

DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

DEPARTMENT OF VETERANS AFFAIRS
NEW YORK HARBOR HEALTHCARE SYSTEM
MARGARET COCHRAN CORBIN CAMPUS

PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE

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FULLY ACCREDITED BY THE
AMERICAN PSYCHOLOGICAL ASSOCIATION (next site visit in 2027)
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<http://www.apa.org/ed/accreditation>

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for the 2024-2025 Training Year

***PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS Wednesday, November 1, 2023
11:59PM EST***

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

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INTRODUCTION

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

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

Our staff are a unique group of psychologists who seek to create a training atmosphere that embraces diversity. Amongst our staff are psychologists of different races, ethnicities, and religions, those who identify as LGBTQ+, those who speak other languages, those with a military background, and those who are the first in their families to have attended college or attained a graduate degree. Our program is attentive to systems of oppression and committed to social justice. We are also committed to providing multiculturally competent training for our interns and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We are fortunate to be located in New York City, and our patient population includes veterans from various racial-ethnic backgrounds and different gender identities. Interns learn how factors such as race, ethnicity, culture, gender identity, sexual orientation, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. Training and supervision also focus on helping interns navigate cultural and individual differences in their work, including value conflicts or other tensions arising from the intersection of different areas of diversity (e.g., differences between patient and therapist in race, gender identity, religion, veteran status, socioeconomic status, or values/morality). We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds.

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

Christine Ingenito, Ph.D.
Internship Training Director

Christie Pfaff, Ph.D.
Section Chief, Psychology

FACILITIES & PATIENT POPULATION

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

Inpatient and outpatient mental health services are available to veterans of all gender identities. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a wide variety of racial, ethnic, and cultural backgrounds. In line with national VA directives, the Manhattan VA has promoted systemic changes in advancing inclusiveness and clinical competence with populations who have been historically stigmatized, subject to discrimination, and experienced health disparities, such as LGBTQ+ veterans and women veterans. Several of our psychologists are actively involved in the hospital's Women's Clinic, which provides comprehensive, specialized medical care and mental health services within the Primary Care setting. One of our psychologists also serves as the hospital's LGBTQ+ Veteran Care Coordinator, providing support and advocacy for LGBTQ+ patients and training and consultation to staff. The Mental Health Clinic also offers three long-term psychotherapy groups, co-led by psychology trainees, for LGBTQ+ veterans.

Our patient population presents with a broad range of clinical problems and psychopathology. Patients include veterans who have served during World War II, the Korean War, the Vietnam War, the Persian Gulf War, and most recently, those returning from Operation Iraqi Freedom (OIF), Operation New Dawn (OND; Iraq), and Operation Enduring Freedom (OEF; Afghanistan). We also provide care for veterans who have served during peacetime. The main treatment modalities utilized are individual and group psychotherapy. 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 to work with particular diagnoses and treatment issues, and we try to accommodate such requests to the extent possible.

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

PSYCHOLOGY DIVISION

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

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

<https://www.va.gov/new-york-harbor-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

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

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

More information about our postdoctoral programs is available at:

<https://www.va.gov/new-york-harbor-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

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

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

THE PSYCHOLOGY INTERNSHIP PROGRAM

Training Overview

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

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

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

Aims and Competencies

The aims of our internship program are as follows:

- To train interns in integrated assessment, diagnostic, and intervention strategies that prepare them for the general practice of health service psychology. In order to provide our interns with a broad clinical knowledge base, interns complete training assignments which expose them to a wide range of patients, psychopathology, theoretical orientations, and treatment settings.
- To train interns to be culturally-competent practitioners. Interns receive training and supervision on the impact of cultural factors on psychological functioning and use this knowledge to provide appropriate treatment for a diverse urban population.

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

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

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

DESCRIPTION OF TRAINING PROGRAM

The internship training program consists of several required components, which are described in greater detail in the following pages. Approximately half of the intern's clinical time is spent on the major rotation; the remaining time is comprised of ongoing, year-long training assignments in outpatient psychotherapy, a 4-month minor rotation in diversity, equity and inclusion consultation, and 6 month assignments in assessment and couples therapy. Interns' clinical work is enhanced by a diverse program of supervision and didactics. Finally, depending on interest and available time, interns may engage in elective activities, although this is by no means required or expected.

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

Major Rotations

All interns complete 3 major rotations (for 4 months each) in:

- Acute Inpatient Psychiatry
- Health Psychology/Primary Care Mental Health Integration (PCMHI)
- Posttraumatic Stress Disorder Clinic

Outpatient Psychotherapy

All interns carry outpatients in each of the following treatment modalities for the full year: psychodynamic psychotherapy, cognitive-behavioral therapy, and evidence-based treatment of Posttraumatic Stress Disorder. They complete a 6-month rotation in emotion-focused therapy for couples. Interns also co-lead one long-term psychotherapy group with a staff member for the year.

Diversity, Equity and Inclusion Minor Rotation

Interns complete a 4-month rotation focused on DEI consultation. They participate in work being done by the Psychology Diversity Committee as well as the Alliance for Healthcare Equity, Accountability and Diversity (AHEAD), a multidisciplinary action-oriented workgroup at VA-NY Harbor that provides leadership and guidance for best practices related to diversity, equity, inclusion, and access. Interns also create and lead a multicultural seminar for the psychology externs on a topic of their choice.

Assessment

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

Supervision and Didactics

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

Electives

Interns may enrich their training experience to meet individual interests and needs. Elective activities include a variety of groups, additional psychotherapy, consultation-liaison psychiatry, DEI initiatives, research, specialized treatment of eating disorders, Home-Based Primary Care, and Psychiatric Emergency Room.

OVERVIEW OF REQUIRED CLINICAL TRAINING ASSIGNMENTS

MAJOR ROTATIONS

Acute Inpatient Psychiatry

- Admissions on an as needed basis (generally 1-2 per week)
- Caseload of 2 individual patients seen daily for therapy
- Family meetings, as indicated
- DBT Skills group
- Communications Group
- Community Meetings
- Daily rounds

Health Psychology/Primary Care Mental Health Integration (PCMHI)

- 1 Primary Care evaluations per week (brief functional assessment)
- 1 specialized evaluation (transplant, bariatric, or eating disorder) over the course of the rotation
- 1 Palliative Care individual therapy case
- 2 short-term health psychology psychotherapy cases (e.g., Motivational Interviewing, Problem Solving Therapy, Behavioral Activation, CBT-E, CBT for anxiety or depression, Supportive Therapy)
- Relaxation Group and Diabetes Shared Medical Appointment
- Home-Based Primary Care home visit (1 per rotation)
- Palliative Care Team meetings

PTSD Clinic

- 1 PTSD Clinic intake per week (utilizing the Clinician-Administered PTSD Scale for DSM-5, CAPS-5)
- 2 short-term individual therapy cases (e.g., co-morbid PTSD and substance use disorders, CBT for Insomnia, coping skills, Military Sexual Trauma)
- PTSD/SUDS Group, Race-Based Stress and Trauma Group, or OEF/OIF/OND Support Group
- PTSD Clinic team meetings

OUTPATIENT PSYCHOTHERAPY

- Psychodynamic Psychotherapy: 2-3 cases (combination of year-long therapy and short-term Dynamic Interpersonal Therapy, DIT)
- CBT: 2 consecutive cases (6 months each)
- PTSD: 1-2 consecutive cases; interns choose 1 primary modality, either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). If time allows, interns may elect to see an additional case in a different treatment modality.

- Group Psychotherapy: co-lead 1 year-long group
- Couples Therapy: 2 simultaneous cases using an evidenced-based treatment (Emotion Focused Therapy for Couples), 6 month rotation

DEI MINOR ROTATION

- Attend monthly Psychology Diversity Committee meeting/participate in ongoing projects
- Attend monthly Alliance for Healthcare, Equity, Accountability, and Diversity (AHEAD) meeting/participate in an ongoing project
- Submit 1 article to the *Diversity Times* Newsletter
- Develop a seminar on a DEI topic of interest to be presented to the externship class

ASSESSMENT

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

MAJOR ROTATIONS:

Acute Inpatient Psychiatry

Drs. Ihm & Holtzman

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

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

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

MAJOR ROTATIONS:

Posttraumatic Stress Disorder Clinic

Drs. Brinn, Gettings, Kramer, Murani, & Patel

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

Interns conduct one intake evaluations per week utilizing the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), co-lead one PTSD group, and attend weekly PTSD team meetings. A number of different psychotherapy groups are offered within the PTSD Clinic, including OEF/OIF/OND Support Group, PTSD-SUDS Group, and Race-Based Stress and Trauma Group. Interns also have the opportunity to provide short-term individual follow-up and psychotherapy for patients in the clinic. Treatment issues include PTSD-SUDS (co-morbid PTSD and substance use disorders), development of coping skills prior to beginning trauma work, CBT for insomnia, and Military Sexual Trauma. Interns are required to make at least one literature review/research presentation over the course of the rotation.

MAJOR ROTATIONS:

Health Psychology/Primary Care Mental Health Integration

Drs. D'Onofrio, Dognin, Kaur, Spivack, & Zeigler

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

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

Interns carry two short-term Primary Care treatment cases focused on adjustment issues, symptom management, treatment adherence, behavioral activation, or substance abuse.

Groups: Interns lead and co-lead several psychoeducational groups over the course of the rotation, including Relaxation Training/Mindfulness, and Diabetes Shared Medical Appointment.

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

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

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

OUTPATIENT PSYCHOTHERAPY:

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

Group Psychotherapy

Drs. Ingenito, Katz, Kramer, Miller, Shreck & Spivack

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

- DBT Skills Group
- Medics Group
- Alzheimer's Caregivers Support Group
- Trauma Focused Combat Group
- Life Stages Group
- LGBTQ+ Support Group

Evidence-Based Therapies for Posttraumatic Stress Disorder

Drs. Patel, Kramer, Murani & Gettings

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

- Prolonged Exposure (PE), Drs. Kramer & Murani: this exposure-based treatment involves having patients repeatedly re-experience their traumatic event, and includes both imaginal exposure and in vivo exposure to safe situations that have been avoided because they elicit traumatic reminders.
- Cognitive Processing Therapy (CPT), Drs. Gettings & Patel: CPT incorporates cognitive techniques to help patients challenge and modify maladaptive beliefs related to their trauma. CPT focuses on decreasing the avoidance of traumatic memories so that beliefs and meanings can be further evaluated and understood within the original context. *Since 2021, we have been able to offer a national VA certification in CPT, where interns had the option to receive intensive CPT training at the beginning of the year and then participate in weekly consultation calls (in addition to their weekly supervision) for at least 6 months. Interns are required to complete 2 CPT protocols in order to be eligible for CPT certification once they are licensed. It is our hope that we will be able to continue to offer this option to the 2024-25 training class.*

Psychodynamic Psychotherapy

Drs. Cairo, Holtzman, Ingenito, Pfaff, Sorge & Srinivasan

Interns are assigned cases for year-long, traditional psychodynamic psychotherapy and shorter-term Dynamic

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

Cognitive-Behavioral Therapy

Drs. Brinn, DeAlmeida, & Parter

Interns will typically see two patients consecutively over the course of the year (6 months each). Patients present with a wide range of concerns and diagnoses, and treatment focuses on targeting identified symptoms and setting specific goals. Interventions include various methods of behavioral modification and cognitive restructuring. Interns may also have the opportunity to utilize other related, empirically validated treatment protocols, such as Dialectical Behavior Therapy (DBT). Interns are assigned to supervision dyads with a supervising psychologist and 1 of their fellow interns and they meet weekly for 60 minutes to present their work (including video recordings of sessions) and participate in clinical discussion of other cases. Additionally, The full intern cohort and 3 supervising psychologists meet monthly for a case conference where they provide peer supervision and broaden their exposure to different clinical presentations and treatment approaches.

Evidence-Based Couples Therapy

Dr. Ashkenazi, Cairo, & Parter

Interns will receive training in Emotion-Focused Therapy for Couples and see 2 couples over the course of the 6 month rotation. Referrals may come from within the medical center or through the facility's Telemental Health Hub; which services other VAs in upstate NY. As a result, visits may be conducted in-person or via telehealth. Interns will receive 45 mins of individual supervision each week where they will present their work (including video recordings of session). Additionally, they will attend regular didactics and peer supervision meetings throughout the rotation to enhance their learning.

ASSESSMENT:

Neuropsychological Testing

Dr. Tam

Interns on the six-month neuropsychology track work primarily in a department-wide consultation service with adult veterans undergoing outpatient evaluations for a wide range of neurologic and psychiatric disorders, including Alzheimer's disease, dementia with Lewy bodies, Parkinson's disease, vascular dementia, traumatic brain injury (TBI), and other causes of impaired thinking and memory. Patients are often referred from services throughout the Medical Center, including Primary Care, Neurology, and Psychiatry. Interns gain experience conducting comprehensive outpatient neuropsychological evaluations using a hypothesis driven approach and providing feedback and psychoeducation to veterans and their families. The trainee is responsible for participating in the clinical interview, test administration, and scoring/interpretation of exam data. Interns will also have the option to attend weekly case conferences offered through NYU Langone as well as lectures covering a range of neuropsychology topics, such as functional neuroanatomy, dementias, and psychiatric disorders.

DEI MINOR ROTATION:

Diversity, Equity, and Inclusion Minor Rotation

Dr. Srinivasan

Factors of diversity and inclusion are an integral part of the clinical work that is practiced at the Manhattan VA, therefore it is a priority for DEI related topics to be woven throughout all training within the internship experience. Interns will participate in a 4-month DEI minor rotation where they will engage in various activities that will assist them in not only increasing their multicultural competence in providing therapeutic services to veterans of diverse backgrounds but will also teach them to be consultants in speaking to multicultural issues within the field of psychology and larger medical system. Interns will act as representatives for their cohort in the monthly Psychology Diversity Committee and will serve on one of the subcommittees. They will also contribute to the work being done by the Alliance for Healthcare Equity, Accountability and Diversity (AHEAD). They will attend the AHEAD monthly meeting, will be responsible for submitting an article to “The Diversity Times” (a quarterly newsletter focused on promoting knowledge and awareness of relevant DEI issues), and will join a project in progress on one of the subcommittees. Lastly, interns will create and lead a multicultural seminar for the psychology externs on a topic of their choice. Interns will have supervision on a bi-weekly basis for 45 minutes where they will receive support, feedback and guidance regarding their participation on the Psychology Diversity Committee and AHEAD as well as on the development of their extern seminar.

SUPERVISION, DIDACTICS & ADDITIONAL RESOURCES:

Supervision

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

Interns receive intensive supervision, mostly on an individual basis, for each rotation and training experience (generally 5-6 hours per week total). Interns receive daily informal supervision on their major rotations, along with at least one hour weekly formal supervision for the rotation. Both individual and group supervision is provided for outpatient psychotherapy cases, as described in previous sections. All psychology staff maintain an open door policy and interns are free to request additional supervision/ consultation at any time. Supervision is provided primarily in-person but since the implementation of hybrid teleworking schedules, tele-supervision is an option as well. We maintain adherence to the guidance provided by APA and VA's Office of Academic Affiliation regarding the utilization of tele supervision.

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

areas of expertise.

Didactic Seminars

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

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

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

Process Group

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

Mentorship Program

The Manhattan VA is pleased to offer a mentorship program to further support and facilitate the professional development of trainees during their internship year. Each intern will be assigned a staff psychologist who will serve as their mentor for the year. In an effort to create an atmosphere of safety and trust in the relationship, the mentor assigned does not serve in an evaluative role for the intern mentee at any point throughout the year. The mentoring relationship is inherently flexible and can vary tremendously in its form and function.

Diversity, Equity, Inclusion, & Justice Liaison

This is a resource for trainees who would like to discuss with a non-evaluative staff member any diversity concerns that may arise within a clinical, supervisory, interdisciplinary, or peer setting. Concerns could be related to race, gender identity, sexual orientation, religion, disability, or any other aspect of a trainee's cultural identity. The DEIJ Liaison can assist the trainee in navigating dynamics related to power and privilege,

systemic oppression, and cultural differences. The Liaison acts in a consultative role, to assist the trainee in thinking through options, including the option to not take action.

Monthly Gathering for Staff and Trainees of Color

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

ELECTIVES:

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

Clinical Electives

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

Research Electives

The internship program supports trainees' interest in planning, implementing, and analyzing mental health-related research. VA offers numerous opportunities and career paths for psychologists involved in research, and cultivation of these interests can begin on internship. Interns may participate in ongoing research or initiate their own investigations at the medical center. Collaboration and research mentoring are also possible through the program's academic affiliation with NYU School of Medicine. The medical center library and various online resources are available with a full range of research support services. Examples of research conducted by Psychology and Psychiatry staff include neuropsychology, ADHD, PTSD, DBT, psychotherapy development and efficacy, substance abuse, severe mental illness, chronic pain, TBI, and interventions for caregivers of dementia patients.

EVALUATION OF INTERNS AND SUPERVISORS

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

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

Consistent with the APA Committee on Accreditation's Implementing Regulations for Internship Programs, the minimal level of achievement for completion of internship is "readiness for entry level practice" which is defined as:

- The ability to independently function in a broad range of clinical and professional activities;
- The ability to generalize skills and knowledge to new situations; and,
- The ability to self-assess when to seek additional training, supervision or consultation.

For a copy of our complete Training Manual, including evaluation processes, due process and grievance procedures, and record-keeping policies, please email the Internship Training Director at Christine.Ingenito@va.gov.

EMERGENCY RESPONSE AND LESSONS LEARNED FROM THE COVID-19 PANDEMIC

During COVID, outpatient Psychology staff and trainees were able to successfully and quickly transition to full-time telework, with the full support of facility and MH leadership. Almost all training activities were maintained without significant disruption, including clinical work, didactics, and supervision. Since 2020, all trainees have had full remote access and laptop computers provided by the facility. Currently, most outpatient staff and trainees work in a hybrid model (three days on site, two days teleworking) on a fixed schedule. Trainees and staff are expected to be on site to deliver particular clinical services, such as on the acute inpatient psychiatric unit or on medical units; as a result, this necessitates being on site more than three days per week depending on individual clinical responsibilities. Staff and trainees have received intensive training to assist them in acclimating to the provision of mental health services via telehealth. Special attention has also been paid to the important of self-care, the unique opportunities and challenges associated with providing MH care via telehealth, and efforts to enhance staff and trainee cohesion.

Going forward, the program will utilize the lessons learned during the COVID-19 pandemic to guide us in navigating future challenges. While we cannot anticipate what other crises or emergencies we might face, we are committed to preserving the integrity of our training while also serving the needs of our veteran community to the fullest extent possible. We have learned to be flexible, creative, and supportive in our training endeavors. Along with telework and virtual care, the program's setting in the larger VA New York Harbor Healthcare System, which includes two medical centers, an extended care facility, and community-based clinics, as well as our academic affiliation with New York University School of Medicine, provides us with a wide array of educational and clinical resources.

The program has offered interviews to applicants via virtual platforms during the pandemic. Virtual interviews are an extremely effective modality for both applicants and the program to get the information needed to make informed decisions about ranking. Interviews for the 2024-25 training year will be held via virtual platforms. Given the expense and logistical difficulties involved in traveling for out-of-town applicants, we seek to maintain an even playing field for all applicants. Please see the section on [APPLICATION PROCEDURE](#) later in this brochure for more details and the latest updates on the interview process.

Consistent with national policy for VHA employees, all trainees onboarded/hired on or after November 22, 2021, must be fully vaccinated for COVID-19 before beginning employment and/or training rotations with VA. Further, consistent with VA policy for health professions trainees, applicants for VA training programs need to meet particular health requirements as outlined by the CDC and listed on the Training Qualifications and Credentials Verification Letter (TQCVL).

For additional information on eligibility requirements, please see the VA Office of Academic Affiliations (OAA) website:

[Am I Eligible? Checklist for VA HPTs](#)

INTERNSHIP ADMISSIONS, SUPPORT, & OUTCOME DATA

Date Program Tables are updated: July 2023

Internship appointments are for 2080 hours, which is full-time for a one year period from approximately July 1 to June 30. These dates may vary slightly depending on HR procedures. The tentative start date for the 2024-25 training year is Monday, July 1, 2024.

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

<http://www.appic.org>

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question:

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?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
<u>Internship Program Admissions</u>	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:	
The Manhattan VA sponsors six internship positions each year. We review each internship application carefully to try to determine whether the applicant would be a good fit for our site. We rate applications based on several criteria: amount and quality of previous clinical experiences, academic performance (including scholarly and research achievements), general writing ability, ability to formulate clinical material, strength of recommendation letters, cultural competence, and level of interest in our program. Based on these ratings, we invite a select group of applicants for virtual interviews at our site in December. During the interview process, we try to get a sense of each applicant’s personality, interests, clinical style, and response to supervision. Again, our goal is to determine who we feel will be the best match for what our program has to offer. For details regarding the application process and required	

materials, see instructions in the next section.	
We expect applicants to have had previous practicum training in psychotherapy and assessment, including basic proficiency in the administration and interpretation of a variety of assessment tools.	
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	
Total Direct Contact Intervention Hours	No, Amount = N/A
Total Direct Contact Assessment Hours	No, Amount = N/A
Describe any other required minimum criteria used to screen applicants:	
<p>Applicants must meet the following criteria to be considered for our program:</p> <ul style="list-style-type: none"> • 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 • Affiliation Agreement • TQCVL (Trainee Qualifications and Credentials Verification Letter) • Additional On-boarding Forms • Proof of Identity per VA <p><i>Please see Appendix B, Additional Information on Applicant Qualifications, on page 32 for a more detailed description of these requirements.</i></p>	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns	38,901
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
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?	Yes
Other Benefits (please describe):	

<p>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.</p> <p>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.</p> <p>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).</p>	
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
<u>Initial Post-Internship Positions</u>	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of interns who were in the 3 cohorts	18
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=1
Community mental health center	PD=1, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=1, EP =0
Hospital/Medical Center	PD=2, EP =0
Veterans Affairs Health Care System	PD=11, EP =1
Psychiatric facility	PD=0, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0
School district/system	PD=0, EP =0
Independent practice setting	PD=0, EP =1
Other	PD=0, EP =0
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

APPLICATION PROCEDURE

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

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

Our APPIC Matching Program Code Number is 148011.

1. Please go to www.appic.org to access the online AAPI application. Please be sure to submit the following materials through the online application portal:
 - Completed AAPI application, including cover letter, CV, certification from your program's Director of Clinical Training, official transcripts from each graduate psychology program and 3 letters of recommendation (at least one from a practicum supervisor).

Please submit the following through the supplementary materials portal:

- **Treatment Summary:** in order to get a sense of your style as a therapist and the way that you think about clinical material, we ask that you write a brief synopsis of a psychotherapy case. **PLEASE ADDRESS WHY THIS CASE WAS PARTICULARLY MEANINGFUL TO YOU. PLEASE DO NOT EXCEED 500 WORDS.**
- **Assessment Report:** *please submit a psychological testing report that demonstrates your ability to integrate and synthesize data from multiple sources to generate diagnoses and recommendations.*

2. **APPLICATION DEADLINE: Wednesday, NOVEMBER 1, 2023, 11:59pm Eastern Standard Time.**

Please wait to hear from us regarding an interview. Interviews are held in December. 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, and 2 interviews with 4 staff members total. Applicants will be asked to answer questions and provide a formulation and treatment plan for a clinical vignette. All interviews will be held virtually. On-site hospital tours may also be available in January after interviews have concluded. **No advantage** will be given to applicants who come for an in-person tour.

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

APPENDIX A

PSYCHOLOGY STAFF

Sagiv Ashkenazi, Psy.D., The Chicago School of Professional Psychology
Clinical Psychologist / Couples Therapy Lead, VISN2/NYH CRH
Clinical Activities: Individual, couples, and group psychotherapy

Alyssa Baer, PsyD, Massachusetts School of Professional Psychology
Clinical Psychologist, Telemental Health Hub
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Individual and group psychotherapy; CBT; ACT; neuropsychological assessments; health and geropsychology interventions

Anthony J. Brinn, Psy.D., Yeshiva University
Clinical Psychologist; PTSD Clinic
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Assessment and treatment of veterans with PTSD and Substance Use Disorders; CBT; Acceptance and Commitment Therapy (ACT); Motivational Interviewing (MI); and Screening Brief Intervention and Referral to Treatment (SBIRT).

Elana Cairo, Ph.D., Yeshiva University
Clinical Psychologist; Telemental Health Hub
Clinical Activities: Individual, couples, and group psychotherapy; cognitive-behavioral therapy; cognitive processing therapy for PTSD; psychodynamic psychotherapy; interventions for individuals with chronic and medical illnesses.

Carissa Chambers, Ph.D., Teachers College, Columbia University
Clinical Psychologist
Suicide Prevention 2.0 Telehealth Provider- Telemental Health Hub
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: Individual and group psychotherapy, psychodynamic therapy, CBT for suicide prevention, Problem Solving Therapy for suicide prevention, Advanced Safety Planning interventions, , Problem Solving Therapy for suicide prevention consultant
Research Activities: Trauma-Focused Psychodynamic Psychotherapy RCT Therapist

Cory K. Chen, Ph.D., University of North Carolina, Chapel Hill
Clinical Psychologist/Director – Psychotherapy Research and Development Program
Research and Quality Improvement Director – VISN2/NYH Clinical Resource Hub Psychology Section
Clinical Professor, NYU School of Medicine, Department of Psychiatry
Professor, Long Island University, Department of Psychology
Clinical activities: Interpersonal/Relational Dynamic Therapy; Brief Dynamic Interpersonal Therapy, Trauma Focused Psychodynamic Psychotherapy
Research Activities: Brief Dynamic Interpersonal Therapy Trial, Trauma Focused Psychodynamic Psychotherapy Trial, Mindfulness Based Cognitive Therapy for Suicide QI Project, Measurement Based Care Platform QI Project

Chrystianne DeAlmeida, Ph.D., The New School for Social Research
Clinical Psychologist, Outpatient Mental Health Clinic
Clinical Instructor in the Department of Psychiatry at the NYU School of Medicine

Clinical activities: Patient centered care and streamlining delivery of mental health services in integrated patient care settings; pain management; cognitive behavioral therapy; dialectal behavioral therapy; Compensation and Pension exams.

Joanna S. Dognin, Psy.D., Chicago School of Professional Psychology – Chicago

Women's Health Psychologist, Women's Mental Health Champion

Faculty, National Eating Disorders Team, VACO OMHSP

Clinical Associate Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: leads NY Harbor Eating Disorders team, a multidisciplinary treatment teams for veterans with eating disorders; conducts specialized eating disorder evaluations; delivers CBT-E and relational individual for eating disorders; psychotherapy for female-identified veterans in Primary Care and Mental Health; psychodynamic psychotherapy.

Research activities: cultural considerations in eating disorder treatment; collaboration between eating disorder specialists and weight management in treating veterans living in higher weight bodies; reproductive mental health.

Juliana A. D'Onofrio, Ph.D., Rowan University

Graduate Psychologist, Home-Based Primary Care & Palliative Care

Clinical Activities: Integrative approach to in-home, inpatient, and outpatient services; end-of-life supportive-expressive contact and goals of care discussions; cognitive screening and interventions related to cognitive rehabilitation; interdisciplinary liaison between patient and medical teams; caregiver/family support.

Lisa A. Gettings, Psy.D., Long Island University - Post

Clinical Psychologist, PTSD Clinical Team

Clinical Interests: assessment of and evidence-based treatment for PTSD; childhood and military sexual trauma; CBT; Dialectical Behavior Therapy (DBT); Cognitive Processing Therapy (CPT); Prolonged Exposure Therapy (PE), Skills Training in Affective Regulation (STAIR)

Michael Holtzman, Ph.D., The New School for Social Research

Clinical Psychologist, Acute Inpatient Psychiatry Unit; BHIP Psychologist

Clinical Activities: Acute inpatient psychiatry and short-term crisis management-focused individual and group psychotherapy; outpatient psychodynamic psychotherapy; process-based group psychotherapy

Mia Ihm, Ph.D., Teachers College, Columbia University

Clinical Psychologist, Acute Inpatient Psychiatry Unit; Suicide Prevention Coordinator

Clinical Activities: Suicide risk assessment and coordination of treatment for high-risk patients; acute inpatient psychiatry and short-term crisis management-focused individual and group psychotherapy; psychodynamic psychotherapy; DBT consultation team

Christine Ingenito, Ph.D., Teachers College, Columbia University

Director of Training, Psychology Internship Program

Counseling Psychologist, Primary Care Mental Health/Women's Clinic;

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: LGBTQ+ Veterans Support Groups; DBT consultation team; same-day access, evaluations and short-term therapy for women veterans in Primary Care Women's Clinic; Dynamic Interpersonal Therapy (DIT); psychodynamic psychotherapy

Research Activities: Study therapist for Trauma-Focused Psychodynamic Psychotherapy (TFPP) clinical trial

Wendy Katz, Ph.D., Teachers College, Columbia University

Counseling Psychologist; OEF/OIF/OND Mental Health/Readjustment Services
Clinical activities: Assessment and treatment of combat veterans returning from Iraq and Afghanistan; preventative health interventions; outreach services.

Karenjot Kaur, Ph.D., Yeshiva University
Clinical Psychologist
Facility Administrative Lead, Primary Care Mental Health Integration Services
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical Activities: PCMHI evaluations and short-term therapy, individual psychotherapy, integration of MH in medical settings, health-behavior focused and EBP-based interventions (MI, PE, ACT, EFT, CBT-I, BA-D), mindfulness, therapy for pregnancy loss, IPT for Reproductive Mental Health

Michael Kramer, Ph.D., Long Island University, Brooklyn
Clinical Psychologist, PTSD Clinic
Clinical activities: Cognitive behavioral, Virtual Reality, and exposure therapy for PTSD; CBT for anxiety-spectrum disorders; psychodiagnostic assessment.

Michael Levy, Ph.D., New York University
Clinical Psychologist
Suicide Prevention 2.0 Telehealth Provider- Telemental Health Hub
Director of the Diversity, Activism, and Inclusion Track/Elective for Externship Program
Clinical Activities: Individual and group psychotherapy (suicide prevention, PTSD, sexual health and recovery from MST), Cognitive Processing Therapy, Cognitive Behavioral Therapy for Suicide Prevention, Psychodynamic Therapy

Rachel Maize, Psy.D., Carlow University
Clinical Psychologist; Whole Health Integration Champion and Health Behavior Coordinator
Clinical Activities: Primary Care Mental Health Integration (PCMHI), Individual therapy (CBT, CBT-I, CPT), Health-behavior focused interventions for adjustment to medical illness and chronic pain.

Whitney Mhoon-Mock, Ph.D., American University
Clinical Psychologist
Clinical activities: Individual and group psychotherapy for patients with substance use disorders (SUD), support group for women of color, interprofessional collaboration/consultation regarding SUD treatment, program development, measurement-based care

Abigail S. Miller, Psy.D., Yeshiva University
Clinical Psychologist; Geropsychologist
Clinical activities: Geropsychological and psychodiagnostic assessments; psychodynamic individual and group therapy for patients and caregivers; DBT consultation team

Kristina Murani, Ph.D., American University
Clinical Psychologist, PTSD Clinic
Clinical activities: Assessment of and evidence-based treatments for PTSD (PE, CPT); treatments for OCD-related disorders, substance abuse, eating disorders, suicidal and self-injurious behaviors; traditional CBT and third-wave CBT treatments (DBT, ACT); group psychotherapy; high risk and female-identifying Veterans

Amy Parter, Ph.D., Fairleigh Dickinson University
Clinical Psychologist; Telemental Health Hub
Clinical Activities: Individual and group therapy via telemental health; cognitive behavioral therapy; CPT & PE

for PTSD; couples therapy.

Neil R. Patel, Psy.D., Kean University

Clinical Psychologist; Telemental Health Hub

Clinical Activities: Individual, couples, and group psychotherapy; assessment and treatment for PTSD through Prolonged Exposure Therapy and Cognitive Processing Therapy, Acceptance and Commitment approaches to acute and chronic life stressors, CBT-I/Healthy Sleep, meaning-centered approaches.

Nishant Patel, Psy.D., Widener University

Clinical Psychologist; Director, PTSD Clinical Team

Clinical Activities: Evidence-Based treatments for PTSD and other trauma related concerns (e.g., PE, CPT, & CBT-I), Race-Based Stress and Trauma Group

Zach Rawlings, Psy.D., Long Island University, C.W. Post

Clinical Psychologist, Clinical Resource Hub

Clinical activities: Individual and group psychotherapy, psychodynamic therapy, EMDR therapy, LGBTQ+-affirmative CBT

Christie Pfaff, Ph.D., New York University

Director of Training & Section Chief, Psychology; Clinical Psychologist, Outpatient Mental Health Clinic

Clinical Associate Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Psychodynamic psychotherapy; Dynamic Interpersonal Therapy (DIT); DBT consultation team.

Erica Shreck, Ph.D., Yeshiva University

Clinical Psychologist, Telemental Health Hub

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: CBT individual and group psychotherapy via telemental health; cognitive-behavioral therapy; dialectical behavior therapy; neuropsychological and psychodiagnostic testing

Elizabeth M. Shumaker, Ph.D., Washington University in St. Louis

ABPP, Board Certified in Geropsychology

Clinical Psychologist and Suicide Prevention Telehealth Lead, VISN2/NYH Clinical Resource Hub (CRH)

Clinical activities: Provision of evidence-based mental health care via telehealth to Veterans and their family members with some specialization in interventions focused on suicide prevention, adjustment to medical issues and life transitions, bereavement, caregiver support and trauma recovery in later life as well as cognitive and capacity assessment.

Shawn T. Sorge, Ph.D., Long Island University – Brooklyn

Clinical Psychologist, Telemental Health Hub

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical Activities: Individual psychodynamic and cognitive behavioral psychotherapy; Health psychology and primary care mental health

Research Activities: Psychotherapy Research and Development Program; Bioethics; Clinical, ethical, and social implications of precision medicine in mental health

Neal Spivack, Ph.D., CGP, FAGPA, Derner Institute, Adelphi University

Clinical Psychologist, Primary Care Mental Health Integration (PCMHI)

Ranjana Srinivasan, Ph.D., Teachers College, Columbia University

Clinical Psychologist- Telemental Health Hub
CRH DEI Education Lead

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Individual, couples, psychodynamic therapy from a multicultural lens, co-morbid health diagnoses, eating disorder treatment, interpersonal therapy, trauma focused psychodynamic therapy, cognitive processing therapy, and prolonged exposure therapy

Research Activities: Addressing Identity Based Trauma within TFPP Treatment

Danny Tam, Ph.D., ABPP-CN, Graduate Center at the City University of New York (CUNY)

Clinical Neuropsychologist

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Neuropsychological assessment; psychodiagnostic testing.

Gladys Todd, Ph.D., C.G.P., University of California, Santa Barbara

Clinical Psychologist & Certified Group Psychotherapist, Substance Abuse Recovery Program (SARP); DEI Liaison

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical Activities: Assessment and treatment of substance misuse and co-occurring disorders; group therapy; research therapist for Trauma-Focused Psychodynamic Psychotherapy (TFPP); psychodynamic psychotherapy;

Contingency Management for stimulant misuse

Melissa Yanovitch, Psy.D., PGSP-Stanford Psy.D. Consortium

Clinical Psychologist, Outpatient Mental Health Clinic, LGBTQ+ Veteran Care Coordinator

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Individual and group psychotherapy, compensation and pension evaluations, Same Day Access to Mental Health Care under the SOP33 mandate. Integrative theoretical approach grounded in evidence-based practice, including ACT, CBT, and DBT.

Ariel Zeigler, Ph.D., Ferkauf Graduate School of Psychology, Yeshiva University

Clinical Psychologist

Track Coordinator: Post-doctoral Fellowship in Clinical Health Psychology and Interprofessional Training in Primary Care

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Primary Care Mental Health Integration (PCMHI), Women's Health, Health-behavior focused interventions (problem-solving therapy, motivational interviewing), Individual and group psychotherapy, management of chronic illness in diverse/multicultural populations, NYU psychiatry residency process group leader

PSYCHOLOGY INTERNSHIP PROGRAM CONSULTANTS

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

Alan Geller, MD,

VA Site Liaison, NYU School of Medicine

Attending Psychiatrist

VA New York Harbor Healthcare System

Assistant Professor of Psychiatry, New York University School of Medicine

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

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

Dipen Patel, MD
Attending Psychiatrist
VA New York Harbor Healthcare System
Addiction Psychiatry

Justin Piershalski, M.D., State University of New York at Buffalo
Attending Psychiatrist, Mental Health Clinic
VA New York Harbor Healthcare System
Clinical Instructor of Psychiatry, New York University School of Medicine
General psychiatry, psychopharmacology, electroconvulsive therapy

Adina Smith, MD
Attending Psychiatrist
VA New York Harbor Healthcare System
Addiction Psychiatry

APPENDIX B

ADDITIONAL INFORMATION ON APPLICANT QUALIFICATIONS

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

Please note: 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. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. **Male, for this purpose, is any individual assigned male on their birth certificate regardless of current gender. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency.** Visit <https://www.sss.gov> 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. Please see item 8 below and VA Drug-Free Workplace Program Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs), on page 38, 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. Consistent with national VHA policy, all interns onboarded/hired on or after November 22, 2021, must be fully vaccinated for COVID-19 (or have an approved exception) before beginning employment and/or training rotations with 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>

Additional information regarding eligibility requirements (with hyperlinks)

- 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. [VA Handbook 5005](#)
- 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 suitability information from Title 5 (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.

VA Drug-Free Workplace Program: Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)

In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive and secure.

As you should already know:

- **All** VHA HPTs are exempt from pre-employment drug-testing.
- **Most** VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.
- **All** VA employees appointed to a TDP (including HPTs) must sign a *Random Drug Testing Notification and Acknowledgement Memo*. The list of exempt positions (NOT TDP) is on the memo (see link below).
- **All** HPTs in TDPs are subject to the following types of drug testing:
 - o Random;
 - o Reasonable suspicion;
 - o Injury, illness, unsafe or unhealthful practice; and
 - o Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

- VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. *Contact the local VHA HR office for more information about EAP.*
- VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
- Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs.

Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test

However, be aware that VA will initiate **termination** of VA appointment and/or dismissal from VA rotation against any trainee who:

- Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or
- Refuses to be drug tested.

We encourage you to share this information with all current and prospective HPTs, so expectations and due process procedures are understood.

Additional Information and Resources:

- Drug Free Workplace Program (DFWP) Helpline 1-800-967-5752
- VA, OAA Health Professions Trainee Application Forms webpage and *Random Drug Testing Notification and Acknowledgement Memo*: <https://www.va.gov/oaa/app-forms.asp>
- VA Publications: <https://www.va.gov/vapubs/>
 - o VA Handbook 5021, Employee-Management Relations
 - o VA Handbook 5383, Drug-Free Workplace Program

