

VA Western New York Healthcare System

Psychology Internship

Buffalo VA Medical Center
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An [American Psychological Association](#)* Fully Accredited Program
and a Member of the [Association of Psychology Postdoctoral and Internship Centers](#)*

This web site is intended for psychology interns who are considering the VA for internships. Veterans can find VA health care information at the [VISN 2 website](#).

The VA Psychology Internship Training Program is one of several educational programs conducted by the [Department of Veterans Affairs](#) in its clinics, domiciliaries, and medical centers throughout the country.

The Predoctoral Psychology Internship Program at the Department of Veterans Affairs [Western New York Healthcare System](#) (VAWNYHS) is fully accredited by the [American Psychological Association](#)*.

For further information on accreditation status, contact:

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The program provides qualified predoctoral candidates in clinical and counseling psychology the opportunity to obtain a wide range of experiences with a variety of psychiatric, medical, and geriatric patients in both inpatient and outpatient settings. The intern learns to function in VA settings and gains experience in the activities conducted by the VA psychologists. The intern works as an integral part of the healthcare team with other professionals and their trainees.

Internship graduates are well suited to practice in VA facilities as well as a wide range of health care settings. The majority of graduates of the VAWNYHS Predoctoral Psychology Training Program have chosen to work in clinical settings. The skills that they have acquired during their year in Buffalo have proven to be highly transferable to a wide variety of professional practice settings including VA medical centers, non-VA hospitals, and other medical and psychiatric settings. A sizeable minority of former interns has successfully pursued research and academic careers. Many interns choose to take post-doctoral training positions in the year following internship and we have an excellent track record of placing interns into post-doctoral positions.

Please note that we cannot offer clinical training to students in disciplines outside Psychology, but graduate students in a doctoral program of study in Clinical or Counseling Psychology may contact the Director of Training with inquiries regarding practicum training before their predoctoral internship.

Training Philosophy

The VAWNYHS Psychology Internship program is best described as a scholar-practitioner program, whose intention is to prepare students for independent practice based on fidelity to scientific literature, within a training structure that is intern-centered and individualized with respect to intern developmental needs, values scientific activity, and encourages leadership in contribution to the health care system. We emphasize training and education over productivity for interns. We value diversity in our staff and intern classes. Our supervisors provide a range of professional role models, from scientist-practitioner to specialist clinician. Similarly, we offer a broad range of in-depth and specialized professional experiences, with flexibility to allow interns both to build core skills and to achieve advanced proficiency in areas of significant interest and experience. Intern developmental growth is prioritized via diverse, intensive clinical activities, supported by strong, mentorship-style supervision. Interns are encouraged to develop a life-long model of professional growth and development. Staff and graduates primarily identify our program in terms of its comprehensively intern-centered character.

Internship Goals

Our goals are to

- build broad and solid general competencies for independent clinical practice in psychology
- optimize the value of specific program offerings in helping interns to realize individual professional development goals
- supply highly competent scholar-practitioners for potential service to veterans within the VA Healthcare System
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Interns who successfully complete the internship will:

- Be broadly competent in psychological assessment, psychotherapy and clinical intervention
- Function comfortably and effectively in interdisciplinary health care settings
- Possess necessary skills and internal standards for professional ethical behavior, diversity awareness, communication and self-management of activities
- Accurately and creatively apply scholarly knowledge and scientific principles to the solution of clinical problems
- Possess foundations of metacompetence, the ability to monitor and improve one's ongoing skill set to fit changing professional demands.

In addition,

- Our internship values and supports research skills and activity, and many of our interns progress to primary careers as researchers.
- Many of our interns go on to provide leadership in clinical, organizational and academic settings.
- Interns planning careers in specialty areas should be able to meet all training requirements for competitive placement in post-doctoral training fellowships.

To facilitate the attainment of these goals, we identify strengths and weaknesses in interns' previous training and develop individualized training objectives, based on global clinical competencies and individual career goals. Core training rotations are supplemented by didactic seminars, group supervision, a year-long intern project, medical center training activities and a relationship with a non-supervisory mentor to provide a multi-faceted and developmentally sensitive training experience. Interns are provided adequate time to learn and integrate training experiences and are supported in their development by strong supervisory relationships.

Internship Structure

We currently offer five internship positions, all emphasizing a strong scholar-practitioner skill base for psychologists working in large medical settings. There are three training tracks available: the General internship track (comprising 3 of the 5 internship positions), and specialty tracks in Geropsychology and

Neuropsychology (1 internship position each). Up to fifty percent of the internship year may be in a specialty area, with the remaining time devoted to enhancing fundamental clinical skills.

The training year is divided into 6 month rotations. Specialty track interns (Geropsychology and Neuropsychology) typically complete a full-time rotation for the first 6 months in their specialty area. Otherwise, rotations are scheduled half-time concurrently for 6 months for all General track interns and for the second half of the year for specialty track interns. Specific rotation assignments are carefully chosen and individualized based on intern experience, training goals, and rotation availability. We have historically been quite flexible in adjusting planned training assignments during the year, in response to intern requests.. To the extent possible, interns planning to go on to post-doctoral specialization will be placed within rotations to support their need for experience in the planned area of specialization early in the training year. Candidates must apply to our internship within one or more of our three tracks, but all training rotations are available to all interns, regardless of track.

General Internship Track

The General Track has proven to be an excellent opportunity for predoctoral interns interested in conventional mental health settings (called "behavioral health" in our system) or in a broad range of medical psychology settings. Rotation assignments are based primarily on intern preference, though we also balance assignments to assure breadth of clinical experience, in accord with interns' identified professional development objectives.

Sample General Training Track Rotation Assignments:

Sample 1:

July Through January	January - July
Rotation 1: Behavioral Health Clinic Rotation 2: Neuropsychology	Rotation 3: Home Based Primary Care Rotation 4: Psychosocial Rehab & Recovery Center

Sample 2:

July Through January	January - July
Rotation 1: Behavioral Medicine Rotation 2: Behavioral Health Clinic/Acute Inpatient	Rotation 3: PTSD Rotation 4: Center for Integrated Healthcare

Geropsychology Specialty Emphasis Track

Interns in the Geropsychology Track will have the opportunity to learn about and work with geriatric populations for the first half of the training year. Specialty track interns select from all other available rotations in requesting rotation assignments for the second half of the training year.

Sample Geropsychology Track Rotation Assignments:

July Through January	January - August
Rotation 1: Geropsychology (full-time)	Rotation 3: Behavioral Health Clinic Rotation 4: Community Living Center

Neuropsychology Track Rotation Assignments

Interns in the Neuropsychology Specialty Emphasis Track will have the opportunity to gain entry level competence in Neuropsychology during the first half of the training year. As above, Neuropsychology specialty track interns may select from all other available rotations in requesting rotation assignments for the second half of the training year.

Sample Neuropsychology Track Rotation Assignments:

August Through February	March - August
Rotation 1: Neuropsychology (full time)	Rotation 3: Community Living Center Rotation 4: Primary Care

Supervision and Mentors

The intern's relationships with training faculty form the backbone of the VAWNYHS Predoctoral Training Program. Based on rotation selection, interns work with a minimum of three different supervisors during the course of the year. In addition, interns form a mentoring relationship with one training faculty member for the primary purpose of enhancing professional development. In addition, multiple other activities and modalities supplement training rotations in rounding out the internship training experience, as illustrated in this [schematic](#) (schematic unavailable in pdf download).

Supervision

The program abides by APA guidelines regarding supervision. This amounts to a minimum total of four hours per week. Interns meet with individual rotation supervisors for a minimum of two hours per week. It is also expected that supervisors will spend an additional hour working with interns in case conferences, co-therapy, or informal conversations regarding patient care. Additionally, interns attend group supervision for one hour each week. Group supervision provides an opportunity for interns to discuss topics pertinent to all rotations in a collegial environment. Examples of group supervision discussion topics are professional development, minority issues, and ethics.

Mentors

Each intern is required to select a member of the Psychology staff to be a non-supervisory mentor for the training year. These identified mentors have proven to be consistently valuable to interns, as a) information sources for career development, b) advisors in addressing developmental, interpersonal or systemic issues, and c) advocates, in rare instances, when needed.

Intern Seminars and Meetings

Interns attend weekly 2-hour didactic seminars, whose broad content is carefully selected and revised annually based on intern feedback, developing program objectives and available expertise. (2011-2012 Psychology Seminar Series attached). In addition, our training program values career-long continuing education. Psychology faculty and interns have the opportunity to attend a variety of teaching conferences, seminars and workshops, including hospital teaching rounds, presentations sponsored within the community by the SUNY Buffalo School of Medicine and affiliated medical centers, and VA-sponsored trainings. Interns may also apply to the Director of Training to use training hours to attend other workshops or seminars, either local or out of town.

Internship Project

All interns are required to complete and present a project during the course of their training year. The purpose of the project is to expand on rotation clinical activities to further integrate scientific perspective into clinical practice or to engage in program development and outcome assessment. Past projects have most frequently included collaboration with supervisors on research studies, program consultation, design of new clinical programs in response to specific systems objectives, and implementation of new clinical programs, such as therapy groups. Note that the project should be seen primarily as an opportunity for expanded learning experience on the internship and is not intended to be a great evaluative or time burden for interns.

Research Opportunities

Research participation is not required; however, research opportunities are readily available, and interns are welcome to participate in on-going research projects. Training faculty interests are included in staff descriptions. In addition, interns can complete their own projects during the course of the year. Applicants who are interested in pursuing research interests are encouraged to discuss this with the Director of Training.

Internship Funding and Benefits

The VHAWNYHS Predoctoral Psychology Internship Program is funded by the Department of Veterans Affairs Office of Academic Affiliations via an annual earmarked allocation to the Medical Center. Stipends are provided to qualified students in APA accredited programs in clinical and counseling psychology, currently at \$24,566 for the 2080 hour training year from July to July. Interns are able to participate in employee health insurance programs. There are several options for healthcare coverage and employees pay a portion of the cost via automatic deductions in each paycheck. The cost of coverage is dependent on the health insurance plan selected by the employee. Interns typically train during normal administrative hours (Monday through Friday, 8:00 a.m. to 4:30 p.m.), although some rotations may have opportunities for evening hours. Interns accrue sick time and vacation time at a rate of 4 hours each per biweekly pay period. Interns are not expected to train on site more than 40 hours weekly without express permission of the Director of Training. Training time is credited for attendance at professional conferences, research and employment interviews.

Rotations

Behavioral Health Clinic
Behavioral Health Clinic/Inpatient Psychiatry
Psychosocial Rehab & Recovery Center
Posttraumatic Stress Disorder
Primary Care
Behavioral Medicine
Center for Integrated Healthcare
Home Based Primary Care
Community Living Center
Geropsychology
Neuropsychology

Standard rotations are 6 months half-time. Geropsychology and Neuropsychology rotations are 6 months full time for specialty track interns, half-time as elective rotations.

Mental Health Rotations

Mental health rotations offer generalist training with several different populations and settings including substance abuse, PTSD, outpatient psychiatry and day treatment.

Behavioral Health Clinic

[Dr. Erica Sargent](#)

Prerequisites: None

Settings and Tasks: This rotation offers the intern opportunity to work in a multidisciplinary, general mental health setting that provides outpatient mental health services for more than three thousand active patients in the Buffalo, NY and surrounding areas. Most patients are also linked to a primary care medical provider and assorted other medical care specialists. Patients have access to a wide array of psychological, medical, and other support services, so that the intern has the experience and responsibility of interacting within a healthcare system, seeking to address the need of the whole patient.

Each patient in the Behavioral Health Clinic is assigned to a primary mental health provider and may have numerous other providers within the Clinic or within the larger Behavioral Health Care Line. Interns have the opportunity to provide assessment and treatment to patients, for whom they may have primary responsibility for evaluation, treatment, and consultation. Some of the cases will undoubtedly serve as long-term cases for interns. Usually, intervention will be done on an outpatient basis, but may involve short-term consultation and treatment on inpatient units

There are likely to be some unique opportunities for development of learning about Posttraumatic Stress Disorder (PTSD) and best practice interventions. In addition to more traditional psychiatric populations, the Clinic has a wide variety of veterans with PTSD from Korea, Vietnam, Lebanon, the Persian Gulf, Afghanistan, and Iraq, not to mention men and women who have experienced trauma in their earlier lives.

Interns may be involved in psychological assessment and testing, individual therapy and group therapy, marital and family therapy and patient education activities. Cases are assigned to interns on the basis of their training value. The goal is that some of the cases will be long-term and provide learning opportunities for intense exploratory psychotherapy and the development of new or expanded skills. Ultimately interns have the flexibility to modify this rotation in a way that best meet their needs. Some

interns have opted for a more in-depth training experience with relatively few cases and intensive supervision. Other interns have designed programs that include carrying a larger caseload and following a brief therapy model.

Didactic Opportunities: Monthly conferences are held for behavioral health staff. Interns are encouraged to attend clinical workshops in Buffalo, NY or in surrounding communities that are congruent with their clinical interests.

Structure of Supervision: Supervision is seen as playing a major role in interns' development as professional psychologists. A minimum of two hours per week of individual supervision is scheduled, along with many opportunities for informal supervisory/collegial contacts with the supervisor and professionals from other disciplines. The goal of supervision is for the participants to enter a reciprocal learning enterprise, with supervisor and supervisee interacting to provide the intern opportunities for new depths of clinical understanding and for honing of skills in therapeutic intervention and practice.

Behavioral Health Clinic and Acute Inpatient Psychiatry

[Dr. Theresa Mignone-Klostermann](#)

Prerequisites: Prior psychotherapy and formal assessment experience is preferred but not required.

Settings and Tasks: This rotation offers interns a unique opportunity to work in two concurrent behavioral health settings and explore multiple roles of psychologists, while developing and refining a diverse skill set.

The Behavioral Health Clinic is a multidisciplinary, general mental health clinic setting that provides outpatient services for veterans and their families.

Interns working with Dr. Mignone-Klostermann provide assessment and clinical treatment to patients, including individual, family, and couples counseling, as well as leading or co-facilitating therapy and psycho-educational groups. The clinic population has varying presenting issues and concerns. There is a particular emphasis on OIF/OEF/OND veterans on this rotation. Therapy can focus on conventional brief-intensive intervention or expansion of skills in therapist-client interpersonal dynamics through longer-term psychotherapy. Interns are encouraged to participate in provision of evidenced-based treatments including Social Skills, Cognitive Processing Therapy, and Integrated Behavioral Couples Therapy. Cases are assigned to interns based on training value, individualized training objectives, specific intervention style and desired clinical population.

The Acute Inpatient Psychiatry Unit is a 26-bed short-term rehabilitation and stabilization unit providing intervention for acute psychopathology, under voluntary and involuntary conditions. Patients are diverse and may be actively suicidal/ homicidal or require intensive assessment and stabilization of mental health symptoms that may include medication adjustments. Some patients are also admitted for substance abuse detoxification.

Psychology works closely with psychiatry, nursing, social work, recreation, and hospitalists on this rotation, and psychology interns and allied health trainees are a vital part of the multidisciplinary team. Interns attend morning report meetings and provide consultation on all patients housed on the unit.

Major components of this rotation include group therapy, diagnostic assessment, behavior modification interventions, and staff training and education. This experience may also include individual counseling, program development/evaluation, and involvement in research protocols. There is also opportunity to shadow psychiatric activities and observe electroconvulsive therapy (ECT).

In addition to providing counseling and conducting assessment, interns in both settings are expected to contribute psychological consultation on complex cases, provide continuing education to staff,

coordinate clinical services, and develop and evaluate program initiatives.

Research Opportunities: The inpatient unit is involved in ongoing research endeavors. There are opportunities for interns to initiate or join current research projects being conducted. Current projects include motivational interviewing with suicidal patients and interventions for schizophrenia. As noted above, there will be opportunity for program development and evaluation in both rotation settings.

Didactic Opportunities: Monthly conferences are held for behavioral health staff. Interns are encouraged to attend clinical workshops in Buffalo, NY or in surrounding communities that are congruent with their clinical interests.

Structure of Supervision: Supervision is seen as playing a major role in interns' development as professional psychologists. The goal of supervision is to develop a supportive relationship that assists interns in deepening clinical and professional skills.

Scheduled supervision includes a minimum of one hour per week of individual supervision, along with debriefing after group treatment sessions (which are co-facilitated). There are regular opportunities for informal supervisory/collegial contacts with the supervisor and professionals from other disciplines. Interns also attend several clinical meetings a week with inpatient psychiatry and outpatient clinic staff. As part of these meetings, interns present their work and receive feedback on clinical cases.

Psychosocial Rehabilitation and Recovery Center

[Dr. Clifford Mahler](#)

Prerequisites: None, however, previous inpatient psychiatric experience would be beneficial.

Setting, Tasks, and Workload: The Day Treatment Program is part of the Community/Day Programs branch of the Behavioral Healthcare Line. Other components of this division include the Mental Health Intensive Case Management Program (MHICM) and the Health Care for Homeless Veterans Program.

The Day Treatment Program treats veterans who require greater psychological support than traditional outpatient contact can offer, but less than inpatient psychiatric treatment. Veterans can attend up to five days per week as needed. They typically are referred to the program following an episode of inpatient psychiatric hospitalization. They also are often referred for adjunctive care if periodic therapy visits to the Behavioral Health Clinic are yielding insufficient results in their recovery. Some veterans are referred following a personal crisis in order to avoid a hospitalization.

The focus of treatment is to promote recovery by maximizing an individual's social, work, or asymptomatic level of functioning through a supportive, cognitive therapy-social-learning therapeutic environment. Diagnoses cover the full range of DSM IV-R disorders, with about one-half of the population diagnosed within the schizophrenia spectrum. Also, between a third to a half of the veterans attending suffer from alcohol and/or polysubstance abuse, along with their principal mental illness.

A "recovery model" is the primary treatment paradigm used in the program with both traditional clinical efforts (individual and group therapy) used in combination with veteran empowerment and healing activities (peer led groups, anti-stigma activities, personal goal-setting climate, etc.).

About 150 veterans are enrolled in the program at any given time with about 60 attending each weekday. A variety of formal group therapies, activity therapies, and community-based therapies is offered. There is an established therapeutic milieu fostered by a robust veteran government structure.

The Day Treatment Program is located two miles from the Medical Center and is readily accessible by public transportation. It is in a modern, pleasantly designed, large one-story building with good facilities for veteran activities, and staff and intern office areas. An occupational therapy clinic, computer room,

and fitness room are onsite and available for veteran participant use.

This rotation requires attendance over at least 3 separate days during the week and can be split with another rotation.

An initial "needs assessment" is conducted with the intern to target potential areas for clinical professional growth while in this rotation. A typical set of intern clinical duties would include the following: a weekly psychological screening report of a new patient, individual treatment coordinatorship of up to three patients, a psychotherapy caseload of two patients, and co-leadership (then possibly primary leadership) of a psychotherapy group. As the intern's talents, interests, and program needs emerge, he or she is guided toward the development of a specialized treatment group of their own design. Examples of such intern-designed groups include: anger management, specialized stress management/resilience building, emotional perception and expression, communication skills, memory enhancement groups, etc.

Trainees from counseling psychology, social work, nursing, and occupational therapy also rotate through the setting.

Didactic Opportunities: Day Treatment Program staff in-service programs are open to interns. Attendance at the psychology intern seminar series and intern supervision group at the medical center is required.

Research Opportunities: The site has served staff and students alike in their research interest areas. Examples of completed research include the use of the microcomputer as a therapeutic aid, the clinical efficacy of quality improvement activity, quality of life and well-being in the seriously mentally ill, schizophrenia and schizotypy, etc.

Structure of Supervision: Supervision is ongoing and takes place in daily morning patient review meetings and treatment plan reviews. However, aside from group therapy or other intervention pre-planning and debriefings with the psychologist or co-leader, at least one full hour is set aside weekly for therapy/assessment/diagnostic case supervision.

Supervisees have consistently found this rotation to provide a richly rewarding training experience. This is due to the variety of patients served, the multitude of therapeutic activities and opportunities, the positive nature of the recovery model, and the prevailing positive and cooperative therapeutic atmosphere.

Post Traumatic Stress Disorder Treatment Rotation - Batavia

[Dr. Amy Rodrigues](#)

Prerequisites: None

Settings, Tasks, and Workload: The Jack H. Wisby, Jr. PTSD Treatment Center provides comprehensive treatment of veterans diagnosed with war-zone related PTSD. The PTSD Center is located in our own building (Building 5) at the Batavia VA Medical Center. The quiet spacious grounds help veterans feel safe and enhance focus on recovery from trauma. The Batavia VA is a 30-45 minute commute from the Buffalo VA. Shuttle transportation is provided. This supportive setting helps individuals and families share how PTSD has affected them. The Treatment Program consists of a 30-bed residential unit (PRRTP), and outpatient care (PCT). The PRRTP is composed of short-term stabilization, evaluation, and crisis beds and a structured 26-day cohort intensive therapy program. Both residential and outpatient treatment consists of group, family, and individual therapy.

A typical set of clinical duties for an intern would include the following: Thorough psychological assessment including personality testing, diagnostic interviewing, review of records; an individual

psychotherapy caseload of 1-2 outpatients and 2-3 residents; and co-facilitation of psychotherapy groups and psychoeducational modules. Opportunities for training in Exposure Therapy and observation of EMDR are included. In addition, focus on the elucidation of a psychologist's role in a multidisciplinary team, administrative and research endeavors are also integrated into the rotation. Of course, specific duties are determined by intern's interests, skills, and talents and the needs of the program. The PTSD Treatment Team is open to innovative ideas and the development of new specialized program components offered by our interns.

Didactic Opportunities: Regular attendance at in-house training and other PTSD-related workshops is encouraged. Interns are provided with a reading list and supervision includes review of literature and application to treatment population.

Research Opportunities: The PTSD Treatment Center is involved in ongoing research endeavors. There are opportunities for interns to initiate or join research projects. Current areas of interest include positive psychology conceptualizations and treatment intervention with this population.

Structure of Supervision: Supervision is provided on an ongoing and as needed basis. Formal supervision of therapy/evaluation case supervision is scheduled with the supervising psychologist for a minimum of one full hour per week with more supervision made available based on the needs of the intern. Interns will also participate in therapist case conferences, weekly treatment plan reviews, and daily review of psychotherapy group disposition.

Health Psychology Rotations

Health Psychology rotations involve a range of medical psychology, geriatric, health prevention and behavioral medicine activities, in addition to assessment and treatment of psychopathology, delivered within the medical setting, often within a multidisciplinary medical team. Emphasis is placed on acculturation to the medical environment, consultation skills, functioning within multidisciplinary teams, prevention and health behavior change, and forming a knowledge base in specific medical disease paradigms. It is expected that graduates will be able to offer leadership in a wide range of health care settings as practicing psychologists.

Primary Care

[Dr. Sheila Donovan](#)

Prerequisites: Familiarity with medical settings and multi-disciplinary teamwork, diagnostic interviewing, and principles of behavior change are very helpful but not required.

Setting, Tasks, and Workload:

- a. **Primary Care:** As part of the multidisciplinary Primary Care Group, the intern will work with patients on a wide range of issues from coping with serious illnesses and losses to relaxation and stress management. Diagnostic interviewing and treatment recommendations are regularly requested. Integrated primary care skills include the ability to facilitate rapid, problem-focused, behaviorally oriented assessments and treatment plans, work in a non-traditional structure (i.e. 30' sessions) with a focus on holistic health as the target for intervention. Primary care providers are considered primary "customers" in this model. Referrals include issues of traditional psychiatric concern (PTSD, anxiety, depression etc.) as well as behavioral medicine issues such as sleep and pain problems. Short-term, targeted counseling, motivational interviewing, and care management are frequent avenues of intervention. Consultation with medical providers on ways of improving adherence to medical recommendations and facilitating behavior change, as well as understanding behavior patterns will be included.
- b. **Womens Wellness Clinic:** The Womens Wellness Clinic is a primary care clinic for female veterans and spouses of veterans. As in the other primary care settings, opportunities are

available to interns to work individually with patients and to co-lead groups. Referrals include issues of PTSD, MST, depression, relationship issues, and behavioral medicine issues.

- c. **MOVE! Weight Management program:** This evidence-based, multi-disciplinary program is a multi-level intervention that starts with the primary care staff identifying the issue, and includes computerized assessment with individually tailored reports for patients and staff.
- d. Finally, **psychoeducational or psychotherapeutic groups** are developed based on both intern interest and patient need. Group offerings have included Weight Management, Stress Management, Insomnia Treatment, Depression Management, MST, and Bereavement. Additional topics are possible. Interns are expected to co-lead at least one group.

Didactic Opportunities: The majority of didactic training comes from 1:1 supervision time with Dr. Donovan, and is supplemented by psychology seminars.

Research Opportunities: Research is encouraged and can be discussed with Dr. Donovan.

Structure of Supervision: Formal supervision takes place in two one hour individual meetings per week. Additional time is available as needed.

Home Based Primary Care

[Dr. Ursuline Bankhead](#)

Prerequisites: Interest in chronic and terminal illness, family support and geropsychology is preferred.

Setting, Tasks, and Workload: Home Based Primary Care (HBPC) is a program that provides primary health care for veterans in the home. The program serves veterans who are severely disabled and/or chronically ill. HBPC manages the following:

- *Patients with complex medical problems. These problems require long-term care to maintain the patient's health status or slow its decline.*
- *Patients with a terminal illness.*
- *Certain patients with relatively short-term problems. These patients are in need of healthcare services, home adaptation and home training. Services are provided until the patient is independent enough to be cared for in an outpatient setting.*

The psychology intern in the HBPC rotation will function as an integral member of an interdisciplinary team that serves veterans in their homes. Most patients are elderly and chronically or terminally ill. Diagnoses vary among patients, with a majority of veterans presenting with some type of dementia and/or mood disorder. Presenting issues include depression, anxiety, dementia, grief and loss, late and end-of-life issues and planning, and behavioral management. Family support, education, and counseling are also essential components of this rotation.

The intern is encouraged to tailor the experience to meet his or her objectives. As a general framework, however, the intern will provide counseling to veterans and their family members or caregiver. The focus of treatment is to provide supportive therapy to veterans and their family members, provide behavioral support and recommendations as necessary. The intern will conduct psychological assessments with veterans and determine an appropriate plan of care. Most often, assessments focus on the evaluation of dementia symptoms.

Didactic Opportunities: Interns on this rotation are encouraged to avail her/himself of continuing education opportunities through the department of Geriatric Medicine. He or she will be expected to complete, discuss, and integrate into practice readings on geropsychology and aging veterans.

Research Opportunities: Opportunities for research are possible, particularly in relation to late life issues and family support.

Structure of Supervision: Supervision will be provided on an ongoing and as needed basis, with regularly scheduled individual meeting times throughout the week as well as during weekly team meetings. Minimally, the intern will meet with Dr. Bankhead one hour each week.

Behavioral Medicine

[Dr. Karl Frohm](#)

Prerequisites: Familiarity with medical settings, relaxation training, and cognitive therapy is desirable but not required. Translating from treating *psychopathology* to treating medical problems in support of allied clinicians is often a challenging but rewarding shift for interns without strong prior experience in behavioral medicine.

Settings, Tasks, and Workload: The Behavioral Medicine Rotation is characterized by significant ambiguity and intern autonomy, in-depth supervision, support of medical (vs conventional psychotherapeutic) objectives and development of intern competence in functioning within the culture of medicine. Our referral base is variable in terms of volume and content of cases, particularly outside the Chronic Pain Clinic. Principal settings and activities:

Chronic Pain Clinic Immersion in an interactive, highly-developed interdisciplinary chronic pain team, including extensive experience in pain treatment approaches and clinical issues (e.g., opioid abuse). Intern activities include interview assessment and triage, problem-focused cognitive-behavioral intervention, relaxation training, case management, consultation to medical providers and interpretation of written psychosocial screening assessment data. The pain team offers interns unique opportunities to observe medical examinations, acupuncture and other pain management procedures.

Diabetes clinic liaison--Individual treatment for health behavior change and coping with diabetes, to improve diabetic management and quality of life, as well as brief group intervention for stress inoculation and risk reduction among diabetic patients, as part of an American Diabetes Association accredited education program.

Pre-surgical evaluation—of candidates for liver, kidney, heart-lung, stem cell/bone marrow transplantation as well as implanted spinal cord stimulators or intrathecal opioid pumps for chronic pain.

General behavioral medicine consultation - Outpatient (some inpatient) referrals from all hospital clinical services and programs. Referral concerns include anxiety and depression associated with medical conditions, problems in treatment adherence, adaptation to chronic illness, death and dying, coping with stressful medical procedures, psychophysiological and somatoform syndromes.

Behavioral medicine combines diverse foundation psychological clinical skills and concepts in resolving symptoms of or enhancing adaptation to medical problems. Our activity is patient centered, holistic, and often highly attentive to systemic issues. Co-morbid psychiatric problems (e.g., PTSD) are often a necessary focus of intervention in addressing behavioral medicine issues. Staff behavior and systemic issues are often important targets of intervention, and eventual comfort and competence in communicating with physicians and allied professionals is a priority. For interns with substantial prior relevant clinical experience, the Behavioral Medicine rotation is an opportunity to develop independent practice skills in medical consultation and liaison, sound expertise in one or more specific medical disease paradigms, and advanced understanding of chronic pain issues and treatment strategies, in particular.

On this rotation, **past interns have valued**

- *Unique opportunity to function at the center of a highly-integrated medical team*
- *Opportunities to shadow medical evaluations and procedures*
- *Depth and accessibility of supervision*
- *Opportunity to sample complex chronic pain cases and issues in depth*
- *Well-developed clinic model for addressing opioid adherence and other problem illness behaviors*
- *Growth in process-oriented models for addressing therapeutic partnership, axis II and nonadherence issues*
- *Introduction to schema-based model for conceptualizing adaptation to illness and life change*
- *Opportunities for introduction to biofeedback and Ericksonian hypnotic techniques*

On this rotation, *past interns have been challenged by*

- *Translation of prior training to treating essentially medical problems (vs psychopathology)*
- *Holistic and patient-centered context for cognitive-behavioral and empirically-based therapies*
- *Acculturation to procedures, worldview and interactive style of medical clinics and units*
- *Need for rapid, concise, problem-focused, practical professional communications*
- *Ambiguity, autonomy and diversity of clinical problems*

Didactic Opportunities: Half of didactic instruction comes via scheduled supervision, the rest from Psychology seminars (recently including units on acculturation to the medical environment, pain, psychosomatic processes, relaxation training), pain team conferences and other medical-surgical conferences. Collaboration with and opportunities to learn from allied health providers are essential to the rotation.

Research Opportunities: Opportunities for clinical research or collaboration are possible, particularly in the area of pain assessment. Interns interested in research participation are encouraged to contact Dr. Frohm as early as possible to specify the form and feasibility of such projects.

Structure of Supervision: Scheduled supervision is 2-3 hours per week, supplemented by team meetings and additional supervision as needed. Dr. Frohm primarily embraces cognitive, interpersonal, and client-centered theoretical orientations. Interns eventually function with a high degree of autonomy, but with readily accessible and intensive supervision, as needed.

Center for Integrated Healthcare

[Dr. Gregory Beehler](#)

Prerequisites: Prior experience in primary care is helpful but not mandatory. Willingness to participate in a broad array of activities related to a new research, education, and clinical center. Interns who are interested this rotation should be aware that it requires a significant level of self direction.

Setting, Tasks, and Workload: The Center for Integrated Healthcare (CIH) is a research, education, and clinical center devoted to improving the health of Veterans by enhancing primary care treatment through increasing the integration of behavioral health prevention and treatment services. This rotation is focused on program implementation, evaluation, research, and education. Interns are encouraged to participate in this rotation concurrently with a rotation in primary care.

Tasks will include activities related to CIH research projects, educational program development, and program implementation and/or evaluation. Interns will have ample opportunity to practice a broad array of professional writing. Tasks and workload will be tailored to the Intern's previous level of experience and competency in research related activities. Duties will reflect the typical activities involved with clinical research and program evaluation conducted by VA researchers.

Didactic Opportunities: The intern is expected to complete and discuss selected readings on

integrated healthcare. The intern will attend videoconference offerings on integrated primary care as available. He or she will attend local and regional conferences and VA broadcast offerings as appropriate. Attendance at the weekly CIH research meeting is mandatory. These informal meetings focus on developing individual and team-based projects related to understanding the processes and outcomes of integrated primary care. Interns will be expected to present their developing program of research in this forum.

Research Opportunities: A new investigator at the CIH, Dr. Beehler is an active researcher in integrated primary care, oncology, and chronic pain. His recent work has focused on the following topics: identifying methods of program monitoring and fidelity assessment, predicting health care utilization among Veterans with chronic pain, and identification of barriers and facilitators of health behavior change in cancer survivors. Previously, Dr. Beehler has been involved in studies of cancer epidemiology, cross-cultural models of risk perception, and environmental health. He is the Consultation-Liaison psychologist for the Buffalo VA Oncology Clinic. Interns are welcome to participate in his studies and/or work with other CIH researchers. He welcomes intern collaboration on professional presentations and publications.

While under the supervision of Dr. Beehler, interns are welcome to partner with other investigators, including University at Buffalo faculty members formally affiliated with the CIH from the fields of Nursing and Community Health and Health Behavior. Investigators at the CIH have focused on research topics in areas such as the implementation and evaluation of Integrated Primary Care, dementia management in primary care, strategies to improve self-management of medication use, health behavior promotion, and methods of health services delivery. Many of the topics addressed by CIH investigators are particularly relevant to the health and well-being of older veterans.

Structure of Supervision: Formal supervision is scheduled for 1.5 hours per week (one hour of individual, one half hour of group). Additional supervision is available on an as needed basis.

Community Living Center

[Dr. Kim Curyto](#)

Prerequisites: Interest in chronic and terminal illness, staff and family support and geropsychology is preferred.

Setting, Tasks, and Workload: The Community Living Center (CLC) is a nursing home program at the Batavia VAMC that provides comprehensive care for veterans who are severely disabled and/or chronically ill. It consists of 3 lodges of 30 residents each. CLC manages the following:

- *Residents with complex medical problems. These problems require long-term care to maintain the person's functioning or slow its decline.*
- *Residents with a terminal illness.*
- *Residents with relatively short-term problems in need of rehabilitation and discharge planning. Services are provided until the resident is independent enough or had the appropriate services to be cared for in the community.*

The psychology intern in the CLC rotation will function as an integral member of an interdisciplinary team that serves veterans in the nursing home. Most residents are elderly and chronically or terminally ill. Diagnoses vary, with a majority of veterans presenting with some type of dementia and/or mood disorder. Presenting issues include depression, anxiety, dementia, grief and loss, late and end-of-life issues and planning, and behavioral management. Staff and family support, education, and counseling are also a large component of this rotation.

The intern is encouraged to tailor the experience to meet his or her objectives. As a general framework, however, the intern will provide counseling to veterans and their family members or caregiver. The focus of treatment is to provide supportive therapy to veterans and their family members, provide behavioral

support and recommendations as necessary. The intern will conduct psychological assessments with veterans and determine an appropriate plan of care. Most often, assessments focus on the evaluation of dementia, mood, and behavior symptoms. The intern will attend interdisciplinary team meetings weekly, and discuss cognitive, mood, and behavioral functioning in the context of a holistic care planning process.

Didactic Opportunities: Interns on this rotation are encouraged to attend continuing education opportunities through facility medical rounds, Batavia geropsychology trainings, and other trainings provided through the education department as applicable. He or she will be expected to complete, discuss, and integrate into practice readings on geropsychology and aging veterans.

Research Opportunities: Opportunities for research are numerous, are to be compatible with the current direction of research in the CLC, and will be tailored to meet the intern's interests and objectives. Possible topics include the evaluation of appropriate screening tools in the nursing home population, and evaluating the impact of psychosocial, behavioral, and educational interventions.

Structure of Supervision: Supervision will be provided on an ongoing and as needed basis, with regularly scheduled individual meeting times throughout the week as well as during weekly team meetings. Minimally, the intern will meet with Dr. Curyto individually for one and a half hours each week for a half-time rotation, with additional supervision provided in a team setting and individually on an as needed basis.

Geropsychology

[Dr. Kathryn Moss](#)

Prerequisites: Interest in working with older adult, rehabilitation, and palliative care/hospice populations; interest in working with partners, family members, and staff; as well as some experience with psychological testing and integrative report writing.

Setting, Tasks, and Workload: Interns involved in the Geropsychology rotation will have the opportunity to work with older adults in both outpatient and medical inpatient settings. This rotation may be tailored to meet the needs of individual trainees. Outpatient work includes cognitive and decision-making capacity assessments referred from various providers throughout the medical center (intern expected to complete 1-2 per week). Interns may also have the opportunity to provide outpatient psychotherapy for older Veterans as well as their caregivers and bereaved partners/family members.

The Community Living Center in Buffalo (CLC/Willow Lodge) is the primary medical inpatient setting for the Geropsychology rotation. Willow Lodge is a 20-bed unit with two distinct patient populations. Both Palliative Care/Hospice and sub-acute rehabilitation services (e.g., wound healing, post-surgical care, and complicated medical recovery) are provided on this unit. It is a rich training environment that offers a diversity of presenting issues and clinical/training opportunities. Available training opportunities include, but are not necessarily limited to, the following: individual psychotherapy, family support and intervention, cognitive and decision-making capacity assessment, dementia-related behavior assessment and intervention, and staff training, support, and intervention. Group therapy experience may also be available. A key feature of training experience on Willow Lodge is interdisciplinary team participation and involvement. Interns are expected to consult and collaborate closely with an interdisciplinary team to address the psychological needs of patients and their families. The team meets at least weekly to update patient care plans, often with the patient present. There are also monthly Palliative Care administrative meetings to address the broader needs of the Palliative Care service (e.g., program evaluation and management). Further, Geropsychology is also occasionally consulted to assist in addressing the psychological needs of individuals throughout the medical center who are followed by the Palliative Care Consultation Team.

In all facets of this rotation, interns will learn how to apply the findings of behavioral assessments and psychological testing to psychological treatment and consultation in the care of elderly veterans. Education and support of caregivers of patients with dementia and terminal illness is another

fundamental aspect of the broader rotation. Staff support and education is also central. Interns will provide at least one staff educational program during the course of the rotation.

Didactic Opportunities: Interns on this rotation may attend didactic offerings described under the Neuropsychology Rotation. In addition, many continuing education opportunities are offered via the department of Psychiatry and the division of Geriatric Medicine at the VA (e.g., Palliative Care journal club, Schwartz Rounds). Less formal didactic experience takes the form of readings assigned by and discussed with the supervisor throughout the rotation.

Research Opportunities: Opportunities for clinical research or collaboration are possible, particularly in relation to issues of aging and palliative care. Interns interested in research participation are encouraged to contact Dr. Moss as early as possible to specify the form and feasibility of such projects.

Structure of Supervision: Formal supervision is scheduled for two hours per week. Regular informal supervision and consultation is also encouraged as needed.

Neuropsychology

[Dr. Kerry Grohman](#), Board Certified in Clinical Neuropsychology, ABPP

The Neuropsychology Specialty Track Internship meets or exceeds all INS/Division 40 training criteria for the predoctoral internship.

Prerequisites: As this is considered to be an advanced assessment training experience, interns selecting this rotation as an elective are expected to have a good working knowledge of intellectual and personality assessment and some experience with integrative report writing. Neuropsychology Specialty Interns are expected to have significant prior experience in neuropsychological assessment.

Setting, Tasks, and Workload: The neuropsychologist and intern provide consultation to all areas of the Medical Center, in both inpatient and outpatient settings. Outpatient referrals reflect the full spectrum of adult neuropathology, including degenerative disorders, stroke, head injury, neoplastic disease, substance abuse, psychiatric disturbances, and metabolic and systemic illnesses. Inpatient consultation focuses on capacity evaluations (medical decision making, independent living).

Principle duties involve developing or increasing familiarity with a flexible battery, process-oriented approach to neuropsychological assessment, in addition to expanding awareness of neuropathology. The rotation is both didactic and clinical. An assigned text and directed readings augment the focus on test selection and administration, history taking, data integration, and report writing. Interns are required to find and read the current literature for each pathological condition they encounter, to enhance understanding of the condition and its implications.

Referrals are generally assigned at a rate of one or two per week. That said, the rate of production is primarily based on intern motivation and ability.

For Neuropsychology Specialty Interns, priority is focused on facilitating the intern's readiness and marketability for the post-doctoral residency in Clinical Neuropsychology, as well as on providing the foundation training necessary for eventual board certification. Our Specialty Interns have had an excellent track record for obtaining quality post-doctoral training in settings such as Brown University, Cleveland Clinic, University of Michigan, University of Rochester, National Rehabilitation Hospital, University at Buffalo and other institutions. Many of our former interns have either completed, or are in the process of, board certification.

The Neuropsychology Specialty Intern completes the first six months of the internship in the specialty. Part-time, off-site placements can be arranged for Specialty Interns with interests beyond the offerings at our facility.

For Generalist Interns, the primary goal of the rotation is to teach neuropsychology and neuropathology

toward the goal of developing sound cognitive screening skills and the tools needed to be a successful consumer of neuropsychological reports. While the clinical work for Specialty Interns and Generalists is similar, the didactic portion of the rotation usually differs. The intensity of the Generalist's experience is based on the interest and ability of the intern. Generalist and Geropsychology interns interested in the rotation complete a half-time experience.

Didactic Opportunities: The Neuropsychology rotation requires a considerable amount of didactic participation, including weekly Reading Review, Neurology Grand Rounds, Neuroscience Seminars (optional), and other offerings. Additionally, a seminar series in Neuropsychology is given to all interns in the spring of the training year. Required texts are assigned based on the intern's level of knowledge and experience. Additional readings are assigned as are relevant to the clinical cases.

Research Opportunities: Participation in on-going research or development of an original project is strongly encouraged, but not required, of the Neuropsychology Specialty Intern. For interns who have completed their dissertations and would like to complete an original study, consultation is available in the summer prior to the internship to facilitate IRB requirements and afford the intern maximum time for completion.

Current and recent studies in progress in the Neuropsychology Clinic focus on Cognitive and Affective Symptoms in OEF/OIF Veterans, Cognitive Screening in Primary Care, Cognitive Sequelae of Blast Injuries in OEF/OIF Veterans, Traumatic Brain Injury and Quality of Life, and the Clock Drawing Test in Differential Diagnosis.

Three neuropsychology clinical databases are also available to the intern for investigation.

Structure of Supervision: Supervision is scheduled at least two hours per week, depending on the needs of the intern. Informal supervision and consultation are encouraged on a daily basis. See [Rotation Goals and Objectives](#) for more information.

Psychology Training Staff

The Psychology Training Staff consists of 11 full-time doctoral level psychologists. Five of the doctoral staff are Counseling Psychologists, and the remaining six are Clinical Psychologists.

[Karl D. Frohm, Ph.D.](#) | [Ursuline R. Bankhead, Ph.D.](#) | [Gregory P. Beehler, Ph.D.](#) | [Kim Curyto, Ph.D.](#) | [Sheila Donovan, Ph.D.](#) | [Kerry Grohman, Ph.D.](#) | [Clifford R. Mahler, Ph.D.](#) | [Theresa Mignone-Klostermann, Ph.D.](#) | [Kathryn Moss, Ph.D.](#) | [Amy Rodrigues, Ph.D.](#) | [Erica Sargent, Ph.D.](#)

In addition to providing routine clinical and counseling services, staff members have been encouraged to develop specialty interests in the form of programmatic approaches to specific medical/psychological problems. It is our belief that provision of traditional services and the opportunity to implement special interests substantially increases the overall quality of the staff, as well as ensuring quality of care to our patients. This approach to service delivery and professional staff growth is reflected in our philosophy of intern training.

Karl D. Frohm, Ph.D.

Director of Training, Lead Psychologist

- Clinical and Physiological Psychology, University of Utah, 1987. M.A., State University of New York College at Brockport, 1982. B.S., Yale University, 1977.
- Theoretical orientation: Cognitive, behavioral, interpersonal and client-centered.
- Professional interests: Adaptation to catastrophic and chronic illness, pain management, psychosomatic processes and program development.
- Rotation: [Behavioral Medicine](#)
- E-Mail: [Dr. Frohm](#)

Ursuline R. Bankhead, Ph.D.

- Counseling Psychology, University at Buffalo, The State University of New York, 2007. M.S. (Marriage and Family Therapy), East Carolina University, 1999. B.S., Pennsylvania State University, 1993.
- Theoretical orientation: Integrative: Family Systems, Cognitive-behavioral, Patient-Centered
- Professional interests: Healthcare disparities, cultural diversity competency, program development, psychology in home-care settings.
- Rotation: [Home-Based Primary Care](#)

Gregory P. Beehler, Ph.D.

- Counseling Psychology, University at Buffalo, The State University of New York, 2007. M.A. (Medical Anthropology), University at Buffalo, The State University of New York, 1999. B.A., State University of New York at Geneseo, 1996.
- Theoretical orientation: Integrative: Cognitive-behavioral, Interpersonal, and Postmodern
- Professional interests: Behavioral medicine and health behavior promotion; implementation and evaluation of Integrated Primary Care; cancer survivorship and chronic pain; program evaluation and applied statistics
- Rotation: [Center for Integrated Healthcare](#)

Kim J. Curyto, Ph.D.

- Clinical Neuropsychology, Wayne State University, 2000. B.A. Calvin College 1994.
- Theoretical orientation: Behavioral, Cognitive, Person-Centered.
- Professional interests: Assessment and treatment of disruptive behaviors in dementia, evidence-based psychosocial and behavioral interventions, interdisciplinary implementation of interventions. Clinical and research program development.
- Rotation: [Community Living Center \(CLC\)](#)

Sheila Donovan, Ph.D.

- Counseling Psychology, University at Buffalo, 2001. M.S.W., University at Buffalo, 1996, B.A. State University of New York at Fredonia, 1993.
- Theoretical orientation: Behavioral, cognitive, interpersonal and client-centered.
- Professional Interests: Assessment and counseling of individuals with dementia, developmental disabilities and mental illness; behavioral approaches with individuals and families.
- Rotation: [Primary Care Clinic](#)

Kerry Grohman, Ph.D., ABPP/ABCN

- Counseling Psychology, State University of New York at Buffalo, 2001. B.A., State University of New York at Buffalo, 1995.
- Theoretical orientation: Cognitive-behavioral
- Professional interests: Neuropsychological assessment, training, consultation and research, decision making capacity, substance use disorders, and medical ethics.
- Rotation: [Neuropsychology](#)

Clifford R. Mahler, Ph.D.

- Clinical Psychology, State University of New York at Buffalo, 1972. Graduate, Gestalt Institute of Cleveland, 1979. B.A., University of Pennsylvania, 1967.
- Theoretical orientation: Eclectic.
- Professional interests: Group psychotherapy, stress management, assertiveness training, the seriously and persistently mentally ill, multidisciplinary team coordination process, Gestalt theory and process.
- Rotation: [Psychosocial Rehab & Recovery Program](#)

Theresa Mignone-Klostermann, Ph.D.

- Counseling Psychology, University at Buffalo, 2007; M.A., SUNY Brockport, 1999; B.A. St. Bonaventure University, 1996.
- Theoretical Orientation: Integrative with focus on interpersonal, systems, and cognitive behavioral theories/interventions.
- Professional Interests: Treatment of trauma and PTSD, use of groups with acute inpatient populations, interpersonal violence, the effect of mental health problems on families, program development and evaluation, implementation and utilization of recovery principles.
- Rotation: [Behavioral Health Clinic and Acute Inpatient Psychiatry](#)

Kathryn Moss, Ph.D.

- Clinical Psychology, The University of Alabama, 2009. M.A., The University of Alabama, 2006. B.A., West Virginia University, 2003.
- Theoretical Orientation: Integrative, with a focus on cognitive-behavioral, interpersonal, and client-centered approaches
- Professional Interests: Intervention, assessment, & consultation in long-term care and palliative care settings; cognitive and decision-making capacity assessment; geropsychology training; assessment and treatment of geriatric depression
- Rotation: [Geropsychology](#)

Amy Rodrigues, Ph.D.

- Clinical Psychology, University Rochester, 2010; B.A., University of Rochester, 2003.
- Cognitive-behavioral, client-centered.
- Professional Interests: Assessment and individual/group treatment of Post Traumatic Stress Disorder in both men and women. Research related to PTSD and treatment outcomes.
- Rotation: [Post Traumatic Stress Disorder Treatment Rotation – Batavia](#)

Erica Sargent, Ph.D.

- Clinical Psychology, State University of New York at Buffalo, 2004. B.A., University of Rochester, 1986.

- Theoretical Orientation: Integrative, emphasizing cognitive-behavioral, interpersonal, and systems approaches.
- Professional Interests: Assessment and treatment of posttraumatic stress disorder and mood disorders; training; positive psychology and wellness.
- Rotation: [Behavioral Health Clinic](#)

Application Process

Eligibility Requirements VA Psychology Internship Programs:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
6. Approved for internship status by graduate program training director.

VAWNYHS Psychology Internship Requirements:

1. A minimum of 1000 hours of supervised practicum experience is recommended by the start of the internship year, typically including at least 500 hours of direct patient contact. It is expected that applicants will have substantial prior supervised experience in assessment, (e.g., five MMPI2 reports, at least five comprehensive adult reports and satisfactory grounding in intellectual assessment), as well as individual and/or group psychotherapy. We are unable to guarantee extensive experience in administration and interpretation of psychological assessment instruments outside of our Neuropsychology and Geropsychology specialty tracks.
2. A basic understanding of psychological test construction and a familiarity with the use of the DSM-IV is also required. For specialty track applicants, the ability to administer, score, and interpret results from customary assessment tools of the specialty are prerequisites for appointment as an intern.
3. Advanced progress on the dissertation is highly desirable.

Materials and Procedure

1. The [APPIC Application for Psychology Internship](#) * submitted on-line.
2. A current vita (uploaded to your APPIC application.)
3. Please include unambiguously in the cover letter uploaded to your APPIC application which internship track(s) you are applying to (General / Geropsychology / Neuropsychology). It is permissible and sometimes advantageous to apply to multiple tracks. However, candidates who match under the General track would only be able to complete Neuropsychology or Geropsychology half-time elective rotations in the second half of the internship year, and only candidates with substantial prior neuropsychology training will be considered for the Neuropsychology specialty track. If you know what other rotations interest you at the time of application, it is valuable for you to also indicate these in your cover letter, though you will not be bound to these choices for internship.
4. Three letters of recommendation. Those who know you well enough to discuss your strengths and weaknesses as a scholar-clinician should write these letters. At least one letter should be from a practicum supervisor (uploaded to your APPIC application.).
5. Official graduate transcripts (uploaded to your APPIC application.)

6. A letter from your Director of Clinical Training confirming your eligibility for internship. (Part 2 of the AAPI)
7. Please **do not** submit work samples as part of the application. Further, VA SF 171 **is not required** at the time of application.

Deadline: All application materials should be received by November 15th

We will be notifying candidates that they have been selected for interviews during the week of December 15th. We prefer to interview candidates in person, but we have conducted mutually beneficial interviews by telephone conference calls.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. We are committed to a selection process which encourages diversity among interns selected for our training program. If you have any difficulty with or questions about the application procedure, please call Dr. Frohm at (716) 862-8594 or E-mail: [Dr. Frohm](#)

Buffalo and Western New York

General: The population of the Buffalo Metropolitan area is approximately 1.3 million people, with 350,000 of those residing in the [City of Buffalo](#)*.

Location: The City of Buffalo is bounded by the west by Lake Erie and the Niagara River. The 36 mile long Niagara River, which is technically a "strait" between Lake Erie and Lake Ontario, is the source of Niagara Falls, one of the great scenic wonders of the world. There is a great variety in living styles available, from urban townhouses to lake shore homes to rural farms. It is worth noting that Buffalo is centrally located, i.e. within a day's drive of many large urban centers (including New York City, Boston, Philadelphia, Chicago). Toronto is just one and one-half hours away. The location can make it easy to visit family or major professors, depending on one's preference.

Weather: Buffalo is fortunate in having four distinct seasons. Our summer temperatures range from 75-85, with very few days over 90 degrees. Refreshing breezes drift from Lake Erie over fine harbors and beaches along both the American and Canadian shore, convenient for summer sports like boating, fishing and swimming. Autumn is quite long, dry and colorful due to the changing foliage. In winter, Buffalo does get snow, mainly in the "snow belt" south of the city in which major ski resorts are located. Residents of that section are happy with the snowfall. As the Chamber of Commerce says, "we don't sit around all season watching it fall. We ski it downhill, we ski it cross-country, we snowshoe it, we backpack in it, etc." Buffalo residents consider that the seasonal changes are an invigorating part of the variety of life Buffalo offers.

Housing: In a recent nationwide survey of 18 urban areas, Buffalo was the 4th least expensive in housing costs. There is a wide variety of apartments available at reasonable rents. Since the DVA Medical Center is across the street from the [SUNY at Buffalo](#)* campus, student apartments are available within walking range of the Medical Center. For those with a car, there are many apartment complexes within a 5 mile radius of the Medical Center.

Education: As noted earlier, the DVA Medical Center is located in the northeastern suburban boundary of Buffalo and is directly across the street from the South Campus of [SUNY at Buffalo](#)*. SUNY at Buffalo has approximately 25,000 students on its two campuses. Noteworthy for prospective interns is that there are two APA-approved training programs at SUNY: the Clinical Psychology track of the Department of Psychology and the Counseling Psychology track of the Department of Counseling and Educational Psychology. Located across from the Medical Center is the Health Science Campus, housing the schools of Medicine, Dentistry, Nursing and Health Related Professions as well as the Health Sciences Library. A shuttle bus system transports one to the Amherst Campus which houses the Law Library, Graduate Library and the psychology departments. In addition to SUNYAB, there are six other four-year colleges on the Western New York area representing a wide range of private and public educational opportunities.

Health Sciences: In the metropolitan area there are approximately 25 general or specialized hospitals. Included in these facilities are two State psychiatric facilities, the Buffalo Psychiatric Center and the West Seneca Developmental Center. The Buffalo Niagara Medical Campus includes Buffalo General Hospital, the University at Buffalo's Center for Bioinformatics, [Roswell Park Cancer Institute](#)*, and several other programs, in a single clinical, research and academic complex. Womens and Childrens Hospital provides pediatric and maternity care. The state-funded Research Institute on Addictions conducts a wide range of basic and applied research on addictions. As the DVA Medical Center is a teaching hospital, there are regular seminars and symposia presented by other disciplines (psychiatry, nursing, social work, medicine, neurology and rehabilitation medicine) which are available for interested interns.

Leisure: There are facilities for both spectator and participant sports in Western New York. For spectator sports, the multi-year AFC Champion [Buffalo Bills](#)* lead the NFL for attendance at Ralph Wilson Stadium. The

[Buffalo Sabres](#)* provide exciting hockey entertainment at the new HSBC Arena. The AAA league baseball team, the [Bisons](#)*, is located in Dunn Tire Park, a beautiful, nationally-recognized stadium in the heart of downtown Buffalo. Division I basketball and football is played at several area colleges.

Participant sports are many and varied. Because of the location, there are many facilities for water sports, including fishing and boating. There are also many facilities for winter sports. For instance, there are 20 ski areas within 90 miles of Buffalo, 12 of which are only 45 minutes from downtown. Facilities for racquet sports are also in good supply. There are 84 outdoor tennis courts scattered throughout the City of Buffalo. There are also a number of clubs available for indoor tennis, squash, racquetball and aerobics.

Locals and frequent visitors to Buffalo perhaps best regard the area as offering an unusually wide repertoire of good and affordable restaurants as well as music venues.

Parks: When urban quality of life is evaluated, Buffalo is always highly rated for its park system. Designed by Fredrick Law Olmstead, the designer of New York's Central Park, the city park system embraces over 3,000 acres. It contains numerous facilities such as swimming pools, golf courses, baseball diamonds, etc. Another 2,00 acres of parks, adjacent to Niagara Falls , offer spectacular views of the river and the Falls. Other state parks near Buffalo offer facilities for hiking and camping. The largest of these is Allegany State Park, whose 65,000 acres offer 100 miles of hiking trails. Letchworth State Park and the Allegany National Forest are also easily accessible from Buffalo.

Cultural Activities: Buffalo offers fine facilities for art, music and theater. The [Albright-Knox Art Gallery](#)* enjoys a world-wide reputation for its collection of contemporary painting and sculpture. The Gallery is usually chosen as a site for display of touring exhibitions from New York or Washington. The [Buffalo Philharmonic Orchestra](#)* features symphony concerts and pop concerts from October to May at Kleinhans Music Hall, which is architecturally famed for its acoustical qualities. The orchestra also plays summer concerts in a variety of settings, including local parks. Theater is well represented at 6 different facilities throughout Western New York. One spectacular theater is [Shea's](#)* Buffalo, located in the heart of Buffalo's Theater District. The 3,000-seat facility has been painstakingly restored to its original elegance as designed by Tiffany in 1926. Another spectacular site, for different reasons, is Artpark. Located on 172 acres along the Niagara River, [Artpark](#)* offers classical music, jazz, and rock as well as productions of plays, ballets and operas. In nearby Ontario are both a George Bernard Shaw Festival and a [Stratford Shakespeare Festival](#)* throughout the summer.

Many visitors are drawn to Buffalo's architectural heritage, including several prized municipal buildings and homes built by Frank Lloyd Wright. The turn of the century Roycroft arts and crafts movement, centered at a campus in nearby East Aurora, is also a regional attraction. Buffalo also currently hosts several annual arts and cultural festivals, including the Allentown Arts Festival, Taste of Buffalo, and the Buffalo Guitar Festival.

Where to stay: Information about lodging may be obtained from the Chamber of Commerce, AAA, travel agent, etc. The Western New York area has a variety of hotel and motel accommodations available for all tastes. For your convenience, we have listed a few moderately priced motels within a five mile radius of the hospital that have been recommended by previous intern applicants:

Motel 6 Buffalo - Amherst #1298
4400 Maple Road
I-290 at Millersport Highway, Exit #5-B
Amherst, NY, 14226
(716) 834-2231
[Website](#) *

Red Roof Inn
I-290 and Millersport
Amherst, NY
(716)-689-7474

Comfort Inn University
1 Flint Rd.
Amherst, NY
(716)-688-0811

PSYCHOLOGY INTERN SEMINAR SCHEDULE 2012 - 2013

May, 2012 ver

Fridays, 8:30-10:30, Room 910D-4, unless otherwise indicated

7/20/12	
7/27/12	Diagnostic Interviewing (Dr. Sargent)
8/3/12	Suicide risk assessment and prevention (Dr. Miello)
8/10/12	Assessment in Clinical Care (Dr. Grohman)
8/17/12	Vet Center (Dr. Harrigan and staff-- 2372 Sweet Home Rd, Amherst, 862-7350)*
8/24/12	Military Culture (Dr. Harrigan)
8/31/12	Ethics (Dr. Sargent)
9/7/12	Psychotherapy (Dr. Mignone-Klostermann)
9/14/12	Interpersonal Therapy for Depression (Dr. Sargent)
9/21/12	Domestic Violence (Dr. Mignone-Klostermann)
9/28/12	Dialectical Behavior Therapy (Dr. Sargent)
10/5/12	The continuum of behavioral health care (Dr. Mahler, staff, and veterans at the PRRC, 2963 Main St)*
10/12/12	Treatment of Schizophrenia (Dr. Mahler)
10/19/12	Assessment and Treatment of Assaultive Behavior (Dr. Skiffington)
10/26/12	Impact of Deployment on Families - (Delcey Pulvino, LCSW)
11/2/12	PTSD I - Introduction and assessment (Drs. Rodrigues and Chipman)
11/9/12	PTSD II - Evidence-Based Treatments (Dr. Lascu, Batavia VA PTSD Program)*
11/16/12	Group therapy (Dr. Mahler)
11/23/12	Thanksgiving Day 11/22--No seminar
11/30/12	EMDR (Dr. Sargent)
12/7/12	Compensation and Pension Evaluation (Dr. Reynolds)
12/14/12	Relaxation Training I (Dr. Frohm)
12/21/12	Relaxation Training II (Dr. Frohm)
12/28/12	Christmas-New Year holiday week--No seminar
1/4/13	Motivational Interviewing (Dr. Pikoff)
1/11/13	Psychology in Primary Care (Drs. Pikoff & Altieri)
1/18/13	Psychopharmacology I
1/25/13	Psychopharmacology II
2/1/13	Pain Management I (Dr. Frohm)
2/8/13	Pain Management II (Dr. Frohm)
2/15/13	Family therapy (Dr. Bankhead)
2/22/13	Dementia: Understanding types and stages (Dr. Curyto)
3/1/13	Working with families of veterans with dementia (Dr. Wray)
3/8/13	Capacity Assessment (Dr. Curyto)
3/15/13	Quitsmart (Mr. Parish)
3/22/13	Supervision I (Dr. Frohm)
3/29/13	Supervision II (Dr. Frohm)
4/5/13	Introduction to Medical Anthropology: Health, Culture, and Competence (Dr. Beehler)
4/12/13	Positive Psychology (Dr. Sargent)
4/19/13	Psychosomatics (Dr. Frohm)
4/26/13	Acceptance & Commitment Therapy (Dr. Chipman)
5/3/13	Keeping Research and Writing Productivity in Your Career (Dr. Wray)
5/10/13	Psychotherapy--special issues (Drs. Chipman and Frohm)
5/17/13	Substance Use Disorders Assessment & Treatment (Dr. Chipman)
5/24/13	Termination in Psychotherapy (Drs. Altieri & Pikoff)
5/31/13	
6/7/13	Intern presentation
6/14/13	Intern presentation
6/21/13	Intern presentation
6/28/13	Intern presentation
7/5/13	Intern presentation
7/12/13	last day internship--no seminar