DOCTORAL PSYCHOLOGY
INTERNSHIP TRAINING PROGRAM

DEPARTMENT OF VETERANS AFFAIRS
NEW YORK HARBOR HEALTHCARE SYSTEM
MANHATTAN CAMPUS

PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE

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FULLY ACCREDITED BY THE
AMERICAN PSYCHOLOGICAL ASSOCIATION (next site visit in 2027)
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PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS Monday, November 2, 2020 11:59PM EST

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

The Department of Veterans Affairs New York Harbor Healthcare System, Manhattan Campus, offers a one-year, full-time doctoral Internship in Health Service Psychology to advanced students in APA-accredited doctoral psychology programs. The internship is based in the Psychology Division of the Mental Health Service and is affiliated with the New York University School of Medicine. The Manhattan VA has a long tradition of providing high-quality clinical training in psychology. We are proud of our internship program and of the reputation it has achieved throughout the national psychology community. Our past interns have distinguished themselves in a wide variety of employment settings including the Department of Veterans Affairs and other medical centers and health care facilities; community agencies, clinics, and private practices; colleges, universities, and research institutes; and business and industry settings across the country.

The Psychology staff maintains a strong commitment to the training of interns and makes every effort to provide an enriching experience as possible within an atmosphere of mutual respect and professionalism. We endeavor to achieve a good balance between serving the clinical needs of the VA population and savoring the training process. This perspective is reflected in the quality and quantity of supervision that has characterized the program over the years. We place particular emphasis on exposing interns to the breadth and variety of professional roles assumed by psychologists, including concentrated training in areas such as neuropsychology, psychodiagnostic assessment, health psychology, Posttraumatic Stress Disorder, and acute inpatient psychiatry. We also provide training in a range of treatment modalities, including psychodynamic psychotherapy, cognitive-behavioral therapy, supportive psychotherapy, group psychotherapy, and evidence-based treatment of psychological trauma. We are committed to helping interns develop their own professional identities in addition to expanding and refining their clinical competencies.

Our staff are a unique group of psychologists who seek to create a training atmosphere that embraces diversity. Amongst our staff are psychologists of different races, ethnicities, and religions, those who identify as LGBT, those who speak other languages, those with a military background, and those who are the first in their families to have attended college or attained a graduate degree. Our program is attentive to systems of oppression and committed to social justice. We are also committed to providing multiculturally competent training for our interns and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We are fortunate to be located in New York City, and our patient population includes African-American, Hispanic/Latinx, Caribbean-American, Asian, and White veterans of different gender identities. Interns 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.

Our internship is accredited by the American Psychological Association; our most recent site visit was conducted in March of 2017 (see page 1 of this brochure for information on how to contact the APA Office of Program Consultation and Accreditation). As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), we abide by their procedures and guidelines.

Christine Ingenito, Ph.D.  Christie Pfaff, Ph.D.
Internship Training Director                    Section Chief, Psychology
The Manhattan VA is a modern, air-conditioned 18 story building overlooking the East River. It is located on East 23rd Street at First Avenue, adjacent to the New York University and Bellevue Medical Centers. The Manhattan VA is fully accredited by the Joint Commission and is a full service teaching hospital providing comprehensive coverage of all medical, surgical, and dental specialties. In addition to the internship in Psychology, 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. This integration allows for continual interaction between psychology interns and medical residents and fellows. Specialty areas include Dentistry, Infectious Disease, Medicine, Neurosurgery, Oncology/ Hematology, Ophthalmology, Otolaryngology, Palliative Care, Pathology, Pharmacy, Physical Medicine and Rehabilitation, Psychiatry, Pulmonary Disease, Radiology, Surgery, and Urology.

Inpatient and outpatient mental health services are available to veterans of all gender identities. 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 LGBTQ+ 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. The Mental Health Clinic also offers three long-term psychotherapy groups, co-led by psychology trainees, for LGBT veterans.

Our patient 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. The main treatment modalities utilized are individual and group psychotherapy. On rare occasions, veterans' spouses and families may be seen for a time-limited intervention as an adjunct to the veteran's treatment. Frequently, interns request to work with a particular population for one or more of their outpatient individual psychotherapy cases (e.g., sexual orientation, gender, gender identity, age group, conflict-era), or to work with particular diagnoses and treatment issues, and we try to accommodate such requests to the extent possible.

The Manhattan VA operates a medical library that is fully available to interns. The library contains a good selection of medical, psychological, and psychiatric books, journals, and audio visual materials. A computerized bibliographic database (including PsychInfo and Medline) and an extensive selection of full-text electronic journals are available free of charge. In addition, the library participates in a comprehensive interlibrary loan system, providing any book or photocopies of journal articles not available on site or online. Interns utilize these resources to complete a variety of research and literature review presentations over the course of the year.
PSYCHOLOGY DIVISION

Thirty psychologists form the internship training faculty of the Psychology section of the Mental Health Service. Psychology is actively involved with the hospital's inpatient Psychiatry units and with inpatient medical units including Medicine, Surgery, Neurology, Palliative Care, and Physical Medicine and Rehabilitation. Staff psychologists provide services to outpatients via the Mental Health Clinic, the Posttraumatic Stress Disorder Clinic, and the Substance Abuse Rehabilitation Program, and through various medical clinics including the Primary Care Clinic, the Geriatric Clinic, Infectious Disease, Pain Management, Renal Dialysis, Oncology/Hematology, and Urology. The Mental Health Service also recently created a Telemental Health division, which provides psychological and psychiatric services to veterans in rural locations across the country via video conferencing. In addition to psychodiagnostic and psychotherapeutic skills, members of our staff possess specialized skills in geropsychology, health psychology, neuropsychological assessment, cognitive rehabilitation, suicide prevention, substance abuse, and group psychotherapy.

We offer internship and also practicum-level externship training to doctoral psychology students. Currently, we offer externships in our Psychotherapy Research and Development Program/Telepsychology. More information about our externship program is available at:
http://www.nyharbor.va.gov/docs/psychexternNY.pdf

We also offer clinical psychology postdoctoral fellowship training in the following areas of emphasis:

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

More information about our postdoctoral programs is available at:
http://www.nyharbor.va.gov/docs/NYPostdocbrochure.pdf

Please be aware that we are currently unable to offer supervised training positions to students in bachelor's or master's level programs, or to students outside of psychology. Our internship, externship, and postdoctoral programs for psychology doctoral students comprise 15+ positions per year (6 interns, 5-6 externs, 4-5 postdoctoral fellows). Given the level of intensive supervision devoted to these programs, we are not able to accommodate additional supervisees.

The Psychology Division is housed within the outpatient Mental Health Clinic. The Clinic provides a broad range of psychiatric, psychological, medical, and social work services to our veteran outpatients and includes Behavioral Health Interdisciplinary Programs, the Posttraumatic Stress Disorder Clinic, Psychosocial Clubhouse, and the Substance Abuse Rehabilitation Program, among other programs and services. This location affords psychology staff and interns the opportunity to collaborate freely with the full array of mental health professionals. Interns share offices (2 per office), with each intern having their own desk, locked file/storage space, and computer equipped with word processing and other software packages including internet access and email. All patient records are electronic and progress notes are entered online so that every clinician has easy access to the entire medical record, including remote data from other VA facilities nation-wide.
THE PSYCHOLOGY INTERNSHIP PROGRAM

Training Overview

Training general adult practitioners is the primary purpose of the Manhattan VA psychology internship program. Our internship training emphasizes the basic clinical principles and skills essential to the ethical and competent practice of health service psychology. Our intention is that upon the completion of their internship year, our graduates will have acquired professional level assessment and treatment skills and will be well-qualified, highly desirable candidates for staff appointments at a variety of clinical settings and postdoctoral training programs. Consistent with a generalist orientation that emphasizes the basic clinical principles and skills essential to the ethical and competent practice of health service psychology, we provide each intern with a broad range of training experiences in assessment, intervention, and consultation with a wide variety of patients in medical and mental health settings, including training in psychodynamic psychotherapy, cognitive-behavioral therapy, health psychology, treatment of acute, severe psychiatric illness, evidence-based treatment of Posttraumatic Stress Disorder, and neuropsychological and psychodiagnostic assessment.

In line with the practitioner-scholar model of training, our program places a strong emphasis on clinical practice that is informed by scientific inquiry, critical thinking, and active 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 interns learn from each other and grow together. Therefore, our program uses an apprenticeship method in teaching clinical skills and fostering interns' professional growth. Interns work alongside staff psychologists, frequently conducting assessments and treatment jointly at the beginning of a rotation or new assignment. At the same time, we make every effort to promote each intern's creativity, autonomy, and unique clinical style. Interns are considered junior colleagues and over the course of their training come to function with a great deal of independence. Interns carry their own cases and participate in interdisciplinary team meetings and peer review presentations along with their supervisors and independently.

Our supervisory and consulting staff utilize a variety of treatment orientations and approaches, including psychodynamic, psychoanalytic, behavioral, cognitive-behavioral, dialectical-behavioral, interpersonal, systems, supportive, and eclectic modalities. We feel that exposure to such a diversity of clinical approaches and styles will not only educate and enlighten our interns, but also inspire the development of their own unique professional identities and clinical styles.

Aims and Competencies

The aims of our internship program are as follows:

- To train interns in integrated assessment, diagnostic, and intervention strategies that prepare them for the general practice of health service psychology. In order to provide our interns with a broad clinical knowledge base, interns complete training assignments which expose them to a wide range of patients, psychopathology, theoretical orientations, and treatment settings.

- To train interns to be culturally-competent practitioners. Interns receive training and supervision on the impact of cultural factors on psychological functioning and use this knowledge to provide appropriate treatment for a diverse urban population.

- To train interns to value professionalism and dedicate themselves to the highest standards of patient care and ethical conduct. We seek to foster each intern's identity as a psychologist, so that they...
develop an understanding of professional responsibility, judgment, and ethics and apply this knowledge in all activities and professional roles

We consider these aims to be consistent with the treatment needs of our patient population, the mission of VA, and the requirements of graduate programs who entrust their students to us for an intensive year of clinical training. In line with the standards of the APA Commission on Accreditation, we provide broad-based training that allows interns to develop competence in the following areas: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision, and consultation and interprofessional/interdisciplinary skills.

Before entering our program, interns should have had practica in individual psychotherapy and have mastered the basic technical skills of administration and scoring of a test battery. Interns should also have had previous training in test interpretation and the preparation of clinical reports. Given this foundation, interns receive advanced training in performing in depth assessment interviews; constructing test batteries to respond to specific diagnostic issues and referral questions; evaluating and integrating clinical findings to provide appropriate treatment; and developing formulations and recommendations and communicating these in articulate written and/or oral reports.
RESPONSE TO COVID-19 AND IMPACT ON TRAINING

(updated July 14, 2020)

The unprecedented circumstances of the COVID-19 pandemic have created uncertainty and challenges for all of us, both personally and professionally. As one of the epicenters of the outbreak, New York City has been especially hard hit, and VA NY Harbor has strived to continue meeting the needs of our veterans during this difficult time.

The Mental Health Service, including our training programs, have been a significant part of these efforts. In the spring of 2020, with the full support of facility and MH leadership, Psychology staff and trainees were able to successfully transition to full-time telework, maintaining almost all training activities without significant disruption. All trainees continued to treat veterans via telehealth for intake assessments, individual therapy, and group therapy, either by phone or video conference. Didactics and supervision have also continued over virtual platforms. The only training activities that were suspended were the inpatient rotation and psychodiagnostic testing. Interns assigned to the Acute Inpatient Psychiatry rotation had already gained some experience on the inpatient unit by mid-March. The inpatient unit’s census and staffing were reduced in light of the pandemic, and the assigned interns were redeployed to our Mental Health and PTSD Clinics to provide telehealth services for veterans with severe mental illness in these settings. Many interns in our 2019-20 class had already completed psychodiagnostic testing cases prior to the pandemic; for those who had not, test data from previously completed cases were utilized to review administration, scoring, interpretation, and test report writing procedures under supervision.

The 2020-21 internship class came on board with full remote access to allow them to telework as well. In addition to the usual seminars held during the orientation period, they received an intensive training to assist them in acclimating to the provision of mental health services via telehealth. Special attention was also paid to the important of self-care, the unique opportunities and challenges associated with providing MH care during the pandemic, and efforts to enhance staff and intern cohesion. Currently, the interns assigned to the Acute Inpatient Psychiatry Rotation are on site part-time on a staggered schedule with their rotation supervisors present. VA NY Harbor has been successful in their efforts to maintain COVID-free inpatient psychiatric units since March 2020 by having all patients receive rapid COVID-19 testing in the emergency room prior to admission and having unit staff regularly tested for COVID-19 through employee health. During the days that they are on site, interns have access to a private office and continue to conduct all outpatient individual and group visits virtually.

Going forward, perhaps the greatest uncertainty for the program is how our circumstances may change in the weeks and months ahead. Specific rotations and training assignments may need to be modified in light of the pandemic and public health guidelines. It is likely that we will continue to utilize telehealth and technology-based platforms to meet veteran needs by telephone or video conference. However, we do not anticipate any significant changes to our basic clinical services, program aims and competencies, or populations served through the rotations described in our brochure.

In accordance with guidance put forth by APPIC, our recruitment for the 2021-22 internship class will be conducted exclusively via virtual platforms. We will utilize telephone and video conferencing options to orient applicants to the program and conduct individual interviews.

The health and safety of our trainees and staff, along with providing the highest quality care for our veterans, is of paramount importance to us. We are committed to maintaining the high standards of our training program while also abiding by safety and public health guidelines from our hospital leadership and state and local governments. In the interest of maintaining transparency, we will continue to update this information and our training materials as the situation evolves.
DESCRIPTION OF TRAINING PROGRAM

The internship training program consists of several required components, which are described in greater detail in the following pages. Approximately half of the intern’s clinical time is spent on the major rotation; the remaining time is comprised of ongoing, year-long training assignments in outpatient psychotherapy and 6 month assignments in assessment. Interns’ clinical work is enhanced by a diverse program of supervision and didactics. Finally, depending on interest and available time, interns may engage in elective activities, although this is by no means required or expected.

Required Clinical Training Assignments (see overview on the following page)

**Major Rotations**
All interns complete 3 major rotations (for 4 months each) in:
- Acute Inpatient Psychiatry
- Health Psychology/Primary Care Mental Health Integration (PCMHI)
- Posttraumatic Stress Disorder Clinic

**Outpatient Psychotherapy**
These are year-long training assignments. All interns carry outpatients in each of the following treatment modalities: psychodynamic psychotherapy, evidence-based couples therapy, cognitive-behavioral therapy, and evidence-based treatment of Posttraumatic Stress Disorder. Interns also co-lead one long-term psychotherapy group with a staff member for the year.

**Assessment**
Interns complete 1 six-month rotation in neuropsychological assessment. Referrals cover a wide range of disorders and emphasize differential diagnosis, assessment of functioning, and disposition planning.

**Supervision and Didactics**

The various clinical training assignments are enhanced by a diverse program of supervision, seminars, and peer review presentations within the Psychology Division, throughout the VA Medical Center, as well as at neighboring institutions such as Bellevue and NYU Medical Center. Interns also attend a weekly process group that provides a forum for concerns and issues related to the internship and to help further facilitate their professional development.

**Electives**

Interns may enrich their training experience to meet individual interests and needs. Elective activities include a variety of groups, additional psychotherapy, research, Home-Based Primary Care, and Psychiatric Emergency Room.
OVERVIEW OF REQUIRED CLINICAL TRAINING ASSIGNMENTS

MAJOR ROTATIONS

Acute Inpatient Psychiatry
- Admissions on an as needed basis (generally 1-2 per week)
- Caseload of 2 individual patients seen daily for therapy
- Family meetings, as indicated
- Healthy Sleep group and DBT Skills group
- Community Meetings
- Daily rounds and thrice weekly team meetings

Health Psychology/Primary Care Mental Health Integration (PCMHI)
- 1-2 Primary Care evaluation per week (scheduled, same day triage and specialty evals)
- 1 Palliative Care individual therapy case
- 2 short-term Health Psychology psychotherapy cases (e.g., Motivational Interviewing, Biofeedback, Problem Solving Therapy, Behavioral Activation, CBT-E, CBT for anxiety or depression, Supportive Therapy)
- Relaxation Group, Diabetes Shared Medical Appointment, and Substance Abuse Rehabilitation Program (SARP) Phase II group
- Home-Based Primary Care home visit
- Palliative Care Team meetings

PTSD Clinic
- 2 PTSD Clinic intakes per week
- 2 short-term individual therapy cases (e.g., co-morbid PTSD and substance use disorders, CBT for Insomnia, coping skills, nightmare rescripting, Military Sexual Trauma)
- PTSD/SUDS Group or OEF/OIF/OND Support Group
- PTSD Clinic team meetings

OUTPATIENT PSYCHOTHERAPY

- Psychodynamic Psychotherapy: 2-3 cases (combination of year-long therapy and short-term Dynamic Interpersonal Therapy, DIT)
- CBT: 2 consecutive cases (6 months each)
- PTSD: 1-2 consecutive cases; interns choose 1 primary modality, either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). If time allows, interns may elect to see an additional case in a different treatment modality.
- Group Psychotherapy: co-lead 1 year-long group
- Couples Therapy: 1-2 simultaneous cases using an evidence-based treatment (e.g. EFT, IBCT, CBCT); 6 month rotation

ASSESSMENT

- Neuropsychology – comprehensive outpatient assessments (3-5 cases over the 6 month rotation); weekly neuropsychology rounds/group supervision
MAJOR ROTATIONS:

**Acute Inpatient Psychiatry**

Drs. Clayton & Ihm

The Medical Center houses two locked, co-ed inpatient psychiatric units for patients require acute intervention and stabilization. Interns are assigned to the acute inpatient training unit (17N), where they work alongside other trainees including social work interns, nursing students, and NYU School of Medicine psychiatric residents and medical students. Patients cover a broad age range and represent all of the major diagnostic categories, especially schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, posttraumatic stress disorder, substance abuse, and severe personality disorders. An increasing number of veterans who served in Iraq and Afghanistan, as well as active duty personnel are admitted to the inpatient service with difficulties ranging from severe PTSD and depression to first-break psychotic disorders. Patients present with acute psychopathology and severe psychosocial difficulties.

Interns function as primary therapists on the training unit, and carry two individual patients at a time. As a primary therapist, the intern shares responsibility for all facets of patient management with a multidisciplinary treatment team. Because stays tend to be brief (1-3 weeks), patients are seen daily for supportive psychotherapy and treatment planning. Other clinical activities include an initial interview and written admission summary, family consultation, behavioral monitoring, crisis management, charting, tracking progress and medication response, team coordination, and discharge planning. Interns work closely with the attending psychiatrists who provide medical back-up for their cases. Following discharge from the unit, interns may see their patients for a one-time follow-up appointment to improve continuity of care and assist patients in their transition to the outpatient setting.

Other clinical responsibilities on the unit include leading community meetings (weekly meetings of all staff and patients) and providing group therapy. For half of the rotation, interns co-lead the Healthy Sleep Group with a staff member. For the other half of the rotation, interns co-lead a DBT Skills Group with a staff member. While on the rotation, interns also attend daily rounds, weekly interdisciplinary team meetings, and case conferences. Interns may also attend Psychiatry Grand Rounds at NYU/Bellevue.
MAJOR ROTATIONS:

Posttraumatic Stress Disorder Clinic
Drs. Brinn, Gettings, Kramer, & Patel

The PTSD Clinic consists of a multidisciplinary team (psychologists, psychiatrist, social worker, nurse practitioner) dedicated to the assessment and treatment of PTSD. Veterans with combat trauma (WWII, Korea, Vietnam, Persian Gulf, Iraq, and Afghanistan) as well as those with a history of military sexual trauma are seen in the clinic. Currently serving 800+ veterans, the clinic provides specialized, comprehensive treatment to veterans suffering from PTSD, including pharmacotherapy, individual psychotherapy, and group psychotherapy. Treatment is offered in multiple modalities. Individual therapy modalities include supportive, psychodynamic, CBT, Prolonged Exposure (PE), Skills Training in Affect and Interpersonal Regulation (STAIR), Virtual Reality Exposure (VRE), Cognitive Processing Therapy (CPT), and motivational interviewing. A variety of groups are also available (e.g., supportive, problem-focused, psychoeducational, skills training, exposure-based). In keeping with a model of psychosocial rehabilitation and recovery, our emphasis is on normalizing readjustment difficulties and enhancing health in order to assure that veterans reach their highest level of functioning and to prevent chronic difficulties as best as possible. The program concentrates on three main areas: 1) assessment and evaluation, 2) providing clinical services, and 3) tracking patients through the system and coordinating care.

Interns conduct two intake evaluations per week, co-lead one PTSD group, and attend weekly PTSD team meetings. A number of different psychotherapy groups are offered within the PTSD Clinic, including OEF/OIF/OND Support Group, Medics Group, and PTSD-SUDS Group. Interns also have the opportunity to provide short-term individual follow-up and psychotherapy for patients in the clinic. Treatment issues include PTSD-SUDS (co-morbid PTSD and substance use disorders), development of coping skills prior to beginning trauma work, CBT for insomnia, nightmare rescripting, and Military Sexual Trauma. Interns are required to make at least one literature review/research presentation over the course of the rotation.
MAJOR ROTATIONS:

Health Psychology/Primary Care Mental Health Integration
Drs. Buckley, Dognin, Hamlin, Kehn, Spivack, Sultan, & Todd

This rotation is an immersion into the practice of health psychology. A cornerstone of the rotation is participation as a treatment team member within the Medical Center’s outpatient PACT/Primary Care Clinic. Other required activities involve providing individual and group therapies and traditional health psychology interventions (e.g., modifying unhealthy behaviors, treating symptoms of medical disorders that are amenable to behavioral interventions, and improving adherence to medical regimens).

Primary Care: The Patient Aligned Care Team (PACT)/Primary Care Mental Health Integration (PCMHI) model seeks to provide comprehensive health care through an integrated team approach. Patients receive multidisciplinary consultation and services from a treatment team including providers from Medicine, Nursing, Social Work, Psychology, Psychiatry, and Pharmacy. Interns serve as members of the PACT treatment team providing consultative services to patients and other clinicians. Interns conduct brief evaluations/functional assessments for patients referred by their Primary Care provider. Interns also provide psychotherapeutic and/or psychoeducational interventions, and refer patients for additional services as needed. Interns evaluate patients with a wide range of psychiatric, substance use, and medical conditions; these may include specialty evaluations such as bariatric, eating disorder and pre-transplant evaluations and evaluations for transgender veterans requesting hormone replacement therapy or gender reassignment surgery.

Interns carry two short-term Primary Care treatment cases focused on adjustment issues, symptom management, treatment adherence, eating disorders, or substance abuse. Interns may also elect to be trained in biofeedback therapy. Biofeedback interventions involve the use of instrumentation to monitor and modify psychophysiological processes relevant to autonomic arousal and muscle tension, most often used for anxiety disorders, stress management, PTSD, and pain management.

Groups: Interns lead and co-lead several psychoeducational groups over the course of the rotation, including Relaxation Training/Mindfulness, Diabetes Shared Medical Appointment, and Substance Abuse Rehabilitation (SARP) Phase II Group.

Palliative Care: Interns follow one inpatient on the Palliative Care service at a time. Palliative Care works with terminally ill patients to provide comfort and assist with medical decision-making at end of life. Interns are full members of the interdisciplinary team (psychologist, nurse practitioner, physician, social workers, and chaplain). Interns are involved in diagnosis, intervention, and assessment of patients’ insight into their illness and prognosis as well as their thoughts and feelings about dying. Interns act as consultants to the medical team, facilitating understanding of patients’ psychological adjustment.

Home-Based Primary Care Home Visit: HBPC is a multidisciplinary team providing primary care to homebound veterans in the community. The team consists of a Nurse Practitioner/Registered Nurse, Occupational Therapist/Physical Therapist, Social Worker, Dietician, and Psychologist. The Psychologist receives consults from other team members for mental health assessment, cognitive evaluation, or capacity assessment. Interns will make 1 home visit with HBPC psychologist during which they will participate in an initial mental health evaluation and assist in developing a treatment plan.

Administrative and Team Meetings: Interns attend a number of meetings along with their supervisors in order to familiarize themselves with the various administrative and clinical roles of health psychologists. Interns participate in a weekly Palliative Care interdisciplinary team meeting. At the beginning of the rotation, they...
attend the monthly Primary Care interdisciplinary staff meeting, which covers a wide range of clinical and administrative issues.
OUTPATIENT PSYCHOTHERAPY:

Over the course of the year, interns work with outpatients in a number of different treatment modalities. Typically, interns carry at least four psychotherapy cases at one time for short-term and long-term individual therapy who are referred from services throughout the Medical Center. They will also carry two couples cases during the 6 month rotation in evidence-based couples therapy and co-lead one outpatient group for the entire year.

Group Psychotherapy
Drs. Ingenito, Katz, Miller, Shreck & Spivack; John Tatarakis, N.P.

A rich variety of group therapy training experiences are available, including supportive, psychoeducational, and interpersonal approaches. Interns receive a half-hour of individual supervision per week. Some recent examples of groups are:

- DBT Skills Group
- Medics Group
- Alzheimer’s Caregivers Support Group
- Gay Mens Support Group
- Life Stages Group
- LGBTQ+ Support Group

Evidence-Based Therapies for Posttraumatic Stress Disorder
Drs. Patel, Kramer, & Gettings

In addition to the four month major rotation in the PTSD Clinic, interns see PTSD patients for intensive, longer-term, individual treatment. Interns see 1-2 cases over the course of the. Interns receive training in all of the modalities listed below and elect to focus on one of them for the year. For each modality, interns attend a weekly group supervision and present video recordings of their sessions.

- Prolonged Exposure (PE), Dr. Kramer: this exposure-based treatment involves having patients repeatedly re-experience their traumatic event, and includes both imaginal exposure and in vivo exposure to safe situations that have been avoided because they elicit traumatic reminders.

- Cognitive Processing Therapy (CPT), Dr. Patel: CPT incorporates cognitive techniques to help patients challenge and modify maladaptive beliefs related to their trauma. CPT focuses on decreasing the avoidance of traumatic memories so that beliefs and meanings can be further evaluated and understood within the original context. For the 2021-22 training year, we hope to be able to offer national certification in CPT, where interns have to option to receive intensive CPT training at the beginning of the year and then participate in weekly consultation calls for at least 6 months. Interns would be required to complete 2 CPT protocols in order to be eligible for CPT certification.

Psychodynamic Psychotherapy
Drs. Chen, Clayton, Ingenito, Kehn, Pfaff, & Sultan

Interns are assigned cases for year-long, traditional psychodynamic psychotherapy and shorter-term Dynamic Interpersonal Therapy (DIT), an evidence-based dynamic treatment protocol for patients with depression and/or anxiety and interpersonal difficulties. Interns carry 2-3 patients over the course of the year and have
the opportunity to treat a range of psychopathology, including depression, adjustment disorders, anxiety disorders, and personality disorders. Interns receive a half-hour of individual supervision per week and video recording of sessions are utilized in supervision.

**Cognitive-Behavioral Therapy**  
Drs. Brinn, DeAlmeida, & Parter

Interns will typically see two patients consecutively over the course of the year (6 months each). Patients present with a wide range of concerns and diagnoses, and treatment focuses on targeting identified symptoms and setting specific goals. Interventions include various methods of behavioral modification and cognitive restructuring. Interns may also have the opportunity to utilize other related, empirically validated treatment protocols, such as Dialectical Behavior Therapy (DBT). Interns attend a weekly 90 minute group supervision where they present their work (including video recordings of sessions) and participate in clinical discussion of other cases. Over the course of the year, interns are encouraged to demonstrate increased independence and develop more of a peer supervision approach. Individual supervision is also provided on an as-needed basis.

**Evidence-Based Couples Therapy**  
Dr. Ashkenazi, Cairo, Palfrey, Parter, Schneider, & Silvestri Jordan

Interns will see two couples simultaneously over the course of the 6 month rotation utilizing an evidence-based treatment (e.g., EFT, IBCT, CBCT). Referrals may come from within the medical center or through the facility’s Telemental Health Hub; which services other VAs in upstate NY. As a result, visits may be conducted in-person or via telehealth. Interns will receive 45 mins of individual supervision each week where they will present their work (including video recordings of sessions). Additionally, they will attend regular didactics and peer supervision meetings throughout the rotation to enhance their learning.

**ASSESSMENT:**

**Neuropsychological Testing**  
Dr. Tam

Neuropsychology provides testing and evaluation of patients referred from services throughout the Medical Center, including Primary Care, Neurology, and Psychiatry. Typical consultations involve evaluation of Alzheimer's disease, vascular dementia, Parkinson's disease, mild traumatic brain injury, stroke, neoplasm, hydrocephalus, multiple sclerosis, HIV-related dementia and other neurological disorders and infectious diseases. Referrals may involve such questions as differential diagnosis of schizophrenia-spectrum and major affective disorders from primary neurodegenerative processes, evaluation of cognitive impairment associated with medical illness such as diabetes and obstructive sleep apnea, and diagnosis of adult residual attention deficit hyperactivity disorder and learning disabilities. Evaluations focus primarily on outpatient assessments. Interns gain experience conducting neuropsychological evaluations using a hypothesis driven approach and providing feedback and psychoeducation to veterans and their families.

Interns will complete a six-month rotation and respond to neuropsychology consults.

**SUPERVISION, DIDACTICS & ADDITIONAL RESOURCES:**
Supervision

At the Manhattan VA, supervision is seen as a powerful vehicle for promoting professional and personal growth. In keeping with our program's practitioner-scholar model, supervision is collaborative and focuses on case conceptualization, active learning, inquiry, and reflection. Interns work closely with their supervisors, gaining independence as each training experience progresses. Psychology staff utilize a wide range of therapeutic approaches and interns have the opportunity for supervision in a variety of modalities (e.g., psychodynamic, psychoanalytic, interpersonal, cognitive-behavioral, dialectical-behavioral, behavioral, supportive, systems, and eclectic).

Interns receive intensive supervision, mostly on an individual basis, for each rotation and training experience (generally 5-6 hours per week total). Interns receive daily informal supervision on their major rotations, along with at least one hour weekly formal individual supervision for the rotation. Both individual and group supervision is provided for outpatient psychotherapy cases, as described in previous sections. All psychology staff maintain an open door policy and interns are free to request additional supervision/consultation at any time. Our program does not typically utilize telesupervision or other distance education technologies for training and supervision. However, adjustments have been made recently due to the current circumstances surrounding COVID-19 and transition to teleworking, in accordance with guidance from APA and VA's Office of Academic Affiliation.

As an essential part of their training, interns have many opportunities to present their work and to practice skills in order to receive feedback and direct instruction. Toward this end, interns participate in live diagnostic and mental status interviewing along with their supervisor on each rotation. Video recordings and/or live observation are utilized on every rotation and training assignment so that interns’ work can be directly observed. Interns also present cases in the monthly Psychology case conference and in interdisciplinary team meetings on each of the major rotations. Finally, interns are encouraged to present their research or other areas of expertise.

Didactic Seminars

Our seminar program is an integral part of internship training. There are two regularly scheduled seminars each week. Seminars consist of lectures, case presentations, and patient interviews, and are taught by Psychology staff and consultants from within the Medical Center and from other settings. Seminars provide a rich and varied sampling from different facets of the field.

The seminar series emphasizes training in assessment, treatment methods, cultural diversity, ethics, and supervision. Regular topics include military history, mental status examinations, DSM-5 diagnoses, ethical issues, group psychotherapy, health psychology, PTSD, substance use disorders, neuropsychology, cultural formulations and diversity issues, psychodynamic theories and interventions, supervision, psychopharmacology, and professional development. In addition, other special topics are presented over the course of the year. Recent seminar subjects have included race-based trauma, narrative exposure therapy, forensic psychology, working with transgender/GNC veterans, suicide assessment and prevention, disaster relief mental health, military sexual trauma, motivational interviewing, sleep disorders, health disparities, and program evaluation.

In addition to our own seminar program there are a multitude of additional seminar and grand rounds offerings available within the Medical Center and at NYU/Bellevue. Interns are encouraged to attend these seminars as their schedules permit.
Process Group

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

Mentorship Program

The Manhattan VA is pleased to offer a mentorship program to further support and facilitate the professional development of trainees during their internship year. Each intern will be assigned a staff psychologist who will serve as their mentor for the year. In an effort to create an atmosphere of safety and trust in the relationship, the mentor assigned does serve in an evaluative role for the intern mentee at any point throughout the year. The mentoring relationship is inherently flexible and can vary tremendously in its form and function.

Diversity Committee

Each year we ask the internship and fellowship classes to select 2 representatives each to participate in the Psychology Section’s Diversity Committee. Each representative participates in the Committee’s meetings for a period of 6 months. This Committee consists of both trainees and staff psychologists, and its aims are to specifically address how we can improve our training climate with regard to diversity and create an atmosphere that promotes inclusion and recognition of the paramount importance of cultural and diversity factors in our work. The Committee has brought about major improvements in our trainee evaluation and selection policies, staff recruitment, didactics, and training. The Diversity Committee also provides feedback to the Training Committee and Chief of Psychology on the experience of diverse staff and trainees, how to best integrate discussions of diversity into training and supervision, and how to improve the atmosphere for staff and trainees from diverse backgrounds.

Diversity, Equity, & Inclusion Liaison

This is a resource for trainees who would like to discuss with a non-evaluative staff member any diversity concerns that may arise within a clinical, supervisory, interdisciplinary, or peer setting. Concerns could be related to race, gender identity, sexual orientation, religion, disability, or any other aspect of a trainee’s cultural identity. The DEI Liaison can assist the trainee in navigating dynamics related to power and privilege, systemic oppression, and cultural differences. The Liaison acts in a consultative role, to assist the trainee in thinking through options, including the option to not take action.

Monthly Gathering for Staff and Trainees of Color

This meeting is an optional gathering for both staff and trainees (externs, interns, fellows) of color that provides an informal setting to share experiences related to one’s cultural and racial identity and how these may impact training experiences, clinical work, professional development, and interpersonal relationships.
ELECTIVES:

Our internship program enjoys the advantage of being situated within a full service medical center. This allows us to offer a wide range of clinical experiences to further enhance an intern's training program. While time does not permit the pursuit of all available activities, interns may choose from a number of additional training opportunities. It is important to note that interns are not obligated to do an elective in addition to their other required training activities, described previously in this brochure. It should also be noted that elective choices will inevitably vary each year. Particular programs may not be available in a given year while new opportunities are always being created.

Clinical Electives

On each of the major rotations, there is the possibility of expanding the interns’ clinical activities in particular areas of interest. Similarly, interns may elect to increase their outpatient caseload in a specific treatment modality. Interns may also elect to conduct additional therapy groups. Recent examples of groups offered by psychology staff and interns include Pain Management, Insomnia Treatment Group, and Creative Arts Group. Interns are also encouraged to consider creating an elective tailored to their interests. There are numerous opportunities in clinical areas staffed by psychologists and our program consultants, such as Home-based Primary Care, and Psychiatric Emergency Room. Additionally, interns interested in gaining experience in psychodiagnostic testing may have the opportunity to conduct 1-2 psychodiagnostic batteries over the course of the year. All efforts will be made to accommodate individual training needs when possible.

Research Electives

The internship program supports trainees’ interest in planning, implementing, and analyzing mental health-related research. VA offers numerous opportunities and career paths for psychologists involved in research, and cultivation of these interests can begin on internship. Interns may participate in ongoing research or initiate their own investigations at the medical center. A number of our interns have completed dissertations at the VA. Interns may use VA patients as subjects (with approval from the medical center’s Research Committee) or may pursue their own research interests and populations. Collaboration and research mentoring are also possible through the program’s academic affiliation with NYU School of Medicine. The medical center library and various online resources are available with a full range of research support services. Examples of research conducted by Psychology and Psychiatry staff include neuropsychology, ADHD, PTSD, DBT, psychotherapy development and efficacy, substance abuse, severe mental illness, chronic pain, TBI, and interventions for caregivers of dementia patients.
EVALUATION OF INTERNS AND SUPERVISORS

Evaluative feedback about the internship program is extremely important to us. The Training Director meets with the interns as a group once a month for an informal, open-ended discussion about training issues and professional development. Individual meetings between interns and the Training Director are held monthly and are meant to serve as a forum for interns to discuss their individual experience on internship, professional development and career goals, and provide feedback as needed.

All interns are formally evaluated using the same procedures. Evaluations are given for each major rotation, for outpatient individual therapy cases, and for neuropsychological and psychodiagnostic assessment. Evaluations are accomplished by means of structured forms and scheduled verbal feedback based upon expected performance standards and competencies appropriate to the level of doctoral internship training. All evaluations are based in part on direct observation of the intern’s clinical work (including live observation, co-facilitation, or video recording). Interns are evaluated on the following profession-wide competencies on all rotations and training assignments: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment, intervention; supervision; and consultation and interprofessional/interdisciplinary skills. Sample evaluation forms are shown in Appendix C.

Bi-directional feedback between interns and supervisors is an important part of the ongoing supervisory process. Evaluations are conducted throughout the training year, as follows:

- **Major Rotations (3 four-month assignments):** a brief, verbal feedback session is held between the intern and the supervisor at the midpoint of each rotation in order to identify areas for mutual improvement and growth. Supervisors formally evaluate interns via structured forms at the end of each rotation. Interns likewise complete a formal evaluation of the supervisor at the end of the rotation.

- **Neuropsychological Assessment (six-month assignment):** a brief verbal feedback session is held between intern and supervisor at the midpoint of each rotation in order to discuss progress, strengths, and areas for improvement. Supervisors formally evaluate interns via structured forms at the end of each rotation. Interns likewise complete a formal evaluation of the supervisor at the end of the rotation.

- **Evidence-Based Couples Therapy (six-month assignment):** a brief verbal feedback session is held between intern and supervisor at the midpoint of each rotation in order to discuss progress, strengths, and areas for improvement. Supervisors formally evaluate interns via structured forms at the end of each rotation. Interns likewise complete a formal evaluation of the supervisor at the end of the rotation.

- **CBT, Evidence-Based Therapies for PTSD, & Psychodynamic Psychotherapy (year-long assignments):** supervisors evaluate interns (and vice versa) using evaluation forms at six months and at year’s end.

Individual meetings between the intern and supervisor are an integral part of the evaluation process and are always held in conjunction with the completion of evaluation forms. The evaluation forms are signed by the intern and the supervisor and are reviewed by the Director of Training. Copies of evaluations are sent to the Director of Clinical Training at the intern’s university and discussed when questions arise. At the end of the year, each intern is asked to complete an overall evaluation of the program and to make suggestions for future improvements. All evaluations become a part of the intern’s permanent file with the Psychology Division. These records are maintained by the Director of Training in a secure online platform; hard copies are kept in locked filing cabinets in her office.
Evaluations of supervisors completed by the intern are signed by the intern and the Director of Training, who then gives general feedback to supervisors based on the collective comments of all interns. Supervisors do not have access to interns’ evaluations of supervision. The Director of Training gives de-identified, aggregated feedback to supervisors only after trainees have left the program. At the end of the year, each intern is also asked to complete an overall evaluation of the program and to make suggestions for future improvements. This program evaluation is discussed with the Director of Training as part of the intern’s exit interview.

**Expected levels of performance:**

Our policies and procedures regarding due process, intern grievances, and impaired intern performance are detailed in Appendix D.

**Expected levels of Competence:**

Expected levels of competence on all formal evaluations are as follows -

- **1st rotation:** minimum score of 2 on all competencies
- Evaluations completed at mid-year (CBT, Evidenced-based PTSD Treatment, Psychodynamic Psychotherapy, Year-long Group): minimum score of 3 on all competencies
- **2nd rotation:** minimum score of 3 on all competencies
- Evaluations completed at end of year (3rd rotation, final evaluations for CBT, Evidenced-based PTSD Treatment, Psychodynamic Psychotherapy, Year-long Group): minimum score of 4 on all competencies
- 6-month assignments (evidence-based couples therapy, neuropsychological assessment): minimum score of 3 on all competencies

**Criteria for Graduation from the Program:**

- Minimum score of 4 on all profession-wide competencies at the end of the year.
- Completion of all clinical, documentation, didactic, and administrative requirements
INTERNISHIP ADMISSIONS, SUPPORT, & OUTCOME DATA

Internship appointments are for 2080 hours, which is full-time for a one year period from approximately July 1 to June 30. These dates may vary slightly depending on HR procedures. The start date for the 2021-2022 training year is Monday, June 28, 2021.

The VA New York Harbor Health Care System is an Equal Opportunity Employer and follows all federal guidelines regarding nondiscriminatory hiring practices. We strongly encourage minority and physically challenged candidates to apply. We strictly abide by the APPIC Uniform Notification Procedures. No person from our program will solicit, accept, or use any ranking-related information from any intern applicant. The APPIC guidelines can be accessed on the APPIC web site:

http://www.appic.org

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

Internship Program Admissions

Date Program Tables are updated: July 2020

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 intern selection and practicum and academic preparation requirements:

The Manhattan VA sponsors six internship positions each year. We review each internship 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, cultural competence, and level of interest in our program. Based on these ratings, we invite a select group of applicants for in-person interviews at our site in December. During the interview process, we try to get a sense of each applicant’s personality, interests, clinical style, and response to supervision. Again, our goal is to determine who we feel will be the best match for what our program has to offer. For details regarding the application process and required materials, see instructions in the next section.

We expect applicants to have had previous practicum training in psychotherapy and assessment, including basic proficiency in the administration and interpretation of a variety of assessment tools.
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

<table>
<thead>
<tr>
<th>Hours Type</th>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
<td>N</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>N</td>
<td>Y</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:

Applicants must meet the following criteria to be considered for our program:

- Doctoral student in good standing at an APA-accredited or CPA-accredited Clinical or Counseling doctoral psychology program
- Approved for internship by doctoral program Director of Clinical Training
- Completion of all coursework
- 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 B, Additional Information on Applicant Qualifications, on page 32 for a more detailed description of these requirements.

Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$29,967</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Program provides access to medical insurance for intern? Yes No

If access to medical insurance is provided:

- Trainee contribution to cost required? Yes No
- Coverage of family member(s) available? Yes No
- Coverage of legally married partner available? Yes No
- Coverage of domestic partner available? Yes No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation) 96 hours (12 days)

Hours of Annual Paid Sick Leave 96 hours (12 days)
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?  Yes No

Other Benefits (please describe):

Leave time: 10 Federal holidays. Requests for educational leave (up to 5 days) are granted for participation in conferences, trainings, post-doctoral or job interviews, or for dissertation related meetings. The intern’s training may be extended due to unexpected illness, parental leave, etc. to successfully complete the program. Issues related to extended leave are determined on a case-by-case basis; typically, interns must use all accrued sick and vacation time and then go on Leave Without Pay status until they are able to return to the program.

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. Interns 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 interns are later employed by VA or another federal agency, they receive service credit for the internship 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-Internship Positions (aggregate data for 2016-2020 classes)

<table>
<thead>
<tr>
<th>Category</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 4 cohorts</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Community mental health center</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td>PD</td>
<td>EP</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.
APPLICATION PROCEDURE

To apply for our internship program, please follow the steps detailed below. If you have any questions, you may contact Dr. Ingenito (email is preferred):

Christine Ingenito, Ph.D.
Psychology Internship Training Director
Email: Christine.Ingenito@va.gov
Phone (212) 686-7500 Ext. 3179, Fax (212) 951-3336
VA NY Harbor Healthcare System
423 East 23rd Street (136A OPC, 2nd Floor)
New York, NY 10010

Our APPIC Matching Program Code Number is 148011.

1. Please go to www.appic.org to access the online AAPI application. Please be sure to submit the following materials through the online application portal:

   • Completed AAPI application, including cover letter, CV, certification from your program's Director of Clinical Training, official transcripts from each graduate psychology program and 3 letters of recommendation (at least one from a practicum supervisor).

   Please submit the following through the supplementary materials portal:

   • **Treatment Summary:** in order to get a sense of your style as a therapist and the way that you think about clinical material, we ask that you write a brief synopsis of a psychotherapy case. **PLEASE ADDRESS WHY THIS CASE WAS PARTICULARLY MEANINGFUL TO YOU. PLEASE DO NOT EXCEED 500 WORDS.**

   • **Assessment Report:** please submit a psychological testing report that demonstrates your ability to integrate and synthesize data from multiple sources to generate diagnoses and recommendations.

2. **APPLICATION DEADLINE: Monday, NOVEMBER 2, 2020, 11:59pm Eastern Standard Time.**

3. Please wait to hear from us regarding an interview. Interviews are held in December (tentative dates are 12/4, 12/7, and 12/8) and this year will be held virtually (no on-site interviews will be offered). Invitations for interviews are sent out by email. Applicants will have a virtual group orientation where they will meet the training staff and learn about our program. Each applicant will have an individual interview with two staff members. Applicants will be asked to answer questions and provide a formulation and treatment plan for a clinical vignette. Applicants will also have ample time to meet with our current intern class to ask questions and obtain additional information about the program.

4. We participate in the National Matching Program and abide by the Match Policies enumerated on the APPIC website (www.appic.org). The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/
APPENDIX A

PSYCHOLOGY STAFF

Sagiv Ashkenazi, Psy.D., The Chicago School of Professional Psychology
Clinical Psychologist, Telemental Health Hub
Clinical Activities: Individual, couples, and group psychotherapy; Evidence-Based treatments and Assessment of PTSD and Substance Use Disorders.
Research Interests: Delivery of effective treatment to veterans with comorbid PTSD and SUD; Issues in couples psychotherapy

Alyssa Baer, PsyD, Massachusetts School of Professional Psychology
Clinical Psychologist, Telemental Health Hub
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Individual and group psychotherapy; CBT; ACT; neuropsychological assessments; health and geropsychology interventions
Research interests: Dementia, caregiving, and geropsychological issues; presymptomatic testing for Alzheimer’s disease; satisfaction, feasibility, and reliability of mental health treatment and neuropsychological assessment via telehealth

Anthony J. Brinn, Psy.D., Yeshiva University
Clinical Psychologist; PTSD Clinic
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Assessment and treatment of veterans with PTSD and Substance Use Disorders; CBT; Acceptance and Commitment Therapy (ACT); Motivational Interviewing (MI); and Screening Brief Intervention and Referral to Treatment (SBIRT).
Research interests: Evaluating and disseminating effective treatments for comorbid PTSD and Substance Use Disorders; Qualitative Research Methodology; Integration of mental health treatments into primary care; Facilitators of treatment success/compliance in treatment-resistant populations.

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

Elana Cairo, Ph.D., Yeshiva University
Clinical Psychologist; Telemental Health Hub
Clinical Activities: Individual, couples, and group psychotherapy; cognitive-behavioral therapy; cognitive processing therapy for PTSD; psychodynamic psychotherapy; interventions for individuals with chronic and medical illnesses.
Research Interests: Impact of psychological treatments on health-related quality of life in chronic illness; effectiveness of telemental health.

Cory K. Chen, Ph.D., University of North Carolina, Chapel Hill
Clinical Psychologist/Director – Psychotherapy Research and Development Program
Clinical Co-Director – Telemental Health Hub
Associate Clinical Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Individual and family psychotherapy and intervention for caregivers of individuals with chronic health issues, particularly dementia; Interpersonal/Relational Dynamic Therapy; Dialectical Behavior Therapy.
Research interests: Psychotherapy outcome and process research particularly for treatment non-responders; predictors of non-response in CBT and psychodynamic interventions; intervention development for treatment resistant populations.

Karima Clayton, Ph.D., Teachers College, Columbia University
Clinical Psychologist, Acute Inpatient Psychiatry Unit & Outpatient Mental Health Clinic
Adjunct Faculty, NYU, Steinhardt School of Culture, Education, and Human Development
Clinical Activities: Acute Inpatient Psychiatry, individual and group psychotherapy; Dynamic Interpersonal Therapy; CBT
Research Interests – Dementia Caregivers; families and incarceration; racial identity; experiences of racism and discrimination

George Cuesta, Ph.D., California School of Professional Psychology at Alliant International University
Clinical Neuropsychologist
Adjunct Professor, Disability Studies Program, School of Professional Studies, CUNY
Clinical activities: Neuropsychological evaluation and treatment of neurological disorders (e.g., traumatic brain injury, stroke, dementia); neuropsychological testing; cognitive remediation; psychodiagnostic testing; cognitive behavioral psychotherapy for post-traumatic stress disorder and depression; mindfulness-based stress reduction.
Research interests: Cognitive and behavioral consequences of traumatic brain injury (TBI); impact of TBI on family members and caregivers.

Chrystianne DeAlmeida, Ph.D., The New School for Social Research
Clinical Psychologist, Outpatient Mental Health Clinic
Clinical Instructor in the Department of Psychiatry at the NYU School of Medicine
Clinical activities: Patient centered care and streamlining delivery of mental health services in integrated patient care settings; pain management; cognitive behavioral therapy; dialectal behavioral therapy; Compensation and Pension exams.
Research interests: Deepening the understanding of how culture influences mental health and treatment practices.

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

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

Danielle Hamlin, Psy.D., Yeshiva University (PCMH, Gero)
Clinical Psychologist, Coordinator of Primary Care Mental Health Integration Services
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.

Mia Ihm, Ph.D., Teachers College, Columbia University
Clinical Psychologist, Acute Inpatient Psychiatry Unit; Suicide Prevention Coordinator
Clinical Activities: Suicide risk assessment and coordination of treatment for high-risk patients; acute inpatient psychiatry and short-term crisis management-focused individual and group psychotherapy; psychodynamic psychotherapy; DBT consultation team
Research interests: Insight in psychotic-spectrum disorders; evidence-based treatment for psychosis

Christine Ingenito, Ph.D., Teachers College, Columbia University
Counseling Psychologist, Primary Care Mental Health/Women’s Clinic; Director of Training, Psychology Internship Program
Clinical activities: LGBT Veteran Care Coordinator for Manhattan Campus of NY Harbor; DBT consultation team; same-day access, evaluations and short-term therapy for female veterans in Primary Care Women’s Clinic, triage and evaluation in the Psychiatric Emergency Room
Research interests: Multicultural counseling competency; the impact of implicit bias on clinical judgment; LGBTQ+ health disparities

Brittney Jordan, Psy.D., Yeshiva University
Clinical Psychologist, Telemental Health Hub
Clinical Activities: Individual and group psychotherapy via telemental health; cognitive-behavior therapy; cognitive processing therapy for PTSD; short-term integrative treatment.
Research Interests: Telemental health and psychotherapy outcome research; increasing access to care for Veterans; cognitive-behavior based interventions; supporting LGBTQ individuals in psychotherapy

Wendy Katz, Ph.D., Teachers College, Columbia University
Counseling Psychologist; OEF/OIF/OND Mental Health/Readjustment Services
Clinical activities: Assessment and treatment of combat veterans returning from Iraq and Afghanistan; preventative health interventions; outreach services.
Research interests: Resilience; PTSD; Alzheimer’s’ Disease; pain management.

Michelle Kehn, Ph.D., Long Island University, Brooklyn
Clinical Psychologist, Home Based Primary Care and Palliative 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
Clinical Psychologist, PTSD Clinic
Clinical activities: Cognitive behavioral, Virtual Reality, and exposure therapy for PTSD; CBT for anxiety-spectrum disorders; psychodiagnostic assessment.
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.

Abigail S. Miller, Psy.D., Yeshiva University
Clinical Psychologist; Geropsychologist
Clinical activities: Geropsychological and psychodiagnostic assessments; psychodynamic individual and group therapy for patients and caregivers; DBT consultation team
Research interests: Narcissism, envy, & self-esteem; Alzheimer’s disease; vascular dementia.

Nicole Nehrig, Ph.D., Long Island University, Brooklyn
Clinical Psychologist, Psychotherapy Research and Development Program & Telemental Health Hub
Adjust Assistant Professor, Long Island University, Brooklyn, Department of Psychology
Clinical Activities: Individual psychotherapy for complex trauma and caregivers of dementia patients; psychodiagnostic assessment; short-term and long-term models of psychodynamic psychotherapy.
Research Interests: Personality disorders; psychotherapy outcome and process research; predictors of non-response in CBT and psychodynamic interventions; intervention development for treatment resistant populations; attachment; multimethod assessment.

Amy Palfrey, Ph.D., St. John’s University
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.
Research Interests: Effectiveness of individual and group psychotherapy over telehealth technology; psychotherapy with older adults and at end-of-life

Amy Parter, Ph.D., Fairleigh Dickinson University
Clinical Psychologist; Telemental Health Hub
Clinical Activities: Individual and group therapy via telemental health; cognitive behavioral therapy; CPT & PE for PTSD; couples therapy.
Research Interests: Effectiveness of individual and group psychotherapy via telehealth; program development

Nishant Patel, Psy.D., Widener University
Clinical Psychologist; Director, PTSD Clinical Team
Clinical Activities: Evidence-Based treatments for PTSD and other trauma related concerns (e.g., PE, CPT, & CBT-I)
Research Interests: Cultural Psychology and its role in treatment conceptualization, assessment and intervention; Narrative Exposure Therapy

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

Jennifer A. Schneider, Ph.D., Fairleigh Dickinson University
Clinical Psychologist, Telemental Health Hub
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical Activities: Evidence-based treatment of PTSD (e.g., CPT, PE); individual and group psychotherapy; psychodiagnostic assessment; relational psychodynamic psychotherapy; integrative treatment
Research Interests: Telemental health and psychotherapy outcome and process research; increasing access to care for rural veterans; program development; novel interventions for PTSD; psychodynamic psychotherapy

Erica Shreck, Ph.D., Yeshiva University
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
Research interests: Psychological factors in chronic disease management; effectiveness of individual and group psychotherapy via telemental health

Neal Spivack, Ph.D., CGP, Adelphi University
Clinical Psychologist, Primary Care Mental Health
Clinical Activities: Assessment & treatment of substance use disorders in Primary Care.
Research interests: Group therapy; organizational dynamics; substance use treatment.

Lillian Sultan, Ph.D., Long Island University, Brooklyn Campus
Clinical Psychologist, Outpatient Mental Health Clinic and OEF/OIF/OND Mental Health/Readjustment Services
Clinical activities: Assessment and treatment of combat veterans returning from Iraq and Afghanistan; outpatient psychotherapy; psychodiagnostic testing.
Research interests: the effects of mindfulness and meditation on psychological well-being; the role of the Internet on socialization and identity.

Danny Tam, Ph.D., ABPP-CN, Graduate Center at the City University of New York (CUNY)
Clinical Neuropsychologist
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Neuropsychological assessment; psychodiagnostic testing.
Research interests: Characterizing cognitive and clinical changes with aging; epilepsy

Gladys Todd, Ph.D., University of California, Santa Barbara
Clinical Psychologist, Substance Abuse Recovery Program (SARP)
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical Activities: Assessment and treatment of substance abuse and co-occurring disorders; individual and group psychotherapy; psychological evaluations of police personnel.
Research Interests: Psychotherapy with ethnic minorities; cultural values; counselor self-disclosure.
PSYCHOLOGY INTERNSHIP PROGRAM CONSULTANTS

Consultants to our program provide consultation and supervision in their areas of expertise.

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

Pantea Farahmand, M.D., M.A.
   Addiction Psychiatrist
   Child & Adolescent Psychiatrist
   Clinical Assistant Professor of Psychiatry
   New York University School of Medicine
   VA NY Harbor Healthcare System
   Addiction psychiatry, addiction in transitional age youth

Liliya Gershengoren, MD, MPH, SUNY Downstate Medical Center
   VA Site Director, NYU Psychiatry
   Attending Psychiatrist
   VA New York Harbor Healthcare System
   Assistant Professor of Psychiatry, New York University School of Medicine
   Psychosomatic medicine, interdisciplinary education

Ira Jasser, M.D., SUNY Downstate Medical Center College of Medicine
   Attending Psychiatrist, Mental Health Clinic
   Clinical Instructor of Psychiatry, New York University School of Medicine
   Psychopharmacology, Organic brain syndrome

Justin Piershalski, M.D., State University of New York at Buffalo
   Attending Psychiatrist, 17N inpatient unit
   Clinical Instructor of Psychiatry, New York University School of Medicine
   General psychiatry, psychopharmacology, electroconvulsive therapy

John Tatarakis, R.N., M.S., M.P.H., Columbia University
   Local Recovery Coordinator, Psychiatric Clinical Nurse Specialist, Mental Health Clinic
   Adjunct Clinical Instructor, Borough of Manhattan Community College, CUNY
   Recovery, severe mental illness, group psychotherapy
APPENDIX B

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.** Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. **Male, for this purpose, is any individual assigned male on their birth certificate regardless of current gender. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency.** Visit [https://www.sss.gov](https://www.sss.gov) to register, print proof of registration or apply for a Status Information Letter. 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.
APPENDIX C

SAMPLE EVALUATION FORMS
INTERN EVALUATION FORM

Intern:

Supervisor(s):

Period Covered:

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

The following guidelines should be used in making ratings:

1 – Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.

2 – Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.

3 – Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.

4 – Some supervision needed (intern rotation exit level or equivalent). The intern'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.

5 – Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.

6 – No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.

7 – Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.

N/A – Insufficient basis for making a rating. The intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.

The expected level of competence for all profession-wide competencies is as follows: 1st rotation: 2; Mid-year (for year-long activities): 3, 2nd rotation: 3; 3rd rotation: 4, End of year (for year-long activities): 4

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:

PROFESSION-WIDE COMPETENCIES

Ethical and Legal Standards:

- 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, & applies ethical decision-making processes in order to resolve the dilemmas.
- Conducts self in an ethical manner in all professional activities.

Individual and 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).

Professional Values, Attitudes, and Behaviors

- 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 demonstrates 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.

### Communication and Interpersonal Skills
- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated
- Demonstrates a thorough grasp of professional language and concepts.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

### Assessment
- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.
- Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### Intervention
- Establishes and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

### Supervision
- Applies the knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.

### Consultation and Interprofessional/Interdisciplinary Skill
- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

### Research & Scholarly Activity
- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).

The intern has met the minimum expected level of competence for all relevant competencies.

☐ Yes
☐ No

If no, please indicate the next step needed to help further develop specific competencies to support the intern’s movement towards successfully completing internship and/or being at a minimum level of achievement (as discussed with Training Director & Training Committee):
☐ No further action is necessary at this time. Feedback has been provided and it is expected that with more training, the intern will continue to improve in the areas identified above.
☐ Acknowledgement Notice
☐ Remediation Notice
☐ Probation Notice

 Comments:

 Areas of Strength:

 Areas for Improvement:

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

Supervisor Signature & Date:

Intern Signature & Date:
# INTERN EVALUATION OF SUPERVISION

**Intern:**
**Supervisor:**

**Rotation:**
**Period Covered:**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How available was this supervisor to you for supervision?</td>
<td>1= always available, 7=never available</td>
<td></td>
</tr>
<tr>
<td>How knowledgeable was this supervisor about the area being supervised (psychotherapy, assessment, etc.)?</td>
<td>1= very knowledgeable, 7=not at all knowledgeable</td>
<td></td>
</tr>
<tr>
<td>Did the supervisor provide useful information on and conceptualization of clinical/treatment issues?</td>
<td>1=very frequently, 7=never</td>
<td></td>
</tr>
<tr>
<td>Did the supervisor provide useful information on and conceptualization of diagnostic/assessment issues?</td>
<td>1=very frequently, 7=never</td>
<td></td>
</tr>
<tr>
<td>Did the supervisor provide references from the literature relevant to clinical issues?</td>
<td>1=very frequently, 7=never</td>
<td></td>
</tr>
<tr>
<td>How often was the supervisor willing to understand and incorporate your views of the patient?</td>
<td>1=very frequently, 7=never</td>
<td></td>
</tr>
<tr>
<td>How flexible was this supervisor in terms of his/her theoretical approach?</td>
<td>1= very flexible, 7=not at all flexible</td>
<td></td>
</tr>
<tr>
<td>Please rate this supervisor’s teaching and didactic skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How responsive was this supervisor to your particular interests and needs when providing training?</td>
<td>1=very responsive, 7=very unresponsive</td>
<td></td>
</tr>
<tr>
<td>Did this supervisor provide you with effective feedback?</td>
<td>1=very frequently, 7=never</td>
<td></td>
</tr>
<tr>
<td>How often did this supervisor incorporate cultural and diversity factors into case conceptualization?</td>
<td>1=very frequently, 7=never</td>
<td></td>
</tr>
<tr>
<td>How open was this supervisor to discussions about how cultural and diversity factors might be impacting your work with a patient?</td>
<td>1=very frequently, 7=never</td>
<td></td>
</tr>
<tr>
<td>Overall rating of quality of supervision</td>
<td>1=excellent, 7=poor</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Intern Signature & Date:
Director of Training Signature & Date:
**INTERN EVALUATION OF INTERNSHIP PROGRAM**

Intern:  
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 internship 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 internship as a whole? |
| Would you recommend this internship to your peers? |
| Did the internship 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:

### PSYCHodiagnostic & NEUropsychological testing CASES

| Number of cases |
| Variety of cases |
| Suitability of cases to training needs |

Comments:

### OVERALL QUALITY OF INTERNSHIP CLINICAL TRAINING OPPORTUNITIES

- Inpatient Psychiatry Rotation
- PTSD Clinic Rotation
- Health Psychology/PC Rotation
- Neuropsychology/psychodiagnostic testing
- Cognitive-Behavioral Therapy
### PTSD Evidence-Based Therapy
- Psychodynamic Psychotherapy
- Group Psychotherapy
- Other:
- Variety of clinical assignments available to trainees

Comments:

### SUPERVISION
- Inpatient Psychiatry Rotation
- PTSD Clinic Rotation
- Health Psychology/PC Rotation
- Neuropsychology/psychodiagnostic testing
- Cognitive-Behavioral Therapy
- PTSD Evidence-Based Therapy
- Psychodynamic Psychotherapy
- Group Psychotherapy

Comments:

### TRAINING IN CULTURE & DIVERSITY
- Didactic Training related to Cultural & Diversity Factors
- Clinical Supervision related to Cultural & Diversity Factors

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 interns
- Amount and frequency of communication between staff and interns
Level of supportiveness and respect shown by staff toward interns
Relations between staff and interns
Consideration given to interns' needs

Comments:

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

Comments:

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

Comments:

Additional topics you would recommend:

Topics or presenters you would recommend deleting:

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

Comments:

WHAT HAVE BEEN THE HIGHLIGHTS OF YOUR TRAINING EXPERIENCE & WHY?
1.
2.
3.
4.

WHAT WERE THE LESS DESIRABLE ASPECTS TO YOUR TRAINING EXPERIENCE AND WHY?
1.
2.
3.
4.

**Did your VA internship 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><strong>In retrospect, would you choose this internship again?</strong></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?**
**DUE PROCESS, REMEDIATION OF PROBLEMATIC INTERN PERFORMANCE, AND GRIEVANCE PROCEDURES**

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

The internship program follows due process guidelines to assure that decisions are fair and nondiscriminatory. During their first week as part of the orientation process, interns are given the Policies and Procedures manual and this material is reviewed with the Internship Training Director. The manual 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, interns sign a form indicating that they have read and understood these policies.

**Rights & Responsibilities**

The internship program is committed to providing trainees with opportunities that foster clinical and professional growth. At the same time, the program is responsible for informing trainees as soon as possible if there is a concern about their performance. The program has the responsibility to monitor trainees’ progress in order to benefit and protect the public and the profession, as well as to facilitate trainees’ professional growth. The program also has the responsibility to inform trainees of program requirements and expectations for successful completion of the program. The program assumes responsibility for continual assessment of and feedback to trainees in order to help them improve their skills, remediate problematic behaviors, and/or to prevent individuals who may be unsuited in skills or who have interpersonal limitations from entering into the professional practice of psychology. While internship 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 Internship Training Director, giving clear and timely evaluations of interns’ 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.

Interns’ 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.

Interns 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. Interns 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 Internship Training Director, 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 Internship Training Director, or at any time a concern arises.

PROBLEMATIC INTERN PERFORMANCE AND/OR CONDUCT

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

Definition of Problematic Behaviors
Problematic behaviors are broadly defined as those behaviors that disrupt the intern’s professional role and ability to perform required job duties, including the quality of: the intern's clinical services; his or her relationships with peers, supervisors, or other staff; and their ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the intern’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 intern 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 intern’s behavior does not improve as a function of feedback, remediation, effort, and/or time
• The professional services provided by the intern 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 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 Internship Training Director is actively involved in monitoring the training program and frequently checks informally with interns and supervisors regarding interns’ progress and potential problems. In addition, Intern-Director meetings are held once a month to provide another forum for discovery and resolution of potential problems. Interns are also encouraged to raise concerns with the Internship Training Director as they arise. It is our goal to help each intern reach his/her full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The Training Committee consists of all psychology supervisors and staff involved in internship planning. The Committee meets once per month to discuss training issues and intern performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Interns 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 Internship Brochure section on the Evaluation Process for details). All written evaluations become a part of the intern’s permanent file with the Psychology Division. These records are maintained by the Internship Training Director and kept in secure, locked cabinets in her office. The Training Director also communicates with graduate programs about each intern's progress while on internship. This occurs at mid-year and again at year's end when copies of the intern's evaluation forms are sent to the graduate program.

Interns are continuously evaluated and informed about their performance with regard to the competencies of the program. It is hoped that interns and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the intern and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although interns 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.
Responding to Problematic Intern Performance:

At any time, a trainee may be given verbal feedback—considered verbal warning—that they are not performing up to expected standards. In particular, at mid-rotation points supervisors are expected to give a verbal warning if they believe the trainee is not performing up to expected standards, and if the trainee is likely to be rated below the expected level on any of the profession wide competencies. If the trainee addresses the feedback appropriately and brings their performance up to the expected standard, then no further action is necessary.

If a trainee receives ratings below the minimum level of achievement for a rotation/training experience, the following procedures will be initiated:

1) Within 10 working days of receipt of the rating, the Training Director, rotation supervisor(s), and other relevant supervisors will meet as a Review Committee to discuss the ratings and determine what action needs to be taken to address the problem reflected by the ratings.

2) The trainee will be notified verbally and/or in writing, immediately upon receipt of the ratings, that such a review is occurring and the Review Committee will receive any information or statement from the trainee related to their response to the rating.

3) In discussing the ratings that fall below minimum expectations and the trainee’s response, if available, the Review Committee may adopt any one or more of the following methods or may take any other appropriate action. The Committee may issue a(n):

   a) Written or verbal notice that no further action is necessary

   b) “Acknowledgement Notice” which states in writing:
      • That the Committee is aware of and concerned with the rating.
      • That the Rating has been brought to the Trainee’s attention.
      • That the committee will work with the Trainee to remediate the problem or skill deficit addressed by the rating.
      • That the behavior(s) associated with the rating are not severe enough to warrant more serious action

   c) “Remediation Notice” which calls for the Review Committee, through supervisors and the Training Director, to actively and systemically monitor for a specific length of time the degree to which the Trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Remediation Notice is a written statement that includes the following:
      • The specific behaviors and competencies associated with the inadequate rating
      • The specific recommendations for rectifying the problem including what is expected of both the trainee and supervisors involved in the plan.
      • The time frame during which the problem is expected to be resolved.
      • The procedures designed to ascertain whether the problem has been appropriately rectified.

When the Review Committee deems that remedial action is required, the identified performance deficit and/or problematic behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

   • Increased supervision, either with the same or other supervisors.
• Change in the format, emphasis, and/or focus of supervision.
• Change in the training plan and clinical foci.
• Additional reading and/or didactic instruction
• A recommendation that personal therapy be utilized to address identified behaviors. Trainees have a right to confidentiality should they elect to pursue personal therapy. Remediation plans will not reflect participation in therapy as a condition for successful remediation but will instead focus on monitoring behavioral performance and change. Trainees are eligible to use the Employee Assistance Program (EAP).

After the delivery of an Acknowledgement Notice or Remediation Notice, the Review Committee will meet with the Trainee to review its recommended action. The Trainee may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are described in Intern Grievance Procedures section of this document. In either case, the Training Director will inform the Trainee’s sponsoring university, when applicable, and indicate the nature of the problem and the steps taken by the Committee. Once the Review Committee has issued an Acknowledgement Notice, the trainee’s status will be reviewed within 3 months’ time, or the next formal evaluation, whichever occurs first. In the case of a Remediation Notice, the trainee’s status will be reviewed within the time frame set by the notice.

**Failure to Correct Problems:**

When the intervention does not rectify the problematic performance within a reasonable period of time, or when the trainee seems unable or unwilling to alter their behavior, the Review Committee may need to take further formal action. If a trainee on Remediation has not improved sufficiently to rectify the problems under the conditions stipulated by the Remediation Plan, the Review Committee will conduct a formal review and then inform the trainee in writing that the conditions have not been met. The Review Committee may then elect to take any of the following steps or other appropriate action:

• **Issue a “Probation Notice.”** This step is implemented when problematic behavior(s) are deemed to be more serious by the Review Committee and/or when repeated efforts at remediation have not resolved the issue. Any ongoing remediation efforts will be reviewed monthly by the Review Committee. Any determination to issue a probation notice will be done within 5 business days following the specified end date of the Remediation Plan. The intern will be given a written statement that includes the following documentation:
  o A description of any previous efforts to rectify the problem(s) and of any appeals by the intern
  o Specific recommendations for resolving the problem(s)
  o 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 intern is invited to provide a written statement regarding the identified problem(s) and/or to appeal to the Section Chief of Psychology (to be submitted no later than 5 business days following the receipt of the probation notice). As outlined in the probation notice, the supervisor(s), Training Director, and the intern will meet to discuss the intern’s progress at the end of the probationary period (not to exceed 6 weeks).
• **Suspend the trainee for a limited time from engaging in certain professional activities until there is evidence that the problematic performance in question has been rectified.** Suspensions beyond the time specified in the Probation Notice may result in termination or failure to graduate.
Depending on the gravity of the issue, inform the trainee that they will not successfully complete the training program if their problematic performance does not change. If by the end of the training year, the trainee has not successfully completed the training requirements, the Review Committee may recommend that the trainee not be graduated. The trainee and the trainee’s graduate program will be informed of the same. The Review Committee may specify to the graduate program or licensing board those settings in which the former trainee can and cannot function adequately.

Inform the Graduate Training Director and the trainee that they are recommending they be immediately terminated from the training program.

Unethical or Illegal Behavior
Any illegal or unethical conduct by an intern must be brought to the attention of the Training Director as soon as possible. Any person who observes or suspects such behavior has the responsibility to report the incident. The Training Director 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 Training Director, the supervisor(s), and the intern, 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 Training Director 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 intern from the program. Probationary status will be communicated to the intern, his or her graduate program, 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 intern from the program.

The Internship Training Director may also consult with the Section Chief of Psychology, 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, APPIC, and/or the intern’s graduate program in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the Training Director may immediately put the intern on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the internship 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 an intern. If information regarding unethical or illegal behavior is reported by the intern’s graduate program, the internship program may have to follow their policies and procedures regarding clinical duties, probation, and/or termination.

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

All documentation related to serious infractions becomes part of the intern's permanent file with the Psychology Division. These records are maintained by the Training Director and kept in secure, locked cabinets in her office.
INTERN GRIEVANCE PROCEDURE

This section outlines the policy regarding a trainee’s right to respond to and/or appeal any notice of problematic behavior and/or conduct:

Trainees who receive an Acknowledgement Notice, Remediation Notice, Probation Notice, or who otherwise disagree with any Review Committee decision regarding their status in the program, are entitled to challenge the Committee’s actions by initiating a grievance procedure. Within 10 working dates of receipt of the Review Committee’s notice or other decision, the trainee must inform the Training Director in writing that they disagree with the Committee’s action and provide the Training Director with information as to why they believe the Review Committee’s action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee’s grievance, the following actions will be taken:

- Upon receipt of the written notice of grievance, the Training Director will convene a Grievance Committee consisting of the Training Director, two training committee members selected by the Training Director, and two training committee members selected by the trainee. The trainee retains their right to hear all allegations and the opportunity to dispute them or explain their behavior.

- Within 10 working days of receipt of the written notice of grievance by the intern, a Grievance Hearing will be conducted, chaired by the Training Director, in which the grievance is heard and evidence is presented. Decisions made by the Grievance Committee must be made by majority vote. Within 5 working days of the hearing, the Grievance Committee will submit a written report to the Section Chief of Psychology.

- Within 5 working days of receipt of the Grievance Committee’s report, the Section Chief will accept the Grievance Committee’s action, reject the Grievance Committee’s action and provide an alternative, or refer the matter back to the Grievance Committee for further deliberation. In the latter case, the Grievance Committee then reports back to the Section Chief within 10 working dates of the receipt of request for further deliberation. The Section Chief then makes a final decision regarding what action is to be taken.

- Within 10 working days the final decision, recommendations will be communicated to the trainee, their sponsoring university, and any other appropriate individuals, in writing.

This section details the program’s procedures for handling any complaints brought by intern:

Any professional misconduct by a supervisor must be brought to the attention of the Internship Training Director as soon as possible. Any person who observes or suspects such behavior has the responsibility to report it. The Training Director 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 Section 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.

1. If an intern has a grievance of any kind, including a conflict with a peer, supervisor, or other hospital staff, or with a particular training assignment, the intern is first encouraged to attempt to work it out directly.
2. If unable to do so, he or she would discuss the grievance with the Internship Training Director, who would meet with the parties as appropriate.**  

3. If still unable to resolve the problem, the intern, supervisor, and Training Director would then meet with the Section Chief of Psychology, who would intervene as necessary. In the event that the Section 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.  

4. A meeting with all the involved parties would be arranged within two weeks of notification of the Section Chief of Psychology/ACOS for MH. The Section 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.  

5. The Section 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 Section Chief of Psychology/ACOS for MH.  

6. If a mutually satisfying resolution cannot be achieved, any of the parties involved can move to enlist the services of two outside consultants, a graduate of the internship program and a psychologist unaffiliated with the program, but familiar with training issues.  

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

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

9. All parties, as well as the intern's graduate program, 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 an intern has an issue with the Internship Training Director that he or she is unable to work out directly, the intern would discuss the grievance with the Section Chief of Psychology/ACOS for MH, who would then meet with the intern and Training Director, as appropriate.**  

At any stage of the process, the intern may request assistance and/or consultation. Interns may also request assistance and/or consultation outside of the program. Resources for outside consultation include:  

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

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner. These services and programs include:
- **Prevention**: programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.

- **Early Resolution**: ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This 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 internship training year.

  http://appic.org/Problem-Consultation

  Informal Problem Consultation (IPC)

  Please complete the IPC form or contact the APPIC Match Coordinator through appic@appic.org.

  To initiate the IPC process: Complete the online IPC Request Form and it will be sent to the APPIC Executive Director, Dr. Jeff Baker. You should receive a response within two business days. Those in the VA, federal prisons or hospitals with restricted access to OnLine Forms may have to complete this form at home or on their cell phone. The form does not require any identifying information of a trainee thus no PHI is transmitted with this form.

  Formal Complaints

  Questions about the formal complaint process may be directed to Dr. Ellen Teng, Chair of APPIC’s Standards and Review Committee, eteng@bcm.edu.

  If you have COMPLETED an Informal Problem Consultation (IPC) with APPIC and the issue was not resolved, the next step to consider is filing a FORMAL COMPLAINT. Complaints should be filed ONLINE:

  ASARC Complaint Form

  Submit any additional attachments as uploads in the form itself.

  (Alternative to Online Submission)

  Submit by email to APPIC:
  Attention: Chair, APPIC Standards and Review Committee
  APPIC
  appic@appic.org

  • **APA Office of Program Consultation and Accreditation**:

  750 First Street, NE
  Washington, DC 20002-4242
  (202) 336-5979
  http://www.apa.org/ed/accreditation
• Independent legal counsel

Please note that union representation is not available to interns 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 intern's permanent file with the Psychology Division. These records are maintained by the Internship Training Director and kept in secure, locked cabinets in her office.