POSTDOCTORAL RESIDENCY IN CLINICAL PSYCHOLOGY
VA St. Louis Health Care System
St. Louis, Missouri
2019 - 2020

https://www.stlouis.va.gov/careers/STL_VA_Health_Care_System_Psychology_Training_Programs.asp

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***Expected Start Date: July 22, 2019**
***may be negotiable depending on individual circumstances**

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FOREWARD

Thank you for your interest in our psychology training program at the VA St. Louis Health Care System!

The VA St. Louis Health Care System has offered psychology training since the late 1950's. Our psychology internship program earned accreditation by the American Psychological Association (APA) in 1980 and has grown through the years to our current structure of 5 general internship positions and 1 neuropsychology track position. We began our postdoctoral training programs in 2008 and became accredited by the APA in March 2013 (next review will be 2020). In our traditional 1-year programs, residents train within the emphasis areas of **Recovery Programs, Posttraumatic Stress Disorder (PTSD), and Primary Care Mental Health Integration (PCMHI).** In our 2-year specialization in **Clinical Neuropsychology** one Neuropsychology position is awarded each year.

The traditional clinical psychology positions (Psychosocial Recovery, PTSD, and PCMHI) are designed to emphasize advanced, evidence-based clinical training in frontier areas of psychology service delivery while our clinical neuropsychology residency is designed to meet specific specialization standards.

We know you are carefully scouring the details of specific programs you have identified as matching your training interests. We also understand the importance of seeking placements that will offer the best personal and professional returns for the investment of your time and resources. As you sort through all these details, **we would like to offer a few highlights of what you can expect from our postdoctoral residency programs.**

- You can expect mentoring and supervision from incredibly talented and skilled practitioners who are enthusiastically committed to your training and growth.
- You can expect a training structure that equally supports and challenges your progressive development over the course of residency.
- You can expect to find a training environment that equally recognizes and values the contributions our residents bring to us in the form of diverse and informed perspectives.

For the training year 2019-2020, our targeted start date will be **July 22, 2019**. Our program may accommodate later start dates for those applicants still finishing their internship at the time of our targeted start date.

If you have questions about our program that are not addressed by this brochure please contact the Training Director, Kate Goedeker, Ph.D. by e-mail at Katherine.Goedeker@va.gov or by phone at (314) 652-4100 x66726.

Sincerely,

Dr. Kate Goedeker & St. Louis Psychology Training Council

Questions regarding program status should be directed to:
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PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM

The VA St. Louis Health Care System (VASTLHCS) is part of VISN 15, The Heartland VISN. The VASTLHCS is a two-division medical center with the majority of medical specializations being housed at the John Cochran (JC) division and the majority of the mental health/rehabilitation services being housed at the Jefferson Barracks (JB) division. The Hope Recovery Center, located in midtown St. Louis, also provides services to Veterans including housing programs, job programs, and mental health programs. VASTLHCS provides comprehensive mental health care, including inpatient, residential, outpatient, integrated services (e.g., MH services integrated into Primary Care, Spinal Cord Injury, Community Living Center, and Pain Rehabilitation Programs), and community-based services to an average of more than 14,000 Veterans and greater than 142,200 visits a year. The Mental Health Service is led by the Associate Chief of Staff, Dr. Metzger, who is a psychologist. Psychologist are members of Medical Staff of the VASTLHCS, which allows them to serve on various facility-level leadership and steering committees. The Residency program remains under the administrative oversight of the Psychology Training Council and Training Director.

In accordance with the overall mission of the Veterans Health Administration (VHA), psychology training (as well as other associated health and medical programs) is to be conducted within an integrated service delivery model. Training is designed not only to improve the health of our Veterans but also to ensure an active and competent workforce of health professionals able to support the Department of Defense (DoD) and Federal Emergency Management Agency (FEMA) in times of local or regional disaster.

Psychologists at the VA St. Louis Health Care System engage in a wide variety of clinical, teaching, and administrative activities and have considerable autonomy in their professional endeavors. The number of psychologists and the diverse areas in which we practice have undergone a rapid expansion in the last ten years. We have approximately 45 doctoral level psychologists on site operating in a variety of areas within mental health and integrated into medical clinics. The doctoral supervisory staff is highly qualified and experienced, and all are licensed as psychologists. Various staff members have part-time private practices, are affiliated with local universities/medical schools, conduct research, and are active in community and national professional organizations. Some of our psychologists are engaged in research activities, and when their areas of research align with residency placements, this can afford another opportunity for psychology residents.

PSYCHOLOGY TRAINING

Our program has run continuously since its inception with the full support of VA administration and leadership. We receive VA funding to host 6 psychology interns and 5 psychology residents. We also regularly offer unpaid practica rotations to students from APA-accredited psychology graduate programs with which we hold affiliation agreements.

We have 5 funded resident positions. Each residency position is designed as a full-time (40 hours/wk), 12 month (2080 hour) training experience with the exception of the Neuropsychology residencies which are 2 year appointments, with the proviso that the second year appointment is contingent upon satisfactory completion of the first year. The two year residency schedule is designed to form the basis for pursuing board certification for Neuropsychology. Residents are expected to complete the entire training commitment in their area of specialty training. Psychology residents within each of the emphasis areas begin their training year by collaborating with their primary supervisors to identify specific clinical areas for growth and to

set personal goals for training, resulting in the collaborative development of a learning agreement which guides the resident's training experiences. These documents explicate training objectives, experiences, and expectations for training fidelity while also meeting the State of Missouri's licensure requirements for post-degree resident supervision. A review of license activity from our residency classes since 2008 shows they each have obtained licensure at the earliest date at which they were eligible. A review of our staff biographical vignettes at the conclusion of this brochure reveals we have a large number of staff who trained within this very VA! We believe this reflects the rigor and excellence of our training curriculum, the rewarding nature of the professional psychology careers within our health care system, and the collegiality of the psychologists serving together at our VA.

To maintain quality and fidelity to excellence in training, our program routinely collects training data through comprehensive quarterly training evaluations, supervisor evaluations, and post-graduation evaluations measuring how well elements of the training environment help residents develop necessary clinical and professional competencies. We host 2 town hall meetings with all trainees and supervisors over the course of the year in our Psychology Service Meetings and each spring we offer an anonymous survey designed to elicit honest feedback and recommendations regarding all elements of our training program. This structure allows for information sharing and collaborative problem solving in real-time, as opposed to a process of delayed solicitation and delayed action. This information is used in the Training Council's annual strategic planning session to continue quality improvements. We believe it is because of these procedures that our formal program outcome data has consistently reflected positive evaluations from our interns and residents.

THE PSYCHOLOGY RESIDENCY PROGRAM

A. TRAINING PHILOSOPHY AND PROGRAM AIMS: The VA St. Louis Health Care System psychology training program structures itself based upon a scholar-practitioner model with a specific focus on the knowledge, skills, and competencies required for success in a complex health care system. Our instructional approach is developmental. We believe in meeting trainees "where they are" and then facilitating the development of their competencies over the course of their training program such that they achieve –or exceed- the minimal levels of expected achievement by the completion of their training program. This approach is used by necessity during internship year, but proves equally effective during residency, where foundational skills are honed through graduated clinical experiences designed to culminate with the resident functioning as close as possible to the level of competency that would be required as an independent practitioner.

The program utilizes a variety of learning methods to assist trainees in achieving competence in these domains including, individual supervision, didactics, experiential trainings, participation in team meetings, and modeling from psychologists and other staff. Additionally, our training programs provide opportunities to practice and demonstrate achievement of the following profession-wide competencies over the course of their training experiences:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention

8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

We believe emphasis upon these competencies facilitates residents from our program becoming skilled, well-rounded, ethical, licensure-ready clinicians capable of the independent practice of psychology and able to meet licensure in the State of Missouri as outlined in the Missouri State Committee of Psychologists Practice Act and Rules available at www.pr.mo.gov/psychologists.asp.

Residency Structure

The VA St. Louis Health Care System psychology residency program follows a multiple practice format as defined by APA's Policy Statements and Implementing Regulations. The residency is organized into two separate areas:

1. Substantive traditional practice area of Clinical Psychology, with three areas of emphasis:
    - Psychosocial Recovery and Rehabilitation (PRRC SMI services)
    - Posttraumatic Stress Disorder (PTSD)
    - Primary Care Mental Health Integration (PCMHI)
2. Specialty practice area of Clinical Neuropsychology (two-year program)

1. Traditional Clinical Psychology Aims

Our primary aims for the clinical psychology residency are:

- To prepare residents to function as independent practitioners through the development of advanced skills in the program's identified profession wide competencies.
- To prepare residents with a breadth and depth of practical experiences within their emphasis areas such that they can leave residency with sufficient readiness to promote specific techniques for clinical assessment, intervention, consultation, supervision, and scholarly inquiry to make professional contributions in whatever setting they are employed.

2. Specialty Clinical Neuropsychology Aims

Our specialty residency in clinical neuropsychology adheres to Houston Conference Guidelines. The general programmatic guidelines as outlined in the Houston Conference Guidelines are met by our two-year full-time residency program as follows:

- The Neuropsychology Residency Training Director is a board-certified clinical neuropsychologist.
- Training experiences occur with direct affiliation to the host VA facility and with proximal training occurring with on-site clinical supervision.
- There is access to clinical services and training programs in medical specialties and allied professions (e.g., the resident has regular interactions with a broad range of health care professionals including medical providers in primary care, neurology, neuropathology, physiatry, psychiatry, as well as other psychologists and other psychology residents [including the second resident in neuropsychology], and interns, nurse practitioners, nursing, physician assistants, and a range of allied professions [e.g., occupational therapy, physical therapy, speech therapy, vocational rehabilitation specialists]).
- There are interactions with residents in medical specialties and allied professions (the resident interacts with other psychology residents [including the other resident in neuropsychology as well as residents in pediatric neuropsychology at Wash U./St. Louis Children's Hospital]; interacts with medical residents and allied professions through the

Polytrauma/TBI Clinic, in context of Neuropsychology Clinic, and in context of external didactics at neurology and neuropathology at Washington University in St. Louis).

- Each resident spends significant percentages of time in clinical service, and clinical research, and educational activities, appropriate to the individual resident's training needs for the Neuropsychology Specialty Residency Program.

The overall aims for our clinical neuropsychology residency are:

- To prepare residents for independent practice in clinical neuropsychology through the development of advanced understanding of brain-behavior relationships as well as advanced skills in neuropsychological evaluation, treatment, scholarly activity, and consultation to patients and relevant medical/behavioral professionals.
- To provide appropriate foundational and specialty training such that residents are prepared for independent practice in clinical neuropsychology as evidenced by eligibility for state licensure for the independent practice of psychology and by eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology following completion of residency.

B. Areas of Clinical Training:

1. Posttraumatic Stress Disorder (1 FTEE position)

The PTSD residency provides a one-year intensive training experience in clinical psychology with an emphasis on diagnosis, treatment, and consultation with a military combat-related PTSD patient population.

Clinical Service Overview: The VASTLHCS is the only VA in the nation that has 2 Posttraumatic Stress Disorder Clinical Teams (PCT). PTSD Team 2 serves our returning Veterans from Afghanistan and Iraq (OEF/OIF/OND), and PTSD Team 1 serves Veterans from all previous conflicts. Both PCTs are fully functional multidisciplinary teams, with services offered by psychologists, psychiatrists, social workers, and nursing staff. Staffs on both teams are certified in various evidence based treatments including CPT, PE, CBT for Insomnia, ACT, MI, CBT, and Problem Solving Therapy.

PCT 1 (World War II – 2000)
PTSD Team 1 treats Veterans with PTSD stemming from conflicts ranging from WWII through 2000. There is an emphasis on Vietnam Veterans, though Veterans from others conflicts, such as Desert Storm, are increasingly seeking services. The clinic has approximately 1500+ PTSD patients enrolled in active care and receives a steady stream of new patients providing opportunity for evaluation/assessment and treatment planning. The clinic model offers a range of treatment options but is primarily group therapy-driven and offers a wide variety of therapy modalities. There are two tracks of group treatment; long-term process groups and time-limited evidence based therapy groups. Examples of current group offerings include an Intro to PTSD Class (for new patients), multiple Vietnam Trauma Process Groups, Seeking Safety, Cognitive Processing Therapy, ACT for Combat PTSD, as well as more symptom focused groups, such as hyperarousal/anger, comorbid depression, and sleep/nightmare related to combat PTSD.

PCT 2 (Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)
PTSD Team 2 was created to provide an evidenced-based continuum of mental health care to Veterans from OEF/OIF/OND with combat-related PTSD and associated injuries and/or adjustment problems. This team works closely with adjacent resources such as Primary Care Mental Health Integration, the Level 2 Polytrauma/TBI Clinic, Inpatient Mental Health, the

Women's Clinic, Veteran's Justice Outreach, and multiple internal and external liaison services/resources dedicated to triaging the care needs for Veterans of current military operations. Following independent research conducted into OEF/OIF/OND Veterans' preferences for treatment, this program strongly emphasizes evidence based individual psychotherapy for PTSD. Psychologists in PTSD 2 trained with Dr. Resick at the Center for Trauma Recovery as CPT was being developed and adapted to military trauma, and PTSD 2 therapists are certified in CPT, PE, CBT-I, ACT, MI, and Problem Solving Therapy.

Resident Experiences: Residents will participate in a training program of approximately 70% clinical service, 10% research/performance improvement/program evaluation, 10% inter-professional treatment team meetings/consultation, 10% didactics/professional development with some flexibility dependent upon individual areas of interest. Breadth of training will promote advanced skills in diagnosis and treatment with an emphasis on evidenced-based intervention, inter-professional treatment team functioning, as well as a project outlined more below. Depth of training will emphasize advanced skill acquisition and expertise in the treatment of military PTSD and trauma-related disorders. The resident's time is divided between the two teams in order to maximize learning about the differences in PTSD presentation and treatment needs among various cohorts.

The resident will be involved in every stage of service provision including opportunities in triage, consultation and liaison, assessment (both diagnostic interview and psychometric assessment), differential diagnosis, psychotherapeutic intervention, multidisciplinary PCT treatment team meetings, and Veteran outreach and education as appropriate. Interaction with adjacent clinics and professional disciplines will be an integral part of training. The clinical service portion of training will emphasize acquisition of evidenced-based intervention skills, which may include CBT, CPT, PE, CBT-I, ACT, MI, and Seeking Safety, with an emphasis on exposure/trauma narrative-based treatment approaches.

We expect that residents will play an active role in performance improvement/quality management in their training area in the form of a scholarly project for the year. This project will be identified in the first month of training in a collaborative fashion with the resident's primary supervisor and related staff, and progress will be monitored by the resident's supervisors. Possible projects will involve program development, outcome measure design and/or implementation, fidelity measures, or performance improvement enhancements to existing programs. In order to facilitate a comprehensive knowledge base of trauma theory and interventions, residents will also make use of medical library, VA online educational programs, and special local or regional training. They will also participate in scheduled didactic and enrichment seminars to provide an additional breadth of learning with respect to the broader traditions of clinical psychology.

Facilities and Staff Support: The 2 PTSD teams are housed in our PTSD clinic building, which includes a dedicated trainee office with computer access and unit secretarial support. The two PCTs are staffed by 4 Psychiatrists, 5 Psychologists, 3 Clinical Social Workers, 2 psychiatric RNs, and 2 unit clerks.

2. Psychosocial Recovery Programs (1 FTEE position)

This position has traditionally been placed primarily within our Recovery Programs services based out of the Hope Recovery Center in downtown St. Louis, MO, near the John Cochran division VA hospital. Psychosocial Recovery (PSR) services at VA St. Louis Health Care System are informed by SAMHSA's ten guiding principles of recovery. These principles

emphasize Veteran choice, maximizing independence, and striving to instill hope that a meaningful life is within reach of every individual. Residents work closely with a multidisciplinary team of social workers and peer support specialists within a facility which also houses programming for homeless Veterans and compensated work therapy programs.

Clinical Services: The residency is mainly housed at the VA St. Louis Hope Recovery Center (HRC). At the HRC the resident is considered a member of the Psychosocial Rehabilitation and Recovery Center (PRRC) treatment team and also participates in some activities with the Mental Health Intensive Case Management (MHICM) team, our local Assertive Community Treatment (ACT) team. Clinical training and responsibilities include assessment and treatment of Veterans with SMI such as schizophrenia spectrum disorders, mood disorders (Major Depressive Disorder, Bipolar Disorder) and Posttraumatic Stress Disorder. Specific clinical opportunities include providing psycho-educational and skills groups, individual therapy, and individual recovery coaching within the PRRC. The resident will provide services at the Hope Recovery Center, other VA St. Louis locations as needed, and some services during community visits. The resident acts as a liaison between the PRRC and the MHICM team and in this role attends MHICM team meetings once weekly. The resident has the opportunity to work closely with other program staff at the HRC, namely staff from the homeless programs and Compensated Work Therapy (CWT) team, to provide coordinated care and services. Residents interested in this population in other settings, such as the Substance Use Disorders, Inpatient Psychiatry, and the Domiciliary, may pursue mini-rotations in these areas as well. The resident will also have an opportunity to interact with providers from the wider VA St. Louis community by attending monthly meetings including the monthly Psychology staff meetings, and monthly Psychology Grand Rounds seminars.

In addition to providing clinical services, residents will conduct a scholarly project over the course of their training year. This project will be presented during the spring at Psychology Grand Rounds. Residents also have the opportunity to participate in psychology councils (Practice Council, Cultural Competency Council) or VA-wide committees of interest.

3. Primary Care Mental Health Integration (1 FTEE position)

Clinical Service**:** VA St. Louis Health Care System was awarded substantial funding to integrate mental health services into primary care. Our first 2 positions began in 2006 and with additional funding in 2007, our program has now grown to 10 full-time psychologists who are integrated into all primary care teams at the John Cochran and Jefferson Barracks Divisions, 4 Community Based Outpatient Clinics (in Missouri and Illinois), and 3 community Annex clinics. In 2009, we added a full-time psychiatrist and a full-time nurse coordinator to meet the needs of the integrated team. Our primary care clinics are interdisciplinary and based upon the Medical Home Model, which is identified within the VA system as Patient Aligned Care Teams (PACT).

Methodology: Our training approach is based on providing the resident with exposure to a broad range of primary care patients and providing comprehensive training in the core areas of skill and knowledge for primary care practice, as outlined by the APA Interdivisional Task Force for a Primary Care Curriculum (McDaniel, Belar, Schroeder, Hargrove, & Freeman, 2002). This includes didactic and experiential content in the biological, cognitive, behavioral, and socio-cultural aspects of health and illness, health policy and healthcare systems, clinical assessment and interventions of common primary care conditions, inter-professional collaboration in primary care, and ethical, legal, and professional issues in primary health care.

Initially residents observe supervisors and are provided with didactic experiences that educate them in the areas listed above. As the resident becomes more familiar with the service delivery model, they are required to engage in services which essentially mirror that of fully licensed staff. This includes conducting intake visits with patients referred for a general evaluation or determination of level of care needed following a positive screen for depression, PTSD, or substance use. Additionally the PCMHI team works collaboratively with the primary care providers to offer services to address the most common health related visits, including diabetes management, chronic pain, and obesity. In cases that do not require more specialized or intensive services, the primary care resident provides brief interventions (typically limited to 4-6, 30 minute sessions) for a wide variety of problems, including: helping patients adhere to interventions initiated by the PCP, maintaining stable functioning in a patient who has responded to previous treatment, managing a chronic medical condition or improving tolerance to invasive or uncomfortable medical procedures, and helping change lifestyle issues or health risk factors among patients.

Application of evidence-based care is supported through a variety of mechanisms. First, whenever possible, interventions are guided by VA/DOD Clinical Practice Guidelines for depression, substance use disorders, PTSD and psychotic disorders. Second, emphasis is also placed on current literature regarding the screening, assessment, and treatment of behavioral health issues in PC, which is maintained through a biannual journal club held during our PCMHI staff meetings. Third, additional EBT training is available through our staff experts in CBT and MI as described elsewhere in this brochure.

This program is considered a “traditional” (non-specialty) residency program, where PCMHI is an area of emphasis. This has allowed us some flexibility in facilitating training experiences based upon a resident’s specific area of interest. Past examples include work with the Spinal Cord Injury program on the days they host SCI PACT medical appointments and conducting group services through the Interdisciplinary Pain Rehabilitation program. Other opportunities may be available depending upon space and resources, although our primary focus is always upon working within primary care services. Learning agreements are developed at the beginning of the training year and placement/location for residents typically occurs based upon availability with respect to office space, supervisor availability, and the resident’s specific interests.

Residents are also allotted a small portion of dedicated time to participate in scholarly activities which may include joining research studies already in progress or developing specific programs for implementation within the program.

Facilities and Staff Support: In 2011, the delivery of primary care (PC) services expanded access to Veterans through the development of “annex clinics” within St. Louis communities. We currently operate out of John Cochran, Jefferson Barracks, North County, St. Charles County, Washington MO, St. Clair County/Shiloh IL, 2 general Annex locations, and the Women’s Clinic Annex. Each team varies in composition and patient population, but includes physicians, physician assistants, pharmacists, nurse practitioners, and psychologists. The postdoctoral resident is expected to attend PC team meetings and be available to provide both informal and formal didactic in-services to Primary Care Providers (PCPs). Interactions with PC staff are frequent, with the resident providing timely feedback to any referring PCP by one or more of the following means: electronic progress note, in-person consultation with PCPs, e-mail messaging, and/or an instant message (using our secure IM programming).

Residents have frequent contact with specialty mental health services for those patients who require more intensive/extensive mental health services, including Psychiatry, PTSD Programs, Behavioral Medicine, Substance Abuse Treatment, Neuropsychology, and the PRRC/MHICM programs. It is expected that the resident facilitate referral to specialty care services and monitor follow-up. This entails frequent communication with these specialty services and provides the resident with additional education in how to determine when to refer patients for more intense care and what types of intermediate services can be provided within a PC setting.

Outcomes: Residents from our programs most typically go on to VA staff psychology positions, or other medical or private practice positions with an emphasis in health psychology.

4. Clinical Neuropsychology (1 FTEE Position, 2 Year Program*)

The Neuropsychology Postdoctoral Residency program provides a two year training program in accordance with the recommendations of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. The Residency program provides necessary training and preparation for residents to be eligible for ABPP Board Certification in Clinical Neuropsychology and to practice as specialty-trained clinical neuropsychologists. The program is APA-accredited as a specialty practice postdoctoral residency program in clinical neuropsychology. Residents will participate in training in both a comprehensive outpatient neuropsychological evaluation clinic and in inpatient and outpatient neurorehabilitation settings. The VA St. Louis Health Care System has funding for two Neuropsychology Residents. This results in one training position opening for each training year.

The overall goal of the VA St. Louis Health Care System Postdoctoral Program in Clinical Neuropsychology is designed to help residents meet multiple competencies of professional practice and to secure a sense of professional identity such that they become well-rounded, ethical, licensure-ready clinicians with advanced specialty neuropsychology competencies capable of the independent practice of psychology. This goal is accomplished via a scholar-practitioner training model which informs the programmatic structure and the training activities that are included.

Accordingly, the structure of the program during Year One is designed to meet licensure requirements as set forth by the State Committee of Psychologists Practice Act and Rules (State of Missouri). The remainder of the training (Year Two), is designed to complete the training necessary to meet eligibility for ABPP Board Certification in Clinical Neuropsychology, most notably through fulfilling Houston Conference training requirements. As previously stated, as a specialty neuropsychology residency program within a broader integrated residency program at VA St. Louis Health Care System, while there are some shared goals (e.g., eligibility for licensure as a psychologist), our primary goals are consistent with Houston Conference Guidelines and, in specific, the Houston Conference Guidelines Exit Criteria define the training goals for the two year program.

The general programmatic guidelines as outlined in the Houston Conference Guidelines are met by our two year full time residency program as follows:

1. **The faculty is comprised of a board-certified clinical neuropsychologist and other professional psychologists** (the Neuropsychology Residency Training Director, Dr. Hogg, is ABPP in Clinical Neuropsychology, and Dr. Yochim, a Neuropsychology Residency Supervisor, is ABPP in Clinical Neuropsychology)

2. **Training is provided at a fixed site or on formally affiliated and geographically proximate training sites, with primarily on-site supervision** (training occurs at VA St. Louis Health Care System and affiliation agreements are in place with Washington University School of Medicine, the site of current external didactics)

3. **There is access to clinical services and training programs in medical specialties and allied professions** (VA St. Louis Health Care System is a broad multidisciplinary medical center with a range of health care training programs. The resident has regular interactions with a broad range of health care professionals including medical providers in primary care, neurology, neuropathology, physiatry, psychiatry, as well as other psychologists and other psychology residents and interns, nurse practitioners, nursing, physician assistants, and a range of allied professions – e.g., occupational therapy, physical therapy, speech therapy, vocational rehabilitation specialists)

4. **There are interactions with other residents in medical specialties and allied professions** (the resident interacts with other members of their residency class (including the other Neuropsychology Resident); interacts with medical residents and allied professions through the Polytrauma/TBI Clinic, in context of Neuropsychology Clinic, and in context of external didactics at neurology and neuropathology at Washington University in St. Louis)

5. **Each resident spends significant percentages of time in clinical service, and clinical research, and educational activities, appropriate to the individual resident's training needs for the Neuropsychology Specialty Residency Program.**

The following is a review of the Houston Conference based residency training goals as outlined in the Neuropsychology Postdoctoral Residency Learning Agreements with reference to training program activities which accomplish those goals:

1. **Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis.** Residents develop advanced skills in these areas through two neuropsychology rotations (neuropsychology clinic and neurorehabilitation). Formal didactics occurring throughout the two-year training period focus both on laying the foundations for a neuropsychological knowledge base, as well as exposing the resident to the latest in scientific advances in our field.

2. **Advanced understanding of brain-behavior relationships.** Residents obtain an advanced understanding of brain-behavior relationships through clinical neuropsychology rotations that include training and supervision of neuropsychological evaluations and neurorehabilitation treatment. Residents also participate in a two year didactic sequence which further develops an advanced understanding of brain-behavior relationships, including the Neuropsychology Neuroanatomy and Neuropathology Seminar, Neuropsychology Journal Club, as well regular attendance at Washington University Brain Cuttings, and Neurology Grand Rounds.

3. **Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment.** Residents are required to participate in scholarly activity, whether that be preparation of a scholarly paper or literature review, participation in a faculty guided ongoing research, or development of an independent, mentored project. Residents'

scholarly activity receives mentorship from core neuropsychology faculty with additional input as needed from adjunct faculty, in line with the residents' scholarly activity focus. We will be providing scholarly activity opportunities congruent with Houston Conference training guidelines including support in conducting literature reviews or an original study of neuropsychological relevance. Dependent upon individual interests, residents can participate in VA sponsored research investigator training, and have access to ongoing applied research in the form of program evaluation efforts. Residents can also participate in VA sponsored Program Improvement training.

4. **A formal evaluation of competency in the exit criteria 1 through 3 shall occur in the residency program.** Formal evaluations at 3, 6, 9, 12, 15, 18, 21, and 24 months assess whether residents are successfully progressing towards meeting the exit criteria per the respective Year One and Year Two Learning Agreements. If a resident does not progress according to minimum competencies required, a remediation plan is established with the goal of assisting the resident to successfully achieve all required competencies.

5. **Eligibility for state or provincial licensure or certification for the independent practice of psychology.** Upon completion of the program, typically by the end of Year One, residents are eligible for licensure to independently practice psychology in the state of Missouri.

6. **Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology.** Residents are also eligible for American Board of Professional Psychology specialty certification in clinical neuropsychology upon successful completion of the two year training program.

In summation, the overarching training goal of the VA St. Louis Health Care System Neuropsychology Postdoctoral Residency Program is to produce highly trained, scientifically knowledgeable, clinically skilled independent practitioners who will be competent to work as advanced clinical neuropsychologists.

Clinical Service: VA St. Louis Health Care System Neuropsychology Clinic (located at Jefferson Barracks Division), is staffed with one full-time Neuropsychologist and a second Neuropsychologist who is dedicated to the clinic half-time. Referrals to the neuropsychology service are received from the VA St. Louis Health Care System, Community Based Outpatient Clinics as well as from other VISN 15 VA facilities without a clinical neuropsychologist on staff. The Veteran population covers a diverse age range, ethnic diversity (predominantly European American and African American), residential diversity (urban, suburban, and rural), and includes a significant female Veteran referral base. A broad spectrum of clinics refers Veterans for neuropsychological evaluation services including Neurology, Extended Care/Rehabilitation, Mental Health/Psychiatry, Primary Care, and the Women's Clinic. Presenting conditions include cerebrovascular accidents, dementias, major psychopathology, multiple sclerosis, seizure disorder, and substance use disorders, as well as occasions of HIV/AIDS, lupus, and oncological conditions.

VA St. Louis Health Care System also has a Polytrauma Level II Network Site with one full-time position assigned polytrauma psychologist/neuropsychologist. Polytrauma patients are individuals, mainly from the OEF/OIF conflicts, who have sustained multiple injuries (such as TBI, PTSD, amputation, visual and auditory impairments, etc.), but sometimes individuals are seen after non-military TBI from falls, car accidents, etc.. Neuropsychological evaluation plays

an important role in the team's multidisciplinary assessment and planning. The resident will serve as part of a multidisciplinary team and have opportunities to attend weekly interdisciplinary team meetings.

Additional supplemental clinical experiences will include C&L consultation to our inpatient treatment facilities located at Jefferson Barracks, including our Community Living Center (which includes step-down inpatient care and inpatient physical medicine and rehab).

Residents will also receive specific training and experience in clinical supervision, including documentation and supervision approaches in clinical neuropsychology.

Methodology: Residents will participate in a training program of approximately 70-80% clinical service, 10% didactics/structured readings/professional development, 10% scholarly activity/research.

Clinical Training: Residents will train in both comprehensive and targeted neuropsychological evaluation and consultation. Training emphasizes diagnostic issues, clinical data integration, and functional recommendations. Neuropsychological assessment and recommendations are tied to evidence-based approaches. Empirical neuropsychological literature forms the basis of evaluation approaches and recommendations. Residents will develop strong familiarity with empirical neuropsychological literature and will learn how to update their practice as new substantive findings are published and as empirically superior assessment instruments become available. Between the two training sites residents will provide comprehensive outpatient neuropsychological evaluations as well as provide inpatient and outpatient evaluations and treatment with Veterans with neurorehabilitation needs. The resident will serve as part of a multidisciplinary team and have opportunities to attend team meetings.

In addition to general psychology postdoctoral programming within VA St. Louis Health Care System (e.g., various enrichment seminars, Psychology Training Seminar, Psychology Grand Rounds), the VA St. Louis Health Care System Neuropsychology faculty provides didactic experiences including weekly Neuropsychology Case Conference with Neuropsychology Journal Club substituting two weeks each month, as well as a monthly Neuropsychology Neuroanatomy and Neuropathology Seminar intended to prepare residents for board certification. Residents and interns participate in leading case conferences and journal club presentations. The VA St. Louis Health Care System, through its academic affiliations with two leading universities (Washington University in St. Louis and Saint Louis University), is able to provide a wide range of didactic opportunities for neuropsychology residents. Residents are currently participating in WUMC Neurology Grand Rounds and WUMC Neuroanatomy Grand Rounds (i.e., Brain Cuttings), and Saint Louis Children's Hospital Neuropsychology Seminars (connected with Washington University).

ADDITIONAL TRAINING EXPERIENCES/REQUIREMENTS

In addition to completing the core training experiences in their area of emphasis as described above, residents will also be required to participate in 5 hours/week of professional learning experiences designed to provide advanced training and meet Missouri licensure requirements for additional learning experiences. This will include but not be limited to:

- *Enrichment Seminars* Advanced training in core competency areas of:
  - Evidenced-Based Treatment (6 hours per EBT)
  - Diversity/Multicultural Competency (2 hours per month)

- Clinical Supervision *(19 hours)*
- *Peer-reviewed psychology case conferences* (average 1.5 hrs/month)
- *Inter-professional treatment team meetings* on their respective area of specialty (1-2 hrs/week)
- *Professional Reading* (Minimum of 1 hr/week)
- *Scholarly Activity Project* Design, collection, analysis, and presentation of Quality Management/Performance Improvement/Research (estimated 2 hrs/week)
- *Supervision/Mentoring of junior trainees* (1 hr/week of resident-led supervision typically occurring during a training placement with a concurrent intern or practicum student during part of the training year when possible)

Scholarly Activity Project

Residents' training experiences over the course of a year typically focus on clinical work with the goal of integrating scientific and theoretical knowledge gained through your previous studies and practica. Residents across each of the emphasis areas are expected to develop a meaningful project during their training year. These projects vary widely and are agreed upon by both residents and their primary supervisors. Protected time is allotted to this enterprise on a weekly basis, as appropriate, and a final product is expected at the end of the year. The final product is presented by the Resident during their assigned Grand Rounds presentation timeslot. And their Power Point presentation is turned in to demonstrate completion of the project. While there may be opportunities to join already approved IRB research projects within our hospital, which would meet the expectation of a meaningful project, most residents will not find it feasible to develop a new research project and have it passed through the IRB within a timely fashion. However, residents are offered opportunities to become involved in performance improvement and quality assurance projects within the department as another path to completing a meaningful project.*

**Any other collection of clinical data for research purposes outside of performance improvement and quality assurance efforts requires the concurrence of the Research & Development and Medical Center IRB approval.*

RESOURCES AVAILABLE TO RESIDENTS

A wide range of support facilities will be available to residents, as described in the above sections. Residents will be provided the necessary office space in which to provide professional services in an appropriately confidential and secure manner. The medical center is currently undergoing a staged renovation and expansion of physical facilities which will include additional, future space dedicated to psychology trainees. Residents will have access to all of the clerical and technical support available to senior staff including computer/internet access, computer support personnel, and medical media (for presentation services). The John Cochran Division of the medical center has a medical library which contains approximately 2600 volumes in the areas of Psychology and Psychiatry, and currently subscribes to 50 journals in the behavioral sciences, with additional journal access through ProQuest Psychology Data base with an additional access to 68 mental health-related journals. Extensive computer services are available, including all major medical on-line data base/literature search capabilities, inter-library loan services, and library support services.

EVALUATION OF TRAINING PLAN AND PROGRESS

Within the first month of the residency, each resident will, in concert with their designated supervisor(s), develop a learning agreement to guide the structure and content of the training term. This agreement is subject to approval of the Training Director. The learning agreement will include, but may not necessarily be limited to, the following core competency training objectives:

- Advanced skills in targeting, conducting, and interpreting psychological assessments
- Advanced skills in communicating assessment findings
- Advanced skills in conceptualizing, implementing and evaluating evidenced-based treatment interventions
- Skills in conducting effective inter-professional consultation with staff of diverse professional and cultural backgrounds
- Skills in developing and maintaining a viable and effective professional psychological role on multi-disciplinary teams
- Skills in developing and implementing a quality management, performance improvement or comparable scholarly project to be performed over the course of the year.

Formal competency evaluations of the progress of residents are conducted at mid-rotation and two weeks before the end of the semester for each semester (for a total of 4 evaluations over the training year). Second year Neuropsychology residents are evaluated at the same intervals in year two as well. However, informal feedback opportunities regarding performance are expected to occur on a regular basis in the context of supervision. Each formal evaluation will be completed by the primary and secondary supervisors and will reviewed with the resident. Each evaluation meeting will address, but not be limited to:

- Progress of the resident in meeting the stated training/competency objectives, goals and expectations specified in the learning contract, with suggestions for improvement (if needed) in the areas of professional conduct, ethics, assessment, consultation, etc.
- Any amendments/revisions of the learning agreement as needed

All evaluations are documented in writing and electronically signed by both the supervisor(s) and resident.

EVALUATION OF TRAINING PROGRAM STRUCTURE, METHOD, AND OUTCOME

As above, a formal, written competency evaluation of the resident by the primary supervisor(s) occurs at mid-rotation and two weeks before the end of the semester for each semester or in accordance with the resident's specific learning agreement. Feedback will also be provided to the supervisor to assure reciprocal data on quality of supervisory training. This is done through the resident's completion of the Supervisory Assessment at the end of their training. Additionally, all psychology trainees are surveyed in the spring using an anonymous web-based format in order to solicit confidential feedback about several elements of the training program. This information is utilized in an aggregated format by the Training Director when the Training Council hosts its yearly Strategic Planning conference. Finally, we administer a one-year post-graduate survey to residents to evaluate their perception of how well the training program helped them meet necessary competencies. All of the information solicited from trainees is reviewed and used by the Training Council in order to continue working toward continuous improvement in our program's structure and method of training.

PERSONNEL INFORMATION

This residency is typically completed as a 12-month, 2,080 hour full-time appointment (with exception of Neuropsychology, which is a two year appointment with the second year contingent on satisfactory completion of the first year). Acceptance of an appointment requires a commitment to complete the entire training period. Details regarding these requirements will be reviewed during your orientation period.

Benefits include 10 federal holidays, health insurance, acquired sick leave (4 hours per 2-week pay period), and annual leave (4 hours per 2-week pay period) that may be used during the year after the leave hours have been accrued. In addition, up to 120 hours/year (15 days) of "authorized absence" may be used, with approval. Authorized absence is to be used for professionally related activities (e.g., attendance at educational/professionally-relevant meetings, conventions, workshops) or to support interview travel for VA positions. These authorized absences are contingent upon administrative approval and count towards the 2,080 hours of training. Malpractice coverage for official duties is provided under the Federal Tort Claims Act. You will be fully briefed on all personnel practices during your orientation period upon arriving on site including the program's grievance and due process policy (see Addendum).

The VA is a federal government organization and an equal opportunity employer. The training program strongly encourages applications from all qualified applicants. We value diversity in all its forms, including gender, age, race, ethnicity, sexual orientation, and disability. We take a strong stance regarding policies of non-discrimination and accommodation for success in our residency program.

Pay:
In 2019-2020, residents in a one-year placement and first year residents in the two-year neuropsychology program will be paid $46,541. Neuropsychology residents in their second year of residency will be paid $49,057, contingent upon satisfactory performance in year one.

Family Leave:
We are committed to facilitating parental leave for the arrival of new children consistent with APPIC guidelines. The VA allows up to 12 weeks of unpaid leave during a 12-month period, to assist families with new children by birth, adoption, or foster care. We try to arrange plans for leave as soon as we have notice. We first encourage expecting parents to check with Human Resources to ensure they understand the entirety of benefits and leave available to them. We then assist with planning for the return after family leave, including establishing time and space for breastfeeding routines, should they choose to do so, and we work to ensure the completion all 2080 hours of equivalent training experiences which meet our program's aims, training goals, competencies, and outcomes. All required training activities missed during the period of leave will be made up in equivalent fashion.

Please note: If you are an active duty military member, or if you are a federal retiree (civil service or military) receiving a retirement pension/annuity, you should identify this status in the initial application process as this may affect your stipend. Following acceptance, final appointments are contingent upon passing standard federal employment screenings and requirements (e.g., physical exam, background checks, electronic fingerprinting, etc.). If you have any questions about these standard requirements for VA employment, please contact our HR at 314-894-6620 for additional information.

Targeted Start Date for 2018-2019: **July 22, 2019**

ELIGIBILITY REQUIREMENTS AND APPLICATION PROCEDURES

ELIGIBILITY REQUIREMENTS

1. VA Health Professions Trainee Requirements
The Department of Veterans Affairs adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration Health Professions Trainee, as a Psychology Resident, you will receive a Federal appointment, and the following requirements will apply prior to that appointment. Failure to meet these qualifications could nullify an offer to an applicant.

A. **U.S. Citizenship.** Residents must have U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All Residents must complete a Certification of Citizenship in the United States prior to beginning VA training.

B. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

C. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit https://www.sss.gov/. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict. Exceptions are very rarely granted, but have been made within our program when necessary and appropriate.

D. **Fingerprint Screening and Background Investigation.** Residents will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: http://www.archives.gov/federal-register/codification/executive-order/10450.html.

E. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Residents are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice as part of your onboarding.

F. Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) before the start date of the residency.

G. Completion of an APA-accredited psychology internship program.

H. Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005):

(a)Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

(1) Misconduct or negligence in employment;
(2) Criminal or dishonest conduct;
(3) Material, intentional false statement, or deception or fraud in examination or appointment;
(4) Refusal to furnish testimony as required by § 5.4 of this chapter;
(5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
(6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
(7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(b)Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

(1) The nature of the position for which the person is applying or in which the person is employed;
(2) The nature and seriousness of the conduct;
(3) The circumstances surrounding the conduct;
(4) The recency of the conduct;
(5) The age of the person involved at the time of the conduct;
(6) Contributing societal conditions; and
(7) The absence or presence of rehabilitation or efforts toward rehabilitation.

APPLICATION PROCESS

Applications for consideration will be received through APPA CAS in all but extenuating circumstances.

Please see APPIC's Postdoctoral Selection Guidelines for further information: http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines

To apply, create an APPA CAS profile, upload required documents (e.g., transcripts), and also enter the following:

1. A cover letter describing your career goals and how you feel this residency would assist you.
2. A current curriculum vita.
3. Three letters of recommendation (referred to as "Evaluations" in the APPA CAS portal). Preferably one of these will be from your internship director and will provide indication of your status in that program.
4. A letter from your dissertation chair or training director confirming your anticipated completion date and date of degree conferral (if one of your recommendation letters is

from your dissertation chair or training director, and includes this information, no additional letter is necessary).
5. Submit an abstract of your dissertation if it has already been completed.
6. A HIPPA compliant de-identified work sample from a psychological assessment report or a case presentation.

APPLICATION DUE DATE FOR TRADITIONAL CLINICAL PSYCHOLOGY:
PCMHI, PTSD, and Psychosocial Recovery) positions will follow the APPIC Postdoctoral Selection Guidelines.

- Application reviews for all programs will begin by January 4, 2019.
- Each residency program will set up their own dates and times for interviews based upon interview panel availability, but most interviews will occur before February 15, 2019.
- Traditional residency positions (PCMHI, PTSD, and Psychosocial Recovery) will rank order applicants for the positions to which each applicant has applied.

Our intention is to make our first position offers on February 25, 2019 after 10:00am EST.

We would appreciate it if requests for earlier reciprocal offers are accompanied by confirmation of the other offer as this will provide rationale for the steps we take in addressing reciprocal offer requests.

APPLICATION DUE DATE FOR CLINICAL NEUROPSYCHOLOGY:
Our Clinical Neuropsychology program will begin review of applications by January 4, 2019. Following interviews, the program will make offers as the best-fit applicants are identified.

Please see "*Assessing Fit With Our Program"* in the Postdoctoral Residency Program Tables for information on preferences for interview offers and minimum criteria used to screen applicants.

INFORMATION ABOUT THE INTERVIEW PROCESS
After screening written applications, we will select prospective residents to interview whom we believe will prosper at our site. If possible, we prefer to meet our candidates in person as this helps both parties assess for the best possible fit. VA televideo service can be arranged for interviews for those working in a VA system (please check with interviewers for information on whether Skype is an available interview platform). We utilize a performance-based interview model (the standard VA employment interview format) which solicits information about prior training, skill/competency sets, knowledge of the area of emphasis/specialization for which you are applying, and relevant personal attributes that will promote a successful training experience. While we rely primarily on the written and performance-based interview data to assist us in making both good and fair choices among applicants, we also take qualitative data about a candidate's goodness of fit into consideration, where applicable, to augment ranking decisions.

INFORMATION ABOUT THE ONBOARDING PROCESS
The VA requires several verifications before you can start your training year (even if you have already worked in another VA). In addition to the paperwork you will need to provide to Human Resources, verification of your degree is required, and the VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the

VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit https://www.va.gov/OAA/TQCVL.asp

1) Primary source verification of doctoral degree. We require a letter from your Director of Training, on letterhead, stating the date you completed all requirements for the doctoral degree and what the accredited doctoral degree was in (e.g., Ph.D. or Psy.D. in either Clinical or Counseling Psychology).
2) Identification of any current or past licenses, certifications, registrations you have had. If you are or have been licensed in any profession, please let us know, and identify if there were any practice issues. Additionally, know we will need be checking the following websites (https://www.npdb.hrsa.gov/ and https://exclusions.oig.hhs.gov/) in attempt to ensure compliance with this expectation.
3) **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit:
   https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf
   If you have previously trained or worked at a VA, please let us know so HR can obtain this information by pulling up your I-9 form. If not, you will need to visit your local VA (or the St. Louis VA) with the required documents to verify your U.S. Citizenship. Unfortunately, this must be done in person (i.e., photocopied documents or a notarized statement is not acceptable).
4) **Health Requirements**. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare*. If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
5) **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at https://www.va.gov/oaa/app-forms.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

POSTDOCTORAL PROGRAM TABLES

Program Tables are updated: Annually, July 1

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resent selection and practicum and academic preparation requirements:
The primary supervisors and training leadership review submissions and invite interviewees based upon their assessment of fit with our program on the following criteria (in no order of priority): ○ Similarities between expressed training interests and the training emphasis and opportunities of the residency program.

- Strength of endorsement provided in letters of recommendation from those who know the applicants well.
- Evidence of advanced clinical or counseling experiences working with populations and problems relevant to the emphasis area to which the applicant has applied.
- Evidence of scientific knowledge base from graduate training and internship experiences in assessment, intervention, and scholarly/research activities relevant to the emphasis area to which the applicant has applied as well.
- Prior VA experience is considered favorable but is not required.
- Interview preference is given to applicants meeting the descriptions above and whose material indicates experiences and activities demonstrating their cultivation of cross-cultural awareness, sensitivity, and advocacy skills or who identify themselves as representing a diverse group on the basis of disability status, gender identity, sexual orientation, racial or ethical background, religion, or country of origin.
- Interview preference is given to military Veteran applicants meeting the descriptions above.

Describe any other required minimum criteria used to screen applicants:

- Applicants must come from APA or CPA accredited graduate and internship programs.
- The VA requires that residents be citizens of the United States.
- The VA does not allow residents who have been convicted of a felony.
- We require completion of doctoral degree and will not onboard new-hire residents whose dissertations are not completed prior to the start date of the residency.

Please see "APPLICATION PROCESS" in section above for complete application process information.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Year 1 Residents	$46,541
Annual Stipend/Salary for Full-time Year 2 Residents Annual Stipend/Salary for Half-time Residents	$49,057 N/A (resident are full-time)
Program provides access to medical insurance for Resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours
Hours of Annual Paid Sick Leave	104 hours
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to residents in excess of personal time off and sick leave?	Yes Up to 12 weeks
Other Benefits (please describe)	10 paid Federal holidays

INITIAL POST-RESIDENCY POSITIONS OUTCOME DATA

Aggregated Tally for Last 3 Training Classes:	2015-2018	
Total # of Residents who were in the 3 past cohorts	15	
Total # of Residents who remain in training in the residency program	3	
	Postdoctoral Residency Position	Employed Position
Community mental health center	0	1
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	3 *	8
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	2
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0
* These are the three Year 2 Neuropsychology Positions		

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BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY STAFF

Sherry Bassi, Ph.D. (Senior Veteran's Clinic) Dr. Bassi was born in Wichita, KS but considers herself a Californian at heart. In addition to Wichita, Dr. Bassi has also lived in Honolulu HI, Ellensburg WA, Lawrence KS, Nashville TN, and Long Beach CA, all of which have contributed to her eclectic approach to patient care and life. She received her B.S. in Psychobiology from U.C.L.A. in 1980 and Ph.D. in Clinical Psychology from Vanderbilt University in 1986. Dr. Bassi went on and did her internship at the Long Beach, VA hospital where she specialized in pain management and geriatric psychology. She "temporarily" moved to St Louis in 1988 with her husband and they have remained finding St Louis a great place to raise three daughters. Dr. Bassi has had a long interest in health and wellness issues related to the care of older adults. Dr. Bassi has worked at a number of healthcare settings in the St Louis area and ran a successful private practice for 15 years before accepting a position in the Senior Veterans Clinic at the Jefferson Barracks VA in 2015. Dr. Bassi brings a variety of techniques to both the treatment and prevention of health problems in older adults including cognitive behavioral therapy, interpersonal psychotherapy, pain management skills, and humor therapy. Dr. Bassi also has a longstanding interest in the integration of hypnosis into medical settings and she is certified to provide hypnosis supervision through the American Society for Clinical Hypnosis. Outside the VA she is busy participating in a long standing book club, heading a church knitting group, dancing hula, and playing the ukulele.

Laura Becker, Ph.D., ABPP-CL (Primary Care Mental Health Integration-Manchester Annex) Dr. Becker was born and raised in Long Beach, CA (home of Snoop Dogg and Sublime). She received her B.A. in Psychology from the State University of New York at Binghamton where she saw her very first snow. Dr. Becker decided that the West Coast and the East Coast were not quite cutting it, and headed for the Midwest. She earned her Ph.D. in Clinical Psychology from the University of Missouri – St. Louis in 2006 with an emphasis in death and dying. After meeting her husband and buying a house, she proudly became a permanent St. Louisan (pronounced "LEW-iz-uhn"). She was fortunate to complete both her predoctoral internship and postdoctoral fellowship at the VA St. Louis Health Care System. Dr. Becker gladly accepted an offer to join the permanent staff and become part of the Primary Care – Mental Health Integration (PCMHI) team, where she provides services to Veterans at the Manchester Annex (a Primary Care clinic). Her predominant theoretical orientation is Cognitive-Behavioral, through a Process-Experiential lens with a sprinkling of Emotion-Focused work. What does she do all day? (The jury is still out), but……when she is not seeing patients or writing progress notes, she enjoys running, yoga, gourmet cooking, and spending time with her two daughters. Dr. Becker

is a huge fan of the amazing restaurants in St. Louis and proudly considers herself a foodie. She can be easily bribed with fair-trade organic dark chocolate.

Jeffrey Benware, Ph.D., ABPP (Inpatient Mental Health Unit) Dr. Benware grew up in a suburb on the south side of Chicago. He completed his Bachelors and Master's degree in Psychology from Illinois State University in Normal, Illinois. He completed an extensive qualitative study of tex-mex cuisine and Texas jargon while attending the University of Houston where he completed his Ph.D. in Counseling Psychology. After several years battling the heat and humidity in Texas he decided to return to the tranquil Midwest. He completed his predoctoral internship at the Harry S. Truman VA Medical Center in Columbia, Missouri. Prior to joining the St. Louis VA in 2008, Dr. Benware was employed as a psychologist at the Chillicothe, Ohio VAMC. Dr. Benware is currently the program manager for the VA St. Louis Inpatient Mental Health Service. His clinical interests include substance abuse treatment, diagnostic assessment, crisis intervention, and the coordination of inpatient mental health services. Dr. Benware is board certified in Clinical Psychology through the American Board of Professional Psychology (ABPP). He also holds a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders through the American Psychological Association.

Raymond Dalton, Ph.D. (Mental Health Clinic-Jefferson Barracks) Dr. Dalton's previous assignments familiarized him with various aspects of VA psychology. He served as a psychologist on long-term care medical units, on nursing home care units, on general psychiatry inpatient units, and on the dual-diagnosis inpatient unit. Additionally, he served as the psychologist for the psychosocial rehabilitation program (PSR) and served as the consultant/therapist at the St Louis VET Center. He provides assessment and treatment through a biopsychosocial lens. After determining the client's interpersonal style, he applies behavior self-management techniques to improve self –observational skill. Subsequently, he leads the client to question self-evaluative judgments and judgments of other persons. Earlier he had served as Office-in-Charge of Test Construction Teams while an Officer in the USAF.

Joe Daus, Ph.D. (Mental Health Clinic – Jefferson Barracks) Dr. Daus received his AB (1989) in Psychology from the University of Missouri-Columbia (MU) where he enjoyed bad football so much he remained at MU for both his MA (1991) and Ph.D. (1995), both in counseling psychology. He completed his internship at MU's Counseling Center and returned to his hometown of St. Louis where he was employed with St. Louis City's Family Court-Juvenile Division for a little over seven years. In December 2002, Joe gladly accepted employment with the St. Louis VA where he became part of the new Mental Health Intensive Case Management (MHICM) Program, a program that provides community outreach services to Veterans with serious mental illness. Joe also maintains a part time private practice in the evening and is married and has two daughters.

Sean Engelkemeyer, Ph.D. (Home-Based Primary Care) Born and raised near St. Louis in the smallish town of Washington, Missouri, Dr. Engelkemeyer has long been

aware of the wonderful qualities of Midwestern living. Possibly due to his small-town upbringing, he increasingly enjoys 'spinning yarns' about life in the country. He loved Missouri living so much (others say he just did not get out much) that he completed his B.A. in Psychology at St. Louis University (2002). He then traveled the long miles across town to complete his Ph.D. in Clinical Psychology at the University of Missouri – St. Louis (2008). His doctoral dissertation was in the area of death and dying, and this remains a clinical interest. His postdoctoral residency was completed in Psycho-Oncology at the Siteman Cancer Center at Barnes Jewish Hospital. Other clinical interests include geropsychology, anxiety disorders, sleep disorders, nonpharmacological management of challenging behaviors in neurocognitive disorders, and the provision of home care services amidst strong smells of cat urine and towering piles of old newspapers. You can occasionally find Dr. Engelkemeyer outside of work camping, gardening, making things out of wood, and yelling at neighborhood kids for being on his lawn. His wife and two young sons find that last one particularly embarrassing. You can win him over with food that is fried, spicy, or edible in some way, or by guessing one of his celebrity doppelgangers.

Kathryn Foley Fair, Ph.D. (Spinal Cord Injury) Dr. Fair earned an A.B. in psychology from the University of Michigan in 1994. Oblivious to college sports loyalties, she earned a Ph.D. in 2000 from The University of Notre Dame. She was commissioned as an officer in the United States Navy and completed her internship in clinical psychology at the National Naval Medical Center in Bethesda, MD (now Walter Reed National Military Medical Center). Dr. Fair served as a staff psychologist at several commands including Recruit Training Command, Great Lakes, IL, Naval Hospital Great Lakes, IL, and Naval Hospital Bremerton, WA. She was temporarily assigned to aircraft carriers and provided pier-side clinical services to Submarine Group Nine in Bangor, WA. After the Navy she served as the Deputy Director for the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences in Bethesda, MD. She also did a few years of private practice in a large medical center before coming to her senses and returning to federal service. Dr. Fair has worked in the VAMC Danville, IL system as a clinical psychologist and for the Army as a Supervisory Psychologist with the Embedded Behavioral Health initiative at Fort Bragg, NC. Her clinical interests include anything military, vocational development, reproductive health and postpartum issues, and adjustment to chronic illness. Dr. Fair is married with two bonnie boys and very bad dogs. She is a vocal hockey mom and can be found at area ice rinks most months of the year.

Jamie Fickert, Psy.D (Mental Health Clinic-Jefferson Barracks) Dr. Fickert was born and raised in the small town of Troy, Illinois (home of the famous…hmmm…nothing). She earned her B.A. from University of Illinois, Champaign-Urbana and her doctorate from The Chicago School of Professional Psychology, choosing CBT as her theoretical orientation, with specific focus on ACT. While completing a practicum at Hines VA, Dr. Fickert discovered her interest in treating PTSD and working with Veterans. This experience (coupled with the fact that her family was noticing she had developed a bad case of road-rage and an awkward Chicago accent) led her back to St. Louis where she completed the STL VA predoctoral internship as well as the STL VA PTSD

postdoctoral residency. Because she just really couldn't get enough, she joined the STL VA psychology staff in 2015, serving in the JB Mental Health Clinic, while also balancing part-time private practice. She has a strong interest in EBPs and has completed VA EBP trainings in CBT-D, CPT and IPT. Outside of work, she enjoys spending time with her husband, daughter, and (very vocal) Redbone Coonhound puppy.

Leslie French, Ph.D. (Home-Based Primary Care) Although she is not a military brat, Dr. French can relate to the frustration of having to answer the question "Where are you from?" She was born in New Mexico, but spent time in Missouri, Arizona (on the Navajo/Hopi reservation, in the only town in the US with two time zones), New Mexico again, and Texas. She completed her BA in Political Science and Psychology at the University of Missouri and her Ph.D. in Clinical Psychology at the University of Houston. By this time she had moved seven times and decided to stay put for a while, completing both her internship and post-doc in the St. Louis area (at the VA and St. Louis BMI Anxiety Disorders clinic, respectively). Following post-doc Dr. French went to work at the St. Louis City Family Court before returning to the VA to work in Home Based Primary Care. Her clinical interests include anxiety disorders, and issues of diversity. Dr. French previously had interests of her own but then she had children. Now she enjoys anything her two young sons are into, so you know, mostly loud, smelly, dirty things. If by some miracle she has time to herself she would probably spend it binge watching trashy teen soaps on Netflix. Don't judge.

Elizabeth Garcia-Rea, Ph.D. (Mental Health Clinic-John Cochran) Dr. Garcia is a St. Louis native. She obtained her B.A. in Psychology and Criminology from Miami of Ohio. She returned home briefly to complete her Masters in Clinical Adult Psychology at Southern Illinois University at Edwardsville. She then moved down south to attend the University of North Texas, with an internship and post doc at the Dallas VA and finished up her Ph.D. in Clinical Psychology. After spending eight years in Texas she decided it was time to head back to the Midwest. Her research interests include anxiety disorders, multicultural issues, social deviance, and body image. Her primary theoretical orientation is Cognitive Behavioral, but she considers herself eclectic.

Kate Goedeker, Ph.D. (Spinal Cord Injury) Dr. Goedeker is originally from Milwaukee, Wisconsin. She attended the University of St. Thomas in St. Paul, Minnesota, where she spent most of her time frozen. She received her Ph.D. in Clinical Psychology from Purdue University, and completed her internship at the VA St. Louis Health Care System in 2006. She was over the moon to start working in the Spinal Cord Injury Service in 2007; additionally, she began working in the ALS Outpatient Clinic in 2017. Dr. Goedeker's theoretical orientation is eclectic, though she generally uses CBT interventions. In addition her work with veterans with SCI and ALS, she is passionate about working with psychology trainees—she has been a member of the Psychology Training Council since 2008 and is thrilled to be the latest Director of Psychology Training.

Liz Davis Goldman, Ph.D. (SARRTP Psychologist) Dr. Goldman is originally from Indianapolis. She received a bachelor's degree in journalism from Mizzou, and then moved to NYC to be a copy editor. She left the big city to attend graduate school at Ohio University in Athens, Ohio, population 21,000. She attended internship at SUNY Upstate Medical Center in Syracuse, NY. She received her Ph.D. in clinical psychology in 2008. Her postdoctoral fellowship in geropsychology was at the VA in Pittsburgh, PA. She came to the St. Louis VA in 2009. After stints providing outpatient care in the JB and JC Mental Health Clinics, she has been happily working in the substance abuse unit full time since August 2014. She lives with her husband, who is also a psychologist, and her two sons. She has recently been learning to enjoy listening to Story Bots songs about dinosaurs on repeat any time her three year old is in the car.

Grant Harris, Ph.D. (Geriatric Primary Care - GeriPACT) Dr. Harris was born at an early age in Louisville, KY. This made a lot of people very angry and has been widely regarded as a bad move. He attained a B.A. in Psychology from the University of Kentucky – Go Big Blue! He received his Ph.D. in Clinical Psychology from The University of Alabama in 2014 with a clinical and research focus in geropsychology. While in graduate school he received an award and pin for being the "Most Humble Graduate Student." However, the first time he wore the pin, they took it away. Dr. Harris completed his internship at the Memphis VAMC where he stayed for a fellowship in clinical health psychology. He moved with his wife and daughter to St. Louis in 2015 to start his dream job. His daughter's name is Ripley and she may or may not be named after the BAMF in the Alien movies. Dr. Harris was the first psychologist in the GeriPACT at the St. Louis VA and has initiated or helped initiate several programs, including an interdisciplinary dementia evaluation team and a Falls Shared Medical Appointment. Although he is generally averse to being part of any organization that would agree to let him be a member, he enjoys participating in the Dementia Committee and Disruptive Behaviors Committee. In his free time, Grant enjoys eating incredibly spicy Indian food, drinking the occasional vat of coffee, and having perpetual existential crises.

John R. Hogg, Ph.D., ABPP, Board Certified in Clinical Neuropsychology (Neuropsychology Residency Training Director; Neuropsychology Clinic) Dr. Hogg earned his Ph.D. in Clinical Psychology from Indiana University-Bloomington (1992). He completed his APA-approved psychology internship at the University of Washington-Seattle School of Medicine (1990-1991), then completed an N.I.M.H. predoctoral fellowship in geriatrics (1991-1992) at the same UW (while completing his dissertation and continuing to enjoy the amazing beauty of Seattle – much more than Starbucks, Nirvana, and Pearl Jam). VA St. Louis HCS interns are free to ask Dr. Hogg to reminisce about his internship office view during his geriatric rotations and fellowship (i.e., ocean, mountains, sailboats, etc.). He completed a postdoctoral fellowship in Clinical Neuropsychology at the Rehabilitation Institute of Chicago (1992-1993). He then worked as a Clinical Assistant Professor at the University of Missouri Health Sciences Center and stayed at MU for 10 years. Following a brief time in independent practice in St. Louis and missing the collegial atmosphere provided by fellow psychologists, he was pleased to join the outstanding group of psychologists at the VA

St. Louis HCS in 2005. He serves as 1 of 3 Neuropsychologists at VA St. Louis HCS. Dr. Hogg is board certified in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP). While off-duty, he remains busy enjoying time with his family. He enjoys good cinema (and highly recommends interns become familiar with the Webster Film Series during their time in St. Louis) and good eats (both the Food Network show and good food itself! – he recommends Sauce Magazine over the RFT as the best source of restaurant info in St. Louis). He will refrain from listing any further interests to avoid highlighting the sedentary nature of many of these pursuits.

Janet Johnson, Ph.D. (Primary Care Mental Health Integration - Women's Clinic) Dr. Johnson graduated with her Ph.D. in Clinical Psychology from the University of Wisconsin-Milwaukee in 2007. While there, her research interests centered around the treatment for dual diagnosis of substance use and anxiety disorders. It was very cold there, so she warmed up on internship at the University of Maryland School of Medicine/ VA Maryland Health Care System consortium in Baltimore. While there, she learned to appreciate Old Bay seasoning and decided that she wanted to have a career in the VA. She then went on to complete her post-doctoral fellowship in the Boston area at the Edith Nourse Rogers Memorial VA. As she is originally from Missouri, she decided that it was time to come home to her home state and began a position at the Columbia, MO VA Medical Center. While in Columbia, she pursued a variety of occupational interests, working with the PTSD Clinical Team, Mental Health Clinic, and in the Psychosocial Rehabilitation and Recovery Center. She also served as the Evidence Based Psychotherapy (EBP) Coordinator and the Local Recovery Coordinator. She even worked as a Supervisory Psychologist for a couple of years. She was certainly busy and definitely not bored. However, discussions with her husband, a native St. Louisan, led them to decide that it was time to move back to St. Louis to be closer to family. Luckily, in 2016, she was offered a position in C&P at the St. Louis VA Health Care System. She worked in C&P for almost two years, prior to starting her current job as PCMHI psychologist for the Women's Clinic. At the Women's Clinic, she works as part of a primary care team and provides mental health triage assistance and brief therapy for Veteran's who present with a wide range of mental health concerns. Additionally, she works with her inter-disciplinary team to offer shared medical appointments.

David T. Klein, Psy.D. (PTSD, Team 1) Dr. Klein received his B.A. in Psychology from Muhlenberg College in 1991 and his doctorate from the Illinois School of Professional Psychology in 1997. He completed his internship here at the VA St. Louis Health Care System in 1995-96 and his postdoctoral work in the Department of Psychiatry at St. Louis University working primarily in geriatric psychiatry, conducting clinical trials research, and publishing works in the field of behavioral disturbances in dementia. He rejoined the VA in 1998 as a PTSD psychologist and diversified his duties into additional training, teaching, and administrative venues. His clinical time is primarily spent on the Posttraumatic Stress Disorder Unit conducting individual and group psychotherapy, assessment, student supervision, and consulting work. He was appointed Training Director for our internship and residency in 2002 and, with the resulting abundance of

sensory triggers, enjoyed a decade's worth of occasional dissociative episodes from his days as an intern in his own training program. However, Dr. Klein retired from this position in 2012 to explore exactly what season of a man's life Levinson thinks he should currently be occupying. His clinical interests include the psychology of war (the Vietnam War in particular), combat-related PTSD, group process, therapeutic alliance and clinical outcome, and the temporal relationship between the studying for the EPPP and the onset of acute trauma symptoms among psychologists in training. Anecdotal data suggests most of us recover. His theoretical orientation is eclectic predominated by dynamic, interpersonal, and existential conceptual models. Yalom remains an intellectual hero of his. In a previous life, Dr. Klein enjoyed gourmet food/cooking, wine, music, scuba diving, skiing, gardening, and hunting, and fly fishing when he had more abundant discretionary time. In lieu of time, he has 2 adolescents and more recently caved to their vicious Jedi mind trick and bought them a labradoodle puppy, Louie. Louie now enjoys running the family home around his interests which are eating, sleeping, playing, chewing on everything that are not his toys, and having a manic episode at about the time the family wishes to go to sleep. Now Dr. Klein wonders how he will ever find the time to determine what season of life he is in and has resorted to counting years of federal service as a proxy.

Rocky Liesman, Psy.D., ABPP (Primary Care Mental Health Integration-Washington CBOC) Dr. Liesman was born and raised in the Washington, MO area. He graduated with a bachelor's degree in psychology from St. Louis University. He attended graduate school for Clinical Psychology at Wright State University in Dayton, OH where he was awarded the HPSP scholarship from the United States Air Force and, in return, was obligated to complete 4-years in the United States Air Force. He completed his internship at Wright Patterson AFB in Dayton, OH and his follow-on assignment at Little Rock AFB in Little Rock, Arkansas. Prior to separating in August 2012, Dr. Liesman served in Afghanistan as the Clinical and Survival Evasion, Resistance, and Escape (SERE) psychologist for the Wardak province. Dr. Liesman went on to do a brief stint at the Kansas City VA where he served as Training Director for the Postdoctoral Psychology program. Dr. Liesman left the KCVA to take the job as the primary care psychologist at the Washington CBOC. Professionally, he is board certified in Clinical Psychology and is certified as a Master's Level clinician in the administration and supervision of PE where he was trained by Edna Foa. He is VA certified as a provider, consultant, and trainer in Motivational Interviewing and is a VA certified provider in Interpersonal Psychotherapy. His interests include: application of empirically-supported treatments, secondary prevention and treatment of PTSD, integrated behavioral health in primary care, and general health psychology.

Karen Loaiza, Ph.D. (PTSD-SUD Specialist in the PTSD Clinical Teams) Dr. Loaiza grew up in the St. Louis area and received her B.S. and M.A. in Psychology from Southern Illinois University Edwardsville and then earned her doctoral degree from Saint Louis University in 2009. She completed her internship at the Northport VA Medical Center on Long Island, finding internship year to be one of most influential years. It is during that time she shifted her primary clinical interest from Gerontology to doing trauma work with Veterans, learning that trauma work and substance use

treatment can be challenging but extremely rewarding work. Dr. Loaiza decided to return to St. Louis to be closer to friends and family. Since 2009, she has worked at her ideal job as the PTSD-SUD specialist in the PTSD Clinic. She is very passionate about engaging Veterans in individualized, evidence-based trauma work and never ceases to be amazed how effective and life changing therapy can be. She manages a complex caseload that comes with unique challenges and finds flexibility, a sense of humor, and a genuine approach is key in working effectively with the dual diagnosis population. She has completed specialty training through the VA in the areas of Prolonged Exposure, Cognitive Processing Therapy, and Motivational Interviewing. She works from an integrative approach, with a CBT emphasis. On a personal note, Dr. Loaiza loves to enjoy time with her husband, young sons, and dog-child (as Dr. Shia nicely put), listen to a variety of music, and trying new foods.

Patrick Lustman, Ph.D., ABPP (Substance Abuse-OATP) Dr. Lustman was born and raised in Chicago. He attended Indiana University, the University of Illinois, the University of Wisconsin, and Michigan State University where he received his Ph.D. (1980). Since that time, he has been a full-time faculty member (Professor of Psychiatry) at Washington University School of Medicine. He also co-directs the university's Center for Mind Body Research (http://mindbody.wustl.edu). For more than two decades, he has been the principal investigator on a series of NIH-supported grants studying the interrelationship of psychiatric disorder and diabetes mellitus. His current research, a joint VA Washington University project, is testing the hypothesis that insulin sensitizer augmentation of conventional antidepressant pharmacotherapy will improve outcomes in overweight/insulin-resistant individuals with major depression. At its annual meeting in 2009, Dr. Lustman was given a lifetime achievement award for seminal contributions by the American Diabetes Association. He began his career with the VA in 1990 as a part-time counseling psychologist in the Methadone Clinic. Research in that clinic has focused on treatment of co-morbidities to enhance substance dependence treatment outcomes.

Richard P. Martielli, Ph.D., ABPP (Primary Care-Mental Health Integration) Dr. Martielli received his B.A. in Psychology from Rutgers University and his Ph.D. from Saint Louis University. He completed his internship at Beth Israel Medical Center in New York City (now Mount Sinai Beth Israel). He worked as a Staff Associate Research Supervisor at the University of California San Diego prior to joining the staff of the St. Louis VA in 2007 where he continues to serve as a psychologist in the Primary Care-Mental Health Integration Program. He is board certified in Clinical Psychology. He has served as President of the Missouri Psychological Association from 2011-2012 and has served as the Ethics Consultation Coordinator for the St. Louis VA's Ethics Consultation Service since 2012.

Julie Mastnak, Ph.D., ABPP (PTSD Clinical Team2) Dr. Mastnak is a St. Louis native. She graduated with her B.S. in Biology from Truman State University. She completed her graduate work at the Center for Trauma Recovery at the University of Missouri - St. Louis under the mentorship of Dr. Patricia Resick (Cognitive Processing Therapy). She completed her internship at the St. Louis VA. Dr. Mastnak graduated

with her Ph.D. in Clinical Psychology in 2005. A year later, she very happily returned to the St. Louis VA to complete her postdoctoral residency and serve on PTSD Team 2. She and her husband have three beautiful daughters and an energetic puppy. When she is not busy at work, volunteering with her daughters' Girl scouts troop and soccer team, or taking the puppy for a walk, she spends her free time (wait a minute….what free time??)….

Erin McInerney-Ernst, PhD (Program Manager of Domiciliary Care for Homeless Veterans-DCHV) Dr. McInerney-Ernst is originally from New Orleans, Louisiana. She also spent some time living in the Houston, Texas area and earned a BA with honors from the University of Texas at Austin (Hook Em!). No stranger to heat and humidity, Dr. McInerney-Ernst slowly worked her way North to earn her PhD at the University of Missouri-Kansas City in Clinical Psychology with a Health Emphasis. Her training was focused on preventative health interventions, including medication adherence, functioning after grief and loss, and improving outcomes after bariatric surgery. She completed her Internship at the Eastern Kansas VA Healthcare System in Leavenworth Kansas, where she reluctantly participated in a required rotation in the 202 bed Domiciliary. Contrary to her initial hesitation, Dr. McInerney-Ernst fell in love with working in the Domiciliary environment. (Where else can you help Veterans as they work through the recovery process AND have awkward interactions with them in their bath robe?) During this time, the Veterans decided her name was too complicated and renamed her as Dr. Mack. Disappointed with the lack of pomp and circumstance when being renamed, she nonetheless accepted the re-branding and continues to be called Dr. Mack by Veterans and staff alike. After her internship, she completed a Postdoctoral fellowship at the Center for Behavioral Medicine where she provided services on a locked unit for individuals with chronic mental illness. Afterwards, she returned to the VA in Leavenworth and worked as a Clinical Psychologist for a 50 bed unit within the Domiciliary, primarily providing Cognitive Processing Therapy to Veterans with PTSD. After 3.5 years in this position, Dr. McInerney-Ernst transferred to the VA St. Louis Health Care System as Program Manager of the DCHV program on the Jefferson Barracks campus. With this change, Dr. Mack has found herself living next to the Mississippi River again. She especially enjoys it when people complain about the humidity in the summer (this is nothing compared to New Orleans in August!) and absolutely loves snow up until the holiday season- after that she is ready for warm weather again. She enjoys traveling and visiting family with her husband and two children. She also remains enthusiastic about walking beside Veterans as they work toward recovery in a residential setting. She has accepted that sometime this means that she might be having a deep conversation with them over a cup of coffee in the kitchen, with their bathrobe on.

Meredith Melinder, Ph.D. (Polytrauma/TBI Clinic) Dr. Melinder grew up in Ann Arbor, Michigan, where she loved many things, including the cool summer evenings. She went to Saint Mary's College, in Notre Dame, Indiana, graduating in 1995 with a B.A. in Psychology. After college she headed to Arizona to participate in VISTA (Volunteers in Service to America) for the year. From the desert (and 100+ degree temperatures) she went to hot and humid Washington D.C. to the National Institute of Mental Health where

she had a Pre-doctoral internship for a few years (basically fancy title for little pay). That experience motivated her to continue her work with individuals with schizophrenia, as well as sparked interest in the field of Neuropsychology. In order to continue her education, and incorporate these two interests, she moved to St. Louis, MO, to attend Washington University. She mistakenly thought that St. Louis weather *had to be* less hot and humid than D.C.. She received her M.A. (2000) and Ph.D. (2004) in Clinical Psychology, with a specialization in Neuropsychology. She has published in the area of cognitive functioning in individuals with schizophrenia, with a particular emphasis on speech disturbances and working memory function. She completed her internship at the St. Louis VA Medical Center in 2004. From there she went to SSM Rehab, where she completed her postdoctoral training and became a part of the Medical Staff. Dr. Melinder was thrilled to rejoin the St. Louis VA in October 2006 as the new Polytrauma/TBI Psychologist/ Neuropsychologist. Clinically, she is certified in CPT, PE, MI, IPT, and CBT-I which she uses on a regular basis in treating Veterans. She is in training to become an IPT consultant. Dr. Melinder is a supervisor for the Internship program and the Neuropsychology Residency. She also serves on the Training Council. While in graduate school she met her future husband, got married, and started having children. So, in addition to trying to sustain Activities of Daily Living she spends her "free time" watching her children engage in their leisure activities.

Lauren C. Mensie, Ph.D. (Community Living Center) Dr. Mensie is originally from St. Louis, but also grew up in Texas and Ohio. She graduated from Lindenwood University in 2003 with a B.S. in Psychology (emphasis in lifelong Developmental Psychology). Dr. Mensie subsequently attended the University of Missouri – St. Louis and earned an MA (2005) and Ph.D. (2008) in Clinical Psychology, with a specialization in Clinical Geropsychology and a Graduate Certificate in Gerontology. She completed her predoctoral internship at the Bay Pines VA Healthcare System in Bay Pines, Florida, enjoying top-notch training and the opportunity to live in a vacation area for a year. She returned to St. Louis in 2008 as the first postdoctoral resident in PCMHI at the St. Louis VA Medical Center. Dr. Mensie worked within inpatient and outpatient geropsychiatry at the St. Louis VA for 6 years and has worked in the Community Living Center since 2015. She is a member of the St. Louis VA Dementia Committee, Psychology Practice Council, Psychology Training Council, and is a Training Consultant for the National VA ACT-D roll-out. Dr. Mensie attributes much of her longstanding interest in older adults and healthy aging to her amazing grandparents (who were married for over 70 years and who were exemplars of healthy, active living throughout the lifespan). She spends most of her time with her husband, son, daughter, and golden-doodle (all of whom are quite lovable and hilarious). Although she would love to claim interest in impressive intellectual and athletic pursuits, she generally spends evenings and weekends bargain-hunting, painting, working on household projects (there is always something!), going for coffee, and spending time with family and friends.

Fred Metzger, Ph.D. (ACOS of Mental Health) Dr. Metzger received his B.S. from the University of Iowa in 1991 and completed his Ph.D. in Health Psychology at the University of Kansas in 1999. He wandered aimlessly in the desert for a while (i.e., he was an intern at the Phoenix Psychology Consortium from 1998 to 1999) and a

postdoctoral fellow at the Center for Excellence in Substance Abuse Treatment and Education at the VA Puget Sound Health Care System from 1999 to 2000. While in Seattle, he learned that being upside down in a kayak is no fun. Dr. Metzger spends most of his timing dreaming up new ways to harass psychologists via e-mail but does manage to keep a small clinic active conducting pre-transplant evaluations. His theoretical orientation is largely cognitive-behavioral with a good dash of existentialism. In his free time, Dr. Metzger hikes, spends time with his wife and what are undoubtedly the best two dogs in the known universe. They would have been named the best dog in all the universe were it not for some minor character flaws. Jurgen, the German Shepard mix, appears to be periodically terrified of the kitchen floor, while Wagner, also a German Shepard, is convinced that Dr. Metzger is plotting his grisly demise.

Christopher Miller, Psy.D. (Compensation and Pension, Scott Air Force Base) Dr. Miller is originally from the St. Louis area. He received his B.A. in Psychology from McKendree University in Lebanon, IL. He then braved the snowy and windy Chicago winters as he earned his M.A. (2012) and Psy.D. in Clinical Psychology with a concentration in Neuropsychology (2015) from Wheaton College. He completed his internship at the Missouri Health Science Psychology Consortium (Harry S Truman VA) in Columbia, MO and his postdoctoral residency here at VA St. Louis with the PTSD Clinical Teams where he served combat Veterans from the Vietnam era, Gulf War, OEF, OIF, OND, as well as several other conflicts. After postdoc, he stayed on in Compensation and Pension (C&P) at Scott Air Force Base. In C&P, he assesses Veterans for a wide range of potentially service-related mental health conditions and associated functional impairments. Assessments often are diagnostically complex involving detailed considerations of the interplay between mental health, military stressors, current psychosocial concerns, and complicating health factors impacting mental health. His clinical interests include trauma disorders, anxiety, obsessive-compulsive disorders, spiritual issues, and personality and cognitive assessment. His theoretical orientation is functional contextualism and he typically favors ACT, exposure therapies (PE, exposure and response prevention), DBT, compassion-focused therapy, and other similar cognitive and behavioral approaches. When not responding to exam requests from VBA, he enjoys playing blues music on his guitar and cooking and baking as much as possible.

Shawn O'Connor, Ph.D. (Specialty Mental Health Programs Manager) Dr. O'Connor received his B.A. in Psychology from Webster University in St. Louis, MO, where he initially pursued a degree in philosophy, but decided to change his emphasis to a field that might conceivably lead to some form of employment. He worked with homeless persons with mental disorders for a few years, and then went on to pursue his Ph.D. in Clinical Psychology in 2008 at the University of Missouri-St. Louis, working under Dr. Resick, of CPT fame, among others. There, he studied diagnostic issues pertaining to religion and psychosis, and had a lot of experience with trauma during his graduate years, but has successfully overcome the frequent flashbacks thanks to the help of his support Manatee, Gertrude. Also, he did some coursework and clinical work on trauma during that time. He did his internship and postdoctoral work at VA St. Louis

Health Care System. Administration determined it may be more cost-effective to hire him than to hire a pest removal service, and so he was made the Team Leader for the OEF/OIF/OND PTSD Clinic. He is also one of the two VISN 15 PTSD Mentors, spreading his cockamamie ideas on PTSD treatment in the VA throughout the region. Dr. O'Connor also spends a great deal of time in soundproofed basements, but that's because he is a drummer, not whatever it is that you were thinking.

Amanda Lienau Purnell, Ph.D. (Innovation Specialist, Technology and Innovation Service) Dr. Purnell completed her B.S in psychology with a minor in biology in 2000. She spent a year in AmeriCorps doing Community Based Health Care, and completed her PhD in Counseling Psychology from *The* Ohio State University in 2007. She came to St. Louis in 2009 after teaching graduate counseling in New York. She has completed extensive training in Motivational Interviewing for health behaviors, but her background training and orientation is interpersonal and multicultural psychotherapy. Her current work is in staff training in human centered design, project facilitation and implementation support. She does clinical work in Whole Health. Amanda does her best to find moderation and balance, run whenever she can, and occasionally have a moment to just breathe.

Martina K. Ritchhart, Ph.D. (Chief of Psychology) Dr. Ritchhart completed her doctorate at Oklahoma State University in 2002 after completing predoctoral internship at the Tucson VA Medical Center where her interests in Health Psychology first began. She worked as part of a mobile acute crisis team during her postdoctoral training. Although challenging on a number of levels, she also credits that training with helping her think beyond the immediate or obvious when she meets with Veterans in her primary care clinic. Although a slow study, she eventually learned to use the correct 10-codes on a police radio [It's bad to call in your 10-23 (location) and indicate that you are 10-41 (drunk)]. She learned the culture of the Sonoran Desert, both the people and the wild life, and to this day is wary about both wild javelinas and turning her backside toward a Jumping Cholla cactus (which it turns out, is aptly named). She later worked as a faculty member for the Southern Arizona Internship Consortium and had a private practice where she specialized in anxiety disorders. Her clinical work is through an outpatient based primary care clinic in Illinois, where she provides brief consultative interventions, as well as evidence-based therapies for specific disorders. Her predominant theoretical approach is cognitive-behavioral, but please approach her with any interests you may have in the area of wellness, cross-cultural therapy, or the use of Ericksonian approaches in therapy.

Marva M. Robinson, Psy.D. (Primary Care- North County). Dr. Marva M. Robinson completed her undergraduate studies at Saint Louis University, graduating with magnum cum laude honors. She pursued her doctoral studies in Clinical Psychology at Nova Southeastern University where she graduated with a specialization in Forensics and a focus in Child, Adolescent and Family Psychology. She maintains a private practice, where she mostly does assessments, community crisis intervention, and cultural competency trainings. Her passion for forensics often requires her to consult on criminal and civil cases through her private practice. Dr. Marva Robinson is the past

President of the St. Louis Chapter of The Association of Black Psychologist, an organization focused on addressing the mental health needs of people of the African Diaspora. Dr. Robinson has worked with her colleagues in St. Louis Association of Black Psychologists to address the acute crisis needs of the Ferguson and greater St. Louis community. Dr. Robinson has worked for community health care agencies, state psychiatric facilities, in prisons, for hospitals and in private practice with a vast population both inner city and rural. She is often called by media outlets, because of her community expertise. In 2018 she consulted and served as a onset psychologist for an Indi film shot in Ferguson, MO; and also was filmed in a documentary on the same. When not advocating for cultural competency and equality, she puts forth all her efforts in keeping her 7-year-old son, Preston, from picking up strange looking insects, and from hopping off furniture as he pretends to be the Black Panther.

Christina Ross, Psy.D. (C&P) Dr. Ross grew up in the St. Louis, MO. In the 4 years it took her to earn her B.A. in Psychology, Criminal Justice and Accounting she attended 4 different colleges/universities in and around the St. Louis area, and one in New York, before graduating from Lindenwood University in 2006. She settled in at the University of Indianapolis for her doctorate, where she earned her Psy.D. in 2006. Dr. Ross' research interests focused on child and adolescent psychology and PTSD in children affected by crime. She spent the next 5 years in Joplin, MO building a group private practice and working with the National Health Service Corps in areas of high need for psychologists. After the Joplin tornado, she and her husband decided to move their family back to the St. Louis area. Dr. Ross joined a group private practice for a short time before taking a contracting position with the United States Air Force working in the Mental Health Clinic at Scott Air Force Base. Dr. Ross quickly learned how rewarding working with Veterans can be and started considering positions with the VA. In 2016 a position with the VA became available at Scott AFB in the C&P clinic, which was the perfect fit for her at that point in her career. Dr. Ross' theoretical orientation is based on CBT interventions with an eclectic approach to therapy.

Jessica L. Rusnack, Ph.D. (PTSD Clinical Team) Dr. Rusnack was born in California, but grew up in Okinawa, Japan as the result of being a "military brat." To be clear, this is not a term specific to her, but one given to children of military families. She earned her B.A. in Psychology from California State University, Stanislaus by putting herself through college working at Costco in the 1-hour photo department. This fed into her love of photography and interest in people, but more importantly, taught her to never photograph something you don't want someone else to see. She obtained her Ph.D. in Clinical Psychology from the University of Missouri – St. Louis, then completed her predoctoral internship at the Michael E. DeBakey VA Medical Center in Houston, TX and her postdoctoral training within the Central Texas Veterans Health Care System at the VA Outpatient Clinic in Austin, TX. It was at the Austin VA that she began to specialize in PTSD; first as the site research coordinator as part of a multi-site VA study researching the effects of Risperidone and military-related PTSD, and then she became the OEF/OIF PTSD Psychologist. As wonderful a city as Austin is, Dr. Rusnack sought to bring her family back to St. Louis to be closer to her in-laws (Yes, this was purposeful as it is possible to have great in-laws). She accepted a position at the St. Louis VA in November of 2008 and continues to work with combat Veterans in the PTSD Clinic

Team 1, focusing on recovery using evidence based therapy with combat veterans who served prior to 2001. She is certified in PE, CPT, CBCT, CBTI, and IBCT and additionally uses an eclectic approach; CBT, ACT, the kitchen sink. Sorry if you had to look any of that up (both psychologists and the VA love acronyms). Dr. Rusnack has been active in various councils and is currently co-chair of the Cultural Competency Council. On the personal front, she and her husband have two active and awesome children, who keep them busy and have only increased her love of photography.

Sarah Shia, Ph.D., ABPP (Mental Health Clinic-Jefferson Barracks) Dr. Shia grew up in upstate New York and received a BA from the University of Rochester. She then attended Washington, DC's Catholic University of America, returning to Rochester for internship in the Department of Psychiatry at the University of Rochester Medical School. She completed a PhD in Clinical Psychology in 2001, moved to St. Louis in 2003 and began her position with the VA, in the Mental Health Clinic, in 2007. She is currently the Local Evidence Based Psychotherapy Coordinator and is board certified in Behavioral and Cognitive Psychology. She lives with her husband and three children in St. Louis County.

Veronica L. Shead, Ph.D. (Palliative Care) Dr. Shead recently returned to her hometown of St. Louis after serving as the Psychologist in Geriatrics and Palliative Care at the Audie L. Murphy VA Medical Center in San Antonio, TX. Prior to serving in South Texas, she worked at the Memphis VA Medical Center as a pain psychologist where she also completed her fellowship in Medical Health Psychology with a focus on late life. She completed her internship training in Clinical Neuropsychology at the University of Arizona Medical Center and received her PhD from Washington University in St. Louis with a focus on Neuropsychology and Aging. In her present capacity, she cares for veterans in acute palliative consultation and outpatient palliative care settings. She provides health behavior intervention and assessment, brief neuropsychological assessment/Capacity evaluation, supportive care, as well as grief and bereavement services, to veterans and their families. Dr. Shead has been very involved in geriatric and palliative care training and supervision within psychology and across disciplines. She has pursued involvement with national VA programs and serves on the STAR-VA leadership team and local implementation of the Life-Sustaining Treatment Decisions Initiative. Within the community, she served on the Board of the San Antonio and South Texas Chapter of the Alzheimer's Association and has had the opportunity to advocate as a speaker, workshop leader, and panelist for several conferences and community events. She is currently the incoming Secretary for the Society of Geropsychology (APA Div. 12-II) and a member of the APA End-of-Life workgroup. Dr. Shead also maintains research interests in late life issues, specifically: palliative care, integrated care and training, dementia assessment and treatment, as well as how these areas interface with health disparities and their effects on minorities and older adults. She has published on related topics and presented at numerous local, national, and international conferences. In her on-going pursuit of balance and self-care, Dr. Shead enjoys traveling around the world, running, concerts, eating, and spending time with her two- Havanese, Javier and Capri, along with the rest of her family.

Rebecca A. Stout, Ph.D. (Interdisciplinary Pain Management Program) Dr. Stout completed her Ph.D. in Clinical Psychology with a specialization in health psychology from Wayne State University in 2008. After completing further training in health psychology during internship at the Henry Ford Health Sciences Center and post-doc she joined the clinical faculty in the Department of Psychiatry at the University of Illinois-Chicago. During this time she was able to develop expertise in consultation-liaison services, management of chronic disease, and bariatric surgery evaluation. After joining the St. Louis VA in 2013, she has been able to continue to develop her interest in health psychology with positions in Health Promotion Disease Prevention and Primary Care Mental Health Integration. In her current role in the Interdisciplinary Pain Rehabilitation Program she enjoys assisting Veterans to improve their self-management of chronic pain through use of evidenced based interventions, including biofeedback. She also serves as a consultant and trainer for the VA Motivational Interviewing initiative. Dr. Stout spends her off time exploring St. Louis with her young family and traveling back to her home state of Michigan.

Ruth Davies Sulser, Ph.D. (Assistant Chief of Psychology and Behavioral Health; PCMHI Program Manager) Dr. Davies Sulser received her Ph.D. in 1988 from Washington University in St. Louis, MO, in Clinical Psychology with an emphasis in Aging. She spent several years working in Behavioral Medicine and then spent four years on the faculty at the University of Missouri, St. Louis before moving to the VA in 1993. She has published in the areas of cognitive/behavioral treatments of insomnia and depression, mental health and aging, and health promotion among older adults. She maintains strong interests in adaptation to age-associated change among older adults particularly after moving her 90 year old father to Missouri last year. Clinically, she provides individual and couple's psychotherapy to TBI patients in the Polytrauma/TBI Clinic and covers for other staff in the Behavioral Health programs . With two kids completing college/grad school, Dr. Davies Sulser has developed expertise in stalking Facebook pages, late night skyping calls and the horrors of tuition payments. Transplanted from the West Coast, she can also tell you all the reasons why baseball is better in the mid-west, and she is always looking for another great novel to read.

Désirée A. Sutherland, Ph.D. (Compensation & Pension Psychologist) Dr. Sutherland grew up in Baton Rouge, LA where she was trained from an early age to wrestle alligators and enormous river-dwelling catfish. The courageous spirit that she developed through these formative life experiences allowed her to undertake the questionable course of attending graduate school, and she received her Ph.D. in Clinical Psychology (specialization in Trauma Studies/PTSD) from the University of Missouri – St. Louis in 2011 (where she received extensive training in Cognitive Processing Therapy). Dr. Sutherland completed her internship at the Bruce W. Carter VAMC in Miami, FL and her residency (PTSD specialization) at the VA St. Louis HCS. Following her residency Dr. Sutherland has continued to work as a psychologist at the VA St. Louis HCS (having dazzled Dr. Metzger with harrowing tales of her catfish-wrestling background) in both Compensation & Pension and as the Military Sexual Trauma Coordinator. As a result Dr. Sutherland has extensive experience with both

trauma-focused psychotherapy, focused clinical interviewing, and the VA claims process. In her spare time Dr. Sutherland enjoys hanging out with friends, listening to Green Day, being an enormous geek, and wrangling her two ridiculously adorable welsh corgis. She also dabbles in a variety of creative pursuits such as costuming, dance, and graphic art.

(Andrea) Lynne Taylor, PhD, ABPP (OATP) Dr. Taylor was born and raised in St. Louis, but left her hometown for 25 years, fleeing to the coasts as an "academic refugee". She has degrees from Stanford, NYU, and Rutgers, where she received her PhD in Clinical Psychology in 2010. Dr. Taylor returned to St. Louis in 2009 to complete her internship here at the St. Louis VA, and joined as a staff member in January 2011. Dr. Taylor has worked in Substance Use Disorder Programs here since that time, and is currently Director and Team Lead at the Opioid Addiction Treatment Program. She is both a consultant and trainer in two national VA Evidence Based Training programs: Motivational Interviewing/Motivational Enhancement Therapy and CBT for Substance Use Disorders. Her many leisure pursuits include vacation travel, and she has visited places far and wide, including Beirut, Lebanon and the Matterhorn in Switzerland.

Jessica Vanderlan (Siteman Cancer Center at Barnes Jewish Hospital and Washington University) Dr. Vanderlan grew up in upstate New York and Ohio. She attended the University of Michigan, graduating in 2004 with a B.A. in French. After college she headed to Los Angeles where she spent the next 11 years enjoying everything that the city and beaches have to offer. While working in corporate America, she began volunteering at For the Child, a non-profit organization in Long Beach, CA as a member of the CART (child abuse response team). She worked with families and children in the hospital immediately after disclosure of sexual abuse. She found this very rewarding and it peaked her interest in working with individuals through crises. In 2010, she began attending California School of Professional Psychology with a focus in clinical health psychology. After her first practicum working with a patient through cancer and end of life, she recognized this as an area of interest. Her next practicum was at Simms/Mann - UCLA Center for Integrative Oncology. The experiences working with patients through the cancer continuum in various settings as well as the mentorship she received made it clear that psycho-oncology was the place for her. She completed her internship at UCLA - Semel Institute and continued her focus in oncology. Dr. Vanderlan received her Ph.D. in 2015 and moved from LA to St. Louis for the post-doctoral fellow position at Siteman Cancer Center. After fellowship she was hired as a full-time psychologist at Siteman at Barnes-Jewish Hospital and Washington University. She enjoys clinical work with patients and caregivers, consultation with medical teams, teaching at the medical school, research, and supervision and mentorship with focus on self-care. Her theoretical orientation is integrated, typically using ACT, CBT, interpersonal, and existential interventions. She is still exploring St. Louis and enjoys dining out, going to the Fox, a regular yoga practice, and planning to finally adopt a dog.

Theresa M. Van Iseghem, Psy.D. (Whole Health) Dr. Van Iseghem is the resident Hippie of the psychology tribe (don't tell Dr. Dalton). A St. Louis native, she spent much of her younger years people watching on the Delmar Loop, writing angsty, grunge inspired, poetry, and working in her family owned catering business. As the youngest of seven, she became a systems therapist by proxy and eventually went on to make a career with equal parts of all the above – or something of the sort. In truth, Dr. Van Iseghem was born with a passion for helping people. Despite her blue-collar roots, she stayed course and made her own path into the clinical world. Dr. Van Iseghem's path to becoming a psychologist was of the less traditional sort and life experience has always been her first teacher. Her educational training started with a Bachelor of Arts Degree from Southern Illinois University @ Edwardsville in 2000 and then a combined Master's and Doctoral Degree from Forest Institute of Professional Psychology in Clinical Psychology in 2007. As part of her graduate training, she completed a Post-graduate certification in Marriage and Family Therapy and wrote her dissertation on the changing dynamics of the American family system. Residency shifted the focus of her interests to neuropsychology and understanding brain development and the impact of prenatal and postnatal traumatic stress exposure on the developing brain. After two years as a post-doctoral fellow with Childrens' Research Triangle and Southern Illinois Healthcare Foundation, Dr. Van Iseghem transitioned into private practice and into the VHA as a contract psychologist within the Compensation and Pension Department. This proved to be an invaluable induction into the VHA and added depth to her explorations of traumatic stress exposure on brain formation and disease development. In 2012, Dr. Van Iseghem moved into Primary Care Mental Health Integration in the St. Charles CBOC running what a previous intern dubbed, "her own small mental health clinic" on account of the fact that no veteran wants to cross the Missouri River…ever. During her years in the CBOC, Dr. Van Iseghem spearheaded the use of Shared Medical Appointments for treatment of T2DM and was the recipient of two innovation grants emphasizing healing environments, the most recent of which will reshape the clinic waiting room to incorporate aspects of mindfulness into the design. In 2018, she accepted the position of Psychologist in the Whole Health Program and is anxiously awaiting her transition into this new role where she will bring back her hippie roots ~ advocating for the integration of complimentary treatment modalities as effective aspects of clinical practice. Dr. Van Iseghem is a 200 hour registered yoga teacher; she is provisionally certified in Mindfulness Based Stress Reduction and in the next year will seek certification in CBT for Chronic Pain, Biofeedback, and Medical Hypnosis. As part of Whole Health, Dr. Van Iseghem works with an integrated care team targeting chronic pain, autoimmune disease, and other complex biopsychosocial conditions that incorporate the mind body connection.

Ryan Walsh, Ph.D. (Domiciliary Care for Homeless Veterans) Dr. Walsh was born and raised in Milwaukee, Wisconsin where he developed a deep appreciation for cheese at a young age. While remaining enthusiastic about cheese, the Green Bay Packers, and other fine Wisconsin products, he completed his BA in Psychology at the University of Wisconsin-Milwaukee in 2005. He spent about a year providing behavior therapy for children with autism prior to moving to St. Louis in 2006. Dr. Walsh received his Ph.D. though the University of Missouri-St. Louis in 2012 (emphasis on Trauma

Studies/PTSD), after having successfully completed his internship at the VA St. Louis Health Care System (where he also completed his postdoctoral training with the PTSD Clinical Teams). He joined the St. Louis VA as a staff psychologist in August of 2013. He has served in numerous clinics, though since 2016 he has served as the full time psychologist in the Domiciliary Care for Homeless Veterans (DCHV) program. He has various interests, though enjoys spending most of his spare time with his family, friends, and young daughter.

Clarice Wang, Ph.D. (Primary Care Mental Health Integration-Jefferson Barracks) Dr. Wang can count on 2 hands the number of places she's lived, so for simplicity's sake, she is somewhat from St. Louis. She obtained her B.A. in Biology/Neuroscience at Washington University in St. Louis (2009) before heading out to the Wild West to complete her Ph.D. in Clinical Psychology at the University of Kansas (2015), where she spent graduate school conducting fMRI research on preclinical Alzheimer's disease. Not finding that wild enough, she continued westward and ended up at the West Los Angeles VA, where she completed her predoctoral internship in Geropsychology (2015). Despite the gorgeous Pacific coast and unrivaled taco trucks, Dr. Wang realized she missed the affordability of the Midwest and traveled back to the Kansas City VA to complete a generalist postdoctoral residency (2016), hoping to prepare herself for a career in the VA. Everything came around full circle in 2016 when she returned to St. Louis and joined the VA's PCMHI Psychology team. Dr. Wang's clinical interests are in health psychology, particularly chronic pain, dementia, and tobacco cessation. She is certified in Cognitive Behavioral Therapy for Chronic Pain and also serves as a National CBT-Chronic Pain Consultant. She also emphasizes cultural competence her work and co-facilitates a Minority Stress and Resiliency group in addition to serving as co-chair of the Psychology Cultural Competency Committee. While not at work, she enjoys rock climbing, foodie activities, and Pittsburgh Steelers football (she tries to remain blissfully ignorant about the horrifying effects of chronic traumatic encephalopathy).

Clara Wiegman, Psy.D. (Primary Care Mental Health Integration-Jefferson Barracks) Dr. Wiegman is a St. Louis native. She received her B.A. in Psychology from Webster University, where she originally pursued a degree in Piano Performance, but soon realized she liked people, and fresh air, too much to spend 8+ hours a day practicing. She earned her Psy.D. in Clinical Psychology from Xavier University in Cincinnati, Ohio. Having been landlocked all her life, Dr. Wiegman was thrilled to move to the beach for the year and completed her predoctoral internship at the Miami VA. She served as a psychologist on the acute inpatient units at Dorothea Dix State Hospital in Raleigh for 2 years prior to accepting a position as the PTSD-SUD specialist in Fayetteville, NC. After 3 years in this role, Dr. Wiegman transitioned into the role of Trauma Recovery Program (TRP) coordinator. Her predominant theoretical orientation is cognitive behavioral, and she is certified in PE, CBT-I and CBT-CP. Dr. Wiegman is a member of the JB PACT for Transgender healthcare. She is excited to be back home and part of the psychology staff at the St. Louis VA.

Brian Yochim, PhD, ABPP Board Certified in Clinical Neuropsychology (Neuropsychology Clinic and Community Living Center) Dr. Yochim grew up in the

St. Louis area and attended Truman State University. He then obtained his PhD at Wayne State University in Detroit. He completed an internship at the VA Palo Alto Health Care System and a two-year postdoctoral fellowship in clinical neuropsychology at the VA Northern California Health Care System in 2006. His first job was as an Assistant Professor at the University of Colorado at Colorado Springs, teaching courses in clinical neuropsychology and the psychology of aging. He and his wife returned to the San Francisco Bay Area in 2010, where he worked at the VA Palo Alto Health Care System performing research and supervising trainees conducting neuropsychological evaluations for primarily older Veterans. Because neither he nor his wife works for Facebook, Apple, or Google, they could not afford adequate housing in the Bay Area after having their son. They moved to Denver in 2014 and then returned home to their families in the St. Louis area in 2016. Dr. Yochim has published the Verbal Naming Test and continues to perform research on this measure. He recently co-edited *Psychology of Aging: A Biopsychosocial Perspective* (a graduate-level textbook) and co-authored *Alzheimer's Disease and Dementia* (an overview of this topic for mental health clinicians). He is a Past-President of the Society of Clinical Geropsychology (APA Division 12, Section 2) and currently serves on the Ethics Committee for the Society for Clinical Neuropsychology (APA Division 40). He and his family enjoy hiking, visiting our national parks, and attending concerts.

ADDENDUM:

DEPARTMENT OF VETERANS AFFAIRS
VA St. Louis Health Care System
#1 Jefferson Barracks Drive
St. Louis, MO 63125-4199

In reply refer to: 116B/JB

Memorandum

RE: Psychology Training Performance Improvement, Remediation & Grievance Policy

I. Purpose: This memorandum outlines the VA St. Louis Health Care System psychology training program's due process policies on problematic trainee performance. This memorandum is intended only to improve the internal management of the VA St. Louis Health Care System Psychology Training Program and is not intended to, and does not, create any right to administrative or judicial review, or any other right, substantive or procedural, enforceable by a party against the United States Department of Veterans Affairs, its officers or employees, or any other person.

II. Overview: It is the intention of the training program to foster the growth and development of interns and postdoctoral residents during their training assignments. We strive to create a learning context within which trainees can examine, and improve upon all aspects of their professional functioning. Supervisors and preceptors should work with trainees to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the trainee and build upon their strengths. Trainees are encouraged to ask for, and supervisors are encouraged to give, feedback on a continuous basis.

We strive to accomplish the goals of training in a collaborative manner and have a process designed to help support professional growth and development. However, we have the ethical responsibility and are required to exercise our professional and supervisory judgment to appropriately assess trainee's achievements in competency and conduct for the benefit of the public consumer and the discipline of psychology. We will only graduate those trainees who are able to meet minimum levels of achievement in training (as specified in our evaluation forms and materials) and who demonstrate professional conduct in every aspect of their clinical work and employment. To facilitate this process, our program offers preceptors (who function as mentors as well as supervisors to interns), utilizes the Trainee Evaluation Form at the mid-rotation point and two weeks prior to the end of each rotation for identification of growth areas, and facilitates ongoing communication between the Training Council, supervisory staff, and the intern's graduate program's Directors of Training (where deemed necessary).

III. Policy: It is the policy of our program to make every effort to assist trainees in developing sufficient clinical and professional competencies. However, if the Training Council identifies deficits in these areas, or violations in conduct according to the terms of their employment, or if there is insufficient improvement or resolution of problematic behaviors, the Training Council will fail the trainee on either the rotation or the entire training program. Either or both of these determinations could result in the trainee being terminated from the training program. Such circumstances would be highly unusual in our program and would typically occur after the implementation of procedures detailed herein.

Please note that Psychology Interns and Psychology Residents are appointed pursuant to 38 U.S.C. 7405(a)(1)(A) and may be terminated at any time without review.

IV. Definition of Problems in Trainee Performance: Problematic trainee behavior, although rare, is most often identified in areas such as employment disciplinary problems, conduct performance problems, clinical performance problems, or extra-psychology staff allegations. Training performance problems may cover a range of issues and behaviors. They are typically first identified when the nature of a trainee's behavior, attitude, or certain negative performance characteristics exceed what would be reasonably expected as part of the developmental process in training. Concerns about potentially problematic behavior presented by any person, at any time, through informal or formal channels, may be reviewed and considered for address. Any concerns regarding performance will receive initial review and consideration by the Training Director (or designee). This review will result in a determination as to whether the reported concerns warrant the lowest level of intervention (such as watchful monitoring) or are best addressed through other methods, such as education, skills development, or formal remediation.

A. Employment disciplinary problems: Such disciplinary problems include issues involving the trainee's conduct as a VA employee and involve various basic responsibilities which are outlined in the Employee Handbook and are governed by guidelines of federal employment. These include, but are not limited to, the trainee's responsibility to faithfully fulfill the duties of their job description, to be at work during scheduled tour of duty unless properly excused on leave, to avoid conflicts of interest, to protect and conserve government property, to avoid use of intoxicating substances that may impair duties, and to follow drug free workplace policies.

B. Conduct performance problems: Conduct problems may include, but are not limited to, behaviors which demonstrate a lack of professional comportment with staff or patients, behaviors which interfere with the training program's administrative efforts (such as accessing your training file without permission or withholding documentation or paperwork necessary to demonstrate training efforts), or behavior which seems to mislead supervisors or training leadership regarding your activities during your tour of duty. Perceived harassing, threatening, or hostile behavior or action toward other trainees or toward staff will not be tolerated. These, as well as general patterns of interpersonal interactions which are overly or persistently negative in nature, will be reviewed by the Training Council and brought to the attention of the Chief of Psychology.

C. Clinical performance problems: Clinical performance problems include, but are not limited to, identified deficiencies in therapeutic assessment, conceptualization, treatment, documentation, and consultation where a trainee demonstrates a current level of skill below what would reasonably be expected at their training level (internship or residency) in the judgment of their clinical supervisor or the reviewing Training Council members. Such identified concerns may warrant alterations to Learning Agreements, specific training or educational activities, or additional supervision strategies or remediation in order to assist the trainee in reaching acceptable levels of clinical competency.

D. Extra-psychology staff allegations: Any medical center employee, patient, or individual connected to a patient in a meaningful way (e.g., family, caretaker, etc.) may file a complaint against a trainee. Examples of such violations may be, but are not limited to, ethical or legal violations of professional standards or laws; or failure to satisfy professional obligations that violate the rights, privileges, or responsibilities of others. Should a complaint be filed:

1) The Training Director and Training Council will review the complaint and take appropriate action.

2) If the Training Council determines that significant problematic behavior(s) has been identified, the Council will review the case and follow those procedures outlined in the following section. This will occur in addition to any other review or investigation required by law or regulation.

Other examples of problematic behaviors that would necessitate review by Training Council include:

1) The quality of the services delivered by the trainee is evaluated as deficient and does not meet defined competency standards.
2) Failing to meet minimum levels of competency identified on learning agreements or evaluations.
3) Inability to comply with appropriate standards of professional conduct.
4) Failure to follow the APA ethical guidelines for psychologists.

5) Problematic relationships or problematic interpersonal interactions with supervisors, peers or other staff including overly hostile, argumentative, and verbally or physically threatening behavior.
6) Inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
7) Failure to acknowledge, understand, or address problems once they have been identified and brought to trainee's attention or problematic behavior that requires repeated efforts by staff or Training Council leadership to address.
8) Inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.
9) Observed problems appear, in the view of the Training Council, to be beyond remediation by further academic/didactic training.
10) The problem is noted in more than one area of professional functioning or by more than one faculty supervisor.
11) A disproportionate amount of attention is required by training personnel in an attempt to address the problematic behavior(s).
12) The trainee has not been adequately meeting other significant programmatic expectations (e.g., not attending mandatory training, not carrying the expected caseload, has not been timely in arriving to rotation sites, etc.).

V. Procedures for Responding to Problematic Performance: In the context of problematic trainee performance, the Training Council is not an adjudicatory body. Rather, the Training Council and Training Director serve in an advisory capacity and are responsible for making recommendations to the Chief of Psychology or designee. The structure of supervision, feedback, and supervisory consultation with the Training Council is designed to provide both trainees and supervisors with a structure for constructively reviewing progress and providing recommendations and actions to assist trainees in successfully meeting training requirements and competency benchmarks.

The Training Council actively tracks the progress and growth of all trainees during, and at the conclusion, of their rotations (or special emphasis areas, in the case of Postdoctoral Residents). Tracking or monitoring trainee performance may occur through informal and/or formal processes and through any means of communication (such as phone, email, or written messages).

The evaluation forms for both Interns and Residents (Trainee Evaluation Form) describe the evaluative meaning of each rank as:
0 – Not competent in this area
1 – Requires continued supervision/focused training in this area to attain minimal competence.
2 – Minimally meets developmental level of competence.
3 – Clearly meets developmental level of competence.
4 – Exceeds developmental level of competence

On the Trainee Evaluation Form, a score of 0 or 1 on any item must be promptly brought to the attention of the Training Council for assistance or for possible remediation. At the final rating period, while meeting minimal competence, a 2 represents an area of recommended continued learning.

A. Identification & Notification to Training Leadership: Any trainee behavior perceived as potentially problematic, and that does not appear to be resolvable by the usual supervisory support and intervention, should be brought to the attention of the Training Director or designee.

B. Notification to Intern Graduate Programs: The Training Director or designee may at any time (regardless of what level of review, monitoring, or intervention is being conducted) report and/or consult with the Director of Training (or designee) at the intern's graduate program.

C. Investigation and initial *Notice of Review*: Should the Training Director or designee determine something more than investigation or watchful monitoring may be necessary, they will gather

information from supervisors, and any other relevant sources, regarding the nature of the problem(s).

1. If it appears further investigation is warranted, per the judgment of the Training Director or designee, they will initiate a discussion with the trainee, verbally inform them that a review of their performance is underway, and follow this with a written *Notice of Review*.

   Special note: It is the role of the Psychology Training Leadership and Training Council to routinely and consistently review and deliberate regarding the progress of all psychology trainees in their training programs throughout the entirety of the training year. Once a trainee has received a Notice of Review, their progress may be reviewed and deliberated at any point during the remainder of the year without re-initiation of a Notice of Review.

2. The trainee and preceptor will be invited to provide their own information and perspective of the problem, including any actions for resolution already in place or scheduled for implementation. The trainee may provide this information in a written summary to be presented at the Training Council review meeting, or they and their preceptor may attend the Training Council review meeting in-person to share this information.

While trainees under review are welcome to provide their own information, perspective, and ideas related to how they might best resolve performance problems, the determination of "problematic" performance is a matter of professional judgment and considered by consensus of the Training Council members. Deliberation of strategies for resolution will be conducted without the trainee present unless the Training Council members are compelled to do so by a majority agreement.

D. Training Council Review & Determination: Once information is gathered from the trainee and relevant supervisors and faculty the Training Director or designee(s) will present the issue to the Training Council at the next scheduled monthly meeting*. If the trainee and/or preceptor have elected to attend, they will then be invited into the Council meeting to provide additional information and perspective. The attending Training Council members will then meet without the presence of the trainee to review the information. The present members will determine whether the performance or behavior problems are considered "problematic" by majority vote. ***It should be noted that the designation of "problematic" implies the possibility of being discontinued from the training program.***

   *A special session of Training Council may be called together in cases where there is some urgency of concern, or when it is viewed too much time would elapse before the next scheduled meeting without calling a special session.

E. Determinations Other Than "Problematic": If the Training Council determines the behaviors/issues not to be "problematic," they will notify the trainee, preceptor, and involved supervisors of their review and findings.

   a. The Training Council may elect to take no further action (most likely in cases where the trainee/preceptor have already identified clear and reasonable strategies being implemented to resolve the performance problems and where there has been some demonstration of initial progress).

   b. The Training Council may elect to make general recommendations for training to help the trainee make additional progress in specific competency areas, if deemed appropriate.

   c. The Training Council may elect to informally monitor the trainee's progress and performance through the next evaluation cycle. Examples of informal monitoring might include, but are not limited to, setting up a follow-up meeting with the Training Director, or designee, in the following weeks to learn how the trainee perceives their progress, by

consulting directly with supervisors, or by continued review of the Trainee Evaluation Form.

F. Determinations of "Problematic" Performance and Resolution Planning: If the Training Council determines the presented performance issues are "problematic" by majority vote of present members, they will then deliberate and vote to take either of the following actions:

1. Skills Development Plan: The Training Council will make recommendations for the trainee to gain additional knowledge, training, or skills practice in a specific performance area, and require monitoring and follow-up reporting to the Training Council within a specified time frame.

2. Implementation of a *Formal Remediation Plan*: As indicated above, the implementation of a *Remediation Plan* requires that the trainee demonstrate successful completion of the plan and resolution of the problematic behavior in order to be considered as successfully completing the training program.

   Special note: Once a trainee has been notified of concerns regarding problematic behavior or placed on a Skills Development Plan, the Training Council will continue to monitor their progress throughout the course of their training by informal or formal review. This is done in order ensure that previously problematic behaviors have not returned or evolved into other problematic behaviors. Once a trainee has been placed on a Skills Development Plan, even if the concerns appear initially resolved, the Training Council may elect at any time to implement a Formal Remediation Plan should problematic behaviors arise again. As noted above, this will not require re-initiation of a Notice of Review. The trainee, however, will be notified by the Training Director or designee of the specific concerns and is welcome to offer any information or explanations of behavioral problems related to the concerns being presented. This information will be considered in the development of the *Formal Remediation Plan.*

   i. The *Formal Remediation Plan* will be a written document that includes the following components:

      (1) A description of the problematic performance issues.
      (2) Specific recommendations for rectifying the problems and increasing satisfactory competence.
      (3) A time frame for the performance period during which the problem is expected to be addressed, changed, or improved.
      (4) Procedures for the trainee and supervisors to assess and report to the Training Council whether the problem has been appropriately rectified.

   ii. The recommendations in the *Formal Remediation Plan* may include, but are not limited to:

      (1) Increased supervision, either with same or other supervisors.
      (2) Change in format, emphasis, and/or focus of supervision.
      (3) A recommendation that personal therapy is undertaken at the trainee's expense specific to the noted behavioral problems.
      (4) Reduction in trainee's clinical duties or recommendation for leave of absence.

   iii. In the case of Psychology Interns, where formal remediation is considered necessary: (1) The Training Council will notify the affiliated academic training program of the intern and alert them to the identified problem and collaborate with that program to the extent deemed appropriate by the Training Council, and (2) Supervisory staff will have clear dialogue with the Intern about what they can

or cannot provide in the way of professional references for job or postdoctoral positions to which the Intern may apply during the training year.

iv. In the case of Psychology Residents, where formal remediation is considered necessary: The Training Council must consider the level of training of Residents and their ethical obligation to evaluate Residents as having successfully completed postdoctoral training with skills and behaviors sufficient for independent practice. Because Residents are seeking job placement during their training the Training Council will recommend (1) that residency supervisors have a clear dialogue with the Resident about what they can or cannot provide in the way of professional references for job placement, and (2) the Training Council may vote to submit a formal Letter of Concern into the Resident's training file, which will be removed only upon successful completion of the *Remediation Plan* and successful completion of all other areas of training competency.

It should be noted that a Letter of Concern in the Resident's file may have a potentially negative impact upon any future requests for documentation or reference to state licensing boards (e.g., the Supervisor's Attestation Form for the Missouri State Committee of Psychologists-SCOP).

v. Should the Training Council find the nature of the problem to be of such severity that continued efforts in training would potentially compromise the care of Veterans, the well-being of other staff and trainees, or the integrity of the training program itself, the Training Council may recommend to the Chief of Psychology that the trainee be terminated. As stated above, employees appointed pursuant to 38 USC 7405 may be terminated without such a review.

3. Once the Training Council has issued the *Formal Remediation Plan*, the trainee's performance and status will be reviewed within three months' time, or at the next formal evaluation (whichever comes first). The Training Council will seek information from involved supervisors as well as the trainee regarding status and progress. Following review of progress and the input of those involved, the Training Council will then determine by a majority vote whether the trainee is viewed to have successfully resolved the *Formal Remediation Plan*, whether a new *Remediation Plan* and further monitoring should be conducted, or whether actions toward failure of training or termination should be initiated.

VI. Failure to Correct Problems: If it has been determined that there has been a failure to correct the problem(s) in keeping with the terms of a *Formal Remediation Plan* the Training Council will conduct a formal review and notify the trainee as well as the preceptor, in writing, of failure to meet the conditions for satisfying the terms of the appropriate notice.

When a combination of interventions does not correct the problematic performance within a reasonable amount of time (as defined in *Formal Remediation Plan*), or when a trainee appears unwilling or unable to alter the identified problem at any point during the training year, the Training Council may elect to take further formal action which may include, but is not limited to:

1) Suspension of the trainee for a limited time from engaging in certain professional activities until there is evidence that the identified problem has been rectified. Suspensions beyond the specified period of time may result in termination or failure to graduate the program.

2) Depending on the gravity of the identified problem, the Training Council may inform the trainee and preceptor that the trainee will not successfully complete the internship or residency if the Training Council cannot establish that sufficient competency has been achieved.

3) If by the end of the training year, the trainee has not successfully completed the training requirements, the Training Council may recommend that Psychology Interns not graduate from their academic programs or that Psychology Residents not be recommended or referred for positions of independent practice or licensing.

a. Intern trainees will be informed in writing that they have not successfully completed the internship. The academic program of intern trainees will be notified of such.
b. Resident trainees will be informed in writing that they have not successfully completed postdoctoral training/residency. They will be provided a copy of the Letter of Concern placed in their training file and reminded of the implications with respect to reference requests from state licensing boards and future employers.

4) In rare cases, when the opinion of the Training Council is that the performance or behavior of a trainee may compromise the care of clients or colleagues, or where their level of performance is so deficient that they cannot ethically be recommended for independent practice, the Training Council will recommend immediate dismissal from the training program. Terminations are initiated at the discretion of the Chief of Psychology as outlined in existing regulations for "Involuntary Separation of Employees" under 38 USC 7405(a)(1)(A). This policy specifies:

a. "In effecting voluntary separations of employees serving under 38 U.S.C 7405(a)(1)(A), the procedural requirements prescribed for separations, such as reviews by Professional Standards Boards or Disciplinary Boards, do not apply."

b. "Although not required, employees should, where feasible, be given such advance notice of separation as determined appropriate by the approving official."

c. "The employee will not be entitled to a review of the involuntary separation."

d. "The provisions of the VHA Handbook 1100.18 relating to reporting to State licensing boards and licensing monitoring entities, must be followed in all instances in which an employee is separated whose standards of clinical practice are in question."

Note that there will be no discrimination because of race, color, religion, national origin, sex or sexual orientation, lawful political affiliation, membership or non-membership in a labor organization, marital status, non-disqualifying disability, age, or other irrelevant factors in any separation or other action under this part.

All of the above steps/actions will be appropriately documented and implemented in ways that are consistent with the process as outlined above, including the opportunity for trainees to initiate grievance proceedings in response to the Training Council's decisions. Please refer to the policy on grievances below.

Special Note: Problematic behaviors identified in the last month of the training year, whether similar to those previously addressed or not, may still result in a trainee being recommended for remediation if the Training Council believes they are significantly problematic. Should identification of problems occur in a time frame that does not allow a reasonable amount of time to address or remediate behaviors, or for the Training Council to properly follow the typical course of Notice of Review and corrective planning, the Training Council will recommend the trainee not complete the program. For interns, this means their graduate program will be notified that our program will discharge as "incomplete" and recommend the graduate program take necessary steps for the intern's remediation. For residents, this means they will not successfully complete the program and their file will be listed as such.

VII. Training Program Grievance Procedures: Grievances by trainees may address issues related to training evaluation, performance problems, as well as grievances against a member of the training faculty or other staff or employees of the VA St. Louis Health Care System.

When encountering problems with supervisors or other staff of the medical center, it is often most appropriate for the student to address the problems directly with the other individuals involved. This can usually be handled through assertive communication during supervision. The student's preceptor is a valuable resource for addressing problems that cannot be resolved at the level of the student-supervisor or student-staff member. Assisting the student in solving such problems is a direct obligation of the preceptor. Our experience has been that students often find the preceptor to be a good sounding-board when considering how to pursue a grievance.

The Training Director and Assistant Training Director(s) are also a resource for both students and staff for addressing problems that cannot be resolved at the student-supervisor or student-preceptor levels. The role of the Training Director and Assistant Training Director(s) is to facilitate problem-solving among the individuals involved, although it is important to note that neither the Training Director nor the Assistant Training Director(s) have supervisory authority over professional staff. Nonetheless, the Training Director and Assistant Training Director(s)can be extremely valuable in resolving student-staff conflicts because of the strong commitment of our staff to the training program. The Training Director and Assistant Training Director(s) often refer problems presented by trainees to the Training Council for consultation and advice.

When a student has a grievance against a member of the training program staff or other medical center staff, he or she has two parallel paths that can be followed to seek redress. The first path is through the training program's grievance process. The second path is through the medical center's grievance process for employees. Grievances can be addressed through either or both of these paths. The training program generally suggests that the student first employs the training program grievance process. The training program process tends to be more informal and collegial. Often the grievance process can be a learning experience for the student as well as offering the opportunity for redressing the grievance. Ultimately, however, this is the student's decision to make. This memorandum will predominantly focus on the training program's grievance process although reference will be made to the medical center's process as well.

Regarding Performance Improvement and Remediation Procedures

Trainees who receive a *Remediation Plan,* or who otherwise disagree with any Training Council decision regarding their status in the program, are entitled to challenge the Council's actions by initiating a grievance procedure. Within 10 working days of receipt of the Training Council's notice or other decision, the trainee must inform the Training Director or Assistant Director in writing that he/she disagrees with the Council's action and to provide the Training Director or Assistant Training Director with information as to why the trainee believes the Training Council's action is unwarranted**. Failure to provide such information will constitute an irrevocable withdrawal of the challenge.** Following receipt of the trainee's grievance, the following actions will be taken:

A. Upon receipt of the written notice of grievance, the Training Director and Assistant Training Director will convene a Review Panel consisting of two staff members selected by the Training Director and two staff members selected by the trainee. The trainee retains the right to hear all allegations and the opportunity to dispute them or explain his or her behavior.

B. The Review Panel's decisions will be made by majority vote. Within 10 days of completion of the review hearing, the Review Panel will prepare a report documenting the reasons for its decision and recommendations and will provide the report to the trainee and the Training Council.

C. Once the Review Panel has submitted its report, the trainee or the Training Council has 10 working days within which to seek a further review of the grievance and Review Panel report by submitting a written request to the Chief of Psychology, or designee. The request must contain brief explanations of the grievance, Review Panel report, and the desired settlement which is sought, and it must also

specify which policies, rules, or regulations are considered to have been violated, misinterpreted, or misapplied in previous steps in the process.

The Chief of Psychology or designee will then conduct a review of all documents submitted and render a written decision within 15 working days of receipt of the Review Panel's report, and within 10 working days of receipt of a request for further review if such request was submitted. The Chief of Psychology, or designee, may either accept the Review Panel's action, or reject the Review Panel's action and provide an alternative. The decisions of the Chief of Psychology are final. The decision to terminate a traineeship will involve consultation and concurrence of the ACOS of Mental Health, input from Human Resource Management, and notification to the local facility Designated Education Officer (ACOS of Research & Development/Education).

D. Once a final and binding decision has been made, the trainee will be informed in writing of the actions taken. If this involves a predoctoral Intern, the sponsoring university will also be informed in writing.

VIII. Medical Center Grievance Process for Employees

The medical center generally recommends that employees who have grievances against other staff first utilize the Alternative Dispute Resolution (ADR) process. This is a totally voluntary program and the parties involved in this process do not need to accept any recommendation that emerge from this process. A high percentage of cases brought before the ADR counselor are resolved at the mutual satisfaction of both parties. Contact information about ADR can be found on bulletin boards throughout the medical center or through Human Resources.

Other mechanisms for addressing grievances are described in the Employee Handbook you received during your initial meeting with Human Resources during orientation week at the beginning of the year. Additional copies of the Employee Handbook are available through Human Resources and may be found online through the VA's Intranet.

Trainees should also be aware that the medical center has policies governing the right of employees to be free of harassment, Equal Employment Opportunity (EEO) Counseling for matters of potential discrimination, and the right to reasonable accommodations for employees with disabilities. These Medical Center Memorandums (MCMs) are all available through either the Information section of VISTA or the medical center's intranet website, which can be accessed from most workstations in the medical center.

IX. Documentation and Storage of Complaints/Grievances: The psychology training program will document and store complaints and grievances in accordance with the most current *Guidelines and Principles for Accreditation* (G&P) specified by the APA Commission on Accreditation. The psychology training program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs. The CoA expects this program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period.

Grievances are documented in the training program through completion of the Complaint/Grievance Form. This may be filled out directly by a trainee, their preceptor, a rotation supervisor, or the Training Director or Assistant Training Director (see attached). This form provides space to describe the nature of the complaint and parties involved, as well as administrative area for the Training Director, Assistant Training Director, or Training Council members to include additional information regarding what actions were taken, what administrative level was involved in resolution, and what actions, if any, were taken in order to satisfactorily resolve the grievance.

Storage of the Complaint/Grievance Forms as well as a general log of incidents, if kept, will be stored in a secured and locked location in the Mental Health administrative offices file cabinets. These cabinets are

limited in access to the Mental Health service administrators and the Training Director and Assistant Training Director.

The training program may also keep a separate log of these incidents, without listing the names of the parties involved, which summarizes the date of complaints, nature of grievance, and summary of actions and resolution. The training program may include this log of complaints or grievance in its self-study document to share with APA site visit teams. The training program may also reference, as part of problematic performance or grievance documentation, files such as Reports of Contact which may have been requested by Psychology or Mental Health executive leadership in those rare cases where negative conduct or performance problems have been elevated to their attention. The documentation of Psychology or Mental Health leadership is secured in accordance with VA policy and is kept within the Mental Health administrative files. In both cases, APA accreditation site visitors reserve the right to view the full record of program materials on any or all of the filed complaints/grievances considered to impact or affect trainees.

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VA St. Louis Health Care System – Psychology Training Council
Predoctoral and Postdoctoral Training Programs
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