Clinical Psychology Postdoctoral Fellowship with a Focus in Health Promotion Disease Prevention (HPDP) and Inter-professional Training in Primary Care

VA Medical Center Northport, New York

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Applications Due: December 27, 2019

VAMC Northport, New York offers two positions in a one-year postdoctoral Fellowship in Clinical Psychology with a Focus in Health Promotion Disease Prevention and Inter-professional Training in Primary Care. Northport fully embraces the vision of the Patient Centered Medical Home Model. Primary Care functions in Patient Aligned Care Teams (PACTs), with collaboration across disciplines as a benchmark of the development of these health care services. Health Promotion Disease Prevention programming in the context of a Whole Health approach to care, is embedded throughout the healthcare setting. This creates a rich and collaborative learning environment for interdiscplinary postgraduate training.

Accreditation Status:
We are very pleased to announce that the Clinical Psychology Postdoctoral Fellowship is newly accredited by the American Psychological Association (APA) Commission on Accreditation. The next site visit will occur in 2029.

Questions related to the program’s accreditation status should be directed to the APA Commission on Accreditation:
Application & Selection Procedures

General Qualifications

Eligible candidates must:

- be a U.S. citizen.
- be a student in good standing in an APA-accredited Clinical or Counseling psychology doctoral program, or
- have completed a doctoral degree, including dissertation defense, from an APA-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 criteria for re-specialization training in Clinical or Counseling Psychology are also eligible to apply.

- Successfully complete an APA-accredited psychology internship.

We strongly encourage applications from candidates from underrepresented groups. The Federal Government is an Equal Opportunity Employer.

Note: A CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA fellow. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All fellows will have to complete a Certification of Citizenship in the United States prior to beginning the fellowship. VA will not consider applications from anyone who is not currently a U.S. citizen. VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff. Fellows are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

Specific Qualifications

The postdoctoral Fellowship program looks for applicants with prior training in health psychology and experience working in the primary care setting. Prior training and supervised experience in conducting individual and group psychotherapy, clinical interviewing and diagnostic assessment is requisite. Due to the short-term nature of much of the psychological interventions in Primary Care, prior training and experience with cognitive-behavioral therapeutic approaches are desirable.
Application Procedure

To apply for our Postdoctoral Fellowship, please provide the following items listed below.

We participate in the APPIC Psychology Postdoctoral Application Centralized Application Service (APPIC-CAS). Please submit all application materials to the APPCAS system portal by December 27, 2019.

- A cover letter that describes your training and career goals, your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Health Psychology, and details of how this fellowship will contribute to the achievement of your goals.
- Curriculum Vitae.
- Three letters of recommendation from professionals who are well acquainted with you and your qualifications. At least one must be from an internship supervisor.
- Official graduate school transcript(s).
- An abstract of your dissertation (if completed) or if you have not completed your graduated degree, a letter from your dissertation chairperson describing your dissertation status and documenting the timeline for completion.
- 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 and noting whether any probationary or remedial actions have been taken. If internship was already completed, a copy of your doctoral internship certificate.

Policies:
The VAMC Northport postdoctoral Fellowship program complies with all guidelines set forth by the Association of Psychology, Postdoctoral and Internship Centers (APPIC). These policies can be accessed at the APPIC website www.appic.org.

The Fellowship program also abides by all American Psychological Association guidelines and requirements.

Selection and Interview Process:
The Training Committee reviews all completed applications and they will be reviewed in the order they are received. Applicants are strongly encouraged to submit materials as early as possible prior to the deadline. In person interviews are highly recommended though for those unable to travel to Long Island, telephone and or video- based interviews will be considered. 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. We aim to notify all applicants regarding their interview status by January 10, 2020. Interviews will likely be scheduled between 1/21/20 – 2/07/20. The Northport VA Medical Center is an Equal Opportunity Employer; ensuring a range of diversity among our training classes, selecting candidates representing different kinds of programs and theoretical
orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences is important to us. All things being equal, attention is paid to applicants identifying as Veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. Experience and skill in the sphere of diversity knowledge, awareness, and sensitivity is also highly valued. These qualities may be specifically noted in the applicants cover letter.

Please note: We adhere to the APPIC uniform notification policy: We will make offers on Monday February 24, 2020 at 10:00am EST. An applicant receiving an offer will be allowed to hold the offer for 24 hrs. Prior to February 24, we will consider making a reciprocal offer if a top applicant receives a bona fide offer from another postdoctoral training program.

Psychology Setting

The Northport VA Medical Center is situated on a large, beautiful campus just outside the seaport village of Northport, Long Island. The location offers the advantages of a suburban setting within easy reach of both New York City and the beaches and vineyards of rural eastern Long Island. Cultural opportunities abound, not only because of the proximity to New York City, but also because of the major universities on Long Island including Stony Brook University, Adelphi University, Hofstra University and Long Island University.

Opened in 1928 as a psychiatric hospital, the VA Medical Center at Northport was converted to a full- service Medical Center in 1971. The Northport VAMC provides inpatient medical, surgical, and psychiatric treatment. There are also community living centers that provide nursing home care and residential treatment programs for substance abuse and PTSD. The Northport VAMC is accredited by The Joint
Commission and is a clinical campus of the School of Medicine at Stony Brook University. Several programs, including programs that are administered by Psychology Service have obtained accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

Additionally, Long Island’s Suffolk County offers top beaches, championship golf courses, rolling farmland, quaint seaport villages, and world-renowned vineyards and is a timeless vacation/restaurant mecca to explore.

The Veteran Population: The veteran population represents a full adult age range. Although the patients seen are primarily adult males, fellows will have the opportunity to work with our steadily increasing population of female Veterans, as well as spouses of Veterans.

The postdoctoral Fellowship program is committed to devoting careful attention to working with our culturally diverse population. The Northport VAMC attracts Veterans from throughout the New York City metropolitan area. Cultural competence is addressed within supervision, case conferences and seminars. VAMC Northport as well as the VA nationwide remains committed to diversity and inclusion.

The Psychology Service: The Psychology Service at the Northport VAMC is an autonomous service, which means it is headed by a Psychologist. The service employs 21 full-time psychologists and one part-time psychologist. The range of professional activities conducted are exceptionally wide. Generally, psychologists are members of multidisciplinary treatment teams and, in some cases, are directors of treatment programs. Staff members conduct psychological and neuropsychological assessments, offer consultation to other health care professionals, and provide psychotherapy and behavioral treatments. Staff members work in inpatient, residential and outpatient settings both in our main medical center facility and our Community Based Outpatient Clinics. Psychologists also provide consultation to other healthcare providers and may also function as leaders within the hospital, serving on committees such as the Disturbed Behavior Committee and Ethics Advisory Committee. Our psychologists are
trained in a broad range of orientations including psychodynamic therapy, CBT, and third-wave models.

**Primary Care:** Primary Care, which houses both Primary Care Mental Health Integration (PCMH-I) and Health Promotion Disease Prevention (HPDP), will be the site of most of the fellow’s training experiences. The core PCMH-I team consists of two full time psychologists, 1 psychiatrist and 1 full time care manager. One part time Psychologist works with the Women’s Wellness PACT teams, and one Psychologist supports the largest of the Community Based Outpatient Clinics (CBOC’s). HPDP consists of one psychologist as Health Behavior Coordinator (HBC) and one Preventive Medicine physician as Health Promotion Disease Prevention Program Manager (HPDP-PM). In addition to the two postdoctoral fellows, trainees consist of 6 psychology interns, 1 psychology extern, 1 Psychiatry Fellow and 2 preventive medicine residents who provide comprehensive, inter-professional services to the Primary Care Clinic and other sites with in the medical center.

**Training Model and Program Philosophy**

The overall mission of this fellowship is to provide advanced training in clinical psychology with a focus on health promotion/disease prevention and inter-professional integration and collaboration, within the context of a holistic approach to health and wellness. We strive to help fellows develop professional identity and leadership skills that will prepare them to be competitive and important players in the field of health service psychology. We aim to provide training consistent with the APA Guidelines and Principles for Accreditation of Programs in Professional Psychology at the postdoctoral level. Our fellowship program embraces a practitioner-scholar philosophy, with a strong emphasis on clinical practice that is informed by theory, research, critical thinking, and active, collaborative learning. The integration of science and practice is emphasized in all aspects of the training and serves as the foundation for the cultural shifts which currently drive the overall VA model of healthcare. We believe each fellow brings unique talents and skills to be harnessed and embraced and we aim to work collaboratively in an apprenticeship model that fosters professional growth for both the fellows and staff with whom they work. Additionally, this fellowship will provide opportunities for developing more advanced skills in consultation, supervision, program development, and professional leadership.

The Postdoctoral Fellowship at VAMC Northport is strongly committed to training from a culturally competent framework. We believe in the idea that psychology practice is deeply enhanced when we have a more encompassing, flexible and open view of humanity and the richness that individual differences bring. The advancement of our field and practice depends on increasing the conscious cultivation and application of skills, knowledge, sensitivity and awareness needed to communicate within a diverse context. Cultural competence is an extension of the therapeutic relationship. Learning to efficiently gather cultural knowledge in the context of therapeutic encounters is a much more important skill than memorizing rote facts about heterogeneous groups which can then produce a narrow and incomplete view of diversity. It is also imperative for a fellow
to learn the skill of self-reflection. Insight into one’s own worldview and its development is an essential piece of being able to recognize one’s own biases. We aim to challenge fellows to demonstrate an understanding of how personal attitudes and biases interplay in their clinical work. Ultimately, the promotion of cultural sensitivity in our training model allows fellows to genuinely respect world-views and harmoniously integrate self and other perspectives into assessment and treatment of the Veterans we serve.

Together with their supervisors and the training director, each fellow will develop a set of training experiences for the year which will reflect both their training needs and the fellows’ particular set of interests and goals. At the start of the training year, fellows will work more closely with their supervisors to acclimate to the various clinical environments and increase their clinical and professional skills. Over the course of the year, fellows will be expected to take on an increasing level of autonomy and independence as would be expected for an early career professional and colleague.

Our commitment to the professional growth and development of each fellow is conveyed in our supportive training environment that emphasizes individual strengths and which is evident through the significant investment of time, energy and enthusiasm of our training staff which includes psychologists as well as non-psychology supervisors.

Training Aims

The aim of this fellowship is to produce well-rounded psychologists who are proficient in providing care in medical settings. The training program provides a rich set of experiences designed to help fellows develop their professional identities and prepare them for leadership roles in health service psychology. Fellows receive training in performance improvement and are encouraged to think critically about system level issues and how to improve the delivery of care. Fellows work in an inter-professional and collaborative manner within medical settings. One vehicle through which training takes place is direct patient care, however this is auxiliary to the educational pursuit of the training year. Training experiences offer ample opportunity to grow and expand the trainees vision of the world and to better understand the perspectives of others, allowing for care to be responsive to needs rather than constrained by bias. To further this aim, the Postdoctoral Fellowship deems it imperative to appeal to a diverse group of applicants and continue to encourage an awareness of diversity. Upon completion of the fellowship psychologists are ideally suited for employment in outpatient medical settings within VHA or the private sector.

Training experiences are crafted to produce well rounded psychologists. Therefore, fellows can work with women, younger returning Veterans (Iraq, Afghanistan) and older Veterans in Primary Care. Fellows can provide evidence-based treatments in brief wellness focused modalities, brief traditional mental health modalities, as well as sustained treatment via less structured therapy for Veterans with more complex mental health needs. Fellows also work in structured time limited evidence-based group treatments and can complete comprehensive pre-transplant and bariatric surgery evaluations. These experiences, combined with an emphasis on collaborating with the interdisciplinary medical team throughout each training experience, helps to actualize
the aspect of our training aim for producing a well-rounded psychologist proficient in providing care in medical settings.

The educational pursuit of the year is further emphasized by the many complimentary didactic seminar series that are carved out to support the training experiences of the fellows. Supervision and evaluation also support this aspect of the aim. Throughout all their experiences, supervision and didactic seminars, supervisors and fellows are continually discussing and building awareness of aspect of cultural diversity.

Fellowship Competencies

- **Demonstration of Integration of Science and Practice** *(Demonstrates knowledge skills and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems and to disseminate research.)*
- **Ethical and Legal Standards** *(Knowledgeable of and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct, laws and conduct governing health service psychology at local, state and federal levels, and applies relevant professional standards and guidelines)*
- **Individual and Cultural Diversity** *(Demonstrates the ability to independently apply their knowledge and demonstrates effectiveness in working with a range of diverse individuals and groups encountered during residency.)*
- **Supervision** *(Knowledgeable in the theories and practice of supervising more junior level trainees. Is aware of unconscious patterns in supervisory relationship and dynamic reinforcement of such patterns.)*
- **Consultation and Inter-Professional Collaboration** *(Understanding of the role in inter-professional team and ability to share psychological perspective/therapeutic skill with in this role.)*
- **Program Development, Evaluation and Teaching** *(Shows skill at improving existing or creating additional behavioral medicine offerings with in PCMH-I or HPDP. Offers didactic seminars to junior level trainees or assists staff in in-services throughout the hospital.)*
- **Professional Development** *(Shows insight into strengths and weaknesses and can work to maximize effectiveness as a professional. Shows a clear professional identity.)*
- **Intervention** *(Proficiency in choosing and executing the appropriate treatment modality relevant to presenting problem and treatment setting.)*

Program Structure

Psychology Fellows are full time employees of VAMC Northport. The Fellowship is a yearlong experience. The postdoctoral Fellowship consists of a combination of yearlong required assignments and briefer experiences, some of which will be elective, based on the fellow’s interests. Fellows will work within Primary Care (PC) and other medical settings as part of Patient Aligned Care Teams (PACTs) and other medical teams. They also have opportunities to participate in many HPDP/ Whole Health
programs and treatment areas. Emphasis is placed on the full integration of HPDP/Whole Health in all settings. Some of the training experiences will be collaborative with the Preventive Medicine residents from Stony Brook University School of Medicine. In addition to these learning experiences, fellows are required to complete and present a project in the domain of performance improvement. The development of leadership skills is encouraged, and additional mentoring is available for fellows with interest.

**Overview of Training Program and Training Experiences**

**Primary Care Clinic/PACT**
VAMC Northport has been strongly committed to the vision and principles of PACT and Patient Centered Care since 2010. Primary Care consists of 24 functioning PACT teams including the Women’s Wellness Center and two teams that constitute the OEF/OIF/OND PACT. The OEF/OIF /OND and Women’s Wellness PACT teams treat a predominately younger Veteran population, which provides enhanced opportunities for true preventive health care (e.g. interventions aimed at pre-diabetics, cardiac and pulmonary disease risk reduction). Conversely, Northport has a high population of older adult Veterans, with 68% of unique patients treated in PACT over the age of 65. These Veterans often present with multiple chronic health concerns requiring more comprehensive and coordinated team-based care. For all Veterans, attention to wellness and chronic disease management and risk reduction is central. Overall, the Primary Care clinics provide treatment to over 24,000 unique Veterans annually.

**Primary Care Mental Health- Integration**
Primary Care Mental Health Integration (PCMH-I) staff are located in PC throughout Northport and the Community Based Outpatient Clinics (CBOCS). Staff members provide same day mental health assessment and treatment, consultation to PACT teams, and brief traditional behavioral health interventions. PCMH-I staff members are considered extended team members of PACT and work closely with PACTs. Currently, the core PCMH-I staff consists of two full time clinical psychologists, and one part time psychiatrist. In addition, there is a part time Psychologist aligned with Women’s Wellness PACTs -and one full time psychologist in our largest CBOC. Care management is implemented at Northport PCMH-I and at the largest of our CBOCs. Care management includes a suite of services which are best understood as monitoring patients across time to ensure that their level of care varies in lockstep with changes in their need. PCMH-I staff work seamlessly with the HPDP/Whole Health team and also maintain communication with VISN PCMH-I colleagues.

**Health Promotion Disease Prevention/ Whole Health**
The HPDP program is a core element of the VA cultural transformation initiatives, central to the vision of PACT and Patient Centered Care and consists of one full time psychologist as the HBC and one part-time preventive medicine physician as the HPDP-PM. Northport fully embraces the Whole Health model and promotes the full integration of HPDP within PACT and the medical center. This includes support for extensive training and ongoing coaching of staff in patient centered communication,
health coaching and Motivational Interviewing (MI) to promote Veteran engagement in health care decision making and self-management of their health. HPDP extends beyond PACT and includes specialized prevention and health promotion programs such as Smoking Cessation, the Wellness Clinic, the VA MOVE Weight Management Program, Diabetes Programs, Pain Management, Mindfulness for Stress Reduction, and multiple medical center wide promotional activities (Comprehensive Health and Wellness Fairs) to facilitate a shift towards the delivery of more proactive health care.

Northport is heavily invested in promoting the nine healthy living messages outlined in the VA Prevention Initiative as well as integrating Whole Health initiatives. They are integrated not only in PACT, but throughout the medical center (inpatient medical units, residential programs, extended care living centers) with innovative prevention programming being developed in these areas. HPDP staff members collaborate with the Employee Wellness, Veteran experience, and Integrative Medicine initiatives, along with close collaboration with PCMH-I. HPDP leaders also work collaboratively with our VISN partners through quarterly VISN meetings. Fellows have the opportunity to strengthen leadership skills through participation in many of these collaborative efforts.

TRAINING EXPERIENCES

Fellows time is generally structured as follows:

- PACT/PCMH – 40% of time (equivalent of 2 full days)
- HPDP – 30% of time (equivalent of 1.5 days)
- Sustained therapy cases - 10% of time (equivalent of .5 days)
- Didactics, program development, PI project, teaching, administration – 20% of time (equivalent of one full day)

CORE TRAINING EXPERIENCES (Required for all Fellows)

1. **PACT/PCMH-I:** Fellows will be assigned to two PACT teams (one team will be OEF/OIF/OND or Women’s Wellness, and one will be a general PACT team or PACT medical resident team), where they will serve as the psychologist on the team, providing the full range of clinical psychology functions and fostering integration of HPDP. They will be trained to work within the principles and vision of PACT, and to promote the VHA strategic goal of providing Veterans with personalized, proactive and patient-driven health care. Fellows will provide same day brief evaluation and triage, curbside consultation, in depth evaluation and triage, and brief evidence-based interventions as needed. They will attend PACT team meetings as appropriate and will function as part of the inter-professional team, collaborating with staff from Medicine, Nursing, Nutrition, Psychiatry, Pharmacy, and Social Work on population management, targeting both opportunities for promoting prevention/wellness, self-management and identifying complex/high utilizing patients. Fellows will participate and help facilitate a weekly PCMH-I group supervision for both fellows and other trainees such as
Interns and externs. At this meeting the fellow will both receive supervision from staff and provide supervision to lower level trainees. As junior colleagues, fellows will be afforded leadership opportunities wherever possible. Fellows may also have the opportunity to respond to consult requests from inpatient medicine and for requests for organ transplant evaluations.

2. **Motivational Interviewing**: Fellows will receive specialized training in Motivational Interviewing (MI) and health behavior coaching including in depth skills for coaching medical staff in MI and health promotion. Fellows will incorporate a coaching model into their professional role to promote the development of shared decision making and the adoption of an MI spirit in the provision of all aspects of healthcare. Fellows will also have the opportunity to assist with providing trainings in MI and health coaching to staff and trainees from various disciplines.

3. **Performance Improvement Project**: Fellows will undertake a performance improvement project in some aspect of health and wellness. As appropriate, fellows will present the results of their project to the staff, usually at an All PACT staff meeting and will be encouraged to present significant findings at annual professional conferences.

4. **Sustained therapy cases**: We firmly believe that the ability to do meaningful and quality brief treatment is strengthened through the building of foundational therapeutic skill. Part of the necessary development of any clinician is nurtured through the experience of working within an ongoing therapeutic relationship, which allows a clinician to begin to deepen their knowledge of dynamic factors affecting behavior change. These factors are attributed to both patient and clinician, therefore working in a sustained modality allows a clinician to learn important aspects of themselves that factor into treating patients. Fellows will have the opportunity to carry a small caseload (2-3 cases) of sustained therapy patients utilizing evidence-based practice of psychotherapy which may include psychodynamic psychotherapy. Cases may come from any training experience, however if the case comes from Iraq and Afghanistan Wars Readjustment Program fellows will have the opportunity to participate in a group supervision experience with staff as well as interns and externs. The open-dialogue model of supervision is intended to encourage open, mutual, detailed discussion of participants’ psychotherapy cases with a focus on their use of core elements of effective psychotherapy.

**HEALTH PROMOTION TRAINING EXPERIENCES (Fellows will choose several experiences with at least one that will span the full year)**

1. **Diabetes Management/Endocrinology**: Diabetes is a chronic health condition impacting rising numbers of Veterans and therefore requiring
increased integrated treatment approaches. Fellows will work collaboratively with Endocrinology (and PACT teams) to enhance motivation and engagement with complicated patients struggling with chronic diseases of the endocrine system. They may participate in endocrinology clinic, shared medical appointments, continuous glucose monitor clinic, Diabetes support group, Diabetes self-management classes and have opportunities to provide supervisory oversight for intern work with this population. Currently the Diabetes Shared medical group meets monthly in the Women’s Wellness Center, the Diabetes Self-Management classes meet weekly for a series of 4 weeks and are led by the Diabetic Educators with input/integration of psychology staff and other disciplines, and the Diabetes Support group is a weekly psychology led group for Veterans who have completed some form of diabetes education and are seeking ongoing support and assistance with enhanced self-management. Emphasis is placed on motivational enhancement, health coaching for self-management, and the facilitation of inter-professional collaboration across the specialty and PACT settings. This can include coaching other clinicians to enhance use of motivational interviewing to promote greater Veteran engagement. Fellows may conduct mental health evaluations as needed and provide very brief individual treatment.

2. **Wellness Clinic and Whole Health Integration:** The Wellness clinic is a program which invites Veterans to become more actively involved in their health care by providing access to several elements of proactive, personalized care incorporating elements of both the Prevention and Whole Health models. The program provides a space where Veterans may develop personalized wellness plans, which will serve as a guide for PACT teams to partner with their patients to achieve their desired health outcomes. This clinic includes a series of Healthy Living workshops, individualized health coaching sessions and opportunities for follow up support. Fellows have often taken leadership of all aspects of this clinic including coordination of the workshop schedule, and general oversight of the clinic operation. Fellows work collaboratively with the preventive medicine residents, Veteran Peer facilitators, may provide supervisory oversight for intern work and will have opportunities to work on program evaluation and further development and expansion of the program in support of the VA mission to incorporate Whole Health throughout VA healthcare.

3. **Smoking Cessation:** Fellows may assist in the administration and operations of the medical center wide Smoking Cessation program including oversight of the Tobacco: You Can Quit Clinic where Psychology staff work in inter-professional collaboration with Preventive Medicine Residents providing comprehensive support and treatment for all forms of tobacco addiction. Fellows would have the opportunity to provide training and supervisory oversight for more junior trainees (psychology interns/externs, and often social work trainees) conducting group and individual treatment that includes
provision of both behavioral and medical interventions. This clinic provides several opportunities for group and individual psychological intervention, with the integration of various medical treatment options including acupuncture for tobacco cessation. Formally the clinic meets three times a week – twice in the main medical facility and once via clinical video teleconferencing to the outpatient clinics throughout Long Island. Clinics in Northport are co-facilitated by Psychology staff and Preventive Medicine staff and are preceded by the group acupuncture session. Fellows may also have the opportunity to provide consultation and assist with further program expansion/integration within other treatment settings such as Employee Wellness, inpatient settings, the Community Living Centers (CLC’s), and various mental health program areas and to support the VA Smoke Free policy which takes effect October 1, 2019.

4. **MOVE- Weight Management Program**: Fellows may participate in the MOVE! Weight Management Program which is led by a Clinical Nutritionist with consultative input from Psychology Health Behavior Coordinator and offers a series of psycho-educational groups after which Veterans can participate in ongoing support groups, the MOVE Walk and Talk program, Chair Yoga classes, and/or Healthy Cooking classes. Group members receive education on healthy eating and lifestyle change and learn strategies that support weight loss and healthy living more generally. Fellows involved in this program will gain experience working in a multi-faceted program with opportunities for both group and individual work, supervision of lower level trainees and opportunities for collaborative work with Nutrition staff. They may lead psycho-education classes which include Veteran’s participating in person and also via clinical video teleconferencing, and they may co-facilitate an ongoing support group with the Nutritionist MOVE Coordinator. Fellows will also conduct comprehensive mental health pre-bariatric surgery evaluations and may provide brief treatment to assist patients in making the necessary lifestyle changes both pre- and post-surgery. Finally, fellows may also have the opportunity to provide support for the Employee MOVE program and assist with program revision/expansion.

5. **Mindfulness for Stress Reduction Clinic**: The stress reduction clinic is a in depth learning experience focusing on the delivery of Mindfulness Meditation to veterans. This training experience has typically been yearlong in order to allow time to build mastery and deep learning, however part time options may be explored if desired. The clinic consists of a 10-week program largely based on Kabat Zinn’s work in Mindfulness-Based Stress Reduction (we call it Mindfulness for Stress Reduction or MSR), a 45-minute weekly drop in meditation “Sangha” for graduates of MSR and the opportunity to provide 1:1 meditation coaching to veterans. MSR is a weekly, 90-minute group teaching and practicing different components of meditation, each cohort includes a 4-hour silent retreat. Veterans who are attending Sangha or 1:1 coaching are invited to join retreats. MSR runs 3 times per Fellowship year. An interested
Fellow will have the opportunity to experience the group as a co-facilitator at first yearly cohort and then progressively take an increased leadership role in the next two cohorts of the program; becoming lead facilitator of the group as well as assuming increased administrative duties as they pertain to MSR by cohort 3. As the Fellow progresses they often have the opportunity to supervise a lower level trainee in Mindfulness group work. Fellows will likely facilitate the Sangha during portions of the year and will take on at least one individual meditation coaching case at later points in the year. All facilitators of this program will be required to meet weekly to meditate (Supervisor, Fellow and Intern or Extern). These meditation sessions will be open to all interested staff and trainees and is required for those who are involved in the stress reduction clinic. Those choosing MSR will be asked to read Full Catastrophe Living (which can be provided as book on tape or hard copy), as well as other readings on Mindful Inquiry and teaching mindfulness. They will be expected to start a meditation practice of their own for the duration of the rotation.

6. **Pain Management**: Fellows will have the opportunity to provide group and individual CBT for chronic pain as well as working collaboratively with other facility programs that provide pain management (example: recreational services, mind-body program etc.). There are currently two pain management groups offered through HPDP/PCMH. One group is an 8-week CBT based skills group; “Living with Chronic Pain”. In this group, Veteran’s learn basic CBT skills for pain management based on the biopsychosocial model of pain conceptualization. It also incorporates mindfulness and meditation-based strategies, psychoeducation, and providing information on other pain management resources within the facility. In addition to the skills group, there is also a pain support group that meets twice per month that is available for Veterans who have completed the skills group (or individual CBT for pain). The support group is designed to be a forum where Veterans can practice skills learned, share information about resources, and offer each other support in reaching their pain management goals. Additionally, Fellows will provide supervision to junior trainees (interns and externs) that participate in the pain management rotation. There may also be opportunities to attend integrated pain management meetings such as the Interdisciplinary Pain Board meetings to address treatment planning for Veterans with complex pain management needs.

7. **Health Focused Groups**: Fellows may choose to independently, or in conjunction with a junior trainee, offer a time limited behavioral health group. They may develop a group for a topic of their choice or utilize materials from groups developed previously.

**Didactic Seminars**

**Required**
• Fellows will participate in seminars on medical, mental health integration, professional development topics, and will participate in a monthly HPDP interdisciplinary journal club (including Residents from Preventive Medicine, and Clinical Pharmacy).
• Fellows will provide at least one didactic training seminar to junior trainees within the Psychology service.

Optional
• Grand Rounds and seminars through Department of Psychiatry at Stony Brook School of Medicine
• Department of Medicine Grand Rounds as appropriate.
• Intern Seminar offerings as appropriate.
• Fellows are invited to participate in the Multicultural Diversity Committee and are also encouraged to take advantage of Continuing Education courses available at the Northport VAMC and through the online SharePoint.

Supervision

The Fellows will receive a minimum of 2 hours of formal scheduled, weekly individual supervision. This supervision will cover individual work, group treatment and any assessment or formal evaluations. The fellow and other trainees will also receive weekly group supervision through Primary Care Mental Health IDT meeting and additional supervisory input while on elective clinical assignments. Supervisors typically function as both clinical (and at times administrative) supervisors as well as mentors addressing other areas of professional development and functioning. Supervision will typically address a breadth of areas, including professional interests and development, career preparation, overall goals and progress of the residency, and personal issues influencing professional work. Fellows will work with a variety of supervisors according to their training experience choices, however each Fellow is also free to speak with any other supervisor, training committee member, or medical center staff regarding areas of professional functioning. Fellows will be encouraged to devote considerable thought to further developing their own professional identity, orientation, and goals over the course of the postdoctoral fellowship. Regular individual mentoring meetings with training director are provided.

We are committed to providing multicultural 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. Fellows will be encouraged to consider the interplay of their own cultural background when working with our veterans. Fellows will also have the opportunity, if they choose, to participate in the Psychology Service Cultural Diversity Committee.
FELLOWSHIP REQUIREMENTS FOR COMPLETION

Fellows will complete a 12-month, 2080-hour postdoctoral fellowship, with allowances for approved annual, sick, and administrative leave. It is expected that fellows maintain satisfactory progress toward training and didactic requirements. Fellows will adhere to professional standards of practice, demeanor and responsibility; maintain adequate workload and timely documentation; and adhere to APA ethical guidelines and HIPPA regulations. All the fellow’s supervisors participate in monitoring and supporting the fellow’s progress and training throughout the fellowship.

Formal written evaluation occurs twice a year based upon goals, objectives and competencies listed above. Evaluation objectives for development include demonstration of integration of science and practice, ethical and legal standards, individual and cultural diversity, consultation and inter-professional collaboration, program development and teaching, professional development and intervention. Supervisors will meet with the fellow as part of the formal evaluation process to discuss these evaluations and agreement and understanding of content will be assured. Supervisors do provide continual informal feedback during ongoing supervision throughout the fellowship.

Postdoctoral fellows will be given the opportunity to complete fellowship evaluation forms that allow them to evaluate training experiences, supervision, and provide feedback regarding the training experience. In addition, the fellows will each have an individual meeting with the training director at the end of the training year to provide additional feedback and suggestions for future planning.

The following are required to complete the Fellowship:
- A prevalence of formal evaluation ratings at the Postdoctoral Exit level.
- Completion of clinical, documentation, didactic, and administrative requirements
- Completion of Fellowship Project

Administrative Policies and Procedures

Time Requirements
The fellowship is a one-year experience, beginning on or around Sept 1 (start date can be flexible). The fellow is expected to work a 40-hr. week, accumulating 2080 hours over 12-months, minus approved annual leave, sick leave, and approved absence.

Stipend
The annual stipend is $52,799.00 paid over 26 biweekly pay periods.

Benefits
VA fellows are eligible for health, dental, and vision insurance (for self, married spouse, and legal dependents). Onsite urgent medical care is also available for free through
Employee Health. As temporary employees, fellows may not participate in VA retirement or insurance programs. State and federal income tax and FICA (Social Security) are withheld. 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).

**Holidays and Leave**
Fellows accrue 4 hours annual and 4 hours sick leave for each two-week pay period for a total of 13 vacation and 13 sick days per year. In addition, the fellow receives 10 paid Federal holidays. Requests for educational leave (approved absence) are granted for participation in conferences, conventions, or special outside trainings relevant to their work in the VA, up to 40 hrs. (5 days).

**Due Process Statement**
The training staff and director attempt to address all problems and complaints at the lowest possible level in a manner that is most supportive to all parties. Formal procedures are used only when standard supervisory approaches have proven unsuccessful in resolving an issue. The fellow will receive a training handbook at the beginning of the training year, which details 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.

**Facility Resources**
Fellows offices have personal computers with access to email, instant messenger, computerized patient records, internet, and Office programs. The VA intranet allows access to its library and training SharePoint. Our Testing Center maintains and continuously adds to a library of assessment materials. For a variety of tests, computer administration and scoring are available. Fellows have full access to the medical center library, which coordinates with local and VA libraries to obtain any requested materials. Our library allows access to large search engines and scholarly databases.

Northport VAMC offers affordable on campus student housing on a first come first serve basis. Fellows with children may also use our on-station, accredited Day Care and Summer Camp, if slots are available. Please note we cannot guarantee housing or placement in childcare programming.

The VA campus includes facilities such as a veterans’ childcare center, pool, golf course, cafeteria, canteen, employee exercise room, art studio, and housing for homeless Veterans through Beacon House. The VA has its own police and fire services. The campus buildings are connected via a tunnel system.

**PROGRAM EVALUATION AND DEVELOPMENT**
Purpose

A mature training program must have the ability to evaluate itself and initiate changes based on such self-evaluation. We currently have several self-evaluation methods in place. The evaluation methods we use are designed to review both the adequacy of our program at meeting our stated objectives and the adequacy of our goals and objectives themselves in guiding us toward a program which provides our fellows with up-to-date professional training.

Evaluation Methods

Fellow evaluations of training and supervisors: After each training experience, every fellow anonymously completes a form evaluating his or her experiences with the supervisor(s) and site(s). These forms are collected by the Training Director, who notes any significant problems. They are shared with supervisors at the end of the training year. Any serious problems presented through these forms are addressed as quickly as possible to ensure maintenance of quality training experiences. Fellows also complete a full written evaluation of the training program at the end of the training year.

a. Fellow pre-and post-fellowship self-assessment of competency. Fellows self-assess their competency regarding the program goals and objectives for training during the orientation period and at the end of the fellowship. Graduates of the program are also requested to complete a self-assessment.

b. Meetings between fellows and Training Director. The Training Director meets biweekly with the fellows to request feedback on all training issues. This allows us to address issues informally and prior to the development of an intractable problem.

c. Staff meetings devoted to training issues. The Chief of the service periodically brings up training issues for open discussion in the staff meeting. In the past, we have discussed training issues of general interest to the staff, such as changes in the trainee selection process. These discussions have led to changes in various aspects of the training programs.

d. APA accreditation. The program is fully accredited by the APA until 2029.

e. Assessment of past fellows’ employment patterns. As fellows complete the training program, we seek to gather post fellowship employment information yearly.
We review each application holistically and we look for applicants who are a good fit with our programs, such as a strong interest and experience with diversity and individual differences, good experience with evidence-based practice, and/or career goals that are closely aligned with our program aims. Applicants must have completed their dissertations before beginning the postdoctoral fellowship; as such, we prefer that applicants be making good progress with their dissertations and at least have their proposals complete at the time of application.
Total number of postdocs who were in the preceding 3 cohorts 2016-2019 | 6

<table>
<thead>
<tr>
<th>Initial Positions</th>
<th>Postdoctoral Position</th>
<th>Employment Position</th>
</tr>
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<tbody>
<tr>
<td>Community mental health center</td>
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<tr>
<td>Federally qualified health center</td>
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<tr>
<td>University counseling center</td>
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<td></td>
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<tr>
<td>Veterans Affairs medical center</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Military health center</td>
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<td></td>
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<tr>
<td>Academic health center</td>
<td></td>
<td></td>
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<tr>
<td>Other medical center or hospital</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
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<td></td>
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<tr>
<td>Academic university/department</td>
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<td></td>
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<tr>
<td>Community college or other teaching setting</td>
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<td></td>
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<tr>
<td>Independent research institution</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Correctional facility</td>
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<td></td>
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<tr>
<td>School district/system</td>
<td></td>
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<tr>
<td>Independent practice setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
<td></td>
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<tr>
<td>Other (providing MH services to police officers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
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</tbody>
</table>

**Maintenance of Records**

All current year program hard copy materials, including supervisor evaluations of fellows, fellows’ evaluations of training experiences, supervisors and didactic seminars,
competency assessments, training plans, application materials and interview ratings, training meeting minutes, and any other relevant data are kept in a locked file cabinet in the Training Director’s office. At completion of the training year, all data is considered long term and then transferred for storage in a locked file cabinet in the Psychology Service office.

Collecting Personal Information
Clear privacy policy: We will collect no personal information about you when you visit our website.

Training Staff

Core Training Faculty (members of Post-doctoral training committee)

NYASANU A. BARBEE, Ph.D.
University of Wisconsin-Milwaukee
Postdoctoral Fellowship in Psychosocial Rehabilitation and Recovery at Central Arkansas Veterans Healthcare Center – North Little Rock, AR
Assignment: Primary Care Mental Health – Integration, C&P Clinic, Cultural Diversity Committee

LAUREN FITZGERALD, Psy.D.
Long Island University, C.W. Post Campus
Assignment: Community Living Centers; Women’s Wellness Center

DEIRDRA F. FRUM, Psy.D.
La Salle University
Postdoctoral Fellowship in Primary Care Mental Health at VA NY Harbor Medical Center, NY
Assignment: Primary Care Mental Health – Integration; Assistant Training Director Clinical Psychology Postdoctoral Fellowship; Regional Trainer for OMH MI/MET Program, Cultural Diversity Committee

Eftihia Linardatos PhD
Kent State University
Post-doctoral Fellowship: Mood Disorders Service/Dartmouth-Hitchcock Medical Center
Assignment: Home Based Primary Care

STEPHEN LONG, Ph.D.
California School of Professional Psychology
Post-Doctoral Certificate in Psychoanalysis and Psychotherapy, Derner Institute of Advanced Psychological Studies, Adelphi University
Assignment: Post-Deployment Readjustment Program, Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND);
Cultural Diversity Committee; Inter-Extern Training Committee

MELODY MILLANDO-WIRTENSON, Ph.D.
Derner Institute of Advanced Psychological Studies, Adelphi University

LOUIS MORA, Ph.D.
St. John’s University
Assignment: Acute Admissions Units, Intern-Extern Training Committee, Cultural Diversity Committee Lead

JOANNE D. TAYLOR, Ph.D.
Fairleigh Dickinson University
Assignment: Health Behavior Coordinator; Training Director Clinical Psychology Postdoctoral Fellowship; Lead Clinician for Tobacco Cessation; Regional Trainer and Consultant for OMH MI/MET Program; Intern-Extern Training Committee; Cultural Diversity Committee; Co-Chair PACT Steering Committee; Clinical Assistant Professor, Department of Psychiatry, Stony Brook University SOM

Additional Training Faculty

MICHELLE CASTELLANO, Ph.D.
Nova Southeastern University
Assignment: Substance Abuse Residential Rehabilitation Treatment Program, PTSD Residential and Outpatient Program, Cultural Diversity Committee

MARY CAVANAGH, M.D., MPH
Albany Medical College, Columbia University
Assignment: Preventive Medicine Physician, Health Promotion Disease Prevention Program Manager (HPDP-PM), Clinical Assistant Professor, Department of Preventive Medicine, Stony Brook University SOM, Site Supervisor for Preventive Medicine Residency at Stony Brook University SOM

JANET ESCHEN, Ph.D.
Fordham University
Assignment: Acting Chief of Psychology Service, Program Director, Substance Abuse Residential Rehabilitation Treatment Program, Intern-Extern Training Committee

ANAMMA JOSE, M.D.
Assignment: Department of Psychiatry; Primary Care Mental Health-Integration
AMY SCOTT, PSY.D.
Nova Southeastern University
Assignment: Community Living Centers; Community Based Outpatient Clinics; Assistant Training Director for Intern and Extern Training

AMY TAL, Ph.D.
Fordham University
Assignment: Psychosocial Rehabilitation and Recovery Center (PRRC); Training Director for Intern and Extern Training, Cultural Diversity Committee

MAUREEN WELSH, Ph.D.
Derner Institute of Advanced Psychological Studies, Adelphi University
Assignment: Community Living Centers

MATHEW WILLIAMS, Ph.D.
Stony Brook University
Assignment: Mental Health Clinic; Local Evidence Based Psychotherapy Coordinator

Consulting Faculty

GERALD CRUISE, MD – Stony Brook University School of Medicine
Assignment: Northport VAMC Department of Medicine: Section Chief - Primary Care

LISA FISHER, MD – Stony Brook University School of Medicine
Assignment: Northport VAMC – Department of Medicine - Primary Care

CARLOS NUNEZ, M.D. – Stony Brook University School of Medicine
Assignment: Northport VA Endocrinology

MANDAR TANK, M.D. – Stony Brook University School of Medicine
Board Certification in Internal Medicine
Assignment: Northport VAMC Department of Medicine – Access Clinic

EDWARD WEISSMAN, MD, FACP - Stony Brook University School of Medicine
Assignment: Northport VAMC Department of Medicine