INTERNSHIP IN CLINICAL PSYCHOLOGY

VA St. Louis Health Care System
St. Louis, Missouri
2022-2023

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

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FOREWORD

Training in psychology has been offered at the VA St. Louis Health Care System (VASTLHCS) since the late 1950's and has been accredited by the American Psychological Association (APA) since 1980. In the early years, most interns came from local universities, but as the accreditation of university graduate programs and internship centers grew, our program was opened to students from all APA accredited universities and professional schools on a competitive basis. Today, we enjoy a yearly applicant pool that represents a wide variety of program types, geographic locations, personal backgrounds, and interests.

In the last decade, the VA system has transformed into a world leader among health care systems by implementing progressive programs which emphasize recovery, prevention and service delivered within integrated and interdisciplinary settings. The VASTLHCS is considered a regional hub and has enjoyed spectacular growth in staffing and services in the past decade. The psychology service has also grown and is well accepted and utilized, just as our training program is recognized as fulfilling one of the VA's overarching missions, to provide excellence in clinical training. Even with this growth and recognition, however, our Training Council has been diligent about limiting our program's expansion in order to ensure a variety and quality of internship training experiences and supervision. We will accept 6 interns to the internship program training year set to begin **July 18, 2022**; 5 will be generalist positions and 1 is designated as a neuropsychology track position. We have not lost focus of our primary training goal-- *to provide excellence in psychology training in the generalist tradition.*

There are often expanding and emerging training opportunities at our VA. This brochure represents the information and opportunities that are anticipated. **It is likely that there may be changes, particularly related to the ongoing COVID-19 pandemic. In keeping with APPIC recommendations, the safety of our trainees, supervisors, veterans, and community is of utmost importance. We strive to make the recruitment and selection process as accessible and fair as possible during these times, and we rely on an ethical framework for decision making to guard against bias and lapses. We pledge to use science, evidence-based findings, and the recommendations of public health experts to inform our process and recommended procedures**. For more information about changes to our program due to the pandemic, please see information contained in Attachment 3.

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.

Thank you for your interest in learning from and serving Veterans! We are truly committed to providing the best possible training for developing psychologists and we believe you will find our psychology staff to be enthusiastic mentors and consultants in your professional growth.

The Psychology Training Council
VA St. Louis Health Care System, St. Louis, MO

OVERVIEW

The VASTLHCS offers a flexible APA-accredited internship for students desiring generalist training and extensive experience with a diverse adult population. Staff theoretical interests are varied and points of view include Behavioral, Social Learning, Cognitive, Client-centered, Systems, Existential, Interpersonal, and dynamically-based theories. Within these models, there is an increasing emphasis on the use of evidenced-based practices at both the individual practitioner and programmatic level. Psychologists in this medical center work in a variety of clinical settings providing a range of diagnostic, consultative, assessment, administrative, organizational, teaching/training, and therapy services. The Internship program at VASTLHCS is structured to give students hands-on clinical experience in the above-mentioned areas. Interns are expected to have previously acquired at least minimal technical proficiency in test administration and interpretation and to have had some significant experience in psychotherapy. Once on internship, interns experience increasing responsibility during the year for both patient care and provision of consultative support to the medical center at both treatment and organizational levels. Interns function as integral members of their treatment teams in their various rotations. **It should be emphasized that the primary role of an intern at VA St. Louis Health Care System is that of a learner and that service to the medical center plays a secondary role.** While students will find their assignments demanding of both emotional and intellectual involvement, sufficient time will be allotted for students to interact with staff members, members of other disciplines, and each other, to promote integration of the various experiences. Students are provided with sufficient time to complete their work on site. In addition, because we value collegiality and the role of peer support, interns are provided with "professional development" time each week to allow them to socialize together, provide mutual support, exchange information, etc. with their fellow interns.

PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM

The 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 mental health/rehabilitation services being housed at the Jefferson Barracks (JB) division. The Hope Recovery Center also provides services to Veterans, including housing programs andjob 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 142,200 visits a year. The Mental Health Service is led by the Associate Chief of Staff, Dr. Metzger, who is a psychologist. Psychologists are members of Medical Staff of the VASTLHCS, which allows them to serve on various facility-level leadership and steering committees. The Internship program remains under the administrative oversight of the Psychology Training Council and Training Director.

Psychologists at the VASTLHCS engage in a wide variety of clinical, research, 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 rapid expansion in the past 10 years. We have approximately 50 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 engage in additional activities to include part-time practices, affiliations with local universities/medical schools, and research, and are active in community and national professional organizations.

Your internship experience here will focus on clinical work with the goal of integrating your graduate studies and clinical skills in a hands-on, challenging clinical environment. However, ongoing involvement in and consumption of clinical research is viewed as an important role of the well-rounded clinician. As part of your internship experience, interns are required to to develop scholarly projects which will afford exposure to research, performance improvement, or quality management activities within Mental Health. This project will not result in a publication because, given the requirements of our Research/IRB department, a full IRB research project is beyond the scope of what can be accomplished within the internship training year.

THE PSYCHOLOGY INTERNSHIP PROGRAM

Philosophy of Training:

Internship provides a year of intensive, supervised clinical experience, intended as a bridge between graduate school and entry into the profession of psychology. The psychology internship program is structured to help students grow and mature both personally and professionally. It is designed to enable students to meet the broad range of demands placed on a psychologist in today's service settings by facilitating the development of core competencies recommended by the APA. In practical and developmental terms, the primary purpose of the program is to prepare interns for successful entry into postdoctoral or entry-level professional positions. Though our graduates go on to practice in a variety of professional settings, our training program is ideally geared towards those wishing to practice in a medical center setting with an adult treatment population. Obviously, we are an ideal site for a clinician with ambitions for a VA career or other public health care delivery setting.

The VASTLHCS 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.

In order to achieve these broader goals, internship training is designed to promote development in two fundamental areas: achieving foundational competencies in psychological practice and developing a sound professional identity. All aspects of the training program are designed to contribute in some way to these building blocks of the professional psychologist. This is primarily accomplished by an apprenticeship model of

supervised practice emphasizing diverse populations, varying theoretical models, building multiple skill sets, and the different functional roles involved in patient care. Specifically, it is recognized that necessary competencies for the modern psychologist include the skills of assessment, intervention/psychotherapy, and consultation flexibly applied to a variety of patient populations. Interns will also learn to effectively communicate their observations and opinions (verbal and written) in interdisciplinary settings and to targeted audiences, and to develop those interpersonal skills needed to work effectively with patients, their families, and allied health professionals. Interns will be able to generalize these skills to other appropriate settings, problems, and populations. Interns will also have the opportunity to further develop their knowledge of, and sensitivity to, the cultural, ethical, and legal issues that impact psychological practice. Additionally, it is our belief that students must be prepared for a variety of roles including administration and consultation in a variety of treatment settings. Issues such as ethics, supervision, performance improvement, time utilization, multidisciplinary team functioning, and development of professional identity are integral parts of the training offered. Finally, a fundamental philosophical underpinning of the program is to encourage the development of individual strengths, while simultaneously promoting stretching into less familiar, under-developed skills and experiences. In short, we aim for you to be a well-prepared, competent, generalist, ready for the next stage of your professional development.

In addition to professional competencies, we strive to promote positive development of a professional identity. This involves multiple dimensions: we will provide the modeling, feedback, and a progressive gradient of independence needed to help interns better develop a sense of themselves as an emerging professional. This involves helping the intern negotiate the transition from the student role to the professional role, particularly with respect to self-image, increasing responsibilities, the navigation of complex service delivery settings, and professional comportment. We create a learning environment that supports self-awareness and a more refined sense of strengths and limitations through supervisory feedback and evaluations such that interns develop a better sense of when to act independently and when to seek consultation. In so doing, we aim to convey that *how* we practice is as important as *what* we practice.

Training Aims and Competencies:
We are a generalist program, serving an adult, medically complex population, within clinical settings covering the entirety of the adult lifespan. We emphasize clinical immersion as the primary process by which interns build upon their graduate training toward more integrated and articulated competencies in psychological practice. Our expectation for intern development is developmental; interns are expected to become increasingly autonomous in their clinical work over the course of the training year. Our primary aims are:

- To provide supervised training experiences within a variety of clinical settings to promote the broadest acquisition of science-based techniques, conceptual models, and applied skills.

- To facilitate the development of functional and foundational competencies such that interns will be prepared for successful entry into postdoctoral or entry-level professional psychology positions in health service settings.

With these aims in mind, training is meant to support development of the following broad competencies:

1. Research - Interns will demonstrate the ability to understand research methodologies, review and critically evaluate research, incorporate scientific knowledge into professional practice, and disseminate research or other scholarly activities at contextual (e.g., interprofessional consultation), institutional (e.g., Grand Rounds presentations, case studies), regional, or national levels.
2. Ethical and Legal Standards - Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.
3. Individual and Cultural Diversity - Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity as well as the ability to deliver effective services to an increasingly diverse population. Interns will demonstrate awareness of how their own history, attitudes, and biases impact their understanding and interactions with people different from themselves and will demonstrate depth of client conceptualization based upon the broadest interpretation of individual diversity. They will work to integrate theoretical and empirical knowledge of diversity, culture, and social justice principles into clinical practice and utilize a framework for working with individuals whose identity or worldview might differ from their own.
4. Professional Values and Attitudes - Interns will demonstrate a maturing and integrated professional identity over the course of training with increasing awareness of their abilities and limitations as well as receptivity and discernment in their response to peer, mentor, and supervisor feedback.
5. Communication and Interpersonal Skills - Interns will demonstrate effective verbal, nonverbal and written communication skills with a wide variety of patients, colleagues, communities, and supervisors.
6. Assessment - Interns will develop competence in selection, administration, and interpretation of evidence-based psychological assessment appropriate to the clinical contexts and referral questions presented within specific clinical environments. Interns will also demonstrate competent differential diagnostic and risk assessment skills. They will communicate findings in an effective and non-biased manner with appropriate recommendations.
7. Intervention - Interns will develop competence in establishing and maintaining relationships with veteran patients. Interns will accurately provide informed consent, implement evidence-based interventions, and evaluate treatment outcomes to effectively meet the unique needs of individual veterans.

8. Supervision - Interns will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

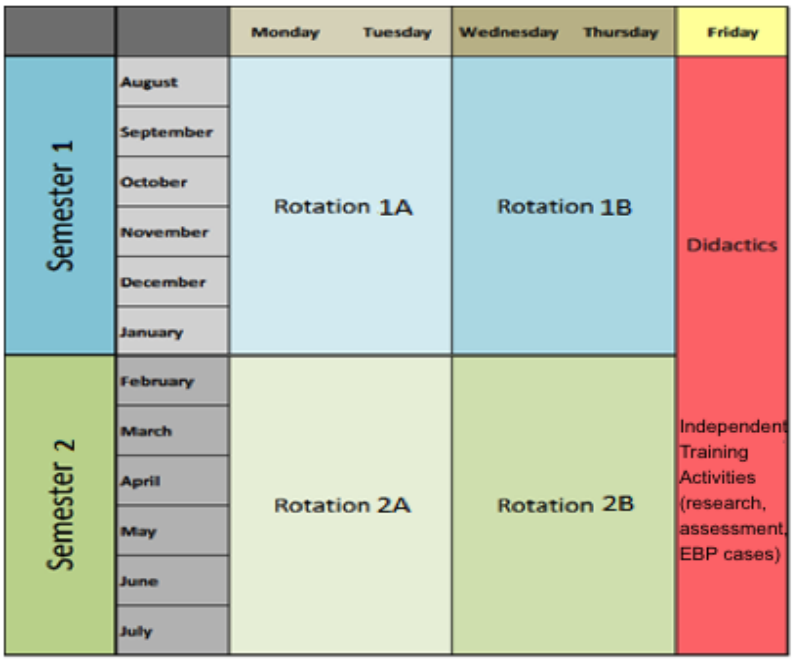
9. Consultation and Interprofessional Skills - Interns will develop increasing awareness of the culture and expertise of other health profession disciplines and demonstrate developing competencies in strategies for communication and collaboration toward shared health goals for individuals and groups receiving health care.

Although our focus is predominantly on ensuring adequate breadth of training consistent with a generalist model, we also strive to meet the unique educational needs of our interns in terms of providing increased depth of training in specific areas of interest. One feature that many will find comforting is that we take trainees "where they are." In other words, we make every reasonable attempt to gear your training focus, clinical workload, and learning gradient at a level that will challenge you without closing off opportunities for new experiences simply because you lack significant prior experience.

We also believe that as Practitioner-Scholars, all our interns should, at a minimum, develop into informed and critical consumers of clinical research. To accomplish this:

- Didactics include current clinical research
- Intensive training in evidenced-based treatment is provided
- Interns on many rotations are assigned specific scientific readings, perform mandatory literature reviews, and/or are encouraged to review the literature in developing treatment plans, performing assessments, etc.
- Supervisors provide relevant literature/references, and/or a reading list of recent clinical research
- Interns have access to library facilities including free literature searches and copying privileges
- Some rotations will provide both direct and indirect exposure to research
- All trainees must complete and present a Scholarly project, which involves use of research methods to answer a clinical or programmatic question or in-depth review of the literature upon a topic of clinical relevance.

Internship Structure:



1. Rotations
   Interns will participate in four clinical rotations within the training year (Rotations 1A, 1B, 2A, and 2B). A rotation is 2 days a week for approximately 6 months. Supervision is provided by psychologists working within each specific service area. You will receive a minimum of 1.5 hours of weekly individual supervision from your supervisor(s) on each rotation. As a generalist program, our primary goal is to produce a competent generalist ready for postdoctoral training (particularly in the VA); that is, a clinician with a broad range of training, skills and experiences (i.e., diverse training in assessment, treatment, work with various treatment populations, and different treatment settings). As such, while interns are given many options/flexibility in their selections of rotations and preceptors, we encourage interns to consider rotations of special interest as well as rotations to help them fill in any remaining gaps in clinical development. Additionally, each intern's final training/rotation schedule is subject to the approval of the Training Directors and Training Council to ensure compliance with our generalist training philosophy.

   Rotations provide a variety of evidence-based interventions for groups and individuals, varying types of assessments, and typically some interdisciplinary collaboration. At the outset of each rotation, supervisors outline the expected activities for the rotation in a Learning Agreement. We are always working to add new training experiences as the VASTLHCS grows and develops. Any new developments in training experiences will be discussed in the interview process and/or at orientation. As of now, the available rotations are expected to be:

   - Mental Health Clinic (General Outpatient MH)

- Trauma Recovery Program
- Neuropsychology Clinic (for neuropsychology track intern only)
- Community Living Center
- Spinal Cord Injury Service
- Inpatient Mental Health Services
- Primary Care Mental Health Integration (PCMHI)
- Home Based Primary Care (HBPC)
- Whole Health
- Mental Health – Aging Resources Team
- Palliative Care
- Domiciliary
- Opportunities may include Psycho-oncology (Siteman Cancer Center, non-VA rotation)

2. Independent Training Activities
   Independent training activities occur separately from the specific requirements of rotations and include elements of training designed specifically to help interns meet particular competencies. At the outset of the training year, the intern selects a preceptor. Preceptors function as year-long mentors, helping interns assess the "big picture" needs of their training by initially helping them develop a tailored Preceptor Learning Agreement. The Preceptor Learning Agreement prioritizes Independent Training Activities for the year to ensure the 10% of time devoted to these activities is used effectively toward overall competency development. These activities should supplement the intern's training toward specific competency areas and the ratio of time-to-activity type may be tailored to the specific intern's needs (with the requirements being that every intern must do a research/scholarly project and every intern must do at least two full assessments per semester). For example, a preceptor working with an intern who has done extensive CPT and PE therapies, but has limited exposure to medical health or dementia evaluations, may recommend a Learning Agreement where the intern strives for 5-6 assessment cases, sets a goal to do only 2 EBP therapy cases over the year, and balances this with a scholarly project consistent with their 5-year career goals.

   Where rotations do not fulfill specific training needs and assessment of competencies, preceptors also ensure experiences and evaluation of developing competencies in:
   - Clinical Assessments (may tailor to include health/medicine; geropsych/dementia, psychodiagnostic assessments)
   - Supervision Skills (supervision seminar competency demonstrations)
   - EBP protocol therapies with VA-trained supervisors

3. Didactics and Other Training Activities
   All interns also participate in: 1) a weekly Didactic Seminar which includes lectures by psychology staff, outside consultants, and case presentations by interns; 2) a weekly Enrichment Seminar which is designed to provide additional,

intensive training in specific core competency areas of cultural diversity, evidenced-based practice, and clinical supervision; 3) monthly Psychology Grand Rounds; and 4) monthly Psychology Service Meetings. Didactic and Enrichment Seminars are typically a combined 4 hours weekly, and generally occur Friday mornings in consecutive sessions. During the training year, interns may also receive vertical supervision from a psychology resident who will be supervised by one of our licensed psychologists.

Minimal Requirements for Retention:
One of our primary goals of internship is to promote the success of interns in their training here and beyond. Part of this involves monitoring for satisfactory performance in your internship education.

We work hard to anticipate and work through problems in training. On the rare occasion that we have a problem, we will make every effort to resolve problems as early as possible. We expect that trainees will play an active role in identifying and resolving problems through regular contact with supervisors, preceptors, and the Training Director. There are both formal and informal mechanisms for dealing with Trainee grievances in the Training Program. First, the training program has an informal procedure **Psychology Performance Improvement, Remediation & Grievance Policy (see Attachment 1)**. We generally handle trainee grievances within the program if possible. Problems that are not resolved at the supervisor level are referred to the Training Council. If resolution is not achieved at this level, then the problem may be addressed via the heath care system's grievance resolution programs. There are additional grievance resolution options in the health care system, the first being a voluntary, "Alternative Dispute Resolution", program which is also outlined in the Employee Handbook. If necessary, the heath care system's formal grievance policies and procedures are also available if resolution is otherwise not possible.

Standards of Evaluation:
The expectations for learning in each rotation are listed in each rotation's learning agreement. The learning agreements and training objectives are reviewed with the intern at the outset of each rotation. In addition to these identified training expectations, additional information such as record reviews, staff or patient reports, etc. may be considered as collateral information when evaluating intern performance.

Feedback on training experiences and performance is an integral part of training and should be an ongoing process between supervisors/preceptor and trainees. The program provides formal written feedback in accordance with the rotational timeline throughout the training year. Competency based evaluations are completed by rotation supervisors at mid-rotation (at the 3 month mark of the rotation) and at the end of each rotation (at the end of 6 months) and by preceptors at mid-year (at the end of 6 months) and at the end of the training year. All written rotation evaluations are reviewed and signed with the intern (**see Trainee Evaluation Form, attachment 2).** All evaluations are also forwarded to the intern's doctoral program Training Director at mid-year and year-end.

AREAS OF CLINICAL TRAINING

The information below provides a thumbnail sketch of the areas in which the VASTLHCS psychology staff can provide training. These rotations are subject to change due to staffing changes, space limitations, and other unforeseen circumstances.

1. MEDICAL/HEALTH PSYCHOLOGY:

Medical/health psychology encapsulates the largest contingent of psychologists at this medical center located at both divisions (JB and JC), special annexed primary care clinics, established Community Based Outpatient Clinics (CBOCs), and Home Based Primary Care (HBPC) teams.

a. Spinal Cord Injury (SCI): This unit is one of only 23 specialized centers in the entire VA system. It is staffed with 2 FTEE clinical psychologists. Psychology staff perform problem-focused assessments and counseling to promote readjustment and increased coping skills of individuals with various degrees of functional deficits. Training occurs on the inpatient rehabilitation unit as well as in the PACT outpatient clinic. The intern will work within the context of a long-established interdisciplinary team, and all treatment plans are integrated across disciplines. Case management, psychoeducational interventions, and family work are all possible experiences in this area.

b. Community Living Center (Geropsychology) -– Inpatient Rehabilitation and Extended Care: Our program in this area provides consultative services to the Veterans receiving care in the Community Living Center, most of whom are over age 60. Psychologists are members of Interdisciplinary Teams providing care to inpatients in our Skilled Nursing, Geriatric Evaluation and Management Unit (GEMU), Comprehensive Medical Rehabilitation (CMR), Cardiopulmonary Rehabilitation (CARP), Hospice, and Palliative care units. There are approximately 60 inpatient beds. Work on this rotation is consult based and tends to include assessment for a wide variety of psychological disorders, psychotherapy interventions to decrease emotional distress and encourage engagement in care, and environmental/team interventions to assist with behavioral and/or compliance issues. These settings are highly focused on interdisciplinary team functioning, and the intern will be involved with trainees/staff from multiple medical and allied health areas. Opportunities for staff/team in-services and education are available in this area.

c. **Primary Care Mental Health Integration (PCMHI):** The PCMHI rotation aims to provide interns with exposure to a broad range of primary care patients and provide comprehensive training in the core areas of skill and knowledge to engage in primary care psychology practice upon completion of residency. This training experience includes clinical assessment and intervention for common conditions typically managed in primary care, interprofessional collaboration within patient aligned care teams and with specialty care providers, exposure to ethical, legal, and professional issues, as well as didactic learning opportunities in health policy and healthcare systems, and the biopsychosocial and cultural aspects of primary care practice. Evidence-based

interventions emphasized on this rotation typically includes brief adaptations of Acceptance and Commitment Therapy, Motivational Interviewing, Interpersonal Therapy, Problem-solving Therapy, and Cognitive Behavioral Therapy from problems such as depression, anxiety, chronic pain, insomnia, anger/irritability, and health behavior changes. Depending on the supervisor/clinic, interns may have the option to participate in shared medical appointments (interventions delivered with the PACT team, targeted to groups of patients who share the same medical condition) and/or psychotherapy group interventions (e.g. CBT-I, CBT-CP, etc.). Additionally, interns will be trained in brief cognitive screenings, high risk assessment and appropriate disposition, and differential diagnostic skills.

d. Home Based Primary Care (HBPC): HBPC is a program that provides comprehensive, longitudinal, primary care in the homes of Veterans with complex, chronic, disabling disease. The care is delivered by an interdisciplinary team comprised of primary care provider, nursing, social work, physical and occupational therapy, dietitians, pharmacy, and psychology. Psychology responsibilities include assessments of psychological and cognitive functioning, assessments of capacity for decision-making, psychotherapeutic interventions with patients and family members, interdisciplinary team consultation, and staff education. Presenting problems are varied and include depression and anxiety, adjustment to chronic illness and cognitive changes, caregiver stress, behavioral issues in neurocognitive disorders, PTSD, pain management, sleep disorders, and alcohol and substance use.

e. Palliative Care: During the Palliative Care rotation, the psychology trainee will have the opportunity to work on the Palliative Care Consult Team and the Palliative Care Outpatient Clinic. They will work as an integrated member of an interdisciplinary treatment team along-side providers from multiple disciplines including: medicine, social work, chaplaincy, and nursing. Palliative care is delivered across a continuum of care for those who are diagnosed with serious, chronic, and terminal illnesses. Veterans and families are seen both face to face and via telehealth at bedside during inpatient stays, as well as followed outpatient. The palliative team provides pain and symptom management, assists with determining goals of care, fosters communication between the medical team and the veteran and family, and assists with disposition. Psychology approaches care from a biopsychosocial framework, which is well suited for the primary medical nature of the settings. Also, supportive therapies are provided to assist veterans in coping with difficult/terminal diagnoses and long-standing psychological issues. There is significant interaction with families and caregivers who are also considered part of our patient population. Bereavement and grief interventions are provided for anticipatory grief as well as following a veteran's death.

f. Siteman Cancer Center (at Barnes-Jewish Hospital/Washington University School of Medicine): This center is a national leader in patient care, cancer research, prevention, education and community outreach and a National Cancer Institute-designated Comprehensive Cancer Center. Psychology trainees function as a member of the service, assuming responsibilities that are appropriate level given the student's abilities and experience. On this rotation, interns provide clinical services (brief

assessment, psychoeducation, and individual or group psychotherapy) for patients and families receiving care at the Siteman Cancer Center. Common treatment issues include management of physical symptoms or treatment side effects (e.g. pain, nausea, fatigue), adjustment disorders, depression, anxiety, caregiving concerns, and end-of-life issues. Services are offered both in the outpatient therapy setting and inpatient hospital setting. This rotation also allows for the experience of consulting with other providers of medical and psychosocial services for patients, including oncologists, psychiatrists, social workers, spiritual care providers, nursing staff and nutritionists. ***Please note that this may in an option for the 2022-2023 training year, with OAA approval**.

2. MENTAL HEALTH SPECIALTY CLINICS:
The second largest contingent of psychologists works within mental health specialty clinics alongside other allied mental health providers.

a. Mental Health Clinic (MHC): The MHC is an interdisciplinary outpatient clinic, seeing Veterans with a full spectrum of psychological disorders. Psychological work in the clinic includes individual and group psychotherapy, as well as participation in the initial intake and treatment planning process for Veterans new to Evidence Based Psychotherapy at the VA. In the MHC, psychological treatment is time limited and evidence based, incorporating methods such as CBT, ACT, IPT, PE, Stair, and CPT. Group treatments include CBT and IPT skills groups for mood and anxiety, STAIR and Seeking Safety. The intern would have the opportunity to develop and enhance skills in evidence based psychotherapy by participating in both group and individual therapy with a broad range of psychopathology. Skills in differential diagnosis and treatment planning are facilitated through participation in the EBP intake process, which includes Veterans with a diverse range of presenting concerns and knowledge base regarding psychotherapy. General MHC services are currently offered at both JB and JC divisions, which helps ensure breadth of training and exposure to clinical populations.

b. The Trauma Recovery Program (TRP:): The TRP is a specialized service within the larger Continuum of Care in the Mental Health Service Line. Our mission is to help Veterans recover from the effects of trauma and to improve their quality of life. The TRP includes psychiatrists, psychologists, clinical social workers, nurses, interns, residents, and administrative staff. Assessment and individualized treatment planning, to include episodes of care, shared decision-making, and measurement-based care, are the cornerstones of our work. Our program strongly emphasizes evidence-based psychotherapy for PTSD as a first-line treatment. Of note, several TRP staff psychologists trained with Dr. Resick at the Center for Trauma Recovery, the birthplace of Cognitive Processing Therapy (CPT). Most services in the TRP are delivered in individual psychotherapy format. However, our program offers a range of treatment options, to include long-term process groups. As part of the larger Continuum of Care, the TRP works closely with adjacent resources, including Primary Care Mental Health Integration (PCMHI), 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. For trainees interested in policy and leadership, one of our team members is the Specialty Mental

Health Programs Manager for the facility and the PTSD Mentor for Veteran's Integrated Service Network 15, which coordinates with national leadership on policy and best practices dissemination to the field.

3. REHABILITATION AND RECOVERY PROGRAMMING:
Psychologists also work within mental health rehabilitation clinics alongside other allied healthcare providers.

a. Domiciliary Care for Homeless Veterans (DCHV): The DCHV program is a 35-bed residential rehabilitation treatment program, with the long-term goal of assisting Veterans in obtaining stable housing and income. The average length of stay for Veterans in this program is 6 months, during which they receive treatment for a variety of concerns including: homelessness, managing mental health symptoms, sobriety and recovery from substances, interpersonal stressors, money management, employment struggles, and maintaining independent housing in the community. Veterans enrolled in the DCHV program typically participate in several weeks of intensive treatment, followed by a focus on returning to independent living (veterans may pursue employment, alternative sources of income, schooling, etc.). The DCHV treatment program is based on the Recovery Model and strives to tailor treatment to the individual needs and preferences of each Veteran to address their physical, psychological, social, and spiritual needs. There are multiple opportunities for trainees to gain a variety of experiences within our residential treatment setting. Primary experiences would involve serving on a multi-disciplinary treatment team, providing individual and group psychotherapy services, and conducting brief assessments. Our program is always growing, and we would welcome ideas to augment the services already provided within our setting. Residential care is truly a unique training experience that helps trainees grow their skills in a variety of ways.

b. Inpatient Mental Health: The VASTLHCS acute psychiatry program serves medically cleared Veterans with mental health problems who may benefit from short term inpatient treatment. The acute psychiatry program is located at Jefferson Barracks and consists of three locked psychiatry units with a total of 46 operating beds. The length of stay for patients is usually six to nine days, but may be longer. A variety of disorders are represented, including schizophrenia, affective disorders, borderline personality disorder, anxiety disorders, organic syndromes, posttraumatic stress disorder, suicidality, and substance use disorders. The unit is an active teaching unit with numerous nursing and medical students training on any given day. Interns will develop foundational competencies in assessment and intervention of a wide range of psychopathology within the context of a multidisciplinary team. The primary emphasis of this rotation will draw from recovery-oriented (i.e., strengths-based) approaches to case conceptualization, intervention, and treatment planning. This rotation will provide the intern with in-depth training in the assessment and treatment of complex psychiatric conditions typically seen in an acute psychiatric setting. Training emphasis will be placed on clinical interventions (individual, group, and milieu) which promote maximum change is the shortest amount of time. Interns will learn how to function in a

multidisciplinary team as well as become knowledgeable of the dynamics of inpatient units and modern psychiatric hospital care.

4. NEUROPSYCHOLOGY TRACK (one intern selected per year)
Within our generalist model of training we are able to offer a track for individuals interested in devoting 50% of their time to the provision of Neuropsychological activities related to medical and psychiatric populations, in order to meet the needs of individuals planning to apply for Neuropsychology Residencies that abide by the Houston Conference Guidelines. Applying for, and being selected for, the Neuropsychology Track will dictate that the intern will work with neuropsychology supervisors for the first semester of the training year doing work in both the Neuropsychology Clinic, and Polytrauma/TBI Clinic/ Community Living Center (CLC). On both of these rotations, the training emphasis will be in the delivery of neuropsychological services with exposure to different patient populations. Additionally, Neuropsychology specific didactics will be added during at least 50% of the training year. The Neuropsychology specific didactics are in addition to the generalist didactics offered to all interns throughout the training year. The Neuropsychology Track allows for an intensity of Neuropsychology training while maintaining the primary internship goal to produce a competent generalist psychologist.

EDUCATIONAL ACTIVITIES

All interns, regardless of rotation assignments, attend the weekly **Intern Didactic Seminar** that includes lectures by staff and consultants and case presentations by interns. At the outset of the training year, interns are given the opportunity to vote on the topics they would most like to learn about. Based on this feedback, a new didactic schedule is created each year in order to focus the education upon topics of interest to that particular intern class and to keep interns abreast of the evolving professional climate.

Our **Enrichment Seminar Series** is attended by all interns (and some of the residents). These seminars are designed to offer more intensive training in core areas of competence for contemporary professional psychologists. The Enrichment Seminar Series consists of 4 separate seminar series which are offered in rotating fashion running 10 months of the training year (20 hours training/seminar). The 4 seminars will be chaired by rotating training faculty and offer multi-modal teaching in the areas of:

1) **Evidenced Based Practice Enrichment Seminar**: This seminar teaches about evidenced based treatments currently supported in the VA, including: Cognitive Processing Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Chronic Pain, Interpersonal Psychotherapy for Depression, and Prolonged Exposure. This is intensive, hands-on training offered by our faculty experts specializing in those areas of care.

2) **Diversity Enrichment Seminar**: This seminar includes experiential exercises, role plays, case presentation, discussion, and self-reflection to help students expand their

knowledge of diversity and their skills in delivering culturally competent care. Trainees will be given opportunities to examine their own personal history, attitudes, and biases and to reflect on how these experiences may affect how they understand both individuals who are similar and different from themselves. Seminars will involve direct feedback from peers and staff. This seminar will take a broad approach to diversity, and require trainees to demonstrate competency in applying this knowledge to diverse populations in clinical practice.

3) **Supervision Enrichment Seminar**: This seminar is designed to have a balance of both theory and direct practice elements. To meet the unique developmental needs at each training level, interns and residents will have separate seminar meetings with teaching staff. Each seminar is built around a core-competency area in clinical supervisory practice. The primary means of education will be didactics, video examples of supervision (from the APA psychotherapy supervision series), direct practice through role-play, and guided self-reflection of the role plays. The latter will provide an opportunity to receive 360-degree feedback (self, peers, and staff).

4) **Professional Development Enrichment Seminar:** This seminar is designed to provide information related to the ransition from a psychology trainee to an independent psychologist. Topics include: VA job strategies and interviewing skills, residency interview tips and tricks, regulatory issues at state and national levels, development and management of private practice, salary negotiation, managing personal reactions and reducing burn out.

Many other conferences and seminars are available to interns at the medical center, depending on time and interest. Interns occasionally elect to attend seminars through academic affiliates of our VA. These include:

- St. Louis University Weekly Grand Rounds - Wohl Mental Health Institute St. Louis VA Geriatric Research Education and Clinical Center Seminars
- St. Louis University, Department of Psychology Colloquia
- University of Missouri - St. Louis, Department of Psychology Colloquia
- Washington University, Department of Psychology Colloquia
- Washington University, Department of Psychiatry, Grand Rounds
- Missouri Institute of Psychiatry, Grand Rounds

RESOURCES AVAILABLE TO INTERNS

A wide range of support facilities are available to interns. The Medical Library contains approximately 2200 volumes in the areas of Psychiatry and Psychology and currently subscribes to 49 journals in the behavioral sciences. An interlibrary loan arrangement makes the facilities in St. Louis University and Washington University and the St. Louis Public Library available to students. Both Dialogue and Medline literature search services are also available. Internet and VA intranet access is available through workstations in each clinical rotation area.

PERSONNEL PRACTICES

This internship is a 12-month, 2,080 hour full-time appointment. Interns will not work on Federal holidays. Interns also acquire 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. Attendance at meetings, conventions, etc. is possible and that time counts towards the 2,080 hours. Interns will be fully briefed on all personnel practices during the orientation period upon arriving on site. 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. All required training activities missed during the period of leave will be made up in equivalent fashion.

FUNDING AND PREREQUISITES FOR APPOINTMENT

Interns will be paid a stipend of $26,683, subject to Federal and State income taxes, for which a minimum of 2,080 hours of training (including sick leave, annual leave, and authorized absence) is required. Please note that the program curriculum includes the number of hours of the funded training program, meaning that an intern is paid for 2080 hours only. If you are a federal retiree (civil service or military) and receiving a retirement annuity, or active duty Military, you should identify this status in the initial application process as this may affect your internship stipend. All interns will be expected to begin at the VA St. Louis Health Care System on **July 18, 2022.**

ELIGIBILITY

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee, as a Psychology Intern, you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** Interns 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 interns must complete a Certification of Citizenship in the United States prior to beginning VA training.

2. **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.

3. **Selective Service Registration.** Any individual born male on their birth certificate regardless of current gender 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/. Applicants meeting the aforementioned criteria 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.

4. **Fingerprint Screening and Background Investigation.** Interns 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.

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Interns are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. Be aware that VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal and/or prescribed in the state where training), or refuses to be drug tested. Please find more information here: VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees

6. **Affiliation Agreement.** Interns must be a doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. The intern must be approved for internship status by graduate program training director. To ensure shared responsibility between an academic program and the VA, there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at https://www.va.gov/oaa/agreements.asp (see section on psychology internships).

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

   (b)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.

(c)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.

2. Eligibility/Prerequisites for the VA St. Louis Health Care System

Our program prefers applicants who have a combined total of 1000 hours of practicum experiences. This total includes intervention, assessment, supervision, and projected hours (that applicants expect to earn prior to starting internship,as documented in material stated on the APPIC AAPI form). We find that most applicants meet this preference level. Applicants with at least 300 hours of direct service hours will be rated more highly when determining invitations for interviews. **Please note that we will consider exceptions for applicants whose clinical hours and training experiences were impacted by the pandemic**. It is also recognized that the philosophy and preparation of students within certain programs differ widely. The internship should be consistent with the goals of the intern's graduate training. Along these lines, the review panel recognizes the goals for graduate training are different for respecialization students and their combined training and experiences are taken into account in the review process. Students from accredited programs who are prepared to train in a clinically-oriented program are invited to apply.

All coursework required for the doctoral degree must be completed prior to the start of the internship year, as well as any qualifying, comprehensive, or preliminary doctoral examinations. Dissertations must be successfully proposed. We prefer candidates whose doctoral dissertations will be completed, or nearly completed, before internship begins. Because internship is part of the predoctoral training requirement, interns must not be granted their degree by their academic institution prior to successful completion of the internship year. Premature granting of the degree by the graduate program could endanger the intern's predoctoral stipend. Persons with a PhD in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are considered eligible to apply. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates. We value diversity and seek applications from trainees who are diverse in regard to gender, age, race, ethnicity, sexual orientation, disability and/or other minority status.

3. Intern Selection

Application Review

The Training Council review committee recommends applicants be invited to interview based on the following (in no order of priority):

- Similarities between expressed training interests and the training opportunities of our site.
- Strength of endorsement provided in letters of recommendation from those who know the applicants well.
- Evidence of more advanced clinical or counseling experiences working with populations and problems relevant to our site (e.g., adults, older adults, diverse and under-served individuals, chronic health conditions, trauma, etc.).
- Breadth of scholarship evidenced by the academic record; research; presentations at local, state, or national conferences; and publications in peer-reviewed journals.
- Involvement in professional organizations, leadership roles, or teaching and outreach experiences which are congruent with the applicant's professional interests and goals.
- Prior VA experience is considered favorable but is not required.
- Interview preference is given to those who exceed 300 practicum direct contact hours. Please note that exceptions may be made for applicants whose clinical hours and training experiences were impacted by the pandemic.
- Interview preference is given to applicants meeting the descriptions above, who identify as representing a diverse group on the basis of disability status, gender identity, sexual orientation, racial or ethnic background, religion, or country of origin.
- 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.
- Interview preference is given to military Veteran applicants meeting the descriptions above.

Interview Process

Applicants invited to participate in remote interviews will be notified on or before December 15. **Please note: ONLY virtual/remote interview day activities will be used for all interviewees, including local candidates, to support safe and equitable practices.** Interview days are held over three Fridays in January and last from 8:00 am - 1:30 pm and are typically attended by about 15 applicants each day. On interview days, staff supervisors typically provide a synopsis of their rotations followed by an informal mixer. Applicants then rotate through a combination of 2 individual interviews, 1 group activity, and a meeting with the training leadership. We make every effort to arrange individual interviews with supervisors in rotation areas consistent with the applicants' expressed interests. The TD & ATDs meetings provide a quick overview of rotation selection, typical work week, etc., followed by "quick rounds" (i.e., quick meetings with each TD & ATD). Neuropsychology applicants participate in individual interviews with the neuropsychology supervisors and meet with current neuropsychology trainees. The day finishes with a chance to hear firsthand from our current interns about training life at the St. Louis VA.

Selection Process

We rank applicants considered to be the most qualified according to the collective judgment of the selection committee following tabulation of scores from application review and the combined interview and task scores. We consider a variety of factors in our ranking process with the hope of matching with a class of interns who will represent the broadest diversity of backgrounds and perspectives. This approach is a reflection of our commitment to training a representative psychology workforce. As a federal employer the facility and our program takes a strong stance regarding policies toward non-discrimination and providing accommodations for success.

APPLICATION PROCEDURES AND SELECTION PROCESS

We adhere to the policies and procedures developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). No person at our training facility will solicit, accept, or use any ranking-related information from any intern applicant.

1. Application Procedures:

Our site requires the AAPI Online which may be accessed at www.appic.org, click on "AAPI Online".

To apply for our internship, all of the following must be submitted though the applicant portal for the AAPI online application process:

Complete the **online AAPI** (APPIC Application for Internship). Please include the following materials allowable based upon the current format and structure of the AAPI portal: **cover letter, vitae, references, work sample, essays).** We ask that you indicate to which program you are applying (see General Psychology or Neuropsychology Track APPIC match codes below) as well as the rotations in which you have interest. Please note that when applying for the General Psychology track,

one cannot later switch to the Neuropsychology Track, or vice versa. You will only be considered for the program that you apply for on the AAPI.

2. Important Points To Remember When Applying:
General Internship Program Code for the APPIC match: 139911
Neuropsychology Track Program Code for the APPIC match: 139912

a. Application deadline for receipt of materials: **November 1st by 11:59pm CST.** All application materials received after that date will not be accepted. Incomplete applications will not be considered for admission to the program. Application materials must be submitted through the online AAPI. No materials will be accepted by e-mail or US mail.
b. If there are any known factors which may affect or preclude you from fully participating in the match or may prevent you from accepting a position per APPIC match rules, please make this known on your application, preferably in your cover letter.
c. Appointments of matched applicants to our internship positions are contingent upon the applicants satisfying certain VA-wide employment eligibility requirements. This will include passing pre-employment physical as well as other security clearances (e.g., clearing a background check, electronic fingerprinting, etc.). If you have any questions or concerns about what is involved in being cleared for VA employment, you may contact our HR at 314-894-6620. This disclosure is made to maintain compliance with APPIC standards requiring us to inform potential candidates of all employment requirements in advance of the match.
d. Remote interviews will be held on **Friday, January 7, January 14, and January 21, 2022**. We will ask that you rank the interview dates with your preference. These rankings will be used for arranging interviews only and are for no other purpose. We cannot guarantee that all candidates will be provided interviews. Timeliness of submission of your application increases your chances for an interview offer. We therefore encourage applicants to complete and submit their applications early to optimize their chances of obtaining an interview. In accordance with APPIC, we will be informing you of your interview date, if offered, by December 15th. Interviews will not be offered or scheduled until all written application materials have been received.
e. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.
f. This internship site will participate in the APPIC computer match and is subject to all rules and practices associated with this commitment.

3. Important Points For Individuals Accepted to the Program:
For interns who match with our program, 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

a. **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.
b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

2. **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.

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

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA
INTERNSHIP PROGRAM TABLES
Program Tables are updated: July 1

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the intitution's affiliation or purpose? Such policieis or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	No

Internship Program Admissions

Briefly Describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic requirements:

The Training Council review committee recommends applicants be invited to interview based on the following (in no order of priority):

- Similarities between expressed training interests and the training opportunities of our site.
- Strength of endorsement provided in letters of recommendation from those who know the applicants well.
- Evidence of more advanced clinical or counseling experiences working with populations and problems relevant to our site (e.g., adults, older adults, diverse and under-served individuals, chronic health conditions, trauma, etc.).
- Breadth of scholarship evidenced by the academic record; research; presentations at local, state, or national conferences; and publications in peer-reviewed journals.
- Involvement in professional organizations, leadership roles, or teaching and outreach experiences which are congruent with the applicant's professional interests and goals.
- Prior VA experience is considered favorable but is not required.
- Interview preference is given to those who exceed 300 practicum direct contact hours. Please note that exceptions may be made for applicants whose clinical hours and training experiences were impacted by the pandemic.
- Interview preference is given to applicants meeting the descriptions above, who identify as representing a diverse group on the basis of disability status, age, gender identity, sexual orientation, racial or ethnic background, religion, or country of origin.
- 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.
- Interview preference is given to military veteran applicants meeting the descriptions above.

Further information about the selection process can be found in the relevant section of our brochure.
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many: We require a minimum of 1000 hours total Total Direct Contact Intervention Hours Yes 300 practicum hours Total Direct Assessment Hours Yes 50 practicum hours **Please note that exceptions may be made for applicants whose clinical hours and training experiences were impacted by the pandemic.**
Describe any other required minimum criteria used to screen applicants: ▪ The VA requires that interns be citizens of the United States. ▪ The VA requires that interns have attended graduate programs accredited by APA or CPA. ▪ The VA does not allow interns to have been convicted of a felony. ▪ We do not accept interns who have not proposed their dissertation. ▪ We do not accept interns whose dissertation is only a literature review. ▪ We do not accept interns who have no publications or professional presentations. ▪ We do not accept interns with significant professional conduct issues or concerns.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	$26,683
Annual Stipend/Salary for Half-time Interns	N/A (interns are full-time)
Program provides access to medical insurance for intern?	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 interns/residents in excess of personal time off and sick leave?	Yes Up to 12 weeks
Other Benefits (please describe): 11 paid Federal holidays	

Initial Post-Internship Positions
(Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 past cohorts	18	
Total # of interns who remain in training in the internship program	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University counseling center	0	0
Hospital/Medical Center	5	0
Veterans Affairs medical center	12	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	1	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position.

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BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY STAFF

Lauren Albinson, Psy.D. (Trauma Recover Program) Dr. Albinson is a St. Louis native. Upon graduating high school she moved south, where she completed a double major in Psychology and Spanish at the University of Central Arkansas. Dr. Albinson moved back to Missouri to complete her Master's and Doctorate work at The Forest Institute of Professional Psychology in Springfield. Hoping to escape the heat and humidity of the Midwest, she transitioned north to complete her internship and postdoctoral residency with the Alaska Psychology Internship Consortium. During this time, she lived in the remote city of Nome, Alaska where her interest for working with trauma survivors was solidified as she navigated work with a high-risk population for substances, suicide, and childhood abuse. Dr. Albinson was an integral part in establishing a mental health presence at the only hospital in the region through their Primary Care Clinic, as well as helping to create and initiate the first APPIC approved Postdoctoral Fellowship in the state of Alaska. She greatly enjoyed the beauty and remote nature of Nome and the surrounding villages she served. She had the unique opportunity to dog sled across the tundra, pick wild blueberries, witness musk ox, moose, and bears in their natural habitat, and take in the delicacies of the native culture (although she will admit they were not always to her liking; i.e. seal oil, whale blubber). Although she enjoyed her time in Alaska greatly, she moved from the Land of the Midnight Sun back to the "Lower 48" to be closer to family. Dr. Albinson joined the VA in 2016 when she transitioned to working with the PTSD Clinic right outside of Nashville, in Murfreesboro, Tennessee. Although having been trained in EMDR already, she became proficient in CPT, PE, and CBCT to assist in her work with trauma survivors and their families. Her love for the outdoors continued as she explored the numerous hiking trails and waterfalls that Tennessee has to offer. Dr. Albinson had the opportunity to return to her hometown in 2020, working as part of the PTSD Clinical Team in St. Louis. She works from an interpersonal approach, utilizing EBPs to assist veterans in making connections between their trauma events and their day-to-day relationships, hoping to create more harmony between the two. She finds fulfillment in being an active part of community outreach as well. In her personal life, Dr. Albinson enjoys spending time with her husband and family (especially her beautiful nieces). In addition to her love of the outdoors, she is an avid reader and movie-goer!

Alex Alvarez, Ph.D. (Spinal Cord Injury) Dr. Alvarez grew up in a small country town in north Florida with the belief that any town with more than 3 red lights was the big city. In pursuit of adventure he joined the U.S. Army and served 4 years in the military. It was during this time that he developed a passion and desire to help fellow veterans. He left the Army and received his B.S. in Psychology from the University of Florida (2008). While at UF, he enjoyed an amazing era of football and basketball that included 4 national championships and a Heisman trophy. Go Gators! He completed his M.S. in Counseling (2013) and Ph.D. in Counseling Psychology (2017) at Oklahoma State University. Go Pokes! He did his internship at the Salt Lake City VA Health Care System and completed his postdoctoral fellowship at the St. Louis VA Health Care

System. Tired of constantly moving and ready to put down roots, him and his family decided to settle in St. Louis and now they love calling it home. Hired initially after postdoc to offer behavioral health services in the ComPACT Clinic (primary care clinic for medically complex veterans), he now works in the Spinal Cord Injury Center and loves to practice rehabilitation psychology. There are two seasons in his life, football season and countdown to football season. When he isn't cheering on his collegiate teams or researching for his fantasy football teams, he loves spending time with his wife and beautiful baby girl (and binging TV shows after the family falls asleep).

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.

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.

Tara Casady, Ph.D. (Suicide Prevention Team): Dr. Casady graduated with a major in Psychology and a minor in Spanish from Western Michigan University. She loved her radical behavior analytic training so much she decided to pursue her MA/PhD with Western Michigan University as well. Dr. Casady graduated with her Ph.D. in Clinical Psychology in 2016. Dr. Casady completed her internship at the Gulf Coast Veterans Health Care System in Biloxi, MS and postdoctoral residency in trauma psychology at the STRONG STAR Research Consortium at Ft. Hood in Texas. During her two-year postdoctoral residency she specialized in Cognitive Processing Therapy, CBT for Insomnia, and Exposure, Relaxation, and Rescripting Therapy. Soon after postdoctoral residency, Dr. Casady joined her Active Duty husband in Fairbanks, Alaska. Dr. Casady served as a Clinical Psychologist for Embedded Behavioral Health and the Substance Use Disorder Clinical Care clinic at Ft. Wainwright, serving Active Duty Army Service Members. Dr. Casady has also served as a board member and volunteer clinician for a variety of Harm Reduction organizations in the states she has lived. For self-care and fun, Dr. Casady enjoys outdoor activities, taking care of her numerous plants, and going on adventures whenever possible.

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. In September 2018, Joe transferred to the VA's Mental Health Clinic (MHC) where he currently provides Evidence Based Psychotherapy to Veterans struggling with depression. 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.

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. (Training Director, 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.

Grant Harris, Ph.D., ABPP [Geropsychology] (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.

Brittany J. Jacobson, Ph.D. (Military Sexual Trauma Coordinator) Dr. Jacobson was born in St. Louis and raised here in the golden years when Nelly was at his prime. She earned a B.A. in Psychology from Truman State University in Northeast Missouri and was determined to leave the state for grad school. Dr. Jacobson's desire to experience a new culture of the Deep South and receive thorough training in multicultural issues took her to Mississippi. She earned her Ph.D. in Clinical Psychology

from Jackson State University. While conducting research with individuals who were hospitalized following a suicide attempt, Dr. Jacobson became interested in how to treat PTSD as they often disclosed that trauma-related symptoms were a contributing factor to the suicide attempt. She completed her internship and residency at VA St. Louis HCS where she specialized in trauma treatment of veterans who experienced combat and military sexual trauma (MST). Dr. Jacobson was then hired as the facility's MST Coordinator where she fulfills her passion for instilling hope, facilitating empowerment, and advocating for systemic change. She is a yoga teacher and leads a Yoga for Trauma Recovery class to assist veterans in furthering their healing. Dr. Jacobson also enjoys expanding awareness of mindful living and is a mindfulness-based stress reduction meditation facilitator. She can be found working on yoga arm balances, hiking, soaking up time with friends, and caring for her ever-expanding collection of plants.

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.

Christina Karageorgiou, Ph.D. (Primary Care Mental Health Integration – St. Charles CBOC) Dr. Karageorgiou originally hails from New York. She completed her Bachelors at Boston College, surviving four years in Red Sox territory. Her tour of universities continued with time spent completing her Masters at Columbia University, conducting research in psychiatric neuroimaging at Vanderbilt University, before finally settling down in St. Louis for her Ph.D. at Washington University in St. Louis. She completed her internship and postdoctoral residency at the VA St. Louis Healthcare System and is thrilled that she was able to stay on to work in primary care mental health integration at the St. Charles CBOC. Her theoretical orientation is eclectic, but

leans towards cognitive behavioral. She is particularly interested in health psychology (chronic pain, insomnia) and often teams up with the pharmacist and dietician at her clinic for interventions related to chronic disease management. Outside of work, she can be found wrangling children and dogs (her own, not others), attempting to keep plants alive, and feeding friends and family.

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.

Jamie Klenke, Psy.D (Mental Health Clinic-Jefferson Barracks) Dr. Klenke was born and raised in a small town, famous for …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. Klenke 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, IPT and PE. Outside of work, she enjoys spending time with her husband, daughters, and (very vocal) Redbone Coonhound, Wally.

Erin Kurtz, Ph.D. (Outpatient Mental Health Clinic – Jefferson Barracks)
Originally from the Chicagoland area, Dr. Kurtz did her undergraduate studies in French at Principia College, across the river from St. Louis in picturesque Elsah, IL. She lived and worked in St. Louis for a few years after, when her development of a love for Cardinals baseball blackballed her from returning to Chicago (the cold winters weren't very enticing either). After a brief stint teaching English in France and "finding herself," Dr. Kurtz ventured down to the land where they say "y'all" and completed undergraduate coursework in Psychology at the University of Houston. She earned her Ph.D. at the Virginia Consortium Program in Clinical Psychology in Norfolk, VA, where she was fortunate to do her first-year practica in the Chronic Pain and Polytrauma clinics at the Hampton VAMC, launching her interest in working with Veterans. When she saw the internship at the St. Louis VA was a good fit, she jumped at the chance to come back and see the Cards in their new stadium (and get high quality clinical training, of course). Dr. Kurtz re-returned to St. Louis to take a position in PCMHI, after 2.5 years back in Virginia as a MIRECC Fellow in Post-deployment Mental Health at the Richmond VAMC. These days she is happy to be working in the Mental Health Clinic at JB, where she can dig into the trenches alongside Veterans, working on depression, anxiety, trauma, and emotion regulation using cognitive-behavioral, interpersonal, and emotion-focused interventions. With research and clinical interests in combat- and MST-related PTSD etiology, treatment, and resilience, she knows how beneficial it is to have a solid understanding of PTSD when working with Veterans seeking MH services. Dr. Kurtz is excited to be back in one of her home-away-from-homes and exploring the family-friendly side of St. Louis with her 2 sons. She can be found trying to figure out whether to say "y'all" or "you guys" and checking out the area's many delicious bakeries and coffee shops!

Rocky Liesman, Psy.D., ABPP (PCMHI Psychology Program Manager- STLVA) 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. 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. Dr. Liesman currently serves as PCMHI program manager and does his clinical work out of the Franklin Co. 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.

Sharon Lightfoot, Ph.D. (Washington Avenue PCMHI) Dr. Lightfoot is a St. Louis native. She received her B.S., M.S. and Ph.D. from St. Louis University and completed her internship at the Los Angeles VA Outpatient Clinic where she had the opportunity to work with Dr. Herman Feifel, who received an outstanding contribution to the field of psychology for his work on death and dying. Dr. Lightfoot has worked primarily in private practice in the St. Louis area. Special interests include forensic work in the area of employment discrimination and trauma, couples and group psychotherapy. She first worked at the VA in primary care at JB from 2012-2015 and then at Washington clinic beginning in 2018. Dr. Lightfoot serves on the State Committee of Psychology and completed a six-year term on the board of the Association of State and Provincial Psychology Boards. She is interested in the application of psychological science to improve social issues. The St. Louis Blues are her favorite team and she still cries when she watches their Game 7 Victory over the Bruins in 2019.

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. He served as a Psychologist in the PC-MHI Program at John Cochran until 2020 when he transitioned to a position working as a PC-MHI Psychologist in the Clinical Resource Hub (CRH) at JB, providing remote care to Veterans across the VISN. He served as President of the Missouri Psychological Association from 2011-2012 and served as the Ethics Consultation Coordinator for the St. Louis VA's Ethics Consultation Service from 2012-2019. He is board certified in Clinical Psychology and maintains a private practice.

Julie Mastnak, Ph.D., ABPP (Program Manager, Trauma Recovery Program) 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 and has been here ever since. She and her husband have three beautiful daughters and an energetic puppy. When she is not busy at work, teaching, or hanging out with the kiddos, 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.

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 then worked as a staff psychologist within inpatient and outpatient geropsychiatry at the St. Louis VA for 6 years, before transitioning to her current role in the Community Living Center (CLC) in 2015. Her clinical work in the CLC primarily involves ACT, CBT, and STAR-VA interventions. She currently serves as the Assistant Director of Psychology Training and is a member of the Psychology Training Council. She also serves as a member of the St. Louis VA Dementia Committee 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, kids, and golden-doodle (all of whom are quite lovable and hilarious). In her free-time, Dr. Mensie enjoys beginner-level oil painting and expert-level bargain-hunting and coffee-drinking.

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. Sors, the Rottweiler mix, is a serial squirrel chaser (not catcher mind you, just chaser), while Wagner, a German Shepard, is convinced that Dr. Metzger is plotting his grisly demise.

Christopher Miller, Psy.D. (Trauma Recovery Program) Dr. Miller is originally from the St. Louis area. He received his B.A. from McKendree University in Lebanon, IL. He then braved the snowy and windy Chicago winters (the deep dish pizza did make it slightly more worth it) 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 (now Trauma Recovery Program; TRP) where he served combat Veterans of all eras. After a time in C&P at Scott Air Force Base and Mental Health Clinic, he is back with TRP providing CPT and PE for trauma recovery. His other clinical interests include anxiety/panic, obsessive-compulsive disorders, and spiritual issues secondary to other clinical concerns. His theoretical approach to therapy is functional contextualism and favors ACT, exposure therapies (PE, exposure and response prevention), compassion-focused therapy, and other similar cognitive, behavioral, and mindfulness-based approaches. When there is free time, he enjoys playing guitar, collecting guitar pedals (an obscure but seemingly-never-ending hobby), gardening, and cooking up new culinary creations.

Catherine Morrison, Ph.D. (Local Recovery Coordinator) Dr. Morrison grew up in New Mexico among the wild things. She earned her bachelor's degree from New Mexico State University. She received her M.A. and Ph.D. from The University of Tulsa. Her graduate school research training was in personality assessment, particularly MMPI-2-RF PSY-5. Dr. Morrison completed her internship at the St. Louis VA. Dr.

Morrison completed her postdoctoral residency at the New Mexico VA Healthcare System in Albuquerque with an emphasis in Psychosocial Rehabilitation and Systems Redesign. While in Albuquerque, she ate as many tortillas as humanly possible and stockpiled green chile and salsa before returning to St. Louis where she worked at WashU Medical School. Dr. Morrison is the Local Recovery Coordinator (LRC) for VASTLHCS. One of her primary missions is to answer the questions that keep VA employees awake at night, "What IS an LRC? Like, what do you do?" When she's not answering those burning questions, Dr. Morrison is probably talking about the magnificence of dogs, tacos, traveling or making nerdy references to Harry Potter, Game of Thrones or Lord of the Rings.

Perri Navarro, Ph.D. (Primary Care Mental Health Integration) Dr. Navarro was born in Chicago and grew up in small-town Kentucky (Hodgenville, where Abraham Lincoln was born). She attended a tiny college in the cornfields of Iowa (Grinnell College, if you're interested) where she earned her B.A. in Psychology in 2011. She moved to St. Louis to earn her Ph.D. in clinical psychology (with a graduate certificate in gerontology) from the University of Missouri-St. Louis, and completed clinical psychology internship and geropsychology residency at the St. Louis VA. She was fortunate to be able to stick around at the St. Louis VA as a staff psychologist within Primary Care-Mental Health Integration and functions as a member of the primary care teams at the North County CBOC as well as Saint Charles CBOC. Dr. Navarro's clinical interests include geropsychology, existential issues, ACT and interpersonal therapeutic approaches, as well as health psychology. In her spare time (if there is any to be had), she enjoys hanging out with her husband and daughter, hiking, or reading a good book. She also loves to spend time with her enormous goofball of a German Shepherd and ride her horse, Dakota, who is happily much better behaved than her dog (and only slightly larger).

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 after many years in one of the PTSD clinic they just put him in charge of Specialty Mental Health Services. 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.

Whitney Pierce, PsyD (Whole Health Clinical Director) Dr. Pierce is originally an Okie from Muskogee, where she led a previous life as a registered nurse. Her psychology career began with a BA from Northeastern State University in 2009 followed by a doctorate from Wright State University's School of Professional Psychology. Merging past experiences and future goals, she completed a Health Psychology internship at Central Arkansas VA in 2014 and stayed on for an interdisciplinary postdoctoral fellowship. In 2015 she joined the staff at VA Tennessee Valley where she worked as part of the pain clinic team and supervised rotations for psychology and pharmacy trainees. Always eager to champion empirically supported mind-body care, she has completed VA EBP training in CBT-CP and SST, NCP training in MI, earned board certification in biofeedback training, and holds certifications as a yoga teacher and wheelchair-based tai chi instructor. As a life-long Cardinals fan and equally fervent advocate of CIH, she happily joined the STL VA Whole Health team in 2019. In her initial role as their Health Behavior Coordinator and current position as director, her focus is provider education on MI and WH approaches and delivering care that integrates psychotherapy and complementary interventions. Nationally, she serves as the Biofeedback Champion for the VA Office of Patient Centered Care & Cultural Transformation's Integrated Health Coordinating Center and a consultant for the CBT-CP EBP Training Program. Outside of work, she enjoys spending time with her husband and playing never-ending games of fetch and frisbee with her very energetic border collie.

Abigail E. Ramon, Ph.D. Dr. Ramon joined the psychology team at the VA St. Louis in 2020, working in the Primary Care-Mental Health Integration program (PCMHI) and in the ComPACT clinic, a specialty primary care team for medically complex patients. Dr. Ramon also conducts research focused on complementary and integrative health (CIH) interventions for veteran well-being and for primary care settings. Dr. Ramon completed her B.A. in psychology at Lindenwood University (2008) in St. Charles, MO. She received her M.S. in clinical-counseling psychology from Illinois State University (2012) in Normal, IL, and her Ph.D. in counseling psychology from Tennessee State University (2018). She completed her pre-doctoral internship at the Harry S. Truman VA in Columbia, MO and her post-doctoral training with the VA Mental Illness Research, Education and Clinical Centers of Excellence (MIRECC) program and the VA Center for Integrated Healthcare. Dr. Ramon's clinical and research interests are in health psychology, integrated care, and integrative medicine applications for illness and well-being, with a focus on traumatic stress and chronic pain.

Chelsea Raterman, Ph.D. (Trauma Recovery Program) Dr. Raterman grew up in Arlington, Texas and received her B.S. in Psychology from Fordham University in the Bronx, NY. After spending those years running around and thoroughly enjoying New York City, she wandered over to the Midwest and received her Ph.D. from the University of Missouri-St. Louis. While at UMSL, she trained at the Center for Trauma Recovery, working extensively with survivors of interpersonal violence who have been diagnosed

with PTSD. Her interest in trauma recovery continued as she completed a trauma-focused internship at the James A. Haley VA in Tampa, FL where she received additional training in combat-related PTSD and MST. She completed a postdoctoral residency at the Baltimore VA with an emphasis in working with Returning Veterans. After completing residency, she assisted with developing a dual-diagnosis PTSD/SUD IOP at the Perry Point VA in Maryland. She then happily returned to St. Louis and serves on TRP. Her interests include program development, balancing flexibility of EBP protocols while maintaining fidelity, and how various factors of treatment engagement in an EBP predict treatment outcome. When not at work, she loves spending time with her husband and pets, rooting for the Dallas Cowboys (aka repeatedly saying this is the year we'll get another Super Bowl victory and then being thoroughly disappointed!), hiking, trying new restaurants, and traveling.

Martina K. Ritchhart, Ph.D. (Chief of Psychology) Dr. Ritchhart attended Oklahoma State University and interned at the Tucson VA where she focused psychology. After internship she completed her postdoctoral hours working on a mobile acute crisis team. 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 wildlife, and to this day is wary about both wild javelinas and turning her backside toward Jumping Cholla cacti (which it turns out, are aptly named). While still in Arizona she served as faculty for the Southern Arizona Internship Consortium, worked with the Southern Arizona Psychological Association board, and opened a private practice. After relocating to Southwest Illinois in 2006, she got her chance to return to the VA as one of the first two Primary Care Mental Health Integration (PCMHI) psychologists. One of her greatest joys was working with psychology interns and residents as the past training director. She currently serves on the facility LGBT committee, Whole Health subcommittee, and facility Employee Threat Assessment Team (ETAT). Her theoretical approaches are cognitive-behavioral and cross-cultural, and she is currently building her small clinic grid doing EBP and Ericksonian-informed medical hypnosis. She has a diverse extended family, loves anything that has to do with water, and would gladly practice Spanish and Amharic language with anyone. With that in mind, to all the new trainees: Bienvenido! & Enkwandenametah!

Marianne Rizk, Ph.D. (Health Behavior Coordinator, Health Promotion-Disease Prevention) Dr. Rizk was born and raised in Memphis, TN, where she walked regularly without blue suede shoes. Her educational journey took her to "The North," aka St. Louis, where she completed her Bachelor's in Psychology at Washington University. Eager to learn what it would be like to live in the middle of a cornfield, she matriculated at the University of Iowa and earned her Ph.D. in Clinical Psychology. But after failing to register a single hit in the field of dreams, she returned to the VA St. Louis Health Care System to complete both her internship and postdoctoral residency, followed by happily accepting her staff position as Health Behavior Coordinator under Health Promotion-Disease Prevention. Clinically, Dr. Rizk conducts Smoking Cessation Groups, MOVE Weight Loss Groups, and psychosocial pre-surgical evaluations for organ transplant

and bariatric surgery. She also provides individual psychotherapy for disordered eating. She spends her free time watching far too much reality television and chasing her toddler.

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 worked with colleagues in St. Louis to address the acute crisis needs of the Ferguson and greater St. Louis community. Dr. Robinson has worked for and consulted with community health care agencies, state psychiatric facilities, in corrections, for hospitals and in private practice with diverse populations. She is often consulted by media outlets for her community expertise. In 2018 she consulted and served as a onset psychologist for an Independent film shot in Ferguson, MO. When not advocating for cultural competency and equity, she puts forth all her efforts in keeping her 10 year old son, Preston, from picking up strange looking insects, and climbing trees.

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.

Keisha Ross, Ph.D. (Mental Health Clinic-John Cochran) Dr. Ross was born in Guyana having migrated to the United States with her family when she was three years old. She spent her early formative years in Brooklyn, NY and middle school to college years in the greater Atlanta, GA area. Dr. Ross graduated from Saint Louis University with a Ph.D. in Clinical Psychology and completed an APA accredited predoctoral

internship in Clinical Psychology at St. Louis Consortium. Prior to joining the VA staff, she has practiced in school based, independent, community mental health, and corrections settings. Her specialty areas include: treating and understanding complex trauma, racial/ethnic diversity, religion/spirituality, inclusion and cultural competence; leadership and advocacy. Her theoretical orientation for individual psychotherapy is integrative including multiculturalism, cognitive behavioral therapy (CBT) and psychodynamic-based theories; as well as implementation of other evidence based treatments, including cognitive processing therapy (CPT) and mindfulness based stress reduction (MBSR). Dr. Ross leads the Minority Stress Resilience (MSR) Group, working with Veterans of Color, focused on treating race based stress**/**trauma (RBST). She also co–leads a national Innovation Grant focused on race based stress and minority resilience; as well as a local grant focused on improving health communication between providers and racially/ethnically diverse patients. Dr. Ross' professional affiliations and advocacy include membership to American Psychological Association (APA); Missouri Psychological Association (MOPA); Association of Black Psychologists (ABPsi). Dr. Ross is Past President of MOPA (2017-2018), and founding Chairperson of MOPA's Diversity Committee, and current Treasurer for the St. Louis Chapter of ABPsi**.** She also served as MOPA's Diversity Delegate Representative at APA/APAPO State/Practice Leadership Conference in 2013, 2016, and 2017. She maintains small independent practice focused on conducting psychological evaluations for children and adults; as well as parenting assessments, child custody evaluations, and expert witness testimony for juvenile criminal cases. She also is an Adjunct Faculty members at Saint Louis University. Dr. Ross provides regional, national, and international trainings on diversity and cultural competence with an emphasis on the impacts of historical/intergenerational trauma on communities of color. She volunteers in the community for faith based organizations providing psychoeducation on mental health to faith leaders, to assist in decreasing stigma among the religious/spiritual population. In her spare time, she enjoys traveling, spending time with her family, bike riding, gardening, and practicing holistic healing, such as Mindfulness, Reiki, and Aromatherapy.

Jennifer Romo, Psy.D. (Psychosocial Rehabilitation and Recovery Center) Dr. Romo was born and raised in Chicago, Illinois. She completed her undergraduate degree in Biology at the University of Chicago in 2006 and (after a brief foray into the world of advertising) her doctorate in Clinical Psychology at the Illinois School of Professional Psychology in 2015. Dr. Romo developed a strong interest in working with severe mental illness (SMI) while completing her pre-doctoral internship at North Bronx Healthcare Network in Bronx, New York where she primarily worked in inpatient psychiatry and the psychiatric emergency room. She went on to complete a postdoctoral fellowship specializing in SMI at Jesse Brown VA Medical Center in Chicago, Illinois. Her clinical interests include psychotic-spectrum disorders, multicultural competency, and attachment throughout the lifespan. Her theoretical orientation is a blend between cognitive behavioral, existential, and psychodynamically-based theories. However, she most widely utilizes CBT for psychosis and recovery-oriented interventions. When not at work, Dr. Romo enjoys spending time traveling and being outside as much as possible with her family and 2 dogs. She has not quite

adjusted to the St. Louis humidity, though she fears she's adjusting too much to the St. Louis winters (spoiler alert...they aren't bad). And while she will forever remain a Chicago Cubs fan (sorry, not sorry Cards), she will proudly praise the St. Louis food scene...just not the pizza.

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. Dr. Shia is a VISN 15 trainer for Cognitive Processing Therapy and also is a VA provider in Interpersonal Psychotherapy, Prolonged Exposure, and Acceptance and Commitment Therapy. She lives with her husband, three children, and sweet mutt in St. Louis County.

Veronica L. Shead, Ph.D. (Work Place Violence Prevention Program Manager/ Palliative Care) Dr. Shead 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. 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, the National MH Cultural Humility workgroup, an the Race Based Stress and Trauma Leadership team. Within the community, she served on the Board of the San Antonio and South Texas Chapter of the Alzheimer's Association, Secretary for the Society of Geropsychology (APA Div. 12-II), was a member of the APA End-of-Life workgroup, and is co-facilitator for the Association of VA Psychologist Leaders, Psychologists of Color and Allies monthly National Call. 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 pack of Havanese 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). 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. 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 or trail to hike.

Désirée A. Sutherland, Ph.D. (Mental Health Clinic – JB, Assessment 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 at the VA St. Louis HCS (PTSD specialization). Since then 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 various roles including C&P Examiner and MST Coordinator. She is currently working at the JB MHC and offers personality, attentional, differential diagnostic, and educational assessment services. Through both her training and professional experiences Dr. Sutherland has acquired extensive experience with trauma-focused psychotherapy, focused clinical interviewing, and the VA claims process. In her spare time Dr. Sutherland enjoys hanging out with friends, 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.

Melissa Turkel, Ph.D. (Mental Health Clinic-John Cochran). Dr. Turkel grew up in Atlanta, Georgia. She attended college at Washington University in St. Louis, with a double major in Psychology and Philosophy-Neuroscience-Psychology (2013). She stayed in St. Louis to complete her doctorate in clinical psychology at the University of Missouri – St. Louis (2019), during which she completed a practicum at the St. Louis VA. Dr. Turkel completed her pre-doctoral internship and post-doctoral fellowship at the James A. Haley Veterans' Hospital in Tampa, Florida. Both her internship and fellowship were on a trauma-focused track, with an emphasis in military sexual trauma. She returned to St. Louis in 2020 following her postdoc and gladly joined the Mental Health Clinic. Dr. Turkel's therapy approach is primarily cognitive-behavioral and rooted in evidence based practice, and she has completed VA EBP training in CPT and PE. She specializes in treating Veterans with PTSD, anxiety and depressive disorders, and borderline personality disorder. Outside of work, Dr. Turkel enjoys spending time with family and watching Netflix.

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.

Sarah K. Wahl, Ph.D. (Interdisciplinary Pain Clinic-JB) Dr. Wahl was born and raised in St. Louis, MO. She moved to the big city of Chicago where she obtained her B.S. and B.A. at Loyola University. She earned her Ph.D. in Clinical Psychology from the University of Illinois at Chicago with an emphasis in health psychology. After getting tired of the long, cold winters and inability to find parking spots, she moved back to St. Louis where she was fortunate to match at the St. Louis VA for pre-doctoral internship. Dr. Wahl completed both her pre-doctoral internship and postdoctoral residency at the St. Louis VA. She joined the Primary Care Mental Health Integration (PCMHI) team in 2007. She transitioned to a contract VA employee conducting Compensation & Pension assessments between 2014 – 2020. She recently rejoined the Psychology staff in 2020

as a member of the Interdisciplinary Pain Clinic. When Dr. Wahl is not being challenged with exciting cases at the VA, she is busy at home with her 4 children and sports-fanatic husband. Dr. Wahl enjoys exercising, spending time with family and friends, and traveling. She has learned the difference between a trip and a vacation, and she longs for a vacation without any parental responsibilities! She also has a slight addiction to chocolate, but she is still in the pre-contemplative (aka denial) stage of change for this dietary behavior.

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.

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 PST, PE, CBT-I and CBT-CP. She currently serves as the Chair of Psychology Practice Council. 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.

Daniel Wilkinson, Ph.D., MBA (Primary Care Mental Health Integration-St. Clair County CBOC) Dr. Wilkinson was first interested in psychology as a child after perusing his father's textbooks. While working on his Ph.D. in clinical psychology he developed interests in medical psychology and in consultation with physicians. This was bolstered by his internship at the Cincinnati VAMC. Following his graduate training, Dr. Wilkinson began work with seriously mentally ill patients in a forensic setting. Dr. Wilkinson later served as a civilian staff psychologist for the Air Force. In this setting, Dr.

Wilkinson performed command-directed evaluations, consulting with commanders about active duty members' fitness for duty and about factors that could impact adjudication of disciplinary and administrative issues. He also provided a full range of psychological services to the active duty population, receiving formal training in prolonged exposure to better serve them. Dr. Wilkinson now serves as a primary care psychologist within a primary care team. His diverse clinical experience and focus on consultation has proved to be a good fit for the dynamic medical environment he now serves in. Dr. Wilkinson has supervised postdoctoral residents, interns and practicum students in the VA and university settings. He later worked on a University campus and completed his MBA but apparently missed the high tempo primary care world and returned to the VA in 2018. When not on the job, Dr. Wilkinson takes great pride in teaching his children to be nice to the family mascot, "Petey the Chiweenie" as well as to Petey's non-canine, parakeet sibling. He continues to avoid reality TV programming by watching the St. Louis Cardinals and by playing Nintendo Switch with his wife and children on a frequent basis.

Kelsey Wilson, Ph.D. (Polytrauma/TBI Clinic). Dr. Wilson grew up in northwest Missouri. She earned her bachelor's degree in Psychology from Truman State University, a small liberal arts college in rural Missouri. Not yet ready to leave the comfort of the cornfields, she attended the University of Iowa and completed her Ph.D. in Clinical Psychology, with an emphasis in Neuropsychology. She then returned to Missouri to complete her internship and residency in Neuropsychology at the St. Louis VA Health Care System. Having always had a strong interest in the integration of assessment and intervention, Dr. Wilson was thrilled to join the staff as the Polytrauma Psychologist/Neuropsychologist. Dr. Wilson provides neuropsychological assessments and individual therapy for Veterans with traumatic brain injury. She also leads cognitive rehabilitation groups as part of an interdisciplinary team with Speech Pathology. Her theoretical approach is eclectic but she typically favors ACT and behavioral approaches. In her free time, you can find her drinking copious amounts of coffee, enjoying time outdoors, and trying to keep up with her toddler.

Brian Yochim, PhD, ABPP, Board Certified in Clinical Neuropsychology (Neuropsychology Clinic and Community Living Center): Dr. Yochim grew up in the Saint Louis area, attended Truman State University, and 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 conducting research and supervising trainees performing neuropsychological evaluations for primarily older Veterans. They returned home to their families in the Saint Louis area in 2016. Dr. Yochim published the Verbal Naming Test in 2015 and continues to perform research on this measure. He co-edited Psychology of Aging: A Biopsychosocial Perspective (2018; a graduate-level textbook) and co-authored Alzheimer's Disease and Dementia (2018; 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), currently serves on the Ethics Committee for the Society for Clinical Neuropsychology (APA Division 40), and as the Section 2 Representative to APA Division 12 (Society of Clinical Psychology). He is a Fellow of the APA (Division 40). He and his family enjoy hiking, visiting our national parks, and attending concerts.

<u>Attachment 1:</u> Psychology Performance Improvement, Remediation & Grievance Policy

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

<u>I. Purpose:</u> 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.

<u>II. Overview:</u> 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).

<u>III. Policy:</u> 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.

<u>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.</u>

<u>IV. Definition of Problems in Trainee Performance:</u> 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:
1 – Requires continued supervision/focused training to attain minimal achievement.
2 – Meets minimum level of developmental achievement.
3 – Clearly meets developmental level of achievement.
4 – Exceeds developmental level of achievement.

On the Trainee Evaluation Form, a score of 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 *Standards of Accreditation* 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.

Kate Goedeker, Ph.D. –Training Director
VA St. Louis Health Care System – Psychology Training Council
Predoctoral and Postdoctoral Training Programs
v.2021

Attachment 2 - Trainee Evaluation Form

Trainee Name: **Date Evaluation Completed:**
Circle/Mark Trainee Type: Intern Rotation Intern Preceptee (or) Resident
Name of Rotation Area/Program:

For Residents, indicate quarter:	**Q1 Q2 Q3 Q4**
For Intern Rotations, indicate:	**1A 1B 2A 2B**
Period of Review (circle):	**Mid-Semester -or- End-of-Semester**
For Intern Preceptees, circle:	**Mid-Semester 1 -or- End-of-Semester 1** **Mid-Semester 2 -or- End-of-Semester 2**

Was some form of Direct Observation (not audio) provided for this evaluation? **Yes (required)**
Name of Person(s) Completing Form and Degree:
1. _____ Licensed Psychologist? Yes / No
2. _____ Licensed Psychologist? Yes / No
3. _____ Licensed Psychologist? Yes / No

All Supervisors - Describe experiences during this training period:

PRECEPTORS – Describe input from independent training activities or special competency activities and whether the consultant supervisor observed the activities:		
Special Competency Activities	Consultant Supervisor(s) providing input:	Direct Observation?
Supervision Seminar		Y / N
Vertical Supervision		Y / N
Independent Research/Science Activity (research project/ Grand Rounds)		Y / N
Assessment		Y / N
Interprofessional Collaboration		Y / N
EBP Therapy Case with consultant supervisor		Y / N

Evaluation Rating Scale:

Needs Improvement, Below Minimum Level of Achievement	Meets Minimum Level of Achievement	Meets Developmental Level of Achievement	Exceeds Developmental Level of Achievement
1	2	3	4

1 – Requires continued supervision/focused training to attain minimal achievement.
2 – Meets minimum level of developmental achievement.
3 – Clearly meets developmental level of achievement.
4 – Exceeds developmental level of achievement.

Scoring Guidance: A score of 1 on any item must be brought to the attention of the Training Council for assistance or for possible remediation. At the final rating period, while meeting minimal achievement, a 2 represents an area of recommended continued learning. A score of 3 is clearly developmentally appropriate. A score of 4 is considered exceptional and should be given infrequently. **Please refer to the appendix at the end of this form for examples of minimum levels of achievement for the intern and resident levels.**

(i) Research	
1A. Understands research methodologies (data collection, analysis, etc.) and is able to critically evaluate clinical practices, interventions, programs, and research.	1 2 3 4 [N/O]
1B. Independently reviews and incorporates scientific knowledge to clinical practice, program development, and/or educational presentations.	1 2 3 4 [N/O]
1C. Independently able to identify a topic of interest or need, to design and conduct an appropriate course of scholarly inquiry, and to disseminate information for a targeted audience (e.g., Psychology Grand Rounds).	1 2 3 4 [N/O]

(ii) Ethical and legal standards	
2A. Demonstrates knowledge of, and adherence to, APA Ethical Principles and Code of Conduct as well as relevant laws, regulations, rules, and policies governing health service psychology at organizational, local, state, regional, and federal levels.	1 2 3 4 [N/O]
2B. Independently recognizes ethical dilemmas and applies ethical decision-making in order to resolve them.	1 2 3 4 [N/O]

(iii) Individual and cultural diversity	
3A. Demonstrates awareness of how their own personal/cultural history, attitudes, and biases may influence their understanding and interactions with people different from themselves.	1 2 3 4 [N/O]
3B. Demonstrates depth of client conceptualization based upon the broadest interpretation of individual diversity and integrates relevant factors in their approach to assessment, interventions, programming, and outreach.	1 2 3 4 [N/O]
3C. Integrates theoretical and empirical knowledge of diversity, culture, and social justice principles into clinical practice and is able to apply a framework for working with individuals whose identity or worldview conflicts with their own.	1 2 3 4 [N/O]

(iv) Professional values, attitudes, and behaviors	
4A. Demonstrates professional behavior and comportment evidenced by dependability, honesty, accountability, timeliness, and willingness to take responsibility for one's own actions and behaviors.	1 2 3 4 [N/O]
4B. Demonstrates timely completion of clinical documentation and timely responsiveness to email, paging, and other communications with supervisors and service department.	1 2 3 4 [N/O]
4C. Demonstrates self-reflection and awareness of own competencies and limitations; appropriately seeks	1 2 3 4 [N/O]

supplemental consultation and supervision.	
4D. Demonstrates openness and responsiveness to supervision, feedback, and direction.	1 2 3 4 [N/O]
4E. Maintains appropriate boundaries with interdisciplinary staff, support staff, and program faculty.	1 2 3 4 [N/O]
4F. Takes initiative to engage in continued learning and utilizes all available resources of the training setting to fulfill training goals.	1 2 3 4 [N/O]
4G. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	1 2 3 4 [N/O]

(v) Communications and interpersonal skills	
5A. Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, communities, organizations, supervisors, supervisees, and those receiving professional services.	1 2 3 4 [N/O]
5B. Verbal, nonverbal, and written communication is informative, integrated, and demonstrates a thorough grasp of professional language and concepts.	1 2 3 4 [N/O]
5C. Demonstrates ability to effectively manage difficult communication.	1 2 3 4 [N/O]

(vi) Assessment	
6A. Selects appropriate assessment measures and methods based upon empirical literature.	1 2 3 4 [N/O]
6B. Interprets assessment results according to professional standards, guarding against decision-making biases and distinguishing subjective from objective aspects of assessment.	1 2 3 4 [N/O]
6C. Communicates assessment findings, in verbal and written format, in an effective manner and with non-biased recommendations appropriate to the service recipient.	1 2 3 4 [N/O]
6D. Demonstrates competent differential diagnostic skills and thorough knowledge of DSM-5.	1 2 3 4 [N/O]
6E. Demonstrates ability to conduct and document a thorough risk assessment.	1 2 3 4 [N/O]

(vii) Intervention	
7A. Establishes and maintains effective relationships with veteran patients.	1 2 3 4 [N/O]
7B. Accurately provides informed consent to veteran patients including a description of the limits of confidentiality.	1 2 3 4 [N/O]
7C. Implements interventions informed by scientific literature, assessment findings, diversity characteristics, and contextual variables specific to the service delivery context and goals.	1 2 3 4 [N/O]
7D. Evaluates intervention progress and outcomes and modifies and adapts evidence-based approaches effectively to meet the unique needs of individual Veterans.	1 2 3 4 [N/O]

7E. Effectively manages clinical challenges such as power differentials, boundaries and ambivalence to change.	1 2 3 4 [N/O]

(viii) Supervision	
8A. Demonstrates knowledge of supervision models and understanding of ethical, legal, and contextual issues of the supervisor role.	1 2 3 4 [N/O]
8B. Demonstrates effective (supervised) supervision skills with less advanced students or peers by effectively managing boundaries and power differentials, incorporating key interpersonal and scientific concepts, and providing effective direction through constructive feedback.	1 2 3 4 [N/O]

(ix) Consultation and interprofessional/interdisciplinary skills	
9A. Demonstrates knowledge and respect for the roles and perspectives of other professions and adapts methods of assessment, documentation, and verbal consultation based upon unique interdisciplinary contexts and Veteran needs.	1 2 3 4 [N/O]
9B. Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning	1 2 3 4 [N/O]

Overall Assessment of Trainee's Current Level of Achievement

Please rate estimated OVERALL competency for this trainee:

Needs Improvement, Below Minimum Level of Achievement	Meets Minimum Level of Achievement	Meets Developmental Level of Achievement	Exceeds Developmental Level of Achievement
1	2	3	4

1 – Requires continued supervision/focused training to attain minimal achievement.
2 – Meets minimum level of developmental achievement.
3 – Clearly meets developmental level of achievement.
4 – Exceeds developmental level of achievement.

Please note that a score of 1 on the estimated OVERALL achievement rating for the trainee at the end of the training year is not considered passing. At the final rating period, while meeting minimal achievement, a 2 represents recommended continued learning. A score of 3 is clearly developmentally appropriate. A score of 4 is considered exceptional and should be given infrequently. **Please refer to the appendix at the end of this form for examples of minimum levels of achievement for the intern and resident levels.**

Provide your overall impression of this trainee's current level of achievement by addressing the following questions. Please do not leave any questions blank.

- Trainee Strengths:

- Growth Areas (include specific recommendations to improve competencies):

- Progress on corrective recommendations you have given over the course of this evaluation period (if applicable)?

- Is the trainee ready to move to the next level of training, or independent practice?

- Other specific recommendations for future development

Please list the title of the scholarly project and briefly describe how project is planned for completion.
Current status? ___Yes, completed ___In progress ___No, not begun ___N/A

_____ _____
Supervisor Date

_____ _____
Supervisor Date

_____ _____
Supervisor Date

I had the opportunity to read and to discuss the contents with my supervisor and I have been provided with a copy of this evaluation

_____ _____
Signature of Trainee Date

PROFESSION WIDE COMPETENCIES
Examples of Minimum Levels of Achievement

This table includes examples of how each competency may be demonstrated at the internship and residency levels. Interns must demonstrate at least one of the Internship Level behaviors, or a comparable behavior, to meet the minimum level of achievement for each competency (e.g., a rating of 2 on the Trainee Evaluation Form). Unless otherwise noted, residents must demonstrate competency for internship-level behavioral anchors (or comparable behaviors), plus one or more of the Residency Level behaviors, or a comparable behavior. Please note that this list of examples is not exhaustive, please consult Training Council leadership if you have questions.

(i) Research

1. Research and Integration of Science and Practice: demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the post-doctoral level.	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
1A. Understands research methodologies (data collection, analysis, etc.) and is able to critically evaluate clinical practices, interventions, programs, and research.	
Examples: • Demonstrates understanding of research methods and techniques of data analysis • Demonstrates being a critical consumer of research • Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	Examples: • Demonstrates competency for Internship-level behavioral anchors • Engages in systematic efforts to increase the knowledge base of psychology through implementing and/or reviewing research • Demonstrates substantial knowledge of scientific methods, procedures, and practices
1B. Independently reviews and incorporates scientific knowledge to clinical practice, program development, and/or educational presentations.	
Examples: • Describes how outcomes are measured in each practice activity • Demonstrates knowledge of program evaluation • Demonstrates the substantially independent ability to review the scientific literature to provide evidence-based clinical assessment and interventions, with consultation and feedback from supervisor • Demonstrates the substantially independent ability to incorporate scientific data and evidence-based findings into professional presentations and program evaluation, with consultation and feedback from supervisor	Examples: • Demonstrates competency for Internship-level behavioral anchors • Evaluates practice activities using accepted techniques • Compiles and analyzes data on own clients (outcome measurement) • Uses findings from outcome evaluation to alter intervention strategies as indicated • Participates in program evaluation • Demonstrates the ability to independently review the scientific literature to provide evidence-based clinical assessment and interventions. Supervision is used primarily for applying these skills for complex clinical presentations. • Demonstrates the ability to independently review and incorporate scientific data and evidence-based findings into professional presentations
1C. **Independently able to identify a topic of interest or need, to design and conduct an appropriate course of scholarly inquiry, and to disseminate information for a targeted audience (e.g., Psychology Grand Rounds).**	
Examples: • Demonstrates research and scholarly activity, including utilizing supervision to assist with identifying a topic for a scholarly project, reviewing appropriate literature and/or analyzing data to inform care or programming • Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at	Examples: • Demonstrates competency for Internship-level behavioral anchors, including developing and presenting a scholarly project • Uses methods appropriate to the research question, setting and/or community • Consults and partners with community stakeholders when conducting research in diverse communities

the local (including the host institution), regional, or national level, minimally, by presenting the scholarly project to the Psychology Service at Grand Rounds.	• Demonstrates research and scholarly activity including independently identifying a topic for a scholarly project, reviewing appropriate literature and/or analyzing data to inform care or programming. Supervision is utilized primarily for aspects of the project with the highest complexity (similar to consultation a licensed staff member might seek).

(ii) Ethical and legal standards

2. Ethical Legal Standards and Policy: This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
2A. Demonstrates knowledge of, and adherence to, current APA Ethical Principles and Code of Conduct and to other ethical/professional codes, standards and guidelines, as well as relevant laws, regulations, rules, and policies governing health service psychology at organizational, local, state, regional, and federal levels.	
Examples: • Effectively identifies and references professional ethics, standards and guidelines as well as relevant laws, regulations and rules in case conceptualization • Effectively addresses ethical and legal aspects within the case conceptualization • Discusses ethical implications of professional work • Recognizes and discusses limits of own ethical and legal knowledge • Demonstrates intermediate knowledge of typical ethical and legal issues, including informed consent, confidentiality, HIPAA, child and elder abuse reporting, scope of practice issues, record keeping, and provision of telehealth • Actively consults with supervisor to understand and act upon ethical and legal aspects of practice	Examples: • Demonstrates and articulates advanced knowledge of complex ethical and legal issues, including potential conflicts between ethics and law, or competing ethical principles, if applicable. • Effectively addresses complex issues in practice including issues with informed consent, confidentiality, scope of practice issues, record keeping, provision of telehealth • Applies applicable ethical principles and standards in professional writings and presentations • Applies applicable ethics concepts in research design and subject treatment • Applies ethics and professional concepts in teaching and training activities • Conducts self in an ethical manner in all professional activities and can articulate how to prevent problems/unprofessional conduct
2B. Independently recognizes ethical dilemmas and applies ethical decision-making in order to resolve them.	
Examples: • Identifies and understands the ethical elements present in ethical dilemma or question • Demonstrates knowledge of an ethical decision-making model to resolve ethical dilemmas. • Applies relevant elements of ethical decision making to a dilemma • Discusses ethical dilemmas and ethical decision making in supervision, staff meetings, presentations, practicum settings	Examples: • Addresses complex ethical and legal issues • Articulates potential conflicts in complex ethical and legal issues. • Seeks to prevent problems and unprofessional conduct • Develops strategies to seek consultation regarding complex ethical and legal dilemmas • Takes appropriate steps when others behave unprofessionally • Identifies potential conflicts between personal belief systems, APA Ethics Code, and legal issues in practice
Integrates own moral principles/ethical values in professional conduct Examples: • Is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues	Independently integrates ethical and legal standards with all competencies Examples: • Demonstrates adherence to ethical and legal standards in professional activities

• Is able to spontaneously discusses intersection of personal and professional ethical and moral issues	• Takes responsibility for continuing professional development

(iii) Individual and cultural diversity

3**. Individual and Cultural Diversity:** conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
3A. Demonstrates awareness of how their own personal/cultural history, attitudes, and biases may influence their understanding and interactions with people different from themselves.	
Examples: • Uses knowledge of self to monitor effectiveness as a professional • Initiates supervision about diversity issues • Understands the role that diversity may play in interactions with others • Initiates supervision about diversity issues in interactions with others	Examples: • Uses knowledge of self to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues • Uses knowledge about the role of culture in interactions to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues in interactions with others
3B. Demonstrates depth of client conceptualization based upon the broadest interpretation of individual diversity and integrates relevant factors in their approach to assessment, interventions, programming, and outreach.	
Examples: • Demonstrates understanding that others may have multiple cultural identities • Initiates supervision about diversity issues with others	Examples: • Uses knowledge of others to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues with others
3C. Integrates theoretical and empirical knowledge of diversity, culture, and social justice principles into clinical practice and is able to apply a framework for working with individuals whose identity or worldview conflicts with their own.	
Examples: • Demonstrates knowledge of APA policies, including guidelines for practice with diverse individuals, groups and communities • Works effectively with diverse others in professional activities • Demonstrates awareness of effects of oppression and privilege on self and others	Examples: • Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others • Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors • Seeks consultation regarding addressing individual and cultural diversity as needed • Uses culturally relevant best practices

(iv) Professional values, attitudes, and behaviors

4. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
4A. Demonstrates professional behavior and comportment evidenced by dependability, honesty, accountability, timeliness, and willingness to take responsibility for one's own actions and behaviors.	
Examples: • Demonstrates awareness of the impact behavior has on client, public and profession • Acknowledges errors • Consistently arrives on time to work and to all scheduled meetings • Consistently meets deadlines as set forth by supervisor, mental health service, and facility • Immediately informs supervisor when taking leave	Examples: • Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions • Flexibly shifts demeanor to effectively meet requirements of professional situation and enhance outcomes • Acknowledges errors and articulates how to respond appropriately in similar situations in the future • Immediately informs supervisor when taking leave and participates in identifying coverage for services.
4B. Demonstrates timely completion of clinical documentation and timely responsiveness to email, paging, and other communications with supervisors and service department.	
Examples: • Complete**t**es required case documentation promptly and accurately • Accepts responsibility for meeting deadlines • Responds to email and other professional communications in a timely manner	Examples: • Enhances own professional productivity • Consistently meets all documentation deadlines in a manner consistent with expectations for a licensed staff member • Consistently initiates and responds to all professional communications in a timely manner
4C. Demonstrates self-reflection and awareness of own competencies and limitations; appropriately seeks supplemental consultation and supervision.	
Examples: • Determines when response to client needs takes precedence over personal needs • Utilizes supervision time to assist in developing skills for self-reflection	Examples: • Addresses situations that challenge professional values • Takes independent action to correct situations that are in conflict with professional values • Takes initiative to seek supplemental consultation and supervision when needed
4D. Demonstrates openness and responsiveness to supervision, feedback, and direction.	
Examples: • Demonstrates ability to discuss failures and lapses in adherence to professional values with supervisors/faculty as appropriate • Utilizes supervision to strengthen effectiveness of practice • Demonstrates receptivity to constructive feedback in supervision • Demonstrates effort to incorporate supervision feedback into future work	Examples: • Holds self accountable for and submits to external review of quality service provision • Takes initiative to seek out constructive feedback for challenging cases • Incorporates feedback into future work
4E. Maintains appropriate boundaries with interdisciplinary staff, support staff, and program faculty.	
Examples: • Displays respect in interpersonal interactions with others including those from divergent perspectives or backgrounds • Utilizes appropriate language and demeanor in professional communications	Examples: • Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values • Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment

4F. Takes initiative to engage in continued learning and utilizes all available resources of the training setting to fulfill training goals.	
Examples: • Has membership in professional organizations • Attends colloquia, workshops, conferences • Consults literature relevant to client care	Examples: • Keeps up with advances in profession Takes initiative to engage in non-required means of advancing knowledge
4G. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	
Examples: • Identifies situations that challenge professional values, and seeks faculty/supervisor guidance as needed	Examples: • Demonstrates compassion for others who are dissimilar from oneself, who express negative affect (e.g., hostility), and/or who seek care for proscribed behavior, such as violence, predation, or dangerousness

(v) Communications and interpersonal skills

5. Communications and interpersonal skills: Relate effectively and meaningfully with individuals, groups, and/or communities.	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
5A. Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, communities, organizations, supervisors, supervisees, and those receiving professional services.	
Examples: • Forms effective working alliances with most clients • Engages with supervisors to work effectively • Involved in departmental, institutional, or professional activities or governance (aka, a Psychology council) • Demonstrates respectful and collegial interactions with those who have different professional models or perspectives	Examples: • Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from oneself • Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public
5B. Verbal, nonverbal, and written communication is informative, integrated, and demonstrates a thorough grasp of professional language and concepts.	
Examples: • Uses professional terms and concepts appropriately and clearly in discussions, case reports, etc. • Understands terms and concepts used in professional texts and in others' case reports • Communication is understandable, consistent across expressive modalities • Prepares clearly written assessment reports • Presents clinical process to supervisor in a succinct, organized, well-summarized way • Provides verbal feedback to client regarding assessment and diagnosis using language the client can understand • Presents clear, appropriately detailed clinical material	Examples: • Demonstrates descriptive, understandable command of language, both written and verbal • Communicates clearly and effectively with clients • Uses appropriate professional language when dialoguing with other healthcare providers • Prepares sophisticated and compelling case reports • Treatment summaries are concise, yet comprehensive
5C. Demonstrates ability to effectively manage difficult communication.	
Examples: • Demonstrates active problem-solving • Makes appropriate disclosures regarding problematic interpersonal situations • Acknowledges own role in difficult interactions • Initiates discussion regarding disagreements with colleagues or supervisors • Efforts to resolve disagreements do not escalate negative affect among the parties involved • Seeks clarification in challenging interpersonal communications • Demonstrates understanding of diverse viewpoints in challenging interactions • Provides feedback to supervisor regarding supervisory process • Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference • Accepts and implements supervisory feedback nondefensively • Maintains affective equilibrium and focus on therapeutic task in face of client distress	Examples: • Accepts, evaluates and implements feedback from others • Uses affective reactions in the service of resolving disagreements or fostering growth in others • Tolerates patient's feelings, attitudes, and wishes, particularly as they are expressed toward the therapist, so as to maintain and/or promote therapeutic dialogue • Allows, enables, and facilitates the patient's exploration and expression of affectively difficult issues • Works flexibly with patients' intense affects which could destabilize the therapeutic relationship

(vi) Assessment

6**. Assessment:** conducting evidence-based assessment consistent with the scope of Health Service Psychology.	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
6A. Selects appropriate assessment measures and methods based upon empirical literature.	
Examples: • Identifies appropriate assessment measures that reflect awareness of client population served • Consults with supervisor regarding selection of assessment measures • Demonstrates ability to adapt environment and materials according to client needs (e.g., lighting, privacy, ambient noise)	Examples: • Demonstrates competency for Internship-level behavioral anchors • Independently selects assessment measures that reflect awareness of client population served • Selection of assessment tools reflects a flexible approach to answering diagnostic and referral questions • Seeks consultation as needed to guide assessment • Describes limitations of assessment data reflected in assessment reports
erprets assessment results according to professional standards, guarding against decision-making biases and distinguishing ive from objective aspects of assessment.	
Examples: • Demonstrates ability to accurately select, administer, score, and interpret assessment tools • Consults with supervisor regarding strengths and limitations of assessment measures as appropriate • Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams • Documentation accurately demonstrates how diagnosis is based in assessment findings • Consults with supervisor regarding how data obtained informs case conceptualization, diagnosis, and development of appropriate treatment plan • Clinical recommendations are based on connections between diagnosis and relevant hypotheses	Examples: • Demonstrates competency for Internship-level behavioral anchors • Demonstrates ability to independently accurately select, administer, score, and interpret assessment tools • Demonstrates ability to independently discuss of strengths and limitations of assessment measures as appropriate • Independently demonstrates how data obtained informs case conceptualization, diagnosis, and development of appropriate treatment plan
6C. Communicates assessment findings, in verbal and written format, in an effective manner and with non-biased recommendations appropriate to the service recipient.	
Examples: • Writes comprehensive psychological reports and incorporates feedback from supervisor • Consults with supervisor to prepare and provide feedback regarding findings • Communicates assessment results verbally to clients	Examples: • Demonstrates competency for Internship-level behavioral anchors • Writes comprehensive psychological reports, with little need for revision or feedback from supervisor • Demonstrates ability to independently prepare and provide meaningful, understandable, and useful feedback regarding findings that is responsive to client need

6D. Demonstrates competent differential diagnostic skills and thorough knowledge of DSM-5.	
Examples: • Demonstrates ability to identify problem areas and to use concepts of differential diagnosis • Demonstrates awareness of appropriate and relevant DSM codes	Examples: • Demonstrates competency for Internship-level behavioral anchors • Independently identifies problem areas and makes a diagnosis • Independently selects appropriate and relevant DSM codes
monstrates ability to conduct and document a thorough risk assessment.	
Examples: • Demonstrates ability to accurately administer and score Columbia Suicide Severity Rating Scale • Demonstrates ability to assess for suicide-related thoughts and behavior history • Demonstrates ability to identify risk and protective factors • Demonstrates ability to complete a suicide risk mitigation plan and engage client in safety planning • Demonstrates ability to assess for access to lethal means or weapons • Demonstrates ability to assess for history of violence and homicidal ideation • Consults with supervisor regarding safety and risk assessment	Examples: • Demonstrates competency for Internship-level behavioral anchors • Demonstrates ability to independently and accurately administer and score Columbia Suicide Severity Rating Scale • Demonstrates ability to independently assess for suicide-related thoughts and behavior history • Demonstrates ability to identify warning signs which signal an acute increase in risk of suicidal behavior in the immediate future • Demonstrates ability to independently differentiate between low, intermediate, and high acute and chronic risk levels

(vii) Intervention

7. Intervention: competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population or other systems.	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
7A. Establishes and maintains effective relationships with veteran patients.	
Examples: • Develops rapport with clients • Develops therapeutic relationships • Able to work toward resolution if breach in rapport occurs through the use of supervision	Examples: • Develops rapport and relationships with wide variety of clients • Effectively delivers intervention • Able to work toward resolution if breach in rapport occurs, through use of supervision or independently.
7B. Accurately provides informed consent to veteran patients including a description of the limits of confidentiality.	
Examples: • Demonstrates skill if/when observed during clinical encounter. • Appropriately documents that informed consent was completed during clinical encounter	Examples: • Demonstrates competency for Internship-level behavioral anchors • • Demonstrates an ability to answer nuanced questions from patients or staff related to informed consent
7C. Implements interventions informed by scientific literature, assessment findings, diversity characteristics, and contextual variables specific to the service delivery context and goals.	
Examples: • Discusses evidence based practices during supervision • Case presentations demonstrate basic understanding of evidence-based practice • Case presentations demonstrate appropriate application of evidence-based practice • Discusses evidence-based practice during supervision with consideration of patient-specific factors • Utilizes data from assessment measures to assess progress and inform interventions	Examples: • Independently and effectively implements a typical range of intervention strategies appropriate to practice setting • Independently recognizes and manages special circumstances unique to patient presentation and diversity characteristics • Independently considers appropriate adaptations to evidence-based approaches when necessary
7D. Evaluates intervention progress and outcomes and modifies and adapts evidence-based approaches effectively to meet the unique needs of individual Veterans.	
Examples: • Describes instances of lack of progress and actions taken in response • Demonstrates ability to evaluate treatment progress in context of evidence based interventions • Engages in measurement-based care when appropriate	Examples: • Critically evaluates own performance in the treatment role • Terminates treatment successfully • Seeks consultation when necessary • Collaborates effectively with other providers or systems of care • Considers alternative or additional services and makes necessary referrals when needed
7E. Effectively manages clinical challenges such as power differentials, boundaries and ambivalence to change.	
Examples: • Demonstrates appropriate judgment about when to consult supervisor	Examples: • Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation • Has potential solutions in mind prior to seeking

	consultation

(viii) Supervision

8. Supervision: grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
8A. Demonstrates knowledge of supervision models and understanding of ethical, legal, and contextual issues of the supervisor role.	
Examples: • Identifies roles and responsibilities of the supervisor and supervisee in the supervision process • Demonstrates understanding of supervisor and supervisee roles in relation to client • Demonstrates understanding of vicarious liability of the supervisor • Successfully completes seminars/recommended trainings on supervision • Demonstrates formation of supervisory relationship integrating theory and skills including knowledge of development, educational practice	Examples: • Articulates a model of supervision and reflects on how this model is applied in practice, • Integrates contextual, legal, and ethical perspectives in supervision vignettes • Assesses supervision competency • Constructs plans to deal with areas of limited competency • Articulates range of supervision methods available and the utility of such methods • Demonstrates knowledge of the scholarly literature on supervision • Identifies the basic tenets of specific model of supervision
8B. Demonstrates effective (supervised) supervision skills with less advanced students or peers by effectively managing boundaries and power differentials, incorporating key interpersonal and scientific concepts, and providing effective direction through constructive feedback.	
Examples: • Presents goals and related tasks of supervisee's growth and development • Demonstrates ability to monitor and communicate progress on goals • Identifies core skills on which to provide feedback to peers • Demonstrates ability to provide constructive criticism to peers • Identifies basic ethical conflicts and resolves with the support of primary supervisor. • Presents supervisor of supervision with regular, accurate updates, and incorporates supervisor's feedback.	Examples: • Collaboratively constructs appropriate goals for work with less advanced students that accurately reflects roles and expectations of supervisor and supervisee • Articulates how supervisory relationships may enhance the development of supervisees and their clients • Elicits evaluation from supervisee about supervisory relationship and uses feedback to improve quality of supervision • Helps supervisee develop evidence based treatment plans • Directs supervisee to literature that may inform case • Provides supervision input according to developmental level of supervisee • Encourages supervisee to discuss reactions and helps supervisee develop strategies to use reactions in service of clients • Presents supervisor of supervision with accurate account of case material and supervisory relationship, seeks input, and utilizes feedback to improve outcomes

(ix) Consultation and interprofessional/interdisciplinary skills

9**. Consultation:** reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.	
INTERNSHIP LEVEL	**RESIDENCY LEVEL**
9A. Demonstrates knowledge and respect for the roles and perspectives of other professions and adapts methods of assessment, documentation, and verbal consultation based upon unique interdisciplinary contexts and Veteran needs.	
Examples: • Is able to compare and contrast consultation, clinical, and supervision roles • Identifies appropriate approaches and processes for providing written and verbal feedback and recommendations to consultee • Carries out a mock presentation of findings • Is able to describe a consultant's role in a hypothetical professional activity	Examples: • Is able to articulate different forms of consultation (e.g., mental health, educational, systems, advocacy) • Accurately matches professional role function to situation • Provides verbal feedback to consultee of results and offers appropriate recommendations • Clarifies and refines referral question based on analysis/assessment of question • Prepares clear, useful consultation reports and recommendations to all appropriate parties
9B. Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning.	
Examples: • Implements systematic approach to data collection in a consultative role • Demonstrates ability to identify collaborative methods across systems, clients, or settings	Examples: • Demonstrates ability to gather information necessary to answer referral question • Identifies and implements consultation interventions that meet consultee goals • Identifies and implements consultation interventions based on assessment findings

Attachment 3: COVID-19 Materials

VA St. Louis Health Care System Psychology Training Program
Impact of COVID-19 on Psychology Training

The Psychology Training Program strives to provide detailed and accurate information about training during the COVID-19 pandemic. In March 2020, all trainees successfully transitioned to providing clinical care and training remotely. In April 2021, trainees returned to campus along with staff. Trainees continue to provide patient care and engage in training activities (i.e., didactics and supervision) via virtual platforms, as well as in person when clinical needs arise and COVID-19 safety procedures are followed. We continue to plan for the full range of training contingencies in order to provide the best patient care and training that we can. We will update our public materials as we know more about what to expect for the upcoming training year.

- The VA St. Louis campuses have strict restrictions on patients or other members of the public visiting. All employees and visitors must wear a mask in all public areas on campus as part of our universal masking policy. All employees and visitors complete a health screening prior to being admitted to campus.

- Trainee orientation will include a discussion of COVID-19 including information about how health and safety are maintained at VA St. Louis.

- For the 2022-2023 training year, we expect that there will be a mix of in-person and virtual work based on patient care, training needs, federal requirements, and APA-accreditation standards.

- Telesupervision is permitted by OAA during national emergencies such as the current COVID-19 pandemic. Psychology trainees should expect routine supervisory observation using in-person or telehealth modalities, as well as co-treatment with supervisors and other licensed mental health staff.

- All didactics and seminars will be offered in person if proper social distancing and universal masking procedures are maintained. Didactics and seminars will also have the capability for virtual learning to ensure optimal flexibility.

MANAGEMENT OF ACTIVITIES OF TRAINEES AND STUDENTS DURING COVID-19
PANDEMIC STANDARD OPERATING PROCEDURE
SOP COVID-19 20007

VA St. Louis Health Care System St. Louis, MO 63106
Signatory Authority: Incident Commander
Responsible Owner: ACOS Health Professions Education Service
Service Line(s): Health Professions Education Service
Effective Date: March 27, 2020
Recertification Date: March 30, 2025

1. PURPOSE AND AUTHORITY

a. The purpose of this standard operating procedure (SOP) is to establish procedures on management of activities of trainees and students during the COVID-19 Pandemic. This SOP must be followed by all allied health profession trainees and students involved patient care activities.

b. This SOP sets forth mandatory procedures and processes to ensure compliance with guidance from the VA St. Louis Health Care System (VA STLHCS) Health Professions Education Service.

2. PROCEDURES

a. Patient Care Activities. No students or trainees from any health or allied health profession should be directly involved in care for COVID-19 patients or patients suspected of having COVID- -19 rule interactions with these patients may be used when appropriate.

b. Exposure Risk.

(1) Programs and services may use their judgment in determining appropriate clinical or scholarly activities for allied health profession students and trainees and on. Programs are encouraged to provide meaningful academic activities for trainees rotating at VASTLHCS.

(2) Site directors and service chiefs should remain in close communication with their affiliate partners regarding restrictions on allied health profession student/trainee activities and any alternative educational plans.

c. Screening and Treatment.

(1) Allied health profession students and trainees who display symptoms of flu-like Allied health professions trainees employed by VA STLHCS where VA STLHCS is their primary affiliation should report to their own doctor or to Employee Health.

(2) All allied health profession students/trainees should report any COVID-19 illness or exposure within 14 days of rotating at VA STLHCS to Employee Health

at 314-652-4100 ext. 5-4393.

d. Educational Experience.

(1) Programs and services may use their judgment in determining appropriate clinical or scholarly activities for allied health profession students/trainees and are encouraged to provide meaningful academic activities for trainees rotating at VASTLHCS.

(2) Site directors and service chiefs should remain in close communication with their affiliate partners regarding restrictions on allied health profession student/trainee activities and any alternative educational plans.

(3) These limitations may affect the ability of trainees and students to complete required clinical rotations for their educational programs. Allied health profession trainees and students should contact their educational institutions to discuss these issues.

e. Inquiries.

(1) If you have any questions, please feel free to reach out to the ACOS Health Professions Education Service. Please refer any questions or concerns from allied health profession trainees, students, and affiliate institutions to the Health Professions Education Service.

3. ASSIGNMENT OF RESPONSIBILITIES

a. Staff. Adhere to and maintain compliance.

b. Infectious Disease. Maintain and sustain most current standards for compliance.

4. DEFINITIONS. None

5. REFERENCES. None

6. REVIEW

As guidelines, best practices, governing documents, and health care accreditation body mandate changes occur or any regulatory requirement for more frequent review. If applicable, cite the location where the review is documented.

7. RECERTIFICATION

This SOP is scheduled for recertification on or before the last working day of March 2025 5 years from effective date. In the event of contradiction with national policy, the national policy supersedes and controls.

8. SIGNATORY AUTHORITY

PATRICIA F. MCKELVY
Acting ACOS Health Professions Education Service
Date Approved: March 19, 2020

STL COVID-19 Incident Commander
Date Approved: March 19, 2020
NOTE: The signature remains valid until rescinded by an appropriate administrative action.
DISTRIBUTION: Emailed All Employees and STL COVID-19 Planning Group on March
27, 2020 SOPs for COVID-19 are available at:

https://dvagov.sharepoint.com/sites/vhastl/SiteDirectory/EmergencyMgmt/STL%20EM%20Coronavirus%20%20COVID19%20Site/Home.aspx.