

DEPARTMENT OF VETERANS AFFAIRS
HUDSON VALLEY HEALTH CARE SYSTEM
FRANKLIN DELANO ROOSEVELT CAMPUS

Psychology Internship Handbook



Table of Contents

Introduction.....	3
About VA Hudson Valley Health Care System.....	3
Goals and Structure of Internship Training Program.....	4
Administrative Organization.....	5
Rotations.....	5
Supervision	8
CPT Training and Certification.....	9
Professional Development.....	9
Additional Opportunities and Expectations.....	10
Intern Schedule.....	10
Stipends, Benefits, and Resources Policy.....	11
Successful Completion.....	13
Intern Competencies and Evaluation.....	13
Evaluation of Internship Program.....	14
Responsibilities of the Faculty and Training Program.....	14
Intern Rights and Responsibilities.....	14
Grievance & Due Process Policy.....	15
Internship Faculty.....	22
The Community and Surrounding Area.....	22
VA Hudson Valley Health Care System Regulations.....	22
Intern Selection and Academic Preparation Requirements Policy.....	22
Statement on Accreditation.....	23

Introduction

About This Training Handbook

This Internship Training Handbook is provided to all interns who attend their pre-doctoral internship training at the VA Hudson Valley Health Care System. It contains the essential information necessary for Interns to begin Internship, including the expectations and responsibilities of interns, the Internship, and Facility. Within this handbook you will find information regarding the training program philosophy, structure, policies, and procedures. Interns are strongly encouraged to review this handbook in its entirety to become familiar with the VA Hudson Valley Health Care System Doctoral Internship Program in Psychology and to better understand what is required for a successful training year at our program. Any questions regarding the material included in this handbook may be directed to the Training Directors.

Upon receipt and review of this handbook, Interns must complete the Acknowledgement of Intern Rights, Training Program Responsibilities, Grievance and Due Process, and Appeal Procedures Form and submit it to the Training Director.

About VA Hudson Valley Health Care System

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

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

Some of the mental health services we provide to Veterans include:

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

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

Our patient population presents with a broad range of clinical concerns and psychopathology. The main treatment modalities utilized are individual and group psychotherapy, which are provided in both residential and outpatient settings. Inpatient and outpatient mental health services are inclusive and available to all Veterans, regardless of backgrounds and identities. We serve Veterans who range in age from young adults to geriatric patients and represent a wide variety of racial, ethnic, and cultural backgrounds. In line with national VA directives, the VA Hudson Valley has promoted systemic changes in advancing inclusiveness and clinical competence with populations who have been historically stigmatized, have been subjected to discrimination, and have experienced health disparities, such as LGBTQIA+ Veterans and female Veterans. Frequently, interns request to work with a particular population for one or more of their outpatient individual psychotherapy cases (e.g., sexual orientation, gender identity, age group, conflict-era), or work with a particular diagnosis and treatment issue. We endeavor to work with such requests to the extent possible. Patients also span service eras and include Veterans who have served during the Korean War, the Vietnam War, the Persian Gulf War, and most recently, those returning from Operation Iraqi Freedom (OIF), Operation New Dawn (OND; Iraq), and Operation Enduring Freedom (OEF; Afghanistan). We also provide care for non-combat Veterans and Veterans who have served during peacetime.

Goals and Structure of Internship Training Program

Our main objective for the Psychology Internship Training Program is to provide interns with the opportunity to develop competency and expertise in the various therapeutic modalities utilized in VA. These include but are not limited to: Cognitive Behavioral Therapies, Cognitive Processing Therapy, Written Exposure Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and group work. Training and supervision in Evidenced Based Practices (EBP) is provided as a component of each rotation along with consultation throughout the training year.

Training Model

We utilize a Practitioner-Scholar training model, emphasizing the "mutuality of science and practice." Training experience is acquired through clinical practice informed by scholarly inquiry rather than by involvement in laboratory research. Interns are challenged to think critically and engage in disciplined inquiry, incorporating individual, cultural, and societal considerations for patient care. Also consistent with the Practitioner-Scholar training model, we strive to develop proficiencies in clinical assessment and intervention that integrates professional research and literature when formulating case conceptualizations and developing treatment plans for care. Interns are expected to become sophisticated consumers of the research literature and are urged to consider empirical findings in their clinical work through hypothesis testing, awareness of bias, and critical evaluation of clinical interventions.

In addition to clinical training, interns have access to The VHA National Desktop Library Home, which provides access to VA Desktop Library for digital access to a selection of medical, psychological, and psychiatric books, journals, and audio-visual materials. Interns can also access materials through comprehensive interlibrary loan system, providing any book or photocopies of journal articles not available online. They may utilize these resources to complete a variety of research and literature review presentations over the course of the year.

Administrative Organization

Dr. Audrey Rubin and Dr. Cheryl Cherian are the Training Directors, and report to the Chief of Psychology, Dr. Thomas Stracuzzi. The Training Directors oversee the training program and chair the training committee. The training program is overseen by the Office of Academic Affiliations and the DEO of the Hudson Valley, Dr. Richard Bordowitz.

Training Committee

The training committee is an integral part of the internship program. The training committee is comprised of all rotation supervisors, as well as the Directors of the internship program. Other staff members may be appointed to the committee as needed. The Internship Training Committee is involved in the development of training policies and procedures that ensure the program is designed and equipped to meet the training goals and needs of the interns.

As part of shaping and maintaining the internship, all training committee members meet monthly to discuss the Interns' progress, identify potential program issues, and address any necessary changes as appropriate. If a committee member cannot attend a meeting, progress reports, concerns, or other agenda items are communicated to the Training Directors prior to the scheduled meeting.

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

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

Rotations

PRIMARY/MAJOR ROTATIONS

The Hudson Valley VA internship program offers six Major rotations: Residential PTSD, DBT informed care, PTSD outpatient and Evidence Based Practice, Group Therapy, Substance Use Disorders, and Outpatient Mental Health. Each rotation lasts for approximately 6 months and affords interns with the opportunity to deliver Veterans care via individual therapy, group therapy, and psychological assessment. Each major rotation will require the intern to dedicate approximately 16 direct clinical hours/week to the rotation and at least one hour of individual and one hour of group supervision/week.

Residential PTSD Rotation

The PTSD rotation will provide interns with the clinical practice to become proficient in trauma-informed, evidence-based practices for the treatment of posttraumatic stress disorder, such as Cognitive Processing Therapy, Prolonged Exposure, and Written Exposure Therapy. The intern will be part of an

interdisciplinary team and work with Veterans from both the residential program (50 days) and the outpatient PTSD clinic to provide individual and group therapy.

Dialectical Behavior Therapy (DBT) Rotation

The DBT-informed care major rotation will encourage interns to develop and sharpen DBT therapy skills. Through both individual and group therapy, interns will work with Veterans to develop skills for mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. Patients in this rotation are likely to present with a variety of clinical populations, including, but not limited to individuals with substance use, trauma, and suicidality, who are at various stages of care from residential or outpatient mental health services.

PTSD Outpatient & Evidence-Based Practice (EBP) Rotation

The PTSD Outpatient & EBP major rotation is designed to enhance a trainee's skill level in the use of empirically-supported psychological interventions, along with clinical expertise and Veteran preferences, to provide care for PTSD (and other diagnoses) in an outpatient clinic with the PTSD Clinical Team. Interns will become proficient in clinical evaluation and in the delivery of care through time-limited, protocol-based treatments. Included in this rotation will be opportunities to provide evidence-based psychotherapies, which may include, but not limited to CPT- Cognitive Processing Therapy for PTSD, PE- Prolong Exposure for PTSD, CBT-I (insomnia), ACT-D (depression), Written Exposure Therapy (trauma), and/or CBT-D (depression). Therapy will be delivered primarily in individual format for this rotation, while one or two groups per week may also be required on the PTSD residential unit.

Group Therapy Primary Rotation

The Group Therapy primary rotation's primary focus is to provide interns with ample opportunity to design, organize, and run psychotherapy groups for the mental health outpatient and residential clinical programs. Residential groups are populated by veterans admitted into the Hudson Valley VA's residential programs. VA Hudson Valley has PTSD, Substance Use, and Unhoused Domiciliary residential programs. Outpatient groups are populated from various referral sources and include Veterans who are entering treatment for the first time, individuals who are seeking supplemental support to individual therapy, and individuals who are transitioning from residential care. Interns will have the flexibility to run already established groups or create their own and will be able to view first hand several different program types across the VA. Groups are typically time limited and meet weekly. Group services are provided face to face and virtually.

Substance Use Disorder (SUD) Primary Rotation

Substance use impacts the lives of several veterans nationwide. The Hudson Valley VA has a residential treatment program and an outpatient clinic focused on treating Substance Use Disorder. Interns participating in the Substance Use Disorder (SUD) supplemental rotation will receive hands on experience working with veterans struggling with substance use and other comorbid conditions. Interns will gain experience in complex case conceptualization, harm reduction approaches, and individual and group treatment modalities within an interdisciplinary treatment environment.

General Outpatient Mental Health Rotation

The General Outpatient Mental Health Rotation will provide interns an opportunity to work with veterans with a wide range of presenting concerns and pathology. Services are offered in person and virtually and will consist of both individual and group psychotherapy modalities. The Outpatient program is time limited and utilizes evidence-based approaches. Interns in this rotation will see a broad range of clinical presentations.

SUPPLEMENTAL/MINOR ROTATIONS

In addition to the major rotations, The Hudson Valley VA internship program offers several Minor rotations, which are designed to offer additional training in areas that may provide new clinical experiences or augment existing skills and clinical interests. Each rotation lasts approximately 6 months and is completed concurrently with a major/primary rotation. Supplemental rotations will require the intern to dedicate approximately 7 direct clinical hours/week to the rotation and one hour of individual supervision/week. Availability of internship rotations each semester, both primary and supplemental, may change based on the availability of supervisors, organizational needs, and intern interests.

Dialectical Behavior Therapy (DBT) Outpatient Supplemental Rotation

The DBT-informed minor rotation will encourage interns to develop both individual and group DBT therapy skills. Interns will work with Veterans from the outpatient mental health clinic with a wide range of psychosocial stressors. Interns will become proficient in teaching and delivering psychological interventions using the tenants of DBT skills related to mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness.

PTSD Outpatient Minor Rotation

The PTSD Outpatient minor rotation is designed to enhance a trainee's skill level in the use of empirically-supported psychological interventions, along with clinical expertise and Veteran preferences, to provide care for PTSD in an outpatient clinic with the PTSD Clinical Team. Interns will become proficient in clinical evaluation and in the delivery of care through time-limited, protocol-based treatments. Therapy will be delivered primarily in individual format for this rotation.

Group Therapy Supplemental Rotation

The Group Therapy supplemental rotation's primary focus is to provide interns with ample opportunity to design, organize, and run psychotherapy groups for the mental health outpatient clinic. Outpatient groups are populated from various referral sources and include Veterans who are entering treatment for the first time, individuals who are seeking supplemental support to individual therapy, and individuals who are transitioning from residential care. Interns will have the flexibility to co-lead or run one of the already established groups or create their own for approximately 3-4 groups per week. Groups are typically time limited and meet weekly. Group services are provided face to face or virtually.

Substance Use Disorder (SUD) Supplemental Rotation

Substance use impacts the lives of several veterans nationwide. The Hudson Valley VA has a residential treatment program and an outpatient clinic focused on treating Substance Use Disorder. Interns participating in the Substance Use Disorder (SUD) supplemental rotation will receive hands on experience working with veterans struggling with substance use and other comorbid conditions. Interns

will gain experience in complex case conceptualization, harm reduction approaches, and individual and group treatment modalities within an interdisciplinary treatment environment.

General Outpatient Mental Health Rotation

The General Outpatient Mental Health Rotation will provide interns an opportunity to work with veterans with a wide range of presenting concerns and pathology. Services are offered in person and virtually and will consist of both individual and group psychotherapy modalities. The Outpatient program is time limited and utilizes evidence-based approaches. Interns in this rotation will see a broad range of clinical presentations.

Neuropsychology Supplemental Rotation

The Neuropsychology supplemental rotation provides training in clinical psychology with an emphasis on neuropsychological assessment and treatment planning. The rotation is designed to enhance a trainee's understanding of neuropsychological diagnoses, evaluation/assessment, and biological psychology in both outpatient and inpatient settings. Interns learn effective interviewing techniques with a broad range of patients with neurologically impairments and become proficient at test selection, administration, and scoring, as well as interpretation of results and oral and written communication of findings.

Supervision

Supervision is a core component of the Internship experience at VA Hudson Valley Health Care System. Interns receive a minimum of four hours of face-to-face weekly supervision provided by Licensed Psychologists. In practice, Interns receive more than the required minimum four hours of weekly direct supervision. Interns will have weekly requirements for both individual supervision and supervision in groups. Major Rotations will dedicate a minimum of one hour/week with a primary supervisor for individual cases and one hour/week of clinical group supervision as part of a treatment team. Supplemental Rotations also require a minimum of one hour/week with a primary supervisor dedicated to individual cases. Individual supervision with the testing supervisor will be required when interns are working on assessment cases. Peer supervision occurs weekly. In addition to scheduled weekly supervision, Supervisors are available on an as-needed, drop-in basis. Evaluations and feedback will be collected midway through each rotation as well as at the mid- and end-points of the year. Supervisor feedback will be shared directly with interns and the interns will also be asked to share feedback on their experiences.

Interns are required to attend all regularly scheduled supervision meetings on time and to participate actively and openly. When an intern is unable to attend a scheduled meeting, they must notify the supervisor and take responsibility for efforts to reschedule the missed session. Likewise, Supervisors are responsible for being available to Interns during scheduled supervision time, as well as on an as-needed basis. The program's Supervisory training encourages the growth of each intern, provides quality professional role models, and emphasizes the development of the psychologist as an emerging professional.

Interns are required to include the following supervision statement in their notes/documentation:

“Confidentiality: The Veteran has been informed that this writer is an unlicensed psychology intern working under the supervision of [Supervising Psychologist], which is confirmed by the supervisor's co-signing of this note.”

The Internship strives to provide Interns with as many different supervisors as possible, while respecting the need for stability and consistency across the training experience. Thus, around the mid-way point of the internship year, supervisor assignments will rotate. Students will get exposure to working with different Supervisors across their different rotation settings. Interns are paired with supervisors from diverse backgrounds, training, areas of expertise, and clinical locations across the agency. Supervision is predominantly provided in-person. Because of the multi-located nature of the VA Hudson Valley Health Care System, however, telesupervision may be utilized. If used, telesupervision is the exception, not the rule, for the mode of provision of supervision in the Internship. Because Interns will have multiple supervisors at once for different rotations, they will have at least one supervisor available to them face to face that they can go to for support or when crisis situations arise. If used by the Internship, telesupervision occurs using videoconferencing equipment available at all Internship sites. If an intern is unable to participate effectively in telesupervision, arrangements for in-person supervision will be made.

Cognitive Processing Therapy (CPT) Training and Certification

In addition to meeting general internship requirements, each intern at the Hudson Valley VA has an opportunity to receive training and certification in Cognitive Processing Therapy (CPT), an evidence-based treatment for reducing symptoms of posttraumatic stress disorder. Completion of this training allows for interns to be listed as a national provider of CPT, a status that can be maintained even after internship. Interns will attend a 3 day training seminar at the beginning of internship and then will receive training cases throughout the internship year. In order to obtain provider status, the intern must attend one hour of CPT consultation with our CPT supervisor (provided to the cohort in group supervision format) each week and complete two individual CPT cases over the course of the 6-month consultation period.

Professional Development

Didactics

Trainings and didactics are a required and integral part of the Internship. A minimum of two hours of formal training/didactics is provided weekly, along with additional hours of professional development activities per week. In practice, Interns receive more than the required four hours due to supplemental educational opportunities. Didactics are designed to enhance the educational experiences of Interns and to be presented at the developmental level of a psychology doctoral intern. Interns are required to attend all didactics as well as supplemental training opportunities that are designated as mandatory. This designated time for didactic seminars cannot be used to schedule clients.

Past seminars/didactics have included:

- ✓ Cognitive Processing Therapy supervision (1x/week)
- ✓ Working with veterans from the LGBTQIA+ Community
- ✓ Self-Care and Professional Balance
- ✓ Boundaries
- ✓ OEF/OIF/OND
- ✓ Socio-cultural Considerations in Therapy

- ✓ Pharmacology
- ✓ Ethical Considerations in Psychology
- ✓ Smoking cessation
- ✓ Transference/Countertransference
- ✓ Military Sexual Trauma
- ✓ Art Therapy
- ✓ Music Therapy
- ✓ Supervision and Consultation
- ✓ Psychological Assessment
- ✓ Group Therapy Techniques
- ✓ Suicide Prevention
- ✓ Life after Internship

Additional Opportunities and Expectations

Interns are expected to engage in a broad range of clinical services and other educational activities throughout the Internship year. While the exact distribution of activities may vary between Interns based on their training interests, rotations, and needs, all Interns are expected to participate actively in their rotation clinics as part of the treatment team and will be assigned the following: orientation, individual and group therapy, crisis intervention, treatment and discharge planning, psychological assessments and consultation reports, consultation with multidisciplinary staff, internship interviews for the next class, program evaluation, peer supervision, and ongoing case conceptualizations. Every year interns participate in two journal presentations, one for the monthly Research & Journal Club meeting, and the other for the monthly Interdisciplinary Rounds Presented by VA Residents.

Intern Schedule

Work Hours

Interns work a 40-hour work week from Monday to Friday (8:00am-4:30pm). Interns are expected to arrive to their duty station on time. Interns cannot perform clinical duties if there are no supervisors on site and must complete their work within the scheduled workday, as interns are not permitted to meet with clients after 4:30pm.

Orientation

During the first week of the internship, interns will participate in orientation. Interns will get set up with proper access to buildings and online systems, receive important safety trainings (e.g. suicide risk assessment, managing disruptive behaviors), and receive training on important administrative components of clinical work (e.g. mental health treatment planning, using the Computerized Patient Record System (CPRS), charting requirements). In addition, interns will attend seminars to learn about Military Culture and adjunct services that support our program (e.g. nursing, Veteran peer support, recreational therapy, social work, etc.) and will receive information on available health benefits for our trainees.

General Internship Training Structure

The internship year runs July through June and is divided into two halves with the first half running from July through December and the second half running from January through June. Each intern will select one Major Rotation and one Supplemental Rotation for each half. Interns will be expected to report to campus in person Monday-Friday at 8am and work until 4:30pm (30min. for lunch) for a total of 40 hours per week. Interns are only expected to work within the hours outlined and will never be on call or asked to work on weekends.

The week is structured to provide ample opportunity for clinical training and support for learning. Approximately 31 hours/week will be dedicated to clinical work, which includes approximately 16 hours/week for Major Rotations, 8 hours/week for Minor Rotations, assessment cases, and administrative notes. Approximately 4 hours/week will be dedicated to clinical supervisions and approximately 5 hours/week will be reserved for internship-specific trainings and consultation (e.g. didactic seminars, professional development). Schedules may vary between Interns depending on their clinical rotations and professional interests. Most clinical work will take place at the Montrose Campus, however, some minor clinical rotations may require one day each week at our Castle Point Campus. Any virtual work will be conducted on-site from the VA using the VA approved telehealth system (VVC).

Stipends, Benefits, and Resources Policy

Financial Support

The intern annual stipend for academic year 2026-2027 is \$40,938.00. Stipend amounts are reviewed each year and set by the National Office of Academic Affiliations, which oversees all training programs at the VA. The pay schedule is on a bi-weekly basis.

On Campus Housing

On campus housing is available for Health Professions Trainees on a first come, first-serve basis. You can request the appropriate form by contacting the Mental Health Department at the Montrose Campus at 914-737-4400 ext. 202330. The cost for housing is a bi-weekly payroll deduction that is determined every year by the Department of Interior and is subject to change. Cost is approximately \$249.75 bi-weekly for calendar year 2026.

Daycare Facility

The Montrose Childcare Center (MCCC) is a daycare that is located on the Montrose VA Campus. They provide services to the community as well as VA employees. The hours of operation are between 7:45am-5pm, with the option to add early drop off (7am) and late pickup (6pm). VA employees and interns receive a 30% discount on tuition and may be eligible for further subsidies through VA benefits. You may request more information by calling MCCC at 914-734-2745 or by emailing director@montrosecchildcare.org.

Benefits: Health Insurance and Otherwise

Health insurance is available to Interns and family members. VA Trainees are also eligible for VIP Dental and Vision insurance. Interns pay a portion of the cost for their insurance while VA covers the remaining portion. During the orientation with Human Resources all the necessary information related to health

insurance will be discussed. Of note, Health Professions Trainees (HPT) do not meet the eligibility requirements for the following entitlements:

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

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

<https://www.va.gov/oaa/hpt-eligibility.asp>

Leave

Interns accrue a total of 13 days of annual leave (vacation), and 13 days of sick leave for the year. Interns will accrue four hours of annual leave (vacation) and sick leave per pay period. In addition, Interns receive eleven paid federal holidays. Interns must complete the necessary hours to complete Internship. In case of emergency please consult Training Director with clinical supervisors as soon as issue becomes known.

Leave Requests

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

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

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

Sick Leave: For sick leave, interns must call in or email their clinical supervisors and the Training Director to report that they will be absent. As soon as possible after returning from sick leave, interns must enter the leave on VATAS. Sick leave should only be used for periods of illness (caring for self or someone else who is sick) or medical appointments. Requests for sick leave of more than 3 days at a time may require written documentation from a physician. In the event an intern does not have enough sick leave when needed, earned annual leave can be used instead. Use of sick leave without illness is considered fraud and can result in disciplinary action or termination from the Internship. Trainees should note that unused sick leave can be credited to future federal government positions.

Annual Leave: Cannot be used until it is earned, except in cases of hardship; such requests must be approved by the Training Director and Psychology Chief and entered 45 days in advance.

Authorized Absence: In limited cases, authorized absence (leave that does not count against AL or SL) may be granted for attendance at conferences, workshops, professional meetings, dissertation defense, and graduation at the discretion of the Training Director and the Chief of Psychology. Authorized absence will be limited to 3 days per year, except under unusual circumstances. Authorized absence is at the sole

discretion of the Psychology Chief, must be requested at least two weeks prior to the requested absence, and must be approved by clinical supervisors, the Training Director, and Chief. Once approved, email notification must be sent to the designated Timekeeper for further approval.

Successful Completion

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

Intern Competencies and Evaluation

Interns have nine profession-wide competencies upon which they are evaluated. These competencies and their specific training elements reflect those proposed by the Health Service Psychology Education Collaborative and the Standards of Accreditation for Health Service Psychology (CoA). These competencies include:

- I. Research
- II. Ethical and Legal Standards
- III. Individual and Cultural Diversity
- IV. Professional Values, Attitudes, and Behaviors
- V. Communication and Interpersonal Skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and Interpersonal/Interdisciplinary Skills

Interns will have the opportunity for self reflection, self-evaluation, and ongoing evaluative feedback from their Supervisors throughout their time in this program. Formal evaluations occur quarterly via the Intern Competency Assessment Form, which is reviewed collaboratively between the intern and their Supervisors. Interns are expected to demonstrate graduated improvement in the competencies over time, and upon completion of the internship, to demonstrate the level of competence expected of an entry-level doctoral psychology professional. The evaluation process is collaborative and involves open discussion and feedback on the competencies as well as any recommended changes to the intern's training program.

At the end of intern evaluation reviews, the intern and their supervisor signs the form, and all are provided with a copy. The Training Director also has a copy for records. Faculty are readily available to discuss the evaluations and an intern's progress or difficulties with the intern's graduate program/Director of Clinical Training throughout the internship year.

If concerns arise related to an intern's performance or behavior, the matter will first be addressed in regular supervision (except in cases of egregious behavior). If issues persist, a graduated approach to resolution and remediation is undertaken, outlined in detail in the Due Process Policy.

Upon successful completion of the internship, interns should demonstrate a high level of skill in the competency areas. Successful interns receive a formal signed certificate, and their Directors of Clinical Training are notified of their completion.

Evaluation of Internship Program

In addition to evaluating interns' progress in an ongoing manner, the training program is also involved in ongoing self-evaluation. Interns are regularly asked for formal and informal feedback on all aspects of their training experience throughout their training year. Interns complete the Internship Rating Form, Didactic Rating Log, and also engage in regular feedback opportunities in Supervision and with ongoing communication with the Training Director. This information is used to revise and improve the training program throughout the year. Monthly and as-needed Training Committee meetings occur to ensure the consistency and timeliness of receiving feedback and implementing improvements as needed.

Responsibilities of the Faculty and Training Program

The faculty members of the Hudson Valley VA Medical Center Doctoral Internship in Psychology take very seriously their role in fostering the overall professional development of interns and for the ensuring high quality of care to service recipients. Faculty have the responsibility to serve as professional role models and mentors for interns and as professional gatekeepers for the field and the community.

In accordance with the professional responsibilities assigned to interns, faculty provides interns with ongoing supervision that is consistent with their professional developmental needs. This supervision includes, but is not limited to, patient care coordination, interdisciplinary consultation, individual and group psychotherapy and documentation, psychological evaluations, peer supervision, and psychoeducational program development.

Faculty create a safe and supportive environment for Interns so that they may explore new and/or different treatment modalities, evidence-based treatments, theoretical modalities, and exposure to diverse clinical populations. Faculty foster increasing levels of clinical responsibility and autonomy across the Internship year.

The Training Director, in consultation with the internship faculty, is responsible for the oversight and administration of the internship program. All internship records are permanently stored in a secure computer database. Any documents needing to be maintained as paper files by the Training Director are located in a locked file cabinet in the Training Director's office or other locked closet. Supervisors maintain their own supervision notes. The Training Director maintains all email correspondence with APPIC, ALA, and doctoral programs with respect to specific interns. All completed clinical documentation is maintained in the patient electronic records system, CPRS, or on a VA Hudson Valley Health Care System secure computer drive.

Intern Rights and Responsibilities

The Department of Veterans Affairs (VA) employees work hard every day to best serve the Nation's Veterans, their families, caregivers and survivors. To meet Veterans' needs, VA employees must be able to contribute their talents, ideas, and perspectives freely and without fear of reprisal. Hudson Valley VA Medical Center Doctoral Psychology Internship program provides interns with opportunities to reach their full potential in a fair and inclusive workplace. The appreciation of diverse experiences, backgrounds and perspectives is critical to the success of the program. The VA does not tolerate unlawful discrimination, workplace harassment or retaliation based on race, color, religion, national origin, sex (including sexual orientation, and pregnancy), age, disability, genetic information, marital status, parental status, or political affiliation. VA also does not tolerate retaliation for opposing discriminatory practices

or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits and separation. Interns are subject to rights and responsibilities outlined in the Department of Veterans Affairs Equal Employment Opportunity; Inclusion, Diversity, Equity, and Access; No FEAR; and Whistleblower Rights and Protection Policy Statement.

Grievance & Due Process Standard Operating Procedure (SOP)

1. PURPOSE AND AUTHORITY

- a. The purpose of this Standard Operating Procedure (SOP) is to set forth a fair, reasonable, and readily accessible policy and procedure for trainees to resolve general grievances and appeal corrective actions. This SOP applies to all Graduate Medical Education (GME) and Associated Health Programs at VA Hudson Valley Health Care System (VA HVHCS). This SOP does not apply to complaints related to sex discrimination, including sexual misconduct, harassment, or violence. Trainees with concerns about sex discrimination are encouraged to seek assistance from the Title IX Coordinator. Reasonable Accommodations: In compliance with Rehabilitation Act and the Americans with Disabilities Act, VA HVHCS will provide reasonable accommodation of all documented disabilities. For individuals with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential functions of their jobs and enjoy equal benefits and privileges of employment. If a trainee has a disability and would like to request reasonable accommodations, the trainee will notify the Program Director, Designated Education Officer, and Human Resources as soon as possible.
- b. There is no governing document.

2. PROCEDURES

a. General Grievances:

- 1) Several avenues are available for Trainees with issues and concerns with regards to their program. Approaches may differ depending on whether the trainee is part of a rotational residency, internship or VA Residency or program. Grievances may include but are not limited to, scheduling, academic, on-base housing, patient profiles, equipment, access to off-hour VA campus facilities, VA preceptors, team associates, medical record charting, and facility environment and workload. Grievances should initially be addressed by the Program Director/Chief Preceptor. The Program Director/Chief Preceptor must address the trainee concerns in a timely and efficient manner. Should additional assistance be required to adequately resolve any issues, the Program Director/Chief Preceptor will bring the matter to the attention of the Service Chief. All attempts shall be made concurrently by the Program Director/Chief Preceptor and Service Chief to resolve any trainee concerns. The Service Chief will review the grievance and perform any needed investigations and inquiries based on the type of grievance. They will then provide a written report to the DEO, Chief of Staff, and Facility Director and the affiliate director (if applicable). The Service Chief then debrief the trainee and (Site) Residency Director. Subsequently, unresolved issues may be directed to the Designated Education Officer. The DEO may consult the Chief of Staff and Medical Center Director accordingly.

- 2) If trainees have issues directly relating to the VA Hudson Valley Program's academic affiliate, the concerns may be addressed with the program director/chief preceptor. Additionally, this route may be followed should concerns arise in which the trainee feels uncomfortable discussing with the VA Supervision. The protocol for addressing such matters will be done so by the affiliates SOP.
- 3) Grievances must be addressed in a timely manner. Each service may have their own protocol to address the grievance. However, the grievance and the protocol for addressing the complaint needs to be documented and filed with the Program Supervisor, the Service Chief, the DEO as well as the affiliate director.
- 4) All grievances with associated action are addressed, recorded, and placed into trainee folder.

b. General Grievance and Appeal Procedure:

- 1) If the grievance is not resolved within two weeks to the satisfaction of the trainee, the trainee will have the opportunity to present the grievance to the site/program director who will review within 14 working days of that request.
- 2) The trainee may submit any written statements the trainee feels are appropriate, may request a personal interview, and/or request that the site/program director interview other individuals who might have relevant information.
- 3) The site/program director may request the presence of or written statements from individuals as he/she deems appropriate.
- 4) The review of the information obtained from the methods above will be completed within two weeks and a designated member will communicate to the trainee any decisions and actions to be taken.
- 5) If a trainee is dissatisfied with the decision, the trainee may request an appeal. This request must be submitted in writing to the Designated Institutional Official (DIO) and/or DEO within 5 working days after the trainee has been notified of the decision. The DIO or DEO will issue a written decision to the trainee regarding the grievance within 14 business days. The decision is final and binding.

c. General Academic Issues:

- 1) VA HVHCS has undertaken the responsibility to provide organized education programs with guidance and supervision of trainees, facilitating the professional and personal development of the trainees, while ensuring safe and appropriate care for patients. If the supervising practitioner is concerned that a trainee is not acquiring detailed factual knowledge, developing clinical skills and professional competencies, or demonstrating professional standards of conduct, at an acceptable standard, these concerns must be raised with any or

all of the following: the Program Director (VA or affiliate), the VA Site Director (if sponsored in the name of an affiliate), the VA Service Chief, or the DEO.

- 2) Trainees may exhibit a spectrum of competencies. A minimum level of accomplishment must be met. Failure, termination, or a need for corrective action may occur for any of the following reasons, depending upon the severity of the problem. Reasons are not limited to this list:
 - (a) Inability to perform clinical services appropriate to the trainee's level of education or training.
 - (b) Violation of the ethical standards of the training program or VA.
 - (c) Failure to meet the minimum standards for patient contact (e.g., neglect of clinical duties), didactic training, testing competence, or maintenance of appropriate professional records (e.g., falsification of medical records).
 - (d) Engaging in behaviors judged as unsuitable or which hamper the trainee's professional performance or that of other trainees or VA staff (e.g., disruptive behavior).
 - (e) Violation of VA regulations or applicable Federal, state, or local laws. NOTE: VA can only "terminate" or impose corrective action on trainees from programs which are sponsored and accredited in VA's name. Trainees enrolled in affiliated programs can only be "terminated" from those programs by the affiliate. VA can dismiss and prohibit any trainee from participating in VA teaching sites based upon an assessment by the VA medical facility.
 - (f) Adverse actions or dismissal from VA training sites. If a trainee engaged in a VA training experience has performance problems of a serious or egregious nature, a non-protected, fact-finding review may be required. If a trainee is thought to pose a threat to the health or safety of the public, patients, or staff, or there is concern that the health or safety of the trainee may be compromised, the trainee may be immediately placed on administrative leave. The purpose of the leave is to review and investigate the alleged performance problem(s). The authority to dismiss a medical or dental resident from VA assignment is found in VA Handbook 5021, Part VI, Paragraph 18. Procedures outlined in VA Handbook 5021 must be followed if dismissal of a trainee is considered.
- 3) Trainee performance deficiencies or failures (hereafter referred to as "performance problems") may take a variety of forms and result from a number of causes, including but not limited to physical, mental, or behavioral disorders (e.g., due to psychiatric illness or substance abuse), or disruptive behavior (i.e., abusive, antagonistic, intimidating or demeaning behavior, outbursts of anger, violation of boundaries with staff or patients, sexual harassment, unethical or dishonest behavior).
- 4) Supervising practitioners are expected to be cognizant of the stresses of training and the vulnerability of medical/dental trainees. Supervisors must consider the well-being of trainees and to remain alert for signs of fatigue, illness, impairment, or disruptive behavior

on the part of trainees. In addition, trainees must receive appropriate educational experiences and supervision for all patient care provided during their VA training. Whenever possible, supervising practitioners will deal with performance deficiencies in a formative and evaluative manner.

(a) Obtaining and using information about trainees: Peer or focused reviews conducted for quality improvement purposes are protected as confidential by 38 U.S.C. 5705 and its implementing regulations (38 CFR 17.500 through 17.511). In order to be “protected” under 38 U.S.C. 5705, a review must be identified as such and cannot be used for disciplinary purposes. However, the results of non-protected administrative investigations (for VA-sponsored residents, as described in VA Handbook 0700, Administrative Investigations) or management reviews (for residents in programs sponsored by an affiliate) may be disclosed. In addition, periodic trainee evaluations will be shared with the affiliate.

(b) Corrective actions: Performance problems that are unlikely to result in an adverse action may benefit from corrective action or other intervention and should be handled within the context of the academic training program. Such instances shall be resolved at the lowest level possible and in a manner that enhances the professional education and development of the trainee. The supervising practitioner and the trainee should attempt to resolve performance issues and are encouraged to discuss their concerns with one another. Formative (as contrasted to evaluative) discussions and solutions may be appropriate depending upon the nature and severity of the performance problems. However, any performance problems or deficiencies shall be reflected in formal evaluations of trainee performance and discussed with the trainee.

1. Substantive problems based on academic or professional deficiencies often require further corrective actions. These actions may include formal remediation for knowledge deficits, treatment of conditions resulting in impairment, or other actions including the possibility of dismissal or non-renewal of the trainee from further VA training.
2. In all cases, the appropriate corrective action will be determined after consultation between the DEO and the Program Director (for VA or affiliated programs) or the VA Site Director (for affiliated programs).
3. Use of medical staff peer review processes is inappropriate for trainees in medical or dental programs as they are not licensed independent, privileged practitioners.

(c) Adverse actions or dismissal from VA training sites: If a trainee engaged in a VA training experience has performance problems of a serious or egregious nature, a non-protected, fact-finding review may be required. If a trainee is thought to pose a threat to the health or safety of the public, patients, or staff, or there is concern that the health or safety of the trainee may be compromised, the trainee may be immediately placed on administrative leave. The purpose of the leave is to review and investigate the alleged performance problem(s). The authority to dismiss a medical or dental resident from VA assignment is

found in VA Handbook 5021, Part VI, Paragraph 18. Procedures outlined in VA Handbook 5021 must be followed if dismissal of a trainee is considered.

(d) Off-site performance problems or change in a trainee's status: The affiliate is responsible for reporting to VA in writing any serious performance issues involving trainees at any of its other training sites. The Program Director (VA or non-VA affiliated) will inform the VA DEO and VA Site Director of the nature of the performance issues and any changes in supervision needs or competency levels. Examples of, but not limited to serious performance issues that must be communicated to the VA DEO and VA site director include the following:

1. academic probation, remediation for significant professionalism or competency issues.
2. other adverse action based upon findings of an academic or management review or other non-protected inquiry process.
3. changes in health status that pose a risk to the safety of trainees, other employees, patients.
4. any other adverse information that may impact a trainee's appointment or performance.

e) This communication should occur as soon as feasible (no later than the next business day) after the affiliated Program Director is informed of the issue if the trainee is currently at VA or before the next VA rotation if the trainee is not currently at VA. Trainees who withdraw early from the program must also be reported to the VA DEO and VA site director. For programs sponsored by the VA, the VA Program Director or the VA DEO is obligated to notify other participating institutions of changes in the status or credentials of individual trainees. Information affecting professional competency or adverse information regarding clinical incidents may be disclosed only if discovered during a non-protected administrative review. Information containing patient identifiers will not be disclosed.

1. **NOTE:** Information on due process for performance, remediation, and disciplinary action can be found in the 5000 series of VA Handbooks (particularly VA Handbook 5005, Staffing, and VA Handbook 5021, Employee/Management Relations). The information in this Directive is intended to summarize these issues, but employees should rely on guidance from VA's Office of Human Resources and Administration for accurate and up-to-date information.

a. Burden of Proof: The appealing trainee has the burden to demonstrate, by clear and convincing evidence, that the corrective action issued by the program was arbitrary and capricious. "Clear and convincing evidence" means the evidence presented by the trainee is highly and substantially more probable to be true than not. "Arbitrary and capricious" means there was no reasonable basis for the Program's decision to take the corrective action.

b. Time Limits: Time limits set forth in this procedure must be adhered to by both the trainee and Program unless extended for good cause at the discretion of the DIO/DEO. A

trainee who fails to meet the time limits for appealing corrective action may be deemed to have withdrawn the appeal.

3. ASSIGNMENT OF RESPONSIBILITIES

None.

4. DEFINITIONS

a. **Adverse Action.** Adverse actions are disciplinary actions, which may include dismissal, based upon the seriousness of conduct or performance problems. VA has no jurisdiction over adverse actions taken by an affiliated program, but may independently reach a decision to not allow an affiliated trainee to continue VA training experiences.

b. **Affiliation.** A relationship between VA and an educational institution or other healthcare facility for the purposes of education and enhanced patient care. An affiliation may also involve research. VA and the affiliate have a shared responsibility for the educational enterprise.

c. **Associate Chief of Staff for Education.** A designated education leader with expertise in GME and health professions education. NOTE: ACOS/E is the preferred organizational title for individuals assigned the responsibilities for the role of Designated Education Officer (DEO).

d. **Designated Institutional Official.** The Designated Institutional Official (DIO) is an individual employed by the sponsoring entity who has the authority and responsibility for the oversight and administration of trainees in discipline-specific programs. The ACGME requires that each institution sponsoring ACGME-accredited programs have an individual appointed as the DIO who is responsible for ensuring compliance with ACGME institutional requirements. For affiliated, sponsoring institutions with osteopathic training programs, the comparable individual is called the "Director of Medical Education." NOTE: A VA medical facility that sponsors ACGME-accredited programs independently must have a DIO, although the responsibilities and functions overlap with those described for the DEO. See Designated Education Officer.

e. **Performance Problems.** Failure to meet expected competencies as defined by the training program, regardless of cause. Performance problems may include, but are not limited to, the following:

(1) Failure to develop expected skills, knowledge, and attitudes.

(2) Impaired status is a condition or state in which a trainee is rendered less capable of fulfilling program requirements adequately because of a variety of emotional or medical conditions, including physical or mental illness and substance use. NOTE: Examples may include reporting for duty under the influence of drugs or alcohol, sleep deprivation, emotional distress, or altered mental status. (3) Disruptive behavior is abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with patient care. NOTE: Examples include profane or demeaning language, sexual comments or innuendoes, outbursts of anger, throwing objects, boundary violations with staff or patients, inappropriate health record notes, and unethical, illegal, or dishonest behavior.

f. **Residency/Training Program Director.** The residency/training program director is the individual designated by the sponsoring institution who is responsible for the maintenance, evaluation, and improvement of a particular education and training program across all affiliated sites. This individual is responsible for ensuring that the program is in compliance with standards and policies of the respective accrediting and/or certifying bodies. He/she is responsible for program operations and logistics, educational objectives and curriculum development, evaluation methodologies and mechanics, and relationships with external accrediting agencies and certifying bodies. This individual may or may not be based at the VA medical facility.

g. **Site Director (VA Residency Site Director).** The site director (VA residency site director) is the individual responsible for implementing the training program curriculum at a particular site. This individual develops the local educational program based on the educational plan of the residency/training program director, specifically ensuring that core curricular objectives are met. The site director is generally of the same discipline as that of the trainees but may be assisted in his or her duties by a clerical or administrative assistant.

h. **Trainees.** A general term to describe undergraduate, graduate, and continuing education students; interns, residents, fellows, and VA advanced fellows; and pre- and post-doctoral fellows whose time at a VA medical facility is spent in clinical or research training experiences to satisfy program, degree, or continuing education requirements.

5. REFERENCES

- a. VHA Handbook 1400.04, Supervision of Associated Health Trainees, March 19, 2015
- b. VHA Directive 1400.09, Education of Physicians and Dentists, September 9, 2016, Amended December 26, 2018

6. REVIEW

This SOP will be reviewed when any substantive changes are made to VHA Directive 1400.09 and/or every five years, whichever comes first by the Designated Education Officer.

7. RECERTIFICATION

This SOP is scheduled for recertification on or before the last working day of November 2027. In the event of contradiction with national policy, the national policy supersedes and controls.

Internship Faculty

Audrey Rubin, PsyD (she/her/hers), Internship Co-Training Director

Cheryl Cherian, PhD (she/her/hers), Internship Co-Training Director

Tom Stracuzzi, PhD (he/him/his)

Chris D'Amato, PsyD, MPA, ABN (he/him/his)

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Shoval Gur-Aryeh, PhD (he/him/his)

The Community and Surrounding Area

The Hudson Valley is known for the string of charming small towns that line the Hudson River, and the majestic nature that surrounds them. The region stretches from Westchester County, just north of NYC, to Albany, with several charming and modern stops along the way. Renowned for its historic landmarks, outdoor sculpture parks, modern art, and exclusive retreats, the region also possesses stunning natural landscapes and endless ways to experience it. The Hudson Valley has one of the leading culinary scenes in the country. Whether it's a weekend escape with a bohemian spirit, a quiet nature retreat, a night out on the town, or a fun-loving action-packed getaway, there's a place for everyone here.

VA Hudson Valley Health Care System Regulations

It is expected that all employees and internship participants will dress, speak, and behave professionally and properly at all times, not only with our Veteran customers, but also with our fellow employees and volunteers. Interns are expected to stand by the values of our medical center, which include trust, respect, excellence, compassion, and commitment.

Intern Selection and Academic Preparation Requirements Policy

The VA Hudson Valley sponsors four internship positions each year. We participate in the National Matching Program and abide by the Match Policies enumerated on the APPIC website (www.appic.org). Our APPIC Matching Program Code Number is 1463. We review each internship application carefully 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 January. During the interview process, we try to get a sense of each applicant's personality, interests, clinical style, and response to supervision. Again, our goal is to determine who we feel will be the best match for what our program has to offer. We expect applicants to have had previous practicum training in psychotherapy and assessment. Internship appointments are for 2080 hours, which is full-time for a one-year period from September 1 to August 31. These dates may vary slightly depending on HR procedures. Applicants must meet the follow criteria to be considered for our program:

- Doctoral student in good standing at an APA-accredited, CPA-accredited, or PCSAS- accredited Clinical or Counseling doctoral psychology program
- Approved for internship by doctoral program Director of Clinical Training
- Completion of all coursework
- U.S. Citizenship
- U.S. Social Security Number
- Selective Service Registration
- Fingerprint Screening and Background Investigation
- Drug Testing 24 (including cannabinoids)
- Affiliation Agreement
- TQCVL (Trainee Qualifications and Credentials Verification Letter)
- Additional On-boarding Forms

Additional requirement information can be found here:

[https://www.va.gov/OAA/docs/Am I Eligible v5.pdf](https://www.va.gov/OAA/docs/Am_I_Eligible_v5.pdf)

Statement on Accreditation

VA Hudson Valley Healthcare is fully accredited by the Joint Commission and our residential programs are all accredited by the Committee on the Accreditation of Residential Facilities (CARF). The Hudson Valley VA Medical Center is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and has been accredited by the Commission on Accreditation of the American Psychological Association (APA). Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

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