

Psychology Internship Program

**2021– 2022
Internship Training Year**



Syracuse Veterans Affairs Medical Center, Syracuse, NY

Accredited by the American Psychological Association

Applications Due: November 7, 2020

Match Numbers

General Track: 149611

Primary Care Behavioral Health Research Track: 149612

Behavioral Health Outpatient Center (BHOC)
620 Erie Boulevard West
Syracuse, NY 13204

Introduction

The Psychology Internship Program at Syracuse VA prepares interns for professional practice in a medical center or health services setting that serves primarily adults. Many alumni secure employment or post-doctoral fellowships within Veterans Affairs, other medical centers, or the military; others have gone into academic positions or independent practice. VA training staff are guided by the words of Abraham Lincoln who charged the nation "to care for him who shall have borne the battle," a mission and value that interns increasingly grow to appreciate throughout their training year.



Accreditation

Our most recent site visit and re-accreditation from APA occurred in 2014. We received the full seven-year accreditation and anticipate the next site visit in 2021. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

COVID-19 and the Impact on Training

The internship training program has been planful in responding to COVID-19 since its emergence as a pandemic in the Spring. This public health crisis has presented us all with numerous challenges, both personally and professionally; especially challenging has been the degree of uncertainty, with frequent shifts in our knowledge base and public policy. The Syracuse VAMC has been proactive in adapting services and establishing safety measures to keep Veterans and staff members safe.

Throughout the SVAMC, there have been vastly more telehealth appointments, with reduced face-to-face visits. We also began implementation of strict screening at building entrances and increased use of transparent barriers, sanitizers, masks, gloves, and other PPE. Decisions about policy and procedures have involved the Medical Center Director, Chief of Staff, Chief of Infections Disease, and Infection Control nurses, with attention to recommendations of New York State Department of Health, CDC, and VA Central Office. The local Office of Information Technology has been invaluable in facilitating a rapid shift toward virtual platforms.

Open communication among the Behavioral Health Careline Manager, Chief Psychologist, and Training Director has been instrumental in adapting the training program to emerging realities. The internship began establishing telework plans in March and swiftly enabled all interns to conduct telehealth appointments from home, with remote access to VA computers and the patient record system. Internship didactics, supervision, and case conferences were shifted to virtual formats entirely. Careful implementation has assured that all aspects of clinical training and education have proceeded with the same high standards and attention to all profession-wide competencies.

As we now begin the 2020-21 internship year, it is not possible to predict just how clinical training and didactics will evolve throughout the year. Clinical Video Telehealth, from VA offices, will be the dominant form of Veteran encounters for the time being. Interns are developing telework agreements and capability, initially for non-clinical days; the possibility of remote clinical services will be considered on an individual basis. Interns benefit from each having their own office and equipment needed for CVT visits. All supervisors contribute to decision-making at biweekly staff/training meetings. We remain committed to the health and safety of our staff and trainees and to maintaining the core elements of training across full range of professional competencies.

Comments of Internship Alumni

“The combination of a high quality clinical training environment coupled with significant support around professional development provides interns with a program that truly helps them to succeed professionally.”

“This internship prepared me very well for post-doc. I received a great breadth of experience and was also given the freedom to gain greater depth of experience in PTSD, which is a main area of clinical interest for me.”

“The time and effort put in by staff and supervisors to make this a valuable learning experience is very clear...I have grown immensely both personally and professionally this year.”

“I have been very fortunate for this internship experience. I have grown so much as a clinician in the past year as a result of the amazing supervision, great seminars/training opportunities and exposure to such a diverse population!”

“This internship and the psychology staff as a whole has helped me develop professionally and gain confidence in my abilities more during the past year than all my other years of graduate training.”

“This was an outstanding training experience that was ideal for preparing me for a career as a well-rounded psychologist.”





Philosophy of Training

The Syracuse VA Psychology Internship follows a practitioner-scholar model of training. We view psychological practice and scholarly inquiry as mutually informing. Interns are encouraged to develop their reflective skills and to generate and test hypotheses in their clinical work. Our practice is informed by the scientific literature and there is opportunity to receive training in evidenced-based treatments which are

increasingly influential throughout Veterans Affairs. As practitioner-scholars, interns deliver at least three formal presentations to staff and colleagues throughout the year.

We emphasize a firm foundation in generalist skills while also offering training in areas of special interest, and opportunities to learn and practice evidence-based psychotherapies. The generalist training is reflected in two "rotations" that continue throughout the year: Outpatient Mental Health and Psychological Assessment. All Interns participate in the Outpatient Mental Health clinic, gaining experience in both short-term and longer-term psychotherapy as well as comprehensive intake assessment with a diverse patient population. All Interns also participate in the Psychological Assessment Clinic throughout the year, supervised in the use of integrated test batteries for a variety of psychological disorders, cognitive assessments, and specialized assessments for medical procedures (e.g., pre-surgical evaluations).

In addition, Interns receive training in specialty clinics aligned with their individual interests and goals for the internship year. Interns in the General Track select from various minor rotations (i.e., PTSD Clinic, Primary Care-Mental Health Integration, Substance Treatment, Research, Pain Clinic, Rehabilitation Psychology, Home-Based Primary Care). Interns in the Primary Care Behavioral Health Research Track gain extensive experience with the Center for Integrated Healthcare (CIH), a VA Mental Health Center of Excellence, whose mission involves "improving health care for Veterans by conducting research, developing educational products, and providing clinical consultation focused on Primary Care-Mental Health Integration (PCMHI)." Our training faculty are well-versed in a variety of evidence-based psychotherapies, (e.g., Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD, Cognitive Behavioral Therapy for Insomnia (CBT-i), Integrative Behavioral Couple Therapy (IBCT), Acceptance and Commitment Therapy (ACT), and Problem Solving Training (PST). Interns have ample opportunities to learn and practice these therapies throughout the training year. All interns will receive in-depth training in VA Cognitive Processing Therapy for PTSD with our in-house regional trainer, for the option to become VA-certified in the use of this evidenced-based psychotherapy. These specialty skills complement our generalist training and prepare interns for entry-level positions and postdoctoral fellowships in a variety of areas.

A shared humanistic sensibility among staff complements our appreciation for technical knowledge and skills. We strive to recognize our biases, the conditional nature of our worldviews, their social/political contexts, and their impact on relations among us all, whether faculty, Intern, or Veteran client. The Multicultural and Diversity Committee works to increase awareness and knowledge of, as well as competency in, diversity-related issues. Through seminars, journal discussions, and invited speakers, we address such factors as race, ethnicity, gender, military culture, age, SES, disability, sexual orientation, gender expression, and religious/spiritual diversity.

Our approach to training values mentorship and intensive supervision. We provide ample opportunity for formal supervision and encourage ad-hoc meetings or "curb-side consultations," as supervisors are widely available. We follow a developmental model of transferring knowledge and skills; interns often begin a rotation observing a supervisor's clinical work, receive in-vivo-supervision, followed by increasingly independent practice. Interns will find training sequential and characterized by increasing complexity, based on developing knowledge and skills.

Training Settings

Syracuse VA provides primary and behavioral health care throughout a 13-county area of Central New York. This allows for a wide diversity in the patient population with regard to culture and geography (rural/urban/suburban). Patients are served at eight community-based outpatient clinics (CBOCs) in addition to the Syracuse VA Medical Center and the Behavioral Health Outpatient Center (BHOC). Internship training takes place at BHOC, with additional rotations at the Medical Center, and the Pain Clinic.

In 2009, the Behavioral Health Outpatient Center was established to house a number of services, including Outpatient Mental Health, PTSD Clinical Team, Substance Treatment Service, Home-Based Primary Care, and the Center for Integrated Healthcare. Staff enjoy offices and conference rooms specifically designed for these services. Interns have appreciated each having their own comfortable office with dedicated computer and phone.

Interns receive parking passes for the Medical Center (about two miles from BHOC), making it convenient when a day is split between training rotations at BHOC and those at the Medical Center (e.g., Rehabilitation Psych, Primary Care Mental Health). The VAMC has been expanding in recent years, including a \$90 million six-floor addition that houses a 30-bed Spinal Cord Injury/Disease Center. It is a vibrant "Deans Committee" hospital that accommodates hundreds of residents, students, and trainees each year and has a \$2.5 million research and development program with over a hundred studies in various topics.



Intern Offices

Goals and Objectives

Our over-arching aim is to prepare students to function as competent entry-level psychologists, particularly as clinicians serving adult clients. Training objectives include competency in the following areas: Intervention, Assessment, Communication and Interpersonal Skills, Professional Values and Attitudes, Ethical and Legal Standards, Individual and Cultural Diversity, Research, Consultation and Interprofessional/ Interdisciplinary Skills, and Supervision.

Program Description

The Syracuse VA Psychology Internship offers three positions in the General Track and one position in the Primary Care Behavioral Health Research Track. For all Interns, the Outpatient Mental Health Clinic, Assessment/Psychological Testing, and Seminars represent year-long experiences that span both semesters. In the General Track, minor rotations are six months in duration, comprised of one or more specialty training experiences that total 14-16 hours/week. For the Primary Care Behavioral Health Research Track, 16 hours/week are devoted to specialty services and clinical research focused on behavioral health in primary care. The approximate distribution of training activities in the two tracks is presented in Figures 1 and 2.

Outpatient Mental Health Clinic (OMH: 14 to 16 hours/week): A major focus of the training program is extensive experience in the practice of psychotherapy. Diagnostic interviewing is also integral to this rotation. OMH is a relatively large clinic where interns gain experience consulting with staff and trainees from a variety of disciplines, as well as other clinics. Interns learn the role of "treatment coordinator," managing cases, and handling crises. Interns treat a range of patients in both short and longer-term psychotherapy, and opportunities to utilize evidence-based psychotherapy approaches abound in this clinic, including Acceptance and Commitment Therapy, Cognitive Processing Therapy, Prolonged Exposure therapy, and Cognitive Behavioral Therapy for Depression, Chronic Pain, or Insomnia. Although most are individual cases, couples cases are available and family consultations are sometimes indicated.

Training in Integrative Behavioral Couples Therapy is also available. Additionally, it is expected that interns will co-facilitate at least one cycle of the 12-session Coping with Anger (or other) group during the year. Theoretical orientations of supervisors are cognitive-behavioral and integrative, with interests in ACT, IPT, psychodynamic, and existential factors. Close supervision is provided, including a minimum of one hour per week of formal supervision as well as less formal supervisory contact for individual cases as needed. Interns typically schedule one intake and five hours of individual outpatient contacts a week. Supervisors and interns meet weekly for Disposition Case Conference, where intakes are presented and discussed in depth, and treatment disposition is determined. Ongoing cases and weekly readings are also discussed.

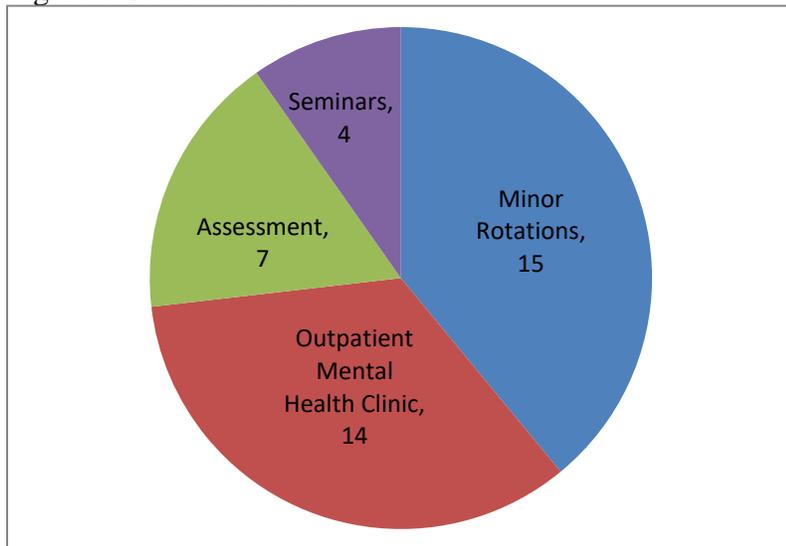
Psychological Assessment (7 hours): Interns conduct psychological testing/ assessment on an outpatient basis throughout the year. The goal is an average of one assessment every two weeks, though the number varies in any given week, based on demand. Evaluations emphasize objective measures of personality, assessment of intellectual functioning, and diagnostic interviewing.

Typical referral questions for psychological assessment include differential diagnosis, clarification of underlying defenses and coping mechanisms, and ruling out psychosis or a personality disorder. Typical cognitive assessment referral questions include possible learning disability and attention deficit hyperactivity disorder. Veterans are also commonly referred for psychological assessment prior to medical procedures, such as organ transplants, certain medical procedures or bariatric surgery. An extensive library of objective psychological measures is available for computerized administration and scoring. The goal of this training is to promote the development of strong skills in the administration, scoring, and interpretation of standard psychological measures, as well as skills in developing recommendations and providing feedback. Interns participate in weekly supervision, Assessment Seminar, and Assessment Case Conference throughout the year.

Seminars (4 hours): Instruction in a wide range of clinical and professional issues takes place in the Assessment Seminar and the Special Topics Seminar, each of which meets weekly. Topics typically covered in the latter seminar include psychopathology, treatment-specific interventions, and areas of professional development. We also offer in-depth training in Cognitive Processing Therapy and in Prolonged Exposure Therapy. A Diversity Seminar series and Diversity Journal Club meets monthly, on average. Interns may attend professional colloquia provided by the VA Center for Integrated Healthcare and the Psychiatry Department at SUNY Upstate Medical University. Finally, interns may be given authorized time to attend regional and national professional conferences and continuing education workshops.

General Track Minor Rotations:

Figure 1 General Track



Note: Numbers represent hours per week.

Interns in the General Track choose among various minor rotations for each semester. These combined experiences account for 14-16 hours/week. Interns select minor rotations at the beginning of the training year to suit their needs and goals. While many of our interns choose to broaden their training with rotations that expose them to new specialty areas, some interns choose to deepen their focus in an area they already have trained in. Interns with special interests may consider grouping training experiences together during the course of the year to provide more in-depth training in a specific area. Examples are as follows:

Interest Area	Associated experiences
Health Psychology:	<ul style="list-style-type: none"> -Integrated Primary Care at Medical Center -Women’s Health Clinic (depends on supervisor availability) -Pain Clinic -Rehabilitation Psychology -Research rotation (see below) focused on health psychology -Tobacco Cessation groups

Substance Use	<p>Substance Treatment Service Clinic at BHOC (significant focus on group psychotherapy).</p> <ul style="list-style-type: none"> - Intensive Outpatient Program (education and therapy groups for those in early recovery). -Sober Living Psychotherapy (more advanced psychotherapy group for those with longer periods of sobriety). -Intensive Evaluation group (Motivational Interviewing). -Rotation Extension to continue involvement throughout year.
PTSD	<ul style="list-style-type: none"> -PCT clinic -Seeking Safety Group, DBT group, MST group, Coping with Anger Group, PTSD 101 Group. -PCT rotation extension to continue involvement throughout year -Alternatively, continue trauma-focused therapy cases in OMH -Research rotation (see below) focused on PTSD
Geropsychology	<ul style="list-style-type: none"> -Community Living Center -Home-Based Primary Care -Outpatient Mental Health (geropsychology emphasis) -Cognitive Skills Group
Research	<ul style="list-style-type: none"> -Clinical research at the Center for Integrated Healthcare (e.g., manuscript writing, conference presentations/posters) -Serve as study therapist on ongoing clinical trials examining manualized interventions that would be used by Integrated Primary Care providers -Conduct assessments, code qualitative data, conduct quantitative analyses, and complete other research tasks to support ongoing clinical trials and research projects

Primary Care Mental Health (8-12 hours): Primary Care Mental Health Integration (PCMHI) is model of service delivery that integrates behavioral health into primary care. It uses a Behavioral Medicine perspective to address the interface between medical conditions and psychosocial problems. Functioning as a Behavioral Health Consultant, the intern will be involved in assessment, triage and brief treatment for psychiatric/psychological disorders. Patients are seen as scheduled appointments and on a walk-in basis as "warm handoffs" from PCPs.

The intern will interact with all interdisciplinary Primary Care teams (including Women's Health) that use a managed care model for all Veterans. Each team consists of health care professionals including: Physicians and other Primary Care Providers (PCP), Nurse Case Managers, and other Nursing staff. Psychologists function as consultants along with Social Workers, and Pharmacists. Teams are responsible for all health care needs including patient education, prevention and maintenance and referrals for specialty care/treatment. There is also

the opportunity to help create and run educational seminars and/or group for patients and a variety of hospital staff.

Pain Psychology (4-8 hours):

The Pain Psychology rotation prepares the intern in utilizing a Health Psychology approach to managing chronic pain. This model uses a biopsychosocial approach to assessing and treating chronic pain. Interns will learn to explore the relationship between chronic pain, functional activities, social consequences, as well as the psychological and financial impact of their pain. The goal of treatment is not to eliminate pain, but to increase the quality of life of the Veteran. Goals are tailored to the needs and circumstances of the Veteran.

Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) strategies are used throughout this rotation. Elements of this treatment involve pain assessment, education regarding pain, activity pacing, relaxation, mindfulness and the importance of movement. Motivational interviewing, Acceptance and Commitment Therapy (ACT), couples therapy, and management of general psychological conditions (depression, anxiety, PTSD, substance use) are also addressed, as they tend to dovetail with chronic pain. Veterans are commonly working with multiple behavioral health providers depending on the intensity and chronicity of the issues they are facing.

Collaboration with other pain providers is an integral part of the role. Interns will learn how to interact with Pain Clinic staff around patient care. Occasionally, there is the opportunity to do brief couple and family intervention. Most appointments will be scheduled, but there are frequent opportunities for “warm hand-offs” and informal consultation. Interns may have the opportunity to participate in Pain School, a multi-disciplinary educational group for managing chronic pain. There may also be opportunities for educational seminar to a variety of hospital staff.

Substance Treatment Service (8 to 12 hours): During a rotation with Substance Treatment Services (STS), interns will learn about various forms of treatment available to those with substance use/related disorders and have the opportunity to function as a member of an interdisciplinary team, including psychologists, social workers, mental health therapists, psychiatrists and nurses. Members of STS frequently work closely with non-VA agencies to coordinate and facilitate Veteran care (e.g. some Veterans have mandates to attend treatment and contact is maintained with parole/probation officers, lawyers, representatives from drug court/family treatment court or caseworkers from Child Protective Services).

STS is an outpatient program based upon the transtheoretical model of behavior change; the model is central to case conceptualization and treatment planning. Interns will learn to evaluate the presence and severity of substance use disorders, evaluate an individual’s readiness for change, and make appropriate treatment recommendations/referrals. STS provides numerous opportunities to provide group therapy for Veterans in all stages of recovery. Current groups include Intensive Outpatient Program (IOP) Education and Therapy groups (early recovery), Relapse Prevention, Intensive Evaluation Group (IEG/motivational interviewing), and Sober

Living Psychotherapy (advanced psychotherapy for Veterans with longer periods of recovery). The expectation is that interns co-facilitate 2 groups and, ultimately, be able to facilitate groups independently toward the end of the rotation. Interns will also carry a small caseload of individual patients in need of short-term psychotherapy. This may include family or couple therapy, as needed. There are opportunities to deliver both individual and group psychotherapy to Veterans via telehealth. Interns are also encouraged to become involved in program development efforts while with STS (e.g. designing/starting a new group).

Post-Traumatic Stress Disorder (12-16 hours): This rotation with the specialized Posttraumatic Stress Disorder Clinical Team (PCT) provides interns with an opportunity to work more intensely in the specific treatment of trauma, including combat trauma, military trauma, sexually-based and abuse-related trauma. Interns will become familiar with the basics of taking a trauma history, assessing PTSD symptoms, and learning how to utilize evidence based treatments for trauma. Interns will also have the opportunity to work collaboratively with other members of the PCT team. Interns will be assigned intake assessments, which include the use of a structured assessment for PTSD, and will be expected to attend the weekly PCT Team Meeting, where intakes are presented and treatment disposition is determined. A full caseload will generally consist of 4 individual cases and co-facilitation of a therapy group. Close supervision is provided including a minimum of one hour per week of formal supervision, as well as less formal supervisory contact as needed. There are also opportunities to become involved in program development. Interns will have the opportunity to participate in a VA-certified training on Cognitive Processing Therapy for PTSD followed by at least 6 months of weekly case consultation.

Rehabilitation Psychology (12-16 hours): The intern in this rotation will have opportunities to work within the Rehabilitation and SCI service, both inpatient and outpatient. This involves treatment of basic mental health issues, adjustment to injury/disability, adapting and coping with medical events, death and dying, and health related behavior changes (weight loss, smoking, etc.). Therapy goals include improving adjustment and emotional state, as well as more direct behavioral goals related to health management. Common patient issues include paralysis or neurological conditions like Amyotrophic Lateral Sclerosis, Multiple Sclerosis, TBI or strokes, and amputations and other surgical procedures. There are also opportunities to work with chronic pain, cardiac rehab, pulmonary rehab, caregiver stress. Outpatient experiences include initial assessments, individual therapy, groups, and the option for family/couples work. Inpatient experiences include SCI psychological evaluations, TBI education/adjustment, screening for capacity and adjustment, and brief interventions to facilitate adjustment or treatment participation. Opportunities for developing skills in program development, consultation, and therapeutic use of clinical video conferencing are also integrated into the rotation. Interns will work closely with related disciplines (e.g. physiatrists, physical, occupational, speech and recreational therapists, case managers/social work, psychiatry) as an active team member on SCI and Inpatient Rehab teams. Interns will present a case study and at least one educational

presentation during the year, with the opportunity to develop additional presentations or educational materials on topics of interest.

Home-Based Primary Care (8-12 hours): This rotation provides the Intern with the opportunity to join a primary care team that provides services to Veterans where they live, which offers a unique opportunity to more fully understand the context and the systems that the Veteran experiences. This can allow for a richer conceptualization as well as diverse interventions sometimes drawing from couples therapy, and family therapy techniques. The Intern will be a member of an interdisciplinary team that includes physicians, RNs, LPNs, Social Workers, a Dietitian, OT and PT, and a Pharmacist. This rotation affords the opportunity to provide treatment to Veterans with chronic as well as life threatening illnesses, and to their caregivers. Psychological assessment in the form of brief cognitive assessment and a capacity assessment is offered very occasionally. The population we serve is primarily geriatric and male, although not exclusively so. Supervision will operate from a developmental model to ensure quality of treatment for the Veterans as well as an opportunity for the Intern to continue their own growth as a clinician. The general goals of psychotherapy tends to be adjustment to changes in life (medical status change, grief, loss of independence, etc.), management of their mental health concerns (anxiety, depression, PTSD, etc.), and supporting Veterans in developing behaviors that allow them to engaging in life in ways that are meaningful for them.

The intern will typically accompany the supervisor on home visits early in the rotation, and function more independently as time moves on. The Intern will observe and provide initial assessments, and pick up appropriate treatment cases as they become available. An hour of formal supervision per week will be scheduled as well as less formal supervision as needed. The Intern will attend at least one of the HBPC Team meeting (currently Tuesday mornings) during which new Veterans are presented and established Veterans are reviewed.

Research Rotation (4 to 8 hours): This rotation provides training and practical experiences in the area of clinical and applied mental health research. The Center for Integrated Healthcare conducts research that supports the integration and delivery of mental health services into the primary care setting. Specific areas of research focus include PTSD, alcohol and substance use disorders, depression, suicide prevention, anxiety, insomnia, patient engagement, treatment access/utilization, mindfulness, Whole Health approaches. Intern research experiences vary depending on the research studies that are currently running and the intern's training goals. However, experiences that are available on a routine basis include: a) providing manualized brief interventions as part of on-going clinical trials, b) conducting clinical interviews with measures such as the Clinician Administered PTSD Scale (CAPS), and c) data analysis and research manuscript writing. Interns will be selected based on their interests and previous research experience. This rotation requires a 6-12 month commitment. Hours per week can vary depending on the specific experiences the intern is interested in, but typically range from 4-8 hours per week.

Community Living Center (4 hours): (Currently suspended due to COVID-19 restrictions):

The CLC provides long-term care, respite care, sub-acute rehabilitation, and hospice care to Veterans. Interns that participate in this rotation will have an opportunity to work within an interdisciplinary team that delivers services to Veterans and their family members. This is a great opportunity to serve an older population and treat traditional mental health issues such as depression, adjustment issues, and anxiety. In addition, many residents face issues of aging and failing health. Thus, many residents need help with resolving issues of chronic illness while living in a residential setting. In particular, interns will be called upon to assist with challenging behaviors that often result from individuals who have moderate and severe levels of dementia/cognitive impairments. The hospice area also creates a unique experience for interns to provide counseling regarding end of the life of issues and/or to offer supportive services to family members.

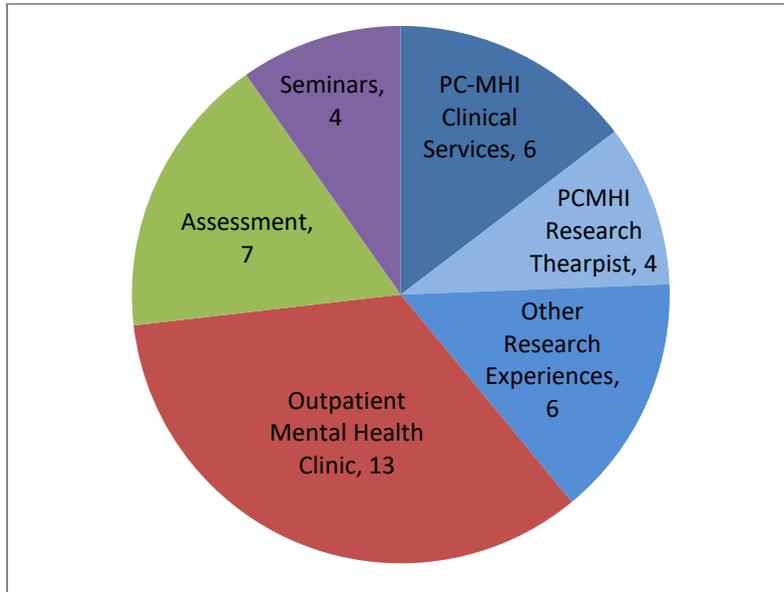
Outpatient Group Psychotherapy (2-4 hours): During the training year, each intern co-facilitates at least one psychotherapy or psychoeducational group (typically several). These experiences are often embedded in a larger rotation (e.g., PCT, STS), though several are available independent of a clinic rotation. Examples of recent groups are: Coping With Anger, Seeking Safety, PTSD 101, Dialectical Behavior Therapy, Advanced DBT, and Readiness for Change Group. Cognitive Skills group and Anxiety and Stress Management may be available.

Minor Rotation Extensions (4+ hours): In the second semester, interns may have the option of continuing involvement with a preceding minor rotation. This enables interns to further develop their skills in a specialty area by continuing involvement with group therapy, individual cases, program development, or other aspects of the particular clinic. Extensions larger than four hours per week may be possible in some rotations, depending on the balance of availability and demand.

Special Projects (4 hours): Interns may have the option of completing a special project during their internship year. Interns have been involved in program development as well as creating and conducting new group therapies. Others have gained administrative experience, as in assisting with internship program evaluation for APA review, or arranging a special rotation in Administration with the Behavioral Health Care Line Manager. Time for the special project generally does not exceed 4 hours a week and is negotiated to have as little impact on other training activities as possible.

Primary Care Behavioral Health Research Track:

Figure 2 Primary Care Behavioral Health Research Track



Note: Numbers represent hours per week.

Interns in this track will gain intensive experience with the Center for Integrated Healthcare (CIH), which is located on-site. CIH is a VA Mental Health Center of Excellence focused on improving the integration of mental health care into primary care and other medical settings. Research areas include: trauma/PTSD, anxiety, depression, suicide prevention, insomnia, alcohol and other substance use, wellness, mindfulness, patient engagement, and treatment access/utilization. Therefore, regardless of prior experience working clinically in integrated primary care, this track is relevant to interns with a range of clinical research interests, as many specific topic areas can be examined within the Primary Care Behavioral Health setting.

Prior interns in this track have identified individualized career and research mentoring as a major benefit to their career development. Interns are exposed to a range of research arenas, such as clinical research in VA, multi-site randomized clinical trials, health services research, and implementation science. The clinical research training provided in this track will prepare interns to succeed in a research or academic postdoctoral fellowship. With acceptable performance on internship, this Intern would be encouraged to apply for acceptance to a 2-year CIH research post-doctoral fellowship located in Syracuse or Buffalo (location based on Intern preference and mentorship match). Training experiences include the following:

Specialized Clinical Services (6 hours): These services will often be PCMHI services. However, depending on interns' interest areas, services in other clinics could be combined with PCMHI, such as Health Behavior Coordinator, PTSD Clinic, or Substance Use Clinic. For

instance, an intern who is interested in substance use in primary care may do 6 hours of PCMHI work in Semester 1 and 3 hours of PCMHI and 3 hours of Substance Treatment Clinic in Semester 2. Interns may have the opportunity to conduct group interventions in the PCMHI setting such as group treatment for pain or insomnia.

PCMHI Study Therapist (4-6 hours): For this experience, interns will be trained and supervised to deliver PCMHI-based manualized interventions for ongoing clinical trials in Syracuse. Current opportunities include CBT for insomnia. This intervention consists of 4 half-hour sessions delivered to primary care patients. CIH clinical research psychologists provide the intervention training and supervision.

Other Research Experiences (6 hours): Interns will develop this part of their rotation with the primary CIH supervisor, based in their areas of interest and what is currently available. Several of the options below can be done alone or combined with each other. Ideally, interns complete a project such as a peer-reviewed publication or conference presentation as part of this experience to help build their CV. All activities are supervised by CIH clinical research psychologists.

- a. Conducting data analysis and writing manuscripts for publication from existing CIH databases
- b. Conducting structured clinical assessments (e.g., CAPS, SCID) delivered as part of a research study
- c. Supervision of Syracuse University clinical psychology practicum students in PCMHI work (second semester only).
- d. CIH education and implementation activities (e.g. assisting in designing national PMCHI trainings and implementation support).
- e. Nuts and bolts of running pragmatic clinical trials in real world practice settings (e.g., attending weekly clinical trial lab meetings and playing important roles in trial execution such as intervention fidelity monitoring and ensuring institutional research compliance).
- f. Grant writing
- g. Additional research experiences may be created based on an Intern's training goals.

Competency-based Training

Broad profession-wide competencies are listed below, along with particular elements that are a focus of training and evaluation. These items are further operationalized with behavioral specifics described in the Intern Handbook and Policy Manual. Copies of the Handbook are available by contacting the Training Director (Daniel.purnine@va.gov). This document clarifies daily operations of the internship, including supervision, evaluation, and due process.

Professional Values and Attitudes

Professional Engagement/Motivation
Personal Self-awareness
Personal Self-regulation
Professional Self-awareness/regulation
Manages Responsibilities
Professional Development
Responsiveness to Supervision

Communication and Interpersonal Skills

Written and Verbal Expression
Professional Relationships

Ethical and Legal Standards

Ethical Knowledge
Ethical Practice
Policy/Practice
Risk Management

Individual and Cultural Diversity

Awareness/Knowledge
Applied Knowledge

Research

Knowledge
Application
Program Evaluation

Consultation and Interprofessional/interdisciplinary Skills

Knowledge
Role Effectiveness
Effective Communication

Assessment

Diagnosis
Testing Knowledge
Application and Interpretation
Communication of Findings

Intervention

Treatment Planning
Relationship/Process
Individual Therapeutic Skills
Group Therapy Skills
Empirically Supported Treatment
Evaluating Progress

Supervision

Knowledge of Supervision
Practice

Psychology Faculty

Psychology functions as part of the Behavioral Health Care Line within the Medical Center. This care line encompasses all behavioral health services at the main hospital, three local off-site locations (Behavioral Health Outpatient Center, Pain Clinic, Veterans Wellness and Recovery Center), and at remote Community Based Outpatient Clinics.



Dr. Rebeccah Bernard is a Psychologist with the BHOC PTSD Clinical Team. Dr. Bernard delivers seminars, provides DBT supervision (individual and group), as well as PCT supervision for the internship training program. She received her PsyD in clinical psychology with a concentration in psychological assessment from Chestnut Hill College in 2016. In 2014, she was awarded APA/APAGS Distinguished Graduate Student for program development within the refugee/asylee in Philadelphia. Dr. Bernard completed her pre-doctoral internship with the VA Hudson Valley Healthcare System. Upon graduation, Dr. Bernard was hired as a staff psychologist in the Baltimore VA Medical Center, working primarily in triage. She joined the Syracuse VAMC staff in 2017. Her clinical interests include the assessment and treatment of Trauma and- or Stressor-related Disorders, Substance Use Disorders, mental health triage and crisis intervention. Dr. Bernard's main theoretical approaches are integrative, with a foundation in Psychodynamic

Psychotherapy and phase-oriented trauma treatment. Within the PCT, Dr. Bernard primarily provides Cognitive Processing Therapy, Prolonged Exposure, Narrative Exposure Therapy, and Dialectical Behavioral Therapy.

Dr. Tanya S. Bowen is a supervisor on the Pain Psychology rotation where she works as the Program Manager for the clinic and as the Pain Psychologist, affording interns the opportunity to learn how psychologists can play in integral role in administration while also providing clinic support. As the program manager for the clinic, she is responsible for the day to day operations of the clinic including collaboration with and direction to the staff. As the pain psychologist, she uses a biopsychosocial approach, with strategies including Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Motivational Interviewing (MI), and Acceptance and Commitment Therapy (ACT). Dr. Bowen received her doctorate in Clinical Psychology from SUNY Buffalo in 1995 and completed her internship at the Buffalo VA Medical Center. Her interests include complex and simple Posttraumatic Stress Disorder, Health Psychology--including chronic pain and Primary Care Mental Health Integration, depression, anxiety, diversity issues, and relationship concerns. Prior to joining the VA in 2009, she spent over a decade working at Syracuse University where she was the Associate Director of the Counseling Center and the Director of the Clinical Services. Dr. Bowen maintains a small private practice in the Syracuse Community.

Dr. Barry Brady (He, Him, His) is a supervisor for the Home-Based Primary Care (HBPC) rotation and provides seminars for the internship training program. He received his Psy.D. in Clinical Psychology from Wright State University in 2015. His predoctoral internship was completed at the University of Akron, and his postdoctoral training was at the University of Georgia. Prior to joining the VA in 2019, he worked in College Counseling Centers and he functioned as a Group Therapy Coordinator. Before starting his doctoral program, he worked with individuals with Intellectual/Developmental Disabilities in their homes, at Day Habilitation Programs, and in Schools. Dr. Brady works from an integrative perspective with a core focused on conceptualizing from CBT. He integrates Interpersonal Therapy, ACT, DBT, Emotion Focused Therapy, and Mindfulness into his work. All of this is filtered through a lenses of multiculturalism. Other areas of interest included Group Therapy, multiculturalism, training/supervision, and issues of disability and ableism. With regards to supervision, he utilizes a developmental approach that involves working collaboratively with his supervisees to identify their goals, increase competence, and identify areas for growth.

Dr. Victoria Carhart is the Outpatient Mental Health Psychologist at the Auburn CBOC and delivers seminars for the internship training program. She received her Ph.D. in clinical psychology from Bowling Green State University in 2015. Dr. Carhart completed her internship at the Syracuse VAMC and then accepted a postdoctoral fellowship at the Dayton VAMC specializing in Primary Care-Mental Health Integration. She joined the Syracuse

VAMC staff in 2016. Her clinical interests include health psychology and behavioral medicine. Her main theoretical approaches are integrative, with a foundation in Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and humanistic approaches. Dr. Carhart is also VA certified in Cognitive Processing Therapy for PTSD treatment.

Dr. Jennifer Funderburk is a clinical research psychologist with the Center for Integrated Healthcare at the Syracuse VAMC, adjunct Associate Professor at Syracuse University, adjunct Associate Professor at University of Rochester's Department of Psychology, and affiliated researcher with the VA Center for Excellence in Suicide Prevention. She is a supervisor for the research rotation and specialty track. Dr. Funderburk's research interests include the integration of behavioral health in primary care, with a special focus on brief interventions designed to address depression, alcohol use, insomnia, or multiple risk factors. She also has interests in the implementation of integrated healthcare, with specific interests in training and fidelity. Her current activities funded by large VA grants are directed towards implementing a large multi-site randomized controlled trial examining a brief sleep intervention to reduce suicide risk in Veterans. She has several leadership roles including serving as an elected member of the Board of Directors of the Collaborative Family Healthcare Association and co-chair of the Integrated Primary Care Special Interest Group within the Society of Behavioral Medicine.

Dr. William Greenhouse is PTSD Clinical Team Psychologist at the Rome CBOC, VA Consultant to the Syracuse Vet Center, and delivers seminars for the internship training program. Dr. Greenhouse received his Ph.D. in Clinical Psychology from University of Miami. He completed his internship and postdoctoral residency at Edith Nourse Rogers Memorial VA Hospital in Bedford, MA. His clinical interests include: PTSD; building community as a factor in recovery; values-based living; self-regulation in bipolar and anxiety disorders; and spirituality. He is a VA designated provider in five Evidence-Based Treatments and a certified Tele-Health Provider. He has worked at VA facilities in Miami and Massachusetts before he came to the Syracuse VA in 2017. Prior to graduate studies, he had a 15-year career as a senior executive for the Hospital Council of Southern California where he advocated policies and developed programs to increase health care access for indigent populations.

Dr. Laura Hayward is a supervisor in the Outpatient Mental Health rotation and delivers a variety of seminars for the internship training program, including those related to evidence-based practice, professional development, and anger management. Dr. Hayward received her Ph.D. in Clinical Psychology from Binghamton University in 2011, completed internship at the Durham VA Medical Center in North Carolina, and served as a postdoctoral fellow in the PTSD and OEF/OIF/OND Clinics at the Durham VA, where she received specialized training in the use of evidence-based practices for PTSD (PE; CPT) before joining the training staff in Syracuse in 2012. She is the Local Evidence-Based

Psychotherapy Coordinator in Syracuse and serves on the training program's Multicultural and Diversity Committee. Dr. Hayward's research interests include factors impacting the development of psychopathology and the therapeutic process, including resilience and cognitive capacity, OC spectrum disorders, and anxiety. Her research is published in the Journal of Psychopathology and Behavioral Assessment, Cognitive and Behavioral Practice, and Behaviour Research and Therapy, among others. Current professional interests include anger, anxiety, PTSD, and depression.

Dr. Angela Hester is an Outpatient Mental Health Clinic psychologist. She divides her time between providing therapy and conducting assessments; she is a supervisor for the Assessment rotation. She earned her doctorate in Clinical Psychology from Loma Linda University and completed her internship at the Cincinnati VAMC. Prior to coming to the SVAMC, Dr. Hester provided treatment and cognitive assessment to individuals in several settings, including psychiatric and correctional facilities, and a rehabilitation hospital. Her clinical interests include geropsychology, anxiety disorders, trauma- and stressor-related disorders; adjustment, reintegration and quality of life issues following brain injury; the cognitive impact of long-term substance abuse, and psychological assessment, including symptom validity testing and the impact of culture/education on assessment findings.

Dr. Jane Higham is a supervisor on the PTSD rotation and has also served in a supervisory role on the Substance Use Disorders rotation. Dr. Higham delivers seminars for the internship training program on topics such as Avoiding Burnout, DBT, and Readiness for Change. She received her Ph.D. in Counseling Psychology from the University at Albany and completed internship at the Syracuse VAMC. Dr. Higham was hired at the Syracuse VAMC following her internship in 2009. She is the VISN 2 CPT Regional Trainer, and VA Certified in CPT, PE, and CBCT (couples-based) treatments for PTSD. Dr. Higham published in the Journal of Family Therapy. Current professional interests areas include PTSD and trauma-recovery, PTSD/SUD dual diagnosis, and family therapeutic alliance development.

Dr. Laura Hruska is an Outpatient Mental Health Clinic psychologist who coordinates the Assessment rotation. She supervises interns in psychological assessment and delivers seminars for the internship training program. She received her Ph.D. in clinical psychology from Kent State University after completing an internship at the VA Pittsburgh Healthcare System, and joined the Syracuse VAMC staff in 2015. Dr. Hruska's clinical interests include psychological assessment, cognitive-behavioral therapy, acceptance and commitment therapy, mindfulness-based interventions, and cognitive-behavioral therapy for insomnia. Her research interests include risk for depression among adults and adolescents, and the development and maintenance of affective symptoms related to cognitive vulnerabilities and maladaptive coping strategies. Dr. Hruska's published work has appeared in Cognition & Emotion, Behavior Therapy, The International Journal of

Psychology, and The Journal of Clinical Child & Adolescent Psychology.

Dr. Carolyn T. Jackson is the Home-Based Primary Care (HBPC) Psychologist at the Rome CBOC and she delivers seminars for the internship training program. Dr. Jackson received her Ph.D. in Clinical Psychology from Texas Tech University. She completed her predoctoral internship at the Cleveland VAMC and joined the staff at the Syracuse VAMC in 2009. Her clinical interests include the relationship between military cultural experience and clinical issues among military Veterans, as well as the delivery of empirically-supported clinical interventions to those who reside in rural and/or socioeconomically disadvantaged communities. Her research interests include the conceptualization and measurement of cultural sensitivity. Her co-authored chapter, Cultural Considerations and Treatment Complications appears in the clinical textbook entitled *Avoiding Treatment Failures in the Anxiety Disorders*. She recently co-authored another book chapter about managing the home setting in HBPC which appears in the guide entitled *Providing Home Care for Older Adults: A Professional Guide for Mental Health Practitioners*. Dr. Jackson's current teaching interests include in-service trainings which make theoretical and applied understanding of the military culture more accessible to both behavioral and non-behavioral providers. Dr. Jackson is a military Veteran who completed eight years active-duty service in the United States Air Force.

Dr. Emily Johnson is a clinical research psychologist with the Center for Integrated Healthcare (CIH) at the Syracuse VAMC and is a supervisor for the research rotation and specialty track. Dr. Johnson's research focuses on Primary Care Mental Health Integration (PCMHI), with particular areas of interest in patient-centered care and improving engagement in treatment. Examples of concepts that fit within these domains are Whole Health interventions and shared decision making. Her research is currently supported by VA grants and she has publications in various journal outlets. Dr. Johnson earned her PhD in Clinical Psychology from Binghamton University, completed her pre-doctoral psychology internship at the Syracuse VA Medical Center, and received three years of post-doctoral training through the CIH. Dr. Johnson has an additional appointment as a voluntary Clinical Instructor with the Department of Psychiatry at SUNY Upstate Medical University where she provides supervision to psychiatry residents in psychotherapy techniques focused on CBT.

Dr. Alexis Kramer is a supervisor in the Outpatient Mental Health rotation and provides seminars for the internship training program. She earned her Ph.D. in Clinical Psychology from the Illinois Institute of Technology in 2014. She completed her predoctoral internship at the James Quillen VAMC in Mountain Home, Tennessee and her postdoctoral fellowship with an emphasis in Geropsychology at Northwell Health, Zucker Hillside Hospital in Queens, NY. Dr. Kramer's clinical interests include Cognitive-Behavioral Therapy, Couples Therapy and integrative psychotherapy.

Dr. Ann T. Landes is a SCI/D and Rehab Psychologist at the Syracuse VAMC. Prior to this assignment, she served as the Syracuse Home Based Primary Care Psychologist. She earned her doctorate in Counseling Psychology from Georgia State University and completed a Geropsychology Internship and Palliative Care Postdoc at the Audie L. Murphy VA in San Antonio. Before transferring to the Syracuse VA, Dr. Landes worked at the North Florida/South Georgia Veterans Healthcare System in Gainesville, Florida, where she held positions as a Primary Care Psychologist and Health Behavior Coordinator. In addition to her clinical work, Dr. Landes places high priority on remaining active in local and national leadership roles, teaching, presenting, and mentoring. Consistent with her stated profession and clinical interests, Dr. Landes has presented, provided trainings, and written on topics such as: Primary Care Psychology/PC-MHI; military culture and issues with reintegration; PTSD; Geropsychology; Palliative Care; TBI; and service members, veterans, and their families. Clinically, Dr. Landes focuses on areas related to Health Psychology, trauma, geriatrics, and couples and family. Her professional roles, work, and interests are greatly influenced and informed by her ethnic background, immigrant status, and military family upbringing.

Dr. Mark Minnick is a supervisor on the Assessment rotation and delivers assessment-related seminars as part of the internship training program. He received his Ph.D. in clinical psychology from The Pennsylvania State University in 2019 and completed his predoctoral internship at the Syracuse VAMC. His clinical interests include cognitive-behavioral therapy, psychodynamic psychotherapy, Acceptance and Commitment therapy, and integrative psychotherapy. He has a particular interest in treatment of anxiety disorders. Dr. Minnick's research interests include the role cognitive factors – including attentional control, attentional biases, and working memory capacity – play in the emotional reactivity and emotion regulation capabilities of individuals with anxiety disorders. He is also interested in the role culture plays in shaping various emotional processes.

Dr. Kyle Possemato is a clinical psychologist and Associate Director for Research at the Center for Integrated Healthcare. She is a CIH supervisor for the research rotation and specialty track. Dr. Possemato's research focuses on developing, testing and implementing interventions for trauma, PTSD and substance use disorders with an emphasis on interventions that can be delivered in non-traditional ways in order to increase patient engagement. Examples include brief interventions delivered in the primary care setting, eHealth interventions, and services delivered by peer-support specialists. Her research is currently supported by VA and NIH research grants. Dr. Possemato earned her PhD in Clinical Health Psychology from Drexel University and completed her pre-doctoral psychology internship in the Department of Psychiatry at the State University of New York, Upstate Medical University and a two-year post-doctoral fellowship at the CIH. Dr. Possemato also holds faculty appointments in the Department of Psychology at Syracuse University and the Department of Psychiatry and Behavioral

Sciences at the State University of New York, Upstate Medical University.

Dr. Daniel Purnine is Director of Training for the Syracuse VA Psychology Internship Program and a supervisor in the Outpatient Mental Health rotation. He delivers seminars on a variety of topics. Dr. Purnine earned his Ph.D. in Clinical Psychology from Syracuse University and completed his internship at the University of Massachusetts Medical Center and Worcester State Hospital. He joined the staff at Syracuse VAMC in 2001 and holds an adjunct appointment as Clinical Assistant Professor to the Department of Psychiatry, SUNY Upstate Medical University. Dr. Purnine's published research has encompassed the areas of substance abuse, readiness for change, interpersonal communication, sexual preferences and adjustment, and affective disorders. Current clinical interests include integrative psychotherapy, Acceptance and Commitment Therapy, integrative couple therapy, existential psychology, and the interface of psychology and religion.

Dr. Cheryl Seifert is health behavior program manager for the Syracuse VA Medical Center. She is a supervisor for the PCMHI rotation and delivers seminars for the internship training program. She joined the Syracuse VAMC staff in 2014. She is the team lead for primary care mental health integration and is also involved in the development of Syracuse VA's Whole Health program. Dr. Seifert received her Ph.D. in clinical psychology from the University at Albany, SUNY in 2012. She completed her clinical internship and a post-doctoral fellowship at VA Connecticut, West Haven campus. She is a member of APA and division 18 (Psychologists in Public Service). Her primary area of interest currently is in health-behavior coaching including the application of motivational interviewing techniques and holistic approaches to healthcare.

Dr. Robyn Shepardson is an investigator with the Center for Integrated Healthcare at the Syracuse VAMC and a supervisor for the research rotation and specialty track. She is a licensed clinical psychologist and maintains a part-time clinic in Primary Care-Mental Health Integration (PCMHI). Dr. Shepardson earned her Ph.D. in clinical psychology from Syracuse University after completing an internship in health psychology and behavioral medicine at the Brown Clinical Psychology Training Consortium in Providence, RI. Dr. Shepardson's program of research aims to increase access to, and engagement in, evidence-based mental and behavioral health treatment. Her primary focus is developing, testing, and implementing brief, evidence-based interventions for anxiety and depression for Veterans seen in primary care. She is currently conducting a randomized controlled trial to evaluate a brief, Veteran-centered anxiety intervention for PCMHI. Dr. Shepardson also has research interests in self-management, peer support and sexual health.

Dr. Shaden D. Sousou is the Behavioral Health Consultant in the primary care clinics at the Syracuse VAMC. She provides supervision to interns or post-doctoral fellows completing a

rotation in Primary Care Mental Health Integration (PCMHI). She is currently one of the Facility Trainers for the PCMHI Competency Training. She has served as the PCMHI coordinator for several years and has worked closely with primary care leadership to ensure integration of behavioral health services in primary care. Dr. Sousou earned her Ph.D. in Counseling Psychology from the University at Albany (SUNY) in 2004. She completed her internship at the Syracuse VA Medical Center. Prior to her current position at the Syracuse VA, Dr. Sousou was a Clinic Psychologist at ARC of Onondaga where she worked with individuals with developmental disabilities. Dr. Sousou's current clinical and research interests include integrated primary care and health psychology. Dr. Sousou has published in Perceptual and Motor Skills.

Dr. Douglas A. Thompson delivers a number of seminars to Interns, including Positive Psychology, Assessment of Decision Making Capacity and End-of-Life Counseling. He served as Home Based Primary Care (HBPC) psychologist prior to a recent transition to Outpatient Mental Health at the Binghamton CBOC. Dr. Thompson earned his Ph.D. in Counseling Psychology from The University of Memphis and completed his internship at the VA Medical Center in Lexington, Kentucky. Prior to his appointment to the Syracuse VA Medical Center, Dr. Thompson worked with lower income families and clients dealing with chronic mental illness.

Dr. Thompson's current clinical interests include clinical outcome measurement, process-experiential psychotherapy approaches, as well as counseling clients and families facing end-of-life and bereavement. Dr. Thompson has participated in several presentations at professional conferences including, most recently, at the 2015 American Psychological Association Convention in Toronto. This presentation addressed reducing access barriers to psychological services for rural and lower SES veterans. Dr. Thompson approaches psychotherapy from an integration perspective with particular emphasis on humanistic/constructivist approaches.

Dr. Tanya Williamson serves as the Chief of Psychology and supervises a rotation with the Community Living Center. She teaches seminars on Coaching, Transgender issues, Long-Term Care, and Chronic Pain topics. She received her Ph.D. in Clinical Psychology from Binghamton University and completed her Internship at Upstate Medical University. She joined the staff in 2009 and has delivered services in the areas of Health Psychology, Patient-Centered Care courses, Chronic Pain, Insomnia, and Geriatrics. She serves on the Psychology Round within the Psychology Program. She is a faculty member for VA Voices within the Medical Center. In addition, she serves as Adjunct Faculty to the Upstate Medical University, Psychology Department. Her current clinical interests include Workplace Psychology/Team Building, Chronic Pain, Transgender issues, and challenging behaviors associated with cognitive impairments.

Applying to the Program

The Syracuse VA Medical Center accepts interns through the auspices of the Department of Veterans Affairs Psychology Training Program. Applicants must be citizens of the United States and doctoral candidates in good standing at Clinical, Counseling, or Combined programs accredited by the American Psychological Association or Canadian Psychological Association. We encourage applications from all qualified candidates, regardless of ethnic, racial, or gender identity, sexual orientation, disability or other minority status; our staff believes we are a stronger institution and training program when we increase diversity of personal and cultural difference among staff and trainees. Applicants making a good match with this program often have strong experience or interest in becoming a well-rounded generalist, given our year-long experiences in psychotherapy and psychological assessment. Interest and experience with specialty areas such as PTSD, Health Psychology and Integrated Primary Care, Substance Treatment, and/or Research also fit very well with this program.

A minimum of 600 practicum hours of intervention and assessment is required. Most applicants who match with us have more than 450 hours of intervention and 50 hours of assessment. We also prefer that applicants defend their dissertation proposal prior to beginning their internship. The year begins on a Monday in late August; next year's start date is Monday, August 23, 2021.

Students who wish to apply should do the following:

Register for the APPIC Match through National Matching Services (NMS).

Complete the online APPIC Application for Psychology Internship (AAPI), including three letters of recommendation.

Your cover letter should address your interest in particular tracks or rotations; feel free to include any internship goals or career objectives you may have.

Application materials must be submitted by November 7. Interviews will be offered to those applicants whose interests and training best fit the goals of the program. Intern selection is based on a number of factors including demonstration of a strong academic background, scholarly productivity, and clinical practicum experience. Also important is the fit between the intern's professional interests/plans and the mission of the VA, as well as the goals and philosophy of our training program.

As a result of the COVID-19 pandemic, we plan to use virtual media (e.g., WebEx, Zoom) rather than in-person meetings, but to follow a format that generally resembles our typical

interview days. Applicants are generally interviewed on 1 of 4 available dates from mid-December through early/mid-January. Interview days begin with a group of approximately 8 candidates present to hear an overview of the program by all Psychology Staff. This is followed by two individual interviews with training supervisors, a group meeting with current interns who share their own experiences of the program, and facility tours. Many staff members are available for briefer individual meetings later in the day, depending on applicants' interests. As the situation evolves, further adjustments are likely; any substantial changes to this process will be shared with applicants and reflected in the APPIC directory.

Requests for further information should be directed to:

Daniel Purnine, Ph.D
Director, Psychology Training Program
(116) VA Medical Center
800 Irving Avenue
Syracuse, New York
13210

Phone: (315) 425-3488

Email: Daniel.purnine@va.gov

The Syracuse VA Medical Center abides by the Association of Psychology Postdoctoral and Internship Centers (AAPIC) policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. Additional information regarding this internship is available through the APPIC Directory, online. Please refer to the APPIC website at www.appic.org for current dates, policies, and information. Please refer also to the National Matching Services, Inc. website at www.natmatch.com and register for the matching program in order to be eligible to match to the Syracuse VA. Matching results and applicant notification of placement will occur on the date agreed upon by AAPIC.

Please be aware of the following requirements for all internships with Veterans Affairs. (additional information can be found at:

<https://www.psychologytraining.va.gov/eligibility.asp>)

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Visit <https://www.sss.gov/> to register, print proof of registration or apply for a Status Information Letter. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.
https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific to background checks (referenced in VHA Handbook 5005):

(b)*Specific factors.* In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

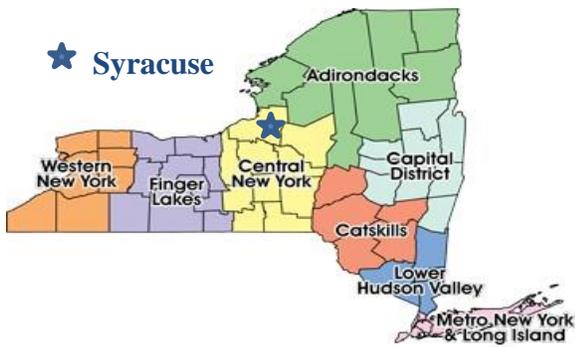
(c)*Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

Doctoral Programs of Recent Interns

2020-2021	University of Rochester	Clinical Ph.D.
	Illinois Inst. of Technology	Clinical Ph.D.
	Binghamton University	Clinical Ph.D.
	University of Arizona	Clinical Ph.D.
2019-2020	West Virginia University	Counseling Ph.D.
	Syracuse University	Clinical Ph.D.
	Case Western University	Clinical Ph.D.
	Binghamton University	Clinical Ph.D.
2018-2019	Yeshiva Univ. - Ferkauf	Clinical Ph.D.
	Univ. of North Texas	Counseling Ph.D
	Penn State	Clinical Ph.D.
	Univ. of Central Arkansas	Counseling Ph.D
2017-2018	Kent State Univ.	Clinical Ph.D.
	Seton Hall Univ.	Counseling Ph.D
	Binghamton Univ.	Clinical Ph.D.
2016-2017	U. of Wisconsin - Madison	Counseling Ph.D
	George Fox University	Clinical Psy.D.
	Binghamton Univ.	Clinical Ph.D.
	Regent University	Clinical Psy.D.
2015-2016	Pepperdine Univ.	Clinical Psy.D.
	Binghamton Univ.	Clinical Ph.D.
	Alliant Int'l U., Sacramento	Clinical Psy.D.
	Eastern Michigan Univ.	Clinical Ph.D.
2014-2015	Clark University	Clinical Ph.D.
	Bowling Green University	Clinical Ph.D.
	LaSalle University	Clinical Psy.D.
	Drexel University	Clinical Ph.D.
2013-2014	Pacific Grad Schl. Psych	Clinical Ph.D.
	Syracuse University	Clinical Ph.D.
	Binghamton University	Clinical Ph.D.
	Univ. of North Dakota	Clinical Ph.D.
2012-2013	Washington State Univ.	Clinical Ph.D.
	Kent State Univ.	Clinical Ph.D.
	Argosy Univ. -Wash DC	Clinical Psy.D.
	Binghamton University	Clinical Ph.D.
2011-2012	Syracuse University	Clinical Ph.D.
	Argosy Univ.- Atlanta	Clinical Psy.D.
	Drexel University	Clinical Ph.D.
	Purdue Univ.	Counseling Ph.D.
2010-2011	Binghamton University	Clinical Ph.D.
	SUNY at Albany	Counseling Ph.D.
	SUNY at Albany	Counseling Ph.D.
	Nova Southeastern	Clinical Psy.D.

Syracuse and the Central New York Region



The Syracuse VA is located in the city of Syracuse in the heart of Central New York (CNY). With a greater metropolitan population of over 730,000, Syracuse offers big-city amenities and countless recreational /cultural opportunities while still maintaining a favorable cost-of-living and small-city feel. Syracuse boasts a thriving downtown district with excellent food (home of the original Dinosaur BBQ), nightlife, and entertainment opportunities, including the Museum of Science and Technology, Everson Museum of Art, and the Syracuse Stage for creative theatre and performing arts. Syracuse is also home to a thriving intellectual community, including, most notably, Syracuse University. Sports fans can delight in attending an athletic event at the nationally-recognized SU “Dome.” Destiny USA was also recently expanded, providing the region with a six-story shopping and entertainment complex. Finally, given its central location in the heart of New York, Syracuse is within a day’s drive of several major metropolitan areas, including New York City, Boston, Philadelphia, Montreal, Toronto, and Washington D.C.



Syracuse Skyline

Syracuse is not just for city-living. Locals cherish the area as the nation’s “best kept secret” for the breath-taking beauty of the CNY landscape, which features rolling hills, countless streams and lakes, vivid fall foliage, and clean air and water. The Finger Lakes region is within an hour’s drive of Syracuse, and offers picturesque views of glacially-formed lakes and the nationally-recognized Finger Lakes Wine Trails. The greater CNY region is an outdoor enthusiast’s dream. Lake Ontario, the Finger Lakes, and the Adirondack Mountain Region are all in Syracuse’s backyard, and there are endless hiking, skiing, swimming, running, fishing, boating, and other outdoor recreational opportunities. Further, Syracuse enjoys four distinct seasons, allowing for a new sport or hobby to be enjoyed every few months.



Finger Lakes Region

We would be remiss if we did not mention that Syracuse is among one of the nation's snowiest cities. But fear not – the area is proficient in dealing with snow, making your daily winter experience more than manageable. Residents can count on several great weeks of cross country and downhill skiing, outdoor ice skating, and unparalleled snowman building.

Below is more information about daily living in Syracuse, as well as links to the area's most popular cultural and recreational opportunities.

Overall, Syracuse is an easily accessible, affordable city with opportunities for everyone. We think you'll love it here, but come see for yourself.

Cost of Living/Quality of Life:

- The cost of living in Syracuse is 8.6% below the national average.
- Housing
 - Average rent for a one bedroom is \$655 (range \$550-\$850 depending on proximity to downtown). Average rent for a 2 bedroom is \$806.
 - The average home cost is \$137,621. Costs varies with location and city vs. suburbs.
- Commute
 - Most people drive to and from all their destinations. There is a bus system (Centro), but no subway or commuter train system.
 - The commute from downtown to the BHOC is minimal (5 – 15 minutes). There are also a variety of suburban areas that offer reasonable commutes. Baldwinsville, Liverpool, Camillus, East Syracuse, Jamesville, Dewitt, Fayetteville, and Manlius are all within a 15 – 45 minute drive (depending on traffic).
- Access
 - Hancock International Airport
 - Amtrak (train) & Greyhound, Trailways, Megabus, and Neon (bus) stations
- Regarding family relocation potential, the top area employers are in the manufacturing, healthcare, education, food and service, finance, and retail industries.

Climate:

- Four distinct seasons. Average seasonal temperatures:
 - January: 24°F April: 46°F July: 71°F September: 62°F
- Annual average snowfall: 114 inches

Distance From Other Major Cities [miles/time (by car)]:

- Niagara Falls, NY: 163 miles/2.5 hours
- Toronto, ON: 248 miles/4 hours
- Montreal, QU: 248 miles/4 hours
- New York City, NY: 253 miles/4 hours
- Philadelphia, PA: 255 miles/4 hours
- Boston, MA: 299 miles/4.5 hours

Recreational and Cultural Highlights:

[Visit Syracuse](#)

[The New York State Fair](#)

[Museum of Science and Technology](#)

[Everson Museum of Art](#)

[Destiny USA](#)

[Waterloo Premium Outlets](#)

[Adirondack Mountain Region](#)

[Onondaga Lake Park](#)

[Old Erie Canal State Park](#)

[Green Lakes State Park](#)

[Ithaca Gorges](#)

[Syracuse Stage](#)

[Syracuse University Drama Department](#)

[Landmark Theatre](#)