POSTDOCTORAL CLINICAL PSYCHOLOGY FELLOWSHIP PROGRAM

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

FULLY ACCREDITED BY THE
AMERICAN PSYCHOLOGICAL ASSOCIATION (next site visit in 2029)
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
202-336-5979
http://www.apa.org/ed/accreditation

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for the 2020-21 Training Year

PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS FRIDAY, DECEMBER 20, 2019 5:00PM EST

PLEASE CLICK HERE TO SEE OUR PROGRAM’S ADMISSIONS, SUPPORT, AND OUTCOME DATA
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Introduction

The Postdoctoral Clinical Psychology Fellowship Program at the Manhattan campus of VA New York Harbor Healthcare System offers advanced 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 to develop interests within the following 3 areas of emphasis:

- **Track 1:** Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care (Health/PC); 2 positions
- **Track 2:** Emphasis in Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care (Gero); 1 position
- **Track 3:** Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans (PTSD); 1 position

Training Setting

The medical center at the VA NY Harbor Healthcare System, Manhattan campus is located on East 23rd Street at First Avenue in Manhattan, adjacent to the New York University and Bellevue Medical Centers. 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.

The Manhattan VA is a VA Level 1a facility, indicating the highest level of complexity amongst VA hospitals. The medical center provides a full range of health care services with state-of-the-art technology to a large and diverse patient population, as well as education and research. The Manhattan VA is fully accredited by the Joint Commission and is a full-service teaching hospital providing comprehensive coverage of all medical, surgical, and dental specialties. 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 peer specialists under the overall leadership of the Associate Chief of Staff for Mental Health. Psychology maintains a staff of 32 psychologists who are involved in a large number of mental health and medical programs throughout the hospital. Examples include Outpatient Mental Health Clinic, Primary Care/PACT (Patient Aligned Care Team), inpatient Psychiatry, PTSD Clinical Team, Substance Abuse Rehabilitation Program, Telemental Health, Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Clinic (OEF/OIF/OND; veterans who served in Iraq and/or Afghanistan), Neuropsychology, Women’s Clinic, Psychiatric Emergency Room, Rehabilitation Medicine and
Polytrauma, Pain Clinic, Geriatric Medicine, HIV/Infectious Disease, Home-Based Primary Care, Palliative Care, Oncology, Diabetes Clinic, Renal Dialysis, and Transplant.

**Patient Population**

The Manhattan VA provides inpatient and outpatient mental health services to veterans of all gender identities. While many veterans seen are adult cisgender males, a significant and increasing number of cisgender female veterans and transgender identified 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. In line with national VA directives, the Manhattan VA has promoted systemic changes in advancing inclusiveness and clinical competence with populations who have been historically stigmatized, subject to discrimination, and experienced health disparities, such as LGBT veterans and women veterans. Several of our psychologists are actively involved in the hospital’s Women’s Clinic, which provides comprehensive, specialized medical care and mental health services within the Primary Care setting. One of our psychologists also serves as the hospital’s LGBT Veteran Care Coordinator, providing support and advocacy for LGBT patients and training and consultation to staff.

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. Our program is attentive to systems of oppression and committed to social justice. We are also committed to providing multiculturally competent training for our fellows and culturally sensitive assessments and interventions to our veterans. 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 different gender identities and sexual orientations.

Fellows learn how factors such as race, ethnicity, culture, gender identity, sexual orientation, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. Training and supervision also focus on helping fellows navigate cultural and individual differences in their work, including value conflicts or other tensions arising from the intersection of different areas of diversity (e.g., differences between patient and therapist in race, gender identity, religion, veteran status, socioeconomic status, or values/morality). 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 training model, 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 program employs 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 value collegiality and mutual support with our postdoctoral
fellows. 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 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 minor rotation; attend team meetings; attend or present at a seminar, case conference, or journal club; provide supervision for a trainee; and receive their own supervision. In general, fellows spend about 50% of their time providing direct clinical services to patients; the rest of their time is spent in supervision, didactics, and administrative duties.

**Program Aim & 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. Past fellows have distinguished themselves in a wide variety of employment settings. Since our program’s inception in 2011, several program graduates have joined our staff here at the Manhattan VA. Others have gone on to clinical, teaching, and leadership positions at VA or at other medical centers and health care facilities; community agencies, clinics, and private practices.

All fellows, regardless of track, are trained in the same competencies. These competencies incorporate APA standards for general skills required at the fellowship level of training as well as program-specific skills related to the advanced practice of clinical psychology in a hospital setting:

- Integration of science and practice
- Individual and cultural diversity
- Ethics and legal standards
- Assessment, diagnosis, and intervention
- Interprofessional skills
- Evidence-based methods with specific populations
- Teaching and supervision skills

All fellows are required to demonstrate competency in these areas. In addition to these required competencies, fellows who choose psychodynamic psychotherapy as an elective must also demonstrate competency in this area.

**Evaluations, Minimal Levels of Achievement, and Requirements for Completion**

Fellows are required to complete a 12-month, 2080-hour postdoctoral fellowship. 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 formal competency-based evaluations at mid-year and end of year for major rotations, and at the end of each training assignment for minor rotations (see Appendix B for examples of our 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 formal evaluation of their supervisors. Supervisors do not have access to fellows’ evaluations of supervision. The Director of Training gives de-identified, aggregated feedback to supervisors only after trainees have left the program. Additionally, fellows meet with the Director of Training at regular intervals throughout the year and for an extended exit interview at year’s end to provide qualitative feedback regarding specific training experiences, any other aspect of the fellowship program, and suggestions for future planning.

Minimal levels of achievement in order to maintain good standing in the program are as follows: ratings of 4 or above on mid-year evaluations and 5 or above on final evaluations for all global scores (with the exception of new skills - 3 at mid-year, 4 at year’s end). New skills, such as new treatment or assessment modalities, are determined on an individual basis at the beginning of the training year as part of the discussion of the fellow’s training plan with the Track Coordinator. New skills are applicable to minor rotations and the psychodynamic psychotherapy elective only, where fellows may have exposure to and learn specific skills related to a particular assessment or intervention modality. Such experiences allow the fellow to sample a range of modalities without the requirement that they be advanced/expert in each specific assessment or intervention at the end of the year. To successfully complete the program, fellows must receive passing ratings on all evaluations and complete all clinical, documentation, didactic, and administrative requirements, including the fellowship project (see description under Program Structure, p. 9).

**Facility and Training Resources**

Postdoctoral fellows are assigned offices located near staff psychologists, other psychology trainees, and Mental Health Service staff from other disciplines in the outpatient Mental Health Clinic. Offices are fully equipped with desks, locked file/storage space, and personal computers that accesses the VA Computerized Patient Record System (CPRS) and are equipped with word processing and other software packages including internet access, and email (statistical software such as SPSS is also 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. The 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 the Tuesday after Labor Day and ending the Friday before Labor Day the following year. The start date for the 2020-21 training year is Tuesday, September 8, 2020. Fellows are expected to work a 40-hour 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, fellows 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 exceeds experience requirements for New York state psychology licensure (i.e., one year or 1750 hours of supervised postdoctoral experience).

**Due Process Statement**
Supervisors and the Director of Training 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.
Overview of Program and Training Experiences

The postdoctoral fellowship consists of a combination of a year-long required major rotation and two or more minor rotations, each lasting approximately 3-6 months. Fellows also participate in didactics, provide supervision to more junior trainees, and complete a fellowship project. Fellows work closely with their track coordinator at the beginning of the year to formulate a training plan, addressing both areas of interest and of growth, to create an individualized schedule for the year.

Program Structure

Required Training Experiences

- **Major Rotation (year-long):**

  *Diagnosis, Assessment, & Intervention competencies; Interprofessional competencies*

  For each track/area of emphasis, fellows are affiliated with a clinic or clinics that are the main locus of their training experience. These clinics all consist of interdisciplinary treatment teams that provide the interprofessional training component of the program. Fellows work closely with providers and trainees from a wide range of disciplines, including physicians, nurse practitioners, nurse care managers, nurses, social workers, psychiatrists, pharmacists, nutritionists, chaplains, and clerical staff. Responsibilities include evaluation and assessment; individual and group therapies; and team participation and consultation.

- **Minor Rotations (2-12 month long assignments):**

  *Evidence-Based Assessment & Treatment competencies*

  Minor rotations are a combination of required and elective assignments designed to round out fellows’ training and to allow them to pursue individual areas of interest. On minor rotations, fellows provide evidence-based methods of assessment, intervention, and consultation. By providing fellows with opportunities to work with complex and diverse patient populations in a variety of clinics and treatment settings, they can develop advanced level clinical knowledge and skills.

- **Teaching and Supervision (year-long):**

  *Teaching & Supervision competencies*

  An important aspect to transitioning from student to independent professional is the acquisition of teaching and supervisory skills. Fellows are expected to teach 1-2 psychology intern seminars, supervise interns in intake evaluations and psychoeducational groups, and to provide CBT or psychodynamic psychotherapy supervision and seminars to externs.

  *Please see next section for more information on specific clinical training experiences within each track.*

Supervision, Didactics, Conferences, and Other Meetings

Fellows receive a minimum of 3 hours (typically more) of weekly scheduled individual supervision from multiple supervisors on our faculty. In addition to acquiring clinical skills and knowledge, fellows are
encouraged to further develop their own professional identities, theoretical orientation, and goals over the course of the postdoctoral fellowship. Regular individual and group supervision meetings on professional development and “supervision of supervision” are provided. Supervisors also assist fellows in considering and articulating conceptual and evidence-based rationales for clinical decisions and planning. Additionally, fellows meet regularly with their track coordinators and the Director of Training for overall professional mentorship, to monitor progress, and to address any issues that arise during the fellowship. Faculty are always available for unscheduled consultation as the need arises or in emergent situations. All supervision is face-to-face; our program does NOT utilize telesupervision or other distance education technologies for supervision.

Fellows participate in a range of didactic activities and other educational activities. These include shared didactics for all 3 tracks on interprofessional issues and supervision of supervision, and weekly group supervision of evidence-based psychotherapies (ACT-D, CBT-I). Didactics relevant to the area of emphasis for each track are also provided. Some of these didactics include trainees from other VA facilities and are conducted via VA’s internal teleconferencing systems (Skype and v-Tel). Other didactics are provided via VA’s online training system (Talent Management System or TMS). All educational activities using v-Tel, Lync, and TMS are provided free of charge.

As developing supervisors themselves, fellows participate in the Externship and Internship Training Committees, where they learn and provide input about ongoing supervisory issues, trainee recruitment, and program development and improvement. Fellows also attend and participate in our monthly Psychology Case Conferences.

**Process Group**

This monthly required group is facilitated by a psychologist who is not involved in the supervision or evaluation of fellows. The group provides a forum for fellows to discuss issues related to the program and to their development as psychologists and to receive feedback. The group allows fellows to raise questions and concerns in a safe environment and represents a unique opportunity for personal and professional development.

**Mentorship**

All fellows are matched with a training mentor at the beginning of the year. Based on discussions with the fellow about their professional goals, we make every effort to match each fellow with a mentor who shares relevant interests and experiences. Mentors are psychologists on our staff who is not involved in postdoctoral training or evaluation but serve to provide a collegial context for the fellows. Mentors and fellows meet regularly (once a month or more, if needed) to discuss the fellowship experience, professional interests and goals.

**Fellowship Project**

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.
Some recent examples of fellowship projects include the following: Needs assessment & Outcome evaluation for long-term Vietnam Veteran Support groups; Outcome evaluation for CBT for Insomnia Groups; creation and evaluation of a psychoeducational group (“Brain Gains”) aimed at enhancing cognitive skills; Efficacy of Dynamic Interpersonal Therapy in a VA Primary Care Setting; Interprofessional Collaboration: VA Women’s Health Project; Evaluation of Eating Disorder Knowledge & Screening in Medical & Mental Health Providers; creation of Biofeedback Training Manual for psychology trainees; Sexual Trauma Screening & Intervention: Practices & Perceptions of Medical Providers; creation of a Dementia Caregivers’ Checklist & Resources; Cognitive Functioning, Lesion Burden, & Compliance in Patients with Multiple Sclerosis; Assessment in Acute Stroke Rehabilitation; Correlates of Caregiver Burden & Depression; Exploring Interprofessional Care; Talking about Sexual Health & Intimacy with Prostate Cancer Survivors; Cognitive Functioning, Control, & Compliance in Primary Care; Evaluating Effectiveness of an Interdisciplinary Pain Rehabilitation Program; Cognitive Screening in a Medical Population: Working Towards Preventative Care; Collaboration & Job Satisfaction in the Medical Home Model.
TRACK 1: EMPHASIS IN CLINICAL HEALTH PSYCHOLOGY AND INTERPROFESSIONAL TRAINING IN PRIMARY CARE

Primary Care Mental Health (PCMH) is the setting for the major rotation in this track. The medical center has implemented the Patient-Centered Medical Home model for primary care service delivery, consistent with the rollout of this model across VA nationwide, which emphasizes the seamless integration of physical and mental health services. Within the Primary Care setting, fellows provide behavioral consultations and shared medical visits with medical providers, typically to 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. Fellows respond to patient mental health issues as they arise, which may 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. Fellows may also provide specialized psychological evaluations (kidney, liver, or bone marrow transplant; bariatric surgery). Fellows carry a caseload of short-term individual therapy cases from Primary Care or medical clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. Treatment emphasizes evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, motivational interviewing/enhancement and substance abuse intervention, CBT for chronic pain, and biofeedback. Fellows lead or co-lead at least one outpatient group during the year, such as the Oncology Cancer Support, Living Better With Chronic Pain, Healthy Sleep, or Diabetes Support groups.

Fellows are required to complete a 2 month-long minor rotation in Consultation/Liaison Psychiatry and to select at least two minor rotations, each lasting approximately 4½ months.

- On the C/L rotation, fellows work closely with psychiatry fellows and residents, Neurology residents, medical students, and an interdisciplinary inpatient team to 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 the medical team, and post-discharge MH disposition planning.

- Other minor rotations include Chronic Pain, Substance Use, Oncology, Renal Dialysis, Women’s Health, Psychiatric Emergency Room, Home-Based Primary Care, Palliative Care, Physical Medicine & Rehabilitation, Infectious Disease, Neuropsychology, or the development of a new clinical placement based upon the fellow’s area of interest. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team.

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

For the major rotation, the fellow is affiliated with the Geriatric PACT (Patient Aligned Care Team), the HBPC (Home Based Primary Care) PACT, and the Palliative Care Consult Team. PACT is the designation for a treatment team within the Patient Centered-Medical Home model implemented throughout Primary Care. The fellow reviews and responds to patient mental health issues as they arise in these settings. This may take the form of discussion in team meetings, curbside informal consultation, brief same-day or full evaluation, or psychological intervention as indicated. Additionally, the fellow
participates in behavioral consultations, sitting in with a medical provider and the 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 fellow acts as a consultant to both the provider and the patient to facilitate treatment and/or health prevention goals. The fellow provides a range of assessments, including brief same-day, full psychological evaluations, and specialized psychological evaluations (kidney, liver, or bone marrow transplant; bariatric surgery). The fellow carries a caseload of short-term individual therapy cases from Geriatric Primary Care or medical clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. Treatments emphasize evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, motivational interviewing/enhancement and substance abuse intervention, and biofeedback. The fellow also co-leads a year-long group (Connections Group, a support group for veterans aged 85 or older) and other psychoeducational groups, such as Oncology Support, Living Better With Chronic Pain, Diabetes Support Group, LGBTQ Support Group, Healthy Sleep, or Relaxation/Meditation.

The fellow is required to complete a 2 month-long minor rotation in Consultation/Liaison Psychiatry and to select at least two minor rotations, each lasting approximately 4½ months.

- On the C/L rotation, fellows work closely with psychiatry fellows and residents, Neurology residents, medical students, and an interdisciplinary inpatient team to 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 the medical team, and post-discharge MH disposition planning.

- Other minor rotations include Chronic Pain, Substance Use, Oncology, Renal Dialysis, Women’s Health, Psychiatric Emergency Room, REACH VA Caregiver Intervention, VA Caregiver Support Program, Physical Medicine & Rehabilitation, Infectious Disease, Neuropsychology, or the development of a new clinical placement based upon clinical interest. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team.

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

For the major rotation, the fellow is based primarily within the PTSD Clinical Team (PCT), part of the outpatient mental health clinic providing outpatient interdisciplinary care to veterans from all service eras. The fellow provides intake screenings and comprehensive psychodiagnostic evaluations for patients referred to the PCT. Full evaluations include a structured interview and administration of the PTSD Symptom Checklist (PCL-5) as well as the Clinician Administered PTSD Scale (CAPS). The fellow also co-leads a screening group which includes administration of self-report measures, psychoeducation about PTSD and clinic services, and brief one-on-one triage with veterans to assess appropriateness for the clinic. The fellow presents cases during the PTSD team meeting and provides treatment recommendations for each veteran. The fellow learns and utilizes a number of evidence-based psychotherapies to treat veterans with military-related PTSD and Military Sexual Trauma, including: Prolonged Exposure (PE), Virtual Reality Exposure Therapy (VRET), Skills Training in Affective and Interpersonal Regulation (STAIR), and Cognitive Processing Therapy (CPT). The fellow also carries 2-3 individual PTSD cases with co-morbid substance use disorders (SUDS) and utilizes a variety of treatment
approaches, including evidence-based trauma therapies in conjunction with CBT for SUDS, MI, mindful craving management, and/or Acceptance and Commitment Therapy (ACT). The fellow leads skills-focused or supportive groups, such as Healthy Sleep, Creative Writing Group, Vietnam support group, STAIR group, ACT Group, and OEF/OIF/OND support group.

For minor rotations, the fellow interfaces with other teams that work closely with the PCT, including the OIF/OEF/OND clinic, the VITAL Initiative, and the Dialectical Behavior Therapy Program. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team. The fellow is required to complete a minor rotation in each of these clinical settings.

- **Dialectical Behavior Therapy (year-long):** The fellow functions as a full member of the DBT team, receiving supervision and training in DBT, attending consultation team meetings, carrying individual DBT case(s), and co-leading a DBT skills group.

- **VITAL (Veterans Integration to Academic Leadership) Initiative (6 month rotation):** VITAL focuses on student Veterans who are reintegrating to college from combat roles 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. In conjunction with the VITAL Program Coordinator, the fellow conducts psychological assessments (including safety planning, as indicated), provides brief psychological counseling, assists student veterans with enrollment and care at the VA, and provides education for college/university staff about military and veteran culture.

- **OEF/OIF/OND (Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn) Clinic (6 month rotation):** This interdisciplinary team provides a full range of services for OEF/OIF/OND veterans, active duty personnel, and their families, with a focus on readjustment issues. The fellow provides triage assessments, in-depth evaluations, treatment planning, short-term follow up and individual psychotherapy. Fellows work closely with the psychologists and other clinicians on the team to help connect veterans to other services and to provide outreach to military personnel (recently separated or soon to separate from service).
APPLICATION PROCESS

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

Christie Pfaff, Ph.D.
Director of Training, Postdoctoral Fellowship Program
Section Chief, Psychology
VA New York Harbor Healthcare System, Manhattan Campus
423 East 23rd Street (136A OPC, 2nd Floor)
New York, NY 10010
(212) 686-7500, ext. 7698
Christie.Pfaff@va.gov

Health/PC Track Coordinator: Joanna Dognin, Psy.D.
Joanna.Dognin@va.gov
(212) 686-7500, x3170

Gero Track Coordinator: Michelle Kehn, Ph.D.
Michelle.Kehn@va.gov
(212) 686-7500, ext. 3743

PTSD Track Coordinator (Acting): Lisa Gettings, Psy.D.
Lisa.Gettings@va.gov
Tel. (212) 686-7500, x4355

IMPORTANT: We ask that you only apply to ONE of these three tracks, based upon your primary professional interest.

Application & Selection Procedures

The Manhattan VA’s postdoctoral fellowship program complies with all guidelines set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC), found here:

www.appic.org

The fellowship program also abides by all American Psychological Association (APA) guidelines and requirements. The postdoctoral fellowship program at the VA New York Harbor, Manhattan Campus is fully accredited by APA, with our next site visit scheduled for 2029.

We are committed to providing multiculturally competent training for our fellows 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, Hispanic/Latino, Caribbean-American, Asian, and Caucasian veterans of different gender identities and sexual orientations. Fellows learn how factors such as age, race, ethnicity, cultural identity, gender identity, sexual orientation, nationality, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the military. We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds. The Federal Government is an Equal Opportunity Employer.

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.liaisoncas.com/applicant-ux/#/login

Please submit all application materials through the APPA-CAS portal. All application materials must be received by Friday, December 20, 2019, 5:00 pm Eastern Standard Time.

1. A cover letter that describes your training and career goals and how the features of the specific area of emphasis 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 clinical 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 the development of your interest in health psychology.
   - Track 2: Please describe a clinical or personal experience that was particularly meaningful to you in the development of your interest in geropsychology and health psychology.
   - Track 3: Please describe a clinical experience that was particularly meaningful to you and how this 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 doctoral internship, including the expected completion date. If internship was already completed, a copy of your 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. We seek applicants who are well-versed in conducting individual and group psychotherapy as well as clinical interviewing and diagnostic assessment. In particular, prior training and experience with evidence-based treatments are preferred. Finally, we expect applicants to demonstrate both a background and a career interest focused on the emphasis area to which they are applying.

Based on a systematic review of all applications, a subset of candidates will be invited to interview on the following dates (TENTATIVE):

January 21, 22, & 23, 2020

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 understand that either phone or video interviews may be preferable in these cases.

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 2020 (February 24, 2020, 10:00am EST). As per APPIC guidelines, an applicant receiving an offer will be allowed to hold the offer for up to 4 hours.

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.
As per APA Commission on Accreditation regulations, we provide the following information about admissions, support, and outcome data for the program.

**Postdoctoral Program Admissions**

*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 Manhattan VA sponsors 4 fellowship positions in clinical psychology each year; 2 in the Health/PC Track, 1 in the Gero Track, and 1 in the PTSD Track. We ask that applicants apply to ONLY ONE OF THESE AREAS OF EMPHASIS. We review each application carefully to try to determine whether the applicant would be a good fit for our site. We rate applications based on several criteria: amount and quality of previous clinical experiences, academic performance (including scholarly and research achievements), general writing ability, ability to formulate clinical material, strength of recommendation letters, level of interest in our program, and level of interest, advanced skills, and demonstrated commitment to the area of emphasis. Based on these ratings, we invite a select group of applicants to interview. During the interview process, we try to get a sense of each applicant’s personality, interests, clinical style, response to supervision, training needs, and career goals. Again, our goal is to determine who we feel will be the best match for what our program has to offer.

**Describe any other required minimum criteria used to screen applicants:**

- Doctoral student in good standing in an APA-accredited Clinical or Counseling psychology doctoral program, with expected completion prior to the start of fellowship, or
- Completion of 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 completion of an APA-accredited psychology internship prior to start of fellowship.
- U.S. Citizenship
- U.S. Social Security Number
- Selective Service Registration
- Fingerprint Screening and Background Investigation
- Drug Testing
- Affiliation Agreement
- TQCVL (Trainee Qualifications and Credentials Verification Letter)
- Additional On-boarding Forms
- Proof of Identity per VA

Please see Appendix A, Additional Information on Applicant Qualifications, on page 26 for a more detailed description of these requirements.
## Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Stipend/Salary for Full-time Interns</strong></td>
<td>$52,799</td>
</tr>
<tr>
<td><strong>Annual Stipend/Salary for Half-time Interns</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Program provides access to medical insurance for intern?**

- Yes
- No

**If access to medical insurance is provided:**

- **Trainee contribution to cost required?**
  - Yes
  - No

- **Coverage of family member(s) available?**
  - Yes
  - No

- **Coverage of legally married partner available?**
  - Yes
  - No

- **Coverage of domestic partner available?**
  - Yes
  - No

**Hours of Annual Paid Personal Time Off (PTO and/or Vacation)**

- 96 hours (12 days)

**Hours of Annual Paid Sick Leave**

- 96 hours (12 days)

**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?**

- Yes
- No

**Other Benefits (please describe):**

- Leave time: 10 Federal holidays. Requests for educational leave (up to 5 days) are granted for participation in conferences, trainings, and the Examination for the Examination for Professional Practice of Psychology (EPPP). 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, fellows 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.

- Benefits: Dental and vision insurance are available in addition to medical coverage. A routine physical examination is provided upon employment, as is on-site emergency health care. Fellows are also eligible for life insurance and transit benefits, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. However, if fellows are later employed by VA or another federal agency, they receive service credit for the fellowship year.

- Liability insurance: 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).

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**Outcome Data**

**Initial Post-Residency Positions**

*(aggregate data for previous 3 cohorts, 2015-18)*
<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
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<tr>
<td>University counseling center</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
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<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
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<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
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<tr>
<td>School district/system</td>
<td></td>
<td></td>
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<tr>
<td>Independent practice setting</td>
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<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
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<td>Changed to another field</td>
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<td>Other</td>
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<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Core Training Supervisors

Anthony J. Brinn, Psy.D., Yeshiva University (PTSD)
Clinical Psychologist, PTSD Clinical Team
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical Interests: assessment of and evidence-based treatment for PTSD and Substance Use Disorders (SUDs); CBT; Acceptance and Commitment Therapy (ACT); Motivational Interviewing (MI), Cognitive Processing Therapy (CPT); Screening Brief Intervention and Referral to Treatment (SBIRT)
Research interests: qualitative methodology; integration of mental health treatments into primary care; individualized and social interventions for PTSD/SUDs; facilitators of treatment success/compliance in treatment-resistant populations

Julia Buckley, Psy.D., Yeshiva University (Health/PC)
Clinical Psychologist, Telemental Health Hub
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical Activities: Individual and group psychotherapy for anxiety disorders, depression and mood disorders, PTSD and trauma-related disorders, alcohol and substance use, and interventions for individuals with chronic and/or life-threatening medical illnesses. CBT and mindfulness-based approaches.
Research Interests: Effectiveness of telemental health; quality improvement

Cory K. Chen, Ph.D., UNC-Chapel Hill (PCMH, Gero, PTSD)
Clinical Psychologist; Director, Psychotherapy Research and Development Program; Clinical Co-Director, Telemental Health Hub
Assistant Clinical Professor, NYU School of Medicine, Dept. of Psychiatry
Clinical activities: individual and couples’ psychotherapy and intervention for caregivers of individuals with chronic health issues, particularly dementia; Interpersonal/Relational Dynamic Therapy; Dialectical Behavior Therapy; telepsychology.
Research interests: Psychotherapy outcome and process research; predictors of non-response in CBT and psychodynamic interventions; intervention development for treatment resistant populations; attachment, caregiving and geropsychological issues; telepsychology interventions.

Joanna Dognin, Psy.D., Chicago School of Professional Psychology (PCMH, Gero)
Track Coordinator, Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care
Clinical Psychologist; Director of Women’s Psychological Services in Prevention; Health Behavior Coordinator
Clinical Assistant Professor, NYU School of Medicine, Dept. of Psychiatry
Clinical activities: group and individual psychoeducational interventions to foster treatment adherence and health behaviors; Motivational Interviewing; chronic disease self-management; shared medical appointments; team consultation and training; psychodynamic psychotherapy.
Research interests: mental health disparities; integration of mental health in Primary Care; patient centered medical home; trauma disorders in HIV population; women’s health; interprofessional training
Eriko N. Dunn, Psy.D., Yeshiva University (PCMH, Gero)
Clinical Psychologist, Emergency Department
Clinical Activities: psychiatric emergency room assessment and triage; consultation for medical ER patients (e.g., risk/capacity evaluations); crisis intervention; short and long-term psychotherapy for Veterans establishing care; gero- and health psychology
Research Interests: assessment and treatment of older adults; caregiver interventions; psychotherapy efficacy

Lisa A. Gettings, Psy.D., Long Island University - Post (PTSD)
Clinical Psychologist, PTSD Clinical Team; Acting Track Coordinator, Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans (PTSD); 1 position
Clinical Interests: assessment of and evidence-based treatment for PTSD; childhood and military sexual trauma; CBT; Dialectical Behavior Therapy (DBT); Cognitive Processing Therapy (CPT); Prolonged Exposure Therapy (PE), Skills Training in Affective Regulation (STAIR)
Research interests: treatment fidelity in the dissemination and implementation of evidence-based treatments; integration of PTSD treatment into existing EBTs (e.g., DBT-PE); qualitative methodology

Danielle Hamlin, Psy.D., Yeshiva University (PCMH, Gero)
Clinical Psychologist, Director of Primary Care Mental Health Integration Services
Psychology and Interprofessional Training in Primary Care
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: evaluation and same day triage of Primary Care patients to mental health services; integration of mental health in primary care/medical settings; short-term bereavement counseling; individual and group psychodynamic psychotherapy; psychological testing
Research interests: Social support and interpersonal dynamics related to adoption; program evaluation of mental health services in primary care.

Christine P. Ingenito, Ph.D., Teachers College, Columbia University (PCMH, Gero)
Counseling Psychologist, Primary Care Mental Health, Psychiatric Emergency Room
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: LGBT Veteran Care Coordinator for NY Harbor; 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 ER.
Research interests: Multicultural counseling competency; the impact of therapists’ social attitudes on clinical judgment; psychosocial correlates of HIV/AIDS; factors influencing sexual risk-taking among gay-identified men

Michelle M. Kehn, Ph.D., Long Island University – Brooklyn Campus (PCMH, Gero, PTSD)
Clinical Psychologist, Home-Based Primary Care Services; Track Coordinator, Postdoctoral Clinical Psychology Fellowship with an Emphasis in Geropsychology, Clinical Health Psychology and Interprofessional Training in Geriatric Primary Care
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical Activities: Individual, couples, and family psychotherapy for home-bound, medically-ill veterans; interventions for family caregivers of home-bound veterans; bereavement counseling; capacity and cognitive assessment for home-bound veterans; individual psychotherapy for geriatric and palliative
care patients; psychodynamic psychotherapy.
Research interests: Psychological interventions and measurement for older adults.

Michael Kramer, Ph.D., Long Island University – Brooklyn Campus (PTSD)
Clinical Psychologist, PTSD Clinical Team
Clinical Instructor, Department of Psychiatry, NYU School of Medicine
Clinical Activities: Exposure-based therapies for PTSD and Anxiety Disorders (including PE and VRET).
Research interests: resiliency to trauma in combat veterans and disaster relief workers; heat exposure in the treatment of PTSD and hyperarousal symptoms; the effectiveness of peer mentorship in the treatment of chronic substance abuse.

Amy Palfrey, Ph.D., St. John’s University (PCMH, Gero, PTSD)
Clinical Psychologist, Telmental Health Hub
Clinical Activities: Individual and group psychotherapy over telehealth with rural veterans; short-term, manualized and formulation-based CBT; psychodynamic psychotherapy; supervision of supervision.
Research Interests: Effectiveness of individual and group psychotherapy over telehealth technology; psychotherapy with older adults and at end-of-life

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

Erica Shreck, Ph.D., Yeshiva University (PCMH, Gero)
Clinical Psychologist, Telemental Health Hub
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: CBT individual and group psychotherapy via telemental health; cognitive-behavioral therapy; dialectical behavior therapy; neuropsychological and psychodiagnostic testing; Primary Care psychology; renal dialysis.
Research interests: Psychological factors in chronic disease management; effectiveness of individual and group psychotherapy via telemental health

Neal Spivack, Ph.D., CGP, FAGPA, Adelphi University (PCMH)
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
Other Agency/Institution Supervisors

Veronica Ades, M.D., SUNY Downstate College of Medicine (PCMH, Gero)
Attending Physician, Primary Care
Women’s Health

Mark Bradley, M.D., Baylor College of Medicine (PCMH, Gero)
Attending Psychiatrist
Director, Consultation Liaison Service

Yvette Branson, Ph.D., Yeshiva University (PTSD)
Health Science Specialist
VITAL Initiative Coordinator

George Cuesta, Ph.D., California School of Professional Psychology at Alliant International University (PCMH, Gero)
Clinical Neuropsychologist

Chrystianne DeAlmeida, Ph.D., New School for Social Research (PCMH, PTSD)
Clinical Psychologist, Outpatient Mental Health Clinic
Chronic Pain; DBT Program

Jeffrey Fine, M.D., Mount Sinai School of Medicine (PTSD)
Attending Psychiatrist. PTSD Clinical Team
PTSD Group Psychotherapy

Steve Grossman, MSW, LCSW-R, BCD, Fordham University (PTSD)
Social Worker, PTSD Clinical Team
Peer Support and Recovery Program

Sean Lee, D.O., Touro College of Osteopathic Medicine (PCMH, Gero)
Attending Psychiatrist
Director, Psychiatric Emergency Room

Wendy Katz, Ph.D., Teachers College, Columbia University (PTSD)
Counseling Psychologist
OEF/OIF/OND Mental Health/Readjustment Services

Abigail S. Miller, Psy.D., Yeshiva University (Gero, PTSD)
Clinical Psychologist; Geropsychologist
Alzheimer’s Caregivers Support Group; DBT Program

Lillian Sultan, Ph.D., Long Island University – Brooklyn Campus (PTSD)
Clinical Psychologist
OEF/OIF/OND Mental Health/Readjustment Services

Danny Tam, Ph.D., Graduate Center at the City University of New York (PCMH, Gero)
Clinical Neuropsychologist
Gladys Todd, Ph.D., University of California, Santa Barbara (PCMH, Gero)
Clinical Psychologist
Substance Abuse Recovery Program (SARP)

Other Contributors

Valerie Abel, Psy.D., Yeshiva University (PCMH, Gero, PTSD)
Clinical Psychologist (NYHHS – Brooklyn Campus)
Didactic Seminars

Anwar Ahad, M.D., Institute of Medicine, Burma (Gero)
Attending Psychiatrist
Consultation in GeriPACT

Kelly Crotty, M.D., Boston University School of Medicine (PCMH)
Attending physician
Consultation and Teaching in Primary Care

Mia Ihm, Ph.D., Teachers College, Columbia University (PCMH, Gero, PTSD)
Clinical Psychologist; Suicide Prevention Coordinator
Didactic Seminars; Consultation

Sathya Maheswaran, M.D., (Gero)
Attending Physician; Chief, Geriatrics; Director, Home-Based Primary Care
Consultation in GeriPACT and HBPC

Smitha Shetty, M.D., (Gero)
Attending Physician, Geriatrics and Home-Based Primary Care
Consultation in GeriPACT and HBPC

Susan Talbot, M.D.; University of Melbourne (PCMH, Gero)
Medical Director Palliative Care Service, Attending Physician Hematology/Oncology
Consultation in Palliative Care and Oncology

Craig Tenner, M.D., NYU School of Medicine (PCMH)
Attending Physician, Primary Care; Health Promotion / Disease Prevention Program Manager
Consultation in Primary care and for fellowship projects
APPENDIX A

ADDITIONAL INFORMATION ON APPLICANT QUALIFICATIONS

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit https://www.sss.gov/. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: http://www.archives.gov/federal-register/codification/executive-order/10450.html.

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at https://www.va.gov/oaa/agreements.asp (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit https://www.va.gov/OAA/TQCVL.asp
a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [https://www.va.gov/oaa/app-forms.asp](https://www.va.gov/oaa/app-forms.asp). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

Additional information regarding eligibility requirements (with hyperlinks)

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: [https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties](https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties)

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

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

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

(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

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

EVALUATION FORMS
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/Close Supervision. 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.  
This evaluation is based on the following methods of supervision (check all that apply):  
Discussion in supervision  
Direct observation (including co-facilitation)  
Review of audio recordings  
Review of video recordings  
Comments:  

Level 1 Competencies

Integration of Science & Practice (rate each item 1-6)

1. Utilizes evidence-based practices and demonstrates knowledge of current literature, research, and theory in clinical activities  
2. Demonstrates knowledge of current literature, research, and theory in clinical activities  
3. Provides quality oral presentations in seminars, case conferences, etc.  
4. Proposes realistic goals for fellowship project; demonstrates independent, critical thinking in fellowship project.  
5. INTEGRATION OF SCIENCE & PRACTICE GLOBAL SCORE

Individual & Cultural Diversity (rate each item 1-6)
6. Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself.
7. 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.
8. 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).
9. INDIVIDUAL & CULTURAL DIVERSITY GLOBAL SCORE

Ethics & Legal Standards (rate each item 1-6)

10. 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.
11. Recognizes ethical dilemmas as they arise, & applies ethical decision-making processes in order to resolve the dilemmas.
12. 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.
13. Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
14. Actively seeks and demonstrate openness and responsiveness to feedback and supervision.
15. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
16. ETHICS & LEGAL STANDARDS GLOBAL SCORE

Level 2 Competencies

Psychological Assessment, Diagnosis, and Intervention (rate each item 1-6)

17. Ability to establish a working alliance with patients and demonstrate appropriate empathy
18. Development & implementation of appropriate assessment strategies
19. Ability to administer, score, interpret, & integrate appropriate assessment measures (e.g., PHQ, GAD, PCL, AUDIT-C, CAPS)
20. Diagnostic interviewing skills
21. Differential diagnosis and knowledge of DSM 5
22. Ability to assess suicide risk, including safety planning as indicated
23. Ability to assess and diagnose substance use disorders
24. Ability to conduct specialized evaluations (e.g., transplant evals, MST evals)
25. Overall quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive)
26. Generates comprehensive assessment formulations that incorporate available historical information and current assessment data
27. Formulates an appropriate, evolving case conceptualization based upon a sound evaluative and theoretical foundation
28. Develops appropriate therapy goals and treatment plan
29. Formulates well-conceptualized and comprehensive recommendations based on
familiarity with treatment resources
30. Effectively communicates the results of assessments to the Veteran and facilitates engagement in treatment
31. Effective and flexible application of therapeutic strategies
32. Ability to use a variety of skills in symptom reduction
33. Ability to provide effective psychoeducational interventions
34. Maintains appropriate professional boundaries
35. Ability to manage and intervene effectively in crisis situations
36. Awareness and management of personal reactions to therapeutic material
37. Monitors and documents patient progress during therapy and toward treatment goals and objectives
38. Ability to provide family and couples interventions as appropriate, and in collaboration with other team members as appropriate.
39. Ability to maintain appropriate group boundaries through establishing rules and limits, managing time, and interceding when the group goes off course in some way.
40. Ability to foster a group climate of concern for the well-being, development, and safety of the members.
41. Supports a level of emotional stimulation and experience optimal for learning and engagement within the group.
42. Plays a role in members developing meaning and understanding from their experiences in the group.
43. Planning for and management of therapy termination
44. ASSESSMENT, DIAGNOSIS, INTERVENTION GLOBAL SCORE

Interprofessional Skills (rate each item 1-6)
45. Ability to present cases clearly and objectively in team meetings
46. Coordination and collaboration with unit/clinic staff and team
47. Ability to provide psychological input and feedback to teams
48. Gives the appropriate level and content of guidance when providing consultation to clinic staff, taking into account their level of psychological sophistication and knowledge.
49. Familiarity with roles/contributions of various disciplines within the interdisciplinary team.
50. Develops positive and collegial relationships with clinic staff and is comfortable in the consultative role.
51. Facility and effectiveness in co-facilitating groups and/or conducting shared medical visits
52. INTERPROFESSIONAL SKILLS GLOBAL SCORE

Completion of Fellowship Project	YES	NO
The fellow has completed this training assignment satisfactorily	YES	NO
If no, please explain:
Comments:
Areas of Strength:
Areas for Improvement:

I met with the fellow to provide feedback for the rotation based on the collective input of all supervisors.

Supervisor signature:_________________________________________ Date:
Fellow signature:____________________________________________ Date:
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
TEACHING & SUPERVISION EVALUATION

Fellow:  
Period Covered:  

Supervisor(s):  
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/Close Supervision. 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.  

This evaluation is based on the following methods of supervision (check all that apply):  
Discussion in supervision  
Direct observation (including co-facilitation)  
Review of audio recordings  
Review of video recordings  
Comments:  

Level 2 Competencies  

Teaching & Supervision (rate each item 1-6)  
1. Knowledge of models of supervision  
2. Application of theories of supervision to the supervisory context  
3. Develops positive and collegial relationships with supervisees  
4. Provides others with appropriate feedback and input in group supervision  
5. Provides a safe atmosphere for supervision  
6. Provides constructive feedback and guidance to supervisees  
7. Effectively deals with resistance in supervision.  
8. Effectively deals with boundary issues in supervision  
9. Seminars and other didactic presentations are at an appropriate level of detail and sophistication  
10. Teaching style is engaging, informative, and appropriate to the level of the audience  
11. TEACHING AND SUPERVISION COMPETENCIES GLOBAL SCORE  

The fellow has completed this training assignment satisfactorily YES NO  
If no, please explain:
Comments:

Areas of Strength:

Areas for Improvement:

I met with the fellow to provide feedback for the rotation based on the collective input of all supervisors.

Supervisor signature:________________________________________ Date:

Fellow signature:____________________________________________ Date:
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
MINOR ROTATION EVALUATION

Fellow: ____________________________
Period Covered: ____________________

Supervisor(s): ______________________

Specify Clinic Setting/Population: (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL):

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/Close Supervision. 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 - 3 or above at mid-year, 4 or above at year's end). New skills are determined on an individual basis in conjunction with the track coordinator as part of the fellow's training plan, and are applicable to minor rotations and the psychodynamic psychotherapy elective only, where fellows may have exposure to and learn specific skills related to a particular assessment or intervention modality. Such experiences allow the fellow to sample a range of modalities without the requirement that they be advanced/expert in each specific assessment or intervention at the end of the year.

This evaluation is based on the following methods of supervision (check all that apply):
- Discussion in supervision
- Direct observation (including co-facilitation)
- Review of audio recordings
- Review of video recordings
- Comments:

Level 2 Competencies

Evidence-based Assessment and Treatment Methods with Specific Populations (rate each item 1-6)

1. Knowledge of biological, psychological, and social factors that influence the development, course and outcome of psychopathology seen in this clinic/team setting
2. Generates comprehensive assessment formulations that incorporate available historical information, relevant medical history, and current assessment data that
are appropriate to clinic/team setting and particular clinical needs for this population.
3. Develops therapy goals and treatment plan appropriate to the clinic/team setting, including particular attention to patient and staff dynamics
4. Ability to provide brief psychological interventions appropriate to clinic setting and patient population
5. Understanding of theoretical rationale and research base for evidence-based interventions
6. Appropriate use of evidence-based interventions
7. Effective, flexible administration of therapeutic strategies within EBP protocols
8. Flexible in adjusting the form and logistics of patient contacts to unique characteristics and demands of the clinic setting (e.g., bedside, medical clinic, university setting).
9. Conducts therapeutic interventions effectively and with particular sensitivity and flexibility regarding patient characteristics, clinic/team setting, and unique medical and psychosocial needs of the patient population
10. Facilitates appropriate referrals, including connecting veterans to vocational/educational/psychological/medical and other resources
11. EVIDENCE-BASED ASSESSMENT AND TREATMENT COMPETENCIES GLOBAL SCORE

The fellow has completed this training assignment satisfactorily YES NO
If no, please explain:
Comments:
Areas of Strength:

Areas for Improvement:
I met with the fellow to provide feedback for the rotation based on the collective input of all supervisors.
Supervisor signature:________________________________________ Date:
Fellow signature:____________________________________________ Date:
VA NEW YORK HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS
POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
PSYCHODYNAMIC PSYCHOTHERAPY (ELECTIVE) EVALUATION

Fellow: 
Period Covered:

Supervisor: 

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/Close Supervision. 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 - 3 or above at mid-year, 4 or above at year’s end). New skills are determined on an individual basis in conjunction with the track coordinator as part of the fellow’s training plan, and are applicable to minor rotations and the psychodynamic psychotherapy elective only, where fellows may have exposure to and learn specific skills related to a particular assessment or intervention modality. Such experiences allow the fellow to sample a range of modalities without the requirement that they be advanced/expert in each specific assessment or intervention at the end of the year.

This evaluation is based on the following methods of supervision (check all that apply):

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

Level 2 Competencies

Psychodynamic Psychotherapy (rate each item 1-6)

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
7. PSYCHODYNAMIC PSYCHOTHERAPY COMPETENCIES GLOBAL SCORE

The fellow has completed this training assignment satisfactorily 

YES NO
If no, please explain:
Comments:
Areas of Strength:

Areas for Improvement:

I met with the fellow to provide feedback for the rotation based on the collective input of all supervisors.

Supervisor signature: _______________________________  Date:
Fellow signature: _______________________________  Date:
FELLOW EVALUATION OF SUPERVISION

Fellow:
Supervisor:
Rotation:
Period Covered:

Please fill out this form as honestly as possible. Your feedback will be used to improve the quality of fellows’ future experiences with this supervisor. Supervisors will be provided with overall feedback based on comments from you and other fellows; you will not be identified in any comments/ratings shared with supervisors. Your confidentiality will be completely respected. Please rate each item on a scale from 1 to 7, and be sure to include written comments as well.

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

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
1= excellent, 7= poor

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
How often did this supervisor incorporate cultural and diversity factors into case conceptualization?
1=very frequently, 7=never

How open was this supervisor to discussions about how cultural and diversity factors might be impacting your work with a patient?
1=very open, 7=not at all open

Overall rating of quality of supervision =
1=excellent, 7=poor

Comments:

Fellow Signature & Date:
Director of Training Signature & Date:
END OF YEAR EVALUATION OF PROGRAM
POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY
VA NY HARBOR HEALTHCARE SYSTEM – MANHATTAN CAMPUS

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.

1. How would you rate the fellowship as a whole?
   1 – Excellent
   2 – Good
   3 – Needs improvement
   4 – Poor

2. Would you recommend this fellowship to your peers?
   1 – Strongly recommend
   2 – Recommend
   3 – Recommend with reservations
   4 – Would not recommend

3. Did the fellowship provide what you expected, based on the brochure, application process, and interviews?
   1 – Exceeded expectations
   2 – Met expectations
   3 – Somewhat different than expected
   4 – Not at all what expected

Comments:

TRAINING OPPORTUNITIES

Please rate the quality of your training experiences this past year using the following scale:

1 – Excellent
2 – Good
3 – Needs improvement
4 – Poor

Major Rotation:
Check one:  ☐ PCMH  ☐ GeriPACT/Palliative Care/HBPC  ☐ PTSD Clinic

4. Variety of clinical training opportunities & cases
5. Interprofessional training
6. Supervision on this rotation
7. Overall quality
Comments:

Teaching and Supervision:
8. Variety of supervision opportunities
9. Variety of teaching opportunities
10. Supervision of supervision
11. Overall quality
Comments:

Minor Rotation 1:
Specify Clinic Setting/Population (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL, etc.): ______________________
12. Variety of clinical training opportunities & cases
13. Supervision on this rotation
14. Overall quality
Comments:

Minor Rotation 2:
Specify Clinic Setting/Population (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL, etc.): ______________________
15. Variety of clinical training opportunities & cases
16. Supervision on this rotation
17. Overall quality
Comments:

Minor Rotation 3:
Specify Clinic Setting/Population (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL, etc.): ______________________
18. Variety of clinical training opportunities & cases
19. Supervision on this rotation
20. Overall quality
   Comments:

**Minor Rotation 4:**
Specify Clinic Setting/Population (C/L, Medical Clinic, DBT, OEF/OIF/OND, VITAL, etc.): ______________________

21. Variety of clinical training opportunities & cases
22. Supervision on this rotation
23. Overall quality
   Comments:

**Psychodynamic Psychotherapy (elective):**    ☐ N/A

24. Variety of clinical training opportunities & cases
25. Supervision on this rotation
26. Overall quality
   Comments:

27. Fellowship Project
   Comments:

**COMPETENCIES AND PREPARATION FOR PRACTICE**

Please evaluate your training for each of the following competency areas and corresponding elements, including the quality of the experience and how well you feel this training has prepared you for your future practice as a psychologist. Please use the following scale in making your ratings:

- 1 – Excellent, extremely valuable training provided
- 2 – Above average, valuable training provided
- 3 – Average, adequate training provided
- 4 – Below average, somewhat relevant training provided
- 5 – Poor, little relevance, training well below what one would expect

**Integration of Science & Practice:**
28. The influence of science on practice and of practice on science

29. The use of current evidence base in training activities
Individual & Cultural Diversity:

30. Theoretical & empirical knowledge base

31. Awareness and knowledge of individual and cultural differences, and their integration into professional roles and activities

32. Awareness of the impact of personal/cultural history, attitudes, and biases

33. Working effectively with a range of diverse individuals and groups whose group membership, demographic characteristics, or worldviews create conflict with one's own

Ethical & Legal Standards:

34. Acting in accordance with relevant organizational, local, state, regional and federal laws, regulations, rules and policies governing the practice of psychology, including the APA Ethical Principles of Psychologists and Code of Conduct:

35. Recognition of ethical dilemmas:

36. Ethical conduct & decision-making:

Psychological Assessment, Diagnosis, and Intervention:

37. Establishing a working alliance with patients and demonstrating appropriate empathy

38. Development & implementation of appropriate assessment strategies

39. Administration, scoring, interpretation, & integration of appropriate assessment measures (e.g., PHQ, GAD, PCL, AUDIT-C, CAPS)

40. Diagnostic interviewing skills

41. Differential diagnosis and knowledge of DSM 5

42. Assessment of suicide risk, including safety planning as indicated

43. Assessment and diagnosis of substance use disorders

44. Formulation of appropriate, evolving case conceptualizations based upon a sound evaluative and theoretical foundation

45. Generation of appropriate therapy goals, treatment plan, and recommendations

46. Communication of the results of assessments to the patient and facilitation of engagement in treatment

47. Effective and flexible application of therapeutic strategies

48. Use of a variety of skills in symptom reduction
49. Effective psychoeducational interventions

50. Appropriate professional boundaries

51. Effective management and intervention in crisis situations

52. Awareness and management of personal reactions to therapeutic material

53. Monitoring and documentation of patient progress; clinical reports

54. Group therapy skills

55. Planning for and management of therapy termination

**Interprofessional Skills:**

56. Presentations in team meetings; Ability to provide psychological input and feedback to teams

57. Coordination, consultation, and collaboration with interdisciplinary teams

58. Co-facilitation of groups and/or shared medical visits

**Teaching and Supervision:**

59. Models of supervision

60. Application of theories of supervision to the supervisory context

61. Providing a safe atmosphere for supervision

62. Providing constructive feedback and guidance to supervisees

63. Dealing effectively with resistance and boundary issues in supervision.

64. Teaching skills

**Evidence-Based Methods with Specific Populations:**

65. Knowledge of biological, psychological, and social factors that influence the development, course and outcome of psychopathology

66. Assessment formulations, therapy goals, and treatment plans that incorporate available historical information, relevant medical history, and current assessment data and are appropriate to clinic/team setting and particular clinical needs for this population.

67. Understanding of theoretical rationale and research base for evidence-based interventions
68. Appropriate use of evidence-based interventions

69. Effective, flexible administration of therapeutic strategies within EBP protocols

70. Flexibility in adjusting the form and logistics of patient contacts to unique characteristics and demands of the clinic/team setting (e.g., bedside, medical clinic, university setting)

71. Conducting therapeutic interventions effectively and with particular sensitivity and flexibility regarding patient characteristics, clinic/team setting, and unique medical and psychosocial needs of the patient population

72. Facilitation of appropriate referrals, including connecting patients to vocational/educational/psychological/medical and other resources

**Psychodynamic Psychotherapy (elective): □ N/A**

73. Conceptualization of cases from a psychodynamic perspective

74. Attending to the process and content of patient’s verbalizations

75. Use of diagnoses and interpersonal issues to guide treatment strategies

76. Effectively responding to patient’s thoughts, feelings, and behaviors

77. Self-awareness; awareness of the impact of the self on therapeutic process

78. Exploration of countertransference & personal reactions to patients

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**ADMINISTRATIVE, DIDACTIC, ENVIRONMENTAL, & OTHER PROCESSES**

Please rate these aspects of the program over the past year using the following scale:

1 – Excellent
2 – Good
3 – Needs improvement
4 – Poor

**EVALUATION PROCESS**

79. Informativeness of supervisors' formal written evaluations

80. Amount & informativeness of supervisors' informal feedback

81. Fairness of evaluation process

82. Opportunity to give feedback to supervisors

Comments:
COMMUNICATIONS WITH PSYCHOLOGY STAFF

83. Info about policies, procedures, and reports affecting fellows

84. Amount and frequency of communication between staff and fellows

85. Level of supportiveness and respect shown by staff toward fellows

86. Relations between staff and fellows

87. Consideration given to fellows' needs

Comments:

PROFESSIONAL ATMOSPHERE & ROLE MODELING

88. Competence of Psychology staff

89. Quality of psychology programs involved in patient care

90. Facilitation of understanding and appreciation of the psychologist's professional role

91. Relations between Psychology and other services such as Psychiatry, Neurology, SW, Medicine, Primary Care, etc.

92. Mentorship

93. Fellow process group

Comments:

SEMINARS

94. Overall variety of topics

95. Overall quality of seminars

96. Responsiveness to training needs

Additional topics you would recommend:

Topics or presenters you would recommend deleting:

SUPPORT FACILITIES

97. Computer system

98. Availability of offices
99. Medical library / Online journal access

100. 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)

101. 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:

102. 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?
PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM
VA NEW YORK HARBOR HEALTHCARE SYSTEM, MANHATTAN CAMPUS

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

This policy 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 procedures outlined in this policy are intended to assure that adequate measures are in place to address problems and concerns and to protect due process.

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 the program’s Policy and Procedure Manual 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.

Rights & Responsibilities

The fellowship program is committed to providing trainees with opportunities that foster clinical and professional growth. At the same time, the program is responsible for informing trainees as soon as possible if there is a concern about their performance. The program has the responsibility to monitor trainees’ progress in order to benefit and protect the public and the profession, as well as to facilitate trainees’ professional growth. The program also has the responsibility to inform trainees of program requirements and expectations for successful completion of the program. The program assumes responsibility for continual assessment of and feedback to trainees in order to help them improve their skills, remediate problematic behaviors, and/or to prevent individuals who may be unsuited in skills or who have interpersonal limitations from entering into the professional practice of psychology. While fellowship is a time of great professional growth and learning, it may also be a time of increased stress and uncertainty. It is the responsibility of the program to provide structure, procedures, and opportunities that allow for growth and minimize stress. Examples of such measures include (but are not limited to) providing orientation meetings and trainings, setting clear and realistic expectations and goals for the training year, providing ongoing supervisory support and feedback from supervisors and the Director of Training, giving clear and timely evaluations of fellows’ performance, providing a process group with an outside facilitator not involved in the evaluation process, and offering didactic instruction (including specific didactics related to professional development). The program is dedicated to responding sensitively to trainees’ needs and to protecting their rights.

Fellows’ responsibilities include the following:
• Functioning within the bounds of the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct and in a manner consistent with the program’s Policy and Procedure Manual and with the laws, regulations, and policies governing the Department of Veterans Affairs (VA), Veterans Health Administration (VHA), and the VA NY Harbor Healthcare System Bylaws and Rules and Regulations of the Medical Staff.
• Demonstrating the required competencies outlined by the program and evaluated on each clinical rotation and assignment.
• Demonstrating active participation in all training, didactic, and service activities.
• Demonstrating an openness and receptivity to professionally appropriate input and feedback from supervisors.
• Behaving in a manner that promotes professionalism and is in accordance with VA NYHHS and the profession of health service psychology.

Fellows have the right:

• To be trained by supervisors who behave in accordance with APA ethical guidelines
• To receive clear communications of the competencies and standards expected by the program. These are reviewed during orientation and throughout the training year as part of the evaluation process. Fellows typically receive 3-6 hours of individual supervision per week (3 hours minimum), in order to support their clinical and professional growth and development.
• To evaluation of their performance that is specific, respectful, and personal; feedback is ongoing and formal evaluations occur at specific intervals, as outlined in the Policy and Procedure Manual.
• To be treated with professional respect and in a manner that recognizes the wealth of experience they bring with them.
• To initiate informal resolution of problems that may arise in the training experience directly with the individual(s) involved, through the Director of Training, or through APPIC’s informal problem consultation process (detailed later in this policy).
• To due process to should informal resolution of problems or grievances prove insufficient.
• To provide input to and suggestions for the program; these can be made during regularly scheduled supervision times or meetings with the Director of Training, or at any time a concern arises.

Problematic Postdoctoral Fellow Performance and/or Conduct

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

Definition of Problematic Behaviors
Problematic behaviors are broadly defined as those behaviors that disrupt the fellow’s professional role and ability to perform required job duties, including the quality of: the 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 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 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 fellow’s behavior does not improve as a function of feedback, remediation, effort, and/or time
• The professional services provided by the 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 fellows and supervisors regarding postdoctoral fellows’ progress and potential problems. In addition, fellows are encouraged to raise concerns with the Director of Training as they arise. It is our goal to help each 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 fellow performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. 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).

Fellows are continuously evaluated and informed about their performance with regard to the aims and competencies of the program. It is hoped that fellows and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the fellow and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although 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 fellows' written evaluations are as follows:
• Ratings of 4 (minimal supervision needed, postdoc mid-level) or higher at mid-year (3 or higher for new skill area at mid-year).
• Ratings of 5 (no supervision needed, advanced postdoc level) at end of year (4 or higher for new skill area at end of year)
• the overall rating that the fellow has completed the training assignment satisfactorily

If the 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 the fellow's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.

2. Problematic behavior will be reviewed at the next scheduled Training Committee meeting. 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. **Notice/Formal Counseling** – this is a written statement issued to the fellow that problematic behavior has been identified and needs to be addressed. This written statement will be issued to the fellow within 2 weeks of the Training Committee meeting where the determination of formal counseling was made and will include 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 fellow
   - A remediation plan to address the problem(s) within a specified time frame. The remediation plans set clear objectives and identify procedures for meeting those objectives. It also clearly identifies both the fellow’s and the supervisor(s) responsibilities and actions in meeting those objectives. Possible remedial steps include but are not limited to:
     - Increased level of supervision, either with the same or other supervisors
     - Additional readings
     - Changes in the format or areas of emphasis in supervision
     - Recommendation or requirement of personal therapy, including clear objectives which the therapy should address
     - Recommendation or requirement for further training to be undertaken
     - Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution)

   D. **Hearing** - a meeting will be held with the fellow, supervisor(s), and Director of Training to discuss the remediation plan within 2 weeks of the notice of formal counseling. The fellow thus has an opportunity to hear and respond to the concerns outlined in the plan. As part of this process, the fellow is also invited to provide a written statement regarding the identified problem(s) and the plan for remediation. As outlined in the remediation plan, the supervisor,
Director of Training, and the fellow will meet to discuss the fellow’s progress at a specified reassessment date, within 90 days from the date of the hearing or at the next formally scheduled evaluation point, whichever occurs first. The supervisor documents the outcome and gives written notification to the fellow and Director of Training within 3 business days of the reassessment meeting.

E. **Appeal** – Following the hearing, the fellow may appeal the actions taken by the program with regard to the identified problematic behavior(s). The fellow should provide a written statement within 5 business days of the hearing/reassessment meeting documenting his/her concerns and grounds for appeal to the Associate Chief of Staff for Mental Health (ACOS/MH).

F. **Notice/Probation** – 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. Any ongoing remediation efforts will be reviewed monthly by the Training Committee in their regularly scheduled meeting. Any determination to issue a probation notice will be done within 5 business days following the Training Committee meeting. The fellow will be given a written statement that includes the following documentation:

- A description of any previous efforts to rectify the problem(s) and of any appeals by the fellow
- Specific recommendations for resolving the problem(s)
- A specified time frame (not to exceed 6 weeks) for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the fellow is invited to provide a written statement regarding the identified problem(s) and/or to appeal to the ACOS/MH (to be submitted no later than 5 business days following the receipt of the probation notice). As outlined in the probation notice, the supervisor, Director of Training, and the fellow will meet to discuss the fellow’s progress at the end of the probationary period (not to exceed 6 weeks). The supervisor documents the outcome and gives written notification to the fellow and Director of Training within 3 business days of the probation meeting.

G. **Termination** – if a fellow on probation has not improved sufficiently under the conditions specified in the Probation Notice within 6 weeks, termination will be discussed by the full Training Committee, as well as with ACOS/MH, VA OAA, and the facility HR Chief. The final decision regarding the 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 within 6 weeks of the probation meeting and no later than the July Training Committee meeting. If it is decided to terminate the postdoctoral fellowship, the fellow will be informed in writing by Director of Training that he/she will not successfully complete the fellowship within 3 business days of the determination.

3. At any stage of the process, the 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)
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 training year.

    [http://appic.org/Problem-Consultation](http://appic.org/Problem-Consultation)

  - **APA Office of Program Consultation and Accreditation**:  
    750 First Street, NE  
    Washington, DC 20002-4242  
    (202) 336-5979  

  - Independent legal counsel

Please note that union representation is not available to fellows as they are not union members under conditions of their VA term-appointment.

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.
**Unethical or Illegal Behavior**

Any illegal or unethical conduct by a fellow must be brought to the attention of the Director of Training as soon as possible. Any person who observes or suspects such behavior has the responsibility to report the incident. The Director of Training will document the issue in writing, as consult with the appropriate parties, depending on the situation (see description below).

Infractions of a very minor nature may be resolved among the Director of Training, the supervisor, and the fellow, as described above.

Examples of significant infractions include but are not limited to:

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable Federal, state, or local laws.
3. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

Depending on the situation and the time sensitivity of the issues, the Director of Training may consult with the Training Committee to get further information and/or guidance. Following review of the issues, the Training Committee may recommend either formal probation or termination of the fellow from the program. Probationary status will be communicated to the fellow, VA OAA, APA, and/or APPIC in writing and will specify all requisite guidelines for successful completion of the program. Any violations of the conditions outlined in the Probation Notice will result in the immediate termination of the fellow from the program.

The Director of Training may also consult with the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, and/or APPIC in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the Director of Training may immediately put the fellow on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the fellowship program may be required to alert our accrediting body (APA) and/or other professional organizations (e.g., APPIC, state licensing boards) regarding unethical or illegal behavior on the part of a fellow.

As described in the previous section on remediation of problematic performance and/or conduct, at any stage of the process, the fellow may request assistance and/or consultation outside of the program and utilize the resources listed above.

All documentation related to serious infractions 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 fellows.

1. Any professional misconduct by a supervisor must be brought to the attention of the Director of Training as soon as possible. Any person who observes or suspects such behavior has the responsibility to report it. The Director of Training will document the issue in writing, and consult with the appropriate parties to determine the best course of action for addressing the behavior. Resources for consultation may include the Chief of Psychology, the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, and/or APPIC depending on the situation.

2. If a 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 fellow is first encouraged to attempt to work it out this issue informally and directly.

3. If unable to resolve the issue, he or she would then discuss the grievance with the Director of Training, who would meet with the parties as appropriate.

4. If still unable to resolve the problem, the fellow, supervisor, and Director of Training would then meet with the Associate Chief of Staff (ACOS) for Mental Health.

5. A meeting with all the involved parties would be arranged within two weeks of notification of the ACOS for MH. The ACOS for MH serves as a moderator and has the ultimate responsibility of making a decision regarding the reasonableness of the complaint.

6. The ACOS for MH 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 ACOS for MH.

7. If a mutually satisfying resolution cannot 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.

8. The consultants would work with all involved individuals to mediate an acceptable solution. The ACOS for MH will implement this step in the grievance procedure as soon as a request is made in writing.

9. The consultants would meet with the involved parties within one month of the written request. The two consultants and the ACOS for MH would then make a final decision regard how to best resolve the grievance.

10. 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.

**Please note: if a fellow has an issue with the Director of Training that he or she is unable to work out directly, the fellow would discuss the grievance with the ACOS for MH, who would then meet with the fellow and Director of Training, as appropriate.