns to the latest evidence-based treatment approaches to various clinical disorders and populations. An important goal of our internship program is for interns to develop an appreciation for and integrate the current research and scientific underpinnings of professional psychology whenever possible. Seminars have included such topics as Acceptance and Commitment Therapy, Mindfulness, Dialectical Behavior Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Evidence-Based Substance Abuse Treatment, Evidence-Based SMI Treatment, and CBT anxiety treatments.

### **Supplemental Seminars**

Staff and invited psychologists with expertise in designated areas lead seminars of special interest. Topics may include substance abuse, geropsychology, palliative care, neuropsychology, management of pain disorders, hypnosis, biofeedback, ptsd, psychopharmacology, licensing,

developing a private practice, early career issues, self care, and program development and evaluation.

### **Continuing Education & Support Services**

The VA New Jersey Healthcare System offers an active and substantial continuing education program oriented to the needs of an interdisciplinary medical and psychiatric staff. The VA New Jersey Health Care System maintains ongoing residency and teaching affiliations with two local medical schools. This creates the opportunity for our psychology interns to attend grand rounds, lecture series, and case conferences available at both campuses throughout the training year in such areas as Psychiatry, Medicine, Oncology, and Neurology. Interns are strongly encouraged to avail themselves of these opportunities.

In keeping with the strong teaching commitment of the VANJHCS, each campus has a medical library which offers a rich variety of professional texts, plus current and bound volumes of journals covering psychological, psychiatric, and medical topics. Audiovisual and CD/DVD materials are available. Internet access is provided to all interns, and a wide range of medical and pharmacological reference texts and patient information resources are available on demand. Medical librarians on both campuses support clinical care and research by conducting medical/psychological literature searches upon request. An interlibrary lending program offers access to virtually any journal article or book.

## **EVALUATION PROCESS**

Determination of an intern's clinical competence and professional conduct will be based upon the evaluations by clinical supervisors and seminar leaders. Each intern receives a formal evaluation midway and at the end of each major rotation. Narrative letters are sent to the interns' University Director of Training detailing the interns' functioning at the mid-year point and at the end of the internship program.

### **Promotion Policy**

At the completion of the training year, interns will be expected to demonstrate competence in the areas of assessment, psychotherapy, interprofessional relations, knowledge of ethics, multicultural issues, and adherence to standards of professional conduct at a level commensurate with a beginning professional psychologist (i.e., initiating independent practice with ongoing supervision). Such a determination will be based upon evaluations by clinical supervisors, seminar leaders, and the Director of Training.

The training program strives to ensure all interns make satisfactory progress toward completion of the program requirements. All clinical supervisors, and ultimately the Training Committee, are responsible for identifying in a timely manner interns who exhibit deficiencies in their performance of clinical functions, professional relationships, or personal conduct so that corrective processes can be implemented. To this end, the Director of Training serves as a primary resource

for interns, and interns are encouraged to meet with the Director if they encounter any difficulties in the training program. This “open door” policy provides interns with the opportunity to address concerns at any point during the training year. In the event that an intern’s functioning were to be judged as deficient, a remedial plan would be developed in conjunction with the intern, along with input from members of the Training Committee. Such a plan might include additional specialized supervision, didactic instruction, reading assignments, or personal therapy. Additional stages of problem resolution could involve the Training Committee, Coordinator of the Psychology Section and representatives from the intern’s University. A policy which details stages of intervention, and an associated grievance procedure that ensures an intern’s rights, are distributed to all interns at the beginning of the year.

## **ROTATIONS**

Training opportunities in the VA NJ Healthcare System are described in some detail as follows. Rotations are six months in duration. Some rotations have components that may be conducted on a less-than-full-time basis, thereby allowing the intern to split her/his time during the week and obtain exposure to additional training experiences. Interns may also select outpatient therapy cases that are not assigned to a focused treatment unit.

## **PSYCHIATRY**

The Lyons campus houses several inpatient psychiatry units, involving acute- and longer-term care, including specialized residential units for Post-Traumatic Stress Disorders, Military Sexual Trauma, Geriatrics, and Seriously Mentally Ill. The East Orange campus has comprehensive substance abuse treatment programs. Extensive outpatient psychiatric and behavioral medicine services are offered at each campus. Services are also available through the satellite clinic in Brick Township as well as Community Based Outpatient Clinics (CBOC’s) throughout New Jersey.

### **Acute Treatment/Admissions Unit (Lyons/East Orange)**

An inpatient admission unit at each campus maintains 25 beds. The typical length of stay ranges from 3 - 21 days, with most averaging about 7 – 10 days.

Interns assigned to Acute Treatment units have the opportunity to work with patients presenting a broad spectrum of acute psychiatric symptoms, such as adjustment reactions, affective disorders, substance-induced disorders, and exacerbations of chronic psychotic conditions. All interns participate in assessment (interviewing and testing), short-term individual and group psychotherapy, and interdisciplinary team meetings. It is strongly recommended that interns who have not had previous exposure to severe psychopathology complete a rotation in an admission unit in order to appreciate the scope and acute management of psychotic disorders, as well as refine skills in establishing a differential diagnosis.

The Acute Treatment/Admission units are most appropriate for minor rotations.

### **Center of Recovery & Empowerment (CORE) & Newark Day Treatment Programs**

The CORE and Newark Day Treatment Programs are specialized outpatient clinics providing aftercare treatment and rehabilitation of patients with serious psychiatric disorders, especially schizophrenia, bipolar disorders, and major depression. Frequently, these veterans may have co-occurring substance abuse disorders (MICA) for which ongoing treatment is also provided. The CORE program is located on the Lyons campus, while the Newark program is housed six miles from the East Orange campus. Psychologists direct both programs. Multidisciplinary staff includes a psychiatrist, social worker, psychiatric nurse, recreation therapist, and addiction counselors. Each program provides services to about fifty veterans on any given day.

The CORE and Newark Day Treatment Center rotations offer an opportunity to become actively involved in a total systems approach to the treatment of people with severe psychiatric disabilities. The programs are designed to follow the Recovery Model for the rehabilitation of serious mental illness. The programs emphasize group and individual interventions addressing symptom management, medication management, social problem-solving, addiction treatment, and vocational rehabilitation geared to this population. Interventions are provided in a supportive milieu context with supplemental socialization and recreational activities. Interns can act as a case manager for patients who reside in the community, in addition to leading psychotherapy groups, conducting psychological assessments, and providing individual psychotherapy. The intern will learn to implement treatments to deal with residual symptoms including social withdrawal, lack of motivation, and other negative symptoms of schizophrenia. Higher functioning patients will address issues such as seeking employment and independent housing. Efforts to deter decompensation and management of crises may also be anticipated.

The CORE & Newark Day Treatment programs are appropriate for a major or minor rotation.

### **Dual Diagnosis Transitional Intensive Case Management (DDTIC) (East Orange + Lyons)**

The DDTIC program provides short-term intensive case management (6-8 weeks) for patients with co-morbid psychiatric and substance abuse disorders. Patients are assisted in making a transition from acute crisis management to ongoing involvement in outpatient treatment. Patients are screened and selected for the program while in an Acute Psychiatry Unit. The program emphasizes the establishment of a therapeutic alliance while assessing psychiatric vulnerabilities, patterns of substance use, and support resources. The program incorporates motivational enhancement, coping skills training and relapse prevention strategies. Treatment is centered around group therapy, including open focus, healthy living and recreational activities.

DDTIC is appropriate as a minor rotation.

### **Domiciliary (Lyons)**

The Lyons Domiciliary Care for Homeless Veterans Program is a 70-bed, time-limited (3 month), residential treatment program for veterans who are homeless or have unstable living arrangements.

Many of these individuals will have recently undergone treatment for substance abuse disorders. During the course of their treatment at the Domiciliary, patients initiate employment within the Medical Center and/or seek employment in community settings; thus, their adjustment to competitive employment can be carefully monitored. Psychological services include individual and group psychotherapy, vocational assessment and rehabilitation, and drug and alcohol counseling.

A rotation in the Domiciliary offers an opportunity to assist patients who are struggling with the early phase of recovery from substance abuse disorders and/or reintegrating into the community. Many are addressing long-standing patterns of interpersonal conflict and vocational dysfunction. Opportunities exist for instruction in treatment of addictions, personality disorders, and problem-solving therapies.

The Domiciliary is appropriate for a major or minor rotation.

### **Mental Health Primary Care Triage Clinic (East Orange/Lyons)**

The MH/PC Triage Clinic is located within the primary care medical service on the East Orange and Lyons Campuses and provides same day mental health access to veterans. The purpose of the clinic is to enhance access to mental health services for veterans, provide co-located integrative care, and serve as a mental health consultant to medical providers. Primary responsibilities for interns will include same day triage assessment, provision of time-sensitive individual psychotherapy, suicide risk assessment, and mental health liaison. There will also be the opportunity to provide brief interventions focused on enhancing health behaviors and conducting wellness related groups. Interns will be able to refine their interviewing and differential diagnostic skills as well as learn the skills necessary for successful application of mental health services within a medical setting.

The MH/PC Triage Clinic is appropriate for a minor rotation.

### **Hackensack Clinic**

The Hackensack Community Based Outpatient Clinic (CBOC), a VA Primary Care Clinic in Bergen County, provides mental health services comprised of two components. One is imbedded in Primary Care Clinic where the psychologist offers triage and consultation to the primary care providers. This is often where mental health needs are first identified in ambulatory care medical patients. Another is the free-standing Mental Health Clinic which is housed in a suite in the same building as the CBOC, staffed by two psychiatrists, one psychologist, and a social worker. The Mental Health Clinic provides psychiatric and psychological services including individual and group psychotherapy for a range of diagnoses that are found in primary care and outpatient mental health settings. Patients may be treated both on a long- and short-term basis. Interns selecting this minor rotation would provide a variety of outpatient psychological services including assessment, diagnosis, triage, consultation, individual, and group psychotherapy.

## **GEROPSYCHOLOGY**

Opportunities for working with geriatric patients exist within virtually all rotations including outpatient psychiatry clinics, substance abuse, and behavioral medicine. A unit specially designed for the care of geriatric patients is described below.

### **Healthy Aging Recovery Program (HARP) (Lyons)**

This inpatient geriatric psychiatry rotation is designed to teach the intern about the manifestation of serious psychopathology in an elderly population. Patients may present with long-standing psychotic disorders, or a recent onset of affective &/or cognitive disorders (often associated with medical disorders). The interplay of developmental history, current psychosocial stressors, health status, and medication/substance abuse effects are critical components in the evolution of patients' pathology. Interns work within an interdisciplinary team and conduct comprehensive diagnostic interviews and psychotherapy, utilizing interventions geared to the aging individual.

### **Nursing Home Unit (Lyons)**

The VANJHCS has a modern 240-bed Nursing Home facility. The facility is divided into four sections; three units are devoted to long-term care for elderly and/or disabled veterans, and one unit dedicated to intermediate-term physical rehabilitation services. Many of the patients have a history of psychiatric disorders. The rehabilitation unit serves individuals who require physical therapy or conditioning prior to returning to the community. While most patients are elderly, younger patients are also treated in the Nursing Home, such as individuals recuperating from acute medical disorders or with degenerative neurological disorders and/or head trauma.

Interns have an opportunity to engage in a variety of services, especially individual and group psychotherapy and cognitive assessments. Patients may manifest chronic anxiety or depression, and discuss adaptation to chronic illness, and end-of-life issues. Multidisciplinary treatment team consultation is a key role for interns, offering an opportunity to present psychological perspectives on patient care to physicians, social workers, physical therapists and recreation staff. Involvement in family meetings is expected.

The HARP and Nursing Home Units are most suitable for major or minor rotations. Breadth and scope of training in geriatrics can be excellent for the intern with interest in this field, especially in conjunction with rotations in neuropsychological consultation and/or health psychology.

## **POST TRAUMATIC STRESS DISORDERS**

### **PTSD Residential Rehabilitation Program (PRRP) (Lyons)**

A 25-bed, 45-day residential treatment program unit is available for veterans presenting with post-traumatic stress disorder (PTSD). This program serves veterans who manifest enduring anxiety

disorders, impairments in social relations, and physiological disturbances associated with combat exposure in Vietnam and the Persian Gulf. Many of these patients present with concurrent substance abuse disorders. A therapeutic community approach is emphasized, entailing cognitive-behavioral, exposure, and dynamic approaches. The unit psychologists are extremely active in leading the program's groups, providing individual therapy, assessment and crisis intervention services. The Residential PTSD program is a major rotation.

An intern electing this rotation will learn much about the nature of trauma and its psychological and physical sequelae. PTSD patients represent an excellent patient population for interns to learn fundamental and advanced clinical skills.

### **Women's Residential Trauma Unit (Lyons)**

The Women's Trauma Unit is a 10-bed residential program offering state of the art, evidenced based treatment to women veterans who have experienced Military Sexual Trauma (severe sexual harassment, sexual abuse and/ or sexual assault occurring during their enlistment). The average length of stay is 6-8 weeks. Depending upon the needs and wants of the veteran, in conjunction with the assessment of the treating team, specific target goals are identified such as: developing more effective ways to deal with PTSD symptoms, learning to manage feelings related to trauma without resorting to alcohol, substances, or other forms of self-harm, developing increased feelings of safety in the world, or specific exposure based treatment of traumatic material.

Many of the women in the program have comorbid substance abuse/alcohol abuse issues, eating disorders, and are survivors of early childhood trauma. Additionally, a large percentage have combat exposure and have PTSD issues related to those experiences.

Interns selecting this rotation will learn about the broad spectrum of PTSD, assessment, the use of evidence based treatments such as Dialectical Behavior Therapy, Prolonged Exposure, Acceptance and Commitment Therapy, and Cognitive Processing of Trauma. It also an excellent opportunity to learn about working as an integral part of a treatment team as well as learning to maintain professional boundaries while treating what can be an emotionally volatile population. The Women's Trauma Unit is a major rotation.

### **Outpatient Post-Traumatic Stress Disorder Program (East Orange/Lyons)**

In addition to the Residential Programs, outpatient services are provided by the PTSD team at Lyons. Patients may seek outpatient treatment as an aftercare component of the residential programs or as the initial phase of care. The outpatient Post-Traumatic Stress Disorder (PTSD) treatment team at East Orange consists of psychologists, a psychiatrist and counselors. Functioning as an interdisciplinary assessment and treatment team, the members provide specialized treatment services to veterans diagnosed with combat-related PTSD, typically from service in Vietnam or the Persian Gulf. The team provides differential diagnostic assessments, and on-going individual and group psychotherapy. There is a strong psychoeducational component as well, with a patient-led governmental structure to which the psychologists offer guidance.

### **Bloomfield Vet Center**

The Bloomfield Vet Center is a community Outreach Center which offers a wide range of counseling, referral, and advocacy services to Vietnam Era veterans as well as veterans of post-Vietnam conflicts including current OEF/OIF veterans. Post-Traumatic Stress Disorder is the most significant issue for those seeking Vet Center assistance. Group and individual psychotherapy services are provided to patients who are struggling with work, relational, and various post-deployment adjustment issues. In addition, a supervising psychologist at the Vet Center specializes in treatment of sexual trauma sustained by both female and male veterans. Thus, there is the likely opportunity for interns to provide outpatient military sexual trauma treatment during this rotation.

The Residential PTSD and Women's Trauma programs are major rotations (3-4 days per week). The outpatient PTSD programs and the Bloomfield Vet Center are most appropriate as minor rotations (1-2 days per week). Interns with a particular interest in PTSD may elect both an inpatient and outpatient rotation during the internship year, which would provide extensive exposure and experience with this clinical population

## **SUBSTANCE ABUSE**

### **Residential & Outpatient Substance Abuse Treatment Units (East Orange)**

The VANJ Healthcare System offers a comprehensive and integrated series of substance abuse treatment and rehabilitation services. The programs offer a wide spectrum of care to veterans, including an inpatient medical management unit and extensive outpatient programming (East Orange), plus residential treatment/vocational rehabilitation services for homeless veterans (Domiciliary at Lyons). In addition, psychiatric and specialized medical care is offered concurrently as many patients manifest serious psychopathology (i.e., residual psychotic disorders or PTSD), as well as chronic physical disorders. Assignment to the inpatient or outpatient units is guided by the American Society for Addiction Medicine (ASAM) criteria. The program has an integrative orientation, incorporating cognitive-behavioral, psychodynamic and family systems perspectives. In addition, 12-Step Programs such as AA & NA are regarded as a valuable adjunctive approach. The scope of programming allows veterans entering treatment to receive the level of intervention required for their mix of psychological and social needs.

Services are offered by an interdisciplinary treatment team composed of psychologists, a consulting psychiatrist, physician, nurses, social workers, and substance abuse counselors. Activities such as psychoeducation and group therapy are conducted seven days a week in the residential units. Outpatient services (including evening programming) are offered three to five days each week. Individual and marital therapy (when possible) is an integral part of the programming as well. Lectures and time-limited therapy groups are offered on specific issues such as anger management, impact of parental substance abuse and trauma-induced disorders. Attendance at AA/NA meetings, educational and vocational counseling, and recreational therapy reintroduce patients, many of whom are chronically unemployed and estranged from friends and family, to positive, re-socialization activities in the community.

Psychology interns assigned to the Substance Abuse units provide a broad array of psychological services including comprehensive clinical interviews, cognitive and personality assessments, and active participation in treatment team meetings. They provide individual, group, and psycho-educational therapies to both outpatient and residential patients. Beyond these traditional approaches to substance abuse treatment, the SATP incorporates advanced motivational enhancement and relapse prevention techniques. Treatment approaches are tailored to match the “stage of change” of the patient. Interns learn ways of managing resistance and facilitating motivation for treatment that can be applied to a wide variety of psychological problems.

The multiple physical, mental, and behavioral consequences associated with alcohol and drug abuse compound, and can be quite difficult to distinguish from preexisting psychopathology. The residential and outpatient SATP programs, plus the Dual Diagnosis Transitional Intensive Case Management (DDTIC) program, provide interns an opportunity to assess and treat veterans who manifest concurrent serious psychopathology and substance abuse disorders. Emphasis is placed upon facilitating patients’ understanding of their dual disorders, addressing psychosocial stressors and enhancing medication compliance, as well as replacing maladaptive and dysfunctional activities with behaviors that maintain sobriety and psychiatric stabilization. Further, as diagnostic clarification is a key factor in establishing appropriate treatment regimes, psychological testing is extremely valuable. Assessment of psychiatric patients with varying degrees of abstinence elucidates the impact of chronic substance abuse upon cognitive processes and personality dynamics. Thus, interns learn the unique and interactive features of these co-morbid disorders.

The Substance Abuse Treatment Program can be tailored to accommodate major or minor rotations. Interns with a particular interest in Substance Abuse may elect both an inpatient and outpatient rotation, which would provide extensive exposure and experience with this diagnostic group.

## **HEALTH PSYCHOLOGY/ BEHAVIORAL MEDICINE**

Both the East Orange and Lyons campuses offer a wide variety of opportunities to provide psychological interventions to patients dealing with medical disorders. Training opportunities are available through primary care clinics and specialized treatment programs. Medical conditions commonly seen include cardiac, gastrointestinal and respiratory disorders, cancer, diabetes, infectious diseases (hepatitis C, HIV), obesity and pain.

Referrals for care arise from physicians on inpatient medical units as well as outpatient clinics. A common request is to evaluate and manage patients who experience anxiety or depression in response to a physical disorder. Another frequent request is to make a determination of a patient’s decision-making capacity with regard to offering informed consent about a proposed medical intervention, or ability to sustain independent living despite manifesting serious physical or cognitive disorders. Poor adherence by patients to their medication or physical therapy regimen also engenders referrals for assistance. Psychologists have been particularly well-integrated into the Oncology Service and to date three former interns have participated in a post-doctoral

fellowship program in Palliative Care. The Spinal Cord Service is another program in which interns can serve as full members of a treatment team.

Intervention strategies usually involve conducting clinical interviews and focused psychological testing. Opportunities exist for a variety of patient-teaching activities such as management of chronic disorders (i.e., diabetes, hypertension, pulmonary), and illness prevention or health maintenance strategies (i.e., smoking cessation and weight management groups). Interaction with physicians, nurses and multidisciplinary health care staff fosters development of consultation and interprofessional communication skills. Further, provision of consultative services in a variety of inpatient units and outpatient primary care teams afford an understanding of each discipline's role in the coordination of services. In addition, the opportunity exists on the Lyons Campus for selected interns to learn basic biofeedback techniques.

The Behavioral Medicine/Health Psychology rotations are available as a major or minor rotation.

### **TBI/Polytrauma Program**

The TBI/Polytrauma program is a component of the Physical Medicine & Rehabilitation Service. The Polytrauma program serves veterans who have sustained physical and/or cognitive injuries during their involvement in the Iraq & Afghanistan wars (Operation Enduring Freedom/Operation Iraqi Freedom). Musculoskeletal disorders, headache, balance/vestibular issues are prototypical physical concerns. Cognitive issues typically entail complaints of impaired concentration, memory, and executive functions. Emotional disorders and psychosocial issues are often prominent. This truly multidisciplinary program emphasizes collaboration with a wide variety of health care professionals, esp. Psychiatry, Speech Therapy & Occupational Therapy, along with Social Work and Nursing case managers. Interns working in this unit will conduct neuropsychological screenings, assist in cognitive rehabilitation interventions, offer focused psychotherapeutic interventions, and receive exposure to the role of the psychologist as consultant. In addition to Polytrauma services, exposure to general physical rehabilitation interventions is available. Involvement with patients with diverse physical conditions is feasible, such as pulmonary disease and orthopedic disorders. This rotation provides a focused engagement in Health Psychology issues. At this time, this newly developed rotation would be available as a half time or minor rotation.

### **Neuropsychology Consultation (East Orange/Lyons)**

The Neuropsychology consultation rotation is designed to produce a clinical psychologist who is able to perform a basic evaluation of cognitive systems and discuss the practical implications of these findings (e.g., impact upon an individual's adaptive functioning). This entails identifying clinical syndromes or medical disorders that engender risk of cognitive dysfunction, and assessing major cognitive domains (i.e., memory systems, higher-order reasoning processes, & visuospatial functions). Such skills supplement traditional cognitive and personality assessments, but do not represent competence in neuropsychology. Exposure is provided to patients with a variety of conditions such as neurodegenerative disorders, vascular disease, substance abuse, and mild to moderate traumatic brain injury. Also, the differentiation and/or interaction between neurological and psychiatric disorders are addressed. Training is offered in the administration and scoring of

the more widely used neuropsychological instruments. There is ample opportunity for consultation with Neurology Service.

Neuropsychology Consultation is appropriate for a minor rotation, especially in conjunction with a geropsychology, health psychology, or substance abuse focus.

## **APPLICATION TO THE PROGRAM**

### **Applications**

Internship applicants must be U.S. citizens and currently enrolled in an APA-approved Clinical or Counseling Doctoral program. Additionally, applicants must present evidence of a minimum of 500 hours of supervised intervention and assessment practicum experience prior to November 1, 2009.

In order to apply, please submit the following materials:

1. The completed Online APPI (APPIC Uniform Internship Application form).
2. Copy of your vita included in the online APPI.
3. Official copies of all graduate transcripts included in the online APPI.
4. Three letters of recommendation included in the online APPI.

### **Required Supplemental Materials**

5. Two psychological assessment reports. These work samples should be recent examples of your best work. It is the expectation that supplemental assessment reports can be submitted through a portal provided within the online APPI. If this proves not be the case, the reports should be mailed directly to Dr. Mosley at the address provided below by the application deadline.
6. In your cover letter/personal statement of goals and interests in the online APPI, please specify which rotations at the NJ VA Health Care System you are most interested in. These selections are not binding, but help guide our interview and selection process.

Please forward all applications to:

Norman R. Mosley, Ph.D.  
VA New Jersey Health Care System  
Bldg. 143, Mental Health & Behavioral Sciences (116A)  
151 Knollcroft Road  
Lyons, NJ 07939-5000  
(908) 647-0180, x 6442  
[Norman.Mosley@va.gov](mailto:Norman.Mosley@va.gov)

**The deadline for receipt of completed applications is November 2, 2009.**

### **Interviews and Selection**

Following a review of the completed applications, appropriate candidates for the program will be contacted and invited in small groups to one of the campuses for a formal interview. The visit to a campus will include an extensive overview of the training program by the Director of Training with ample time allotted for questions. Following the group orientation overview, each applicant will receive an individual interview by one or two supervisory psychologists. In addition, applicants will have the opportunity to meet with current interns in a group format. Applicants should be prepared to interview in December as well as early January as our program schedules several December interview dates.

We have six positions available each training year. We seek students who have had training in a systematic approach to assessment and therapy, and can articulate a coherent theoretical model or framework to their developing professional work. A highly desirable candidate is one who is mature, self-reflective, flexible, open to supervision and feedback, reasonably well organized, and committed to becoming a highly competent professional psychologist. Finally, substantial progress towards completion of the dissertation is viewed favorably.

## **REQUIREMENTS OF APPOINTMENT**

### **Appointment**

All appointments are for a one-year (12 month) period beginning in early September. Interns are required to complete 2080 hours of service and training. This includes ten Federal holidays, thirteen vacation days, and up to thirteen days for illness. The Director of Training may also approve leave requests for professional activities such as attendance at conferences and professional presentations, and for activities associated with the completion of doctoral dissertations.

The VA internship stipend is currently \$25,024 per year. The Internal Revenue Service considers the stipend as taxable income. Interns are eligible to purchase health insurance; a choice of several health plans is available. Please note that the VA is prohibited by current federal law from providing insurance benefits for same-sex spouses of psychology interns. Interns are regarded as temporary full-time VA employees for an appointment of one year.

**Background Investigations:** “Temporary full-time” appointment status requires that intern candidates successfully matched with our program are subject to many of the same hiring requirements as candidates for full time federal appointment. As such, intern candidates will be required to complete several federal employment forms soon after match notification day. Employment as a psychology intern with the New Jersey VA is subject to satisfactory completion of a background investigation and subsequent finger printing. It is the responsibility of matched intern candidates to provide complete and accurate answers to all questions in the required

paperwork. If you fail to tell the truth or fail to list all relevant events or circumstances, this may be grounds for termination of the internship offer or for dismissing a candidate who has already begun the internship program. It is the responsibility of the intern applicant to carefully consider any and all circumstances in their background that could potentially prevent them being granted temporary employment status in the Veteran's Administration. If an intern applicant is unsure about circumstances in their background that could preclude them from appointment, they should make appropriate inquiries prior to submitting an application to our program.

**Physical Requirements:** Selected intern candidates will be required to successfully complete a pre-employment physical examination and drug screening. The VA has established a Drug-Free Federal Workplace Policy and violation of this policy at any point could lead to a rescission of an internship offer or dismissal from the program during the internship year.

**Affiliation Agreements:** An Affiliation Agreement executed between the intern candidate's educational program and the Department of Veterans Affairs is required of all matched interns. Affiliation Agreements are prepared and sent to the intern's Training Director soon after national match notification day. Failure by the intern's educational program to return a duly executed Affiliation Agreement to the Department of Veterans Affairs will prevent the intern from beginning the internship program and may result in rescission of the internship offer. Intern applicants are urged to inform their Directors' of Training to anticipate this requirement well in advance of match day in the event of a match with our program. Selected intern candidates agree to hold harmless the NJ VA Internship Program for failures of their academic programs and institutions in completing this mandatory affiliation agreement process in a reasonable time period.

### **ACCREDITING BODIES**

The internship program is accredited by the American Psychological Association (APA). Comments about the operation of the internship program should be directed to APA at the following address:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
800-374-2721  
202-336-5500  
[www.apa.org](http://www.apa.org)

As a member of the Association of Psychology Internship Centers (APPIC), we adhere strictly to APPIC's policies and procedures. Comments about the operation of our internship program, especially pertaining to the APPIC Match process, may be addressed to:

APPIC Central Office  
10 G Street, NE Suite 440  
Washington DC 20002  
202-589-0600  
[www.appic.org](http://www.appic.org)

**Brochure Updates:** Please note that the VA New Jersey Health Care System maintains a website which contains this brochure. It is recommended that applicants review the website periodically for changes to the brochure and program descriptions prior to submitting their final application to the program.

The Websites addresses are as follows: [www.eastorange.va.gov/careers/njpsychintern.pdf](http://www.eastorange.va.gov/careers/njpsychintern.pdf)  
[www.lyons.va.gov/careers/njpsychintern.pdf](http://www.lyons.va.gov/careers/njpsychintern.pdf)

(Latest Revision: July 13, 2009)