POSTDOCTORAL CLINICAL PSYCHOLOGY FELLOWSHIPS

DEPARTMENT OF VETERANS AFFAIRS
NEW YORK HARBOR HEALTHCARE SYSTEM
MANHATTAN CAMPUS

PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE

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

Revised September 2018
for the 2019-20 Training Year

PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS FRIDAY, DECEMBER 21, 2018 5:00PM EST

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

PLEASE CLICK HERE TO SEE INFORMATION RELATED TO PROGRAM ACCREDITATION
Table of Contents

POSTDOCTORAL CLINICAL PSYCHOLOGY FELLOWSHIPS ........................................................................ 1
   GENERAL INFORMATION .............................................................................................................. 4
Application Policies & Accreditation Status ............................................................................. 5
Application & Selection Procedures ......................................................................................... 5
   Application Procedure ............................................................................................................... 5
   Selection and Interview Process ................................................................................................ 6
Postdoctoral Residency Program Tables ................................................................................... 7
   Postdoctoral Program Admissions ............................................................................................. 7
   Financial and Other Benefit Support for Upcoming Training Year ........................................... 8
Outcome Data ............................................................................................................................. 9
   Initial Post-Residency Positions ............................................................................................... 9
Psychology Setting ...................................................................................................................... 11
Patient Population ..................................................................................................................... 11
Training Model and Program Philosophy .................................................................................. 12
Program Aims & Competencies .................................................................................................. 13
Supervision & Didactics ............................................................................................................... 13
   Process Group ............................................................................................................................. 14
Evaluations and Requirements for Completion ......................................................................... 14
Facility and Training Resources ............................................................................................... 15
Administrative Policies and Procedures ..................................................................................... 15
   Time Requirements ................................................................................................................... 15
   Due Process Statement ............................................................................................................. 15
   Collecting Personal Information .............................................................................................. 15
TRACK 1: EMPHASIS IN CLINICAL HEALTH PSYCHOLOGY AND ......................................... 16
   INTERPROFESSIONAL TRAINING IN PRIMARY CARE ......................................................... 16
Specific Qualifications ............................................................................................................... 16
Program Structure ..................................................................................................................... 17
Overview of Training Program and Training Experiences ......................................................... 17
   Required Training Experiences ................................................................................................. 17
   Minor Rotations .......................................................................................................................... 19
   Supervision ................................................................................................................................. 21
TRACK 2: EMPHASIS IN GEROPSYCHOLOGY, CLINICAL HEALTH PSYCHOLOGY, AND
   INTERPROFESSIONAL TRAINING IN GERIATRIC PRIMARY CARE .................................. 22
Specific Qualifications ............................................................................................................... 22
Program Structure ..................................................................................................................... 23
Overview of Training Program and Training Experiences

Required Training Experiences

Minor Rotations:

Supervision

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

Specific Qualifications

Program Structure

Overview of Training Program and Training Experiences

Required Training Experiences

Supervision

FACULTY

Core Training Supervisors

Other Agency/Institution Supervisors

Other Contributors

APPENDIX A: ADDITIONAL INFORMATION ON APPLICANT QUALIFICATIONS

APPENDIX B: EVALUATION FORMS

APPENDIX C: DUE PROCESS, REMEDIATION, & GRIEVANCE PROCEDURES
GENERAL INFORMATION

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

1. Track 1: Clinical Health Psychology and Interprofessional Training in Primary Care (Health/PC)
2. Track 2: Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care (Gero)
3. Track 3: PTSD, Interprofessional Training, and OEF/OIF/OND Veterans (PTSD)

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

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

Christie Pfaff, Ph.D.
Director of Training and Assistant Chief, Psychology
VA New York Harbor Healthcare System, Manhattan Campus
423 East 23rd Street (11M), Room 2571
New York, NY 10010
(212) 686-7500, ext. 7698
(212) 951-3336 fax
Christie.Pfaff@va.gov

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

Track 1: Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care

Track 2: Emphasis in Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care

Track 3: Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans

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

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 currently unaccredited. We submitted our self-study for initial accreditation in September 2017 and are currently awaiting a site visit with APA.

Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

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

Application & Selection Procedures

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 both genders. 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 armed services. 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 21, 2018, 5:00 pm Eastern Standard Time.

1. A cover letter that describes your training and career goals and how the features of the specific training track to which you are applying will facilitate the realization of these goals.

   • Track 1: Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Health Psychology.
• Track 2: Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Geropsychology and Health Psychology.

• Track 3: Please also describe your experience with trauma-related interventions, particularly evidence-based psychotherapies, as well as your research/scholarly experience.

2. Curriculum Vitae

3. Three letters of recommendation. At least one of these must be from an internship 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 your development as a health psychologist, and discuss why.
   • Track 2: Please describe a clinical or personal experience that was particularly meaningful to you in your development as a geropsychologist/health psychologist, and discuss why.
   • Track 3: Please describe a clinical experience that was particularly meaningful to you and contributed to your interest in PTSD/trauma work.

5. Official graduate school transcript

6. An abstract of your dissertation (if completed) or a letter from your dissertation chairperson describing your dissertation status and timeline, if you have not yet completed your graduate degree.

7. A letter from your current Internship Training Director confirming that you are in good standing to successfully complete your 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. Based on a systematic review of all applications, a subset of candidates will be invited to interview on the following dates (TENTATIVE):

Track 1 (Health/Primary Care): January 24 & 25, 2019
Track 2 (Geropsychology): January 24 & 25, 2019
Track 3 (PTSD): January 22, 23, & 24, 2019

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 2019 (Monday, February 25, 2019, 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.

**Postdoctoral Residency Program Tables**

*Date Program Tables are updated: 8/1/18*

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 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 TRACK. 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 specialty 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 36 for a more detailed description of these requirements.

### Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Description</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$52,799</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>96 hours (12 days)</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>96 hours (12 days)</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Other Benefits (please describe):</td>
<td></td>
</tr>
</tbody>
</table>

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).

Outcome Data

Initial Post-Residency Positions
(aggregate data for previous 3 cohorts, 2015-17)

<p>| Total # of residents who were in the 3 cohorts | 12 |
| Total # of residents who remain in training in the residency program | 0 |
| PD | EP |
| Community mental health center | |
| Federally qualified health center | |
| Independent primary care facility/clinic | |
| University counseling center | |
| Veterans Affairs medical center | 5 |
| Military health center | |
| Academic health center | |
| Other medical center or hospital | 5 |
| Psychiatric hospital | |
| Academic university/department | |
| Community college or other teaching setting | |
| Independent research institution | |</p>
<table>
<thead>
<tr>
<th>Setting</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctional facility</td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</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.*
Psychology Setting

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

The Mental Health Service is comprised of psychiatrists, psychologists, social workers, and peer specialists under the overall leadership of the Associate Chief of Staff for Mental Health. Psychology maintains a staff of 30 psychologists who are involved in a large number of mental health and medical programs throughout the medical center. Examples include outpatient Mental Health, Primary Care/PACT (Patient Aligned Care Team), inpatient Psychiatry, PTSD 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, Interdisciplinary Pain Management, Memory Disorders 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 both male and female veterans. While many veterans seen are adult males, a significant and increasing number of female veterans are seen as well. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a wide variety of racial, ethnic, and cultural backgrounds. 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 both genders and LGBT orientations.

Fellows learn how factors such as race, ethnicity, culture, gender, sexual orientation, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. Training and supervision also focuses 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, 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 specialized rotation; attend team meetings; attend or present to 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. Please see details for each postdoctoral track later in this brochure for additional information.
Program Aims & Competencies

The fellowship program’s overall aim is to prepare ethical and culturally sensitive future leaders in clinical psychology with the requisite skills and knowledge to develop, implement, and evaluate the provision of psychological services in hospital and other settings. Past fellows have distinguished themselves in a wide variety of employment settings. Since our program’s inception in 2011, several of our 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. We embrace a competency-based training model that incorporates the following general areas:

Level 1 - Overall areas of competency (from APA Standards of Accreditation for Postdoctoral Fellowships):

- Integration of science and practice
- Individual and cultural diversity
- Ethics and legal

In addition, fellows from all three training tracks are also required to demonstrate competency related to the advanced practice of Clinical Psychology in a hospital setting. These include skills related to:

Level 2 – Program-specific areas of competency:
1) Assessment, diagnosis, and intervention
2) Teaching and supervision skills
3) Interprofessional skills
4) Evidence-based methods with specialty populations

All fellows are required to demonstrate competency in these four areas. In addition to these required competencies, fellows who choose psychodynamic psychotherapy as an elective must also demonstrate competency in this area. The same guidelines are used for all Level 1 and Level 2 competencies (both required and elective) in terms of minimal levels of achievement. Fellows are expected to demonstrate the following minimal levels of achievement in order to successfully complete the program: 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). See Evaluation and Requirements for Completion, next page, for more information on how competencies are incorporated into our evaluations and on minimum levels of achievement.

Supervision & Didactics

Fellows receive a minimum of 3 hours (typically more) of weekly scheduled individual supervision. Please see descriptions for each training track for additional information. 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. 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 (see details in descriptions for each training track). Some of these didactics include trainees from other VA facilities and are conducted via VA’s internal teleconferencing systems (Lync 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.

**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.

**Evaluations 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, at the end of this brochure for examples of all evaluation forms). Ratings are linked to behavioral anchors related to increasing levels of independence and practice. Supervisors meet with fellows as part of the formal evaluation process to discuss the content of these evaluations and assure mutual agreement and understanding regarding evaluative content. Supervisors also provide continual informal feedback in the course of ongoing supervision throughout the fellowship.

Postdoctoral fellows also complete 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 Training Director at regular intervals throughout the year and for an extended exit interview at year’ end to provide qualitative feedback regarding specific training experiences, any other aspect of the fellowship program, and suggestions for future planning.

**Requirements for completion**

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

**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. NYU Medical School Library is also a short walk away.

**Administrative Policies and Procedures**

**Time Requirements**

Our fellowship program is a one-year experience, beginning on or about September 1 and ending on or about August 31 (these dates may vary slightly from year to year, depending upon biweekly pay period dates). The start date for the 2019-20 training year is Tuesday, September 3, 2019. 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.
TRACK 1: EMPHASIS IN CLINICAL HEALTH PSYCHOLOGY AND
INTERPROFESSIONAL TRAINING IN PRIMARY CARE

Program Lead:
Joanna Dognin, Psy.D.
Mental Health (11M)
423 East 23rd Street
New York, NY 10010
Joanna.Dognin@va.gov
Tel. (212) 686-7500 x3170
Fax (212) 951-3336

APPLICATIONS DUE: FRIDAY, DECEMBER 21, 2018 5:00 EST

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

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

These two postdoctoral fellowship positions are specifically intended for trainees with a career interest in specialized training to function as a psychologist within an integrated Primary Care medical setting. The overall aim of the Emphasis in Clinical Health Psychology and Interprofessional Training in Primary Care track is to prepare ethical and culturally sensitive future leaders in clinical psychology with the requisite skills and knowledge to develop, implement, and evaluate the provision of psychological services in hospital and other settings and, specifically, within Health Psychology and Primary Care medical settings.

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

**Program Structure**

The typical workday for the postdoctoral fellow is varied and resembles that of staff psychologists. The fellow may see patients for treatment or evaluation appointments in the Primary Care clinic or specialized rotations; provide scheduled coverage for same-day brief evaluation access to Primary Care patients for whom a mental health need arises during their medical appointment; participate in a PACT (Patient Aligned Care Team) or other team meeting; attend or present to a seminar, case conference or journal club; provide supervision for a trainee; and receive one’s own supervision.

Primary Care Mental Health Integration will be the locus of a majority of the fellow’s training. In addition to the two postdoctoral fellows, a staff of 3 psychologists, 1 psychiatrist, 1 care manager, 2 psychology interns, 2 psychiatry residents, and 1 psychiatry fellow provide mental health services to the Primary Care Clinic and will be colleagues of the fellows. We enjoy strong support from Primary Care medical leadership and are heavily involved with multiple treatment areas and programs.

**Overview of Training Program and Training Experiences**

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

**Required Training Experiences**

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

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

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

2. **Patient Evaluation and Assessment (year-long)**

The postdoctoral fellow is trained in and provides a range of assessment modalities. These include: brief same-day triage assessments in conjunction with a patient’s medical appointment, scheduled full psychological evaluations tailored to the primary care environment, and specialized psychological evaluations (kidney, liver, or bone marrow transplant; bariatric surgery).

3. **Outpatient Individual Psychotherapy**

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

4. **Group Psychotherapy and Psychoeducation**

Fellows lead or co-lead at least one outpatient group during the year. Supervision of the interns co-leading the Relaxation/Mindfulness Group (year-long) is provided by at least one of the fellows. One of the fellows also usually leads the Oncology Cancer Support Group. Other options for group therapy include:

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

5. **Teaching and Supervision (year-long)**

An important aspect to transitioning from student to independent professional is the acquisition of teaching and supervisory skills. Fellows are expected to teach 1-2 psychology intern seminars, supervise interns in facilitating a health-related psychoeducational group, supervise intern intake evaluations, provide CBT or psychodynamic psychotherapy supervision and seminars to externs, present in the Topics in Health Psychology seminar and case conferences, and take part in teaching and consultation to the Primary Care medical teams along with the Health Behavior Coordinator (a psychologist who works with PACT teams and focuses on modifying health behaviors and treatment adherence). Supervisors mentor the fellow on preparation and presenting skills as appropriate.

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

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

7. Fellowship Project (year-long)

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

Minor Rotations

Fellows are required to select at least two minor rotations, each lasting approximately 4½ months from the options listed under “A” below. Fellows also complete a required third minor rotation in Consultation/Liaison Psychiatry lasting 2 months (see “B” below).

A. In recognition of the postdoctoral level of training, considerable latitude is given in formulating each 4½ -month rotation (option for longer if a major interest). Each rotation can consist of one or more options below, formulated through consultation between the fellow and the Program Leads:

• **Chronic Pain**: includes evaluations and short-term CBT-based treatment for patients with chronic pain; co-leading an 8-session psychoeducational series: Living Better With Chronic Pain; and participation in the CARF-accredited (pending) NY Harbor Interdisciplinary Pain Rehabilitation Program.

• **Substance Use**: the Harm Reduction/Motivational Interviewing (HR/MI) approach is being used within Primary Care to promote healthier living for people who are misusing alcohol and/or drugs. The PCMH Fellow will receive training in the theory and application of HR/MI as it is used within Primary Care for treating problems with substance use. The fellow will
conduct brief individual counseling, and may also have an opportunity to participate in a HR/MI groups.

- **Oncology**: fellows participate in weekly Oncology outpatient clinic, including maintaining presence in precepting area for Oncology residents/fellows in order to be available for immediate consultation or brief assessment of patients presenting with MH needs. Fellows also provide individual follow-up with patients as indicated, usually within the structure of patient medical visits to the Clinic or if hospitalized, and lead a Cancer Support Group.

- **Renal Dialysis**: fellows interface with Renal Dialysis Clinic (patients receive dialysis and are on-site 3 days/week). Fellows provide assessment and brief intervention for patients presenting with or referred for adjustment issues related to dialysis, and utilize a flexible intervention format to accommodate patients’ dialysis schedules.

- **Women’s Health**: fellows work closely with the Psychologist and Primary Care Providers assigned to the Women’s Health Clinic in Primary Care. Fellows “shadow” PCP’s during patient visits and provide interdisciplinary collaboration in the exam room and same-day triage. Fellows may also see patients in referred from Women’s Health for short-term or longer term individual psychotherapy.

- **Home Based Primary Care**: fellows participate as part of a multidisciplinary team providing comprehensive medical and MH care to homebound veterans. Psychologist member of the team makes home visits to complete MH assessments and, as indicated, provide psychotherapeutic interventions.

- **Palliative Care**: fellows participate in the Palliative Care Consult team, which receives consults from multiple inpatient and outpatient services for symptom management for chronic, terminal illnesses. The fellow’s primary role on the team will be to provide assessment and psychotherapy to acute medical inpatients and to provide consultation to the team regarding MH issues. The team consists of a Nurse Practitioner, Physician, Chaplain, Social Worker, and Psychologist; there are often trainees from all of these disciplines as well.

- **Psychiatric Emergency Room**: fellows work closely with an interdisciplinary team (psychologist, psychiatrist, nursing staff, and social work) in a psychiatric ER setting to provide brief, targeted evaluations and determine an appropriate treatment plan and disposition.

- Fellows can develop their own clinical placement based upon clinical interest (e.g., special intervention/population, such as Infectious Disease Clinic, Physical Medicine & Rehabilitation, Multiple Sclerosis Clinic, Psychiatric Emergency Room, Neuropsychology/Memory Disorders Clinic)

- **Research**: fellows can expand the scope of and time dedicated to their fellowship project by choosing a research elective.

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

**Supervision**

Fellows receive a minimum of 3 hours of weekly scheduled individual supervision (typically more, ranging from 3-5 ½ hours depending on particular rotations and electives). This includes weekly supervision of individual and group treatment as well as intakes. Fellows are supervised by multiple faculty, such as for Primary Care short-term cases and intakes, psychodynamic psychotherapy, and specialty modalities such as biofeedback or motivational interviewing. Additionally, fellows meet regularly with the Program Leads and Director of Training Director for overall professional mentorship, to monitor progress, and to address any issues that arise during the fellowship. Training staff are always available for unscheduled consultation as the need arises or in emergent situations. The fellow also receives weekly supervision through Primary Care Mental Health Clinical Case Conference and additional supervisory input on other rotations or assignments, such as consultation with physicians in PACT Extended Team meetings and daily rounds on C/L.
TRACK 2: EMPHASIS IN GEROPSYCHOLOGY, CLINICAL HEALTH PSYCHOLOGY, AND INTERPROFESSIONAL TRAINING IN GERIATRIC PRIMARY CARE

Program Lead:
Michelle Kehn, Ph.D.
Mental Health (11M)
423 East 23rd Street
New York, NY 10010
Tel. (212) 686-7500 ext. 3743
Fax (212) 951-6809
Michelle.Kehn@va.gov

APPLICATIONS DUE: FRIDAY, DECEMBER 21, 2018 5:00 EST

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

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

The overall aim of the Emphasis in Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary Care track is to prepare ethical and culturally sensitive future leaders in Geropsychology and Clinical Health Psychology with the requisite skills and knowledge to develop, implement, and evaluate provision of psychological services in hospital and other settings and, specifically, within the Primary Care medical setting.

Specific Qualifications

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

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

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

Overview of Training Program and Training Experiences

The postdoctoral fellowship consists of a combination of year-long required assignments and briefer minor rotations, two lasting approximately 41/2 months each and a third that lasts 2 months (inpatient Consultation/Liaison), some required and some elective. The fellow has the opportunity to extend one or more elective assignments if that area represents a major interest. Responsibilities include evaluation and assessment; individual and group therapies; team participation and consultation; behavioral consultations and shared medical visits with medical providers, didactics; teaching and supervision; and a year-long fellowship project.

Required Training Experiences

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

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

Additionally, the postdoctoral fellow participates in behavioral consultations, sitting in with a medical provider (usually a medical fellow) 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. Based on availability, the postdoctoral fellow also participates in shared medical visits, focused on a specific medical problem such
as congestive heart failure or diabetes, in which an interdisciplinary team including Medicine, Nursing, Psychology, and Pharmacy team-teach a group of patients for a morning to provide concentrated education and individually triage patients.

2. **Patient Evaluation and Assessment (year-long)**

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

3. **Outpatient Individual Psychotherapy**

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

4. **Outpatient Group Psychotherapy and Psychoeducation**

The fellow co-leads a year-long group (Connections Group, a support group for veterans aged 85 or older). In addition, the fellow chooses one or more groups (4-month minimum per group, as long as fellow is involved in at least one group throughout the year):

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

5. **Palliative Care Consult Team (year-long)**

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

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

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

7. Teaching and Supervision (year-long)

An important aspect to transitioning from student to independent professional is the acquisition of teaching and supervisory skills. The fellow is expected to teach at 1-2 psychology intern seminars, provide supervision to the interns on palliative care, provide CBT or psychodynamic psychotherapy supervision and seminars to externs, present in journal club and case conferences, and take part in teaching and consultation to the Geriatric Primary Care medical team. Supervisors mentor the fellow on preparation and presenting skills as appropriate.

8. Didactic seminars, conferences, and other meetings:

- Interprofessional Training seminars (monthly)
- Interdisciplinary Psychosomatic Medicine seminars with Consultation/Liaison Psychiatry fellows (weekly)
- Psychology Case Conference (monthly)
- Internship Training Committee (monthly)
- Externship Training Committee (monthly)
- Palliative Care Team meeting (weekly)
- Geri PACT Team meeting (weekly)
- Home-Based Primary Care Team meeting (weekly)
- Interprofessional seminar with Chaplain residents (monthly)
- Supervision of Supervision Didactics (monthly)
- Evidence-Based Psychotherapy Group Supervision (ACT-D, CBT-I; weekly)
- Shared Geropsychology Didactics (weekly)
- Psychology Intern seminars (optional, twice per week)
- Medical Ethics Team meetings (monthly, optional)
- VA NY Harbor Mental Health Grand Rounds (weekly, optional)
- NYU Psychiatry Grand Rounds (bi-weekly, optional)
- In-service trainings for Primary Care attendings and/or medical fellows (periodic)

9. Fellowship Project

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

Fellows are required to select at least two rotations, each lasting approximately 4½ months from the options listed under “A” below. Fellows also complete a third, required minor rotation in Consultation/Liaison Psychiatry lasting 2 months (see “B” below). Please see previous descriptions of these electives under Track 1.

A. Oncology
   Chronic Pain
   Physical Medicine & Rehabilitation
   Infectious Disease
   Substance Use
   Renal Dialysis Clinic
   Women’s Health
   Psychiatric Emergency Room
   Fellow can develop her/his own clinical placement or research elective based upon interest
   REACH VA caregiver intervention/VA Caregiver Support Program

B. Consultation/Liaison

Supervision

The fellow receives a minimum of 3 ½ hours of weekly individual supervision (typically more, ranging from 3 ½-5 hours depending on particular rotations and electives). This includes weekly supervision of individual and group treatment as well as intakes. It is not uncommon for the fellow to be supervised by more than one therapy supervisor, such as for Primary Care short-term cases and intakes, a longer-term psychodynamic supervisor, and supervision for specialty modalities such as biofeedback or motivational interviewing. Additionally, the fellow meets regularly with the Program Lead and Director of Training for overall professional mentorship, to monitor progress, and to address any issues that arise during the fellowship. Training staff are constantly available for unscheduled consultation as the need arises or in emergent situations. The fellow also receives weekly supervision through Primary Care Mental Health Clinical Case Conference and additional supervisory input on other rotations or assignments, such as consultation with physicians in PACT Extended Team meetings and daily rounds on C/L.
TRACK 3: EMPHASIS IN PTSD, INTERPROFESSIONAL TRAINING, AND OEF/OIF/OND VETERANS

Program Lead:
N. Sulani Perera, Ph.D.
Mental Health 11(M)
423 East 23rd St.
New York, NY 10010
Tel. (212) 686-7500 x4379
Fax (212) 951-3336
Nelupa.Perera@va.gov

APPLICATIONS DUE: FRIDAY, DECEMBER 21, 2018 5:00 EST

The Manhattan campus of VA New York Harbor Healthcare System offers one to two positions in a one-year Postdoctoral Fellowship in Clinical Psychology with an Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans. This fellowship is based primarily within the PTSD Clinical Team (PCT), a specialty mental health clinic providing outpatient multidisciplinary care to veterans from all service eras. In addition, fellows will interface with other teams that work closely with the PCT, such as the OIF/OEF/OND clinic, the VITAL Initiative, the Military Sexual Trauma program, and the Local Recovery Services/Peer Support Program. Our postdoctoral fellowship was among those selected within VA nationally to receive ongoing funding through the VA Interprofessional Mental Health Expansion Initiative. We were also fortunate to receive reallocation funding through VA Office of Academic Affiliations (OAA) that has allowed us to expand the program from one to two positions for the last training year (2018-19). We will continue to apply for such funding going forward in the hopes of securing two postdoctoral fellowship positions for the upcoming training year.

The overall aim of the Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND track 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, and, specifically, with patients with trauma histories and readjustment issues.

Specific Qualifications

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

Program Structure

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

The Postdoctoral Fellowship consists of a primary assignment in the PTSD Clinic. Additional rotations include the OIF/OEF/OND Clinic, the VITAL Initiative, the Military Sexual Trauma program, the Local Recovery Services/Peer Support Program, and the DBT Program.

Required Training Experiences

The PTSD Clinical Team (PCT) serves as the fellow’s primary training site. The closely collaborative PCT consists of psychology, psychiatry, nursing, and social work. Treatment in the PCT begins with a comprehensive psychodiagnostic evaluation, and then each case is presented in the multidisciplinary PTSD treatment team meeting, in order to identify and recommend appropriate treatment plans, which may include individual psychotherapy, group therapy, skills training, peer support, and psychotropic medications. Treatment recommendations are presented to veterans in a patient-centered, collaborative approach. The core training experience for fellows is comprised of the following key areas:

1. **Patient Evaluation and Assessment (year-long)**

The postdoctoral fellow is trained in and provides psychodiagnostic evaluations to veterans 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). Fellows also co-lead a screening group for veterans referred to the PCT where they administer self-report measures, provide psychoeducation about PTSD and clinic services, and meet briefly with veterans one-on-one to triage and assess appropriateness for clinic. Fellows present cases during the PTSD team meeting and provide treatment recommendations for each veteran.

2. **Outpatient Psychotherapy (year-long)**

The PCT utilizes a number of state-of-the-art EBPs to treat veterans with military-related PTSD and Military Sexual Trauma, including: Prolonged Exposure (PE), Virtual Reality Exposure Therapy (VRET), Skills Training and Affect Regulation (STAIR), and Cognitive Processing Therapy (CPT). Fellows are trained and receive supervision in each of these interventions by supervisors specializing in these treatments. Fellows also carry 2-3 individual PTSD cases with co-morbid substance use disorders (SUDS). PTSD-SUDS cases utilize 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). Fellows also have the opportunity to lead skills-focused or supportive groups within the PCT, such as Sleep Skills group, Creative Writing Group, Vietnam support group, Skills Training in Affective and Interpersonal Regulation (STAIR) group, ACT Group, and OIF/OEF support group.

3. **Dialectical Behavior Therapy (year-long)**

The DBT Program provides individual therapy, DBT Skills group, telephone coaching, and a weekly consultation team. The DBT team is comprised of psychologists, a clinical nurse specialists, a psychology intern, and the PTSD fellow. 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.

4. **The VITAL (Veterans Integration to Academic Leadership) Initiative (6 month rotation)**

The VITAL Initiative provides assistance to recently returning Veterans on college campuses. The program focuses on student Veterans who are reintegrating to campus 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. For more details, please see:


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, provides education for college/university staff about military and veteran culture, and assists in responding to inquiries about the VITAL program.


This interdisciplinary team is comprised of psychologists and social workers who offer a full range of services for OEF/OIF/OND veterans, active duty personnel, and their families, with a focus on readjustment issues and services (e.g., initial evaluation and needs assessment, Veterans benefits counseling, referrals for jobs and other services, referrals to the Primary Care Clinic and other services in the Medical Center, and referrals to services in the community). The fellow provides triage assessments, in-depth evaluations, treatment planning, and 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).

6. **Teaching and Supervision**

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

7. **Didactic Seminars, Conferences, and Meetings**

- Psychology Case Conference (monthly)
- Psychology Internship Training Committee (monthly)
- Interprofessional Training seminars (monthly)
- PTSD Team Meeting (weekly)
- Supervision of Supervision Didactics (monthly)
- Evidence-Based Psychotherapy Group Supervision (ACT-D, CBT-I; weekly)
• Externship Training Committee (monthly)
• Psychology Intern seminars (optional, twice per week)
• PTSD rotation seminars for interns (optional, weekly)
• NYU Psychiatry Grand Rounds (optional, weekly)
• VA NY Harbor Mental Health Grand Rounds (biweekly)

9. **Fellowship Project (year-long)**

The fellow is expected to develop and complete a scholarly or other professional development project over the course of the fellowship year. Possible projects include: a small empirical investigation, literature review, performance improvement project, needs assessment, or program evaluation. Available empirical research opportunities include but are not limited to: needs assessment and outcome evaluation for long-term Vietnam Veteran Support groups, outcome evaluation for CBT for Insomnia Groups, or an investigation based on the fellow’s interests.

**Supervision**

The fellow receives a minimum of four hours (typically more, ranging from 4 to 6 ½ hours per week depending on particular rotations and electives) of weekly scheduled individual supervision. This includes weekly supervision of individual and group treatment as well as intakes. The fellow has the opportunity to receive supervision and consultation from multiple supervisors, such as for PTSD intakes, individual psychotherapy, group psychotherapy, and supervision for specialty services such as MST or VITAL programs.

Additionally, the fellow meets regularly with the Director of Training and/or Program Lead for overall professional mentorship, to monitor progress, and to address any issues that arise during the fellowship. Training staff are constantly available for unscheduled consultation as the need arises or in emergent situations. The fellow also receives weekly consultation through the PTSD team meeting. Fellows will be encouraged, in addition to acquiring clinical skills and knowledge, to devote considerable thought to further developing their own professional identity, orientation, and goals over the course of the postdoctoral Fellowship. Regular individual and group mentoring meetings on professional development and “supervision of supervision” are provided. Supervisors also assist the fellow in considering and articulating conceptual and evidence-based rationales for clinical decisions and planning.
FACULTY

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

**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)
Program Lead, 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

**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 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; Program Lead, 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.

N. Sulani Perera, Ph.D., University of Minnesota (PTSD)
Director, PTSD Clinical Team; Program Lead, Clinical Psychology Postdoctoral Fellowship with an Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: CBT; evidence-based treatments for PTSD and other trauma-related concerns (e.g., CPT, PE, & DBT).
Research interests: the role of culture in understanding trauma exposure and PTSD

Amy Palfrey, Ph.D., St. John’s University (PCMH, Gero, PTSD)
Clinical Psychologist, Telemental 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 Assistant 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

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
Arnaldo Gonzales-Aviles, M.D., Ponce School of Medicine, (PCMH, Gero)
Attending Psychiatrist
Director, Psychiatric Emergency Room

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

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

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/](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](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](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](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.
PRIMARY CARE MENTAL HEALTH

Fellow:
Supervisor(s):
Period Covered:

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

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow’s skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow possesses advanced and well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

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

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

This evaluation is based on the following methods of supervision:

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

Comments:

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

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

Ethics & Legal =
Is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines. Recognizes ethical dilemmas as they arise, & apply ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. Actively seeks and demonstrate openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
Psychological Assessment, Diagnosis, and Intervention
1. Ability to establish a working alliance with patients and demonstrate appropriate empathy =
2. Development and implementation of appropriate assessment strategies =
3. Diagnostic interviewing skills =
4. Differential diagnosis and knowledge of DSM 5 =
1. Overall quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive) =
2. Generates comprehensive assessment formulations that incorporate available historical information and current assessment data =
3. Formulates well-conceptualized and comprehensive recommendations based upon familiarity with treatment resources =
4. Ability to complete same day triage evaluations within Primary Care, with appropriate disposition =
5. Formulates an appropriate case conceptualization based upon a sound evaluative and theoretical foundation =
6. Develops appropriate therapy goals and treatment plan =
7. Effective and flexible application of therapeutic strategies =
8. Maintains appropriate professional boundaries =
9. Monitors and documents patient progress during therapy and toward treatment goals and objectives =
10. Planning for and management of therapy termination =
11. Skills in group psychotherapy =

Assessment, Diagnosis, Intervention Global Score =

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

Health Psychology Competencies Global Score =

☐ Completion of fellowship project
☐ The fellow has completed this rotation satisfactorily (1=yes, 0=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.

Fellow Signature & Date:
Supervisor Signature & Date:
CONSULTATION/LIAISON ROTATION EVALUATION

Fellow:
Supervisor:
Period Covered:

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

The following guidelines should be used in making ratings:

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

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

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

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

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

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

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

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

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

Comments:

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

C/L Competencies Global Score =

Comments:

Areas of Strength:

Areas for Improvement:

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

Fellow Signature & Date:
Supervisor Signature & Date:
MEDICAL SPECIALTY CLINIC/MINOR ROTATION

(Utilized for PCMH & Gero fellows' rotations in Oncology, Renal Dialysis, Chronic Pain, Substance Use, Physical Medicine & Rehabilitation, Infectious Disease, Multiple Sclerosis, Palliative Care, Home-Based Primary Care, Women's Health, Psychiatric ER, Neuropsychology, or other clinical subspecialties developed by the fellow).

Fellow: 
Supervisor(s): 
Period Covered: 

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

The following guidelines should be used in making ratings:
1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow’s skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

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

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

Comments:

Medical Specialty Competencies:
1. Develops positive and collegial relationships with clinic staff and is comfortable in the consultative role = 
2. Gives the appropriate level and content of guidance when providing consultation to clinic staff, taking into account their level of psychological sophistication and knowledge = 
3. Generates comprehensive assessment formulations that incorporate available historical information, relevant medical history, and current assessment data that are appropriate to clinic setting and particular clinical needs for this population = 
4. Develops therapy goals and treatment plan appropriate to the clinic setting. This includes particular attention to patient/staff dynamics in this unique setting = 
5. Flexible in adjusting the form and logistics of patient contacts to unique characteristics and demands of the clinic setting = 
6. Conducts therapeutic interventions effectively and with particular sensitivity and flexibility regarding patient characteristics, clinic setting, and unique medical and psychosocial needs of the patient population = 

Medical Specialty Competencies Global Score = 

Comments:

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

Fellow Signature & Date: 
Supervisor Signature & Date:
PSYCHODYNAMIC PSYCHOTHERAPY EVALUATION

Fellow: 
Supervisor: 
Period Covered: 

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

The following guidelines should be used in making ratings:

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

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

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

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

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

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

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

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

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

Comments:

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

Psychodynamic Psychotherapy Competencies Global Score =

Comments:

Areas of Strength:

Areas for Improvement:

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

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

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow’s skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).

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

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

This evaluation is based on the following methods of supervision:

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

Comments:

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

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

Ethics & Legal =
Is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines. Recognizes ethical dilemmas as they arise, & apply ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. Actively seeks and demonstrate openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
### Psychological Assessment, Diagnosis, and Intervention
- Ability to establish a working alliance with patients and demonstrate appropriate empathy =
- Development and implementation of appropriate assessment strategies =
- Diagnostic interviewing skills =
- Differential diagnosis and knowledge of DSM 5 =
- Overall quality of clinical reports and notes (e.g., clear, clinically sophisticated, and comprehensive) =
- Generates comprehensive assessment formulations that incorporate available historical information and current assessment data =
- Formulates well-conceptualized and comprehensive recommendations based upon familiarity with treatment resources =
- Ability to complete same day triage evaluations within Primary Care, with appropriate disposition =
- Formulates an appropriate case conceptualization based upon a sound evaluative and theoretical foundation =
- Develops appropriate therapy goals and treatment plan =
- Effective and flexible application of therapeutic strategies =
- Maintains appropriate professional boundaries =
- Monitors and documents patient progress during therapy and toward treatment goals and objectives =
- Planning for and management of therapy termination =
- Skills in group psychotherapy =

**Assessment, Diagnosis, Intervention Global Score =**

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

**HBPC Competencies Global Score =**

### Palliative Care Competencies:
1. Knowledge of core constituents of Palliative Care =
2. Ability to conduct a bedside diagnostic interview and bedside psychotherapy =
3. Evaluations & treatment progress are documented in a timely & clinically appropriate manner =
4. Unit staff and palliative team coordination. Ability to provide psychological input and feedback to team =
5. Ability to develop realistic treatment plans and goals, keeping in mind the patient and family =
6. Ability to manage and intervene effectively in crisis situations (e.g., lethality assessments, formulation of behavioral plans, notification and involvement of appropriate unit staff) =
7. Ability to demonstrate, mentor, and supervise psychology interns on palliative care rotation =
8. Understanding of end-of-life concerns and ability to address appropriately with patient and family =
9. Assesses patients’ understanding of advanced directives and other forms of consent and assist staff in presenting such material in a manner accessible to individual patients =
10. Participates effectively in capacity assessments by selecting and administering appropriate tests of cognitive functioning and capacity, gather relevant information from staff and family, and appropriately integrating this material and communicating the results to patients, families and staff =

**Palliative Care Competencies Global Score =**
### Geri-PACT Competencies:

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

### Geri-PACT Competencies Global Score =

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

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas of Strength:</td>
</tr>
<tr>
<td>Areas for Improvement:</td>
</tr>
</tbody>
</table>

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

Fellow Signature & Date:
Supervisor Signature & Date:
TEACHING & SUPERVISION EVALUATION

Fellow:
Supervisor(s):
Period Covered:

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

The following guidelines should be used in making ratings:
1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

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

This evaluation is based on the following methods of supervision:
☐ Discussion in supervision
☐ Direct observation (including co-facilitation)
☐ Review of audio recordings
☐ Review of video recording

Comments:

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

Teaching and Supervision Competencies Global Score =

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

Comments:

Areas of Strength:

Areas for Improvement:

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

Fellow Signature & Date:
Supervisor Signature & Date:
PTSD CLINIC

Fellow:
Supervisor(s):
Period Covered:

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

The following guidelines should be used in making ratings:
1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow’s skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

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

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

Comments:

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

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

Ethics & Legal =
Is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines. Recognizes ethical dilemmas as they arise, & apply ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities.
Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. Actively seeks and demonstrate openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
**Psychological Assessment, Diagnosis, and Intervention**

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

**Assessment, Diagnosis, Intervention Global Score =**

**Teaching and Supervision Competencies:**

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

**Teaching and Supervision Competencies Global Score =**

**Group Psychotherapy Competencies:**

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

**Group Psychotherapy Competencies Global Score =**

**PTSD Assessment & Treatment Competencies:**

1. Facilitation of Veteran's ability to discuss and process traumatic material =
2. Effectively communicates the results of assessments to the Veteran and facilitates engagement in treatment =
3. Ability to present cases clearly and objectively in team meetings =
4. Awareness and management of personal reactions to traumatic material =
5. Understanding of theoretical rationale and research base for EBPs for PTSD (e.g., PE, CPT, MI, or STAIR) =
6. Effective administration of therapeutic strategies within EBP protocol =
7. Ability to administer appropriate assessment measures for PTSD, including the PCL and CAPS =
8. Understanding of the impact of MST upon current symptoms and clinical presentation =
9. Ability to facilitate appropriate disclosure of traumatic material or set boundaries regarding discussion of trauma as clinically indicated =
10. Understanding of political and sociocultural influences related to MST =
11. Ability to conduct MST evaluations =

**PTSD Assessment & Treatment Competencies Global Score**

50
Completion of Fellowship Project (0=no, 1=yes)
The fellow has completed this rotation satisfactorily (1=yes, 0=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.

Fellow Signature & Date:
Supervisor Signature & Date:
OEF/OIF/OND ROTATION EVALUATION

Fellow:
Supervisor(s):
Period Covered:

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

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow’s skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

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

This evaluation is based on the following methods of supervision:

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

Comments:

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

OEF/OIF/OND Competencies Global Score =

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

Comments:

Areas of Strength:

Areas for Improvement:

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

Fellow Signature & Date:
Supervisor Signature & Date:
VITAL ROTATION EVALUATION

Fellow:
Supervisor:
Period Covered:

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

The following guidelines should be used in making ratings:

1 – Remedial. The fellow requires some instruction and close monitoring of the competency with which tasks are performed and documented.
2 – New Skill. The fellow requires instruction and close monitoring of the competency with which tasks are performed and documented.
3 – Some supervision needed (postdoc entry level). The fellow’s skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
4 – Minimal supervision (postdoc mid-level). The fellow possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the fellow.
5 – No supervision needed (advanced postdoc level). The fellow can work autonomously and has well-developed, flexible skills.
6 – Advanced practice. Competency attained at full psychology staff privilege level (but requires supervision as trainee).
N/A – Insufficient basis for making a rating. This rating should be used when the fellow has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the fellow in this area.

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

This evaluation is based on the following methods of supervision:

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

Comments:

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

VITAL Competencies Global Score =

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

Comments:

Areas of Strength:

Areas for Improvement:

Fellow Signature & Date:
Supervisor Signature & Date:
**DBT EVALUATION**

Fellow: 
Supervisor(s): 
Period Covered: 

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

The following guidelines should be used in making ratings:

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

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

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

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

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

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

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

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

This evaluation is based on the following methods of supervision:

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

Comments:

**DBT Competencies:**

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

**DBT Competencies Global Score =**

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

Comments:

Areas of Strength:

Areas for Improvement:

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

Fellow Signature & Date: 
Supervisor Signature & Date:
Fellow Evaluation of Supervision

How available was this supervisor to you for supervision? =
1= always available, 7=never available

How knowledgeable was this supervisor about the area being supervised (psychotherapy, assessment, etc.)? =
1= very knowledgeable, 7=not at all knowledgeable

Did the supervisor provide useful information on and conceptualization of clinical/treatment issues? =
1=very frequently, 7=never

Did the supervisor provide useful information on and conceptualization of diagnostic/assessment issues? =
1=very frequently, 7=never

Did the supervisor provide references from the literature relevant to clinical issues? =
1=very frequently, 7=never

How often was the supervisor willing to understand and incorporate your views of the patient? =
1=very frequently, 7=never

How flexible was this supervisor in terms of his/her theoretical approach? =
1= very flexible, 7=not at all flexible

Please rate this supervisor’s teaching and didactic skills =

How responsive was this supervisor to your particular interests and needs when providing training? =
1=very responsive, 7=very unresponsive

Did this supervisor provide you with effective feedback? =
1=very frequently, 7=never

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 frequently, 7=never

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

Comments:

Fellow Signature & Date:
Director of Training Signature & Date:
FELLOW EVALUATION OF FELLOWSHIP PROGRAM

Fellow:
Year:

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

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

OVERALL EVALUATION
How would you rate the fellowship as a whole?
Would you recommend this fellowship to your peers?
Did the fellowship provide what you expected, based on the brochure, application process, and interviews?

Comments:

PSYCHOTHERAPY TRAINING CASES
Number of cases
Variety of cases
Suitability of cases to training needs

Comments:

OVERALL QUALITY OF FELLOWSHIP CLINICAL TRAINING OPPORTUNITIES (rate applicable items)
Primary Care Mental Health
GeriPACT
Consultation/Liaison Psychiatry
Renal Dialysis
Chronic Pain
Biofeedback
HBPC
Oncology
Diabetes shared medical visits
CHF shared medical visits
Substance Misuse Harm Reduction/Motivational Interviewing
Palliative Care
Women's Clinic
Behavioral Health Consultations
Evidence-Based Psychotherapies
Psychodynamic Psychotherapy
<table>
<thead>
<tr>
<th>Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Psychotherapy</td>
</tr>
<tr>
<td>PTSD Clinic</td>
</tr>
<tr>
<td>DBT Team</td>
</tr>
<tr>
<td>Psychiatric Emergency Room</td>
</tr>
<tr>
<td>VITAL Program</td>
</tr>
<tr>
<td>OEF/OIF/OND Clinic</td>
</tr>
<tr>
<td>Recovery Services/Peer Support Program</td>
</tr>
<tr>
<td>MST Program</td>
</tr>
<tr>
<td>Other:</td>
</tr>
<tr>
<td>Variety of clinical assignments available to trainees</td>
</tr>
</tbody>
</table>

**Comments:**

---

**SUPERVISION**

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

**Comments:**

---

**TRAINING IN CULTURE & DIVERSITY**

<table>
<thead>
<tr>
<th>Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic Training related to Cultural &amp; Diversity Factors</td>
</tr>
<tr>
<td>Clinical Supervision related to Cultural &amp; Diversity Factors</td>
</tr>
</tbody>
</table>
Comments:

Did you experience any microaggressions or other behavior that you felt to be derogatory or discriminatory with staff, other trainees, or patients during your training year? Yes/No/Not Sure

If so, were you able to discuss these experiences in a way that felt helpful and/or safe?

Comments:

**EVALUATION PROCESS:**
- Informativeness of supervisors' formal written evaluations
- Amount & informativeness of supervisors' informal feedback
- Fairness of evaluation process
- Opportunity to give feedback to supervisors

Comments:

**COMMUNICATIONS WITH PSYCHOLOGY STAFF:**
- Info about policies, procedures, and reports affecting fellows
- Amount and frequency of communication between staff and fellows
- Level of supportiveness and respect shown by staff toward fellows
- Relations between staff and fellows
- Consideration given to fellows’ needs

Comments:

**RESEARCH & PROGRAM EVALUATION OPPORTUNITIES**
- Fellowship Project
- NYU PTSD Research Program
- Other:

Comments:

**OPPORTUNITIES TO TEACH AND PROVIDE SUPERVISION**
- Supervision of CBT for externs
- Supervision of interns
- Teaching seminars
- Teaching/consultation to PACT teams
- Other:

Comments:

**PROFESSIONAL ATMOSPHERE & ROLE-MODELING**
- Competence of Psychology staff
<table>
<thead>
<tr>
<th>Quality of psychology programs involved in patient care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitation of understanding and appreciation of the psychologist’s professional role</td>
</tr>
<tr>
<td>Relations between Psychology and other services such as Psychiatry, Neurology, SW, Medicine, Primary Care, etc.</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>SEMINARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall variety of topics</td>
</tr>
<tr>
<td>Overall quality of seminars</td>
</tr>
<tr>
<td>Responsiveness to training needs</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>SEMINARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall variety of topics</td>
</tr>
<tr>
<td>Overall quality of seminars</td>
</tr>
<tr>
<td>Responsiveness to training needs</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>SEMINARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall variety of topics</td>
</tr>
<tr>
<td>Overall quality of seminars</td>
</tr>
<tr>
<td>Responsiveness to training needs</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>SUPPORT FACILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer system</td>
</tr>
<tr>
<td>Availability of offices</td>
</tr>
<tr>
<td>Medical library / Online journal access</td>
</tr>
<tr>
<td>Physical environment</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>SUPPORT FACILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer system</td>
</tr>
<tr>
<td>Availability of offices</td>
</tr>
<tr>
<td>Medical library / Online journal access</td>
</tr>
<tr>
<td>Physical environment</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>WHAT HAVE BEEN THE HIGHLIGHTS OF YOUR TRAINING EXPERIENCE &amp; WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHAT WERE THE LESS DESIRABLE ASPECTS TO YOUR TRAINING EXPERIENCE AND WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>

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:
<table>
<thead>
<tr>
<th>In retrospect, would you choose this fellowship again?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=definitely yes, 2=yes, 3=not sure, 4=definitely not</td>
</tr>
<tr>
<td>Why or why not?</td>
</tr>
</tbody>
</table>

| Any additional comments? |
APPENDIX C
DUE PROCESS, REMEDIATION, & GRIEVANCE PROCEDURES
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 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)** –
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)

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

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

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

  - 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 Chief of Psychology, who would intervene as necessary. In the event that the Chief of Psychology is unavailable (e.g., due to extended leave), the matter would be brought to 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 Chief of Psychology/ACOS for MH. The Chief of Psychology/ACOS for MH serves as a moderator and has the ultimate responsibility of making a decision regarding the reasonableness of the complaint.

6. The Chief of Psychology/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 Chief of Psychology/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 Chief of Psychology/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 Chief of Psychology/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 Chief of Psychology/ACOS for MH, who would then meet with the fellow and Director of Training, as appropriate.**