

## Psychology Internship Program



***VA Central Western  
Massachusetts  
Healthcare System***



Director of Clinical Training  
421 North Main Street  
Leeds, MA 01053  
(413) 584-4040, ext 2813  
<http://www.northampton.va.gov>

**MATCH Number: 133511**

**Applications due: November 1, 2012**

### ***Accreditation Status***

The predoctoral internship at the **VA Central Western Massachusetts Healthcare System** is accredited by the Commission on Accreditation of the American Psychological Association (APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123 TDD/TTY (202) 336-6123).

### ***Application & Selection Procedures***

***To qualify for an internship at our VA Medical Center, the applicant must meet the following criteria:***

1. Graduate student in an APA-accredited or provisionally-accredited Clinical or Counseling Psychology program
2. United States citizen
3. Successful completion of minimum of 600 hours practicum experience
4. Completion of all graduate prerequisites for internship candidacy, including passing of comprehensive exams.
5. In accordance with the Association of Professional Psychology Internship Centers (APPIC) guidelines, applicants:
  - must possess interests and goals appropriate to our internship program
  - must show an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision
  - must demonstrate ethical conduct and interpersonal skills appropriate to the practice of professional psychology
  - Preference is given to applicants who have practical clinical experience with psychometric assessment

## Application Procedures

Our VA Medical Center has three internship positions available. If you wish to apply for one of these positions, please arrange for the following application materials to reach us by November 1, 2012:

- APPIC Universal Internship Application
- Current Curriculum Vita
- Official Transcripts of all graduate work
- Three letters of recommendation from faculty or training supervisors

***Please be advised that all application materials should now be submitted via AAPI Online, which may be accessed at [www.appic.org](http://www.appic.org), click on "AAPI Online."***

Personal interviews are offered to those applicants still being considered after the review of their application and supporting materials. Phone interviews generally are not substituted for a personal visit. Invitations to interview will be made by December 1, and on-site visits will be scheduled from the middle of December until the end of January. Applicants will be contacted by the Director of Training regarding the specific dates available.

The VA Central Western Massachusetts Healthcare System training program abides by APPIC and APA guidelines in the selection of interns. As required under APPIC policies, offers to interns may not be made before selection day. Further, the VA Medical Center is an Equal Opportunity Employer. The selection of interns is made without discrimination on the basis of race, color, religion, sex, national origin, politics, marital status, physical handicap, or age.

After the applicant has officially accepted an offer, the applicant will be asked to submit a Declaration of Federal Employment (OF 306) and an Application for Federal Employment (OF 612), both of which are required for federal government employment.

Please feel free to contact the Co-Directors of Training, Henry Rivera, PsyD and/or Mark Schneider, PhD at (413) 584-4040, or by email at [henry.rivera3@va.gov](mailto:henry.rivera3@va.gov) and [mark.schneider5@va.gov](mailto:mark.schneider5@va.gov), with any questions you might have.

## ***Psychology Setting***

Within the VA Central Western Massachusetts Healthcare System, psychologists are an integral part of the Mental Health and Primary Care Service Lines. Psychologists provide patient care, consultation, and teaching within the hospital. Primary rotations occur in the Mental Health Clinic, Acute Inpatient Psychiatric Unit, the Substance Use Disorders Clinic, the Specialized Inpatient Posttraumatic Stress Disorder Unit, and in Clinical Health Psychology. The Mental Health Service Line operates a number of specialized outpatient programs including the Military Sexual Trauma Counseling Program, the Primary Care Mental Health Integration clinic (PCMHI), and a Sex Offenders outpatient relapse prevention psychotherapy group. In addition, psychologists participate in the Employee Assistance Program, the Women's Advisory Committee, the Smoking Cessation program, the Ethics Committee, the Quality Assurance Committee and the Mental Health Council. The psychologists at the VA Central Western Massachusetts Healthcare System have varied educational backgrounds and theoretical perspectives, allowing for a range of styles for role modeling and professional development. They are involved in a variety of professional activities outside the VA Medical Center including consultation, private practice, teaching, and authorship.

## ***Training Model and Program Philosophy***

The central goal of the Predoctoral Psychology Internship program at the VA Central Western Massachusetts Healthcare System is to provide a quality training experience designed to prepare predoctoral psychology interns for entry-level psychology positions or postdoctoral training. The training program seeks to help interns broaden, deepen, and integrate their current knowledge base with applied clinical experience. The internship prepares students to function as generalists within a medical center setting and it provides opportunities to develop skills in specialty areas such as the treatment of posttraumatic stress disorder, substance use issues, affective disorders, and the psychological sequelae of medical conditions, to name a few. It emphasizes the clinical practices of assessment, treatment, and consultation and it provides training and experience with a variety of therapeutic approaches across a range of clinical settings. Interns are provided extensive supervision so as to maximize their learning in each of the settings and modalities in which they train. The training program aims to assist predoctoral psychology interns in the process of forming professional identities as clinical psychologists and it emphasizes professional development as a valued direction towards which all psychologists should continue to aspire.

The Psychology Training Program is committed to a practitioner-scholar model of internship training. We believe in the development of psychologists who have sufficient depth and breadth of knowledge and skills to provide empirically validated treatments to diverse patient populations in interdisciplinary settings. We believe in the provision of patient-centered care that maximizes individual strengths, promotes human dignity, and values individual differences. We are committed to fostering a supportive, inquisitive, and open learning environment that places a premium on professional growth and scholarly development. We strive to model openly our own willingness to learn and to grow as psychologists as we examine and revise continually the services we provide to ensure that they remain current, relevant and scientifically sound. We endeavor to create a training environment where the intern can develop the competencies and knowledge base needed to eventually practice professional psychology at the independent level, feel supported in the development of

her/his sense of identity as a professional psychologist, and feel challenged and inspired to continue to question, learn, and grow throughout her/his professional career.

All training experiences follow a logical progression. The interns' overall knowledge base and theoretical sophistication are increased through didactic input in ongoing individual and group supervision, clinically oriented seminars, and various lectures offered through the Continuing Medical Education Program of the Education Department. Case loads build gradually over the course of the year, with interns taking on more responsibility as the year progresses. Interns begin the training year in their major rotation, and then typically add an Ancillary Rotation within two months. Within several of these rotations, interns begin by co-facilitating groups with the supervisor. They are expected to be able to lead groups independently by the end of the rotation. Similarly, interns may first learn to administer unfamiliar assessment instruments via practice-administrations with their supervisor. As they gain competency with test administration and interpretation, they are presented with opportunities to continue to progress to a "monitoring" level of practice (e.g., they begin to administer tests to their clients and interpret them on their own, prior to supervision). Opportunities to carry several long-term cases through the remaining training year also exist. Interns also take on more responsibility in the didactic component as the year progresses, leading case conferences and conducting a didactic seminar.

As each rotation comes to a conclusion, the interns work with the Director of Training, and with their individual supervisors, to review how their skills have developed. They also address how they might improve upon their relative weaknesses. Then they discuss which rotation(s) would next best fit their developmental goals. This information is presented to the Training Committee and is taken into consideration in selecting the next rotation. These discussions are on-going, with formal evaluations taking place at the mid- and end-point of each of the rotations.

### ***Program Goals & Objectives***

The training program emphasizes the active involvement of the intern in choosing training assignments, in participating in training seminars and workshops, and in providing feedback and creative input to the internship program. We expect the intern to attain the following broad training goals over the course of the internship year:

1. Develop a sense of professional responsibility and an identity as an ethical psychologist who is a consumer of research, a critical thinker and a practitioner of empirically sound treatment.
2. Develop the ability to integrate empirically-validated interventions with theoretically sound approaches to the treatment of diverse patient populations.
3. Demonstrate proficiency in psychological assessment and diagnosis.
4. Develop the ability to effectively evaluate programs/treatments, consult with interdisciplinary treatment teams, other health care providers, patients, and other interested parties, and provide clinical supervision.

## ***Training Experiences***

In line with our commitment to foster a supportive, inquisitive and open learning environment, our training program actively involves interns in decision-making processes about their education and training. Throughout the training year, interns collaborate with the Directors of Training and the Training Committee to discuss their training interests and development. These discussions include assessments of the intern's strengths and areas which may benefit from further development. Rotation selections are derived from this collaborative process. At the beginning of the internship year, interns complete a self-assessment that is reviewed with the Major Rotation supervisor and the Directors of Training. This self-assessment is designed to help the intern identify and clarify broad goals for the upcoming internship year. At the beginning of each rotation, the rotation supervisor and intern work collaboratively to develop a training contract.

### **MAJOR ROTATIONS**

The Predoctoral Internship Training Program has a long history of providing multiple training rotations, settings, and modalities during the course of the training year. At the beginning of the Internship Program, students consult with the Training Committee and select the Major Rotations they prefer for each four-month trimester of the training year. Each Major Rotation involves approximately 24 hours per week over the course of four months. There are currently five options for Major Rotations: **Acute Inpatient Psychiatry, Outpatient Mental Health Clinic, Outpatient Substance Abuse, Inpatient PTSD, and Clinical Health Psychology**. It should be noted that the VA Central Western Massachusetts Healthcare System has more Major Rotations than intern positions; hence, interns have ultimate choice in selecting training experiences that promote the development of necessary clinical skills. Major Rotations are designed to provide interns with training and practical experience in three broad areas essential to a clinical psychologist: assessment/ diagnosis, psychotherapy (including empirically-supported approaches to treatment), and consultation. Consultation typically involves discussion of particular cases and clinical problems, and also frequently involves program development, with a particular emphasis on the incorporation of evidence-based approaches to treatment. For all intern training and educational activities, standardized evaluations occur at the mid-year point and at the end of the training year. The Major Rotations that are offered currently and the training they provide in the three aforementioned areas are listed below:

#### **Acute Inpatient Psychiatry**

The intern on this rotation works closely with the psychologist, Michelle Mattison, PsyD, to provide psychological services to Veterans in a 16-bed inpatient acute psychiatric ward. The ward primarily offers acute psychiatric stabilization and detoxification from substances. The patient population consists of primarily male Veterans, experiencing a range of psychotic, mood, anxiety, substance-related, and adjustment disorders. Many patients have Posttraumatic Stress Disorder and many are dually-diagnosed. Intern responsibilities include assessment and evaluation, treatment planning, individual psychotherapy, daily Seeking Safety groups, treatment activities, medical rounds, consulting activities, and development of behavioral plans.

An intern selecting this rotation also has the opportunity to work with Dr. Mattison in a consultative role to the Community Living Center (CLC). The mission of the CLC Program is to provide long-term skilled nursing supervision, observation, and care to Veterans with physical or psychosocial conditions which impair the individual's ability to function at his/her own optimal level of mental, physical, and social capability. Resident care includes an interrelated array of allied health services designed to provide preventive, therapeutic, rehabilitative, supportive, and spiritual care. Care is delivered in the most clinically appropriate, least restrictive environment which takes into consideration family issues and community resources, and includes active involvement by residents and their families in resident care as a patient safety strategy.

An intern selecting this rotation likely will participate in the following training experiences:

### ***Assessment***

The intern may be assigned new admissions for evaluation and assessment. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on clinical interviewing and testing, and to formulate realistic treatment plans. Neuropsychological screening is another common referral on this rotation. The intern will interact with the referral source, complete the assessment and integrated report, and provide feedback to both the Veteran and the referral source. Assessment instruments used most often include the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), Millon Clinical Multiaxial Inventory-III (MCMI-III), Cognistat, Dementia Rating Scale-2 (DRS-2), Trailmaking A & B, Controlled Oral Word Association Test (COWAT), Yesavage Geriatric Depression Scale (GDS), Wechsler Memory Scale-III (WMS-III) and the Wide Range Achievement Test-3rd Revision (WRAT-3).

### ***Psychotherapy***

Normally, the intern will work intensively in individual psychotherapy with one to three inpatients at all times during the rotation. Individual therapy is conceptualized primarily using behavioral, cognitive-behavioral, or DBT approaches. The intern will participate as a co-leader in a daily Seeking Safety group and will develop and implement at least one weekly group (with some flexibility on the topic and format). Depending upon intern interest and time, s/he may also co-lead skills-based and psychoeducational groups with the psychologist. Opportunities may also exist to participate in therapy/meetings with families and significant others.

### ***Consultation***

The intern will participate in the multidisciplinary daily rounds and interact on a daily basis with the psychiatrist, nursing staff, the social worker, and the physician assistant. Rounds focus on treatment planning, evaluation, and behavioral planning for our Veterans. In addition, if the intern is interested in gaining experience in working with geriatric Veterans, the opportunity exists for the intern to provide individual therapy, develop behavioral plans and consult with staff on the CLC.

### **Outpatient Mental Health Clinic**

The outpatient Mental Health Clinic (MHC) is a program serving Veterans with a broad range of problems. The MHC provides comprehensive psychological and psychiatric services. Treatment modalities include individual and group psychotherapy, couples and family therapy, case management, pharmacotherapy, psycho-educational groups and consultation with other programs and staff. Each referred patient is reviewed by the multidisciplinary MHC clinical staff during weekly

staff meetings and is then assigned to designated clinicians for medication and/or psychotherapeutic follow-up. The supervising psychologist for this rotation, Ron Delamater, PhD, assigns cases to the psychology interns within the MHC rotation.

Currently, the MHC staff is comprised of psychiatrists, psychologists, social workers, psychiatric nurses, a Registered Nurse and a clinical pharmacist. Throughout the year, psychology interns, physician's assistant interns, nursing students, pharmacy students and social work interns may train in the MHC.

The MHC staff provides comprehensive evaluation and treatment for the full range of psychological diagnoses seen in adults. Both acute and chronic psychiatric patients are treated. Treatment duration may be limited to brief crisis intervention or may be longer-term. Clinical staff members provide treatment within cognitive-behavioral, interpersonal, psychodynamic, systemic and biological perspectives. Psychology interns are encouraged to record their therapy sessions via audio and/or videotape, as well as conduct therapy sessions that may be directly observed by the supervisor through a one-way mirror and/or live audio-video feed. Supervision will be provided from various theoretical and practical frameworks, including cognitive-behavioral, psychodynamic and interpersonal. Interns will receive two hours of formal supervision per week, and additional informal supervision as warranted.

### ***Assessment***

Interns will develop their skills at conducting comprehensive clinical diagnostic interviews. These biopsychosocial evaluations will lead to meaningful DSM-IV-TR-based differential diagnoses and treatment planning. Interns may administer and interpret selected objective personality tests for some referred patients. Throughout the course of the rotation, interns will conduct ongoing assessment and evaluation of treatment outcomes for patients whom they are treating.

### ***Psychotherapy***

Interns will carry an outpatient caseload of approximately 10 psychotherapy cases, including 1-2 couples. There will be an opportunity for interns to participate as a group psychotherapy co-therapist along with the supervising psychologist. Treatment sessions typically are scheduled for 50 minutes on a weekly basis.

### ***Consultation***

Interns will participate in weekly multidisciplinary MHC staff meetings during which cases are presented and individualized treatment planning may be conducted. The interns will have many opportunities to provide consultation to the members of the multidisciplinary staff as well as students rotating through the MHC regarding psychological symptoms, diagnostic assessment and treatment issues/concerns.

### **Outpatient Substance Use Disorders Clinic**

The Substance Use Disorders (SUD) Clinic offers interns the opportunity to work with Veterans who have substance use disorders including Veterans who have co-occurring disorders. The SUD Clinic follows a Stages of Change model and utilizes Motivational Interviewing to move Veterans through the stages of change. The SUD Clinic includes a 21-day Intensive Outpatient Program and aftercare groups. Most program participants are homeless and unemployed and reside at a homeless shelter on

the grounds of the VA operated by an independent non-profit organization, which maintains close ties with the medical center.

The intern gains experience in Motivational Interviewing, comprehensive intake interview assessments, developing individualized treatment plans, individual therapy, case management, and group therapy. During the initial orientation phase, the intern observes groups focusing on recovery issues and becomes familiar with the Medical Model of addictions. Depending on interests and training needs, the intern can develop a host of skills and knowledge central to the provision of treatment to this population. Interns choose from a variety of groups to co-facilitate, including symptom management, anger management, and relapse prevention. Eventually, interns are expected to conduct groups independently.

### ***Assessment***

Interns will learn to conduct biopsychosocial intake evaluations. As part of that process, they will learn to diagnose DSM-IV-TR Axis I & II conditions. They will also gain experience in interpreting objective personality tests (MMPI-2 and MCMI-3) to augment the routine assessment process with selected Veterans.

### ***Psychotherapy***

Interns will receive supervision of individual and group psychotherapy utilizing several perspectives including Motivational Interviewing, DBT, and CBT.

### ***Consultation***

Interns will have opportunities to consult with several VA Central Western Massachusetts Healthcare System clinics, most notably the Outpatient Mental Health Clinic and Inpatient units, as well as the Springfield, Greenfield, and Pittsfield CBOCs, Vocational Rehabilitation program, the Springfield Vet Center, community halfway houses, and other VA Medical Centers to whom we regularly refer patients (Newington, West Haven, Bedford, Brockton, Jamaica Plains).

### **Inpatient Post-Traumatic Stress Disorder**

The Inpatient PTSD program specializes in the treatment of combat-related PTSD and utilizes the group format almost exclusively. Veterans are initially placed in a cohort group that receives six weeks of intensive treatment focusing on trauma-related problems of living. Upon completion, Veterans are given the opportunity to return for additional episodes of intensive treatment that typically last between two and three weeks. During these additional treatment doses, Veterans build upon skills acquired during their initial participation in the program.

The Inpatient PTSD program offers evaluations, individual and group psychotherapy, treatment for family issues, patient education, recreation, and aftercare services. Interns participating in this program will be part of the Evaluation Team, and they will be expected to lead and co-lead therapy groups. Opportunities for outpatient individual psychotherapy for PTSD, including non-combat-related PTSD, also exist. Scott Cornelius, PsyD is the supervising psychologist on this rotation.

### ***Assessment***

Interns learn to conduct clinical interviews which gather pertinent diagnostic information as well as information pertaining to overall psychosocial functioning. Interns learn to identify comorbid factors

that potentially impact treatment and which may need to be targeted for further intervention. Additionally, interns learn to develop specific interventions that target psychological processes (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self) which are hypothesized to be contributing to trauma-related problems in living. Required assessment instruments include the Mississippi Scale for Combat-Related PTSD, MMPI-2, Acceptance and Action Questionnaire (AAQ), and the Valued Living Questionnaire (VLQ).

### ***Psychotherapy***

The inpatient PTSD program places a premium on experiential learning in the context of a safe and supportive setting. The treatment approach is an integrative one that is constantly evolving in an effort to meet the changing needs of the Veterans we serve. Acceptance and Commitment Therapy is a central component of treatment. In Dr. Cornelius' groups, Veterans with PTSD are introduced to and practice mindfulness and acceptance-based skills as alternatives to experiential avoidance and misapplied control of trauma-related experiences. They are also encouraged to identify valued life directions and to commit to actions consistent with these. The overarching goal of treatment is to promote psychological flexibility that can lead towards enhanced functioning in all areas of the Veterans' lives.

### ***Consultation***

As members of the inpatient PTSD treatment team, interns will consult regularly with other VA Central Western Massachusetts Healthcare System programs, such as Inpatient Psychiatry, the Outpatient Mental Health Clinic, the Intensive Outpatient Substance Abuse program, and the local Veteran's Center in Springfield, Massachusetts. They will be expected to contribute to educational presentations on PTSD and post-deployment adjustment that are regularly provided to interested organizations in the community.

### **Clinical Health Psychology**

Interns on this rotation work closely with psychologists at the Springfield Community-Based Outpatient Clinic (CBOC), Jennifer Brown, PhD and Mark Schneider, PhD, to provide psychological services to patients referred to the Mental Health department directly from the Primary Care Providers located in the same building. The goal of this rotation is to promote coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. This type of integrative care has gained wide support both in the VA Healthcare system and the private sector, and teaches interns how to work collaboratively in multidisciplinary treatment teams consisting of both Mental Health and Primary Care staff professionals.

Interns will develop skills in the assessment and treatment of patients seen in the Primary Care Clinic in Springfield, as well as other medical specialties, including Neurology, Rehab Medicine, Nutrition, and Physical Therapy. They will provide time-limited individual treatment, including supportive counseling, education, and cognitive behavioral therapy. Interns will also have opportunities to facilitate various integrative groups such as a weight loss program, a metabolic wellness group, a pain management group, and a diabetes shared medical group to name a few. Further, interns may have an opportunity to work in a limited capacity with the psychologist in the Home Based Primary Care (HBPC) program, Dr. Brown, also located at the Springfield CBOC.

### ***Assessment***

Interns will routinely provide brief intake assessments and/or psychological examinations to aide Primary Care staff in identifying treatment needs. There may be opportunities for more extensive psychological assessment using standard measures such as the MMPI, MCMI, or other inventories to aid in differential diagnosis.

### ***Psychotherapy***

Interns will maintain a caseload of individual patients referred by the Primary Care Clinic with various co-morbid medical problems. Interns will also facilitate psycho-educational groups provided throughout the clinic.

### ***Consultation***

Interns will routinely consult with the Patient Aligned Care Team (PACT) staff of the Primary Care department, offering brief intervention suggestions and input into the psychological sequelae of medical conditions experienced by Veterans. Interns also will partner with Dr. Mark Schneider, PhD and provide direct, live feedback to Primary Care physicians, nurses, and pharmacists through “coaching” opportunities. Specific training will be offered to PACT staff regarding their development of Motivational Interviewing skills and Patient-Centered care. Additionally, interns will be expected to attend weekly Primary Care staff meetings.

## **ANCILLARY ROTATIONS**

At the beginning of the Internship Program, students will consult with the Training Committee and select one Ancillary Rotation to last the entire twelve-month training year. Each Ancillary Rotation involves approximately 8 hours per week and usually takes place in one full work day. There are currently five options for Ancillary Rotations: **Evidence-based Treatments of PTSD, Health Psychology in Primary Care, Worcester Outpatient Clinic Mental Health Unit (WOPC-MHU), UMASS Counseling Center and Supervision, and the Cutchins Children’s Clinic.** Ancillary Rotations are designed to broaden the base of experiences so as to allow the intern the opportunity to obtain greater diversity in populations treated, and in settings where treatment occurs. Additionally, the Ancillary Rotation options are aimed at helping interns to explore therapeutic modalities and theoretical orientations that are new to them, and which may not otherwise be available on their selected Major Rotations. Options include on-site and off-site training experiences. The Ancillary Rotations that are offered currently are described below:

### **Evidence-Based Psychotherapies**

The Ancillary Rotation in Evidence-based Treatments of PTSD is co-supervised by Drs. Bernhardt, Cornelius, and Joyce. It is designed to provide the intern with training and applied clinical experience in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and/or Acceptance and Commitment Therapy (ACT) as applied towards the treatment of PTSD. Interns select two of the aforementioned approaches, receive training and supervision with regard to the evidence-based clinical protocols, and manage an individual weekly caseload of three to four outpatient cases with a primary PTSD diagnosis. Interns learn to conduct clinical interviews in order to obtain pertinent contextual/historical information, and to identify symptoms of Post-Traumatic Stress Disorder and possible co-occurring disorders. Interns will consult regularly with other VA Central Western Massachusetts Healthcare System programs, such as Inpatient Psychiatry, the Outpatient Mental

Health Clinic, the SUD Clinic, and the local Vet Center. Additional opportunities may exist to contribute to educational presentations on PTSD and post-deployment adjustment that are regularly provided to interested organizations in the community.

Interns may choose to work with Alan Bernhardt, PhD to learn to implement the **Cognitive Processing Therapy (CPT)** protocol for the treatment of PTSD. Dr. Bernhardt received his training in CPT from Drs. Resick and Monson, co-developers of this treatment. Interns choosing this ancillary or part of an ancillary will receive supervision from Dr. Alan Bernhardt and will learn to implement CPT through a combination of didactic training, role playing, co-therapy, and weekly case supervision. Interns may also choose to receive supervision from Dr. Bernhardt to learn Cognitive Behavioral Conjoint Therapy as part of their ancillary experience.

Alan Bernhardt, PhD, who has had extensive training and experience in couples and family therapy, has also received training in **Cognitive Behavioral Conjoint Therapy (CBCT)** from Dr. Candace Monson (co-developer of CBCT) and has practiced this treatment modality with numerous couples over the past several years. Interns may choose to work under Dr. Bernhardt's supervision to learn CBCT in addition to learning CPT as one of several options for an ancillary in working with veterans diagnosed with PTSD.

Interns selecting the **Prolonged Exposure (PE)** protocol will receive direct supervision from Jennifer Joyce, PsyD and will learn about the theory underlying PE, emotional processing theory. Interns will develop the skills to conduct all aspects of the treatment protocol including providing psychoeducation about common reactions to trauma, teaching breathing retraining, developing an exposure hierarchy, conducting imaginal exposure in session, and helping the Veteran process details of the trauma. This will be accomplished through formal didactic training, reading articles, listening to PE sessions, role plays, and working with clients with varying traumatic stressors. Interns will utilize the PTSD Checklist (PCL) and the Beck Depression Inventory to monitor pt's progress on a biweekly basis.

Interns selecting the **Acceptance and Commitment Therapy (ACT)** protocol will receive direct supervision from Dr. Scott Cornelius, and will learn to identify the core processes hypothesized to contribute to psychological inflexibility. Students will learn to select, develop, and deliver interventions that target and weaken these processes. Additionally, interns training in ACT will learn to help clients identify valued life directions and commit to actions consistent with their stated values. Interns will be required to utilize the following assessment instruments: the Mississippi Scale, the Acceptance and Action Questionnaire (AAQ), and the Valued Living Questionnaire (VLQ), the Saint Louis University Mental Status Exam (SLUMS).

### **Health Psychology in Primary Care**

The Ancillary Rotation of Health Psychology in Primary Care is supervised by Dr. Mark Schneider. The intern selecting this rotation is expected to work directly with the medical staff in the Primary Care Service Line. The student will become an extended team member of a Patient Aligned Care Team (PACT) consisting of a physician, nurse, and health technician. The intern will develop knowledge and skills in Motivational Interviewing (MI) and coach PACT teams to understand the spirit of MI and utilize its techniques appropriately. Additionally, the intern will receive referrals from the Primary Care Service Line to work with individual Veterans trying to improve their

lifestyles and overall physical health. Lastly, interns choosing this rotation will have the opportunity to co-lead health psychology groups focused upon weight loss, diabetes management, and metabolic disease treatment and prevention. Initial assessments of patients referred to the diabetes team will be completed as a part of this Ancillary Rotation.

### **Worcester Outpatient Clinic Mental Health Unit (WOPC-MHU)**

The WOPC is a large satellite ambulatory care facility of the CWM VA Medical Center. Due to its distance from other VA facilities, the WOPC-MHU functions in many ways like a free-standing community mental health clinic, offering a wide range of services to veterans in the surrounding area. Interns are trained from a true generalist perspective, with the goal of learning the diagnostic, conceptual and treatment skills necessary to become an independent psychologist prepared to handle the presenting issues that arise in an outpatient setting with a diverse demographic. Interns serve as the primary therapist for individual cases with a wide range of presenting issues, which may include PTSD (combat and non-combat), mood and anxiety disorders, personality disorders, psychotic disorders, substance abuse, dual diagnosis, sleep disorders, anger management, and readjustment issues. Interns also have the opportunity to learn evidence-based techniques in individual / group psychotherapy, such as Seeking Safety, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, Imagery Rehearsal Therapy and Exposure, Rescripting, and Relaxation Therapy.

Depending on their interests and schedules, interns may co-lead psycho-educational groups designed to address symptoms related to PTSD, including anger management, insomnia and PTSD-related nightmares. Co-leading with supervisors is frequently used to benefit training, supervision, and group process. Interns may also gain experience with couples and/or families as cases become available. Interns who wish to may have the opportunity to engage in PTSD assessments incorporating the Clinician Administered PTSD Scale (CAPS), or do triage work screening new consults to the WOPC-MHU.

Supervision will emphasize the development of decision-making skills necessary for determining the type of therapy (duration, frequency, modality and technique) best suited to the unique needs of each client. Miriam Rubin, PhD is the primary supervisor, (additional supervision may be provided by Lorraine Cavallaro, PhD, and Christina Hatgis, PhD, depending on the intern's clinical activities).

### **UMASS Counseling Center and Supervision**

The Psychological Services Center at the University of Massachusetts-Amherst is a comprehensive mental health clinic as well as a training site for graduate level clinical psychology students. This combination of services allows for the relatively unique training opportunity in provision of supervision. As a member of a clinical treatment team, the intern supervises the work of graduate students and also provides short-term and/or long-term individual and/or group therapy for adult outpatients. A licensed psychologist from the Clinical Psychology Program at the University supervises the intern's clinical work and supervision of graduate students, for a total of one hour per week.

### **Cutchins Children's Center**

The Cutchins Children's Center of Northampton is a mental health clinic specializing in children and adolescents. Specialty areas at the Clinic include early trauma and loss, anxiety disorders, adoption, and attachment disorders, and neuropsychological/ projective assessment. The Clinic sees children 0 to 18 years of age. The Clinic is well known for its long-term work with very young children who have suffered maltreatment. With three psychologists on staff, an intern's work can be closely supervised from varying perspectives, including dynamic/developmental, expressive, and cognitive behavioral. Interns receive a minimum of one hour supervision weekly in addition to an hour of weekly case conference with the full staff.

## ***Supervision and Educational Activities***

### **Individual Supervision**

The Clinical Psychology Internship is designed to offer each student the opportunity to receive individual supervision from a variety of licensed psychologists with different clinical expertise, theoretical orientations, and stylistic approaches. Students will receive at least two hours of Individual Supervision on each Major Rotation throughout the training year. Additionally, interns will receive one hour of Individual Supervision from their Ancillary Rotation supervisor each week. This commitment to the development of clinical knowledge and experience affords each student the opportunity to work closely with at least three licensed psychologists during their internship. While the focus of Individual Supervision varies on different rotations, all students will receive feedback and consultation with regard to the direct patient care they provide. Supervision may involve conjoint treatment sessions, use of a one-way observation room, audio/video recordings, role-playing, and review of process notes. Our training department strongly holds the belief that improvement in clinical skills occurs through the provision of direct supervisory feedback. Therefore, students are highly encouraged to seek additional opportunities for coaching from their Individual Supervisors. In addition to improving the quality of therapeutic services provided to Veterans, we consider Individual Supervision to work most effectively when interns feel safe, supported, and challenged intellectually to develop their own independent professional identity and voice as a therapist.

### **Group Supervision**

Each week, all interns together receive one and half hours of Group Supervision from a licensed clinical psychologist. The purpose of Group Supervision is to promote the development of group therapy knowledge and skills. In the beginning of the training year, interns will be trained in the theory and practice of group psychotherapy. For the remainder of the internship, students will be provided with the opportunity to receive supervision and feedback on the various group therapy experiences with which they are involved. Additionally, interns will serve as peer consultants to one another as they listen and learn about the group therapy experiences of their colleagues.

### **Case Presentations**

Formal case presentations provide an opportunity for interns and psychologists to openly share and reexamine their clinical work in a supportive, inquisitive, collegial environment. Interns and

psychologists are encouraged to present cases which highlight specific clinical questions and interventions, and/or which provide participants an opportunity to explore the influence of culture and other aspects of diversity. Case presentations also provide presenters an opportunity to organize their thoughts/hypotheses about a particular case, and to practice presenting these in a formal manner to colleagues. Interns typically present multiple cases throughout the course of the training year. Presentations are expected to be informed by relevant and current literature.

### **Didactic Seminars**

Interns attend weekly didactic seminars which cover a range of clinical topics deemed to be central to the practice of psychology within a VA Medical Center. The didactic series is comprised of psychological assessment seminars, psychotherapy seminars, and specialty seminars which address specific areas of clinical interest, such as ethics, and risk assessment. Didactic seminars are scheduled in such a way that interns are provided essential seminars (e.g., ethics, risk assessment, initial interviewing, human diversity) early in the training year. Interns are provided some choice regarding the seminar topics, and they become more involved in the selection of the didactic topics as the year progresses. Interns are also expected to develop and present a didactic seminar drawing from current literature on a clinical topic of interest.

### **Program Evaluation**

Interns are expected to complete and present a formal program evaluation/quality improvement study related to an assessment or treatment program. This may include a pre-post evaluation of an empirically-supported treatment as applied to group psychotherapy, or an “n of one” evaluation of an individual case, with multiple measures applied at pre- mid- and post intervention. Examples of previous evaluations by interns are clinical efficacy of CPT; outcome evaluation of ACT protocol on PTSD unit; using the Acceptance and Action Questionnaire; evaluation of intern responses of didactic seminars; evaluation of Mood Monitor Implementation on Acute Inpatient Unit; outcome evaluation of ACT-based anger group; and program evaluation of PTSD Unit's Family Day.

### **Long-term Therapy Opportunity**

The Long-term Therapy component of the program is an option which provides interns with the opportunity to provide psychological services to the same patient or group of patients for a longer period of psychotherapeutic involvement than is obtained through each four-month Major Rotation. This opportunity permits the intern to experience both a wider variety of therapeutic experiences and to work with an increased number of staff. If an intern does not elect a long-term therapy assignment, s/he would spend additional time on his/her Major Rotation. The long-term psychotherapy options may include:

- Individual therapy
- The Sex Offenders Group
- Couple and family therapies

Supervisors for the Long-term Therapy option are selected early in the internship year through intern consultation with the Training Committee. A supervisor is expected to provide one hour of monthly

supervision throughout the year for long-term cases. Generally these supervisory relationships do not rotate during the course of the training year.

## ***Facility and Training Resources***

All interns are assigned individual offices at or near the location of their Major Rotation. They have their own telephones, computers, computer access codes, email accounts, and access to on-line services. VA relies on a computer-based electronic medical records, and during the first two weeks of orientation the interns receive training on the basics of this system. Technical support remains readily available throughout the year should they encounter problems or have questions. The VA hospital system also allows the interns to access a national telephone conferencing system. They have access to live teleconferences. They are encouraged to use the on-line medical library, which is interconnected to a vast array of local colleges, universities, hospitals and national data systems. VA and national health care bodies publish monthly newsletters and bulletins and these are made available to the interns. Our librarian is always willing to obtain articles and to assist in literature searches for interns (and other employees).

With respect to psychological testing materials and supplies, the program has VA and commercially available software to facilitate scoring and interpretation of the Rorschach and MMPI-2, and to help students learn to utilize these aids in their assessment work. The VA has a large base of computer administered psychological tests.

## ***Administrative Policies and Procedures***

### **Due Process: General Guidelines**

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures, which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include: 1. During the orientation period interns are presented, in writing, the program's expectations related to professional functioning and discussing these expectations in both group and individual settings; 2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted; 3. Articulating the various procedures and actions involved in making decisions regarding impairment; 4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties; 5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies; 6. Providing a written procedure to the intern, which describes how the intern may appeal the program's action; 7. Ensuring that interns have sufficient time to respond to any action taken by the program; 8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance, and; 9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Statement of collecting personal information:

Our policy is clear: we will collect no personal information from you when you visit our website.

**Policy with regard to self-disclosure**

Our program strongly encourages interns to explore with their supervisors personal reactions that may arise in the course of providing psychological services. Interns are expected to be willing to identify and describe these reactions and to consider ways of understanding and using them to further the therapeutic process. Interns are not expected to disclose beyond their descriptions of reactions that have arisen in the course of therapeutic encounters.

**End of Year Evaluation**

The interns will be asked to complete an End-of-Year survey at the conclusion of the training program. This evaluation is about the program as a whole (versus specific rotations). Graduate surveys are sent to graduates of our training program so that they have opportunities to provide feedback with regard to how well the program has prepared them for work as professional psychologists.

## Training Staff

### Psychology Staff:

The Training Committee is comprised of licensed doctoral-level psychologists. All members of the Training Committee trained in APA-approved programs themselves. A brief description of each of the staff's educational history and professional interests follows:

#### *Alan Bernhardt, PhD*, Staff Psychologist, Outpatient PTSD

Dr. Bernhardt received his doctorate degree in Clinical Psychology from the University of Georgia in 1974. Dr. Bernhardt has completed two postdoctoral fellowships in family therapy and has several years experience practicing, teaching, and supervising family therapy.

He has worked for the Northampton VA Medical Center since 2003 initially as clinical director of the substance abuse treatment program and for the past four years as Outpatient PTSD Specialist, with a particular focus on the outpatient treatment of returning Operation Iraqi Freedom/Operation Enduring Freedom Veterans, utilizing cognitive processing therapy (CPT), prolonged exposure therapy (PE), eye movement desensitization and reprocessing therapy (EMDR). He also works with couples using Cognitive Behavioral Conjoint Therapy (CBCT). Prior to working for the VA Dr. Bernhardt worked in a variety of clinical settings including community mental health centers, an employee assistance program, adolescent and family clinics, and private practice, and an inpatient long-term psychiatry unit. In addition to his clinical work, Dr. Bernhardt has ten years experience teaching undergraduate psychology courses and has eleven publications in professional journals.

#### *Emily Britton, PsyD*, Staff Psychologist, Primary Mental Health Clinic (PMHC)

Dr. Britton joined the psychology staff at the VA Central Western Massachusetts Healthcare System in January, 2008. She received her PsyD from The Wright Institute in Berkeley, California, where she gained three years of experience working with acute, dual diagnosis, and geriatric patients at a community psychiatric hospital in Berkeley. Her research and community-based clinical work was focused on anxiety disorders, Asperger's Disorder, ADHD, and family therapy. As an intern at the VA Central Western Massachusetts Healthcare System, Dr. Britton also completed an ancillary placement at the Psychological Services Center at UMass, Amherst receiving supervision and practice in supervision.

Dr. Britton is currently the Intake Coordinator in the Primary Mental Health Clinic (PMHC), a co-located walk-in clinic within Primary Care, where she utilizes the Acceptance and Commitment Therapy (ACT) model and motivational interviewing. She conducts diagnostic screening, PTSD assessment, and brief therapy services. She consults with programs throughout the hospital to assist in treatment planning for Veterans requiring intensive treatment.

#### *Jennifer L. Brown, PhD*, Home Based Primary Care (HBPC) Psychologist, Health Psychology Rotation Supervisor

Dr. Brown earned her doctoral degree from the University of Florida's Department of Clinical and Health Psychology in 2005. She completed her internship training in health psychology (with a minor in neuropsychology) through the VA Connecticut Healthcare System's West Haven Campus. Her postdoctoral training occurred within both the Department of Preventive Cardiology and Psychology Testing Service at Hartford Hospital. Dr. Brown joined the VA Central Western Massachusetts Healthcare System in August 2007 as the Intake Coordinator for the Primary Mental Health Clinic.

In her current position as psychologist for the HBPC program, Dr. Brown conducts psychological and neuropsychological evaluations, completes formal capacity assessments, provides individual and couples psychotherapy, facilitates family meetings, participates in interdisciplinary team meetings, and interfaces with local agencies involved in the Veteran's care (e.g., protective services). Dr. Brown also serves as one of the supervisors for the Clinical Health Psychology rotation. In this capacity, she provides supervision for interns' individual psychotherapy clients. Dr. Brown's treatment approach combines psychoeducation, Motivational Interviewing, and Cognitive-Behavioral techniques.

**Lorraine Cavallaro, PhD**, Staff Psychologist, Manager of the Mental Health Unit, Worcester CBOC. Dr. Cavallaro received her degree in Clinical Psychology from the University of Maine and she completed her pre-doctoral internship in the VA Connecticut Healthcare System, VAMC West Haven. She holds an appointment as an Assistant Professor of Psychology, Harvard Medical School. She has published in the areas of non-verbal communication and emotional expression in schizophrenia. Her interests are currently focused on non-verbal learning disorders, particularly along the Autism Spectrum. Clinically, Dr. Cavallaro is interested in the integration and application of both psychodynamic and cognitive behavioral interventions.

**Scott Cornelius, PsyD**, Staff Psychologist, Rotation Supervisor, Inpatient PTSD Unit. After graduating from the Illinois School of Professional Psychology-Chicago, Dr. Cornelius worked for six years as a psychologist in community mental health in Colorado and Southeast Alaska. In 2004, Dr. Cornelius accepted a position as a civilian psychologist with the United States Department of Defense and was stationed in Vilseck, Germany, where he worked with military personnel involved in the Global War on Terror (GWOT). In 2006, he joined the psychology staff at the VA Central Western Massachusetts Health Care System, with a specific focus on the treatment of Posttraumatic Stress Disorder. In 2007 he stepped into his current position as the psychologist on the Specialized Inpatient PTSD Unit, where he treats Veterans with war zone-related PTSD. He continues to provide outpatient treatment as well, and runs a weekly evening walk-in therapy group for returning Veterans who are experiencing problems with post-deployment adjustment. He utilizes a mindfulness and acceptance based approach to behavioral treatment and has been a Consultant for the National VA Acceptance and Commitment Therapy for Depression rollout for the past three years. He provides trainings in ACT around the northeast. In addition to ACT, Dr. Cornelius utilizes Prolonged Exposure and recently completed level I training for iRest/Yoga Nidra, an ancient meditative practice that has been identified as a Tier I Complimentary and Alternative Medicine approach to the treatment of PTSD by the Department of Defense. He is in the process of completing a 200 hour certification program as a yoga instructor, and remains very interested in exploring the application of contemplative practices such as yoga, mindfulness and iRest to the treatment of PTSD and other problems of living.

**Ronald Delamater, PhD**, Staff Psychologist, Rotation Supervisor, Outpatient Mental Health Clinic. Dr. Delamater received his PhD in clinical psychology from Ohio University in 1986 after having completed his internship at the Palo Alto VAMC. He was a staff psychologist at the Palo Alto VA from 1986-1998, at which time he joined the staff at the VA Central Western Massachusetts Healthcare System. While at the Palo Alto VA, Dr. Delamater worked for nine years in inpatient psychiatry, including three years as a ward chief, followed by three years in an outpatient mental health clinic. He currently works full-time in the outpatient Mental Health Clinic at the VA Central Western Massachusetts Healthcare System, providing individual, couples and group psychotherapy. His clinical approaches include psychodynamic, interpersonal and cognitive-behavioral techniques.

His clinical and research interests focus on the process of individual and group psychotherapy, person perception and the supervision experience.

***Cynthia Gerrard, PhD***, Staff Psychologist, Inpatient Psychiatry

Dr. Gerrard joined the psychology staff at the VA Central Western Massachusetts Healthcare System in September 2010. She received her degree in clinical psychology from Fordham University in 1980. Her predoctoral internship was at the Long Island Jewish-Hillside Medical Center. After completing her PhD she worked at City Hospital Center at Elmhurst in Queens, NY as the psychologist on an inpatient ward. From 1988 until the time she joined our staff, she worked as a psychologist at the Charlie Norwood VAMC in Augusta, GA. While there, she was an assistant clinical professor at Medical College of Georgia. She currently works full-time with Veterans on the Inpatient Ward 4U at the VA Central Western Massachusetts Healthcare System. Her clinical interests include assessment, Social Skills training for the Seriously Mentally Ill, and Cognitive-Behavioral therapy.

***Christina Hatgis, PhD***, Staff Psychologist, Training Coordinator Worcester CBOC

Dr. Hatgis provides assessment, individual, and group psychotherapy for depression, anxiety, substance abuse, and PTSD, along with offering consultative services, such as triage / risk assessment. She is trained in structured therapies for PTSD, mood, and substance abuse disorders, including CPT, PE, ACT, and MI. Her research interests include therapist factors in mental health services and treatment for road-rage. Currently she collaborates with a team from the National Center for PTSD in Boston on research to assess the reliability and validity of the TeleCAPS, a live video CAPS interview for PTSD assessment. She completed her PhD at Clark University in 2006, internship at the Boston VA Consortium in 2005, and post-doctoral fellowship at Brown University / Providence VAMC in 2007, focusing on PTSD, substance abuse disorders, and HIV/AIDS assessment, treatment and prevention. She supervises practicum students and interns, and has provided workshops for postdoctoral fellows on professional licensure.

***Jennifer Joyce, PsyD***, Staff Psychologist, Substance Use Disorders Clinic

Dr. Joyce joined the psychology staff as the PTSD/SUD psychologist in January 2009. She received her degree in clinical psychology from the University of Hartford in Connecticut, where she primarily gained academic and clinical experience providing Cognitive-Behavioral therapy for anxiety disorders and substance use disorders in outpatient and inpatient settings. Her dissertation focused on the subjective experience of individuals with obsessive-compulsive disorder. Her work with World Trade Center and Hurricane Katrina survivors contributed to her growing interest in the treatment of PTSD and trauma-related issues. Dr. Joyce works with the inpatient and outpatient PTSD programs and the Substance Abuse Treatment Program to ensure integrated treatment and continuity of care. She is dedicated to the dissemination of Evidence-Based Psychotherapies and serves as the facility's local Evidence-Based Psychotherapy coordinator and a national VA consultant for Prolonged Exposure Therapy for PTSD. Dr. Joyce is one of the supervisors for the evidence-based psychotherapies for PTSD ancillary rotation.

***Michelle Mattison, PsyD***, Staff Psychologist, Rotation Supervisor, Acute Psychiatry Unit

Dr. Mattison obtained her doctorate degree from the California School of Professional Psychology - Alameda in 1999 and her undergraduate degree from Smith College in 1989. Her dissertation research was on ego development in female characters in best-selling fiction. In addition to working with

severe and persistently mentally ill, she is interested in psychological assessment, geriatric, and health psychology.

***Jeffrey McCarthy, PsyD***, Supervisory Psychologist, Program Manager for CBOCs

Dr. McCarthy is the Program Manager for Outpatient Mental Health Services provided at the five Community Based Outpatient Clinics (CBOCs) of the VA Central Western Massachusetts Healthcare system. He also provides clinical services in the Mental Health Clinic at the Springfield CBOC including individual and group psychotherapy, as well as psychological and neuropsychological assessment services. He previously worked as the psychologist on the TBI/Polytrauma team, and has provided numerous lectures in a number of venues in the local area on the subject matter, and has been actively involved on the OEF/OIF Interdisciplinary Team tasked with improving the integration of Mental Health and Primary Care. He received his doctoral degree in Clinical Psychology in 2004 from the Adler School of Professional Psychology in Chicago, while also completing a specialty in Neuropsychological Assessment. He completed his internship training at the VA Central Western Massachusetts Healthcare System, and a portion of his postdoctoral training in the Psychosocial Rehabilitation Fellowship program at the West Haven VAMC. He then worked for almost two years at Neuro-Psychology Associates of Western Massachusetts evaluating and treating patients with various neurological conditions, including traumatic head injuries, progressive dementing disorders, and neurobehavioral disorders, before returning to the VA Central Western Massachusetts Healthcare System.

***Rebecca Noll, PhD***, Staff Psychologist, Local Recovery Coordinator

Dr. Noll received her degree from Wayne State University in 1982. She was a staff psychologist at Rehabilitation Institute and a clinical treatment coordinator at Michigan Osteopathic Medical Center in Detroit prior to her employment as a staff psychologist in the Mental Health Clinic at Allen Park VA from 1985-1989. Dr. Noll worked at Battle Creek VA from 1989-2007. She was a staff psychologist on inpatient psychiatric units from 1989-1991 and, subsequently, held administrative positions including that of Chief, Psychology Service from 2002-2007. She had the collateral assignment of Coordinator for Research and Development for Battle Creek VA from 1993-1996. Her clinical roles at Battle Creek VA from 1989-2007 included serving as a psychologist on an inpatient psychiatric ward for male Veterans with psychotic disorders, on the women's inpatient psychiatric ward, on Palliative Care Unit, and in Primary Care, and serving as Smoking Cessation Coordinator. She joined the staff at VA Central Western Massachusetts Healthcare System in July 2007 as Local Recovery Coordinator. Her orientation to psychotherapy is cognitive-behavioral.

***Henry Rivera, PsyD***, Supervisory Psychologist, Program Manager for Outpatient Mental Health

Dr. Rivera was awarded his PsyD in 2004 by the University of Hartford. Prior to joining our staff, he managed the substance use treatment program at the Carson Center for Adults and Families, a community mental health center in Westfield, MA, where he also completed his predoctoral internship. Since then, he has also worked at Noble Hospital's Partial Hospitalization Program in Westfield, as a clinical supervisor for the Mental Health Counseling graduate program at Westfield State College, and at his former private psychotherapy practice in Westfield. He was Director of the Substance Use Disorders Clinic at our Northampton Campus from 2008-2012 where he trained clinicians in Motivational Interviewing, conceptualizing cases using the Stages of Change Model, and in providing Solution-Focused Brief Therapy. He also has training and experience with Dialectical Behavior Therapy, treating domestic violence offenders, and Client-Directed Outcome-Informed (CDOI) therapy and supervision.

**Miriam L. Rubin, PhD**, Staff Psychologist, Worcester Community Based Outpatient Clinic (WOPC) Dr. Rubin received her PhD in Clinical Psychology from the University of Missouri-Columbia. She provides diagnostic assessment, individual and group psychotherapy to the diverse population of veterans served by the WOPC. Dr. Rubin has VA training in CPT, EMDR, Seeking Safety and CBT-I. Dr. Rubin's interest in sleep disruption related to psychological trauma led her to establish the Sleep Disorder Program at WOPC, which offers evidence-based treatment of insomnia and nightmares, including CBT-I, IRT and ERRT. She developed the Managing Anger Program, a series of workshops that combine psycho-educational and experiential techniques. She has provided staff trainings in anger management and the prevention of violence in clinical settings, including PMDB. She served as the primary supervisor to pre-doctoral psychology interns for 19 years. She has also trained students in the provision of various behavioral health programs, including smoking cessation and stress reduction. Dr. Rubin is a Clinical Instructor in Psychology, Department of Psychiatry, Harvard Medical School.

**Mark Schneider, PhD**, Primary Care Psychologist, Health Psychology Rotation Supervisor Dr. Schneider graduated from Loyola University of Chicago in 2000. Prior to joining our staff, he served as coordinator for the Psychosocial Rehabilitation and Recovery Center and Compensated Work Therapy programs at the Jesse Brown VA Medical Center in Chicago, Illinois. In addition to his prior VA experience treating Veterans with serious mental illness, Dr. Schneider's clinical interests include health psychology, consultation and liaison with primary care, group/family psychotherapy, and supervision of psychology and medical students. He formerly served as a staff psychologist, consultant to specialty clinics, and Director of Clinical Training in the Mount Sinai Hospital Medical Center in Chicago for several years. This community mental health program located in a hospital setting specialized in the treatment of abused and neglected children and their families. Dr. Schneider's clinical approach is integrative, and incorporates elements of psychodynamic, Motivational Interviewing techniques within a recovery-oriented framework.

## **Trainees**

### **Doctoral Programs of Recent Interns**

- Adler School of Professional Psychology – Chicago
- Alliant International University/California School Of Professional Psychology – San Diego, Alameda, Los Angeles
- Antioch/New England Graduate School
- Argosy University-Atlanta
- Boston College
- Chicago School Of Professional Psychology
- Florida Institute of Technology
- Idaho State University
- Illinois School of Professional Psychology
- Lehigh University
- Massachusetts School of Professional Psychology
- Michigan State
- Minnesota School of Professional Psychology

- Roosevelt University
- Rutgers University
- State University of New York – Albany
- Suffolk University
- University of Albany
- University of Denver
- University of Hartford
- University of Maine
- University of Massachusetts
- University of Memphis
- University of Missouri – St. Louis
- University of Rhode Island
- University of South Dakota
- University of Tennessee
- University of Vermont
- University of Virginia
- University of Wisconsin – Madison
- Virginia Consortium
- Wright Institute
- Yeshiva University

#### **Placements of Recent Interns**

- Austin Riggs, Stockton, MA
- Bay State Hospital, Springfield, MA
- Bedford VA Medical Center (Post-Doc), Bedford, MA
- Behavior Therapy and Psychotherapy Center, University of Vermont, Burlington, VT
- Boston College Counseling Center (Post-Doc), Boston, MA
- Career Development Center of SUNY at Albany, Albany, NY
- Child Guidance Clinic, Springfield, MA
- Cutchin's Institute, Northampton, MA
- Fletcher Allen Health Care, Burlington, VT
- Institute of Living, Hartford, CT
- Little Rock VAMC, Little Rock, AR
- Lumberg Elementary School, Lakewood, CO
- Menninger Clinic (Post-Doc), Topeka, KS
- MultiCare Health System/Good Samaritan Hospital, Puyallup, WA
- Neuropsychology Associate's of Western Massachusetts, Springfield, MA
- Pain Clinic, Portland, OR
- ServiceNet Inc., Northampton, MA
- Tarzana Treatment Center, Tarzana, CA
- The Weight Center, MA General Hospital, Boston, MA
- Togus VA Medical Center (Post-Doc), Togus, ME
- University of New Haven Counseling Center, West Haven, CT

- University of Rochester's Mt. Hope Family Center, Rochester, NY
- VA Central Western Massachusetts Healthcare System, Northampton, MA  
\*We have proudly hired multiple interns as full-time staff
- Wayne County Behavioral Health Network, Rochester, NY
- West Haven VA Medical Center (Post Doc), West Haven, CT

## **Local Information**

### **About Western Massachusetts**

The greater Northampton area consists of several small towns with big city offerings. Although a city of 50,000 in population, the Northampton area contains many rural features and large public parks. The easy accessibility of the University of Massachusetts at Amherst, Amherst, Smith, Hampshire and Mount Holyoke Colleges allows area residents access to theater, movies, concerts and a variety of other cultural events. The local communities have a large college population and a bus system that regularly connects with each of the colleges in the area. The greater Springfield area is approximately 25 minutes away and offers major city events, Civic Center performances, and professional sports. Boston is within 90 minutes from the Northampton area. New York City is approximately four hours away. Albany, New York is within two hour's drive. The Berkshires, with winter skiing and summer festivals of dance, art, and concert series is less than one hour away.



### **Transportation**

Air transportation by all major airlines is provided from Bradley International Airport, located near Hartford, Connecticut. Interstate highway Route 91 follows the Connecticut River from the airport to Northampton, a drive of approximately one hour.

### **Housing**

The presence of such a high college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.

### **Recreational Facilities**

Northampton is within easy driving distance of numerous lakes, streams, and rivers. Many mountain hiking trails are easily accessible, including the Appalachian Trail. Some of the best ski areas in the East are within a 100-mile radius. The Atlantic Coast is a two-hour drive away, offering visitors opportunity for saltwater fishing, boating, and swimming. Several well-maintained and challenging golf courses are located in or near Northampton.