

POSTDOCTORAL CLINICAL PSYCHOLOGY FELLOWSHIP PROGRAM

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

PSYCHOLOGY SECTION of the MENTAL HEALTH SERVICE

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FULLY ACCREDITED BY THE
AMERICAN PSYCHOLOGICAL ASSOCIATION (next site visit in 2029)
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for the 2025-26 Training Year

***PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS
MONDAY, DECEMBER 2, 2024, 11:59 PM EASTERN STANDARD TIME***

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

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Introduction

The Postdoctoral Clinical Psychology Fellowship Program at the Margaret Cochran Corbin campus (Manhattan) of VA New York Harbor Healthcare System offers advanced training that builds upon the general knowledge, skills, and competencies of clinical psychology. Our program provides opportunities to develop advanced general clinical skills as well as to develop interests within the following 3 areas of emphasis:

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

Training Setting

The medical center at the VA NY Harbor Healthcare System, Margaret Cochran Corbin campus is located on East 23rd Street at First Avenue in Manhattan, adjacent to the New York University and Bellevue Medical Centers. New York City is one of the world's cultural, culinary, and night-life capitals which, combined with access to recreational facilities in the nearby area including beaches, sports, parks, and natural settings, provides for an outstanding quality of life. The diversity of cultures, ethnicities, and neighborhoods makes New York City an endlessly fascinating place to explore.

The Manhattan VA provides a full range of health care services with state-of-the-art technology to a large and diverse patient population, as well as education and research. 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 Psychology postdoctoral fellowship, internship, and externship training programs, the medical center maintains residencies in all medical specialties and subspecialties, almost all of which are fully integrated or affiliated with New York University-Bellevue. Many additional training programs are offered in the nursing and allied healthcare professions such as Social Work, Physical and Occupational Therapy, Audiology, Nutrition, and Pharmacy. The varied and numerous training programs allow for a rich interaction between Psychology postdoctoral fellows and the multiplicity of other disciplines, most notably medical and psychiatric residents and fellows. Our affiliation with NYU Medical Center and proximity to a multitude of hospitals and health-related institutions within New York City provides for unlimited educational opportunities.

The Mental Health Service is comprised of psychiatrists, psychologists, social workers, and peer specialists under the overall leadership of the Associate Chief of Staff for Mental Health. Psychology maintains a staff of over 40 psychologists who are involved in a large number of mental health and medical programs throughout the hospital and our VISN (Veterans Integrated Service Network) via our Telemental Health Clinical Resource Hub (CRH). Examples include Outpatient Mental Health Clinic/Behavioral Health Interdisciplinary Program (BHIP), Primary Care/PACT (Patient Aligned Care Team), inpatient Psychiatry, PTSD Clinical Team, Substance Abuse Rehabilitation Program, Telemental Health, Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Clinic (OEF/OIF/OND; veterans who served in Iraq and/or Afghanistan), Neuropsychology, Women's Clinic,

Psychiatric Emergency Room, Rehabilitation Medicine and Polytrauma, Pain Clinic, Geriatric Medicine, HIV/Infectious Disease, Home-Based Primary Care, Palliative Care, Oncology, Diabetes Clinic, Renal Dialysis, and Transplant.

Psychology Section & Patient Population

The Manhattan VA provides inpatient and outpatient mental health services to veterans of all gender identities. While many veterans seen are adult cisgender males, a significant and increasing number of cisgender female veterans and transgender and gender diverse veterans are seen as well. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a wide variety of racial, ethnic, and cultural backgrounds. In line with national VA directives, the Manhattan VA has promoted systemic changes in advancing inclusiveness and clinical competence with populations who have been historically stigmatized, subject to discrimination, and experienced health disparities, such as people of color, LGBTQ+ individuals, and female identifying 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.

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 population presents with a broad range of clinical problems and psychopathology. Patients include veterans who have served during World War II, the Korean War, the Vietnam War, the Persian Gulf War, and most recently, those returning from Operation Iraqi Freedom (OIF), Operation New Dawn (OND; Iraq), and Operation Enduring Freedom (OEF; Afghanistan). We also provide care for veterans who have served during peacetime. Our program is attentive to systems of oppression and committed to social justice. We are also committed to providing multiculturally competent training for our fellows and culturally sensitive assessments and interventions to our veterans. We are fortunate to be located in New York City, and our patient population includes Black, Hispanic/Latino, Caribbean-American, Asian, and Caucasian veterans of different gender identities and sexual orientations.

Fellows 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 fellows navigate cultural and individual differences in their work, including value conflicts or other tensions arising from the intersection of different areas of diversity (e.g., differences between patient and therapist in race, gender 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.

Training Model and Program Philosophy

Our postdoctoral fellowship program embraces a practitioner-scholar training model, with a strong emphasis on clinical practice that is informed by scientific inquiry, critical thinking, and active, collaborative learning. We emphasize the integration of science and practice in all facets of our program, including clinical training assignments, supervision, and didactics. It is our philosophy and

conviction that a successful training program is one in which both staff and fellows learn from each other and grow together. Therefore, our program employs an apprenticeship method in teaching clinical skills and fostering professional growth. At the same time, we make every effort to promote the fellow's creativity, autonomy, and unique clinical style in recognition of her/his postdoctoral professional status. Our training faculty value collegiality and mutual support with our postdoctoral fellows. Providing care to patients in a large metropolitan multicultural and multiethnic environment, we strongly emphasize and value multicultural competence, and this infuses all aspects of the fellow's training experience. Likewise, we value a welcoming attitude and compassionate treatment for our veterans; supervisors model and prioritize this attitude and demeanor in all interactions with patients.

Early in the training year, fellows work most closely with supervisors in order to immerse themselves in the clinical environment and culture as well as increase clinical and professional skills. Fellows and supervisors develop a sequence of assignments for the year based upon both training priorities and fellows' particular interests and goals. As the year progresses, fellows take on an increasing level of autonomy and independence as befits early career professionals and colleagues.

The typical workday for postdoctoral fellows is varied and resembles that of staff psychologists. On a daily basis, fellows may see patients for treatment or evaluations in their regular clinic or as part of a minor rotation; attend team meetings; attend or present at a seminar, case conference, or journal club; provide supervision for a trainee; and receive their own supervision. In general, fellows spend about 50% of their time providing direct clinical services to patients; the rest of their time is spent in supervision, didactics, and administrative duties.

Program Aim & Competencies

The fellowship program's overall aim is to prepare ethical and culturally sensitive future leaders in clinical psychology with the requisite skills and knowledge to develop, implement, and evaluate the provision of psychological services in hospital and other settings. Past fellows have distinguished themselves in a wide variety of employment settings. Since our program's inception in 2011, a significant number of program graduates have joined our staff here at VA New York Harbor. Others have gone on to clinical, teaching, and leadership positions at VA or at other medical centers and health care facilities; community agencies, clinics, and private practices.

All fellows, regardless of track, are trained in the same competencies. These competencies incorporate APA standards for general skills required at the fellowship level of training as well as program-specific skills related to the advanced practice of clinical psychology in a hospital setting:

- Integration of science and practice
- Individual and cultural diversity
- Ethics and legal standards
- Assessment, diagnosis, and intervention
- Interprofessional skills
- Evidence-based methods with specific populations
- Teaching and supervision skills

All fellows are required to demonstrate competency in these areas.

Evaluations, Minimal Levels of Achievement, and Requirements for Completion

Fellows are required to complete a 12-month, 2080-hour postdoctoral fellowship. To remain in good standing, fellows are expected to maintain satisfactory progress toward training and didactic requirements; to adhere to professional standards of practice, demeanor and responsibility; maintain adequate workload and timely documentation; and adhere to APA ethical guidelines and HIPPA regulations, particularly in the areas of confidentiality and ethical treatment of patients.

Fellows receive formal competency-based evaluations at mid-year and end of year for major rotations, and at the end of each training assignment for minor rotations. Ratings are linked to behavioral anchors related to increasing levels of competence. Supervisors meet with fellows as part of the formal evaluation process to discuss the content of these evaluations and assure mutual agreement and understanding regarding evaluative content. Supervisors also provide continual informal feedback in the course of ongoing supervision throughout the fellowship. All evaluations are based in part on direct observation of the fellow's clinical work (including live observation, co-facilitation, or video or audio recording). The following rating scale is used:

1 – Remedial. The fellow shows significant deficiencies in this skill area, and is substantially below entry level expectations for fellowship. The fellow still requires minimal supervision on routine cases or in foundational skills. Moderate supervision is needed on more complex cases and/or in new skill areas. ***Creation of a remediation plan and a change in training plan is indicated for any global scores of 1.***

2 – Entry Level Competence. This is the expected level of competence at the start of the training year and the minimal level of performance for independent functioning. The fellow demonstrates competence in foundational clinical skills and consultation is generally sufficient. Supervision is needed only on complex cases or in clinical emphasis or new skill areas.

3 – Intermediate Competence. This is the expected level of performance at mid-year. The fellow demonstrates increasing complexity in foundational clinical skills and the area of clinical emphasis; consultation is sufficient except in complex cases. Minimal to moderate supervision is needed for areas of new skills.

4 – Full Competence. This is the expected level of performance at year's end. The fellow demonstrates advanced competence in foundational clinical skills and the area of clinical emphasis; consultation is generally sufficient for all cases. The fellow is able to generalize skills and knowledge to novel and/or complex situations, demonstrates expertise in a broad range of clinical and professional activities, and is able to serve as an expert resource to other professionals. Minimal supervision is only required for new skills areas.

5 – Advanced Practice. This exceeds the expectations of the fellowship at year's end. Demonstrates mastery in area of emphasis that exceeds what would be expected for an early career psychologist. Functioning at a level equivalent of advanced, independent practice while remaining under supervision for duration of training.

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

Minimal levels of achievement in order to maintain good standing in the program are as follows: the expected level of competence is 3 or above on mid-year evaluations and 4 or above on final evaluations for all global scores (with the exception of new skills - 2 or above at mid-year, 3 or above at year's end). New skills, such as new treatment or assessment modalities, are determined on an individual basis in conjunction with the track coordinator as part of the fellow's training plan. New skills are applicable to minor rotations and the psychodynamic psychotherapy elective only, where fellows may have exposure to and learn specific skills related to a particular assessment or intervention modality. Such experiences allow the fellow to sample a range of modalities without the requirement that they demonstrate full or advanced in each specific assessment or intervention at the end of the year. To successfully complete the program, fellows must receive passing ratings on all evaluations and complete all clinical, documentation, didactic, and administrative requirements, including the fellowship project (see description under [Program Structure](#)).

Postdoctoral fellows also complete formal evaluation of their supervisors. Supervisors do not have access to fellows' evaluations of supervision. The Director of Training gives de-identified, aggregated feedback to supervisors only after trainees have left the program. Additionally, fellows meet with the Director of Training at regular intervals throughout the year and for an extended exit interview at year's end to provide qualitative feedback regarding specific training experiences, any other aspect of the fellowship program, and suggestions for future planning.

For a copy of our complete Fellowship Policies & Procedures manual, including evaluation processes and forms, due process and grievance procedures, and record-keeping policies, please email the Director of Training at Christie.Pfaff@va.gov

Facility and Training Resources

Postdoctoral fellows are assigned offices located near staff psychologists, other psychology trainees, and Mental Health Service staff from other disciplines in the outpatient Mental Health Clinic. Offices are fully equipped with desks, locked file/storage space, and personal laptop computers that access the VA Computerized Patient Record System (CPRS), are equipped with word processing and other software packages including internet access, and email (statistical software such as SPSS is also available), and can be used to work remotely. Fellows will be able to see patients in their offices and also have use of computer-equipped offices or exam rooms within the Primary Care or PCT and other clinics (as appropriate) in which to see patients. The Psychology Section maintains a collection of testing instruments and equipment that are available as needed, as well as a selection of computer-based instruments. Medical support assistants are available for assistance with scheduling, supplies, and other administrative matters. The medical center maintains an excellent Medical Library which provides Medline and PsychInfo searches and full interlibrary access to books and journal articles. The NYU Medical School Library is also a short walk away.

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) in a

fixed schedule. Trainees and staff are expected to be on site to deliver particular clinical services, such as working in the Psychiatric Emergency Room or on medical units; in some cases, 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 importance 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, both prior to and 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 2025-26 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 [Selection and Interview Process](#) 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](#)

Administrative Policies and Procedures

Time Requirements

Our fellowship program is a one-year, full-time experience, **beginning Monday, August 25, 2025 and ending Friday, August 21, 2026**. Fellows are expected to work a 40-hour week, accumulating 2080 hours over 12-months, which includes approved annual leave, sick leave, and approved absence for training and education. The fellow's training may be extended due to unexpected illness, parental leave, etc. to successfully complete the program. Issues related to extended leave are determined on a case-by-case basis; typically, fellows must use all accrued sick and vacation time and then go on Leave Without Pay status until they are able to return to the program. Our fellowship program exceeds experience requirements for New York state psychology licensure (i.e., one year or 1750 hours of supervised postdoctoral experience).

Due Process Statement

Supervisors and the Director of Training attempt to address all problems and complaints at the lowest possible level in a manner that is most supportive to all parties, utilizing formal procedures only when standard supervisory approaches have proven unsuccessful in resolving an issue. The fellowship training manual which fellows receive at the beginning of training outlines specific policies regarding grievance options and procedures, due process with regard to fellow performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically. - For a copy of our complete Fellowship Policies & Procedures manual, including evaluation processes and forms, due process and grievance procedures, and record-keeping policies, please email the Director of Training at Christie.Pfaff@va.gov

Collecting Personal Information

Our privacy policy is clear: We will collect no personal information about you when you visit our website.

Overview of Program and Training Experiences

The postdoctoral fellowship consists of a combination of a year-long required major rotation and two or more minor rotations, each lasting approximately 3-6 months. Fellows also participate in didactics, provide supervision to more junior trainees, and complete a fellowship project. Fellows work closely with their track coordinator at the beginning of the year to formulate a training plan, addressing both areas of interest and of growth, to create an individualized schedule for the year.

Program Structure

Required Training Experiences

- ***Major Rotation (year-long):***

Diagnosis, Assessment, & Intervention competencies; Interprofessional competencies

For each track/area of emphasis, fellows are affiliated with a clinic or clinics that are the main locus of their training experience. These clinics all consist of interdisciplinary treatment teams that provide the interprofessional training component of the program. Fellows work closely with providers and trainees from a wide range of disciplines, including physicians, nurse practitioners, nurse care managers, registered nurses, social workers, psychiatrists, pharmacists, nutritionists, chaplains, and clerical staff. Responsibilities include evaluation and assessment; individual and group therapies; and team participation and consultation.

- ***Minor Rotations (2-12 month long assignments):***

Evidence-Based Assessment & Treatment competencies

Minor rotations are a combination of required and elective assignments designed to round out fellows' training and to allow them to pursue individual areas of interest. On minor rotations, fellows provide evidence-based methods of assessment, intervention, and consultation. By providing fellows with opportunities to work with complex and diverse patient populations in a variety of clinics and treatment settings, they can develop advanced level clinical knowledge and skills. Minor rotations include a variety of options, such as various medical and MH specialty clinics and programs; these vary by track and are described in the next section in more detail. In addition, we offer a minor rotation to fellows in all tracks in Diversity, Equity, and Inclusion, described below in this section.

- ***Teaching and Supervision (year-long):***

Teaching & Supervision competencies

An important aspect of transitioning from student to independent professional is the acquisition of teaching and supervisory skills. Fellows are expected to teach 1-2 psychology intern seminars, supervise interns in intake evaluations and psychoeducational groups, and to provide CBT or psychodynamic psychotherapy supervision and seminars to externs.

Please see next section for more information on specific clinical training experiences within each track.

Minor Rotation Electives:

In addition to minor rotation electives associated with each area of emphasis (see subsequent sections of this brochure which describe clinical experiences related to each track), the following rotations are **elective** options for fellows from all 3 tracks.

Diversity, Equity, and Inclusion

Individual and cultural diversity is a required profession-wide competency at the level of postdoctoral training, and it is a core value imbedded within our training program. Our program continuously reflects on ways that we can improve and expand our training opportunities related to diversity.

Within this context, we offer a minor rotation focusing specifically on Diversity, Equity, and Inclusion (DEI). This minor rotation will be an elective option for all fellows across our three areas of emphasis (Health Psychology & Primary Care, Geropsychology, and PTSD). The DEI minor rotation will allow fellows to further enrich and expand their training in individual and cultural diversity by providing additional clinical, scholarly, and administrative experiences in this area. The following requirements will be included as part of the rotation:

- Completion of a fellowship project that focuses on a specific aspect of diversity. The fellowship project has always been a general requirement in our program; participation in the DEI elective would further require that the project's content be related to diversity. Fellows develop and complete a scholarly or other professional development project such as small empirical investigation, literature review, performance improvement project, needs assessment, or program evaluation.
- Outreach to and clinical intervention with veteran populations whose members have traditionally been underserved (for example, creating a Race-Based Stress and Trauma Group for veterans of color that have negatively impacted by racism; focusing on interventions for communities of color who experience health disparities; implementing interventions for caregivers that incorporate a focus on individual and cultural diversity).
- Presentation of fellowship project to VA or non-VA providers, services, or community partners.

Emotion-Focused Therapy (EFT) for couples

EFT is a short term (8 to 20 sessions), evidence-based, structured treatment for couples that is based on attachment theory and science. EFT integrates a humanistic, experiential approach to restructuring emotional experience and a systemic structural approach to restructuring interactions, and has been used successfully with many different kinds of couples, presenting issues, and cultural groups. Fellows who elect this rotation will see 1-2 couples cases and participate in a didactic seminar along with other trainees over the course of 6 months. Fellows receive a half-hour of individual supervision per week and audio or video recording of sessions are utilized in supervision.

Psychodynamic Psychotherapy

Fellows who elect this rotation may choose to see patients for year-long, traditional psychodynamic psychotherapy and/or shorter-term Dynamic Interpersonal Therapy (DIT), an evidence-based dynamic treatment protocol for patients with depression and/or anxiety and interpersonal difficulties. Fellows carry 1-3 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. Fellows receive a half-hour of individual supervision per week and audio or video recording of sessions are utilized in supervision.

Supervision, Didactics, Conferences, and Other Meetings

All fellows receive a minimum of 3 hours (typically more) of weekly scheduled individual supervision from multiple supervisors on our faculty. In addition to acquiring clinical skills and knowledge, fellows are encouraged to further develop their own professional identities, theoretical orientation, and goals over the course of the postdoctoral fellowship. Regular individual and group supervision meetings on professional development and “supervision of supervision” are provided. Supervisors also assist fellows in considering and articulating conceptual and evidence-based rationales for clinical decisions and planning. Additionally, fellows meet regularly with their track coordinators and the Director of Training for overall professional mentorship, to monitor progress, and to address any issues that arise during the fellowship. Faculty are always available for unscheduled consultation as the need arises or in emergent situations. Supervision may take place face-to-face or via online video platforms; on site supervision is provided for all face-to-face patient encounters.

Fellows participate in a range of didactic activities and other educational activities. These include shared didactics for all 3 tracks on interprofessional issues and supervision of supervision, and weekly group supervision of evidence-based psychotherapies (ACT-D, CBT-I). Didactics relevant to the area of emphasis for each track are also provided. Some of these didactics include trainees from other VA facilities and the NYU Steven A. Cohen Military Family Center, and are conducted via online video platforms. Other didactics are provided via VA’s online training system (Talent Management System or TMS). All educational activities using online platforms are provided free of charge.

As developing supervisors, fellows participate in the Externship and Internship Training Committees, where they learn and provide input about ongoing supervisory issues, trainee recruitment, and program development and improvement. Fellows also attend and participate in our monthly Psychology Case Conferences.

Fellowship Project

The fellow is expected to develop and complete a scholarly or other professional development project over the course of the fellowship year. Fellows who elect the DEI minor rotation will complete a fellowship project related to a specific aspect of diversity. Possible projects include: a small empirical investigation, literature review, performance improvement project, needs assessment, or program evaluation.

Some recent examples of fellowship projects include the following: Implementing a Race-based Stress & Trauma group for female-identifying veterans of color; Educating Medical Providers on the needs of older LGBTQ+ adults; Multicultural Training for Psychology Students through an Experiential Modality; Needs assessment & Outcome evaluation for long-term Vietnam Veteran Support groups; Implementing a Later-Adulthood Trauma Reengagement Group; Outcome evaluation for CBT for Insomnia Groups; creation and evaluation of a psychoeducational group (“Brain Gains”) aimed at enhancing cognitive skills; Efficacy of Dynamic Interpersonal Therapy in a VA Primary Care Setting; Interprofessional Collaboration: VA Women’s Health Project; Evaluation of Eating Disorder Knowledge & Screening in Medical & Mental Health Providers; creation of Biofeedback Training Manual for psychology trainees;

Sexual Trauma Screening & Intervention: Practices & Perceptions of Medical Providers; creation of a Dementia Caregivers' Checklist & Resources; Cognitive Functioning, Lesion Burden, & Compliance in Patients with Multiple Sclerosis; Assessment in Acute Stroke Rehabilitation; Correlates of Caregiver Burden & Depression; Exploring Interprofessional Care; Talking about Sexual Health & Intimacy with Prostate Cancer Survivors; Cognitive Functioning, Control, & Compliance in Primary Care; Evaluating Effectiveness of an Interdisciplinary Pain Rehabilitation Program; Cognitive Screening in a Medical Population: Working Towards Preventative Care; Collaboration & Job Satisfaction in the Medical Home Model; Utilizing Meaning-Centered Psychotherapy for Trauma Survivors; Development and Implementation of a Brief Individual Psychotherapy for Pregnancy Loss; and Precision mental health: Clinical implications of genetic attributions.

Diversity Committee

Each year we ask the internship and fellowship classes to select at least 2 representatives each to participate in the Psychology Section's Diversity Committee. This Committee consists of both trainees and staff psychologists, and its aims are to specifically address how we can improve our training climate with regard to diversity and create an atmosphere that promotes inclusion and recognition of the paramount importance of cultural and diversity factors in our work. The Committee has brought about major improvements in our trainee evaluation and selection policies, staff recruitment, didactics, and training. The Diversity Committee also provides feedback to the Training Committee and Chief of Psychology on the experience of diverse staff and trainees, how to best integrate discussions of diversity into training and supervision, and how to improve the atmosphere for staff and trainees from diverse backgrounds. There are 3 Subcommittees: 1) Recruitment/Retention of Diverse Staff & Trainees, 2) Mentorship of Trainees of Diverse Backgrounds, and 3) Training and Professional Development.

Support for Professional Development

Mentorship

All fellows are matched with a training mentor at the beginning of the year to further support and facilitate professional development. Based on discussions with the fellow about their professional goals, we make every effort to match each fellow with a mentor who shares relevant interests and experiences. In an effort to create an atmosphere of safety and trust in the relationship, the staff who serve as mentors are not part of the Postdoctoral Fellowship Training Committee and do not serve in an evaluative role for any of the fellows but serve to provide a collegial context for the fellows. The mentoring relationship is inherently flexible and can vary tremendously in its form and function. For example, mentors can provide guidance on professional issues, early career development, ethical & moral issues, navigating work/life balance, navigating issues of diversity and personal identities, navigating professional settings/institutions/politics, assist with networking, and provide moral support. Mentors and fellows meet regularly (once a month or more, if needed).

Diversity, Equity, & Inclusion Liaison

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

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

Cultural Minority Safe Space Gathering

This group meets monthly, providing an optional, informal gathering for Psychology staff and trainees (externs, interns, fellows) of minoritized racial and ethnic groups. A supportive space to share experiences related to one's cultural and racial identity and how these may impact training, clinical work, professional development, and interpersonal relationships.

TRACK 1: EMPHASIS IN CLINICAL HEALTH PSYCHOLOGY AND INTERPROFESSIONAL TRAINING IN PRIMARY CARE

Primary Care Mental Health (PCMH) is the setting for the major rotation in this track. The Patient-Centered Medical Home model is utilized for primary care service delivery, which emphasizes the seamless integration of physical and mental health services. Within the Primary Care setting, fellows provide behavioral consultations and shared medical visits with medical providers, typically to address such issues as lack of adherence or self-care, communication problems, poor understanding or comprehension, and psychosocial barriers affecting the patient's medical care. Fellows respond to patient mental health issues as they arise, which may take the form of discussion in team meetings, curbside informal consultation, brief same-day or full evaluation, or short and longer term psychological intervention as indicated. Fellows may also provide specialized psychological evaluations (kidney, liver, or bone marrow transplant; bariatric surgery). Fellows carry a caseload of short-term individual therapy cases from Primary Care or medical clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. Treatment emphasizes evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, motivational interviewing/enhancement and substance abuse intervention, CBT for chronic pain, and biofeedback. Fellows lead or co-lead at least one outpatient group during the year, such as the Oncology Cancer Support, Living Better With Chronic Pain, Healthy Sleep, or Diabetes Support groups

Fellows are required to complete a 2 month-long minor rotation in Consultation/Liaison Psychiatry and to select at least two other minor rotations; one of these may be the DEI or EFT rotations, the others would be chosen from the list below.

- On the C/L rotation, fellows work closely with psychiatry fellows and residents, Neurology residents, medical students, and an interdisciplinary inpatient team to provide immediate response to consults from inpatient medical units for MH needs that emerge within the context of the patient's admission (e.g., adjustment problems, confusion/delirium, decompensation, decisional capacity). C/L involves bedside MH evaluations and follow-up brief intervention as indicated, consultation and collaboration with the medical team, and post-discharge MH disposition planning.
- Other minor rotations include Chronic Pain, Substance Use, Oncology, Renal Dialysis, Cardiology, Women's Health, Psychiatric Emergency Room, REACH VA Caregiver Intervention, VA Caregiver Support Program, Home-Based Primary Care, Palliative Care, Eating Disorders, Diabetes, Neuropsychology, Whole Health & Wellness, or the development of a new clinical placement based upon the fellow's area of interest. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team.

TRACK 2: EMPHASIS IN GEROPSYCHOLOGY, CLINICAL HEALTH PSYCHOLOGY, AND INTERPROFESSIONAL TRAINING IN GERIATRIC PRIMARY CARE

For the major rotation, the fellow is affiliated with the Geriatric PACT (Patient Aligned Care Team), the HBPC (Home Based Primary Care) PACT, and the Palliative Care Consult Team. PACT is the designation for a treatment team within the Patient Centered-Medical Home model implemented throughout Primary Care. The fellow reviews and responds to patient mental health issues as they arise in these settings. This may take the form of discussion in team meetings, curbside informal consultation, brief

same-day or full evaluation, or psychological intervention as indicated. Additionally, the fellow participates in behavioral consultations, sitting in with a medical provider and the patient to jointly address such issues as lack of adherence or self-care, communication problems, poor understanding or comprehension, and psychosocial barriers affecting the patient's medical care. In this arena, the fellow acts as a consultant to both the provider and the patient to facilitate treatment and/or health prevention goals. The fellow provides a range of assessments, including brief same-day evaluations, full psychological evaluations, and specialized psychological evaluations (kidney, liver, or bone marrow transplant; bariatric surgery). The fellow carries a caseload of short-term outpatient individual therapy cases from Geriatric Primary Care or medical clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. Additionally, the fellow carries a caseload of acute medical inpatients as part of the Palliative Care Consult Team. Treatments emphasize evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, Meaning Centered Psychotherapy (MCP), motivational interviewing/enhancement and substance abuse intervention, and biofeedback. Finally, the fellow has the opportunity to co-lead a variety of groups, including Oncology Support, Living Better With Chronic Pain, Diabetes Support Group, LGBTQ Support Group, Healthy Sleep, Life After Loss Group, Brain Gains, or Relaxation/Meditation.

Fellows are required to complete a 2 month-long minor rotation in Consultation/Liaison Psychiatry and to select at least two other minor rotations; one of these may be the DEI or EFT rotations, the others would be chosen from the list below based on fellow interest and supervisor availability.

- On the C/L rotation, fellows work closely with psychiatry fellows and residents, Neurology residents, medical students, and an interdisciplinary inpatient team to provide immediate response to consults from inpatient medical units for MH needs that emerge within the context of the patient's admission (e.g., adjustment problems, confusion/delirium, decompensation, decisional capacity). C/L involves bedside MH evaluations and follow-up brief intervention as indicated, consultation and collaboration with the medical team, and post-discharge MH disposition planning.
- Other minor rotations include Chronic Pain, Substance Use, Oncology, Renal Dialysis, Cardiology, Women's Health, Psychiatric Emergency Room, REACH VA Caregiver Intervention, VA Caregiver Support Program, Eating Disorders, Diabetes, Neuropsychology, Whole Health & Wellness, or the development of a new clinical placement based upon clinical interest. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team.

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

For the major rotation, fellows are based primarily within the PTSD Clinical Team (PCT), part of the outpatient mental health clinic providing outpatient interdisciplinary care to veterans from all service eras. Fellows provide intake screenings and comprehensive psychodiagnostic evaluations for patients referred to the PCT. Full evaluations include a structured interview and administration of the PTSD Symptom Checklist (PCL-5) as well as the Clinician Administered PTSD Scale (CAPS). Fellows also co-lead screening groups, which include administration of self-report measures, psychoeducation about PTSD and clinic services, and brief one-on-one triage with veterans to assess appropriateness for the clinic. Fellows present cases during the PTSD team meeting and provides treatment recommendations for each veteran. Fellows learn and utilize a number of evidence-based psychotherapies to treat veterans with

military-related PTSD and Military Sexual Trauma, including: Prolonged Exposure (PE), Skills Training in Affective and Interpersonal Regulation (STAIR), and Cognitive Processing Therapy (CPT). For the last several years, we have to be able to offer national certification in CPT, where fellows receive intensive CPT training at the beginning of the year and then participate in weekly consultation calls for at least 6 months. Fellows are required to complete 2 CPT protocols in order to be eligible for CPT certification upon licensure. Fellows also carry 2-3 individual PTSD cases with co-morbid substance use disorders (SUDS) and utilizes a variety of treatment approaches, including evidence-based trauma therapies in conjunction with CBT for SUDS, MI, mindful craving management, and/or Acceptance and Commitment Therapy (ACT). Fellows lead skills-focused or supportive groups, such as Healthy Sleep, Race-Based Stress and Trauma Group, Creative Writing Group, Vietnam support group, STAIR group, ACT Group, and OEF/OIF/OND support group.

For minor rotations, the fellow interfaces with other teams that work closely with the PCT, including the OIF/OEF/OND clinic and the Dialectical Behavior Therapy Program. Minor rotations focus on providing assessment and evidence-based, short-term interventions for these patient populations in the context of an interdisciplinary treatment team. Fellows are required to complete a year-long rotation in DBT, and to elect 2 other minor rotations (DEI, EFT, OEF/OIF/OND, Women's Track, or Alternative Trauma-Informed Treatments):

- Dialectical Behavior Therapy (*year-long*): fellows function as full members of the DBT team, receiving supervision and training in DBT, attending consultation team meetings, carrying individual DBT case(s), and co-leading a DBT skills group.
- OEF/OIF/OND (Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn) Clinic (*6 month rotation*): This interdisciplinary team provides a full range of services for OEF/OIF/OND veterans, active duty personnel, and their families, with a focus on readjustment issues. Fellows provide triage assessments, in-depth evaluations, treatment planning, short-term follow up and individual psychotherapy. Fellows work closely with the psychologists and other clinicians on the team to help connect veterans to other services and to provide outreach to military personnel (recently separated or soon to separate from service).
- Women's Track (*6 month rotation*): Fellows will have the opportunity to work with female-identified Veterans with PTSD who are also experiencing a variety of comorbid mental health (e.g., eating disorders, complex trauma, reproductive trauma) and medical challenges (e.g., pre/post-partum, menopause, cancer). Training opportunities in this rotation include individual psychotherapy (e.g., trauma-informed treatment for eating disorders), group psychotherapy (e.g., Women's Self-Compassion Group, Trauma and Eating Disorders Group), eating disorder evaluations, and collaborating with other disciplines in providing trauma-informed treatment (e.g., working with a physical therapist providing pelvic floor therapy for Veterans with sexual trauma).
- Alternative Trauma-Informed Treatments (*6 month rotation*): Fellows will have the opportunity to participate in a minor rotation focusing on **alternative approaches to trauma-focused treatment**. Fellows will co-lead two groups that offer innovative approaches to trauma processing as either an alternative to or accompaniment to PE and CPT. The first is the Meaning-Centered Psychotherapy (MCP) group, which is a closed 8-week group therapy that focuses on finding meaning in life post-trauma. Spirituality, religious beliefs, one's past/current/future legacy, and values are discussed as a pathway for meaning-centered living and greater fulfillment after trauma. The second is a Creative Writing Group, which is a long-term group (10+ years) in which the act of creative writing is used to explore themes of trauma and recovery. Veterans are required to

write an original piece of creative writing for each group and each read their piece for the group, after which the group processes the material. There is no content or topic requirement – veterans can write whatever it is they would like, but group discussion focuses on the themes of trauma and recovery that emerge through the piece.

APPLICATION PROCESS

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

Christie Pfaff, Ph.D.

Director of Training, Postdoctoral Fellowship Program

Section Chief, Psychology

VA New York Harbor Healthcare System, Margaret Cochran Corbin campus (Manhattan)

423 East 23rd Street (136A OPC, 2nd Floor)

New York, NY 10010

(212) 686-7500, ext. 7698

Christie.Pfaff@va.gov

Health/PC Track Coordinator:

Ariel Zeigler, Ph.D.

Ariel.Zeigler@va.gov

(212) 686-7500, x4085

*(on leave September 2024-
February 2025)*

Acting Health/PC Track Coordinator:

Christine Ingenito, Ph.D.

Christine.Ingenito@va.gov

(212) 686-7500, x3179

Gero Track Coordinator:

Juliana D'Onofrio, Ph.D.

Juliana.Donofrio@va.gov

(212) 686-7500, ext. 3743

PTSD Track Coordinator:

Nishant Patel, Psy.D.

Nishant.Patel@va.gov

(212) 686-7500, x4379

IMPORTANT: We ask that you only apply to ONE of these three tracks, based upon your primary professional interest.

Eligibility

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. There are specific requirements for both trainees and staff to be eligible for VA employment. Please see the following link for the most up to date information on eligibility requirements for VA trainees:

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

Health Professions Trainees (HPTs) are appointed as temporary employees of VA. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members, including the VA Drug-Free Workplace Program policy. There are infrequent times in which 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 Training Director for the fellowship program will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Application & Selection Procedures

The Manhattan VA's postdoctoral fellowship program complies with all guidelines set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC), found here:

www.appic.org

The fellowship program also abides by all American Psychological Association (APA) guidelines and requirements. The postdoctoral fellowship program at the Manhattan VA is fully accredited by APA, with our next site visit scheduled for 2029.

We are committed to providing multiculturally competent training for our fellows and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds. The Federal Government is an Equal Opportunity Employer.

Application Procedure

To apply for our postdoctoral Fellowship, please submit the items listed below.

We are a member of APPIC (member code 9151) and we participate in the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA-CAS).

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

Please submit all application materials through the APPA-CAS portal. ALL APPLICATION MATERIALS MUST BE RECEIVED BY MONDAY, DECEMBER 2, 2024, 11:59 PM EASTERN STANDARD TIME.

1. A cover letter that describes your training and career goals and how the features of the specific area of emphasis to which you are applying will facilitate the realization of these goals.
 - Track 1: Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Health Psychology.
 - Track 2: Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Geropsychology and Health Psychology.
 - Track 3: Please also describe your experience with trauma-related interventions, particularly evidence-based psychotherapies, as well as your research/scholarly experience.
 - **ALL TRACKS:** please indicate in your cover letter if you are interested in any of the elective minor rotations (DEI, EFT, or psychodynamic psychotherapy), and describe any relevant background or training experiences you have related to these areas.
2. Curriculum Vitae

3. Three letters of recommendation. At least one of these must be from an internship clinical supervisor.
4. A personal statement that addresses the following question; please limit your response to 500 words:
 - Track 1: Please describe a clinical or personal experience that was particularly meaningful to you in the development of your interest in health psychology.
 - Track 2: Please describe a clinical or personal experience that was particularly meaningful to you in the development of your interest in geropsychology and health psychology.
 - Track 3: Please describe a clinical experience that was particularly meaningful to you and how this contributed to your interest in PTSD/trauma work.
5. Official graduate school transcript
6. An abstract of your dissertation (if completed) or a letter from your dissertation chairperson describing your dissertation status and timeline, if you have not yet completed your graduate degree.
7. A letter from your current Internship Training Director confirming that you are in good standing to successfully complete your doctoral internship, including the expected completion date. If internship was already completed, a copy of your doctoral internship certificate. Your letter or certificate can be uploaded by you as an additional document through the APA CAS portal.
8. Optional: Abstracts of your publications (e.g., peer-reviewed articles, book chapters).

Selection and Interview Process

All completed applications are reviewed by the Postdoctoral Training Committee. We seek applicants who are well-versed in conducting individual and group psychotherapy as well as clinical interviewing and diagnostic assessment. In particular, prior training and experience with evidence-based treatments are preferred. Finally, we expect applicants to demonstrate both a background and a career interest focused on the emphasis area to which they are applying.

Based on a systematic review of all applications, a subset of candidates will be invited to attend a virtual group orientation to the program (including presentations from the Training Director, Track Coordinators, and Postdoctoral Faculty, and Q&A sessions with our faculty) and an individual interview with 2 faculty members. **All interviews will be held via virtual platforms**, on the following dates (TENTATIVE):

Wednesday, January 8 & Thursday, January 9, 2025

Please wait to hear from us regarding whether we will be able to offer you an interview. We aim to notify all applicants regarding their interview status by December 23, 2024.

The program adheres to the APPIC policy that no person representing this training program will offer, request, accept, or use any ranking-related information from any postdoctoral applicant or graduate program. **Please note that we adhere to the APPIC Postdoctoral Selection Standards and Common**

Hold Date (CHD). The Common Hold Date approach mirrors the widely-practiced graduate school admissions process. It allows postdoctoral programs to make offers at any time following the completion of interviews; applicants can then accept, decline, or hold an offer until the designated CHD of **Monday, February 24, 2025**. Only one offer can be held at a time by an applicant. As the offer and acceptance process naturally unfolds, it is expected that most offers and acceptances will occur prior to the CHD. **We anticipate making offers the week of January 13, 2025, after completing our interview process.**

Please see the [APPIC website](#) for further details on the APPIC Postdoctoral Selection Standards and the CHD process for the 2024-25 application season.

Prior to the CHD, we will consider making a reciprocal offer if our top applicant(s) receive a bona fide offer from another postdoctoral training program. While we make every effort to complete all interviews as early in the year as possible, we reserve the right to make a reciprocal offer in the exceptional circumstance that an applicant we consider to be the top candidate gets another offer prior to the completion of our interview process.

Program Tables – Admissions, Support, and Placement Data

As required by the APA Commission on Accreditation, below is the current Postdoctoral Residency Admissions, Support, and Initial Placement Data for the program.

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 10/8/24

Program Disclosures	
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
Postdoctoral Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
The Manhattan VA sponsors 4 permanent fellowship positions in clinical psychology each year; 2 in the Health/PC Track, 1 in the Gero Track, and 1 in the PTSD Track. In recent years, we have been fortunate to secure additional temporary positions that allow us to offer additional slots in the Gero and PTSD tracks. We ask that applicants apply to ONLY ONE OF THESE AREAS OF EMPHASIS . We review each application carefully to try to determine whether the applicant would be a good fit for our site. We rate applications based on several criteria: amount and quality of previous clinical experiences, academic performance (including scholarly and research achievements), general writing ability, ability to formulate clinical material, strength of recommendation letters, level of interest in our program, and level of interest, advanced skills, and demonstrated commitment to the area of emphasis. Based on these ratings, we invite a select group of applicants to interview. During the interview process, we try to get a sense of each applicant's personality, interests, clinical style, response to supervision, training needs, and career goals. Again, our goal is to determine who we feel will be the best match for what our program has to offer.	
Describe any other required minimum criteria used to screen applicants:	
1. Doctoral student in good standing in a Clinical or Counseling psychology program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or the	

<p>Psychological Clinical Science Accreditation System (PCSAS), with expected completion prior to the start of fellowship, or</p> <ol style="list-style-type: none"> 2. Completion of doctoral degree, including dissertation defense, from an APA, CPA, or PCSAS-accredited Clinical or Counseling Psychology program prior to the start date of the fellowship. Note: Persons with a Ph.D. in another area of psychology who meet the APA/CPA/PCSAS criteria for respecialization training in Clinical or Counseling Psychology are also eligible to apply. 3. Successfully completion of an APA, CPA, or PCSAS-accredited psychology internship prior to start of fellowship. 4. U.S. Citizenship 5. U.S. Social Security Number 6. Selective Service Registration 7. Fingerprint Screening and Background Investigation 8. Drug Testing 9. Affiliation Agreement 10. TQCVL (Trainee Qualifications and Credentials Verification Letter) 11. Additional On-boarding Forms 12. Proof of Identity per VA <p>Please see Resources for Health Professions Trainees Coming to VA Eligibility and Forms - Office of Academic Affiliations for a more detailed description of these requirements.</p>	
<p>Financial and Other Benefit Support for Upcoming Training Year*</p>	
<p>Annual Stipend/Salary for Full-time Residents</p>	<p>62,657</p>
<p>Annual Stipend/Salary for Half-time Residents</p>	<p>NA</p>
<p>Program provides access to medical insurance for Residents?</p>	<p>Yes</p>
<p>If access to medical insurance is provided:</p>	
<p>Trainee contribution to cost required?</p>	<p>Yes</p>
<p>Coverage of family member(s) available?</p>	<p>Yes</p>
<p>Coverage of legally married partner available?</p>	<p>Yes</p>
<p>Coverage of domestic partner available?</p>	<p>No</p>
<p>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</p>	<p>96</p>
<p>Hours of Annual Paid Sick Leave</p>	<p>96</p>
<p>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?</p>	<p>Yes</p>
<p>Other Benefits (please describe):</p> <p>Leave time: 11 Federal holidays. Requests for educational leave (up to 5 days) are granted for participation in conferences, trainings, the Examination for Professional Practice of Psychology (EPPP), and job interviews. The fellow’s training may be extended due to unexpected illness, parental leave, etc. to successfully complete the program. Issues related to extended leave are determined on a case-by-case basis; typically, fellows must use all accrued sick and vacation time and then go on Leave Without Pay status until they are able to return to the program.</p>	

<p>Benefits: Fellows are eligible for medical, dental, and vision coverage under the Federal Employee Healthcare Benefits insurance program. On-site emergency health care is available. Fellows are also eligible for transit benefits. As temporary employees, interns may not participate in VA retirement programs. However, if fellows are later employed by VA or another federal agency, they receive service credit for the fellowship year.</p> <p>Licensure/Limited Permit: a limited permit is NOT required to provide clinical care as a VA sponsored trainee.</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	
Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	2020-2023
Total # of residents who were in the 3 cohorts	15
Total # of residents who remain in training in the residency program	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=2
Veterans Affairs Health Care System	PD=0, EP=11
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=1
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.	

FACULTY

Core Training Supervisors

Anthony J. Brinn, Psy.D., Yeshiva University (PTSD)

Clinical Psychologist, PTSD Clinical Team

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical 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).

Julia Buckley, Psy.D., Yeshiva University (PCMHI, Gero, PTSD)

Clinical Psychologist, Telemental Health Hub

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

Clinical Activities: Individual and group psychotherapy for anxiety disorders, depression and mood disorders, PTSD and trauma-related disorders, alcohol and substance use, and interventions for individuals with chronic and/or life-threatening medical illnesses. CBT and mindfulness-based approaches.

Kristina Murani Burke, Ph.D., American University (PTSD)

Clinical Psychologist, PTSD Clinical Team

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

Joanna Dognin, Psy.D., Chicago School of Professional Psychology (PCMH, Gero)

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 (PCMH, Gero)

Clinical Psychologist, Home-Based Primary Care & Palliative Care; Track Coordinator, Emphasis in

Geropsychology, Clinical Health Psychology, and Interprofessional Training in Geriatric Primary 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.

Eriko N. Dunn, Psy.D., Yeshiva University (PCMH, Gero)

Clinical Psychologist, Emergency Department

Clinical Activities: psychiatric emergency room assessment and triage; consultation for medical ER patients (e.g., risk/capacity evaluations); crisis intervention; short and long-term psychotherapy for Veterans establishing care; gero- and health psychology

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

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)

Christine P. Ingenito, Ph.D., Teachers College, Columbia University (PCMH, Gero)

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

Karenjot Kaur, Ph.D., Yeshiva University (PCMH, Gero)

Clinical Psychologist; Facility Administrative Lead, Primary Care Mental Health Integration Services

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

Clinical Activities: PCMH 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 Campus (PTSD)

Clinical Psychologist, PTSD Clinical Team

Clinical Instructor, Department of Psychiatry, NYU School of Medicine

Clinical activities: Cognitive behavioral, Virtual Reality, and exposure therapy for PTSD; CBT for anxiety-spectrum disorders; psychodiagnostic assessment.

Rachel Maize, Psy.D., Carlow University (PCMH, Gero)

Clinical Psychologist; Whole Health-Primary Care Mental Health Integration champion and Health Behavior Coordinator

Clinical Activities: Primary Care Mental Health Integration (PCMH), Individual therapy (CBT, CBT-I, CPT), Health-behavior focused interventions for adjustment to medical illness and chronic pain.

Nishant Patel, Psy.D., Widener University (PTSD)

Clinical Psychologist; Director, PTSD Clinical Team; Track Coordinator, Emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans (PTSD)

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

Christie Pfaff, Ph.D., New York University (PCMH, Gero, PTSD)

Director of Training and 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 (PCMH, Gero)

Clinical Psychologist, Telemental Health Hub

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

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

Neal Spivack, Ph.D., CGP, FAGPA, Adelphi University (PCMH)

Clinical Psychologist, Primary Care Mental Health Integration

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

Clinical Activities: Health-behavior focused interventions (Motivational Interviewing, CBT-CP, Prolonged Exposure for Primary Care); systems focused group and individual therapy; assessment & treatment of substance use disorders in primary care; diabetes care; and clinical hypnosis.

Ranjana Srinivasan, Ph.D., Teachers College, Columbia University (PCMH, Gero, PTSD)

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

Ariel Zeigler, Ph.D., Yeshiva University (PCMH, Gero)

Clinical Psychologist, Primary Care Mental Health Integration

Track Coordinator, Emphasis 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

Other Agency/Institution Supervisors

Sagiv Ashkenazi, Psy.D., The Chicago School of Professional Psychology (PCMH, Gero, PTSD)
Clinical Psychologist, Telemental Health Hub
Emotion-Focused Therapy for Couples (EFT)

Alyssa Baer, Psy.D., The Massachusetts School of Professional Psychology (Gero)
Clinical Psychologist, Telemental Health Hub
Geropsychology, neuropsychology

Mark Bradley, M.D., Baylor College of Medicine (PCMH, Gero)
Attending Psychiatrist
Director, Consultation Liaison Service

Elana Cairo, Ph.D., Yeshiva University (PCMH, Gero, PTSD)
Clinical Psychologist; Telemental Health Hub
Individual, couples, and group psychotherapy

Sabrina Esbitt, Ph.D., Yeshiva University (PCMH, Gero, PTSD)
Clinical Psychologist (NYHHS – Brooklyn Campus)
CBT-I didactics & supervision

Jessica Esposito, Ph.D., Teachers College, Columbia University (PCMH, Gero, PTSD)
Counseling Psychologist, Telemental Health Hub
Diversity, Equity, and Inclusion; health psychology; Emotion-Focused Therapy for Couples (EFT)

Wendy Katz, Ph.D., Teachers College, Columbia University (PTSD)
Counseling Psychologist
OEF/OIF/OND Mental Health/Readjustment Services

Sean Lee, D.O., Touro College of Osteopathic Medicine (PCMH, Gero)
Attending Psychiatrist
Director, Psychiatric Emergency Room

Abigail S. Miller, Psy.D., Yeshiva University (Gero, PTSD)
Clinical Psychologist; Geropsychologist
Alzheimer's Caregivers Support Group; DBT Program

Amy Parter, Ph.D., Fairleigh Dickinson University
Clinical Psychologist; Telemental Health Hub
Individual, group, and couples therapy

Jennifer Schneider, Ph.D., Fairleigh Dickinson University (PCMH, Gero, PTSD)
Clinical Psychologist, Telemental Health Hub
Emotion-Focused Therapy for Couples

Elizabeth M. Shumaker, Ph.D., ABPP, Washington University in St. Louis (PCMH, Gero, PTSD)
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