VA New York Harbor Healthcare System-Brooklyn Campus
Postdoctoral Residency in Geropsychology
2021-2022 Training Year

Updated January 21, 2021

800 Poly Place,
Brooklyn, New York 11209
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Overview

The VA New York Harbor Healthcare System (VANYHHS) provides services at three campuses in New York City, Brooklyn, Manhattan and St. Albans, Queens and has multiple affiliated Community Based Outpatient Clinics (CBOCs). The VANYHHS Brooklyn Campus, a full-service medical center, is affiliated with the State University of NY - Downstate Medical Center.

Psychology is a section within the overall Mental Health Service. The psychology service is headed by a section Chief of Psychology at both the Manhattan and the Brooklyn campuses. The Brooklyn psychology service provides consultation, mental and behavioral health services, and neuropsychological and psychological assessment at the Brooklyn campus, the St. Alban’s campus and the Staten Island CBOC. As an inner-city Medical Center, there is a patient population of male and female veterans, their spouses and occasionally children who are from a diverse mix of cultural and religious backgrounds and who represent all ages and socio-economic groups. A large percentage of these are veterans over the age of 65.

A training committee coordinates the postdoctoral residency in geropsychology. The committee is composed of the Director of Training for the program and staff supervisory psychologists. Additional psychology staff serve in additional training roles in the residency program. Residents serve in an advisory capacity, meeting at least twice a year with the Training Committee.

Training in Geropsychology

Training in geropsychology has become vital as the general US population ages. The US population age 65 and older is expected to double in size within the next 15 years. By 2030 one in five Americans will be 65 or older with the age group 85+ now the fastest growing segment of the population (US Census Bureau, 2006). Vietnam era veterans accounted for the largest veteran population in 2000 and included nearly one-third of all veterans (8.4 million). World War II veterans made up the next largest group, with 5.7 million people (US Census Bureau, 2000).

There are multiple training sites in the VANYHHS Brooklyn Campus in which older adults receive services including geriatric primary care medicine, outpatient and inpatient oncology, palliative care, memory disorders clinic, neuropsychology clinic, and home-based primary care. Due to both the present numbers of older adults seeking services at the VANYHHS and the increased numbers of older adult patients expected as the population ages, these sites offer excellent opportunities for focused and in-depth training in geropsychology.

Staff

There are over 30 psychologists on staff at the VANYHHS- Brooklyn Campus and a complement of psychology consultants covering areas including family therapies, diversity issues, case conferences, PTSD, among others.
**General Training Opportunities**

There are liberal training opportunities for all staff and fellows who regularly access VA conferences, workshops, bi-weekly interdisciplinary behavioral and mental health grand rounds that are chaired by psychology, live video and audio conferences. Specialty training in geriatric issues is varied and includes GRECC conferences, monthly interprofessional seminars, and a multitude of geriatric and geropsychology webinars and training opportunities shared across the VA. Authorized Absences are granted for attendance at conferences outside the VA.

**Facility Support**

Residents share an office space together and also have an office in their rotation’s clinical areas. Residents also have their own computer, phone, and access to statistical packages for research/data analysis. Cars are provided by the VA for travel in the home-based primary care program. There is a full-service professional library that offers literature searches and locates difficult to find articles. Neuropsychological assessment tools are provided for residents on each of the rotations. Extensive computerization offers a full menu of psychological assessment tools that are available to residents.
Residency Program Description

Program Mission and Philosophy
The VANYHHS – Brooklyn Campus Postdoctoral Residency in Geropsychology program mission is to develop focused and in-depth postdoctoral preparation for advanced practice in geropsychology and integrated behavioral healthcare. The program philosophy is based on the Scholar-Practitioner Model and utilizes the Pikes Peak Model for Training in Professional Geropsychology. The program mission is consistent with the VA emphasis on high quality, integrated health care for veterans, their families and caregivers.

Specific Qualifications for Applicants
The postdoctoral residency program seeks applicants with prior training in geropsychology, health psychology and in integrated medical settings. Background in neuropsychological assessment is recommended as this is heavily focused on in all training rotations. Additionally, prior training and/or interest in evidence-based psychotherapy practices and shorter-term interventions in medical settings is required. Most importantly, a strong interest in and commitment to working with older adults across various settings is necessary.

Residents must also have a driver’s license to be able to participate in the home-based primary care rotation.

Program Aims
The program aims to:
1. Prepare residents to be ethical and culturally sensitive future leaders in geropsychology with the requisite skills and knowledge to develop, implement and evaluate geropsychological services in hospitals and other settings, working within interprofessional teams.

2. Have residents develop advanced knowledge and skills in the assessment of dementia and cognitive functioning, informing and providing appropriate interventions for the older adult population.

Program Competencies
We embrace a competence-based training model that incorporates attainment of advanced competencies in both core postdoctoral level competencies and geropsychology specific competencies. The following competencies are assessed at mid-year and end-of-year:

- Integration of Science and Practice
- Professional conduct, ethics and law, and other standards for providers of psychological services
- Individual and cultural diversity issues, especially as they apply to working with older adults
- Assessment (personality, health and behavior, cognition, mental and behavioral health)
• Evidence-based interventions for older adults
• Professional values, attitudes, and behaviors
• Supervision and teaching
• Advocacy
• Business of geropsychology practice

Geropsychology specific knowledge, skills and abilities:
Geropsychology residents complete the aspirational *Pikes Peak Geropsychology Knowledge and Skills Assessment Tool, version 1.4 (2013)* to assess their level of competency in geropsychology practice at the beginning of the year in order to develop an individualized training plan with the training committee. The program also utilizes training philosophy from the following documents: The American Psychological Association *Guidelines for Psychological Practice with Older Adults* (2014), the American Psychological Association *Guidelines for the Evaluation of Dementia and Age-related Cognitive Change* (2011) and the APA *Blueprint for Change: Achieving Integrated Health Care For An Aging Population* (2008).

In preparing residents for advanced practice in geropsychology we offer a broad range of experiences with older adults. The core postdoctoral and geropsychology competencies are developed in a variety of settings including primary care geriatric clinic, memory disorders clinic, medical oncology, inpatient CLC, palliative care and home-based primary care. Our program also has a strong emphasis on neuropsychological assessment of older adults as we believe that this is necessary to work most effectively with all of the issues that impact older adults. There is an emphasis on scholarly and evidence-based practice and value-added, outcome-based contributions to the field.

Commitment to Diversity
The postdoctoral residency has always been committed to promoting awareness of and respect for multiculturalism and diversity in order to prepare residents to be culturally competent providers of mental and behavioral health care for older adults and their families. Residents have been encouraged and supported in evaluating and contributing to initiatives to continue to promote and grow a culture of acceptance and inclusivity throughout the medical center. We have always expanded our consideration of diversity and multiculturalism to include theoretical models in psychotherapy and assessment, delivery of care, research paradigms and all aspects of professional practice. As noted below in the section detailing seminars, residents participate in a variety of year-long seminars that interweave multicultural awareness to inform all levels of psychology practice as well as participate in other training opportunities towards the goal of multicultural competence.

One of the benefits of our residency training program is the great diversity of the veterans that we serve in New York City. The leadership of the psychology department and the directors of our training programs maintain a strong commitment to continued staff development in the area of multicultural and diversity competence in service delivery and supervision. Efforts to recruit and support residents from diverse backgrounds are
continually evaluated and prioritized with the goal of developing a pipeline to continue to diversify our psychology staff. With this in mind, resident applicants from diverse groups who are underrepresented in professional psychology are highly encouraged to apply.

More recently, the homicides of George Floyd, Breonna Taylor, Ahmaud Arbery and countless others as well as the COVID pandemic have highlighted the ongoing need to acknowledge and take action in response to systemic and institutionalized racial discrimination. As a psychology department, members of training committees, and as members of a larger hospital-based institution, we have been taking active steps toward assessing our own biases and roles in contributing to racial inequities. We have made a commitment to continue our growth with continued self-reflection and action steps in our Multicultural Diversity Committee, on our training committees and in our psychology and mental health staff meetings. We are committed to improving our recruitment and retention of diverse trainees and staff, fostering an inclusive, accepting and equitable environment for our veterans, staff and trainees, and bringing a focus on multicultural/diversity competence throughout our clinical work and training and supervision of our future psychologists.

Additionally, our mental health service has initiated a VA New York Harbor Diversity Advisory Council whose mission will be to provide concrete services and support to staff and clinicians throughout the hospital around diversity issues, and to educate and provide support to the hospital administration around programming and best practices to support equity and diversity throughout the hospital.

Trainees (postdoc residents and interns) are encouraged and have opportunities to be members on the Multicultural Diversity Committee to initiate and support projects that meet the mission and goals of the committee. In addition to year-long seminars and continued focus on maintaining a multicultural lens and understanding in assessment, intervention and research, postdoctoral residents will also participate in other training experiences (e.g. a field trips, book clubs, department/hospital events to support diversity) with other trainees and staff.

**Training in Evidenced-Based Treatments**

Evidenced-based treatments are taught to residents whenever available. Postdoctoral residents will develop competencies in the following evidenced-based treatments for older adults and their families including treatment for geriatric depression, late life anxiety, dementia, caregiver support, insomnia and other behavioral health issues. Evidenced-based care, best practices and other common late-life interventions will be taught in a didactic seminar on geriatrics by psychologists and medical staff in geriatric specialty areas (hematology/oncology, palliative care, geriatric psychiatry), and in individual and group supervisions by psychology staff. Short-term evidence-based psychotherapies and interventions that are appropriate for primary-care mental health integration will also be taught with adaptations considered for working with an older adult population. Participation in the VA sponsored trainings in Primary Care Mental
Health Integration is also offered with the ability to become certified as competent in this area.

**Residency Rotations and Clinic Assignments** (Please see below section entitled: Response and Adaptations to Training Program due to COVID-19; page 12)

Rotations and assignments have been established with the training needs and objectives of the residency program in mind. Residents do year-long rotations as it is believed that at the postdoctoral level, residents can benefit from being immersed in rotations and clinical areas which allows for the development and growth towards more independent and advanced practice competencies.

Residents participate in major and minor rotations in order to be exposed to the range of older adult presentations from community-dwelling older adults to more frail and ill patients at the end of life. The minor rotations also allow residents to develop competencies across a range of treatment settings that older adults are often treated in.

**Adaptations to residents’ training assignments can be considered and adjusted as needed based on the unique training needs and interests of residents.**

**Major Rotations**

Residents are provided with a full year in one of the following major rotations:

1) **Oncology/Palliative Care** - Residents provide triage, assessment and mental and behavioral health interventions in oncology and palliative care with acute inpatients, outpatient oncology, and in chemotherapy and radiation therapy clinics. Psychology residents will participate on an interprofessional team with attending physicians, medical residents and fellows, nurses, social workers, chaplains and chaplain fellows, dietary staff and patient volunteers.

Residents participate in and learn all aspects of health care in oncology including:

- medical rounds with the attending staff and residents on the oncology and palliative care teams;
- support of medical treatment and provide information, assistance and when needed;
- brief neuropsychological assessment and succinct, timely feedback to the team;
- capacity evaluation;
- interprofessional collaboration;
- brief health and behavior interventions, cancer support group, pain management group, end-of-life care; bereavement;
- program development and outcome evaluation
- goals of care discussions for the life sustaining treatment decision initiative.

2) **Primary Care Geriatric Clinic** – Residents will be involved in a comprehensive Geriatric Primary Care Clinic that attends to the medical, psychological and social needs of geriatric patients with complex medical and psychosocial needs. The postdoctoral
resident will work in a truly integrated manner in the clinic and with the interprofessional team, including attending physician, medical students, social work, pharmacy, dietary, psychiatry and other support services. The clinic staff and trainees from various disciplines meet weekly for a journal club during which each discipline picks and leads a discussion on a timely topic. In addition, there is a weekly interdisciplinary case conference during which complex cases are presented for in-depth discussion.

Residents learn about and participate in providing the following:

- same-day cognitive and emotional screening, quick consultation
- individual and group health and behavior interventions
- neuropsychological assessment, interventions and feedback including assessments for questions related to dementia, capacity, non-compliance, high-utilization of services
- health and wellness groups, cognitive remediation groups, caregiver support (individual, group, and telephone)
- short-term evidence-based psychotherapy
- psychology follow-up of geriatric primary care clinic patients who are hospitalized for continuity and coordination of care
- quality improvement projects, program development and outcome evaluation

3) CLC/Palliative Care Rotation – Psychology residents will participate on interprofessional teams providing psychological and cognitive assessment and intervention to a broad range of veterans in the Community Living Center (skilled nursing facility) on long-term, rehab and palliative care units.

Residents participate in the following:

- rounds with the medical teams
- brief bedside neuropsychological assessment and succinct, timely feedback to the team
- capacity evaluations
- consultation with interprofessional team around behavior management
- in-service training with staff
- health and behavior and mental health interventions for coping, management of medical needs, end-of-life care; bereavement
- program development and outcome evaluation
- participation in and growth of My Life My Story project

Additional Training Assignments

Both residents participate in the following additional training activities throughout the year:

- Geriatric Neuropsychology Clinic – Residents complete neuropsychological assessment on older adults who are referred for evaluation of cognitive/emotional disorders. Consults are received from many different disciplines and clinics. Neuropsychology clinic follow-up interventions are provided following evaluation for many veterans and families. Inpatient/bedside assessments are also managed through the neuropsychology clinic.
• **Geriatric Mental Health Clinic**- Residents develop an EBP outpatient caseload of older adults and their family members in need of mental health services via direct observation and demonstration by staff and audio tape supervision.

• **Home-Based Primary Care (HBPC)**– Residents learn assessment, mental and behavioral treatment for older adults and their families/caregivers by going to the patient's home to provide services. Consultation to the interprofessional home-based primary care team occurs in team meetings and informal communication.

• **Palliative Care Unit – St. Albans CLC**- Residents will work on state-of-the-art palliative care unit in CLC, providing assessment and intervention with patients and families around serious illness and end of life issues. Residents will participate weekly in interdisciplinary team meetings.

• **Neuropsychological Assessment and/or Inpatient Interventions in St. Alban’s CLC**- Residents will gain additional neuropsychology training in the CLC doing bedside assessment, capacity evaluations and will provide interventions/psychotherapy with residents of the CLC.

• **Quality Improvement** – Residents are expected to develop and participate in quality improvement projects, professional papers and presentations.

• **Supervision of interns/externs and teaching** – In order to develop advanced postdoctoral competencies, residents supervise a psychology extern or intern throughout the course of the year. Residents learn to provide competency-based supervision in weekly supervision sessions, as well as by modeling and accompanying their supervisees in a number of different clinical experiences. Residents also participate in various teaching activities throughout the year (e.g. present at MH Grand Rounds, provide a monthly geropsychology seminar to psychology interns, presenting to interprofessional geriatric team).

**Workload**

Residents have a graduated patient workload that follows their initial adjustment, past experiences and comfort level with the area of specialty in their rotation. Workload may also be adjusted throughout the year based on other demands and interests that the resident may express. Generally, residents start the year with an expected workload of approximately 1-2 hours a day of direct patient care, then 2-3, 3-4 and by the end of the year having worked toward 20 hours of direct patient care spread throughout the week.

**Supervision**

At least one supervisor is always on site and most often multiple supervisors will be on site and available for any immediate crises or issues that arise with patients. Residents are provided with a minimum of two hours of individual supervision with psychology staff who are on the training committee. Psychology supervisory staff will co-lead, role-model and demonstrate intervention, assessment and consultation techniques with older adult patients in all assigned areas of service delivery. In addition, psychology staff maintains an open-door policy and residents can request additional supervision/consultation and/or brief clinical discussions at any time. Interprofessional huddles occur often in order to coordinate treatment and discuss developments with patients in clinical work areas.
Seminars
Weekly seminars:

**VA Multi-Site Geropsychology Postdoctoral Seminar** – This seminar covers a sequence of topics ranging from the development of geropsychology as a specialty practice, normal aging and development, assessment of older adults, specific interventions and treatments, and a broad range of other topics specific to geropsychology practice (e.g., supervision, diversity/multicultural issues, and professional and career development). This seminar was developed to provide a forum for geropsychology postdoctoral residents to form their own community and to be exposed to the growing community of geropsychology supervisors across the VA.

**Evidence-based psychotherapy (EBP)** – This seminar covers EBP (ACT-D, CBT-I, CBT-D, MI, CBT-CP, and MCP) didactic and training, as well as case presentation and supervision. Shorter-term evidence-based psychotherapies adapted for use in primary-care mental health models are also covered. This seminar is held over CVT with postdoctoral residents at our Manhattan campus with the goal of providing other opportunities for our residents to connect and form relationships with their training colleagues.

Bi-monthly seminars:

**Neuropsychology Seminar** – This seminar covers didactics in many topics related to neuropsychological assessment as well as neurological disorders associated with aging. Case material is reviewed and discussed in the group format.

Monthly seminars:

**Interprofessional collaboration with chaplaincy** – Chaplain mental health fellows and geropsychology residents participate in this seminar that focuses on the unique roles that both psychology and chaplaincy provide on interprofessional teams treating our veterans. Multicultural and diversity issues are highlighted. Case discussion is included to highlight interprofessional collaboration.

**Multicultural and Diversity Issues** – This seminar is didactic and has an interactive component including case material to address multicultural and diversity issues specifically related to working with older adults.

**Ethics Seminar** – Residents will become knowledgeable about primary ethical and professional issues in geropsychology. Residents will learn to anticipate, avoid, and resolve ethical challenges.

**Supervision Seminar** – This seminar is didactic and focuses on competency-based supervision model. It is held over CVT with Manhattan postdoctoral residents and allows for discussion of supervision experiences that residents are having in their supervision practice. Throughout the year, multicultural competence in supervision is interwoven through all didactics and discussion.
Interdisciplinary geriatric team journal club – Residents participate in a weekly journal club with the geriatric primary care team. Participants include medical students, residents and fellows, attending physician, psychiatrist, pharmacist, social worker, psychology residents and supervisors. Medical students present journal articles on topics related to medical issues in geriatric populations and psychology residents present once a month on topics related to neuropsychological and psychological aspects of working with older adults in a medical setting. The journal club has been enthusiastically attended by all and has fostered an increasing interest in psychology/neuropsychology by medical students, residents and fellows.

Other didactics:
VA webinars and in-person conferences and learning opportunities relevant to current resident cases or training needs are assigned on a regular basis. Examples include a monthly VA-wide seminar on capacity assessment, or watching a webinar on VA education and research on topics in clinical geropsychology. Journal and other publications relevant to geropsychology practice are shared on an informal basis.

Response and Adaptations to Training Program Due to COVID-19 Pandemic

The complex and rapidly changing nature of the COVID-19 pandemic has required modifications and adaptations to our already established training program’s policies and practices. We have worked to balance training and service delivery needs with personal and public health and safety. Our adaptations have been made with ongoing consultation with the Office of Academic Affiliations (OAA), APA Commission on Accreditation (CoA) and other organizations who guide and monitor programs and trainee preparation to work in health service psychology. Our training program will continue to adapt as needed while keeping this balance in mind as the pandemic and public health guidance evolves.

Beginning in March 2020, as the pandemic unfolded in NYC, our mental health service and our psychology trainees were supported by our medical center leadership to establish agreements to work remotely. All psychology trainees completed necessary training to be able to work remotely and were supported in additional trainings to augment their use of telehealth platforms. New procedures for providing supervision over telework were also established.

Postdoctoral residents continued to provide consultation, assessment, and intervention over telephone and video to our veterans in their homes or onto inpatient units (medical and CLC) when available. While every area of the hospital worked quickly to adapt to having patients provided services over telehealth, special consideration was given on each clinical rotation as to how to best adapt our psychology services in order to access our patients most effectively and productively and to meet their needs. Cognitive assessment (brief to more complex) continues to be incorporated in all assessment and intervention with older adults. Modifications have been made to adapt this to the telehealth environment with consideration given to the most appropriate and standardized way to conduct assessment in order to meet the clinical needs. Newly emerging
standards for conducting neuropsychological assessment over telehealth will continue to be incorporated into the training with an acceptance that this form of assessment will continue to be necessary into the future of healthcare. At this time, postdoc residents will have the option to work face-to-face with patients in the medical center (CLC and acute medical units) with supervisors present in the medical center as part of their overall training schedule. Any face-to-face contact will be done with appropriate PPE and considerations towards the trainees’ individual circumstances, comfort level and safety.

Seminars, supervision, consultation groups and other didactics have been provided over telehealth platforms. Supervision has continued to be provided with direct observation of residents by having supervisors join clinical encounters on the telephone or video. Postdoctoral residents and supervisors have continued to be involved in discussions with larger VA groups of geropsychology trainees and supervisors to share ideas about innovative programming and services to offer our older adults over telehealth for the period of time that our patients are not coming into the medical center. Additionally, emphasis continues to be on maintaining awareness and addressing the impact of healthcare disparities on our veterans.

Challenges that have impacted some of our psychology trainees (currently interns and practicum students) have arisen with trainees who reside out of state. These trainees have been prohibited from providing clinical services across state lines and so modifications have been made to those training responsibilities and experiences on an ad-hoc basis. This has not impacted our postdoctoral residents in the current year. In the future, if this were to arise, appropriate and individualized accommodations would be made in order to continue to have the resident meet the competency requirements of the program.

We remain steadfast in our unwavering commitment to our postdoctoral residents and our training program. While we cannot predict how decisions and guidance from the national, state, local and hospital leadership will evolve and how it will impact future training years, we do expect that future healthcare will involve some mixed model of in-person and telehealth contact with our veterans. We believe that developing competencies in providing professional psychology services over telehealth will be necessary for health service psychologists into the future.

**Interviewing:** The health and safety of our psychology trainees, along with the competent care of our nation’s veterans, is of utmost importance to us. All interviews for the coming year will be conducted virtually due to the pandemic. Additionally, we are committed to recruiting and retaining a diverse group of applicants and do not want the financial or other challenges associated with travelling to our medical center for interviews to disadvantage anyone. Our interview process is an opportunity for our training staff to learn fully about our applicants as well as an opportunity for us to convey what it is like to train with our training program/staff and to work in our particular medical center with the interdisciplinary teams we collaborate with. We strive to provide a full and engaging interview process over a video platform.
Our program will continue to provide high quality training in professional psychology while simultaneously keeping our trainees’ health and wellness at the forefront. We will continue to update our public materials as the situation unfolds for the 2021/2022 training year. Please feel free to reach out should you have any questions.
Postdoctoral Residency Program Admissions, Support and Initial Placement Data
Date Program Tables are updated: October 24, 2018

Postdoctoral Program Admissions

<table>
<thead>
<tr>
<th>Financial and Other Benefit Support for Upcoming Training Year*</th>
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<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Residents</td>
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<tr>
<td>Annual Stipend/Salary for Half-time Residents</td>
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<td>Program provides access to medical insurance for resident?</td>
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<td>Trainee contribution to cost required?</td>
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<td>Coverage of family member(s) available?</td>
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<td>Coverage of legally married partner available?</td>
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<td>Coverage of domestic partner available?</td>
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<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
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<tr>
<td>Hours of Annual Paid Sick Leave</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
</tr>
<tr>
<td>Other Benefits (please describe):Authorized Absence for prof dev/conf: 5 days</td>
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</table>

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:

The postdoctoral residency program seeks applicants with some prior training in geropsychology, health psychology and in medical settings with interprofessional teams. It is expected to have some training experience in neuropsychological assessment as this is heavily focused on in all training rotations. Additionally, prior training and interest in shorter-term evidence-based treatments (e.g. cognitive-behavioral) that are useful in the medical setting is required. Most importantly, a strong interest in and commitment to working with older adults across various settings is necessary.

Describe any other required minimum criteria used to screen applicants:
None

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table
**Initial Post-Residency Positions**

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

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<tr>
<td>Total # of residents who were in the 3 cohorts</td>
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<td>Total # of residents who remain in training in the residency program</td>
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<tr>
<th>Setting</th>
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<th>EP</th>
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</thead>
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Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.
Faculty and Consultants

**Section Chief of Psychology – Brooklyn Campus**
**Director of Training- Postdoctoral Residency in Geropsychology**
Valerie Abel, Psy.D., ABPP
Ferkauf Graduate School of Psychology, 1997
Clinical Psychologist and Neuropsychologist
Postdoctoral Certification, Fielding Institute, Neuropsychology
Board Certified in Geropsychology
Board Member, New York State Association of Neuropsychology
Board Member, Council of Professional Geropsychology Training Programs
Clinical activities: Neuropsychological assessment; geropsychology; psycho-oncology;
health psychology; evidence-based psychotherapy with older adults; LEAN technology;
telehealth
Research and writing interests: Health care delivery systems; integrated health care; new
models in geropsychology services

**Psychology Supervisors**
Shane S. Bush, Ph.D., ABPP
California School of Professional Psychology-Alameda, 1995
Clinical Psychologist and Neuropsychologist, St. Albans Extended Care
Board Certified in Rehabilitation Psychology, Clinical Neuropsychology, Clinical
Psychology, and Geropsychology
Fellow, American Psychological Association and National Academy of Neuropsychology
President, American Board of Geropsychology
Past-Chair, Council of Professional Geropsychology Training Programs (CoPGTP)
Past President (2010), National Academy of Neuropsychology
Activities: Psychological and neuropsychological assessment and treatment, cognitive-
behavioral therapy
Research/Scholarly Interests: Ethical and professional issues, symptom and performance
validity

Susana Castellanos, Ph.D.
California School of Professional Psychology, AIU-Fresno 2005
Member, California Psychology Association
Clinical Activities: Geropsychology, home-based care, care-giver support,
multidisciplinary collaboration, evidenced based therapy, general mental health;
mindfulness based cognitive therapies and online therapy
Research Interests: Complex PTSD, military psychology, forensic psychology and
veteran suicidality

Elaine Lavin, Psy.D.
Ferkauf Graduate School of Psychology, Yeshiva University, 2018
Clinical Activities: providing individual and group psychotherapeutic treatment to
veterans residing at the Community Living Center of the St. Albans campus, caregiver
support, palliative/hospice care, multidisciplinary collaboration, behavioral management,
outpatient psychotherapy.
Research Interests: the supervisory relationship, attachment in the psychotherapy relationship.

Consultants Involved in Training

Anthony J. Brinn, Psy.D.
Ferkauf Graduate School/Yeshiva University, 2013
Clinical Psychologist, PTSD-SUD Coordinator, NY Campus Clinical activities:
Coordinating outpatient treatment for Veteran’s treated with comorbid PTSD and Substance use disorder. Serves as a liaison between PTSD and Substance abuse Clinics. Research interests: Evaluating and disseminating effective treatments for comorbid PTSD and Substance Use Disorders; Qualitative Research Methodology; Integration of mental health treatments into primary care; Facilitators of treatment success/compliance in treatment-resistant populations.

Michelle Kehn, Ph.D.
Long Island University, Brooklyn Campus, 2009
Clinical Psychologist, Home-based Primary Care -VA NY Campus Clinical activities:
Providing neuropsychological and psychological assessment, treatment, and short-term psychotherapy to home-bound veterans; providing psychotherapy in the Geriatric Primary Care Clinic, group psychotherapy to older veterans, and consultation to palliative care Research interests: Couples Therapy with Older Adults, Evidence-Based Treatment in the Home

Florine Thompson, MDIV
New York Theological Seminary
LMSW, Fordham University
Associate Supervisor, Association for Clinical Pastoral Education
Board Certification, Association of Professional Chaplains
Clinical Activities: religious and spiritual assessments; Geriatrics, Pediatric ICU, Crisis and bereavement
Application Information

VA New York Harbor Health Care System
Brooklyn Campus
Postdoctoral Residency in Geropsychology
2021-2022 Training Year

We are recruiting 2 residents for our one-year Postdoctoral Residency in Geropsychology. Geropsychology residents will have experiences in neuropsychological assessment, geriatric primary care and memory disorders clinic, geriatric cognitive rehabilitation, palliative care, psycho-oncology, and home-based primary care. Training in supervision, teaching, and quality improvement projects are additional components of the training year.

The VA is an Equal Opportunity Employer. We are committed to diversity in the VA and in our training programs. Applicants from all diverse backgrounds regarding ethnic, racial, gender and personal backgrounds are strongly encouraged to apply.

Deadline for submission of application materials: January 4, 2021
Start Date: August 30, 2021
Stipend: $52,799
Benefits: 13 days annual leave, up to 13 days sick leave, health insurance

The Postdoctoral Residency Program in Geropsychology is accredited by the Commission on Accreditation of the American Psychological Association.

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, AND
- have completed a doctoral degree, including dissertation defense, from an APA or CPA-accredited Clinical or Counseling, or Combined Psychology or PCSAS accredited Clinical Science 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 or CPA-accredited psychology internship or completed a VA-sponsored internship. Exceptions: new VHA psychology internship programs that are in the process of applying for APA accreditation are acceptable in fulfillment of the internship requirement, provided that such programs were sanctioned by the VHA Central Office Program Director for Psychology and the VHA Central Office of Academic Affiliations at the time that the individual was an intern.
Policies
The VA New York Harbor postdoctoral residents 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 residents program also abides by all American Psychological Association guidelines and requirements. Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

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

Application, Selection and Interview Process

We participate in the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA-CAS). Please submit all the following application materials to the APPIC portal (https://appicpostdoc.liaisoncas.com).

They must be received by January 4, 2021.
- Statement of Interest
- Three letters of recommendation from clinical supervisors
- A letter of support from current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including completion date. If already completed, mail a copy of your predoctoral internship certificate.
- If you have not completed your doctoral degree, include a letter from your dissertation chairperson describing your dissertation status and timeline.
- Current CV
- Graduate transcript

All completed applications are reviewed by the Training Committee. Based on a systematic review of all applications, some candidates are invited to interview. Interviews are normally held on the VANYHHS Brooklyn Campus. We aim to notify all applicants regarding their interview status by January 15, 2021. All interviews will be held over a virtual platform due to our commitment to reducing barriers to travelling to NYC as well as the current pandemic.

Please note: We will make offers on February 22, 2021. An applicant receiving an offer will be allowed to hold the offer for 24 hrs. Prior to February 22, we will consider making a reciprocal offer if a top applicant receives a bona fide offer from another postdoctoral training program.
Please direct questions to: Valerie Abel, Psy.D., ABPP
Section Chief of Psychology
Director of Training
Postdoctoral Residency – Geropsychology
VA NY Harbor Healthcare System
Brooklyn Campus
800 Poly Place
Brooklyn, NY 11209
718-836-6600 X4795
Valerie.abel@va.gov