

POSTDOCTORAL CLINICAL PSYCHOLOGY FELLOWSHIPS

DEPARTMENT OF VETERANS AFFAIRS
NEW YORK HARBOR HEALTHCARE SYSTEM
MANHATTAN CAMPUS

PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE

423 EAST 23RD STREET
NEW YORK, NEW YORK 10010
(212) 686 7500, Ext. 7698

Revised September 2016
for the 2017-2018 Training Year

***PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS FRIDAY,
DECEMBER 23, 2016 5:00PM EST***

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GENERAL INFORMATION

The Manhattan campus of VA New York Harbor Healthcare System offers advanced postdoctoral training that builds upon the general knowledge, skills, and competencies of clinical psychology. Our program provides opportunities to develop advanced general clinical skills as well as specific competencies within the following 3 areas of emphasis:

1. Clinical Health Psychology and Interprofessional Training in Primary Care
2. Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care
3. PTSD, Interprofessional Training, and OEF/OIF/OND Veterans

IMPORTANT: We ask that you only apply to ONE of these three tracks, based upon your primary professional interest. Each of our postdoctoral tracks are intended for trainees who wish to pursue advanced training and a career path that is specifically related to the area of emphasis.

For General inquiries regarding our postdoctoral fellowship program, please contact:

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New York, NY 10010
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Specific Information about each training track can be found later in this brochure or by clicking on the following links:

[Track 1: Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care](#)

[Track 2: Emphasis in Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care](#)

[Track 3: Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans](#)

Please contact the program lead listed in each track's brochure if you have specific questions about that track. What follows is a general description of our postdoctoral program and application procedures that is relevant to all 3 training tracks.

Accreditation Status

The Postdoctoral Fellowship program at the VA New York Harbor, Manhattan campus is currently in the process of applying for APA accreditation.

Application & Selection Procedures

General Qualifications

Eligible candidates must:

- be a U.S. citizen.
- be a student in good standing in an APA-accredited Clinical or Counseling psychology doctoral program, or
- have completed a doctoral degree, including dissertation defense, from an APA-accredited Clinical or Counseling Psychology program prior to the start date of the fellowship. Note: Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible to apply.
- successfully complete an APA-accredited psychology internship.

We strongly encourage applications from candidates from underrepresented groups. The Federal Government is an Equal Opportunity Employer.

Applicants must be willing to submit to the government's drug testing procedure for Federal employees and consent to a background check if requested.

Application Procedure

To apply for our postdoctoral Fellowship, please submit the items listed below.

We are a member of APPIC (member code 9151) and we participate in the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA-CAS).

<https://appicpostdoc.liasoncas.com/applicant-ux/#/login>

Please submit all application materials through the APPA-CAS portal. All application materials must be received by Friday, December 23, 2016, 5:00 pm Eastern Standard Time.

1. A cover letter that describes your training and career goals and how the features of the specific training track to which you are applying will facilitate the realization of these goals.
 - Track 1: Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Health Psychology.

- Track 2: Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Geropsychology and Health Psychology.
 - Track 3: Please also describe your experience with trauma-related interventions, particularly evidence-based psychotherapies, as well as your research/scholarly experience.
2. Curriculum Vitae
 3. Three letters of recommendation. At least one of these must be from an internship supervisor.
 4. A personal statement that addresses the following question; please limit your response to 500 words:
 - Track 1: Please describe a clinical or personal experience that was particularly meaningful to you in your development as a health psychologist, and discuss why.
 - Track 2: Please describe a clinical or personal experience that was particularly meaningful to you in your development as a geropsychologist/health psychologist, and discuss why.
 - Track 3: Please describe a clinical experience that was particularly meaningful to you and contributed to your interest in PTSD/trauma work.
 5. Official graduate school transcript
 6. An abstract of your dissertation (if completed) or a letter from your dissertation chairperson describing your dissertation status and timeline, if you have not yet completed your graduate degree.
 7. A letter from your current Internship Training Director confirming that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship was already completed, a copy of your pre-doctoral internship certificate. Your letter or certificate can be uploaded by you as an additional document through the APA CAS portal.
 8. Optional: Abstracts of your publications (e.g., peer-reviewed articles, book chapters).

Selection and Interview Process

All completed applications are reviewed by the postdoctoral Training Committee. Based on a systematic review of all applications, a subset of candidates will be invited to interview on the following dates:

Track 1 (Health/Primary Care): January 19 & 20, 2017

Track 2 (Geropsychology): January 19 & 20, 2017

Track 3 (PTSD): January 23 & 24, 2017

Please wait to hear from us regarding whether we will be able to offer you an interview. We aim to notify all applicants regarding their interview status by the end of the second week of January.

Interviews may be held on-site, by telephone, or by video conference. No preference is given to applicants who interview in person. Given the expense and logistical difficulties involved in traveling for out-of-town applicants, we strongly recommend either phone or video interviews.

The program adheres to the APPIC policy that no person representing this training program will offer, request, accept, or use any ranking-related information from any postdoctoral applicant or graduate program. Please note that we adhere to the APPIC uniform notification policy: we will make offers on the date selected by APPIC for 2017 (10:00 AM Eastern Time on Monday February 27, 2017). An applicant receiving an offer will be allowed to hold the offer for 24 hrs.

Prior to the uniform notification date, we will consider making a reciprocal offer if our top applicant receives a bona fide offer from another postdoctoral training program. While we make every effort to complete all interviews as early in the year as possible, we reserve the right to make a reciprocal offer in the exceptional circumstance that an applicant we consider to be the top candidate gets another offer prior to the completion of our interview process.

Policies

The VA New York Harbor postdoctoral Fellowship program complies with all guidelines set forth by the Association of Psychology, Postdoctoral, and Internship Centers (APPIC). These policies can be accessed at the APPIC website www.appic.org.

The Fellowship program also abides by all American Psychological Association guidelines and requirements. APA can be contacted at:

Office of Program Consultation and Accreditation
Education Directorate
American Psychological Association
750 First Street, NE
Washington, DC, 20002-4242.
(202) 336-5979
www.apa.org/ed/accreditation

Psychology Setting

The Medical Center at the VA NY Harbor Manhattan campus consists of a modern, air conditioned 18 story building overlooking the East River and a newer 6-story clinical addition containing Mental Health, various medical clinics, and surgery suites. It is located on East 23rd Street at First Avenue in Manhattan, adjacent to the New York University and Bellevue Medical Centers. The Medical Center is fully accredited by the Joint Commission on Accreditation of Hospitals and is a full service teaching hospital providing comprehensive coverage of all medical, surgical, and dental specialties. A Dean's Committee supervises the various approved training programs. In addition to Psychology postdoctoral Fellowship, internship, and externship training programs, the Medical Center maintains residencies in all medical specialties and subspecialties, almost all of which are fully integrated or affiliated with New York University Bellevue. Many additional training programs are offered in the nursing and allied healthcare professions such as Social Work, Physical and Occupational Therapy, Audiology, Nutrition, and Pharmacy. The varied and numerous training programs allow for a rich interaction between Psychology postdoctoral fellows and the multiplicity of other disciplines, most notably medical and psychiatric residents and fellows. Our affiliation with NYU Medical Center and proximity to a multitude of hospitals and health-related institutions within New York City provides for unlimited educational opportunities.

The Mental Health Service is comprised of psychiatrists, psychologists, social workers, and rehab specialists under the overall leadership of the Associate Chief of Staff for Mental Health. Psychology maintains a staff of 23 doctoral psychologists who are involved in a large number of mental health and medical programs throughout the medical center. Examples include outpatient Mental Health, Primary Care/PACT (Patient Aligned Care Team), inpatient Psychiatry, PTSD, Substance Abuse, Returning Iraq and Afghanistan Vets, Psychosocial Rehab, Neuropsychology, Rehab Medicine and Polytrauma, Memory Disorders Clinic, Geriatric Medicine, HIV/Infectious Disease, Palliative Care, Oncology, Diabetes Clinic, Renal Dialysis, and Transplant.

Additionally, New York City is one of the world's cultural and restaurant capitals which, combined with access to recreational facilities in the nearby area including beaches, sports, parks, and natural settings, provides for an outstanding quality of life. The diversity of cultures, ethnicities, and neighborhoods makes New York an endlessly fascinating place to explore.

Patient Population

VA New York Harbor Healthcare System provides inpatient and outpatient mental health services to both male and female veterans. While many veterans seen are adult males, a significant and increasing number of female veterans are seen as well. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a wide variety of racial, ethnic, and cultural backgrounds. Our population presents with a broad range of clinical problems and psychopathology. Patients include veterans who have served during World War II, the Korean War, the Vietnam War, the Persian Gulf War, and most recently, those returning from Operation Iraqi Freedom (OIF), Operation New Dawn (OND; Iraq), and Operation Enduring Freedom (OEF; Afghanistan). We also provide care for veterans who have served during peacetime. We are committed to providing multiculturally competent training for our interns and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We are fortunate to be located in New York City, and our patient population includes African-American, Latino, Caribbean-American, Asian, and Caucasian veterans of both genders

and LGBT orientations. Fellows learn how factors such as race, ethnicity, culture, gender, sexual orientation, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds.

Training Model and Program Philosophy

Our postdoctoral fellowship program embraces a practitioner-scholar philosophy, with a strong emphasis on clinical practice that is informed by scientific inquiry, critical thinking, and active, collaborative learning. We emphasize the integration of science and practice in all facets of our program, including clinical training assignments, supervision, and didactics. It is our philosophy and conviction that a successful training program is one in which both staff and fellows learn from each other and grow together. Therefore, our fellowships employ an apprenticeship method in teaching clinical skills and fostering professional growth. At the same time, we make every effort to promote the fellow's creativity, autonomy, and unique clinical style in recognition of her/his postdoctoral professional status. Our training faculty highly value collegiality and mutual support, and this attitude fully extends itself to the postdoctoral fellow. Providing care to patients in a large metropolitan multicultural and multiethnic environment, we strongly emphasize and value multicultural competence, and this infuses all aspects of the fellow's training experience. Likewise, we value a welcoming attitude and compassionate treatment for our veterans; supervisors model and prioritize this attitude and demeanor in all interactions with patients.

Early in the training year, fellows work most closely with supervisors in order to immerse themselves in the clinical environment and culture as well as increase clinical and professional skills. Fellows and supervisors will develop a sequence of assignments for the year based upon both training priorities and fellows' particular interests and goals. As the year progresses, fellows take on an increasing level of autonomy and independence as befits early career professionals and colleagues.

The typical workday for postdoctoral fellows is varied and resembles that of staff psychologists. On a daily basis, fellows may see patients for treatment or evaluations in their regular clinic or as part of a specialized rotation; attend team meetings; attend or present to a seminar, case conference, or journal club; provide supervision for a trainee; and receive one's own supervision. Please see program brochures for each postdoctoral track for additional information.

Program Aims & Competencies

The Fellowship program's overall aim is to prepare ethical and culturally sensitive future leaders in Clinical Psychology with the requisite skills and knowledge to develop, implement, and evaluate the provision of psychological services in hospital and other settings. Toward this end, we embrace a competency-based training model that incorporates the following general areas:

- Overall areas of competency (from APA Standards of Accreditation for Postdoctoral Fellowships):
- Integration of science and practice
- Individual and cultural diversity
- Ethics and legal

In addition, we expect fellows to develop advanced competency in psychological assessment, diagnosis, and intervention as well as skills specific to each area of emphasis (see details in descriptions for each training track).

Supervision

Fellows will receive a minimum of 2 hours (typically more) of weekly scheduled individual supervision. Please see program brochures for each postdoctoral track for additional information. Fellows will be encouraged, in addition to acquiring clinical skills and knowledge, to devote considerable thought to further developing their own professional identity, orientation, and goals over the course of the postdoctoral Fellowship. Regular individual and group mentoring meetings on professional development and “supervision of supervision” are provided. Supervisors will also assist the fellow in considering and articulating conceptual and evidence-based rationales for clinical decisions and planning.

Evaluations and Requirements for Completion

Fellows are required to complete a 12-month, 2080-hour postdoctoral Fellowship, minus approved annual, sick, and administrative leave. To remain in good standing, fellows are expected to maintain satisfactory progress toward training and didactic requirements; to adhere to professional standards of practice, demeanor and responsibility; maintain adequate workload and timely documentation; and adhere to APA ethical guidelines and HIPPA regulations, particularly in the areas of confidentiality and ethical treatment of patients.

Fellows receive a written competency-based evaluation instrument at the end of each training block (see Appendix A, p. 40, at the end of this brochure for examples of all evaluation forms). Ratings are linked to behavioral anchors related to increasing levels of independence and practice. Supervisors meet with fellows as part of the formal evaluation process to discuss the content of these evaluations and assure mutual agreement and understanding regarding evaluative content. Supervisors also provide continual informal feedback in the course of ongoing supervision throughout the Fellowship.

Postdoctoral fellows also complete written evaluation forms for all supervisors. Additionally, fellows meet with the Training Director for an extended exit interview at the end of the training year to provide qualitative feedback regarding specific training experiences, any other aspect of the fellowship program, and suggestions for future planning.

Criteria for graduation from the program include the following:

- Passing ratings on all formal evaluations, as follows:
- Ratings of 4 (minimal supervision needed, postdoc mid-level) or higher for major rotation at mid-year
- Ratings of 5 (no supervision needed, advanced postdoc level) for major rotation at end of year
- Ratings of 3 (postdoc entry level) or higher for minor rotation/new skill area at mid-year
- Ratings of 4 or higher for minor rotation/new skill area at end of year
- Completion of clinical, documentation, didactic, and administrative requirements
- Completion of Fellowship Project (Tracks 1 & 2 only)

Facility and Training Resources

Postdoctoral fellows are assigned offices located within proximity of other staff psychologists. Offices are fully equipped with desk, locked file/storage space, and personal computer that accesses the VA Computerized Patient Record System (CPRS) and is equipped with word processing, and other software packages including internet access, and email (statistical software such as SPSS is available). Fellows will be able to see patients in their offices and also have use of computer-equipped offices or exam rooms within the Primary Care or PCT clinics (as appropriate) in which to see patients. The Psychology Service maintains a collection of testing instruments and equipment that are available as needed, as well as a selection of computer-based instruments. A program support associate dedicated to their primary clinic assignment is available for the fellow. The medical center maintains an excellent Medical Library which provides Medline and PsychInfo searches and full interlibrary access to books and journal articles. NYU Medical School Library is also a short walk away.

Administrative Policies and Procedures

Time Requirements

Our fellowship program is a one-year experience, beginning on or about September 1 and ending on or about August 31 (depending upon biweekly pay period dates). Fellows are expected to work a 40-hr. week, accumulating 2080 hours over 12-months, minus approved annual leave, sick leave, and approved absence for training and education. The fellow's training may be extended due to unexpected illness, parental leave, etc. to successfully complete the program. Issues related to extended leave are determined on a case-by-case basis; typically, interns must use all accrued sick and vacation time and then go on Leave Without Pay status until they are able to return to the program. Our fellowship program meets experience requirements for New York state psychology licensure (i.e., one year or 1750 hours of supervised postdoctoral experience).

Stipend

The annual stipend is \$47,804 paid over 26 biweekly pay periods.

Benefits

VA fellows are eligible for health, dental, and vision insurance (for self, married spouse, and legal dependents), just as are regular employees. Onsite urgent medical care is also available for free through Employee Health. As temporary employees, fellows may not participate in VA retirement or insurance programs. State and federal income tax and FICA (Social Security) are withheld. When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Holidays and Leave

Fellows accrue 4 hours annual and 4 hours sick leave for each two-week pay period for a total of 13 vacation and 13 sick days per year. In addition, fellows receive 10 paid Federal holidays. Requests for educational leave (approved absence) are granted for participation in conferences, conventions, or special outside trainings up to 40 hrs. (5 days).

Due Process Statement

The training staff and director attempt to address all problems and complaints at the lowest possible level in a manner that is most supportive to all parties, utilizing formal procedures only when standard supervisory approaches have proven unsuccessful in resolving an issue. The Fellowship training manual which fellows receive at the beginning of training outlines specific policies regarding grievance options and procedures, due process with regard to fellow performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically. Please see Appendix B for our policies regarding due process, remediation, and grievance procedures.

Collecting Personal Information

Our privacy policy is clear: We will collect no personal information about you when you visit our website.

TRACK 1: EMPHASIS IN CLINICAL HEALTH PSYCHOLOGY AND INTERPROFESSIONAL TRAINING IN PRIMARY CARE

Program Lead:

Marc Goloff, Ph.D., ABPP

Mental Health (11M)

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APPLICATIONS DUE: FRIDAY, DECEMBER 23, 2016 5:00 EST

The Manhattan campus of VA New York Harbor Healthcare System offers two positions in a one-year postdoctoral **Fellowship in Clinical Psychology with an Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care**. The medical center has implemented the Patient-Centered Medical Home model for primary care service delivery, as has been occurring throughout the VA nationwide. We firmly believe that the seamless integration of physical and mental health embodied by the Medical Home model represents the state of the art in patient care and we wish to train future psychology leaders to further the growth of this invaluable paradigm.

Our postdoctoral Fellowship was among those first selected within VA nationally to receive ongoing funding through the VA Interprofessional Mental Health Expansion Initiative. We have implemented a new and innovative component to our training model that emphasizes clinical and didactic interprofessional training opportunities involving Psychology, Social Work, Chaplaincy, and Medicine trainees working collaboratively. This training paradigm models the type of collaboration and interprofessional understanding that is critical to fully achieving the potential envisioned by the Medical Home model.

These two postdoctoral fellowship positions are specifically intended for trainees with a career interest in specialized training to function as a psychologist within an integrated Primary Care medical setting.

Specific Qualifications

The postdoctoral Fellowship program seeks applicants with some prior training in health psychology and experience working in the primary care setting. Due to the primarily clinical nature of the Fellowship, prior training and supervised experience in conducting individual and group psychotherapy as well as clinical interviewing and diagnostic assessment is essential. Additionally, prior training and experience utilizing cognitive-behavioral therapeutic approaches are highly desired due to its centrality in many short-term health psychology interventions.

Specific Health Psychology Competencies:

The overall goal of the Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care track is to prepare ethical and culturally sensitive future leaders in Clinical Health Psychology with the requisite skills and knowledge to develop, implement, and evaluate

provision of psychological services in hospital and other settings and, specifically, within the Primary Care medical setting. Toward this end, we embrace a competency-based training model that incorporates the goals and objectives described below.

- Demonstrate competence and understanding related to interprofessional collaboration in patient care and consultation, including knowledge of the roles, needs, specific contributions, and potential limitations of other disciplines within the PACT medical home, particularly Social Work and Medicine.
- Demonstrate skills in consulting and contributing a mental health perspective through participation in interdisciplinary Patient-Centered Medical Home team meetings, “curbside” consultation with medical providers, or conjoint patient contacts with medical providers such as behavioral consultations.
- Demonstrate proficiency in selecting and applying evidence-based treatments for common problems presenting within the Primary Care setting such as depression, anxiety, substance abuse, sexual dysfunction, illness adjustment, and treatment adherence issues. Examples of treatment approaches include: cognitive behavioral, psychodynamic, interpersonal therapy, motivational interviewing/enhancement, problem-solving treatment, behavioral activation).
- Demonstrate basic proficiency in specialized treatment interventions (e.g., smoking cessation, sleep hygiene, weight loss, cognitive behavioral therapy for pain, biofeedback, mindfulness-based approaches).
- Demonstrate proficiency with group modalities within the Primary Care setting (e.g. psychoeducational, supportive, psychotherapeutic).
- Demonstrate proficiency in conducting brief (“same-day triage”) and full psychological evaluations appropriate to the Primary Care setting.
- Demonstrate proficiency in choosing brief assessment instruments relevant to presenting problems within the Primary Care setting.
- Complete at least four specialized psychological evaluations for procedures such as organ replacement, bariatric surgery, or interferon therapy for hepatitis.
- Demonstrate skill and flexibility in treatment formulation and clinical time management (including session length and treatment duration) according to patient needs and the demands and characteristics of the Primary Care setting.
- Demonstrate the ability to conduct specialized inpatient Consultation/Liaison evaluations and interventions, report to C/L team members, and consult with hospital medical staff.
- Increase knowledge of the clinical and research literature related to Health Psychology within the Primary Care setting, particularly the emerging integration of mental health and the Patient-Centered Medical Home.
- Complete a research-related Fellowship Project (e.g., small empirical investigation such as outcome study, literature review, performance improvement project, needs assessment, program evaluation).
- Demonstrate teaching and supervisory skills through in-service training to Medical Home team, teaching 2-3 intern seminars, and supervising at least one junior trainee (intern or extern).
- Demonstrate multicultural and ethical competence as evidenced by consult reports, treatment notes, supervisory discussions, treatment decisions and interventions.

Program Structure

The typical workday for the postdoctoral fellow is varied and resembles that of staff psychologists. The fellow may see Primary Care outpatients for treatment or evaluation

appointments in the Primary Care clinic or specialized rotations; provide scheduled coverage for same-day brief evaluation access to patients for whom a mental health need arises during their medical appointment; participate in a PACT (Patient Aligned Care Team) or other team meeting; attend or present to a seminar, case conference or journal club; provide supervision for a trainee; and receive one's own supervision.

Primary Care Mental Health Integration will be the locus of a majority of the fellow's training. In addition to the two postdoctoral fellows, a staff of 5 psychologists, 1 psychiatrist, 1 care manager, 2 psychology interns, 2 psychiatry residents, and 1 psychiatry fellow provide mental health services to the Primary Care Clinic and will be colleagues of the fellows. We enjoy strong support from Primary Care medical leadership and are heavily involved with multiple treatment areas and programs. We also have a third Psychology postdoctoral fellow working within Geriatric and Home Base Primary Care PACT teams, with which the two Primary Care fellows will interact regularly.

Overview of Training Program and Training Experiences

The postdoctoral Fellowship consists of a combination of year-long required assignments and briefer training blocks, two lasting approximately 4½ months each and a third that lasts 2 months (inpatient Consultation/Liaison), some required and some elective. The fellow has the opportunity to extend one or more rotations if that area represents a major interest. Responsibilities will include evaluation and assessment; individual and group therapies; team participation and consultation; behavioral consultations and shared medical visits with medical providers, didactics; teaching and supervision; and a Fellowship project.

Required Training Experiences

1. Primary Care Mental Health Integration/Patient Centered-Medical Home (year-long)

The fellow will affiliate with at least one "PACT" (Patient Aligned Care Team), which is the designation for a treatment team within the Patient Centered-Medical Home model implemented throughout Primary Care. Extended teams consist of physicians or nurse practitioners, nurse care manager, nurses, social worker, psychologist, pharmacist, nutritionist, and clerical staff. Patients are treated by a specific team and get to know and be known by these providers. The postdoctoral fellow will consult with the PACT and, with supervision, review and respond to patient mental health issues as they arise. This could take the form of discussion in team meetings, curbside informal consultation, brief "same day" or full evaluation, or short and longer term psychological intervention as indicated.

Additionally, postdoctoral fellows will participate in behavioral consultations, wherein a behavioral health provider sits in with a medical provider (usually a medical resident) and patient to jointly address such issues as lack of adherence or self-care, communication problems, poor understanding or comprehension, and psychosocial barriers affecting the patient's medical care. In this arena, the trainee acts as a consultant with both provider and patient to facilitate treatment and/or health prevention goals. Postdoctoral fellows will also participate in "shared medical visits," focused on a specific medical problem such as diabetes, in which an interdisciplinary team including Medicine, Nursing, Psychology, and Pharmacy team-teach a group of patients to provide concentrated education and individually triage patients. Both of these clinical activities represent important examples of the interprofessional training component to the fellowship.

2. Patient Evaluation and Assessment (year-long)

The postdoctoral fellow will be trained in and provide a range of assessment modalities. These will include: brief “same day triage” assessments in conjunction with a patient’s medical appointment, scheduled full psychological evaluations tailored to the primary care environment, and specialized psychological evaluations: kidney, liver, or bone marrow transplant; bariatric surgery; Interferon therapy for hepatitis.

3. Outpatient Individual Psychotherapy

The fellow will carry a caseload of short-term individual therapy cases from Primary Care or specialty clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. The option is also available to treat 1-2 longer-term psychotherapy cases as well. Treatment will emphasize evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, motivational interviewing/enhancement and substance abuse intervention, specialized CBT for chronic pain, and biofeedback. Longer-term cases may incorporate CBT, psychodynamic, or interpersonal approaches.

4. Group Psychotherapy and Psychoeducation

Fellows will lead or co-lead at least one outpatient group during the year. Coverage of the Relaxation/Mindfulness Group (year-long, Mondays, 11:00-12:00, 17 West Conference Room) is usually provided by at least one of the fellows. Coverage of the Oncology Cancer Support Group (every other Tuesday 11:00-12:00, or every other Wednesday, 10:00-11:00; both on 12 South, Infusion Room) is also usually provided by one of the fellows. Other options for group therapy include:

- Living Better With Chronic Pain
- Diabetes Support Group
- Connections Group
- Or, the fellow may start his/her own group based upon a particular clinical interest or assessed need

5. Teaching and Supervision (year-long)

An important aspect to transitioning from student to independent professional is the acquisition of teaching and supervisory skills. Fellows will be expected to teach at least 2 psychology intern seminars, supervise interns in facilitating a health-related psychoeducational group, supervise intern intake evaluations, provide CBT supervision and seminars to externs, present in the Topics in Health Psychology seminar and case conferences, and take part in teaching and consultation to the Primary Care medical teams along with the Health Behavior Coordinator (a psychologist who works with PACT teams and focuses on modifying health behaviors and treatment adherence). Supervisors will mentor the fellow on preparation and presenting skills as appropriate.

6. Didactic seminars, conferences, and other meetings (year-long):

- PACT staff meeting (monthly)
- Interprofessional Training seminars (monthly)

- Interdisciplinary Psychosomatic Medicine seminars with Consultation/Liaison Psychiatry fellows (weekly)
- Psychology Case Conference (monthly)
- Internship Training Committee (monthly)
- PCMH Staff Meeting (weekly)
- PACT Extended Team Meeting (weekly)
- Externship Training Committee (monthly)
- PACT Resident Extended Team Meeting (weekly)
- Supervision of Supervision Didactics (monthly)
- Topics in Health Psychology Seminar (weekly)
- Psychology Intern seminars (twice per week, optional)
- Medical Ethics Team meetings (monthly, optional)
- VA NY Harbor Mental Health Grand Rounds (biweekly, optional)
- NYU Psychiatry Grand Rounds (weekly, optional)
- In-service trainings for Primary Care attendings and/or medical residents (periodic)

7. Fellowship Project (year-long)

The fellow is expected to develop and complete a scholarly or other professional development project over the course of the fellowship year. Possible projects include: a small empirical investigation, literature review, performance improvement project, needs assessment, or program evaluation. Available empirical research opportunities include but are not limited to: needs assessment and outcome evaluation within Primary Care Patient-Centered Medical Home (collaborating with the Health Behavior Coordinator), Dementia Caregiver Support Project, Primary Care Mental Health Integration outcomes, women's health research, the application of a brief cognitive screening within Primary Care and its relation to patient adherence, Oncology psychological intervention outcomes, diabetes intervention outcomes, or the postdoctoral fellow's own project.

Minor Rotations

Fellows will select two minor rotations, each lasting approximately 4½ months from the options listed under "A" below. Fellows will also complete a third minor rotation in Consultation/Liaison Psychiatry lasting 2 months (see "B" below).

- A. In recognition of the postdoctoral level of training, considerable latitude is given in formulating each 4½ -month rotation (option for longer if a major interest). Each rotation can consist of one or more options below, formulated through consultation between fellow and supervisor:
- Interprofessional Collaboration and Health Promotion : encompasses two of the principle organizing themes of the postdoctoral fellowship: Interprofessional Training and Health Promotion/Prevention. Activities include: Behavioral Consultations with medical residents and Shared Medical Visits (Diabetes).
 - Chronic Pain: includes evaluations and short-term CBT-based treatment for patients with chronic pain; co-lead 8-session psychoeducational series: Living Better With Chronic Pain; participate with CARF-accredited (pending) NY Harbor Interdisciplinary Pain Rehabilitation Program.

- Biofeedback: receive training in basic biofeedback modalities; see 1 or more patients for biofeedback treatment for such problems as anxiety, stress reduction, HTN, pain, TMJ, Reynaud's syndrome.
 - Substance Misuse Harm Reduction/Motivational Interviewing (HR/MI): the HR/MI approach is being used within Primary Care at the Manhattan campus to promote healthier living for people who are misusing alcohol and/or drugs. The PCMH Fellow will be introduced to the theory and application of HR/MI as it is used within Primary Care for treating problems with substance use. The fellow will conduct brief individual counseling. The fellow may also have an opportunity to participate in a HR/MI group run on an inpatient dual diagnosis unit.
 - Oncology: weekly participation in Oncology outpatient clinic, including maintaining presence in precepting area for Onc residents/fellows in order to be available for immediate consultation or brief patient assessment of patients presenting with MH needs. Follow-up with patients as indicated, usually within the structure of patient medical visits to Onc. Clinic or if hospitalized. Lead Cancer Support Group.
 - Renal Dialysis Unit : interface with Renal Dialysis Unit (patients receive dialysis and are on-site 3 days/wk. for approximately 4 hrs.). Assessment and brief intervention for patients presenting with or referred for adjustment issues related to dialysis. Flexible intervention format primarily works around their presence during dialysis.
 - Diabetes Clinic shared medical visits in Primary Care
 - Home Based Primary Care: participate as part of a multidisciplinary team providing comprehensive medical and MH care to homebound veterans. Psychologist member of the team makes home visits to complete MH assessments and, as indicated, provide psychotherapeutic interventions.
 - Fellow can develop her/his own clinical placement based upon clinical interest (e.g., special intervention/population; work with a specialty such as Infectious Disease, Physical Medicine & Rehabilitation, Palliative Care)
 - Research: fellows can expand the scope of and time dedicated to their fellowship project by choosing a research elective.
- B. Consultation/Liaison Psychiatry (required): this 8 week rotation is an intensive immersion with Inpatient Consultation/Liaison Psychiatry (with Psychiatry fellows and residents, Neurology residents, and an interdisciplinary inpatient team). Fellows provide immediate response to consults from inpatient medical units for MH needs that emerge within the context of the patient's admission (e.g., adjustment problems, confusion/delirium, decompensation, decisional capacity). C/L involves bedside MH evaluations and follow-up brief intervention as indicated, consultation and collaboration with medical team, post-discharge MH disposition planning.

Supervision

The fellow will receive a minimum of 2 hours (typically more) of weekly scheduled individual supervision. This includes weekly supervision of individual and group treatment as well as

intakes. It is not uncommon for the fellow to be supervised by more than one therapy supervisor, such as for Primary Care short-term cases and intakes, a longer-term psychodynamic supervisor, and supervision for specialty modalities such as biofeedback or motivational interviewing. Additionally, the fellow will meet regularly with the Postdoctoral Training Director for overall professional mentorship, to monitor progress, and to address any issues that arise during the Fellowship. Training staff are constantly available for unscheduled consultation as the need arises or in emergent situations. The fellow will also receive weekly supervision through Primary Care Mental Health Clinical Case Conference and additional supervisory input on other rotations or assignments, such as Inpatient C/L Psychiatry or Chronic Pain.

Training Staff

Core Training Faculty

Mark Bradley, M.D., Baylor College of Medicine
Director, Consultation-Liaison Service; Attending Psychiatrist
Clinical Assistant Professor of Psychiatry, New York University School of Medicine
Psychosomatic medicine, behavioral and neuropsychiatric aspects of HIV disease

Cory K. Chen, Ph.D., UNC-Chapel Hill, 2007
Director – Psychotherapy Research and Development Program
Assistant Clinical Professor, NYU School of Medicine, Dept. of Psychiatry
Clinical activities: Psychodynamic Psychotherapy, DBT, Family Caregiver Support
Research interests: Non-Responder Psychotherapy Treatment Outcome and New Intervention Development for Depression

Chrystianne DeAlmeida, Ph.D., New School for Social Research, 2008
Clinical Psychologist
Clinical activities: Inpatient health psychology consultation; interdisciplinary chronic pain Treatment; CBT for Insomnia
Research interests: Cultural influences upon mental health and treatment practices

Joanna Dognin, Psy.D., Chicago School of Professional Psychology, 2000
Clinical Psychologist, Health Behavior Coordinator
Assistant Professor, Albert Einstein College of Medicine
Clinical activities: group and individual psychoeducational interventions to foster treatment adherence and health behaviors; team consultation and training
Research interests: mental health disparities; integration of mental health in Primary Care; trauma disorders in HIV population; women's health

Marc Goloff, Ph.D., ABPP, New York University, 1985
Chief, Psychology; Program Lead, Clinical Psychology Postdoctoral Fellowship with an Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: cognitive behavioral therapy in Primary Care; biofeedback and hypnosis; individual and group treatment for chronic pain
Research interests: Outcomes in psychological interventions for chronic pain

Danielle Hamlin, Psy.D., Yeshiva University, 2008
Clinical Psychologist, Coordinator of Primary Care Mental Health Integration Services
Clinical activities: Individual and group psychodynamic psychotherapy; integration of mental health in primary care/medical settings; psychological testing
Research interests: Social support and interpersonal dynamics related to adoption.

Christine P. Ingenito, Ph.D., Teachers College, Columbia University, 2009
Counseling Psychologist, Primary Care Mental Health, Psychiatric Emergency Room
Clinical activities: Evaluations and individual therapy for OIF/OEF/OND veterans; DBT consultation team; same-day access, evaluations and short-term therapy for female veterans in Primary Care Women's Clinic, triage and evaluation in the Psychiatric Emergency Room
Research interests: Multicultural counseling competency, the impact of therapists' social attitudes on their clinical judgments, the psychosocial correlates of HIV/AIDS, and factors influencing sexual risk-taking among gay-identified men.

Michelle M. Kehn, Ph.D., Long Island University – Brooklyn Campus, 2009
Clinical Psychologist, Home-Based Primary Care Services; Program Lead, Postdoctoral
Clinical Psychology Fellowship with an Emphasis in Geropsychology, Clinical Health
Psychology and Interprofessional Training in Geriatric Primary Care
Clinical activities: Individual, couples, and family therapy for homebound, medically-ill
veterans; psychodynamic psychotherapy and supervision
Research interests: Couples therapy for older adults; psychological interventions for
Caregivers

Christie Pfaff, Ph.D., New York University, 1999
Clinical Psychologist; Assistant Chief, Psychology, Director of Training
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Psychodynamic psychotherapy; interpersonal group psychotherapy;
psychodiagnostic testing; treatment of schizophrenia and severe mental illness.
Research interests: Insight in schizophrenia; education and training in psychology; brief
psychodynamic psychotherapy

Neal Spivack, Ph.D., CGP, FAGPA, Adelphi University, 1997
Clinical Psychologist, Primary Care Mental Health Integration
Clinical activities: Substance abuse evaluation and treatment; motivational interviewing; group
therapy; diabetes psychological intervention; short-term systems oriented psychotherapy
Research interests: Group therapy, substance abuse, systems oriented treatment

Additional Training Faculty

Steven Cercy, Ph.D., Southern Illinois University, 1993
Neuropsychologist
Clinical Associate Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Neuropsychological assessment
Research interests: Cognition in macular degeneration; development and validation of cognitive
screening measures; development and validation of cognitive assessment measures in low
vision; dissimulated cognitive impairment; Lewy Body disease

Jennifer Friedberg, Ph.D., Yeshiva University, 2006
Clinical Psychologist; Women Veterans Coordinator
Assistant Professor, NYU School of Medicine
Clinical activities: Individual psychotherapy, assessment, Women's Clinic
Research interests: Interventions to reduce stroke and cardiovascular disease risk

Lillian Sultan, Ph.D., Long Island University, Brooklyn Campus, 2012
Clinical Psychologist, OEF/OIF/OND Mental Health/Readjustment Services & Outpatient Mental
Health Clinic
Clinical activities: outpatient psychotherapy; Mindfulness/Relaxation Group for Female
Veterans; assessment and treatment of combat veterans returning from Iraq and
Afghanistan; caregivers of OEF/OIF/OND veterans
Research interests: The effects of mindfulness and meditation on psychological well-being;
the role of the Internet on socialization and identity

Gladys Todd, Ph.D., University of California, Santa Barbara, 2007
Clinical Psychologist, Substance Abuse Recovery Program (SARP)
Clinical activities: Assessment and treatment of substance abuse and co-occurring disorders; individual and group psychotherapy; psychological evaluations of VA police officers
Research interests: Psychotherapy with ethnic minorities; cultural values; counselor self-disclosure

Consulting Faculty

Kelly Crotty, M.D., Boston University School of Medicine, 2001
Disease Prevention Coordinator, Attending physician, Primary Care
Clinical Instructor, NYU School of Medicine

Marion Eakin, M.D., Harvard Medical School, 1995
Director, Outpatient Mental Health Clinic; Attending Psychiatrist
Clinical Assistant Professor of Psychiatry, NYU School of Medicine
Clinical activities: Post Traumatic Stress Disorder; Military Sexual Trauma; ADHD

Arnaldo Gonzalez-Aviles, M.D., Ponce School of Medicine, Ponce, Puerto Rico, 1985
Director, Psychiatric Emergency Room; Attending Psychiatrist
Clinical activities: , triage and evaluation in the Psychiatric Emergency Room.
Research interests: Brain Imaging in Dementia and Aging

Grace Hennessy, M.D., Tufts University School of Medicine, 1995
Director, Substance Abuse Recovery Program (SARP)
Clinical activities: Co-occurring substance use and psychiatric disorders; pharmacologic treatments for substance use disorders

Joseph Leung, M.D., George Washington University School of Medicine, 1986
Director, Primary Care Program; Chief, General Internal Medicine Section
Clinical Associate Professor, NYU School of Medicine
Clinical activities: Primary Care medicine, preventive medicine
Research interests: Disease screening, preventive medicine

Amanda Carrera-Alvarez, M.D., Universidad Central Del Caribe, Bayamon, Puerto Rico, 2010
Attending Psychiatrist, Primary Care Mental Health & Outpatient Mental Health Clinic
Clinical activities: psychosomatic medicine/consultation liaison, treating psychiatric illness in medically compromised patients, ECT.

Craig Tenner, M.D., NYU School of Medicine, 1992
Disease Prevention Coordinator, Attending physician, Primary Care
Assistant Professor of Medicine, NYU School of Medicine
Clinical activities: Preventive Medicine and clinical informatics

TRACK 2: EMPHASIS IN GEROPSYCHOLOGY, CLINICAL HEALTH PSYCHOLOGY, AND INTERPROFESSIONAL TRAINING IN GERIATRIC PRIMARY CARE

Program Lead:

Michelle Kehn, Ph.D.

Mental Health (11M)

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APPLICATIONS DUE: FRIDAY, DECEMBER 23, 2016 5:00 EST

The Manhattan campus of VA New York Harbor Healthcare System offers one position in a one-year postdoctoral fellowship in Clinical Psychology with an Emphasis in Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care. The medical center has implemented the Patient-Centered Medical Home model for primary care service delivery, as has been occurring throughout the VA nationwide. We firmly believe that the seamless integration of physical and mental health embodied by the Medical Home model represents the state of the art in patient care and we wish to train future psychology leaders to further the growth of this invaluable paradigm.

Our postdoctoral fellowship was among those selected within VA nationally to receive ongoing funding through the VA Interprofessional Mental Health Expansion Initiative. We have implemented a new and innovative component to our training model that emphasizes clinical and didactic interprofessional training opportunities involving Psychology, Social Work, Chaplaincy, and Medicine trainees working collaboratively. This training paradigm models the type of collaboration and interprofessional understanding that is critical to fully achieving the potential envisioned by the Medical Home model.

Specific Qualifications

The postdoctoral fellowship program seeks applicants with some prior training in geropsychology, health psychology, and experience working in the primary care setting. Due to the primarily clinical nature of the fellowship, prior training and supervised experience in conducting individual and group psychotherapy as well as clinical interviewing and diagnostic assessment is essential. Additionally, prior training and experience utilizing cognitive-behavioral therapeutic approaches are highly desired due to its centrality in many short-term health psychology interventions.

Specific Geropsychology Competencies (from Pikes Peak Model for Training in Professional Geropsychology):

The overall goal of the Emphasis in Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care track is to prepare ethical and culturally sensitive future leaders in Geropsychology and Clinical Health Psychology with the requisite skills and knowledge to develop, implement, and evaluate provision of psychological services in

hospital and other settings and, specifically, within the Primary Care medical setting. Toward this end, we embrace a competency-based training model that incorporates the goals and objectives described below.

The Pikes Peak Model for Training in Professional Geropsychology is organized around six categories: (a) attitudes; (b) general knowledge about adult development, aging, and older adults; (c) clinical issues; (d) assessment; (e) intervention, consultation, and other service provision; and (f) continuing education regarding practice with older adults.

Knowledge: The Pikes Peak model highlights four domains of knowledge.

1. The conceptual basis of professional geropsychology in life span developmental psychology leads to an emphasis on general knowledge about adult development, aging, and the older adult population (e.g., normal adult biological, psychological, emotional, and social development).
2. The interaction of life span development with increased neurological and health problems in later life leads to a focus on cognitive changes, functional changes, and specific presentations of psychopathology in later adulthood as foundations of clinical practice with older adults.
3. Both the normative changes with adult development and aging and the distinctive features of psychopathology in later life lead to a need for specialized knowledge regarding assessment methods and instruments suitable for assessing older adults.
4. Knowledge about developmental, cohort, contextual, and systemic issues, as well as of efficacy and effectiveness research, must inform psychological interventions with older adults.

Skills:

1. Professional geropsychology functioning.
2. Assessment: The Pikes Peak assessment skills domain addresses the special issues associated with the evaluation of older adults.
3. Intervention: Geropsychology intervention competencies include using evidence-based treatments for older adults when available.
4. Consultation competencies.
5. Research–evaluation
6. Supervision–teaching
7. Management–administration
8. Setting competencies: Psychologists who work with older adults should be competent to provide services across a range of possible clinical, community, or residential settings and be aware of special issues that arise in providing care in varied settings.

Specific Health Psychology Competencies:

- Demonstrate competence and understanding related to interprofessional collaboration in patient care and consultation, including knowledge of the roles, needs, specific contributions, and potential limitations of other disciplines within the PACT medical home, particularly Chaplaincy, Social Work, and Medicine.
- Demonstrate skills in consulting and contributing a mental health perspective through participation in Geriatric Patient-Centered Medical Home team meetings, “curbside” consultation with medical providers, or conjoint patient contacts with medical providers
- Demonstrate proficiency in selecting and applying evidence-based treatments for common problems presenting within the Primary Care setting such as depression, anxiety, substance abuse, sexual dysfunction, illness adjustment, and treatment adherence issues. Examples

of treatment approaches include: cognitive behavioral, psychodynamic, interpersonal therapy, motivational interviewing/enhancement, problem-solving treatment, behavioral activation).

- Demonstrate basic proficiency in specialized treatment interventions (e.g., smoking cessation, sleep hygiene, weight loss, cognitive behavioral therapy for pain, biofeedback, mindfulness-based approaches).
- Demonstrate proficiency with group modalities within the Primary Care setting (e.g. psychoeducational, supportive, psychotherapeutic).
- Demonstrate proficiency in conducting brief (“same-day triage”) and full psychological evaluations appropriate to the Primary Care setting.
- Demonstrate proficiency in choosing brief assessment instruments relevant to presenting problems within the Primary Care setting.
- Opportunity to complete specialized psychological evaluations for procedures such as organ replacement, bariatric surgery, or interferon therapy for hepatitis.
- Demonstrate skill and flexibility in treatment formulation and clinical time management (including session length and treatment duration) according to patient needs and the demands and characteristics of the Primary Care setting.
- Increase knowledge of the clinical and research literature related to Health Psychology within the Primary Care setting, particularly the emerging integration of mental health and the Patient-Centered Medical Home.
- Demonstrate teaching and supervisory skills through in-service training to Medical Home team, teaching intern seminars, and supervising at least one junior trainee (intern or extern).
- Demonstrate multicultural and ethical competence as evidenced by consult reports, treatment notes, supervisory discussions, treatment decisions and interventions.
- Demonstrate the ability to conduct specialized inpatient Consultation/Liaison evaluations and interventions, report to C/L team members, and consult with hospital medical staff.

Program Structure

The typical workday for the postdoctoral fellow is varied and resembles that of staff psychologists. The fellow may see Geriatric Primary Care outpatients for treatment or same-day evaluations in the Geriatric Primary Care clinic or specialized rotations; provide bedside evaluation or treatment to a medical inpatient as part of the Palliative Care consult team or Consultation/Liaison service; provide evaluation or treatment to a homebound Veteran as part of the Home Based Primary Care team; participate in a team meetings; attend or present a seminar, case conference or journal club; provide supervision for a trainee; and receive one’s own supervision.

Primary Care Mental Health Integration will be the locus of a majority of the fellow’s training, specifically furthering expansion into Geriatric Primary Care Clinic and Home Based Primary Care. In addition to the postdoctoral fellow, a staff psychologist, psychiatrist, Social Worker, and Social Work Intern provide mental health services to these clinics and will be colleagues of the fellow. We enjoy strong support from Primary Care medical leadership and are heavily involved with multiple treatment areas and programs.

Overview of Training Program and Training Experiences

The postdoctoral Fellowship consists of a combination of year-long required assignments and briefer training blocks, two lasting approximately 4 1/2 months each and a third that lasts 2 months (inpatient Consultation/Liaison), some required and some elective. The fellow has the

opportunity to extend one or more elective assignments if that area represents a major interest. Responsibilities will include evaluation and assessment; individual and group therapies; team participation and consultation; behavioral consultations and shared medical visits with medical providers, didactics; teaching and supervision; and a year-long fellowship project.

Required Training Experiences

1. Geriatric Primary Care Mental Health Integration/Patient Centered-Medical Home (year-long)

The fellow will affiliate with the Geriatric PACT (Patient Aligned Care Team) and the HBPC (Home Based Primary Care) PACT. PACT is the designation for a treatment team within the Patient Centered-Medical Home model implemented throughout Primary Care. Extended teams consist of physicians or nurse practitioners, nurse care manager, nurses, social worker, psychologist, pharmacist, nutritionist, and clerical staff. Patients are treated by a specific team and get to know and be known by these providers. The postdoctoral fellow will consult with the PACT and, with supervision, review and respond to patient mental health issues as they arise. This could take the form of discussion in team meetings, curbside informal consultation, brief “same day” or full evaluation, or short and longer term psychological intervention as indicated.

Additionally, the postdoctoral fellow will participate in behavioral consultations, wherein a behavioral health provider sits in with a medical provider (usually a medical fellow) and patient to jointly address such issues as lack of adherence or self-care, communication problems, poor understanding or comprehension, and psychosocial barriers affecting the patient’s medical care. In this arena, the trainee acts as a consultant with both provider and patient to facilitate treatment and/or health prevention goals. Based on availability, the postdoctoral fellow will also participate in “shared medical visits,” focused on a specific medical problem such as congestive heart failure or diabetes, in which an interdisciplinary team including Medicine, Nursing, Psychology, and Pharmacy team-teach a group of patients for a morning to provide concentrated education and individually triage patients.

2. Patient Evaluation and Assessment (year-long)

The postdoctoral fellow will be trained in and provide a range of assessment modalities. These will include: brief “same day triage” assessments in conjunction with a patient’s medical appointment, scheduled full psychological evaluations, and the opportunity to gain experience with specialized psychological evaluations (kidney, liver, or bone marrow transplant; bariatric surgery).

3. Outpatient Individual Psychotherapy

Fellow will carry a caseload of short-term individual therapy cases from Geriatric Primary Care or specialty clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. The option is also available to treat 1-2 longer-term psychotherapy cases as well. Treatment will emphasize evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, motivational interviewing/enhancement and substance abuse intervention, and biofeedback. Longer-term cases may incorporate CBT, psychodynamic, or interpersonal approaches.

4. Outpatient Group Psychotherapy and Psychoeducation

The fellow co-leads the Alzheimer's Caregivers Support Group. In addition, the fellow will choose one or more groups (4-month minimum per group, as long as fellow is involved in at least one group throughout the year):

- Living Better With Chronic Pain
- Diabetes Support Group
- Relaxation/Meditation
- Oncology Support Group
- Or—fellow may start his/her own group based upon a particular clinical interest or assessed need

5. Palliative Care Consult Team (year-long)

The Palliative Care Consult team receives consults from multiple inpatient and outpatient services for symptom management for chronic, terminal illnesses. The fellow's primary role on the team will be to provide assessment and psychotherapy to acute medical inpatients who are referred through the palliative care providers, and to provide consultation to the team. The team consists of a Nurse Practitioner (who serves the team coordinator), Physician, Chaplain, Social Worker, and Psychologist. There are often trainees from all of the disciplines as well. In addition, the fellow will participate in group supervision with the psychology interns. Over the course of the year, the fellow will take more responsibility for supervision of the psychology interns.

6. Home-Based Primary Care (year-long)

HBPC PACT provides primary care to Veterans who are unable to attend clinic appointments due to medical limitations. They are seen in their homes by the Nurse Practitioner (who is the primary provider), Social Worker, Dietitian, and Physical Therapist. The Psychologist is available to consult on cases as needed. HBPC also has a pharmacist who consults with the team. The fellow will carry a caseload of HBPC patients referred by the HBPC providers. Cases will vary from one-time assessment to long-term psychotherapy.

7. Teaching and Supervision (year-long)

An important aspect to transitioning from student to independent professional is the acquisition of teaching and supervisory skills. The Fellow will be expected to teach at least 1 psychology intern seminar, provide other supervision to an extern, provide supervision to the interns on palliative care, present in journal club and case conferences, and take part in teaching and consultation to the Geriatric Primary Care medical team. Supervisors will mentor the fellow on preparation and presenting skills as appropriate.

8. Didactic seminars, conferences, and other meetings:

- Interprofessional Training seminars (monthly)
- Interdisciplinary Psychosomatic Medicine seminars with Consultation/Liaison Psychiatry fellows (weekly)
- Psychology Case Conference (monthly)
- Internship Training Committee (monthly)
- Palliative Care Team meeting (weekly)
- Geri PACT Team meeting (weekly)

- Home-Based Primary Care Team meeting (weekly)
- Interprofessional seminar with Chaplain residents (monthly)
- Supervision of Supervision Didactics (monthly)
- Shared Geropsychology Didactics (weekly)
- Psychology Intern seminars (optional, twice per week)
- Medical Ethics Team meetings (monthly, optional)
- VA NY Harbor Mental Health Grand Rounds (weekly, optional)
- NYU Psychiatry Grand Rounds (bi-weekly, optional)
- In-service trainings for Primary Care attendings and/or medical fellows (periodic)

9. Fellowship Project

The fellow is expected to develop and complete a scholarly or other professional development project in the course of the fellowship year. Possible projects include: a small empirical investigation, literature review, performance improvement project, needs assessment, or program evaluation. Available empirical research opportunities include but are not limited to: needs assessment and outcome evaluation within Geriatric Primary Care Patient-Centered Medical Home, Dementia Caregiver Support Project, Primary Care Mental Health Integration outcomes, women's health research, Oncology psychological intervention outcomes, diabetes intervention outcomes, or the postdoctoral fellow's own project.

Minor Rotations:

Fellows will select two rotations, each lasting approximately 4½ months from the options listed under "A" below. Fellows will also complete a third minor rotation in Consultation/Liaison Psychiatry lasting 2 months (see "B" below).

A. Oncology

Physical Medicine & Rehabilitation

Infectious Disease

Primary Care Substance Abuse

Renal Dialysis Unit

Diabetes Clinic shared medical visits in Primary Care

Fellow can develop her/his own clinical placement based upon clinical interest

REACH VA caregiver intervention

VA Caregiver Support Program

- B. This 8 week rotation is an intensive immersion with Inpatient Consultation/Liaison Psychiatry (with Psychiatry fellows and residents, Neurology residents, and an interdisciplinary inpatient team). Fellows provide immediate response to consults from inpatient medical units for MH needs that emerge within the context of the patient's admission (e.g., adjustment problems, confusion/delirium, decompensation, decisional capacity). C/L involves bedside MH evaluations and follow-up brief intervention as indicated, consultation and collaboration with medical team, post-discharge MH disposition planning.

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The fellow will receive a minimum of 2 hours (typically more) of weekly scheduled individual supervision. This includes weekly supervision of individual and group treatment as well as intakes. It is not uncommon for the fellow to be supervised by more than one therapy supervisor, such as for Primary Care short-term cases and intakes, a longer-term psychodynamic supervisor, and supervision for specialty modalities such as biofeedback or motivational interviewing. Additionally, the fellow will meet regularly with the Program Leader for overall professional mentorship, to monitor progress, and to address any issues that arise during the fellowship. Training staff are constantly available for unscheduled consultation as the need arises or in emergent situations. The fellow will also receive weekly supervision through Primary Care Mental Health Clinical Case Conference and additional supervisory input while on Inpatient C/L Psychiatry and elective clinical assignments.

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Director, Consultation-Liaison Service; Attending Psychiatrist
Clinical Assistant Professor of Psychiatry, New York University School of Medicine
Psychosomatic medicine, behavioral and neuropsychiatric aspects of HIV disease

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Research interests: Multicultural counseling competency, the impact of therapists' social attitudes on their clinical judgments, the psychosocial correlates of HIV/AIDS, and factors influencing sexual risk-taking among gay-identified men.

Michelle M. Kehn, Ph.D., Long Island University – Brooklyn Campus, 2009
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veterans; psychodynamic psychotherapy and supervision
Research interests: Couples therapy for older adults; psychological interventions for Caregivers

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Neuropsychologist

Clinical Associate Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Neuropsychological assessment

Research interests: Cognition in macular degeneration; development and validation of cognitive screening measures; development and validation of cognitive assessment measures in low vision; dissimulated cognitive impairment; Lewy Body disease

Chrystianne DeAlmeida, Ph.D., New School for Social Research, 2008

Clinical Psychologist

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Research interests: Cultural influences upon mental health and treatment practices

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Clinical Psychologist; Women Veterans Coordinator

Assistant Professor, NYU School of Medicine

Clinical activities: Individual psychotherapy, assessment, Women's Clinic

Research interests: Interventions to reduce stroke and cardiovascular disease risk

Sathya Maheswaran, MD

Section Chief, Geriatrics; Medical Director; HBPC; Integrated Program Officer

Clinical Assistant Professor, NYU School of Medicine

Clinical Activities: Geriatric Primary Care medicine

Abigail S. Miller, Psy.D., Yeshiva University, 1994

Clinical Psychologist; Geropsychologist

Clinical activities: Geropsychological and psychodiagnostic assessments; psychodynamic individual and group therapy for patients and caregivers

Research interests: Narcissism, envy, and self-esteem; Alzheimer's disease; vascular dementias

Christie Pfaff, Ph.D., New York University, 1999

Clinical Psychologist; Assistant Chief, Psychology, Director of Training

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Psychodynamic psychotherapy; interpersonal group psychotherapy; psychodiagnostic testing; treatment of schizophrenia and severe mental illness.

Research interests: Insight in schizophrenia; education and training in psychology; brief psychodynamic psychotherapy

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Clinical Psychologist, Primary Care Mental Health Integration

Clinical activities: Substance abuse evaluation and treatment; motivational interviewing; group therapy; diabetes psychological intervention; short-term systems oriented psychotherapy

Research interests: Group therapy, substance abuse, systems oriented treatment

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Clinical Psychologist, OEF/OIF/OND Mental Health/Readjustment Services & Outpatient Mental Health Clinic
Clinical activities: outpatient psychotherapy; Mindfulness/Relaxation Group for Female Veterans; assessment and treatment of combat veterans returning from Iraq and Afghanistan; caregivers of OEF/OIF/OND veterans
Research interests: The effects of mindfulness and meditation on psychological well-being; the role of the Internet on socialization and identity

Susan Talbot, MD; University of Melbourne 1990
Medical Director, Palliative Care Service; Interim Chief of Hematology and Medical Oncology
Assistant Professor of Clinical Medicine, NYU School of Medicine
Clinical Activities: Palliative Care and Hospice Medicine, Hematology, Medical Oncology

Gladys Todd, Ph.D., University of California, Santa Barbara, 2007
Clinical Psychologist, Substance Abuse Recovery Program (SARP)
Clinical activities: Assessment and treatment of substance abuse and co-occurring disorders; individual and group psychotherapy; psychological evaluations of VA police officers
Research interests: Psychotherapy with ethnic minorities; cultural values; counselor self-disclosure

Consulting Faculty

Kelly Crotty, M.D., Boston University School of Medicine, 2001
Disease Prevention Coordinator, Attending physician, Primary Care
Clinical Instructor, NYU School of Medicine

Marion Eakin, M.D., Harvard Medical School, 1995
Director, Outpatient Mental Health Clinic; Attending Psychiatrist
Clinical Assistant Professor of Psychiatry, NYU School of Medicine
Clinical activities: Post Traumatic Stress Disorder; Military Sexual Trauma; ADHD

Arnaldo Gonzalez-Aviles, M.D., Ponce School of Medicine, Ponce, Puerto Rico, 1985
Director, Psychiatric Emergency Room; Attending Psychiatrist
Clinical activities: , triage and evaluation in the Psychiatric Emergency Room.
Research interests: Brain Imaging in Dementia and Aging

Grace Hennessy, M.D., Tufts University School of Medicine, 1995
Director, Substance Abuse Recovery Program (SARP)
Clinical activities: Co-occurring substance use and psychiatric disorders; pharmacologic treatments for substance use disorders

Joseph Leung, M.D., George Washington University School of Medicine, 1986
Director, Primary Care Program; Chief, General Internal Medicine Section
Clinical Associate Professor, NYU School of Medicine
Clinical activities: Primary Care medicine, preventive medicine
Research interests: Disease screening, preventive medicine

Amanda Carrera-Alvarez, M.D., Universidad Central Del Caribe, Bayamon, Puerto Rico, 2010
Attending Psychiatrist, Primary Care Mental Health & Outpatient Mental Health Clinic

Clinical activities: psychosomatic medicine/consultation liaison, treating psychiatric illness in medically compromised patients, ECT.

Craig Tenner, M.D., NYU School of Medicine, 1992
Disease Prevention Coordinator, Attending physician, Primary Care
Assistant Professor of Medicine, NYU School of Medicine
Clinical activities: Preventive Medicine and clinical informatics

TRACK 3: EMPHASIS IN PTSD, INTERPROFESSIONAL TRAINING, AND OEF/OIF/OND VETERANS

Program Lead

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The Manhattan campus of VA New York Harbor Healthcare System offers one position in a one-year Postdoctoral Fellowship in Clinical Psychology with an Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans. This fellowship is based primarily within the PTSD Clinic (PCT), a specialty mental health clinic providing outpatient multidisciplinary care to veterans from all service eras. In addition, fellows will interface with other teams that work closely with the PCT, such as the OIF/OEF clinic, the VITAL Outreach Program, the Military Sexual Trauma program, and the Local Recovery Services/Peer Support Program. Fellows are also expected to contribute to ongoing PTSD research at the Manhattan VA as well as in collaboration with the NYU Department of Psychiatry Posttraumatic Stress Disorder Research Program: <http://psych.med.nyu.edu/research/research-programs>.

Our postdoctoral fellowship was among those selected within VA nationally to receive ongoing funding through the VA Interprofessional Mental Health Expansion Initiative.

Specific Qualifications

The Postdoctoral Fellowship program seeks applicants with some prior training in evidence-based psychotherapies for PTSD. Supervised experience in conducting both individual and group psychotherapy is essential. Since this program involves some research opportunities in addition to clinical training, candidates who demonstrate an interest in scholarly and/or research activities within the area of PTSD will receive special consideration.

Specific PTSD Psychology Competencies:

The overall goals of the Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND track are to develop psychologists (1) with specific skills in the provision of specialized behavioral and mental health care of Veterans with PTSD; (2) who are adept at addressing the unique needs of OIF/OEF/OND Veterans; and (3) with a proficiency in the administration of Evidence-Based Psychotherapies (EBPs) for PTSD and knowledge of current research. Toward these ends, we embrace a competency-based training model that incorporates the goals and objectives described below.

- Demonstrate competence and understanding related to interprofessional collaboration in patient care and consultation, including knowledge of the roles, needs, specific contributions, and potential limitations of other disciplines within a PCT clinical team

- Demonstrate skills in consulting and contributing a trauma-sensitive perspective through participation in interdisciplinary clinical meetings
- Demonstrate proficiency in selecting and applying evidence-based treatments for PTSD
- Demonstrate proficiency with group modalities within PCT, Mental Health, and Community settings
- Demonstrate proficiency in conducting full psychological evaluations to assess PTSD
- Contribute to ongoing PTSD research at Manhattan VA and/or NYU
- Demonstrate teaching and supervisory skills through teaching 1-2 intern seminars and supervising at least one junior trainee (intern or extern)
- Demonstrate multicultural and ethical competence as evidenced by consult reports, treatment notes, supervisory discussions, treatment decisions and interventions.

Program Structure

The typical workday for the postdoctoral fellow is varied and resembles that of staff psychologists. The fellow may see outpatients for treatment or evaluation appointments in the PCT or specialized rotations, participate in a PTSD or other team meeting, attend or present at a seminar, case conference or journal club, provide supervision for a trainee, and receive one's own supervision.

Overview of Training Program and Training Experiences

The Postdoctoral Fellowship consists of a primary assignment in the PTSD clinic. Additional rotations include the NYU PTSD Research Program, the OIF/OEF clinic, the VITAL Outreach Program, the Military Sexual Trauma program, and the Local Recovery Services/Peer Support Program. There is also an optional additional rotation in the DBT Program.

Core Training Experience

The Manhattan PTSD clinic (PCT) will serve as the trainee's primary training site. The closely collaborative PCT team consists of psychology, psychiatry, nursing, and social work. Treatment in our PCT begins with a comprehensive psychodiagnostic evaluation conducted by one of our clinicians. Each case is presented in our multidisciplinary PTSD treatment team meeting, in order to identify and recommend appropriate treatment plans, which may include individual psychotherapy, group therapy, skills training, peer support, and psychotropic medications. These treatment recommendations are then presented to veterans seeking treatment in our PCT in a patient-centered, collaborative approach. The core training experience for the fellow is comprised of the following key areas.

1. Patient Evaluation and Assessment

The postdoctoral fellow will be trained in and provide psychodiagnostic evaluations to veterans

presenting to the PCT. The evaluation includes a structured interview and administration of the PTSD Symptom Checklist (PCL) as well as the Clinician Administered PTSD Scale (CAPS). Fellows present cases during the PTSD team meeting and provide treatment recommendations for each veteran.

2. Outpatient Psychotherapy

In our PCT, we utilize a number of state-of-the-art EBPs to treat veterans with military-related PTSD, including: Skills Training in Affective and Interpersonal Regulation (STAIR), Prolonged Exposure (PE), Virtual Reality Exposure Therapy (VRET), and Cognitive Processing Therapy (CPT). Fellows will be trained and receive supervision in each of these interventions by supervisors who specialize in these treatments. Fellows will also have the opportunity to lead skills-focused or supportive groups within the PCT, such as Sleep Skills group, Vietnam support group, OIF/OEF support group, etc.

3. Teaching and Supervision

An important aspect to transitioning from student to independent professional is the acquisition of teaching and supervisory skills. Fellows will be expected to teach 1-2 psychology intern seminars, supervise intern intake evaluations, present in journal club and case conferences, and supervise at least one intern or extern. Supervisors will mentor the fellow on preparation and presenting skills as appropriate.

4. Didactic Seminars, Conferences, and Meetings

- Psychology Case Conference (monthly)
- Psychology Internship Training Committee (monthly)
- PTSD Team Meeting (weekly)
- Supervision of Supervision Didactics (monthly)
- Psychology Intern seminars (optional, twice per week)
- PTSD rotation seminars for interns (optional, weekly)
- NYU Psychiatry Grand Rounds (optional, weekly)
- VA NY Harbor Mental Health Grand Rounds (biweekly)
- Interprofessional Training seminars (monthly)

5. Dialectical Behavior Therapy

Fellows participate in the Manhattan VA's Dialectical Behavior Therapy (DBT) Program. Since 2009, we have offered a full DBT program including individual therapy, DBT Skills group, telephone coaching, and a weekly consultation team for the therapists. The DBT team is comprised of seven psychologists and two clinical nurse specialists. Fellows function as full members of the DBT team, attending consultation team meetings, carrying individual DBT case(s) and receiving supervision and training in DBT.

Additional Rotations

1. The NYU Department of Psychiatry Posttraumatic Stress Disorder (PTSD) Research Program is directed by Dr. Charles Marmar, M.D., an international expert in the study of trauma and PTSD. The Research Program is currently exploring the factors that promote risk and coping in PTSD, including structure of functional imaging, genetics, endocrine, metabolic and proteomic biomarkers, and adverse health outcomes in PTSD. Please see

<http://psych.med.nyu.edu/research/research-programs/posttraumatic-stress-disorder-research-program> for more details. Fellows will spend one day per week at NYU and have the opportunity to participate in ongoing research projects and/or write up extant data in collaboration with some of the most respected PTSD researchers in the world.

2. The VITAL (Veterans Integration to Academic Leadership) Initiative is a pilot project that provides assistance to recently returning Veterans on college campuses. The program focuses on student Veterans who are reintegrating to campus from combat and reestablishing their footing in civilian life. Support is provided for issues such as building relationships, finding affordable housing, balancing budgets and achieving career goals. Please see <http://www.nyharbor.va.gov/services/vital.asp> for more details.
3. The OIF/OEF/OND (Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn) Clinic at the Manhattan VA is comprised of psychologists and social workers who offers a full range of services for OEF/OIF/OND veterans, active duty personnel and their families. These services include an initial evaluation to find out which services will be most helpful, Veterans benefits counseling, referrals for jobs and other services, referrals to the Primary Care Clinic and other services in the Medical Center, and referrals to services in the community.
4. The MST (Military Sexual Trauma) program treats both male and female Veterans who have experienced Military Sexual Trauma. The MST Program Coordinator works closely with the PCT as well as with Vet Centers and VA Residential Programs. The MST Coordinator also does outreach to other programs such as NYU Military Family Clinic, John Jay College for Criminal Justice, and Mount Sinai. Referrals are received from clinicians, shelters and residential programs, and Veterans can also self-refer. Veterans are initially assessed by the MST coordinator, and an individualized treatment plan is discussed and formulated. This treatment plan can consist of medication management, supportive therapy from the MST Coordinator, or referral for individual therapy or group therapy such as STAIR, DBT or CBT.
5. The Local Recovery Services/Peer Support Program strives to ensure that mental health services are delivered in a way that supports the recovery of mental health consumers. Peer Specialists serve an important role in this process by sharing their personal recovery stories, showing that recovery from mental illness is possible. They teach goal setting, problem solving, symptom management skills and a variety of recovery tools. They empower by helping others identify their strengths, supports, resources and skills, and advocate to help eliminate the stigma of mental illness. They also act as community liaisons by identifying social supports in the community and encouraging the expansion of local community resources.

Supervision

The fellow will receive a minimum of two hours (typically more) of weekly scheduled individual supervision. This includes weekly supervision of individual and group treatment as well as intakes. The fellow will have the opportunity to receive supervision and consultation from multiple supervisors, such as for PTSD intakes, individual psychotherapy, group psychotherapy, and supervision for specialty services such as MST or VITAL programs.

Additionally, the fellow will meet regularly with the Postdoctoral Training Director for overall professional mentorship, to monitor progress, and to address any issues that arise during the

Fellowship. Training staff are constantly available for unscheduled consultation as the need arises or in emergent situations. The fellow will also receive weekly consultation through the PTSD team meeting.

Fellows will be encouraged, in addition to acquiring clinical skills and knowledge, to devote considerable thought to further developing their own professional identity, orientation, and goals over the course of the postdoctoral Fellowship. Regular individual and group mentoring meetings on professional development and “supervision of supervision” are provided. Supervisors will also assist the fellow in considering and articulating conceptual and evidence-based rationales for clinical decisions and planning.

Training Staff

Core Training Faculty

Anthony J. Brinn, Psy.D. earned his doctorate in Clinical Psychology at Yeshiva University, Ferkauf Graduate School of Psychology at Albert Einstein College of Medicine. He completed his pre-doctoral internship at Yale University School of Medicine and his post-doctoral fellowship at the VA Connecticut Healthcare System. Dr. Brinn specializes in Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD's). Research interests include: Qualitative Methodology, Integration of mental health treatments into primary care, Individualized and social interventions for PTSD/SUD's, and Facilitators of treatment success/compliance in treatment-resistant populations. Dr. Brinn's clinical orientation is primarily Cognitive-Behavioral/"Third Wave" Behavioral and he is proficient in delivery of EBP's for PTSD/SUD (i.e. CBT, ACT, MI, CPT, SBIRT).

Michael Kramer, Ph.D. is a Clinical Psychologist in the VA NYHHS Posttraumatic Stress Disorder Clinic. His clinical specialties are exposure-based therapies for PTSD and Anxiety Disorders (including PE and VRET). He is also a clinical instructor at NYU School of Medicine. He completed a Ph.D. in Clinical Psychology from Long Island University and is a licensed psychologist in Private Practice.

N. Sulani Perera, Ph.D. received her PhD from the University of Minnesota. She completed her pre-doctoral internship in clinical psychology at the Minneapolis VA HCS and her postdoctoral fellowship in PTSD at VA Boston HCS. She is a cognitive-behavioral psychologist and her clinical activities include the delivery of evidence-based treatments for PTSD and other trauma-related concerns (e.g., CPT, PE, & DBT). Her research endeavors center around the role of culture in understanding trauma exposure and PTSD.

Carolyn Weiss, Psy.D earned her doctorate in Clinical Psychology at the PGSP-Stanford University Psy.D. Consortium. She completed her pre-doctoral internship at the Philadelphia VA and her post-doctoral fellowship at the VA New York Harbor Healthcare System, Manhattan Campus. Dr. Weiss specializes in Evidence-Based treatments for PTSD and other trauma-related concerns (i.e. STAIR, CPT, PE, DBT). Research interests include: Complex Trauma, post-traumatic growth, and the impact of couples therapy on combat-related PTSD.

Additional Training Faculty

Yvette Branson, Ph.D., Clinical Psychologist, VITAL Initiative Coordinator, earned her Ph.D. in Clinical Health Psychology in 2006 from Yeshiva University. She has been with the VA since 2007, first as a post-doctoral student in behavioral health research and then as suicide prevention coordinator. Dr. Branson now works with veterans on college campuses in a pilot project called the VITAL (Veterans Integration to Academic Leadership) Initiative. She has a special interest in the issue of stigma and barriers to seeking help within the Veteran community.

George M. Cuesta, Ph.D. is a Clinical Neuropsychologist. His clinical specialties include cognitive behavioral psychotherapy with combat veterans, clinical neuropsychology and rehabilitation psychology. He completed his Ph.D. in Clinical Psychology at the Alliant International University (formerly California School of Professional Psychology) in San

Francisco, California and a Postdoctoral Fellowship in Clinical Neuropsychology at the University of California at San Francisco General Hospital and Medical Center. Before joining VA, Dr. Cuesta was Clinical Assistant Professor of Neuropsychology in Neurology at the Weill Medical College of Cornell University and Director of the Rehabilitation Psychology and Neuropsychology Department at the Burke Rehabilitation Hospital from 1999 to May of 2010. Dr. Cuesta is a 1978 graduate of the United States Military Academy and he served in the active duty Army in Southern Germany and Fort Myer, Virginia from 1978 to 1985 and then again as an Active Reserve Army psychologist from 1999 to 2004. He completed one deployment to Iskandariyah, Iraq in 2003 with the 883rd Medical Company (Combat & Operational Stress Control) attached to the 101st Airborne Division.

Chrystianne DeAlmeida, PhD., is a clinical psychologist with the Outpatient Mental Health Clinic and a member of the DBT team. Her area of interest is in streamlining delivery of mental health services in integrated patient care settings. Her work draws upon theoretical and methodical traditions of clinical psychology and cultural psychiatry. Dr. DeAlmeida is also a Clinical Instructor in the Department of Psychiatry at the NYU School of Medicine. She received her doctorate in clinical psychology from the New School for Social Research.

Jeffrey Fine, M.D. has been an Attending Psychiatrist in the VA NYHHS PTSD Clinic since 1994. His clinical specialties include PTSD and trauma-related disorders. Dr. Fine obtained his M.D. from Mount Sinai School of Medicine in 1982, and completed his Psychiatry Residency at Yale University Department of Psychiatry in 1986. He is a Diplomate and licensed psychiatrist with the American Board of Psychiatry and Neurology. Dr. Fine is also a Clinical Instructor at NYU School of Medicine.

Marc Goloff, Ph.D., ABPP, is Chief of Psychology. His area of clinical specialization is in Health Psychology and pain management. He is a Clinical Instructor at NYU School of Medicine, Dept. of Psychiatry. Dr. Goloff completed his Ph.D. in Clinical Psychology at New York University in 1985.

Steve Grossman, MSW, LCSW-R, BCD, is a Senior Therapist in the VA NYHHS Posttraumatic Stress Disorder Clinic. His clinical specialties include diagnosing and treating PTSD for the past 25 years. Formerly the PTSD Clinic Coordinator from 1989-94, Mr. Grossman completed his MSW at Fordham University, Lincoln Center Campus. He holds an LCSW from the State of New York as well as his BCD (Board Certified Diplomate) in Social Work.

Sheila Keezer, PMHCNS, is the Military Sexual Trauma Coordinator for the Manhattan VA. She is a Psychiatric Clinical Nurse Specialist who received both her undergraduate and graduate degrees from Wilkes University. She began her mental health nursing career in 2002. She has worked inpatient psych, outpatient/crisis, case management, and in forensic nursing. Ms. Keezer has been employed by VA since 2007, and has served in the capacity of Military Sexual Trauma Coordinator since 2016.

Abigail S. Miller, Psy.D., is a Clinical Psychologist and member of the DBT Team. Her areas of clinical specialization are geropsychology, neuropsychological and psychodiagnostic assessment, individual and group psychodynamic psychotherapy for patients and caregivers, and DBT. She completed her Psy.D. in clinical psychology at Yeshiva University in 1994.

Christie Pfaff, Ph.D., is the Director of Training and Assistant Chief of Psychology. Her areas of clinical specialization are severe mental illness, psychodynamic psychotherapy, and psychological assessment. Dr. Pfaff is a Clinical Assistant Professor in the Department of Psychiatry at NYU School of Medicine. She received her doctorate in clinical psychology from

New York University in 1999.

Richard Pinard, LCSW-R, OIF/OEF Program Manager, has been with the VA since 2004. Ric started at the NY Harbor Medical Center as a clinical social worker on a dual diagnosis unit at the Manhattan Campus. He moved to the outpatient mental health clinic in 2006 and was coordinator for social work outpatient mental health services from 2010 until his appointment as OIF/OEF/OND Program Manager in October of 2012. He has an undergraduate degree in Economics from Eastern Connecticut State University and he received his Master's Degree from Hunter College School of Social Work in 2004.

Lillian Sultan, Ph.D., RYT is a psychologist in the OEF/OIF/OND Readjustment Clinic. Her clinical interests include psychodynamic therapy and mindfulness/ mind-body approaches to working with trauma and other disorders. Dr. Sultan is involved in the development of a yoga program at the facility, and currently teaches a yoga class to veterans with PTSD. She received her Ph.D. in Clinical Psychology from Long Island University- Brooklyn Campus.

John Tatarakis, MS, MPH, PMHCNS, Local Recovery Coordinator, received his undergraduate degree in Nursing from the University of San Francisco and an MS in Nursing and MPH in Health Policy and Management from Columbia University. He is a clinician on the DBT team and serves as a member of the Ethics Consultation Team for the Manhattan Campus. He teaches and supervises psychiatric nursing for both undergraduate and graduate nursing students and holds Adjunct Faculty and Clinical positions at New York University and Borough of Manhattan Community College, City University of New York. He is a board member of the American Professional Society of ADHD and Related Disorders.

Consultant

Christie Jackson, Ph.D. is the Director of PTSD Clinic at the Honolulu VA, and former Director of the PTSD Clinic at NYVA. Her clinical specialties include the dissemination of EBPs for PTSD. Most recently, Dr. Jackson collaborated with Dr. Marylene Cloitre, the developer of STAIR, to train VA clinicians nationwide in the administration of STAIR. Dr. Jackson is also a Clinical Assistant Professor at NYU School of Medicine, and the PTSD Mentor for VISN 3. She completed a Ph.D. in Clinical Psychology from the University of North Dakota and a Postdoctoral Fellowship in Trauma and Dissociative Disorders from McLean Hospital/Harvard Medical School. Dr. Jackson is also the Founder and Team Leader of the Manhattan VA's comprehensive Dialectical Behavior Therapy (DBT) Program.

**APPENDIX A
EVALUATION FORMS**

PRIMARY CARE MENTAL HEALTH – FINAL EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Integration of Science & Practice =

Utilizes evidence-based practices; demonstrates knowledge of current literature, research, and theory in clinical activities; provides quality oral presentations in seminars, case conferences, etc.; proposes realistic goals for fellowship project; demonstrates independent, critical thinking in fellowship project.

Individual & Cultural Diversity =

Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

Ethics & Legal =

Is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines. Recognizes ethical dilemmas as they arise, & apply ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities.

Behaves in ways that reflect the values and attitudes of psychology, including integrity, department, professional identity, accountability, lifelong learning, and concern for the welfare of others. Engages in

self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. Actively seeks and demonstrate openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Psychological Assessment, Diagnosis, and Intervention

1. Ability to establish a working alliance with patients and demonstrate appropriate empathy =
2. Development and implementation of appropriate assessment strategies =
3. Diagnostic interviewing skills =
4. Differential diagnosis and knowledge of DSM 5 =
5. Overall quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive) =
6. Generates comprehensive assessment formulations that incorporate available historical information and current assessment data =
7. Formulates well-conceptualized and comprehensive recommendations based upon familiarity with treatment resources =
8. Ability to complete same day triage evaluations within Primary Care, with appropriate disposition=
9. Formulates an appropriate case conceptualization based upon a sound evaluative and theoretical foundation =
10. Develops appropriate therapy goals and treatment plan =
11. Effective and flexible application of therapeutic strategies =
12. Maintains appropriate professional boundaries =
13. Monitors and documents patient progress during therapy and toward treatment goals and objectives=
14. Planning for and management of therapy termination =
15. Skills in group psychotherapy =

Assessment, Diagnosis, Intervention Global Score =

Health Psychology Competencies

1. Knowledge and understanding of the interplay between medical and psychological issues =
2. Ability to assess and diagnose substance use disorders =
3. Understanding and use of relaxation and imagery techniques =
4. Understanding and use of mindfulness techniques =
5. Understanding and use of clinical biofeedback skills =
6. Understanding and use of motivational interviewing techniques =
7. Able to independently prepare and provide effective psychoeducational interventions =
8. Facility and effectiveness conducting shared medical visits =
9. Ability to conduct specialized evaluations such as transplant and interferon assessments =
10. Ability to provide motivational interviewing/enhancement intervention =

Health Psychology Competencies Global Score =

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

CONSULTATION/LIASON ROTATION EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

C/L Competencies:

1. Ability to conduct inpatient bedside consultation/liason psychological assessment =
 2. Ability to provide brief psychological follow-up to inpatient C/L assessment =
 3. Ability to act as liaison between psychiatry and primary medical or surgical team (communication of results of evaluation and recommendations) =
 4. Ability to diagnose and treat psychiatric disturbances that occur among the physically ill =
 5. Knowledge of biological, psychological and social factors that influence the development, course and outcome of medical/surgical diseases =
 6. Understanding of typical and atypical presentations of psychiatric disorders that are due to medical, neurological, and surgical illnesses =
 7. Understanding of the basic psychiatric complications of medical treatments, especially medications, new surgical or medical procedures, transplantation, and a range of experimental therapies =
 8. Basic knowledge of pharmacologic treatment of common psychiatric disturbances occurring in the medical and surgical settings =
 9. "9. Knowledge regarding the treatment and diagnosis of cognitive disorders of both acute onset, and of a slowly progressive irreversible nature (i.e. various dementias, delirium & the common interplay between them) =
 10. Understanding of ethical/legal dilemmas that include issues of consent, capacity to make decisions, legal competence and guardianship, advanced directives and appointment of a health care proxy =
 11. Ability to independently perform capacity evaluations & appropriately communicate results to the medical team =
- C/L Competencies Global Score =

Comments:

Areas of Strength:

Areas for Improvement:

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

RENAL DIALYSIS EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Renal Dialysis Competencies:

1. Develops positive and collegial relationships with Renal Clinic staff and is comfortable in the consultative role =
2. Gives the appropriate level and content of guidance when providing consultation to Renal Clinic staff, taking into account their level of psychological sophistication and knowledge =
3. Generates comprehensive assessment formulations that incorporate available historical information and current assessment data that are appropriate to Renal Clinic setting and particular clinical needs in this unique setting =
4. Develops therapy goals and treatment plan appropriate to the Renal Clinic setting. This includes particular attention to patient/staff dynamics in this unique setting =
5. Flexible in adjusting the form and logistics of patient contacts to unique characteristics and demands of the Renal Clinic setting =
6. Conducts therapeutic interventions with renal patients effectively and with particular sensitivity and flexibility regarding patient characteristics, lack of privacy, and potential patient and environmental barriers/interference associated with Renal Clinic environment and operation =

Renal Dialysis Competencies Global Score =

Comments:

Areas of Strength:

Areas for Improvement:

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

PAIN EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Chronic Pain Competencies:

1. Knowledge and understanding of psychological factors and chronic pain =
2. Knowledge of psychological assessment strategies for chronic pain =
3. With the CBT Living Better With Pain and IPRP (Integrated Pain Rehab Program) groups, displays appropriate and effective pain-focused psychoeducational and group management skills =
4. With individual therapy for chronic pain, effectively utilizes pain-focused interventions that incorporate CBT and acceptance-based approaches =

Chronic Pain Competencies Global Score =

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

ONCOLOGY EVALUATION

Fellow:
Supervisor(s):
Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Psycho-oncology Competencies:

1. Epidemiology of cancer – Familiarity with the incidence, course, mortality and risk and preventive factors across the most common sites of disease =
2. Medical knowledge – Familiarity with basic concepts in cancer biology, tumor sites, stages including understanding of role and basic mechanisms of treatments =
3. Knowledge of fundamental psychosocial aspects of cancer =
4. Knowledge of psychiatric disorders common among cancer patients =
5. Knowledge and utilization of appropriate interventions/treatment modalities and when to use each =
6. Collaborative consultation with other disciplines on Oncology Care Team, including shared appointments as appropriate =

Psycho-oncology Competencies Global Score =

Comments:

Areas of Strength:

Areas for Improvement:

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

PALLIATIVE CARE EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Palliative Care Competencies:

1. Knowledge of core constituents of Palliative Care =

2. Ability to conduct a bedside diagnostic interview and bedside psychotherapy =

3. Evaluations & treatment progress are documented in a timely & clinically appropriate manner =

4. Unit staff and palliative team coordination. Ability to provide psychological input and feedback to team =

5. Ability to develop realistic treatment plans and goals, keeping in mind the patient and family =

6. Ability to manage and intervene effectively in crisis situations (e.g., lethality assessments, formulation of behavioral plans, notification and involvement of appropriate unit staff) =

7. Ability to demonstrate, mentor, and supervise psychology interns on palliative care rotation =

8. Understanding of end-of-life concerns and ability to address appropriately with patient and family =

9. Assesses patients' understanding of advanced directives and other forms of consent and assist staff in presenting such material in a manner accessible to individual patients =

10. Participates effectively in capacity assessments by selecting and administering appropriate tests of cognitive functioning and capacity, gather relevant information from staff and family, and appropriately integrating this material and communicating the results to patients, families and staff =

Palliative Care Competencies Global Score =

Comments:

Areas of Strength:

Areas for Improvement:

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

WOMEN'S HEALTH EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Women's Health Competencies:

1. Knowledge and understanding of the interplay between medical and psychological issues specific to Women's Health =
2. Develops positive and collegial relationships with other health care professionals and is comfortable in the consultative role =
3. Able to provide psychological input and feedback to other disciplines within the Women's Clinic =
4. Formulates an appropriate case conceptualization and associated goals for treatment =

Women's Health Competencies Global Score =

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

PSYCHODYNAMIC PSYCHOTHERAPY EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Psychodynamic Psychotherapy Competencies:

1. Ability to conceptualize case from a psychodynamic perspective =
2. Attendance to process and content of patient's verbalizations =
3. Knowledge of diagnoses and interpersonal issues guides treatment strategies =
4. Ability to respond effectively to patient's thoughts, feelings, and behaviors =
5. Self-awareness; awareness of the impact of the self on therapeutic process =
6. Openness to exploring countertransference & personal reactions to patients =

Psychodynamic Psychotherapy Competencies Global Score:

Comments:

Areas of Strength:

Areas for Improvement:

- The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

YEAR-LONG GERI ROTATIONS (GERIPACT, HBPC, PALLIATIVE) - FINAL EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Integration of Science & Practice =

Utilizes evidence-based practices; demonstrates knowledge of current literature, research, and theory in clinical activities; provides quality oral presentations in seminars, case conferences, etc.; proposes realistic goals for fellowship project; demonstrates independent, critical thinking in fellowship project.

Individual & Cultural Diversity =

Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

Ethics & Legal =

Is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines. Recognizes ethical dilemmas as they arise, & apply ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities.

Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment,

professional identity, accountability, lifelong learning, and concern for the welfare of others. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. Actively seeks and demonstrate openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Psychological Assessment, Diagnosis, and Intervention

1. Ability to establish a working alliance with patients and demonstrate appropriate empathy =
2. Development and implementation of appropriate assessment strategies =
3. Diagnostic interviewing skills =
4. Differential diagnosis and knowledge of DSM 5 =
5. Overall quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive) =
6. Generates comprehensive assessment formulations that incorporate available historical information and current assessment data =
7. Formulates well-conceptualized and comprehensive recommendations based upon familiarity with treatment resources =
8. Ability to complete same day triage evaluations within Primary Care, with appropriate disposition=
9. Formulates an appropriate case conceptualization based upon a sound evaluative and theoretical foundation =
10. Develops appropriate therapy goals and treatment plan =
11. Effective and flexible application of therapeutic strategies =
12. Maintains appropriate professional boundaries =
13. Monitors and documents patient progress during therapy and toward treatment goals and objectives=
14. Planning for and management of therapy termination =
15. Skills in group psychotherapy =

Assessment, Diagnosis, Intervention Global Score =

HBPC Competencies:

1. Administers screening tests for cognitive function and use the results to determine the need for additional neuropsychological assessment and / or address specific concerns of the HBPC staff regarding patients' ability to effectively perform ADL's or IADLS's =
2. Effectively communicates the results of assessments to the patient, family, and staff. Provides "curb-side" consultation and effectively communicates in HBPC team meetings =
3. Assesses the level of caregiver / family strain and identify the factors contributing to it =
4. Develops patient case conceptualizations and corresponding intervention plans that effectively address the goals of the HBPC Team =
5. Conducts effective interventions with couples or families to relieve relationship difficulties and/or promote collaboration with the HBPC team =
6. Provides effective, appropriate treatment interventions in the home related to psychiatric disorders or behavioral medicine issues and effectively collaborates with appropriate HBPC team members or MH providers =

HBPC Competencies Global Score =

Palliative Care Competencies:

1. Knowledge of core constituents of Palliative Care =
2. Ability to conduct a bedside diagnostic interview and bedside psychotherapy =
3. Evaluations & treatment progress are documented in a timely & clinically appropriate manner =
4. Unit staff and palliative team coordination. Ability to provide psychological input and feedback to team =
5. Ability to develop realistic treatment plans and goals, keeping in mind the patient and family=
6. Ability to manage and intervene effectively in crisis situations (e.g., lethality assessments, formulation of behavioral plans, notification and involvement of appropriate unit staff) =

7. Ability to demonstrate, mentor, and supervise psychology interns on palliative care rotation =
 8. Understanding of end-of-life concerns and ability to address appropriately with patient and family =
 9. Assesses patients' understanding of advanced directives and other forms of consent and assist staff in presenting such material in a manner accessible to individual patients =
 10. Participates effectively in capacity assessments by selecting and administering appropriate tests of cognitive functioning and capacity, gather relevant information from staff and family, and appropriately integrating this material and communicating the results to patients, families and staff =
- Palliative Care Competencies Global Score =

- Geri-PACT Competencies:
1. Knowledge and understanding of the interplay between medical and psychological issues, specific to geriatric population =
 2. Ability to assess and diagnose substance use disorders in geriatric individuals =
 3. Understanding and use of appropriate and evidence-based interventions for geriatric population =
 4. Understanding and use of mindfulness techniques =
 5. Understanding and use of clinical biofeedback skills =
 6. Understanding and use of motivational interviewing techniques =
 7. Ability to provide effective psychoeducational interventions =
 8. Familiarity with roles/contributions of various disciplines within integrated medical care team; ability to provide psychological input and feedback to team =
 9. Ability to provide family and couples interventions as appropriate, and in collaboration with other team members as appropriate =
- Geri-PACT Competencies Global Score =

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:
 Supervisor(s) Signature & Date:
 Director of Training Signature & Date:

REACH VA EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

REACH VA Competencies:

1. Understanding of basic REACH VA model (e.g. rationale, research basis, and goals) =
2. Understanding of indications and contraindications for REACH VA =
3. Ability to structure and focus therapy sessions =
4. Knowledge and skill in applying REACH VA problem solving skills =
5. Knowledge of and skill in providing psychoeducation associated with REACH VA =
6. Knowledge of and skill in providing stress management skills =
7. Feedback and guidance provided appropriately to peers during group supervision =

REACH VA Competencies Global Score =

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

GROUP PSYCHOTHERAPY EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

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5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Group Psychotherapy Competencies:

1. Ability to maintain appropriate group boundaries through establishing rules and limits, managing time, and interceding when the group goes off course in some way =
2. Ability to foster a group climate of concern for the well-being, development, and safety of the members =
3. Supports a level of emotional stimulation and experience optimal for learning and engagement within the group =
4. Plays a role in members developing meaning and understanding from their affective experiences in the group =

Group Psychotherapy Competencies Global Score =

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

TEACHING & SUPERVISION EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Teaching and Supervision Competencies:

1. Develops positive and collegial relationships with other health care professionals and is comfortable in the consultative role =
2. Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of psychological sophistication and knowledge =
3. Provides others with appropriate feedback and input in group supervision =
4. Provides a safe atmosphere for supervision =
5. Provides constructive feedback and guidance to supervisees =
6. Effectively deals with resistance in supervision =
7. Effectively deals with boundary issues in supervision =
8. Seminars and other didactic presentations are at an appropriate level of detail and sophistication =
9. Teaching style is engaging, informative, and appropriate to the level of the audience =

Teaching and Supervision Competencies Global Score =

- The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

PTSD CLINIC – FINAL EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Integration of Science & Practice =

Utilizes evidence-based practices; demonstrates knowledge of current literature, research, and theory in clinical activities; provides quality oral presentations in seminars, case conferences, etc.; proposes realistic goals for fellowship project; demonstrates independent, critical thinking in fellowship project.

Individual & Cultural Diversity =

Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

Ethics & Legal =

Is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines. Recognizes ethical dilemmas as they arise, & apply ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities.

Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and

improve performance, well-being, and professional effectiveness. Actively seeks and demonstrate openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Psychological Assessment, Diagnosis, and Intervention

1. Ability to establish a working alliance with patients and demonstrate appropriate empathy =
 2. Development and implementation of appropriate assessment strategies =
 3. Diagnostic interviewing skills =
 4. Differential diagnosis and knowledge of DSM 5 =
 5. Overall quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive) =
 6. Generates comprehensive assessment formulations that incorporate available historical information and current assessment data =
 7. Formulates well-conceptualized and comprehensive recommendations based upon familiarity with treatment resources =
 8. Ability to complete same day triage evaluations within Primary Care, with appropriate disposition=
 9. Formulates an appropriate case conceptualization based upon a sound evaluative and theoretical foundation =
 10. Develops appropriate therapy goals and treatment plan =
 11. Effective and flexible application of therapeutic strategies =
 12. Maintains appropriate professional boundaries =
 13. Monitors and documents patient progress during therapy and toward treatment goals and objectives=
 14. Planning for and management of therapy termination =
 15. Skills in group psychotherapy =
- Assessment, Diagnosis, Intervention Global Score =

Teaching and Supervision Competencies:

1. Develops positive and collegial relationships with other health care professionals and is comfortable in the consultative role =
2. Provides others with appropriate feedback and input in group supervision =
3. Provides a safe atmosphere for supervision =
4. Provides constructive feedback and guidance to supervisees =
5. Effectively deals with resistance in supervision =
6. Effectively deals with boundary issues in supervision =
7. Seminars and other didactic presentations are at an appropriate level of detail and sophistication =
8. Teaching style is engaging, informative, and appropriate to the level of the audience =

Teaching and Supervision Competencies Global Score =

PTSD Competencies:

1. Facilitation of Veteran's ability to discuss and process traumatic material =
2. Effectively communicates the results of assessments to the Veteran and facilitates engagement in treatment =
3. Ability to use a variety of skills in symptom reduction =
4. Ability to present cases clearly and objectively in team meetings =
5. Awareness and management of personal reactions to traumatic material =

PTSD Competencies Global Score

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

NYU RESEARCH EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

PTSD Research Competencies:

1. Knowledge of research base for various evidence-based therapies for PTSD =
2. Ability to engage research participants =
3. Literature review skills =
4. Writing skills =
5. Presentation skills =
6. Critical thinking skills =
7. Completion of research project (poster, presentation, article submission) =

PTSD Research Competencies Global Score =

- The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

OEF/OIF/OND EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

OEF/OIF/OND Competencies

1. Ability to perform OIF/OEF/OND evaluations, including preliminary screenings =
 2. Ability to provide case management to recently returning Vets =
 3. Ability to provide short-term psychotherapy to recently returning Vets=
 4. Ability to contribute to poly-trauma clinic =
 5. Ability to connect Veterans to vocational/educational and other resources =
- OEF/OIF/OND Competencies Global Score =

- The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

VITAL ROTATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.

5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

VITAL Competencies:

1. Ability to conduct on-site consultation/liaison psychological assessment, including safety planning as indicated =
2. Ability to provide brief psychological counseling =
3. Ability to assist with enrollment and care at the VA =
4. Ability to provide education for college/university staff about Military & Veteran culture =
5. Ability to assist in responding to inquiries about the VITAL program =
6. Understanding of the psychosocial and readjustment factors that impact recently returning Veterans who are now attending school =

VITAL Competencies Global Score =

- The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

MST AND GROUP PSYCHOTHERAPY EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

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5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Group Psychotherapy and MST Competencies:

Group Psychotherapy Skills

1. Ability to maintain appropriate group boundaries through establishing rules and limits, managing time, and interceding when the group goes off course in some way =
2. Ability to foster a group climate of concern for the well-being, development, and safety of the members =
3. Supports a level of emotional stimulation and experience optimal for learning and engagement within the group =
4. Plays a role in members developing meaning and understanding from their experiences in the group =

MST Competencies

5. Understanding of the impact of MST upon current symptoms and clinical presentation =
6. Ability to facilitate appropriate disclosure of traumatic material or set boundaries regarding discussion of trauma as clinically indicated =
7. Understanding of political and sociocultural influences related to MST =
8. Ability to conduct MST evaluations =

Group Psychotherapy and MST Competencies Global Score =

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

RECOVERY AND PEER SUPPORT EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

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5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

Recovery & Peer Support Competencies:

1. Contributes to development of Resource Directory for Veterans =
 2. Contributes to development of PTSD Peer Support Program =
 3. Works with PSC Peer Mentor to provide group(s) in PSC =
 4. Displays understanding of contribution of peer mentors to promote recovery from PTSD =
- Recovery & Peer Support Competencies Global Score =

The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

DBT EVALUATION

Fellow:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the fellow to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the fellow might address any areas of concern in future training.

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.

2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.

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5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.

6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

The expected level of competence is 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills).

This evaluation is based on the following methods of supervision:

- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recording

Comments:

DBT Competencies:

1. Ability to conceptualize case from a DBT perspective using biosocial theory =
2. Understanding of DBT philosophy and principles =
3. Ability to conduct individual DBT psychotherapy (i.e., proper use of treatment strategies and session structure based upon target behaviors) =
4. Ability to conduct DBT group skills training =
5. Understanding of DBT outcome literature =
6. Ability to balance acceptance vs. change =
7. Ability to implement paradoxical interventions =
8. Contribute to interdisciplinary DBT team meetings =

DBT Competencies Global Score =

- The fellow has completed this rotation satisfactorily (1=yes, 0=no). If no, please explain:

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:

Supervisor(s) Signature & Date:

Director of Training Signature & Date:

FELLOW EVALUATION OF SUPERVISION

Fellow:
Supervisor:
Rotation:
Period Covered:

How available was this supervisor to you for supervision? =

1= always available, 7=never available

How knowledgeable was this supervisor about the area being supervised (psychotherapy, assessment, etc.)? =

1= very knowledgeable, 7=not at all knowledgeable

Did the supervisor provide useful information on and conceptualization of clinical/treatment issues? =

1=very frequently, 7=never

Did the supervisor provide useful information on and conceptualization of diagnostic/assessment issues? =

1=very frequently, 7=never

Did the supervisor provide references from the literature relevant to clinical issues? =

1=very frequently, 7=never

How often was the supervisor willing to understand and incorporate your views of the patient? =

1=very frequently, 7=never

How flexible was this supervisor in terms of his/her theoretical approach? =

1= very flexible, 7=not at all flexible

Please rate this supervisor's teaching and didactic skills =

How responsive was this supervisor to your particular interests and needs when providing training? =

1=very responsive, 7=very unresponsive

Did this supervisor provide you with effective feedback? =

1=very frequently, 7=never

Overall rating of quality of supervision =

1=excellent, 7=poor

Comments:

Fellow Signature & Date:
Director of Training Signature & Date:

FELLOW EVALUATION OF FELLOWSHIP PROGRAM

Fellow:

Year:

We would greatly appreciate your honest evaluation and comments about your training experience at the Manhattan VA. Your feedback will directly impact future program changes and improvements. The information you provide is confidential. We encourage as many written comments as possible, especially in areas where room for improvement is noted. Many thanks for your help in our on-going efforts to improve our fellowship program.

All items are rated on scale from 1 to 4, with 1 indicating "excellent" and 4 indicating "poor."

OVERALL EVALUATION

How would you rate the fellowship as a whole?

Would you recommend this fellowship to your peers?

Did the fellowship provide what you expected, based on the brochure, application process, and interviews?

Comments:

PSYCHOTHERAPY TRAINING CASES

Number of cases

Variety of cases

Suitability of cases to training needs

Comments:

OVERALL QUALITY OF FELLOWSHIP CLINICAL TRAINING OPPORTUNITIES (rate applicable items)

Primary Care Mental Health

GeripACT

Consultation/Liaison Psychiatry

Renal Dialysis

Chronic Pain

Biofeedback

HBPC

Oncology

Diabetes shared medical visits

CHF shared medical visits

Substance Misuse Harm Reduction/Motivational Interviewing

Palliative Care

Women's Clinic

Behavioral Health Consultations

Evidence-Based Psychotherapies

Psychodynamic Psychotherapy

Group Psychotherapy

PTSD Clinic
DBT Team
Psychiatric Emergency Room
VITAL Program
OEF/OIF/OND Clinic
Recovery Services/Peer Support Program
MST Program
Other:
Variety of clinical assignments available to trainees

Comments:

SUPERVISION

Primary Care Mental Health
GeriPACT
Consultation/Liaison Psychiatry
Renal Dialysis
Chronic Pain
Biofeedback
HBPC
Oncology
Diabetes shared medical visits
CHF shared medical visits
Substance Misuse Harm Reduction/Motivational Interviewing
Palliative Care
Women's Clinic
Behavioral Health Consultations
Evidence-Based Psychotherapies
Psychodynamic Psychotherapy
Group Psychotherapy
PTSD Clinic
DBT Team
Psychiatric Emergency Room
VITAL Program
OEF/OIF/OND Clinic
Local Recovery Services/Peer Support Program
MST Program
Cognitive-Behavioral Therapy Supervision of Supervision
Other:

Comments:

EVALUATION PROCESS:

Informativeness of supervisors' formal written evaluations
Amount & informativeness of supervisors' informal feedback
Fairness of evaluation process
Opportunity to give feedback to supervisors

Comments:

COMMUNICATIONS WITH PSYCHOLOGY STAFF:

Info about policies, procedures, and reports affecting interns
Amount and frequency of communication between staff and interns
Level of supportiveness and respect shown by staff toward interns
Relations between staff and interns
Consideration given to interns' needs

Comments:

RESEARCH & PROGRAM EVALUATION OPPORTUNITIES

Fellowship Project
NYU PTSD Research Program
Other:

Comments:

OPPORTUNITIES TO TEACH AND PROVIDE SUPERVISION

Supervision of CBT for externs
Supervision of interns
Teaching seminars
Teaching/consultation to PACT teams
Other:

Comments:

PROFESSIONAL ATMOSPHERE & ROLE-MODELING

Competence of Psychology staff
Quality of psychology programs involved in patient care
Facilitation of understanding and appreciation of the psychologist's professional role
Relations between Psychology and other services such as Psychiatry, Neurology, SW, Medicine, Primary Care, etc.

Comments:

SEMINARS

Overall variety of topics
Overall quality of seminars
Responsiveness to training needs

Comments:

Additional topics you would recommend:

Topics or presenters you would recommend deleting:

SUPPORT FACILITIES

Computer system
Availability of offices
Medical library / Online journal access
Physical environment

Comments:

WHAT HAVE BEEN THE HIGHLIGHTS OF YOUR TRAINING EXPERIENCE & WHY?

- 1.
- 2.
- 3.
- 4.

WHAT WERE THE LESS DESIRABLE ASPECTS TO YOUR TRAINING EXPERIENCE AND WHY?

- 1.
- 2.
- 3.
- 4.

Did your VA fellowship help further your professional goals and development?

1=definitely yes, 2=yes, 3=not sure, 4=definitely not

Please specify the ways in which it did and did not:

In retrospect, would you choose this fellowship again?

1=definitely yes, 2=yes, 3=not sure, 4=definitely not

Why or why not?

Any additional comments?

APPENDIX B
DUE PROCESS, REMEDIATION, & GRIEVANCE PROCEDURES

DUE PROCESS, REMEDIATION OF PROBLEMATIC POSTDOCTORAL FELLOW PERFORMANCE, AND GRIEVANCE PROCEDURES

This section provides a definition of problematic postdoctoral fellow performance and how these situations are handled by the program, as well as a discussion of due process and grievance procedures.

The postdoctoral fellowship program follows due process guidelines to assure that decisions are fair and nondiscriminatory. During the orientation process (first week of employment), postdoctoral fellows are given this Policy and Procedure handbook and this material is reviewed with the Director of Training. The handbook contains written information regarding:

- Expected performance and conduct
- The evaluation process, including the format and schedule of evaluations
- Procedures for making decisions about problematic performance and/or conduct
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems
- Procedures for appealing the program's decisions or actions

At the end of orientation, postdoctoral fellows sign a form indicating that they have read and understood these policies.

Problematic Postdoctoral Fellow Performance and/or Conduct

This section describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic postdoctoral fellow performance.

Definition of Problematic Behaviors

Problematic behaviors are broadly defined as those behaviors that disrupt the postdoctoral fellow's professional role and ability to perform required job duties, including the quality of: the postdoctoral fellow's clinical services; his or her relationships with peers, supervisors, or other staff; and his or her ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the postdoctoral fellow's inability or unwillingness to a) acquire professional standards and skills that reach an acceptable level of competency, or b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The postdoctoral fellow does not acknowledge, understand, or address the problem
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training
- The postdoctoral fellow's behavior does not improve as a function of feedback, remediation, effort, and/or time
- The professional services provided by the postdoctoral fellow are negatively affected
- The problem affects more than one area of professional functioning
- The problem requires a disproportionate amount of attention from training supervisors

Some examples of problematic behaviors include:

- Engaging in dual role relationships

- Violating patient confidentiality
- Failure to respect appropriate boundaries
- Failure to identify and report patients' high risk behaviors
- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA NYHHS policies and procedures, as outlined during new employee orientation.

Remediation of Problematic Performance and/or Conduct

It should be noted that every effort is made to create a climate of access and collegiality within the service. The Director of Training is actively involved in monitoring the training program and frequently checks informally with postdoctoral fellows and supervisors regarding postdoctoral fellows' progress and potential problems. In addition, postdoctoral fellows are encouraged to raise concerns with the Director of Training as they arise. It is our goal to help each postdoctoral fellow reach his/her full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The Postdoctoral Training Committee consists of all psychology supervisors and staff involved in postdoctoral fellowship planning. The Committee meets once per month to discuss training issues and postdoctoral fellow performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Postdoctoral fellows also receive direct feedback from their clinical supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout the year (see previous section on the Evaluation Process for details).

Postdoctoral fellows are continuously evaluated and informed about their performance with regard to the training goals and objectives of the program. It is hoped that postdoctoral fellows and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the postdoctoral fellow and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although postdoctoral fellows are formally evaluated at regular intervals (see previous section on the Evaluation Process), problematic behaviors may arise and need to be addressed at any given time.

The expected level of competence as indicated in postdoctoral fellows' written evaluations are global ratings of 4 or above on mid-year evaluations and 5 or above on final evaluations, as well as the overall rating that the postdoctoral fellow has completed the training assignment satisfactorily.

If the postdoctoral fellow fails to meet these expectations at the time of the written evaluation, or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct would be implemented. These include:

1. Supervisor meets with Director of Training and/or full Postdoctoral Training Committee to assess the seriousness of postdoctoral fellow's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.
2. After a thorough review of all available information, the Training Committee may adopt one or more of the following steps, as appropriate:
 - A. No further action is warranted.
 - B. Informal Counseling – the supervisor(s) may seek the input of the Training Committee and decide that the problem(s) are best dealt with in ongoing supervision.
 - C. Formal Counseling – this is a written statement issued to the postdoctoral fellow which includes the following information:
 - A description of the problematic behavior(s)
 - Documentation that the Training Committee is aware of and concerned about the problematic behavior(s) and has discussed these with the postdoctoral fellow
 - A remediation plan to address the problem(s) within a specified time frame. Remediation plans set clear objectives and identify procedures for meeting those objectives. Possible remedial steps include but are not limited to:
 - o Increased level of supervision, either with the same or other supervisors
 - o Additional readings
 - o Changes in the format or areas of emphasis in supervision
 - o Recommendation or requirement of personal therapy, including clear objectives which the therapy should address
 - o Recommendation or requirement for further training to be undertaken
 - o Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution)

As part of this process, the postdoctoral fellow is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, Director of Training, and postdoctoral fellow will meet to discuss postdoctoral fellow's progress at a specified reassessment date. The supervisor documents the outcome and gives written notification to postdoctoral fellow and Director of Training.

- D. Probation Notice – this step is implemented when problematic behavior(s) are deemed to be more serious by the Training Committee and/or when repeated efforts at remediation have not resolved the issue. The postdoctoral fellow will be given written statement that includes the following documentation:
 - A description of any previous efforts to rectify the problem(s)
 - Specific recommendations for resolving the problem(s)
 - A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the postdoctoral fellow is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor, Director of Training, and postdoctoral fellow will meet to discuss postdoctoral fellow's progress at the end of the probationary period. The supervisor documents the outcome and gives written notification to postdoctoral fellow and Director of Training.

- E. Termination – if a postdoctoral fellow on Probation has not improved sufficiently under the conditions specified in the Probation Notice, termination will be discussed by the full Training Committee. The final decision regarding the postdoctoral fellow's passing is made by Director of Training and Chief of Psychology, based on the input of the Committee and all written evaluations and other documentation. This determination will occur no later than the May Training Committee meeting. If it is decided to terminate the postdoctoral fellowship, the postdoctoral fellow will be informed in writing by Director of Training that he/she will not successfully complete the postdoctoral fellowship.
3. At any stage of the process, the postdoctoral fellow may request assistance and/or consultation outside of the program. Resources for outside consultation include:

VA Office of Resolution Management (ORM)

Department of Veterans Affairs
Office of Resolution Management (08)
810 Vermont Avenue, NW, Washington, DC 20420
1-202-501-2800 or Toll Free 1-888- 737-3361
<http://www4.va.gov/orm/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner. These services and programs include:

- Prevention: programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
- Early Resolution: ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This is a form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
- Equal Employment Opportunity (EEO) Complaint Processing

Association of Psychology Postdoctoral and Internship Centers (APPIC)

APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the fellowship training year.

<http://appic.org/Problem-Consultation>

Informal Problem Consultation (IPC)
Jason Williams, Psy.D. (720) 777-8108
Chair, APPIC Board of Directors

Formal Complaints
Elihu Turkel, Ph.D., Chair, APPIC Standards and Review Committee
turkel@lij.edu

APA Office of Program Consultation and Accreditation:

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979

<http://www.apa.org/ed/accreditation>

Independent legal counsel

Note: All documentation related to the remediation and counseling process becomes part of the fellow's permanent file with the Psychology Division. These records are maintained by the Director of Training and kept in secure, locked cabinets in her office.

POSTDOCTORAL FELLOW GRIEVANCE PROCEDURE

This section details the program's procedures for handling any complaints brought by postdoctoral fellows.

1. If a postdoctoral fellow has a grievance of any kind, including a conflict with a peer, supervisor, or other hospital staff, or with a particular training assignment, the postdoctoral fellow is first encouraged to attempt to work it out directly.
2. If unable to do so, he or she would discuss the grievance with the Director of Training, who would meet with the parties as appropriate.
3. If still unable to resolve the problem, the postdoctoral fellow, supervisor, and Director of Training would then meet with the Chief of Psychology, who would intervene as necessary.
4. A meeting with all the involved parties would be arranged within two weeks of notification of the Chief of Psychology. The Chief of Psychology serves as a moderator and has the ultimate responsibility of making a decision regarding the reasonableness of the complaint.
5. The Chief of Psychology would make a recommendation of how to best resolve the grievance. Within one week of the meeting, a written notification of this recommendation will be forwarded to all parties by the Chief of Psychology.
6. If a mutually satisfying resolution cannot be achieved, any of the parties involved can move to enlist the services of two outside consultants, a graduate of the postdoctoral fellowship program and a psychologist unaffiliated with the program, but familiar with training issues. If a graduate of the fellowship program is unavailable, a second unaffiliated psychologist who is familiar with training issues may be requested.
7. The consultants would work with all involved individuals to mediate an acceptable solution. The Chief of Psychology will implement this step in the grievance procedure as soon as a request is made in writing.
8. The consultants would meet with the involved parties within one month of the written request. The two consultants and the Chief of Psychology would then make a final decision regarding how to best resolve the grievance.
9. All parties would be notified of the decision in writing within one week. This decision would be considered binding and all parties involved would be expected to abide by it.