

**DEPARTMENT OF VETERANS AFFAIRS
HUDSON VALLEY HEALTHCARE SYSTEM
FRANKLIN DELANO ROOSEVELT CAMPUS**



**PSYCHOLOGY PRE-DOCTORAL INTERNSHIP PROGRAM
PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE**

2094 Albany Post Road
Montrose, New York 10010
(914) 737-4400, Ext. 202330

FULLY ACCREDITED BY THE
AMERICAN PSYCHOLOGICAL ASSOCIATION (next site visit in 2027)
Office of Program Consultation and Accreditation

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

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

PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS Wednesday, November 15, 2023, 11:59 PM EST

PLEASE CLICK [HERE](#) TO SEE OUR PROGRAM'S ADMISSIONS, SUPPORT, AND OUTCOME DATA

FACILITIES & PATIENT POPULATION

The VA Hudson Valley is part of the Veteran's Integrated Service Network 2 or VISN 2. We provide health care services at 12 locations in the Hudson Valley Region north of New York City. Our facilities include our hospitals in Montrose and Castle Point, and 7 community-based outpatient clinics in Carmel, Goshen, Pine Plains, Monticello, New City, Port Jervis, and Poughkeepsie. There are also 3 mobile clinics available to veterans. Our two hospitals and community-based clinics serve 24,000 veterans per year.

The Franklin Delano Roosevelt Hospital opened in 1950 on a campus in northern Westchester County, 38 miles north of New York City. It maintains one of the largest community home care programs within the VA system. The Castle Point VA Medical Center opened in 1924 on a campus 65 miles north of New York City. The VA Hudson Valley Healthcare System was created in 1996 as part of a consolidation of VA medical centers in VISN 2 and VISN 3. The merger was the first locally initiated integration of its kind in the VA system.

Some of the mental health services we provide to veterans are as follows:

- **Mental Health Outpatient Clinics**
- **PTSD Residential Program**
- **Homeless Veterans Residential Program**
- **Substance Abuse Residential Program**
- **Psychiatric Inpatient Unit**
- **Psychosocial Rehabilitation Recovery Center**
- **Outpatient Homeless services**
- **Substance Use Disorder Outpatient Treatment Clinic**
- **Home-Based Primary Care-Mental Health**
- **Vocational Rehabilitation**

VA Hudson Valley Healthcare is fully accredited by the Joint Commission and our residential programs are all accredited by the Committee on the Accreditation of Residential Facilities (CARF). Franklin Delano Roosevelt Hospital and Castle Point VA Medical Center are general medicine and surgery teaching hospitals that provide a full range of health services for Veterans, with state-of-the-art technology as well as education and research. We maintain active residency programs in the fields of dentistry, pharmacy practice, ambulatory care pharmacy, and psychology.

We're proud of our partnerships with top institutions and organizations that support the educational mission of the VA.

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 VA Hudson Valley 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. Our patient population presents with a broad range of clinical problems and psychopathology. Patients include veterans who have served during 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. Frequently, interns request to work with a particular population for one or more of their outpatient individual psychotherapy cases (e.g., sexual orientation, gender identity, age group, conflict-era), or work with a particular diagnosis and treatment issue. We endeavor to work with such requests to the extent possible. The VA Hudson Valley [VHA National Desktop Library Home \(va.gov\)](#) provides access to VA Desktop Library which offers digital access to a selection of medical, psychological, and psychiatric books, journals, and audio-visual materials. In addition, you can access materials through comprehensive interlibrary loan system, providing any book or photocopies of journal articles not available online. Interns utilize these resources to complete a variety of research and literature review presentations over the course of the year.

GOALS AND STRUCTURE OF TRAINING

Our main objective is to provide the opportunity for interns to develop competency in obtaining experience and expertise in the various therapeutic modalities utilized in VA. These include but are not limited to: Cognitive Behavioral Therapies, Cognitive Processing Therapy, Written Exposure Therapy, Motivational Interviewing, Acceptance and Commitment Therapy and Dialectical Behavior Therapy.

Training Model

We utilize a Practitioner-Scholar training model, emphasizing the “mutuality of science and practice. Training experience is acquired through clinical practice informed by scholarly inquiry rather than by involvement in laboratory research. Interns are trained to think critically and engage in disciplined inquiry, considering individual, cultural, and societal considerations in their treatment of patients. Consistent with the Practitioner-Scholar training model, we strive to develop proficiencies in clinical assessment and intervention, promote a reliance on professional research and literature, and develop a sense of professional identity and functioning in patient treatment. Interns are expected to become sophisticated consumers of the research literature and are urged to consider empirical findings in their clinical work through hypothesis testing, awareness of bias, and critical evaluation of clinical interventions. Training and supervision in Evidenced Based Practices (EBP) is provided as a component of each rotation along with consultation throughout the training year. Appropriate time is allotted for EBP training.

Clinical experiences

During the first week of the of Internship, interns will participate in an orientation phase. During this phase, they will have the opportunity to meet a variety of staff and disciplines as they begin to integrate into the VA System. During this first week you will receive training in Safety, Suicide Assessment, Mental Health Treatment Planning, Charting requirements, Military Culture, our electronic medical record known as CPRS (Computerized Patient Record System), etc. In addition, you'll receive information on Health benefits for Health Professions trainees, Supervisory structures and Rotation assignments. As part of the onboarding, you will be asked to rate your preferred training experiences and will be assigned as available to same. Each year, almost all Interns receive their top choices for major and supplemental rotations. During your first week of a rotation, you will engage in specialized training, observe screenings, unit/clinic flows as well as continued experience utilizing CPRS. Additionally, there may be training in appropriate screening/assessment instruments, observation of daily routines and exposure to EBP's. A psychopharmacology orientation will also take place during this phase. Interns will be oriented to administrative unit duties and clinical documentation. During this time, interns will become familiar with unit structure and professional expectations.

Residential Unit duties will include a caseload of at least four cases, with whom Interns conduct individual psychotherapy and case management as needed. Interns will co-facilitate trauma processing group, as well as at least one psychoeducational group. Interns who are interested in group work will have an opportunity to create an additional group for the unit. In terms of Psychological Assessments, Interns and Supervisors work together to conduct and complete assessments and written reports within two weeks of initial referral.

General Structure

Each intern will have one Major rotation and one supplemental rotation for the entire year. The year is split into two halves: September to March and April to September. At the mid-year point, rotations shift along with supervisory assignments.

Supervision

Interns will have one to two supervisors on the major rotations, one to two supervisors on the supplemental rotation, an assessment supervisor and a minimum of three hours of individual supervision each week. In addition, the Intern group receives a one hour weekly Cognitive Processing Consultation (CPT) with the CPT supervisor as well as one hour of Group Supervision.

MAJOR ROTATIONS

Major rotations occur on one or more of the following Residential treatment units and you will have the opportunity to complete two.

PTSD Residential Program (LOS-50(+)-Day stay)

Homeless Program-Residential (LOS-6-months)

Substance Abuse-Residential (LOS-45-day) **At discretion of the DBT Consultation group.**

Dialectical Behavior Therapy-Residential:

Skills Group and Individual Therapy will be provided on the PTSD unit and when appropriate, will follow veterans as they transition to the homeless residential program. Interns will conduct DBT Skills groups on both units and will identify individual DBT therapy cases for Individual therapy while in Residential settings. In addition, there may be opportunity to provide a DBT-like group on the Residential Substance Abuse Unit with Supervisory approval. Individual cases will then be ushered through the continuum of care. Interns in this rotation will become part of the residential DBT Consultation Team which meets weekly.

While some veterans utilize all three residential programs during an episode of care, some may utilize fewer before transitioning to the Outpatient Mental Health Clinic on either the Montrose or Castle Point Campuses. Once the veteran leaves the residential setting, the treating provider/intern will ensure they move to appropriate care in the outpatient setting.

Supervisors: Dr. Thomas Stracuzzi, Dr. Cecile Sisson with Christine Kenny, LCSW

PTSD Residential:

This major rotation will allow the Intern to focus specifically on utilizing trauma-informed treatments that adhere to DoD Clinical Practice Guidelines for trauma treatment with Veterans. This will involve learning how to use the PTSD Decision Aid [PTSD : Decision Aid \(va.gov\)](https://www.va.gov/PTSD-Decision-Aid/) and offering options such as Psychoeducation, assessment (utilizing the CAPS, Trauma survey and/or PCL-5), Written Exposure therapy, trauma-informed groups (ex. Judith Herman's Group Trauma Treatment in Early Recovery), Cognitive Processing therapy and Prolonged Exposure therapy. Ultimately resulting in the provision of group and individual intervention on the PTSD Unit.

Supervisors: Dr. Thomas Stracuzzi, Dr. Patrick Ford, Dr. Jennifer Viscusi

SUPPLEMENTAL ROTATIONS

In general, supplemental rotations should be contained in one day and occupy no more than 8 hours per week. These hours are inclusive of a minimum of one hour of supervision and possible participation in Group Therapy for the rotation.

Supplemental Evidence-Based Psychotherapies Rotation

The Evidence-Based Psychotherapy rotation at VA Hudson Valley Healthcare System provides training in the delivery of Cognitive Behavioral Therapy for depression and anxiety, Cognitive Behavioral Therapy for Insomnia, and additional opportunity for Cognitive Processing Therapy for PTSD. The rotation is designed to enhance a trainee's skill level in providing protocol-based therapy. VA EBP protocols recognize individuality and are in support of the VA's recovery-oriented stance.

The training model, as defined by the VA EBP initiative, involves two key components, both of which we believe are necessary for building skill mastery and implementing new psychotherapies and for longer-term sustainability: (1) experientially based training, followed by (2) ongoing, weekly clinical consultation on actual therapy cases. The consultation/supervision is a critical component of the training program.

In addition to the important active skills components of the treatments, the protocols place great emphasis on the therapeutic relationship and the tailoring of the intervention to the specific patient, guided by a careful case conceptualization and individualized treatment plan developed in collaboration with the patient. Our belief is that EBP done well requires a very collaborative therapeutic relationship. Although not the direct mechanism of change, the therapeutic relationship is a critical contextual variable in EBP and can promote or diminish the likelihood of therapeutic change in the patient.

In addition to the various EBPs there will be training in VA's Shared Decision-Making process.

Manuals are downloaded via the VA Share Points.

During the initial phase of the rotation interns will participate in trainings for CBT-I, SDM, and review of CBT if needed. Interns are expected to commit to 8 hours per week on this rotation for the entire year. This includes 1 hour of supervision with supervisor and 1 hour for documentation. Caseload is expected to be 6, split between CBT and CBT-I (can also include CPT cases above and beyond the 2 required for CPT completion). There is an expectation that at least 2 cases of each EBP will be completed. Interns will gain experience in the use of SDM skills as part of initial assessment sessions for possible EBP cases. Interns will also learn to use the associated documentation templates for each EBP.

Supervisors: Nicole Eskenasi, Ph. D. Regional CPT Trainer, Local Evidence-Based Psychotherapy Coordinator
Patrick Ford, Ph.D. National CPT Trainer/Consultant

Supplemental Primary Care Mental Health Integration Rotation

The Primary Care Mental Health Integration (PCMHI) Supplemental Rotation at VA Hudson Valley Healthcare System provides training in clinical psychology with an emphasis on providing brief focused mental health care in the primary care setting. The rotation is designed to enhance a trainee's skills in completing functional assessments and providing short-term, problem-focused interventions.

The main objective of the PCMHI Rotation is to provide the opportunity for Interns to develop competency in the application of brief assessment and interventions that support primary care providers, with an emphasis on integration of mental health services within primary care. The focus is on assessment and treatment of patients who present with a wide range of medical, emotional, and psychosocial problems. Referrals come from Primary Care, as well as Specialty Care (e.g., neurology, psychiatry, endocrinology).

Interns learn to complete brief functional assessments and provide short-term focused interventions in a primary care setting where patients present with a broad range of medical problems. Interns will have an opportunity to learn behavioral interventions focused on helping patients who are struggling with a variety of medical issues, including chronic pain, diabetes, weight problems, sleep difficulties, and others. Interns will gain skills in making treatment and referral decisions, as well as be a liaison to other clinical services and programs. Interns will also work with medical providers in a primary care setting and provide consultation services directed at enhancing health-promoting behaviors.

Interns are expected to commit to 8 hours per week. This includes 1 hour of supervision, 1 hour of consultation and chart review, and 6 hours of clinical application. The Intern will have the opportunity to learn to conduct brief functional assessments provide problem-focused interventions to patients in a primary care setting. Interns will also learn to provide concise feedback to referring medical providers, as well as facilitate appropriate referrals.

Supervisor: Marina Stanislavkaia, PhD

Supplemental Neuropsychology Rotation

The Neuropsychology Supplemental Rotation at VA Hudson Valley Healthcare System provides training in clinical psychology with an emphasis on neuropsychological assessment and treatment planning. The rotation is designed to enhance a trainee's understanding of neuropsychological diagnosis, evaluation/assessment and biological psychology.

The main objective of the Supplemental Neuropsychology Rotation is to provide the opportunity for Interns to develop competency in the application of psychological and neuropsychological knowledge to the professional practice of psychology, with specific emphasis placed on clinical problems in medical and psychiatric settings. Emphasis is on assessment with individuals with a range of physical, cognitive, emotional and behavioral disabilities, on outpatient and inpatient settings. Referrals come from Neurology, Internal Medicine, Psychiatry, Psychology, Physiatry, and Geriatrics.

Interns learn effective interviewing techniques with a broad range of neurologically impaired patients and become proficient at test selection, administration, and scoring, as well as interpretation of results and oral and written communication of findings. Supervision emphasizes integrated conceptualization of theoretical models of adult neuropsychology, neuropsychological assessment, behavioral neurology and cognitive neuroscience.

Interns are expected to commit to 8 hours per week. This includes 1 hour of supervision, 1 hour of participation in weekly didactic/educational seminar on our substance abuse unit in building 28, and 6 hours of clinical application. Fridays are set aside for most of these activities. The Intern will have the opportunity to learn history taking as it relates to neuropsychological assessment, test selection and administration, case conceptualization, report writing, and making recommendations. The Intern can participate in weekly educational lectures regarding the influences of drugs and alcohol on the brain and body. Interns may begin their rotation at any level of expertise and can expect to learn gradually and enjoy an evolving level of autonomy as time goes on.

Supervisor: Christopher D'Amato, Psy.D., MPA, ABN

Supplemental Rotation: Dialectical Behavior Therapy (DBT) Outpatient

The DBT track offers the intern the opportunity to spend a full year as part of a DBT team. This includes leading and co-leading skills training groups, individual DBT therapy with supervision, and weekly consultation team meetings. Trainings throughout the year may also be available. Prospective DBT team interns will be expected to either have significant previous DBT experience (having functioned as part of a DBT team) and/or will be expected to do some reading and education as they gain experience through observation and supervision. The commitment to the DBT team is for the duration of the internship. The intern should be expected to have time for 90-minute DBT group weekly, carry a minimum of one outpatient DBT patient, attend 60-minute consultation team weekly, and have one hour of weekly outpatient DBT supervision. DBT interns are strongly encouraged to travel to CP to take part in that part of the DBT program as well.

Supervisor/Team Member: Cecil Sison, Ph.D. and Christine Kenny, LCSW

Supplemental Rotation Community Living Center

VA Hudson Valley HCS has four (4) Community Living Centers, formerly known as Nursing Homes, with three (3) in Montrose (113 beds). The CLCs serve mostly geriatric Veterans with skilled nursing needs, with some younger residents who are medically compromised or are admitted for short term rehabilitation. The CLCs provide skilled nursing, dementia care, palliative care, and hospice care. One unit is a mental health recovery service, with mostly seriously mentally ill Veterans.

Psychological services in the CLC in Montrose may include individual and group psychotherapy, cognitive screening, and psychological assessment. Psychologists work closely with the Psychiatrists and Psychiatry resident. There will be opportunities to consult with the unit staff and the interdisciplinary teams. There may be opportunities for CBT, motivational interviewing, pain management, supportive therapy, and family support.

Supervisor: Cecil Sisson, Ph.D.

Administrative Organization

Dr. Assunta G. Vitti is the Training Director, and reports to the Chief of Psychology, Dr. Thomas Stracuzzi. Dr. Vitti oversees the training program and chairs the training committee. In case of the absence of the training director, a member of the training committee is assigned to assume the necessary duties.

Training Committee

The training committee is an integral part of the internship program. One of the functions of the training committee is to ensure that interns receive the proper training that meet the intern training goals and needs. The Training committee is also involved in development of training policies and procedures. This is accomplished by reviewing the interns' progress, potential program issues, and making changes as appropriate.

All supervisors are members of the training committee. The training director may appoint other staff to provide services in the interest of the training program.

All the training committee members are required to attend 6 mandatory meetings for the internship year. If a committee member is not able to attend a meeting, the progress of the interns, any other concerns, or other agenda items should be communicated to the training director prior to the scheduled meeting.

Training Committee members may request a meeting with the training director to discuss any internship related issues. Such requests should be made in writing. If issues cannot be resolved at that level, a meeting with the Chief of Psychology may be requested.

All training committee meetings minutes will be recorded and made available to the committee.

Any decision made related to the training program will be communicated to the training committee.

Potential policy changes will be discussed with the training committee before the implementation of the policy.

Quarterly, a representative of the intern class may submit agenda items for review by the training committee. Any item to be discussed should be made in writing to the training director.

Supervision

Interns will be assigned a licensed psychologist as their primary supervisor on their major and supplementary rotations, as well as a supervisor for assessment.

Supervisors are essential to the training program. Interns are to receive regular weekly supervision. Supervisors should meet with the intern at the beginning of the rotation, to discuss the rotation and to identify intern training needs.

Supervision with interns should include observed supervision. This may include co-leading a group with the interns. Another option is video/audio recording of a session with the Veteran signed consent.

Supervisors must schedule weekly regular times for supervision. A minimum of four hours of supervision are provided each week. A minimum of two hours of scheduled individual supervision is required.

Assessment supervisors must meet with the interns for weekly supervision even if the intern does not have a current case. This time may include discussing different assessment tools that the interns may not be familiar with, or any other tools related to assessments.

Supervisors cosign all progress notes, treatment plans, assessment reports, correspondence, and any other intern entries into the medical record. Each cosigned note must include an addendum for billing purposes. See sample of the addendum note below:

This case & the plan of care was discussed in clinical supervision with writer and author of note (Psychology Intern). We discussed and I concur with the clinical thinking, plan of care, & note content.

Interns must include the following statement in all their notes.

Confidentiality: The Veteran has been informed that this writer is an unlicensed clinician working under the supervision of Dr. XXXX, which is confirmed by the supervisor's cosigning of this note.

When the supervisor is away from the Medical Center, he/she arranges for appropriate backup supervision. If the psychologist identified is not from the training committee, the supervisor must inform the training director prior to the arrangement.

During the training committee meetings, supervisors discuss the interns' progress and training needs, as well as any other concerns related to the interns' training.

Supervisors prepare quarterly and final evaluations of the interns' experiences on the rotation, including progress toward developing the expected competencies. The supervisor and intern discuss the evaluation. This evaluation is signed by both the supervisor and the intern. Interns receive a copy of the signed evaluation. All completed evaluations must be given to

Dr. Vitti to be placed in the intern file.

Training Program Involvement

As part of the intern training, interns will be asked to participate in various activities, including:

- **Intern Interviews:** Interns are invited to be present during certain components of the intern interview process for the upcoming year. Interns will not be expected to evaluate internship applications, nor make recommendations for selection. Their role is primarily to provide information to interviewees regarding rotations and overall intern experience.
- **Intern orientation:** With input from staff and interns, the Training Director plans and schedules a week of orientation activities for incoming interns.
- **Weekly lunch meeting:** With Training Director, Fridays from Noon-1:00.
- **Program evaluation:** Interns are encouraged to provide feedback about the program. The interns will meet with the Training Director every six weeks. Interns will also participate in an Exit Interview completed by the Chief of Psychology, Dr. Stracuzzi. Each intern will

be asked to complete a feedback form about the internship program (supervisors, didactic seminars, etc.). Data obtained from these evaluations will be used to make changes to the program as needed to ensure obtainment of training goals. The feedback forms will be reviewed by the Training Director and the data compiled will be analyzed for program improvement. The feedback from the Exit Interview and the data from the feedback forms will be discussed with supervisors.

Seminars/Didactics:

Interns will participate in weekly seminars every Thursday from 11:45-4:30. This is designated time didactic seminars and cannot be used to schedule clients. In addition to seminars, Interns will meet with their CPT Supervisor for weekly Consultation towards acquiring their CPT Certification.

Past seminars/didactics have included:

1. Cognitive Processing Therapy supervision (1x/week)
2. Group Supervision (1x/week)
3. Peer Supervision/Intern Lunch (1x/week)
4. Boundaries (2x/year)
5. OEF/OIF/OND (1x/year)
6. Cultural and Diversity Issues (1x/week)
7. Pharmacology
8. Ethics (1x/month)
9. Smoking cessation (1x/year)
10. Transference/Countertransference (2x/year)
11. Military Sexual Trauma (1x/year)
12. Art Therapy (1x/year)
13. Music Therapy (1x/year)
14. Supervision (1x/year)
15. Psychological Assessment (2x/month)
16. Multicultural issues (1x/month)
17. Suicide Prevention (1x/year)
18. Life after Internship (1x/year)

Intern Lunch/Peer Supervision:

Interns meet for one hour on a weekly basis for peer supervision and consultation. This provides a forum for interns to supervise each other in a comfortable, private and collegial setting. Interns may also use this time to provide support and guidance to each other for any needs with which they present. Interns are required to keep a log of peer supervision. Cases are presented on a rotating basis each week and a Peer Supervision log with all four signatures is submitted to the Training Director each month.

Group Psychotherapy Supervision 4x/month:

On a weekly basis, the training class will also meet with a Group Supervisor who will be separate from the Training Committee and who will provide a forum to process issues that may arise during the internship and to explore the developmental changes that naturally occur throughout the internship year. Care is given to facilitate an Intern's greater understanding of how their own personal/cultural history and related components impact their interactions within the Intern cohort, as members of treatment teams and with patients.

The group serves to provide Psychology Interns with a space that encourages the development of collaborative support skills and self-care tools. It also provides an additional supervision space to discuss issues that may arise on a designated rotation. This may include interactions with other staff members, team members as well as systems issues impacting treatment. This space allows our trainees to develop a framework for cultivating a sense of professional identity and commitment.

ASSESSMENT

Successful completion of the internship program entails demonstrating competency attainment across multiple domains of profession-wide foundational competencies, completing the minimum number of hours on duty, and all assigned surveys and tasks. The following activities are required and evaluated:

(1) Assessment Module:

At the outset of the internship training year, each intern must demonstrate beginning competence in diagnostic assessment, interpretation of psychological tests, and report writing. All interns will be provided with a MOCK assessment case, where they will be provided with relevant background information and raw test data/score composites. Each intern will be responsible for writing an integrative psychological assessment report. If the report is deemed adequate (as determined by individual testing supervisor), the intern has completed the initial requirement. If the report is less than adequate, the intern and his/her supervisor will work on areas of development before moving on to engage in ongoing assessment throughout the training year.

After this initial and required area of competence, interns will then be expected to engage in ongoing psychological testing, including test administration, scoring, report writing and provision of feedback throughout the training year. All interns will be required to complete a PAI (Personality Assessment Inventory) and/or PCL-5 (Posttraumatic Stress Disorder Checklist) at intake, for each assigned Veteran. When clinically warranted, a

more integrative test battery that includes a cognitive, objective and projective component, as agreed upon between intern and their assessment supervisor, may be completed. It is important to note however, that engagement in assessment across the entire training year is expected and interns may be asked to complete rapid assessments that may require less than mentioned above to address the referral question.

When completing test batteries, the intern is expected to complete the clinical interview, test administration, scoring and to discuss preliminary results with his/her supervisor within two weeks of responding to the referral. It is understood that the final report may lag due to need for supervision and report edits. In addition, it is expected that feedback be provided to the patient, identified partners in care, as well as the treatment team within two-three weeks of responding to the referral. All final reports should be uploaded in the electronic medical record and signed by intern and supervisor no later than four weeks after initiating testing.

Other Training (Web seminar, evidenced based training, conferences)

The training committee encourages interns' motivation to learn and to enrich their training. If an intern is interested in other training not part of the internship program, they may discuss it with their supervisor and determine if the training is possible and meet one's training needs. For other Evidenced Based training not offered by the training program, interns need approval from the training director. Given some of the requirements for Evidenced Based trainings it may not be possible for an intern to complete the requirements. Also, there are specific guidelines, such as that one cannot complete two EBTs simultaneously.

ADMINISTRATIVE INFORMATION Financial Support

The intern annual stipend is \$ 38,901.00. The pay schedule is on a bi-weekly basis.

Travel reimbursement may be available for interns who take the Hudson line train to commute to the Hudson Valley VA. Appropriate documents will be available to complete for those who may be eligible.

On Campus Housing

On campus housing is available for Health Professions Trainees on a first come, first-serve basis. You can request the appropriate form by contacting the Mental Health Department at the Montrose Campus at 914-737-4400 ext. 202330. The cost for housing is either a bi-weekly or monthly payroll deduction. Cost is \$224.51 bi-weekly or \$449.02 monthly.

Benefits: Health Insurance and Otherwise:

Health insurance is available to interns and family members. Interns pay a portion of the cost for their health care while VA covers the remaining portion. During the orientation with Human Resources all the necessary information related to health insurance will be discussed. Of note, Health Professions Trainees (HPT): do not meet the eligibility requirements for the following entitlements:

- Family Medical Leave, including Paid Parental Leave
- Life Insurance (FEGLI)
- Vision or Dental (FEDVIP)
- Flex Spending Accounts (FSAFEDS)

Additional information, including VA Workplace Drug Policy and Covid-19 Vaccination Policies are located here:

[Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

Work Hours

Interns work a 40-hour work week from Monday to Friday (8:00am-4:30pm). Interns are expected to arrive to their duty station on time. Interns cannot perform clinical duties if there are no supervisors on site. Interns are encouraged to complete their work within the scheduled workday and cannot meet with clients after 4:30 pm. In addition, Interns will sign-in with the Timekeeper by emailing or calling each day from an internal computer or landline.

Leave

Interns accrue a total of 13 days of annual leave (vacation), and 13 days of sick leave for the year. Interns will accrue four hours of annual leave (vacation) and sick leave per pay period. In addition, interns receive ten paid federal holidays. Interns must complete the necessary hours to complete internship. In case of emergency please consult training director with clinical supervisors as soon as issue becomes known. The Program Support Assistant, Stacey Cilento will be the official timekeeper. In case Ms. Cilento is not available, a designee will assume the timekeeper role and she should be contacted. Interns must call x2330 when they arrive at one's duty station. An e-mail message can be sent to Stacey Cilento as well.

Leave Requests

Interns are accountable for their time and are responsible for keeping track of leave and making sure all their clinical duties are covered during any absence. Prior to entering a leave request in VATAS, annual leave should be planned with clinical supervisors to ensure that time away does not present problems in the clinical setting. In addition, interns should ensure that they have adequate leave time available to meet their leave request (check with designated timekeeper).

Approval must be granted by clinical supervisors, the Training Director, and the Psychology Chief in advance of annual leave or authorized absence.

Leave requests are initiated informally with an email request. Once approved as per process outlined above, leave requests should be entered in VATAS at least two weeks before the leave is to occur (except in special circumstances).

Sick Leave: For sick leave, interns must call in or email their clinical supervisors, the training director, as well as Ms. Stacey Cilento to report that they will be absent. As soon as possible after returning from sick leave, interns must enter the leave on VATAS. Sick leave should only be used for periods of illness or documented medical appointments. However, in this case, the intern will need to bring written documentation from a medical provider stating that s/he was incapable of working due to illness. Alternatively, earned annual leave can be used. Requests for sick leave of more than 3 days at a time require written documentation from a physician. Use of sick leave without illness is considered fraud and can result in disciplinary action or termination from the internship. Trainees should note that unused sick leave can be credited to future federal government positions.

Annual Leave: Cannot be used until it is earned, except in cases of hardship; such requests must be approved by the Training Director and Psychology Chief.

Authorized Absence: In limited cases, authorized absence (leave that does not count against AL or SL) may be granted for attendance at conferences, workshops, professional meetings, and the doctoral oral exam or dissertation defense at the discretion of the Training Director and the Chief of Psychology. Authorized absence will be limited to three days per year, except under unusual circumstances. Authorized absence is at the sole discretion of the Psychology Chief, must be requested at least two weeks prior to the requested absence, and must be approved by clinical supervisors, the Training Director, and Chief. Once approved, email notification must be sent to the designated Timekeeper for further approval.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: Annually in August

Internship appointments are for 2080 hours, which is full-time for a one-year period from September 1 to August 31. These dates may vary slightly depending on HR procedures. The tentative start date for the 2023-24 training year is Friday, September 1, 2023. The VA Hudson Valley 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>

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="checked" type="checkbox"/> No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	

Internship Program Admissions

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

The VA Hudson Valley sponsors four 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 virtual or in-person interviews at our site in January. 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:

Total Direct Contact Intervention Hours	N		Amount:
Total Direct Contact Assessment Hours	N		Amount:

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, CPA-accredited, or PCSAS-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 24
- Affiliation Agreement
- TQCVL (Trainee Qualifications and Credentials Verification Letter)
- Additional On-boarding Forms

Please see [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#) for a more detailed description of these requirements.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$38,901.00	
Annual Stipend/Salary for Half-time Interns	na	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96	
Hours of Annual Paid Sick Leave	96	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Other Benefits (please describe):</p> <ul style="list-style-type: none"> • Leave time: 11 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: Interns are eligible for medical coverage under the Federal Employee Healthcare Benefits insurance program. • On-site emergency health care is available. Interns are also eligible for transit benefits. • 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). 		

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

APPLICATION PROCEDURE

To apply for our internship program, please follow the steps detailed below.

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:** for us 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 recommendation.

2. APPLICATION DEADLINE:

APPLICATION DEADLINE: Wednesday, November 15, 2022, 11:59 pm

Eastern Standard Time. Please wait to hear from us regarding an interview. Interviews are held in December (tentative dates are January 3-5 and January 8-January 12). Invitations for interviews are sent out by email. Interview days will include an orientation to the program, an opportunity to meet separately with current interns, a brief meeting with the Training Director and an interview with one Training Committee member. Applicants will be asked to answer questions and provide a formulation and treatment plan for a clinical vignette. All applicants invited for an interview will have the option to do so virtually. In person interviews and /or on-site hospital tours may also be available depending on hospital, state and local policies related to public health guidance at that time.

No advantage will be given to those coming for an in-person interview or tour.

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 [APPIC Match \(natmatch.com\)](http://APPIC Match (natmatch.com))

CURRENT COVID-19 VACCINATION POLICY FOR VA PROVIDERS:

MESSAGE FROM THE SECRETARY

VA Vaccine Requirement

Team,

As you may have seen, the Biden-Harris Administration [announced today](#) that vaccines will no longer be required for certain federal employees, federal contractors, and international travelers when the COVID-19 Public Health Emergency ends on May 11.

For now, this change will not impact current policies at the Department of Veterans Affairs (VA). To ensure the safety of Veterans and our colleagues, VA health care personnel will still be required to be vaccinated at this time. Other VA employees, including those in the Veterans Benefits Administration and National Cemetery Administration, are still encouraged but not required to be vaccinated. Additionally, COVID-19 safety protocols for Federal facilities remain in effect for all employees.

So, what does this mean for you?

- **VA health care personnel.** At this time, the vaccine requirement will remain in effect for VA health care personnel – including VA psychologists, pharmacists, social workers, nursing assistants, physical therapists, respiratory therapists, peer specialists, medical support assistants, engineers, housekeepers, and other clinical, administrative, and infrastructure support employees. This also includes VA volunteers and contractors. Effectively, this means that any Veterans Health Administration (VHA) employee, volunteer, or contractor who works in VHA facilities, visits VHA facilities, or provides direct care to those we serve will still be subject to the vaccine requirement at this time. We continue to monitor and discuss this requirement, and we will provide more information about the vaccination requirements for VA health care employees soon. As always, we will process requests for vaccination exceptions in accordance with applicable laws, regulations, and policies.
- **Non-VHA health care personnel.** For VA employees who are not VA health care personnel, there is no requirement to be vaccinated – but vaccination is encouraged.

As we transition to this new phase of our response to the pandemic, the vaccine (including booster shots) remains the best way to protect you, your families, your colleagues, and Veterans from COVID-19. If you have any questions about the vaccine, you can find more information about its safety and effectiveness in [these FAQs](#).