

The Psychology Internship Program

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The Psychology Internship Program

The Veterans' Affairs Hudson Valley Health Care System offers fully-accredited APA internships in Clinical and Counseling Psychology. American Psychological Association, Committee on Accreditation, Office of Program Consultation and Accreditation, 750 First St., N.E., Washington, DC 20002-4242. The website is www.apa.org, and the phone number is (202) 336-5979. Internships are full-time (2080 hours) and consist of two major rotations, of six months duration, plus supplemental rotations based on interns' training needs and areas of interest. The Hudson Valley Health Care System offers opportunities to work with a diverse patient population in a variety of clinical settings. Weekly seminars and one-to-one supervision provide specialized training in a range of assessment and treatment modalities. In addition, interns are offered support for their dissertations or other research interests, and have access to a rich array of professional education within the hospital and in the New York metropolitan area.

The Hudson Valley Health Care System

The VA Hudson Valley Health Care (HVHCS) System includes two campuses, Montrose and Castle Point. Montrose is a neuropsychiatric facility providing inpatient, residential, nursing home care, and outpatient mental health services. Castle Point is a medical, surgical, and nursing home facility which also provides outpatient mental health services. Montrose is situated in Westchester County, some 30 miles north of New York City, easily accessed from New Jersey and Connecticut. Castle Point is 30 minutes north of Montrose and is located in Dutchess County. There are also nine satellite clinics in locations ranging from lower Westchester to Ulster County. These clinics offer extensive outpatient medical and psychological services in the surrounding communities.

The Role of Psychology and the VA Mission

In the VA Hudson Valley Health Care System psychologists provide comprehensive clinical services. Psychologists function as members of multidisciplinary treatment teams, provide direct clinical services, consultation, and testing, and engage in research. Psychologists have been part of the Medical Staff for more than 25 years.

The VA mission and the requirements of professional training guide the Psychology Internship Program (ITP). The ITP is reviewed periodically in light of these objectives and the changing needs of the community. All program decisions, including selection of training sites and development of seminars, are informed by these principles.

With the opening of community clinics, the Hospital's outreach efforts have enhanced access to treatment for thousands of Veterans. Psychological services are provided to a wide range of patients in the greater metropolitan area, including historically underserved minority and low-income veterans. As mental health practitioners in a diverse cultural environment, the internship training seeks to enhance the intern's understanding of the relevance of cultural factors in the psychological functioning of their patients.

The Psychology Internship Program Training Model

The term Practitioner-Scholar, emphasizing the “mutuality of science and practice” describes the primary internship training. The Practitioner-Scholar model is reflected in the training goals and objectives which focus on the practice of psychology. Training experience is acquired through clinical practice informed by scholarly inquiry rather than by involvement in laboratory research. Students are trained to think critically and engage in disciplined inquiry, taking into account individual, cultural, and societal considerations in their treatment of patients.

Consistent with the Practitioner-Scholar training model, the ITP strives to develop proficiencies in clinical assessment and intervention, promote a reliance on professional research and literature and develop a sense of professional identity and functioning in patient treatment. 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. Training in Evidenced Based Practices (EB) is provided as a component of the ITP, and time is allotted for outside EB training.

The VA HVHC System's Internship Training Program prepares students for professional practice as psychologists, able to provide a wide array of services to a diverse patient population. We expect that interns will be capable of entry-level autonomous practice at the end of the training year, and strive to achieve this by concentrating on the development of identified, critical competencies which are evaluated throughout the internship year with formal assessments. Based on these competencies and the science of psychology, our training integrates theory with practice, providing experiences that are sequential, cumulative, and graded in complexity.

Although the primary training method is experiential, it is augmented by weekly seminars covering a broad range of topics. We place a strong emphasis on education, prioritize educational activities over the administrative demands of the health care system, and provide opportunities for diverse training experiences. In seminars such as the Journal Club, interns survey the literature and lead the group in discussing clinically relevant studies. Interns are not required to conduct empirical research during training, but many are involved in completing dissertations, and some have undertaken post-dissertation studies in collaboration with our Psychology staff. Consideration is given to students who may need to return to home campuses for data collection or to meet with dissertation committees.

The internship program is committed to the close supervision of interns and believes that much learning occurs through opportunities for observation and role-modeling. All of our supervisors are involved in direct patient care and have frequent contact with interns in treatment teams and co-therapies, in addition to their administrative responsibilities. Supervision is focused not only on specific treatment considerations, but on the intern's personal and professional growth, which is considered essential to the development of a competent practitioner-scholar.

Goals, Objectives and Competencies

The Internship Program has three major goals: (1) Interns will demonstrate proficiency in Clinical Assessment; (2) Interns will demonstrate proficiency in Psychotherapeutic Interventions; (3) Interns will develop a sense of professional identity as psychologists, function in a professional and ethical manner, work confidently and effectively with patients and colleagues, and dedicate themselves to the highest standards of patient care based on scientific research and literature.

Each of the above goals is associated with multiple objectives. Both the goals and the objectives are comprehensive and complex, requiring multiple outcome measures. All objectives are, therefore, measured by two or more specific competencies and, in some instances, by documentation in the medical record, the completion of assigned test batteries, or by successfully completing specific Hospital Training.

The intern rotations, both major and supplemental, vary in their level of complexity, learning opportunities and types of clinical experiences. Most rotations can be tailored to some degree to provide the intern with the specific training experience required to achieve one or more of the Program's goals and objectives. For example, an intern who has not yet demonstrated competency in group therapy techniques can be assigned to co-lead a group on almost any rotation, or interns not yet competent in performing initial assessments can include, as part of their rotation, an increased opportunity to perform this specific clinical function. Therefore, although two interns may complete the same rotation, their training experience may vary based on their identified needs.

In order to establish a Training Program that has a graded level of complexity and addresses the needs of interns as they progress through their rotations, the Intern Training Plan (ITP) was developed. The ITP identifies the intern's training experiences and serves as a guide for determining the initial rotation. The plan also monitors the interns' progress towards achieving competencies in all of the identified training areas. The Training Director, based on the Intern Competency Assessment completed quarterly, can track the interns' progress and record which areas of competence have already been achieved and which require additional training or remediation.

Components of the Program

A. Training Assignments:

1) Major Rotations:

Interns are assigned to two Major Rotations, each of six months duration. These rotations take place on the PTSD and Substance Abuse Treatment residential units. Interns spend approximately two-thirds of their week fulfilling responsibilities in these placements. They function as full members of treatment teams and provide assessment, therapy, testing, and clinical case management, including disposition planning.

2) Supplemental Rotations:

The intern will also be involved in one or more Supplemental Rotations that are estimated to occupy about eight hours each week. These may include

Neuropsychology, Evidence-Based Treatments, Primary Care, Outpatient Mental Health, and Geriatric/Extended Care and Palliative/Hospice Care. These additional rotation experiences afford the opportunity to engage in longer-term individual and group psychotherapy as well as experiences that are catered to the intern's training needs and interests.

B. Supervision:

Interns work with a minimum of three supervisors each rotation, and are exposed to a variety of theoretical perspectives. There is weekly individual, face to face supervision of at least one hour for all hospital, outpatient, and testing rotations. In addition, interns who co-lead groups receive supervision for that experience. Interns are encouraged to consult with supervisors, team members, or other clinical staff as the need arises. Seminars in individual and group psychotherapy, psychological assessment, and other topics add two and a half hours of group supervision each week. Neuropsychological testing is supervised on an individual basis for those who elect to work in this specialty area.

We consider weekly face-to-face meetings and a collegial relationship between intern and supervisor essential to a quality learning experience. Video/audiotaping may be used to review therapy sessions and enhance the richness of both treatment and supervisory experiences.

1) Major Rotation Supervisor:

This is typically a psychologist who is a member of the residential treatment team and is responsible for overseeing the clinical assignment of the intern.

2) Supplemental Rotation Supervisor:

This psychologist supervisor works with the intern on managing their outpatient clinical caseload. Psychologists who provide services in the same setting often invite interns to co-lead established therapy groups.

3) Testing Supervisor:

Each intern has a psychologist to supervise psychodiagnostic testing who oversees completion of required test batteries, consisting of both projective and empirical measures.

C. Seminar Series:

The Internship Training Program offers numerous weekly seminars. Some follow a case conference model, others are didactic or experiential. Seminars are presented by members of the Mental Health Care Line or by outside consultants and reflect interns' interests, as well as current topics in the field. Recent offerings have included individual psychotherapy, psychodiagnostic testing, and group psychotherapy case conferences. A monthly psychopharmacology seminar conducted by Psychiatric providers throughout the hospital has been a recent addition to the seminar series offered for interns. An overview of neuropsychology is offered throughout the year as well as a seminar on use of the Rorschach. Brief courses in crisis intervention

include assessment of suicidality and managing violent patients. Seminars in ethical standards, interview techniques, and treatment of minority Veterans are also offered. Recently added seminars beginning include training in providing supervision, ethical and legal issues, issues specific to newer era Veterans, and evidenced based treatment. A seminar in Forensic Psychology has been added as well as a series of seminars on cultural and individual diversity issues and issues related to transference/countertransference, boundaries, and treatment of Axis-II diagnoses.

In addition to these programs, there are three other educational resources available to the intern: these are bi-weekly Continuing Education presentations and case conferences, and numerous educational opportunities in the New York metropolitan area. Interns may be asked to present cases at a hospital-wide Grand Rounds which is held bimonthly during the academic year.

Supervisory Faculty

Doctoral level licensed psychologists have primary clinical responsibility for supervised cases and provide the vast majority of supervision in our program. Training is also provided by mental health professionals from allied disciplines, such as nursing and psychiatry, who serve as adjunct supervisors and consultants.

For the sake of consistency, and to the extent possible, much of the supervision is held at the same time each week. This is also true of seminars, which are planned around conflicting demands of various rotation schedules. Beyond these routine sessions, much supervision occurs informally. In addition to maintaining an open door policy, supervisors and other clinical staff interact with interns frequently throughout the day. Typically the workday begins with an interdisciplinary team meeting to discuss new admissions and review current patients. On the units and in the clinics, psychotherapy and psychoeducational groups may be co-led by interns and psychologists or other professionals. Supervision for this work often occurs as an adjunct to regularly scheduled sessions.

The Psychodiagnostic seminar meets biweekly and is an opportunity for interns to present and discuss assessment cases, share experience and refine assessment skills.

Intern/Staff Relations

The hallmark of our Internship Training Program is one of close collaboration between interns and psychology staff. This is achieved through formal supervision, in conjunction with ample opportunities to observe, interact, and participate with clinical staff in the provision of treatment. Most important, it is reflected in a collegial regard for interns and commitment to providing opportunities for professional growth. Supervisors work closely with interns and collaborate as members of interdisciplinary treatment teams. Interns are encouraged to pursue specialized research or training goals and may join staff on projects of mutual interest.

Team meetings provide opportunities for interns to work closely with staff from other disciplines, including psychiatry, social work, nursing, medicine, recreation, and art

therapy. These meetings allow a cross-fertilization of ideas, and enhance the intern's understanding of the unique role of psychology in the patient's treatment.

Cultural Diversity

We believe interns not only benefit from the range of perspectives brought by a culturally diverse staff, but that the experience of treating individuals from varying cultural and ethnic backgrounds is crucial to their professional development.

Patients and staff at the VA Hudson Valley Health Care System represent a diverse mix of individuals. As a result, interns have opportunities to collaborate with staff and treat patients from a variety of ethnic, cultural, religious, and socioeconomic backgrounds. We recognize the importance of having our professional staff reflect this diversity, and have attracted and retained staff members from minority groups.

Several venues are provided to enhance the understanding of cultural issues in treatment. Internship seminars address issues relevant to minority veterans including race, and ethnicity. These seminars incorporate theoretical and empirical literature and provide the opportunity to focus on cultural considerations. We address concerns specific to women Veterans, and have recently added a seminar focusing on the impact of spiritual issues in treatment.

Training Program at Hudson Valley Health Care System

Training Experiences:

1) Major Rotations (2 rotations; each six months in duration):

Interns are assigned to two Major Rotations throughout the year. These rotations take place on the PTSD and Substance Abuse Treatment Program residential units. Interns spend approximately two-thirds of their week fulfilling responsibilities in these placements. Each Intern will be provided a Supervisor to supervise experience on these units.

I. Residential Units:

A. Residential Post-Traumatic Stress Disorder Unit:

This 24 bed unit assesses and provides intensive treatment of Veterans who experienced trauma related to their military service. Treatment is exposure based for 45 to 90 days. Assessment procedures include an extensive psychological history, with detailed evaluation of the precipitating traumatic events. The unit, structured as a therapeutic milieu, focuses on the sequelae of trauma, with most treatment provided in a group format. Interns serve as treatment coordinators providing individual psychotherapy as well as leading/co-leading groups. Therapy promotes social skills, problem-solving, individual responsibility, and appropriate management of anger. Couples or family treatment may be offered for those Veterans who have maintained family relationships. This unit is coordinated by a psychologist, and is required for all interns as a six-month rotation. Virtual

Reality Exposure Training is available to patients on this unit. This activity is directed by a psychologist and training is available to interns.

B. Residential Substance Abuse Treatment Program (RSATP):

The 32-day, intensive substance abuse treatment program combines both group and individual therapy in the veteran's schedule. The objective of the SATP-R is to provide the veteran with a drug-free environment so that s/he may work towards sustained sobriety by achieving a better understanding of the forces that have led to their addiction and by developing coping skills to deal more effectively with relapse issues. The program utilizes a mixture of "best practices" i.e. Cognitive behavioral, Seeking Safety in addition to a wide variety of group treatment interventions and educational groups. The mission of the Substance Abuse Treatment Program-Residential Section is an outgrowth of the overall VA HVHCS's mission. The program's mission is to provide the highest quality, cost effective, substance abuse care in the residential setting, so that veterans may achieve their highest level of functioning. Couples or family treatment may be offered for those veterans who have maintained family relationships. The goal of the SATP-R is to provide the highest quality of care in the least restrictive environment. This unit is coordinated by a psychologist, and is available to interns as a six-month rotation.

2) Supplemental Rotations (6 or 12 months in duration):

The intern will also be involved in one or more Supplemental Rotations that are estimated to occupy about eight hours each week (7 hrs-clinical, 1 hour-supervision). These may include Neuropsychology, Evidence-Based Treatments (DBT, CPT, CBT-I), Primary Care, Outpatient Mental Health (Group/Individual therapy) and Geriatric/Extended Care and Palliative/Hospice Care. *These experiences may be combined based upon Intern's preference or in order to ensure a comprehensive training experience.* Each Intern will be provided a Supervisor to supervise these training experiences.

II. Other Training Opportunities/Rotations:

A. Neuropsychology:

In the Health Care System neuropsychological services, including cognitive assessment and rehabilitation, are provided by specially trained psychologists. Referrals for neuropsychological services may come from any setting in the Health Care System. Requests include evaluation of the effects of closed head injuries, CVAs, neoplasm, epilepsy, exposure to toxins, pre-senile dementia, or medical disorders causing metabolic changes within the brain. More recently, Veterans returning from Iraq are evaluated for Traumatic Brain Injury (TBI). Interns that elect to work in this area are supervised for each of their cases. In addition, they have the opportunity to pursue research interests in this field.

B. Evidence-Based Treatments (DBT, CPT, CBT-I):

Most psychologists and other clinical staff throughout the Health Care System are trained in multiple Evidenced-Based Treatments. All interns are trained on-site in Cognitive Processing Therapy (CPT) and many have been able to participate in other evidenced based models including Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy for the treatment of Insomnia (CBT-I). Interns are asked to complete 2 CPT individual cases throughout the course of the year and can participate in other Evidenced-Based Treatments based on interest and training needs. The Health Care System has a DBT treatment team that includes individual therapists and group skills training providers.

C. Primary Care/Outpatient Mental Health:

Interns on the Primary Care/Mental Health rotation, work under the supervision of a psychologist. This can include participation with primary care services or more general duties with referrals from the outpatient mental health services. Primary care duties include completing evaluations of Veterans referred by primary care or a specialty clinic. On average, the intern can anticipate completing two evaluations a day, spending 1 hour interviewing the Veteran and 1 hour completing the necessary documentation. The interns also complete brief triage assessments for about 15 to 20 minutes. There is the possibility to complete neuropsychological screening (i.e., R-Bans) as well. In addition there is the opportunity to develop a caseload of short term individual patients with mild Axis I diagnoses. Through Outpatient Mental Health, the Intern will have the opportunity to treat a number of individual patients with varying psychological issues for whom they provide psychotherapy for all or part of the internship year. They may also co-lead on-going therapy groups, and provide assessments for new referrals.

D. Geriatric/Extended Care and Palliative/Hospice Care Rotation:

The Geriatric/Extended Care and Palliative/Hospice includes treatment duration ranges from short-stay rehabilitation to long-term care to end-of-life palliative/hospice care., and This service includes patients with complex medical and psychological conditions and various services occur on both hospital campuses. The interdisciplinary treatment team includes a Physician, Social Worker, Nursing, Recreation, Physical/Occupational Therapy, Pharmacy, Dietary, and Psychiatry. The intern can also work with the Palliative Care Consult Team, which includes a Nurse Practitioner, Chaplin, Social Worker and Physician. Interns are responsible for providing individual therapy, completing initial clinical assessments, providing consultative feedback to treatment team members, mental status assessment and monitoring, and assisting unit staff with behavioral management issues. This rotation also provides an opportunity to work with families.

E. Consultation:

The intern's role as a consultant is narrowly defined as testing provided by interns to treatment teams seeking psychological or neuropsychological assessments to answer diagnostic questions and to help develop appropriate treatment goals. Requests for testing consultation are initiated by the patient's treatment team or by a member of the team. When the testing is completed, the intern provides feedback to the staff that initiated the consultation, and prepares a formal presentation to be made to the treatment team, the patient, and possibly the patient's family. The intern addresses issues of diagnosis, psychological and cognitive functioning, and provides recommendations for treatment.

F. Research:

Interns are encouraged to pursue independent research or complete work on dissertations. To this end, staff is available as mentors to help clarify ideas and find solutions to many of the practical problems inherent in research. Past projects have included studies of Schizophrenia, Alzheimer's disease, Post-Traumatic Stress Disorder and memory disorders. Cooperative research projects are underway with New York Medical College, the Bronx Veterans Affairs Medical Center, and Mt. Sinai School of Medicine. Hudson Valley Health Care System is also an active participant in the VISN 3 Mental Illness Research Education and Clinical Center (MIRECC) – a specially funded program to enhance services to seriously mentally ill Veterans.

G. Move Program:

Interns have the opportunity to facilitate a monthly psychoeducational program to overweight Veterans focusing on the behavioral and emotional factors which can contribute to overeating. The emphasis in this training opportunity is health psychology.

3) Assessment:

Interns are expected to complete 10 comprehensive assessment reports (1 sample + 9 Intern-administered batteries) during the internship year. A completed report will be due at the end of each month, September (sample data provided) through June. Each Intern will be assigned a Testing Supervisor.

4) Seminars/Didactics:

Interns will participate in weekly seminars. Thursdays, from 11:30-4:30, is designated for these didactic seminars.

Expected seminars include:

1. Group Supervision (2x/month)
2. Diagnostic Seminar (2x/ month)
3. Meeting with training directors (2x/month)
4. CPT supervision (every week)
5. Peer Supervision/Intern Lunch (every week)
6. Ethics (1x/month)
7. Forensic psychology (2x/year)
8. OEF/OIF/OND issues (2x/year)
9. Smoking cessation (1x/year)
10. Couples counseling (1x/year)
11. Treatment of insomnia (1x/year)
12. Transference/Counter-transference (2x/year)
13. Supervision (1x/per year)
14. Multicultural issues (4x/year)
15. Suicide Prevention (1x/year)

IV. Program Assessment

The Hudson Valley Health Care System Internship Training Program is committed to an ongoing assessment of our Training Program. Supervisors assess the intern's development and provide on-going feedback. Formal assessments are completed at three, six, nine, and twelve months. Ongoing outcome data are collected on current interns to determine the Training Program's effectiveness in achieving our goals and objectives. This is accomplished with the Intern Training Plan which serves as a monitor of the intern's progress towards achieving competencies in all of the identified training areas.

At the end of each rotation, interns assess the training program and rate their experience along dimensions of clinical interest and professional relevance. They are asked to consider interpersonal aspects of their assignments such as openness of staff to their perspectives, and treatment teams' willingness to integrate new members. They rate their supervisors in terms of professional knowledge, availability, interest in supervision, and flexibility.

Data (Distal Data) are also collected from graduates from the Internship Training Program to provide a greater wealth of information relevant to the relationship

between the internship experience and changing standards of practice. Included on this form are data regarding Assessment and Diagnostics, Psychotherapy, Consultation, Ethics and Professional Conduct, the Scientific Basis of Practice, and Cultural Diversity. These are essentially the competencies we also measure to assess the Internship training goals and objectives. Data are collected from former interns to determine if state licensure was obtained.

V. Primacy of Treatment

We place a strong emphasis on the educational needs of interns and ensure that these needs take precedence over the administrative demands of the Health Care System. We do this by prioritizing critical elements of the training experience as opposed to activities such as generation of revenue. We limit the intern's caseload to what is appropriate to their learning needs and relieve them of unit responsibilities to attend scheduled seminars, outside training and supervision. We believe interns should be treated as professionals and that demands on their time should not exceed the expectations of permanent staff, and these demands focus on the intern's training experience.

Administrative Issues and Application Procedures:

The internship begins September 1 and concludes August 31. There will be four full-time positions in the coming year, each with a stipend of \$27,031.

Applicants must be U.S. citizens who are doctoral candidates in an **APA approved** graduate program in Clinical or Counseling Psychology.

- Applicants should submit a curriculum vitae, APPIC Application Form, transcript of graduate school courses, two letters of recommendation, and approval from the university Chairperson indicating that necessary preparations for an internship have been completed. Deadline for submitting applications is November 7th.
- For any questions contact Linda Bardes-Cummings, Administrative Assistant, Psychology Internship Training Program, 914-737-4400 Ext. 3428.
- Interviews will be held at the Montrose Campus.
- Interviews will be completed by January 31; deadline for scheduling appointments is December 31.
- Our Internship Program complies fully with policies of the Association of Psychology Post-Doctoral and Internship Centers (APPIC) regarding offer and acceptance of internship positions.
- 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. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you will have to sign it.
- More information regarding administrative policies for interns including specific information about leave policies, grievances and other information is available upon request. The following further information is available upon written request to the internship:
 - Further information on intern performance evaluation
 - Procedures for intern feedback, advisement, retention, and termination
 - Due process and grievance procedures for interns and training staff
 - Requirements for completion of the internship
 - Any other administrative policies and procedures

DIRECTIONS:

From Upper New York

- Route 84 to Exit 13 – Route 9 South to Welcher Avenue Exit (Route 9A)
- Follow Route 9A to FDR VA Hudson Valley Health Care System on right.
- OBSERVE SPEED LIMIT. Follow posted signs to parking area.

From New York City

- Take NY Thruway (Route 87) to Tarrytown Exit (last exit before Tappan Zee Bridge) Route 9.
- Follow Route 9 North to Montrose Exit (Route 9A).
- Left turn on Route 9A, proceed to FDR VA Hudson Valley Health Care System on left.

From New Jersey

- Take Palisades Parkway to Bear Mountain Bridge. Cross bridge and follow Route 6/Route 202 (Peekskill).
- Bear right on traffic circle and follow signs for Routes 9/202/6 – Peekskill.
- Stay on Route 9 South and exit at Welcher Avenue (Route 9A). Continue to FDR VA Hudson Valley Health Care System on right.