

# **Psychology Internship Program**

**2024– 2025  
Internship Training Year**



## **Syracuse Veterans Affairs Medical Center, Syracuse, NY**

Accredited by the American Psychological Association

**Applications Due: November 7, 2023**

**Match Number: 149611**

Behavioral Health Outpatient Center (BHOC)  
620 Erie Boulevard West  
Syracuse, NY 13204

## Introduction

The Psychology Internship Program at Syracuse VA prepares interns for professional practice in a medical center or health services setting that serves primarily adults. Many alumni secure employment or post-doctoral fellowships within Veterans Affairs, other medical centers, or the military; others have gone into academic positions or independent practice. VA training staff are guided by the VA's mission "to fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors." Interns increasingly grow to appreciate the spirit and meaning of this mission throughout their training year.



Syracuse VA Medical Center



Behavioral Health Outpatient Center

## Accreditation

Our most recent accreditation from APA occurred in 2014 and we are in the midst of the re-accreditation process, with our most recent site visit in June of 2023. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

## Comments of Internship Alumni

“The combination of a high quality clinical training environment coupled with significant support around professional development provides interns with a program that truly helps them to succeed professionally.”

“This internship prepared me very well for post-doc. I received a great breadth of experience and was also given the freedom to gain greater depth of experience in PTSD, which is a main area of clinical interest for me.”

“The time and effort put in by staff and supervisors to make this a valuable learning experience is very clear...I have grown immensely both personally and professionally this year.”

“I have been very fortunate for this internship experience. I have grown so much as a clinician in the past year as a result of the amazing supervision, great seminars/training opportunities and exposure to such a diverse population!”

“This internship and the psychology staff as a whole has helped me develop professionally and gain confidence in my abilities more during the past year than all my other years of graduate training.”

“This was an outstanding training experience that was ideal for preparing me for a career as a well-rounded psychologist.”





## Philosophy of Training

The Syracuse VA Psychology Internship follows a practitioner-scholar model of training. We view psychological practice and scholarly inquiry as mutually informing. Interns are encouraged to develop their reflective skills and to generate and test hypotheses in their clinical work. Our practice is informed by the scientific literature and there is opportunity to receive training in evidenced-based treatments which are

increasingly influential throughout Veterans Affairs. As practitioner-scholars, interns deliver at least three formal presentations to staff and colleagues throughout the year.

We emphasize a firm foundation in generalist skills while also offering training in areas of special interest, and opportunities to learn and practice evidence-based psychotherapies. The generalist training is reflected in two "rotations" that continue throughout the year: General Mental Health and Psychological Assessment. All Interns participate in the General Mental Health rotation, gaining experience in both short-term and longer-term psychotherapy as well as comprehensive intake assessment with a diverse patient population. All Interns also participate in the Psychological Assessment Clinic throughout the year, supervised in the use of integrated test batteries for a variety of psychological disorders, cognitive assessments, and specialized assessments for medical procedures (e.g., pre-surgical evaluations).

In addition, Interns receive training in specialty clinics aligned with their individual interests and goals for the internship year. Interns select from various minor rotations (i.e., PTSD Clinic, Primary Care-Mental Health Integration, Substance Treatment, Home-Based Primary Care, Psychosocial Rehabilitation, and Research). Interns in the Research rotation gain experience with the Center for Integrated Healthcare (CIH), a VA Mental Health Center of Excellence, whose mission involves "improving health care for Veterans by conducting research, developing educational products, and providing clinical consultation focused on Primary Care-Mental Health Integration (PCMHI)." Our training faculty are well-versed in a variety of evidence-based psychotherapies, (e.g., Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD, Cognitive Behavioral Therapy for Insomnia (CBT-i), Integrative Behavioral Couple Therapy (IBCT), Acceptance and Commitment Therapy (ACT), and Problem Solving Training (PST). Interns have ample opportunities to learn and practice these therapies throughout the training year. All interns will receive in-depth training in VA Cognitive Processing Therapy for PTSD with our in-house regional trainer, for the option to become VA-certified in the use of this evidenced-based psychotherapy. These specialty skills complement our generalist training and prepare interns for entry-level positions and postdoctoral fellowships in a variety of areas.

A shared humanistic sensibility among staff complements our appreciation for technical knowledge and skills. We strive to recognize our biases, the conditional nature of our worldviews, their social/political contexts, and their impact on relations among us all, whether faculty, Intern, or Veteran client. We aim to increase awareness and knowledge of, as well as competency in, diversity-related issues; two faculty members staff the Behavioral Health Diversity, Equity, and Inclusion group. Through seminars, journal discussions, and invited speakers, we address such factors as race, ethnicity, gender, military culture, age, SES, disability, sexual orientation, gender expression, and religious/spiritual diversity.

Our approach to training values mentorship and intensive supervision. We provide ample opportunity for formal supervision and encourage ad-hoc meetings or "curb-side consultations," as supervisors are widely available. We follow a developmental model of transferring knowledge and skills; interns often begin a rotation observing a supervisor's clinical work, receive in-vivo-supervision, followed by increasingly independent practice. Interns will find training sequential and characterized by increasing complexity, based on developing knowledge and skills.

## **Impact of COVID-19 on Training and Virtual Care**

The internship training program has been planful in responding to COVID-19 since its emergence as a pandemic in the Spring of 2020. This public health crisis presented us all with numerous challenges, with frequent shifts in our knowledge base and in public policy. The Syracuse VAMC was proactive in adapting services and establishing safety measures to keep Veterans and staff members safe. Although we've entered a new phase, and currently are no longer screening or masking, it's possible that additional safety measures may need to be put in place if the public health situation changes.

VA policy still requires that all front-line workers, including trainees, receive vaccinations; some medical and religious exemptions may apply. Anticipating this and possible future changes, VA's Office of Academic Affiliation published the following:

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided.

One durable change has been the shift to offering more virtual care, primarily through the VA Video Connect platform. Even as more Veterans are returning to in-person appointments, others are taking advantage of VVC to accommodate busy schedules, long commutes, or transportation difficulties. Navigating the appropriateness of virtual appointments is often a matter of clinical judgment that is an appropriate topic of supervision.

We remain committed to the health and safety of our staff and trainees and to maintaining the core elements of training across the full range of professional competencies. The internship began establishing telework plans in March 2020, enabling interns to conduct telehealth appointments from home, with remote access. Given the advantages of on-site training, however, the majority of training has now returned to in-person, as infection rates have declined. At the same time, we recognize telework and telehealth services as an emerging competency area, and have secured a VA laptop computer for each intern in order to facilitate limited teleworking.

## **Training Settings**

Syracuse VA provides primary and behavioral health care throughout a 13-county area of Central New York. This allows for a wide diversity in the patient population with regard to culture and geography (rural/urban/suburban). Patients are served at eight community-based outpatient clinics (CBOCs) in addition to the Syracuse VA Medical Center and the Behavioral Health Outpatient Center (BHOC).

In 2009, the Behavioral Health Outpatient Center was established to house a number of services, including Outpatient Mental Health, PTSD Clinical Team, Substance Treatment Service, Home-Based Primary Care, and the Center for Integrated Healthcare. Staff enjoy offices and conference rooms specifically designed for these services. Interns have appreciated each having their own comfortable office with dedicated computer and phone.

Parking passes for the Medical Center (about two miles from BHOC) are available, making it convenient when a day is split between training rotations at BHOC and those at the Medical Center (e.g., Primary Care Mental Health). The VAMC has been expanding in recent years, including a \$90 million six-floor addition that houses a 30-bed Spinal Cord Injury/Disease Center. It is a vibrant “Deans Committee” hospital that accommodates hundreds of residents, students, and trainees each year and has a \$2.5 million research and development program with over a hundred studies in various topics.



Intern Offices

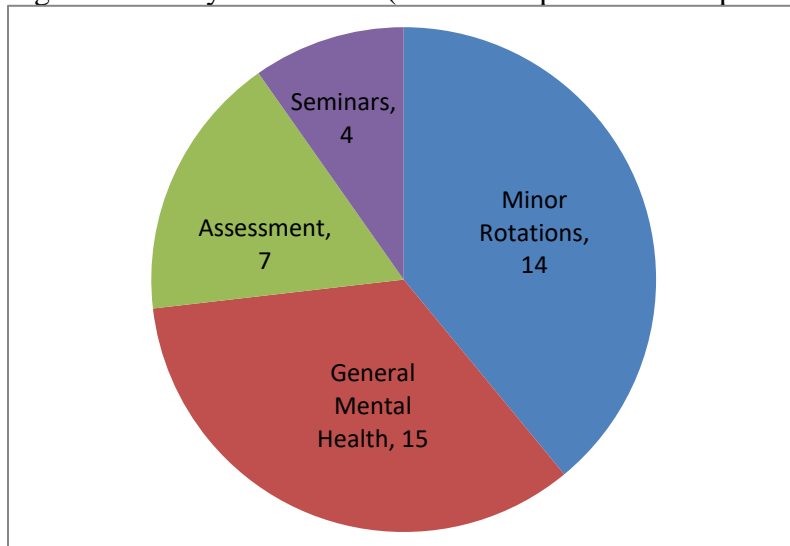
## Goals and Objectives

Our over-arching aim is to prepare students to function as competent entry-level psychologists, particularly as clinicians serving adult clients. Training objectives include competency in the following areas: Intervention, Assessment, Communication and Interpersonal Skills, Professional Values and Attitudes, Ethical and Legal Standards, Individual and Cultural Diversity, Research, Consultation and Interprofessional/ Interdisciplinary Skills, and Supervision.

## Program Description

The Syracuse VA Psychology Internship offers four positions. For all Interns, the General Mental Health rotation, Assessment/Psychological Testing, and Seminars represent year-long experiences that span both semesters. Minor rotations are six months in duration, comprised of one or more specialty training experiences that total about 15 hours/week. The approximate distribution of training activities is presented in Figure 1 .

Figure 1. Hourly distribution (numbers represent hours per week.)



**General Mental Health (GMH: 14 to 16 hours/week):** A major component of the training program is extensive experience in the practice of psychotherapy. Diagnostic interviewing and case conceptualization are also integral to this rotation. OMH is a relatively large clinic where interns gain experience consulting with staff and trainees from a variety of disciplines, as well as other clinics. Interns learn the role of "treatment coordinator," managing cases, and handling crises. Interns will gain experience in initial and routine assessment of clients (including use of clinical interview and self-report measures), which aids in the creation of a collaborative treatment plan. Therapy may be short- or long-term, based on each client's needs. Priority is frequently given to consideration and utilization of evidence-based approaches to care. Common interventions include Acceptance and Commitment Therapy, Cognitive Processing Therapy, Prolonged Exposure therapy, Cognitive Behavioral Therapy for Depression, Chronic Pain, or Insomnia, and Integrative Behavioral Couple Therapy. Although most are individual cases, couples cases are available and family consultations are sometimes indicated. Close supervision is provided, including a minimum of one hour per week of formal supervision as well as less formal supervisory contact as needed. Supervisors and interns meet weekly for Disposition Case Conference as well, where intakes are presented and discussed in depth, and treatment disposition is determined. Interns (and staff) may also seek input on ongoing cases. Staff and interns select articles pertinent to clinical issues and professional development to discuss at these meetings. Additionally, it is expected that interns will co-facilitate group psychotherapy each semester.

**Psychological Assessment (7 hours):** Interns conduct psychological testing/assessment on an outpatient basis throughout the year. The goal is to complete one assessment roughly every three weeks, though the frequency may vary based on demand. Evaluations emphasize objective measures of personality, assessment of cognitive functioning, and diagnostic interviewing, as well as integration of information gathered with these assessment methods.

Typical referral questions for psychological assessment include differential diagnosis, clarification of underlying defenses and coping mechanisms, and ruling out psychosis or a personality disorder. Typical cognitive assessment referral questions include possible learning disability and attention deficit-hyperactivity disorder. Veterans are also commonly referred for psychological assessment prior to medical procedures, such as organ transplants, certain medical procedures or bariatric surgery. An extensive library of objective psychological measures is available for computerized scoring. The goal of this training is to promote the development of strong skills in the administration, scoring, and interpretation of standard psychological measures, as well as skills in developing recommendations and providing feedback. Interns participate in weekly individual supervision, assessment seminars, and assessment case conference throughout the year.



**Seminars (4 hours):** Instruction in a wide range of clinical and professional issues takes place in the Assessment Seminar and the Special Topics Seminar, each of which meets weekly. Topics typically covered in the latter seminar include psychopathology, treatment-specific interventions, and areas of professional development. We also offer in-depth training in Cognitive Processing Therapy and in Prolonged Exposure Therapy. A Diversity Seminar series and Diversity Journal Discussions meet throughout the year. Interns may attend professional colloquia provided by the VA Center for Integrated Healthcare and the Psychiatry Department at SUNY Upstate Medical University. Finally, interns may be given authorized time to attend regional and national professional conferences and continuing education workshops.

**Minor Rotations:**

Interns choose among various minor rotations for each semester. These combined experiences account for about 15 hours/week. Interns select minor rotations at the beginning of the training year to suit their needs and goals. While many of our interns choose to broaden their training with rotations that expose them to new specialty areas, some interns choose to deepen their focus in an area they already have trained in. Interns with special interests may consider grouping training experiences together during the course of the year to provide more in-depth training in a specific area. Examples are as follows:

<b>Interest Area</b>	<b>Associated experiences</b>
<b>Health Psychology:</b>	<ul style="list-style-type: none"> <li>-Integrated Primary Care at Medical Center</li> <li>-Women’s Health Clinic (depends on supervisor availability)</li> <li>-Research rotation (see below) focused on health psychology</li> <li>-Tobacco Cessation groups</li> </ul>
<b>Substance Use</b>	<ul style="list-style-type: none"> <li>Substance Treatment Service Clinic at BHOC (significant focus on group psychotherapy).</li> <li>- Intensive Outpatient Program (education and therapy groups for those in early recovery).</li> <li>-Sober Living Psychotherapy (more advanced psychotherapy group for those with longer periods of sobriety).</li> <li>-Intensive Evaluation group (Motivational Interviewing).</li> <li>-Rotation Extension to continue involvement throughout year.</li> </ul>

<b>PTSD</b>	<ul style="list-style-type: none"> <li>-PCT clinic</li> <li>-Seeking Safety Group, DBT group, MST group, Coping with Anger Group, PTSD 101 Group, Moral Injury Group (combat).</li> <li>-PCT rotation extension to continue involvement throughout year</li> <li>-Alternatively, continue trauma-focused therapy cases in GMH</li> <li>-Research rotation (see below) focused on PTSD</li> </ul>
<b>Geropsychology</b>	<ul style="list-style-type: none"> <li>-Home-Based Primary Care</li> <li>-Community Living Center (not currently available)</li> <li>-General Mental Health (geropsychology emphasis)</li> <li>-Cognitive Skills Group</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>-Clinical research at the Center for Integrated Healthcare (e.g., manuscript writing, conference presentations/posters)</li> <li>-Serve as study therapist on ongoing clinical trials examining manualized interventions that would be used by Integrated Primary Care providers</li> <li>-Conduct assessments, code qualitative data, conduct quantitative analyses, and complete other research tasks to support ongoing clinical trials and research projects</li> </ul>

**Primary Care Mental Health (8-12 hours):** Primary Care Mental Health Integration (PCMHI) is model of service delivery that integrates behavioral health into primary care. It uses a Behavioral Medicine perspective to address the interface between medical conditions and psychosocial problems. Functioning as a Behavioral Health Consultant, the intern will be involved in assessment, triage and brief treatment for psychiatric/psychological disorders. Patients are seen as scheduled appointments and on a walk-in basis as "warm handoffs" from PCPs.

The intern will interact with all interdisciplinary Primary Care teams (including Women's Health) that use a managed care model for all Veterans. Each team consists of health care professionals including: Physicians and other Primary Care Providers (PCP), Nurse Case Managers, and other Nursing staff. Psychologists function as consultants along with Social Workers, and Pharmacists. Teams are responsible for all health care needs including patient education, prevention and maintenance and referrals for specialty care/treatment. There is also the opportunity to help create and run educational seminars and/or group for patients and a variety of hospital staff.

**Substance Treatment Service (8 to 12 hours):** During a rotation with Substance Treatment Services (STS), interns will learn about various forms of treatment available to those with substance use/related disorders and have the opportunity to function as a member of an interdisciplinary team, including psychologists, social workers, mental health therapists, psychiatrists and nurses. Members of STS frequently work closely with non-VA agencies to coordinate and facilitate Veteran care (e.g. some Veterans have mandates to attend treatment and contact is maintained with parole/probation officers, lawyers, representatives from drug court/family treatment court or caseworkers from Child Protective Services).

STS is an outpatient program based upon the transtheoretical model of behavior change; the model is central to case conceptualization and treatment planning. Interns will learn to evaluate the presence and severity of substance use disorders, evaluate an individual's readiness for change, and make appropriate treatment recommendations/referrals. STS provides numerous opportunities to provide group therapy for Veterans in all stages of recovery. Current groups include Intensive Outpatient Program (IOP) Education and Therapy groups (early recovery), Relapse Prevention, Intensive Evaluation Group (IEG/motivational interviewing), and Sober Living Psychotherapy (advanced psychotherapy for Veterans with longer periods of recovery). The expectation is that interns co-facilitate 2 groups and, ultimately, be able to facilitate groups independently toward the end of the rotation. Depending on hours on rotation, Intern may also carry a small caseload of individual patients in need of short-term psychotherapy. This may include family or couple therapy, as needed. There are opportunities to deliver both individual and group psychotherapy to Veterans via telehealth. Interns are also encouraged to become involved in program development efforts while with STS (e.g. designing/starting a new group).

**Post-Traumatic Stress Disorder (12-14 hours):** This rotation with the specialized Posttraumatic Stress Disorder Clinical Team (PCT) provides interns with an opportunity to work more intensely in the specific evaluation and treatment of trauma, including military trauma (combat and non-combat) and military sexual trauma (MST). Interns will become familiar with the basics of taking a trauma history, assessing for PTSD and complex trauma presentations, and learning how to utilize evidence based treatments for trauma. Interns will work collaboratively with members of the PCT through participation in weekly team meetings, program development opportunities, and engagement in treatment services including trauma-focused therapies (e.g. Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive-Behavioral Conjoint Therapy, and others), and group therapies (e.g., Dialectical Behavioral Therapy, Seeking Safety, and, when offered, Moral Injury Group). Interns will also conduct intake assessments which are then presented and discussed at the weekly clinical team meetings in order to determine the most appropriate treatment recommendations. A full caseload will generally consist of 3-4 individual cases and co-facilitation of a therapy group. Close supervision is provided including a minimum of one hour per week of formal supervision, as well as less formal supervisory contact as needed. Interns will have the opportunity to participate in a VA-certified training on Cognitive Processing Therapy for PTSD followed by at

least 6 months of weekly case consultation. A less intensive, though comprehensive, training is also provided for Prolonged Exposure Therapy for PTSD.

**Home-Based Primary Care (8-12 hours):** This rotation provides the Intern with the opportunity to join a primary care team that provides services to Veterans where they live, which offers a unique opportunity to more fully understand the context and the systems that the Veteran experiences. This can allow for a richer conceptualization as well as diverse interventions sometimes drawing from couples therapy, and family therapy techniques. The Intern will be a member of an interdisciplinary team that includes Physicians, RNs, LPNs, Social Workers, Dietitians, OT and PT, and a Pharmacists. This rotation affords the opportunity to provide treatment to Veterans with chronic as well as life threatening illnesses, and to their caregivers. Psychological assessment in the form of brief cognitive assessment and capacity assessment is offered occasionally. The population we serve is primarily geriatric and male, although not exclusively so. Supervision will operate from a developmental model to ensure quality of treatment for the Veterans as well as an opportunity for the Intern to continue their own growth as a clinician. The general goals of psychotherapy tends to be adjustment to changes in life (medical status change, grief, loss of independence, etc.), management of their mental health concerns (anxiety, depression, PTSD, etc.), and supporting Veterans in developing behaviors that allow them to engaging in life in ways that are meaningful for them.

The intern will typically accompany the supervisor on home visits early in the rotation, and function more independently as time moves on. The Intern will observe and provide initial assessments, and pick up appropriate treatment cases as they become available. An hour of formal supervision per week will be scheduled as well as less formal supervision as needed. The Intern will attend at least one of the HBPC Team meeting (currently Wednesday mornings) during which new Veterans are presented and established Veterans are reviewed.

**Psychosocial Rehabilitation and Recovery Center (6-12 hours):** The Psychosocial Rehabilitation and Recovery Center (PRRC) is a transitional educational center that inspires and assists Veterans with serious mental illness (SMI) to reclaim their lives by instilling hope, validating strengths, teaching skills, and facilitating community integration. The overall goal is for Veterans to attain meaningful self-determined roles in the community. The PRRC provides both group and individual services that consist of therapy, psychoeducation, case management, limited substance use counseling, and recovery coaching.

Interns will learn about various forms of treatment available to Veterans with serious mental illness (SMI) and co-morbid substance use/related disorders. Interns will work as part of an interdisciplinary team, including psychologists, social workers, mental health counselors, and peer support specialists. Members of the PRRC often work with other VA and non-VA agencies in order to coordinate and facilitate Veteran care (e.g., HUD/VASH, Vocational Rehabilitation, and other similar resources). The PRRC offers numerous opportunities to provide group therapy for Veterans in all stages of recovery. Current groups include Wellness Recovery Action Plan (WRAP), Assertiveness Training, Dialectical Behavior Therapy (DBT), Self-Esteem

Enhancement, Acceptance and Commitment Therapy (ACT), Seeking Safety, Cognitive Behavioral Therapy (CBT), as well as living skills, psychoeducational groups, and mindfulness-based meditation groups. In addition, interns will carry a small caseload of individual Veterans that they will work with as those Veterans' recovery coach. Interns are also welcome to help with program development (i.e., designing/starting a new group). At present groups are a hybrid of virtual and face-to-face at veteran's preference, though in person attendance is encouraged for all veterans able to do so.

**Research Rotation (4 to 8 hours):** This rotation provides training and practical experiences in the area of clinical and applied mental health research. The Center for Integrated Healthcare conducts research that supports the integration and delivery of mental health services into medical settings to increase access to care. Specific areas of research focus include PTSD, alcohol and substance use disorders, depression, suicide prevention, anxiety, insomnia, patient engagement, treatment access/utilization, mindfulness, and Whole Health approaches. Intern research experiences vary depending on the research studies that are currently running and the intern's training goals. However, experiences that are available on a routine basis include: a) providing manualized brief interventions as part of on-going clinical trials, b) conducting clinical interviews with measures such as the Clinician Administered PTSD Scale (CAPS), and c) data analysis and research manuscript writing for publication. Interns will be selected based on their interests and previous research experience. This rotation requires a 6-12 month commitment. Hours per week can vary depending on the specific experiences the intern is interested in, but typically range from 4-8 hours per week.

**Community Living Center (4 hours):** (Currently suspended):

The CLC provides long-term care, respite care, sub-acute rehabilitation, and hospice care to Veterans. Interns that participate in this rotation will have an opportunity to work within an interdisciplinary team that delivers services to Veterans and their family members. This is a great opportunity to serve an older population and treat traditional mental health issues such as depression, adjustment issues, and anxiety. In addition, many residents face issues of aging and failing health. Thus, many residents need help with resolving issues of chronic illness while living in a residential setting. In particular, interns will be called upon to assist with challenging behaviors that often result from individuals who have moderate and severe levels of dementia/cognitive impairments. The hospice area also creates a unique experience for interns to provide counseling regarding end of the life of issues and/or to offer supportive services to family members.

**Outpatient Group Psychotherapy (2-4 hours):** Each semester, an intern will co-facilitate at least one psychotherapy or psychoeducational group. These experiences are often embedded in a larger rotation (e.g., PCT, STS), though some are available independent of a clinic rotation. Examples of recent groups are: Coping with Anger, Coping with Anxiety, CBT for Depression, Seeking Safety, PTSD 101, DBT. Cognitive Skills group and Grief group may be available.

**Minor Rotation Extensions (4+ hours):** In the second semester, interns may have the option of continuing involvement with a preceding minor rotation. This enables interns to further develop their skills in a specialty area by continuing involvement with group therapy, individual cases, program development, or other aspects of the particular clinic. Extensions larger than four hours per week may be possible in some rotations, depending on the balance of availability and demand.

**Special Projects (4 hours):** Interns in the second semester may have the option of completing a special project during their internship year. Interns have been involved in program development as well as creating and conducting new group therapies. Others have gained administrative experience, as in assisting with internship program evaluation for APA review, or arranging a special rotation in Administration with the Behavioral Health Care Line Manager. Time for the special project generally does not exceed 4 hours a week and is negotiated to have as little impact on other training activities as possible.

## Competency-based Training

Broad profession-wide competencies are listed below, along with particular elements that are a focus of training and evaluation. These items are further operationalized with behavioral specifics described in the Intern Handbook and Policy Manual. Copies of the Handbook are available by contacting the Training Director ([Daniel.purnine@va.gov](mailto:Daniel.purnine@va.gov)). This document clarifies daily operations of the internship, including supervision, evaluation, and due process.

### **Professional Values and Attitudes**

Professional Engagement/Motivation  
Personal Self-awareness  
Personal Self-regulation  
Professional Self-awareness/regulation  
Manages Responsibilities  
Professional Development  
Responsiveness to Supervision

### **Communication and Interpersonal Skills**

Written and Verbal Expression  
Professional Relationships

### **Ethical and Legal Standards**

Ethical Knowledge  
Ethical Practice  
Policy/Practice  
Risk Management

### **Individual and Cultural Diversity**

Awareness/Knowledge  
Applied Knowledge

### **Research**

Knowledge  
Application  
Program Evaluation

### **Consultation and Interprofessional/interdisciplinary Skills**

Knowledge  
Role Effectiveness  
Effective Communication

### **Assessment**

Diagnosis  
Testing Knowledge  
Application and Interpretation  
Communication of Findings

### **Intervention**

Treatment Planning  
Relationship/Process  
Individual Therapeutic Skills  
Group Therapy Skills  
Empirically Supported Treatment  
Evaluating Progress

### **Supervision**

Knowledge of Supervision  
Practice

## Psychology Faculty

Psychology functions as part of the Behavioral Health Care Line within the Medical Center. This care line encompasses all behavioral health services at the main hospital, three local off-site locations (Behavioral Health Outpatient Center, Pain Clinic, Veterans Wellness and Recovery Center), and at remote Community Based Outpatient Clinics.



**Dr. Tanya S. Bowen** is a supervisor on the Primary Care Mental Health Integration (PCMHI) Psychology rotation where she works as the Director of Integrated Mental Health Services, affording interns the opportunity to learn how psychologists can play an integral role in administration while also providing clinic support. As the Director of Integrated Mental Health Services, she is responsible for PCMHI, Health Behavior Coordination and Tobacco Cessation and Peers in PACT. Dr. Bowen received her doctorate in Clinical Psychology from SUNY Buffalo in 1995 and completed her internship at the Buffalo VA Medical Center. Her areas of clinic interest include issues of diversity and inclusion, trauma, relationship issues, LGBTQ+, and health psychology. Prior to joining the VA in 2009, she spent over a decade working at Syracuse University where she was the Associate Director of the Counseling Center and the Director of the Clinical Services. Dr. Bowen maintains a small private practice in the Syracuse Community.

**Dr. Barry Brady** (He, Him, His) is a supervisor for the Home-Based Primary Care (HBPC) rotation and provides seminars for the internship training program. He received his Psy.D. in Clinical Psychology from Wright State University in 2015. His predoctoral



internship was completed at the University of Akron, and his postdoctoral training was at the University of Georgia. Prior to joining the VA in 2019, he worked in College Counseling Centers and he functioned as a Group Therapy Coordinator. Before starting his doctoral program, he worked with individuals with Intellectual/Developmental Disabilities in their homes, at Day Habilitation Programs, and in Schools. Dr. Brady works from an integrative perspective with a core focused on conceptualizing from CBT. He integrates Interpersonal Therapy, ACT, DBT, Emotion Focused Therapy, and Mindfulness into his work. All of this is filtered through a lens of multiculturalism. Other areas of interest include Group Therapy, multiculturalism, training/supervision, and issues of disability and ableism. With regards to supervision, he utilizes a developmental approach that involves working collaboratively with his supervisees to identify their goals, increase competence, and identify areas for growth.

**Dr. Katherine Buckheit** (she/her/hers) is a researcher with the Center for Integrated Healthcare at the Syracuse VAMC and has an academic affiliation with Binghamton University. She earned a PhD in Clinical Psychology from Syracuse University in 2020, completed her predoctoral internship at the Syracuse VA, and completed a MIRECC research-focused postdoctoral fellowship in 2023. Her research interests include substance use treatment in integrated primary care, particularly among women Veterans and for co-occurring symptoms. Her current activities include a pilot study of alcohol use treatment preferences and barriers among women Veterans. She delivers several intern seminars, including on Cognitive Behavioral Therapy for Insomnia and research evaluation, and is available as a supervisor for the research rotation.

**Dr. Jennifer Funderburk** is a clinical research psychologist with the Center for Integrated Healthcare at the Syracuse VAMC, adjunct Associate Professor at Syracuse University, adjunct Associate Professor at University of Rochester's Department of Psychology, and affiliated researcher with the VA Center for Excellence in Suicide Prevention. She is a supervisor for the research rotation. Dr. Funderburk's research interests include the integration of behavioral health in primary care, with a special focus on brief interventions designed to address depression, alcohol use, insomnia, or multiple risk factors. She also has interests in the implementation of integrated healthcare, with specific interests in training and fidelity. Her current activities funded by large VA grants are directed towards implementing a large multi-site randomized controlled trial examining a brief sleep intervention to reduce suicide risk in Veterans. She has several leadership roles including serving as an elected member of the Board of Directors of the Collaborative Family Healthcare Association and co-chair of the Integrated Primary Care Special Interest Group within the Society of Behavioral Medicine.

**Dr. Beth Gordon** is a psychologist at the Cortland CBOC and delivers a variety of seminars for the internship program, including experientially based interventions. Dr. Gordon received her

PsyD in Clinical Psychology from Nova Southeastern University in 2009, and completed her internship at Monterey County Behavioral Health, Children and Youth Services division, in Salinas CA. Dr. Gordon completed her postdoctoral training in a hospital setting, providing therapeutic services and staff seminars in the care of the elderly and psychotic, in nursing homes throughout downstate and upstate NY. Dr. Gordon also has experience working in not-for-profit agencies, providing mental health interventions for individuals, couples and families in outpatient clinical settings. Their modalities and interests are in the integration of analytic, somatic and spiritual practices that are evidence based, culturally humble and appropriate in the treatment of complex PTSD. Dr. Gordon approaches psychotherapy from an integrative, ecopsychological, anti-racist, systems perspective with a particular emphasis on consciousness raising, experiential approaches.

**Dr. Laura Hayward** (she/her/hers) is a supervisor in the General Mental Health rotation and delivers a variety of seminars, including those related to professional development and anger management. Dr. Hayward received her Ph.D. in Clinical Psychology from Binghamton University, completed internship at the Durham VAMC, and served as a postdoctoral fellow there, where she received specialized trauma training via their PTSD and OEF/OIF/OND Clinics in evidence-based practices for PTSD (PE; CPT) before joining the training staff as a member of Syracuse's OMH team in 2012. From 2013 to 2020, she served as the Local Evidence-Based Psychotherapy Coordinator for the SVAMC. In 2020, she transferred to the Syracuse Vet Center, where she provides individual, group, and couples/family therapy for Veterans seeking readjustment support. Dr. Hayward's research interests include factors impacting the development of psychopathology and the therapeutic process, including resilience and cognitive capacity, OC spectrum disorders, and anxiety. Current professional interests include evidence-based approaches to anger (especially through group therapy), anxiety, PTSD, and depression, as well as diversity-related issues, including LGBTQ healthcare and military culture/era-specific experiences. Outside of work, she is raising two sons and two Labrador retrievers, runs regularly, and considers herself a dessert enthusiast (both creating and consuming).

**Dr. Angela Hester** serves as Chief of Psychology at the Syracuse VAMC. She also supervises Interns in the year-long Assessment rotation and provides therapy and assessments in the Outpatient Mental Health Clinic. She earned her doctorate in Clinical Psychology from Loma Linda University and completed her internship at the Cincinnati VAMC. Prior to coming to the SVAMC, Dr. Hester provided treatment and cognitive assessment to individuals in several settings, including psychiatric and correctional facilities, and a rehabilitation hospital. Her clinical interests include geropsychology, anxiety disorders, trauma- and stressor-related disorders; adjustment, reintegration and quality of life issues following brain injury; the cognitive impact of long-term substance abuse, and psychological assessment, including symptom validity testing and the impact of culture/education on assessment findings.

**Dr. Jane Higham (she/her/hers)** is a supervisor on the PTSD rotation and has also served in a supervisory role on the Substance Use Disorders rotation. Dr. Higham delivers seminars for the internship training program on topics such as Avoiding Burnout, DBT, and Readiness for Change. She received her Ph.D. in Counseling Psychology from the University at Albany and completed internship at the Syracuse VAMC. Dr. Higham was hired at the Syracuse VAMC following her internship in 2009. She is the VISN 2 CPT Regional Trainer, and VA Certified in CPT, PE, EMDR and CBCT (couples-based) treatments for PTSD. Dr. Higham published in the Journal of Family Therapy. Current professional/clinical interests include PTSD and trauma-recovery, PTSD/SUD dual diagnosis, and family therapeutic alliance development, and exploring the relationship between nutrition and mental health. Personal interests: I love to walk outdoors, I enjoy traveling when I can – whether taking a day trip somewhere in the Adirondacks or taking a trip abroad, I also enjoy cooking and baking and trying new recipes. I especially love spending time with family, including my two beautiful grandchildren.

**Dr. Carolyn T. Jackson** is the Home-Based Primary Care (HBPC) Psychologist at the Rome CBOC and she delivers seminars for the internship training program. Dr. Jackson received her Ph.D. in Clinical Psychology from Texas Tech University. She completed her predoctoral internship at the Cleveland VAMC and joined the staff at the Syracuse VAMC in 2009. Her clinical interests include the relationship between military cultural experience and clinical issues among military Veterans, as well as the delivery of empirically-supported clinical interventions to those who reside in rural and/or socioeconomically disadvantaged communities. Her research interests include the conceptualization and measurement of cultural sensitivity. Her co-authored chapter, Cultural Considerations and Treatment Complications appears in the clinical textbook entitled Avoiding Treatment Failures in the Anxiety Disorders. She recently co-authored another book chapter about managing the home setting in HBPC which appears in the guide entitled Providing Home Care for Older Adults: A Professional Guide for Mental Health Practitioners. Dr. Jackson's current teaching interests include in-service trainings which make theoretical and applied understanding of the military culture more accessible to both behavioral and non-behavioral providers. Dr. Jackson is a military Veteran who completed eight years active-duty service in the United States Air Force.

**Dr. Emily M. Johnson (she/her/hers)** is a clinical research psychologist with the Center for Integrated Healthcare (CIH) at the Syracuse VAMC and is a supervisor for the research rotation. Dr. Johnson's research focuses on Primary Care Mental Health Integration (PCMHI), with particular areas of interest in patient-centered care and improving engagement in treatment. Active projects focus on Whole Health . Her research is currently supported by VA grants and she has publications in various journal outlets. Dr. Johnson earned her PhD in Clinical Psychology from Binghamton University, completed her pre-

doctoral psychology internship at the Syracuse VA Medical Center, and received three years of post-doctoral training through the CIH. Dr. Johnson has an additional appointment as a voluntary Clinical Instructor with the Department of Psychiatry at SUNY Upstate Medical University. Dr. Johnson spends most of her time outside of work with her family, reading, and enjoying all four seasons outdoors in Central New York.

**Dr. Alexis Kramer** is a supervisor in the General Mental Health rotation and provides seminars for the internship training program. She earned her Ph.D. in Clinical Psychology from the Illinois Institute of Technology in 2014. She completed her predoctoral internship at the James Quillen VAMC in Mountain Home, Tennessee and her postdoctoral fellowship with an emphasis in Geropsychology at Northwell Health, Zucker Hillside Hospital in Queens, NY. Dr. Kramer's clinical interests include Cognitive-Behavioral Therapy, Couples Therapy and integrative psychotherapy.

**Dr. Vance Kunze** (he/him) is a combat veteran, psychologist, and Recovery Coach at the Psychosocial Rehabilitation and Recovery Center (PRRC), a unique recovery-oriented program in the VA serving veterans with serious mental illness (SMI). His areas of clinical interest include treatment and assessment of SMI; personality and personality disorders; grief and mourning; and cultural/individual identity development—especially with regard to LGBTQ+ concerns. He uses Attachment Theory as a guide for his therapeutic approach, integrating ACT, Emotionally Focused Therapy, MI, and Psychodynamic techniques. With regard to supervision, he utilizes a developmental approach emphasizing collaboration and self-determined goals. Dr. Kunze received his PsyD from Biola University and has a long and broad history of training through the VA, including the Long Beach VAHS, the Bath VAMC, and the Louis Stokes Cleveland VAMC. Prior to returning to the VA in 2021, he worked at a nonprofit community mental health center and at Case Western Reserve University for a number of years. In addition to spending time with family, he enjoys history, the outdoors, OSU football, art, and TTRPGs.

**Dr. Ann T. Landes** serves as the Pain Program Manager at the Syracuse VAMC. Prior to this assignment, she served as the Syracuse Home Based Primary Care Psychologist. She earned her doctorate in Counseling Psychology from Georgia State University and completed a Geropsychology Internship and Palliative Care Postdoc at the Audie L. Murphy VA in San Antonio. Before transferring to the Syracuse VA, Dr. Landes worked at the North Florida/South Georgia Veterans Healthcare System in Gainesville, Florida, where she held positions as a Primary Care Psychologist and Health Behavior Coordinator. In addition to her clinical work, Dr. Landes places high priority on remaining active in local and national leadership roles, teaching, presenting, and mentoring. Consistent with her stated profession and clinical interests, Dr. Landes has presented, provided trainings, and written on topics such as: Primary Care Psychology/PC-MHI; military culture and issues with reintegration; PTSD; Geropsychology; Palliative Care; TBI; and service members, veterans, and their families. Clinically, Dr. Landes focuses on areas related to Health Psychology, trauma, geriatrics, and

couples and family. Her professional roles, work, and interests are greatly influenced and informed by her ethnic background, immigrant status, and military family upbringing.

**Dr. Mark Minnick** (he/him/his) is coordinator of the assessment rotation and assessment seminar series. He delivers several assessment-related seminars throughout the year. Dr. Minnick received his Ph.D. in clinical psychology from The Pennsylvania State University in 2019 and completed his predoctoral internship at the Syracuse VAMC. His clinical interests include cognitive-behavioral therapy, psychodynamic psychotherapy, Acceptance and Commitment therapy, and integrative psychotherapy. He has a particular interest in treatment of anxiety disorders and obsessive-compulsive disorder. Dr. Minnick's research interests include the role cognitive factors – including attentional control, attentional biases, and working memory capacity – play in the emotional reactivity and emotion regulation capabilities of individuals with anxiety disorders. He is also interested in the role culture plays in shaping various emotional processes. In his free time, Dr. Minnick enjoys cooking, playing the guitar, watching movies and sports, and playing video games.

**Dr. Luke Mitzel** (he/him/his) is a licensed psychologist working as an Education and Implementation Specialist for the Center for Integrated Healthcare. He presents didactics for Syracuse VA Interns. Dr. Mitzel earned his PhD in clinical psychology from Syracuse University and completed an APA-accredited predoctoral psychology internship at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia, PA. He then completed a 2-year postdoctoral psychology fellowship with the Center for Integrated Healthcare at the Syracuse VA through the VA Advanced Fellowship in Mental Illness Research and Treatment program. Dr. Mitzel's interests include health behaviors and the prevention and treatment of chronic conditions, with a special interest in VA's Whole Health initiative as a novel approach to providing patient-centered care to increase patient engagement in their health and wellbeing. Outside of work, Luke enjoys running, CrossFit, and family hikes with the dogs.

**Dr. Rebecca Moe** (she/her) is a fully remote psychologist in the PTSD Clinic. She delivers seminars for the internship training program and can supervise interns while on the PTSD rotation. Dr. Moe received her Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology. She completed her predoctoral internship at the Hudson Valley VA. Dr. Moe has primarily worked in PTSD specialty care through her career and her interests are in the delivery of culturally responsive evidence-based treatment for PTSD, using evidence-based therapy to address complex PTSD, and integrating mindfulness into treatment. She approaches clinical work from an integrative perspective and she is trained in and offers the front-line and gold standard psychotherapies for PTSD including Cognitive Processing Therapy, Prolonged Exposure, and Eye Movement Desensitization and Reprocessing.

**Dr. Carlie Phillips** (she/her/hers) is a licensed clinical psychologist for the PTSD Clinical Team (PCT) and serves as the Evidence-Based Psychotherapy Coordinator. She delivers

seminars for the internship training program. Dr. Phillips earned her Psy.D. in Clinical Psychology from Spalding University in 2013. She completed her doctoral internship and post-doctoral training at the Lexington VAMC. Prior to joining the Syracuse VAMC in 2022, Dr. Phillips worked at the Bath VAMC for over seven years, serving as the PCT Lead and Training Director for the Psychology Internship Program. She specializes in the assessment and treatment of PTSD and trauma-related disorders, and is a VA-trained provider in cognitive processing therapy, prolonged exposure therapy, written exposure therapy, and cognitive behavioral therapy for insomnia. Dr. Phillips' clinical and professional interests include exposure-based therapies for PTSD and anxiety disorders, increasing access to evidence-based treatment, community outreach, early-career mentorship, program development, and process improvement.

**Dr. Kyle Possemato** is a clinical psychologist and Associate Director for Research at the Center for Integrated Healthcare. She is a CIH supervisor for the research rotation. Dr. Possemato's research focuses on developing, testing and implementing interventions for trauma, PTSD and substance use disorders with an emphasis on interventions that can be delivered in non-traditional ways in order to increase patient engagement. Examples include brief interventions delivered in the primary care setting, eHealth interventions, and services delivered by peer-support specialists. Her research is currently supported by VA and NIH research grants. Dr. Possemato earned her PhD in Clinical Health Psychology from Drexel University and completed her pre-doctoral psychology internship in the Department of Psychiatry at the State University of New York, Upstate Medical University and a two-year post-doctoral fellowship at the CIH. Dr. Possemato also holds faculty appointments in the Department of Psychology at Syracuse University and the Department of Psychiatry and Behavioral Sciences at the State University of New York, Upstate Medical University.

**Dr. Daniel Purnine** (he/him) is the Training Director for the Syracuse VA Psychology Internship Program and a supervisor in the General Mental Health rotation. He delivers seminars on a variety of topics. Dr. Purnine earned his Ph.D. in Clinical Psychology from Syracuse University and completed his internship at the University of Massachusetts Medical Center and Worcester State Hospital. He joined the staff at Syracuse VAMC in 2001 and has served as Training Director since 2009. Dr. Purnine's published research has encompassed the areas of substance abuse, readiness for change, interpersonal communication, sexual preferences and adjustment, and affective disorders. Current clinical interests include integrative psychotherapy, Acceptance and Commitment Therapy, Integrative Behavioral Couple Therapy, existential psychology, and the interface of psychology and religion.

**Dr. Robyn Shepardson** (she/her) is an investigator with the Center for Integrated Healthcare at the Syracuse VAMC and a supervisor for the research rotation. She is a licensed clinical psychologist with 14 years of clinical experience in Primary Care-Mental Health Integration

(PCMHI) and is Co-Editor of the journal *Families, Systems, & Health*, which focuses on integrated care. Dr. Shepardson earned her Ph.D. in clinical psychology from Syracuse University after completing an internship in health psychology and behavioral medicine at the Brown Clinical Psychology Training Consortium. Her VA-funded program of research focuses on developing, testing, and implementing brief, evidence-based interventions for anxiety and depression for Veterans seen in primary care, with an emphasis on patient treatment preferences and feasibility for clinicians. Dr. Shepardson is conducting a multisite randomized controlled trial to evaluate a brief, modular CBT anxiety intervention for PCMHI. She also has research interests in self-management/self-help and sexual health. Hobbies and interests include supporting the Buffalo Bills and SU football and basketball teams, learning to golf, traveling, reading, working jigsaw puzzles, and petting dogs.

**Dr. Shaden D. Sousou** (she/her) is the Behavioral Health Consultant in the primary care clinics at the Syracuse VAMC. She provides supervision to interns or post-doctoral fellows completing a rotation in Primary Care Mental Health Integration (PCMHI). She is currently one of the Facility Trainers for the PCMHI Competency Training. She has served as the PCMHI coordinator for several years and has worked closely with primary care leadership to ensure integration of behavioral health services in primary care. Dr. Sousou earned her Ph.D. in Counseling Psychology from the University at Albany (SUNY). She completed her internship at the Syracuse VA Medical Center. Prior to her current position at the Syracuse VA, Dr. Sousou was a Clinic Psychologist at ARC of Onondaga where she worked with individuals with developmental disabilities. Dr. Sousou's current clinical and research interests include integrated primary care and health psychology. Dr. Sousou has published in *Perceptual and Motor Skills*.

## Applying to the Program

The Syracuse VA Medical Center accepts interns through the auspices of the Department of Veterans Affairs Psychology Training Program. Applicants must be citizens of the United States and doctoral candidates in good standing at Clinical, Counseling, or Combined programs accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS). We encourage applications from all qualified candidates, regardless of ethnic, racial, or gender identity, sexual orientation, disability or other minority status; our staff believes we are a stronger institution and training program when we increase diversity of personal and cultural difference among staff and trainees. Applicants making a good match with this program often have strong experience or interest in becoming a well-rounded generalist, given our year-long experiences in psychotherapy and psychological assessment. Interest and experience with specialty areas such as PTSD, Health Psychology and Integrated Primary Care, Substance Treatment, and/or Research also fit very well with this program.

Most applicants who match with us have at least 600 total practicum hours of intervention and assessment, or 450 hours of intervention and 50 hours of assessment. We also prefer that applicants defend their dissertation proposal prior to beginning internship. The year begins on a Monday in late August; next year's start date is Monday, August 19, 2024. Interns receive a stipend on a biweekly basis, totaling \$33,469.

### Students who wish to apply should do the following:

Register for the APPIC Match through National Matching Services (NMS).

Complete the online APPIC Application for Psychology Internship (AAPI), including three letters of recommendation.

Your cover letter should address your interest in particular rotations and outline any internship goals or career objectives you may have.

Application materials must be submitted by November 7. Virtual interviews will be offered to those applicants whose interests and training best fit the goals of the program. Intern selection is based on a number of factors including demonstration of a strong academic background, scholarly productivity, and clinical practicum experience. Also important is the fit between the intern's professional interests/plans and the mission of the VA, as well as the goals and philosophy of our training program.

Applicants are generally interviewed on 1 of 4 available dates from mid-December through early/mid-January. Interview days are conducted over Zoom and begin with a group of approximately 8 candidates present to hear an overview of the program by all Psychology



Staff. This is followed by two individual interviews with training supervisors, a group meeting with current interns who share their own experiences of the program, and facility tours. Many staff members are available for briefer individual meetings later in the day, depending on applicants' interests. As the situation evolves, further adjustments are likely; any substantial changes to this process will be shared with applicants and reflected in the APPIC directory.

Requests for further information should be directed to:

**Daniel Purnine, Ph.D**  
**Director, Psychology Training Program**  
**(116) VA Medical Center**  
**800 Irving Avenue**  
**Syracuse, New York**  
**13210**

**Phone: (315) 425-3488**

**Email: [Daniel.purnine@va.gov](mailto:Daniel.purnine@va.gov)**

The Syracuse VA Medical Center abides by the Association of Psychology Postdoctoral and Internship Centers (AAPIC) policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. Additional information regarding this internship is available through the APPIC Directory, online. Please refer to the APPIC website at [www.appic.org](http://www.appic.org) for current dates, policies, and information. Please refer also to the National Matching Services, Inc. website at [www.natmatch.com](http://www.natmatch.com) and register for the matching program in order to be eligible to match to the Syracuse VA. Matching results and applicant notification of placement will occur on the date agreed upon by AAPIC.

There are a number of requirements for all internships with Veterans Affairs. Please visit these sites for additional information.

[Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)  
<https://www.psychologytraining.va.gov/eligibility.asp>

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.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Visit <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>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
  - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
  - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. 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**

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.  
[https://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=646&FType=2](https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2)
- 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>

### **Additional information specific to background checks (referenced in VHA Handbook 5005 ):**

(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.

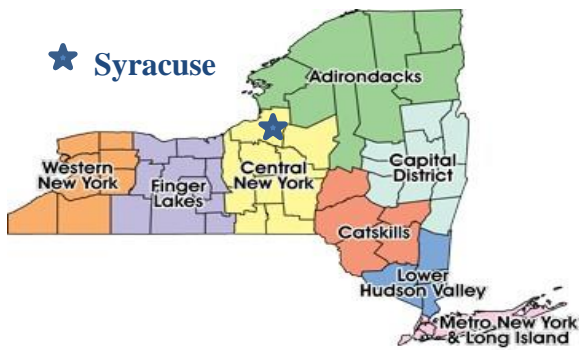
(c)*Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (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.

## Doctoral Programs of Recent Interns

2023-2024	Yeshiva University/ Ferkauf	Clinical Psy.D.
	Syracuse University	Clinical Ph.D.
	Pacific University	Clinical Ph.D.
	Pacific University	Clinical Psy.D.
2022-2023	CUNY –Hunter	Clinical Ph.D.
	Binghamton University	Clinical Ph.D.
	La Salle University	Clinical Psy.D.
	U of Wisconsin-Madison	Counseling Ph.D.
2021-2022	Binghamton University	Clinical Ph.D.
	Binghamton University	Clinical Ph.D.
	University of Kansas	Counseling Ph.D.
	The Wright Institute	Clinical Psy.D.
2020-2021	University of Rochester	Clinical Ph.D.
	Illinois Inst. of Technology	Clinical Ph.D.
	Binghamton University	Clinical Ph.D.
	University of Arizona	Clinical Ph.D.
2019-2020	West Virginia University	Counseling Ph.D.
	Syracuse University	Clinical Ph.D.
	Case Western University	Clinical Ph.D.
	Binghamton University	Clinical Ph.D.
2018-2019	Yeshiva Univ. - Ferkauf	Clinical Ph.D.
	Univ. of North Texas	Counseling Ph.D.
	Penn State	Clinical Ph.D.
	Univ. of Central Arkansas	Counseling Ph.D.
2017-2018	Kent State Univ.	Clinical Ph.D.
	Seton Hall Univ.	Counseling Ph.D.
	Binghamton Univ.	Clinical Ph.D.
2016-2017	U. of Wisconsin - Madison	Counseling Ph.D.
	George Fox University	Clinical Psy.D.
	Binghamton Univ.	Clinical Ph.D.
	Regent University	Clinical Psy.D.
2015-2016	Pepperdine Univ.	Clinical Psy.D.
	Binghamton Univ.	Clinical Ph.D.
	Alliant Int'l U., Sacramento	Clinical Psy.D.
	Eastern Michigan Univ.	Clinical Ph.D.
2014-2015	Clark University	Clinical Ph.D.
	Bowling Green University	Clinical Ph.D.
	LaSalle University	Clinical Psy.D.
	Drexel University	Clinical Ph.D.
2013-2014	Pacific Grad Schl. Psych	Clinical Ph.D.
	Syracuse University	Clinical Ph.D.
	Binghamton University	Clinical Ph.D.
	Univ. of North Dakota	Clinical Ph.D.

## Syracuse and the Central New York Region



The Syracuse VA is located in the city of Syracuse in the heart of Central New York (CNY). With a greater metropolitan population of over 730,000, Syracuse offers big-city amenities and countless recreational /cultural opportunities while still maintaining a favorable cost-of-living and small-city feel. Syracuse boasts a thriving downtown district with excellent food (home of the original Dinosaur BBQ), nightlife, and entertainment opportunities, including the Museum of Science and Technology, Everson Museum of Art, and the Syracuse Stage for creative theatre and performing arts. Syracuse is also home to a thriving intellectual community, including, most notably, Syracuse University. Sports fans can delight in attending an athletic event at the nationally-recognized SU “Dome.” Destiny USA was also recently expanded, providing the region with a six-story shopping and entertainment complex. Finally, given its central location in the heart of New York, Syracuse is within a day’s drive of several major metropolitan areas, including New York City, Boston, Philadelphia, Montreal, Toronto, and Washington D.C.



*Syracuse Skyline*

Syracuse is not just for city-living. Locals cherish the area as the nation’s “best kept secret” for the breath-taking beauty of the CNY landscape, which features rolling hills, countless streams and lakes, vivid fall foliage, and clean air and water. The Finger Lakes region is within an hour’s drive of Syracuse, and offers picturesque views of glacially-formed lakes and the nationally-recognized Finger Lakes Wine Trails. The greater CNY region is an outdoor enthusiast’s dream. Lake Ontario, the Finger Lakes, and the Adirondack Mountain Region are all in Syracuse’s backyard, and there are endless hiking, skiing, swimming, running, fishing, boating, and other outdoor recreational opportunities. Further, Syracuse enjoys four distinct seasons, allowing for a new sport or hobby to be enjoyed every few months.



### ***Finger Lakes Region***

We would be remiss if we did not mention that Syracuse is among one of the nation’s snowiest cities. But fear not – the area is proficient in dealing with snow, making your daily winter experience more than manageable. Residents can count on several great weeks of cross country and downhill skiing, outdoor ice skating, and unparalleled snowman building.

Below is more information about daily living in Syracuse, as well as links to the area’s most popular cultural and recreational opportunities. Overall, Syracuse is an easily accessible, affordable city with opportunities for everyone. This is a wonderful place to live for families due to the many great school systems for children and wealth of indoor and outdoor family-friendly activities throughout the year. We think you’ll love it here, but come see for yourself.

### **Cost of Living/Quality of Life:**

- The cost of living in Syracuse is 8.6% below the national average.
- Housing
  - Average rent for a one bedroom is \$655 (range \$550-\$850 depending on proximity to downtown). Average rent for a 2 bedroom is \$806.
  - The average home cost is \$137,621. Costs varies with location and city vs. suburbs.
- Commute
  - Most people drive to and from all their destinations. There is a bus system (Centro), but no subway or commuter train system.
  - The commute from downtown to the BHOC is minimal (5 – 15 minutes). There are also a variety of suburban areas that offer reasonable commutes. Baldwinsville, Liverpool, Camillus, East Syracuse, Jamesville, Dewitt, Fayetteville, and Manlius are all within a 15 – 45 minute drive (depending on traffic).
- Access
  - Hancock International Airport
  - Amtrak (train) & Greyhound, Trailways, Megabus, and Neon (bus) stations
- Regarding family relocation potential, the top area employers are in the manufacturing, healthcare, education, food and service, finance, and retail industries.

### **Climate:**

- Four distinct seasons. Average seasonal temperatures:
  - January: 24°F      April: 46°F      July: 71°F      September: 62°F
- Annual average snowfall: 114 inches

**Distance From Other Major Cities [miles/time (by car)]:**

- Niagara Falls, NY: 163 miles/2.5 hours
- Toronto, ON: 248 miles/4 hours
- Montreal, QU: 248 miles/4 hours
- New York City, NY: 253 miles/4 hours
- Philadelphia, PA: 255 miles/4 hours
- Boston, MA: 299 miles/4.5 hours

**Recreational and Cultural Highlights:**

[Visit Syracuse](#)

[The New York State Fair](#)

[Museum of Science and Technology](#)

[Everson Museum of Art](#)

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