Psychology Internship Program

VA Bedford Healthcare System
Psychology Training Program (116B)
200 Springs Road
Bedford, Massachusetts, 01730
(781) 687-2000, ext. 2378
http://www.bedford.va.gov

MATCH Number: 1322
Applications due: November 5

Accreditation Status

The doctoral internship at VA Bedford HCS (Edith Nourse Rogers Memorial Veterans Hospital) is accredited by the Commission on Accreditation of the American Psychological Association. The program recently had a re-accreditation site visit in May of 2021. The program reasonably expects to be granted accreditation status for the full allowable period of re-accreditation (seven years), as the program has in each of its prior site visits since 1995. The official update of the program's accreditation status is expected later this summer or fall. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

Psychology Setting

The Psychology Training Program at VA Bedford (Edith Nourse Rogers Memorial Veterans Hospital (ENRM)) is a component of the Psychology Service, which employs 41 psychologists along with a large number of associated staff. The Training Program offers three tracks of training in clinical psychology: postdoctoral training involving a full-time yearlong APA-accredited Clinical Psychology residency and a two-year APA-accredited Clinical Neuropsychology residency; a full-time yearlong APA-accredited doctoral internship; and a part-time (20-25 hour/week) practicum for 10 months. The training program has 18 postdoctoral residents, nine doctoral interns, and 16 practicum students for the 2021-2022 training year. Students from nursing, social work, psychiatry, neurology, and other disciplines also train at the medical center each year.
Psychologists are involved in a range of leadership positions around the hospital, many of whom are program directors within their respective areas. Staff areas of expertise are broad, with a particular emphasis on psychosocial rehabilitation, integrative psychotherapy, empirically supported treatments, and posttraumatic stress disorder (PTSD). Regarding the practice of psychosocial rehabilitation, a number of Psychology Service-run programs have received national awards for innovation. In addition, many staff are involved with research activities. A number of psychology service staff members are involved in research through the Psychology Service Mental Illness Research, Education, and Clinical Center (MIRECC). Psychology Service and the training program are academically affiliated with the Boston University School of Medicine, where a number of ENRM psychologists hold faculty appointments. Staff psychologists are also active in a range of outside teaching and research at surrounding universities.

The Psychology Service is fully committed to creating, maintaining, and advancing an environment of multicultural understanding and sensitivity. In 2005, the hospital was awarded first place in the Under Secretary for Health Diversity Awards Program. Psychology Service led this multi-focused effort to enhance hospital-wide competence with regard to diversity. Psychology Service devotes considerable training for both staff and students to deepen our collective understanding of the objectives, issues, and challenges inherent in pursuing a culture and an environment of mutual understanding and respect. The training program presents a number of seminars and dialogues for psychology students over the training year to best address these issues. During the first two weeks of the training year, all psychology students participate in four 3.5-hour workshops on diversity, incorporating discussions on contemporary research and theory as well as experiential activities. This initial immersion in multicultural training and dialogue with one’s peers establishes the foundation of multicultural competence as a key component and expectation of the training program. Following these initial workshops, four training psychologists participate in presenting a twice monthly seminar on diversity, particularly addressing issues of gender, power, and privilege. Content addressed in these larger venues are then able to be further processed within the context of individual supervision. Overall, the program continually strives to provide a personally inviting and professionally relevant environment whereby a range of important, challenging, and poignant issues can be openly explored and addressed, with the aim of increasing our collective awareness, understanding and informed actions.

The psychology training program operates within the context of a VA hospital that is committed to safeguarding and promoting individual rights. Towards these ends, the hospital has outlined and follows a broad range of written procedures, policies and guidelines that promote respect of individual rights as well as support staff and student diversity. Memos pertaining to a range of such policies can be found on the hospital’s intranet (https://dvagov.sharepoint.com/sites/VHABEDIntranet/SitePages/Home.aspx) which include, for example, policies and program information regarding the hospital’s Equal Employment Opportunity program, the process to pursue reasonable accommodation for individuals with a disability, guidelines for the prevention of sexual harassment, and alternative dispute resolution and grievance policies and procedures.

**Training During and Post-Pandemic**

When the COVID-19 pandemic began to unfold during the middle of the training year in March 2020, the program quickly adapted to a remote training and clinical model. We essentially maintained this structure for the start of the 20-21 training year, with a small re-introduction of on-site face-to-face clinical services in several inpatient and geriatric settings (as well as several assessment venues) in situations where the delivery of remote clinical services was not feasible. For much of the training year, the majority of clinical and training activities occurred remotely. However, with the success of vaccines (particularly in our state of Massachusetts) as well as the success in getting the vast majority of our Veterans vaccinated, we have been able to increase face-to-face clinical work during the spring/summer of 2021. Our expectation for the 2021-2022 training year is that clinical training will largely take place on-site. However, even with our staff and students largely on-site, we expect a significant proportion of our clinical work will involve remote
venues. That is, given the tremendous expansion of telehealth services for our Veteran population, a number of Veterans will continue to choose remote services, particularly remote mental health treatment, now that this has become a familiar option for much of our population.

The Psychology Service and the training program now have the experience and the resources to quickly adapt to any change in circumstances. Consequently, should COVID parameters change (due to elusive variants, rising infecting rate, etc.), the program would be able to effectively pivot to a remote training and clinical structure. Responding to the pandemic has necessitated the development and actualization of a viable remote training context, which the program can now draw upon, to whatever degree might be necessary, over the course of the upcoming training year.

**Training Model and Program Philosophy**

The educational philosophy of the Psychology Service training program is scholar-practitioner. Psychological scientific data, empirically derived clinical findings, and the theoretical underpinnings of human functioning are each integrated within all aspects of internship training. The program incorporates these psychology domains through supervision, didactic training, and the manner of clinical conceptualization and intervention methodology practiced. Throughout the training, interns are expected to apply empirical findings and clinical theory to their work and to critically evaluate the various clinical methodologies to which they are exposed. Similarly, interns are welcome to actively participate in research and to use such findings to inform their clinical activities.

Additionally, the program values:

- development of critical thinking and the ability to understand diverse theoretical perspectives
- flexibility and independence with regard to professional behaviors
- clinical sensitivity, empathy, and respect in all aspects of interpersonal interaction
- self-awareness and multicultural competency

The internship seeks to facilitate professional development in accord with these values and it recognizes that a training philosophy incorporating psychological science, applied research, and clinical theory forms the foundation for such development.

**Program Aims & Objectives**

The primary aim of the internship program is to prepare interns to function effectively across a range of postdoctoral and entry-level health service psychology settings, particularly in VA medical centers.

A secondary aim, while still maintaining this generalist training, is upon developing a particular knowledge/skill base associated with one particular clinical area, thereby providing preparation for subsequent professional activities and/or postdoctoral training in a particular area of interest. As will be discussed below, the intern is assigned (on the basis of the intern’s ranking of programs via the national computer match) to one of the six following primary rotations: neuropsychology, primary care behavioral health, psychosocial rehabilitation, geropsychology, outpatient psychotherapy, or addiction & recovery.

The specific competencies expected of the intern are listed in the below section, “Intern Evaluation and Expected Competencies”, which largely parallel the professional-wide competencies outlined in the 2017 APA Standards of Accreditation. In addition, the program has program-specific competencies associated with each primary rotation, which each particular intern is expected to meet. These competencies are listed as the “learning objectives” under the description for each primary rotation.
Over the course of the training year, the program strives to continually facilitate integration of the intern’s self-awareness and unique personhood with evidence-based professional practice. That is, the program aspires to provide a supportive yet challenging context for the intern to integrate clinical theory and empirical evidence within a continuous process of self-reflection, self-understanding and deepening self-awareness.

Throughout the training year, the intern is taught to understand the larger systems (e.g. hospital, VA, health care) in which service is provided and to anticipate and function effectively over time within changing environments. Additionally, the intern learns about the role of a psychologist across diverse professional contexts and learns how to function effectively as a member of an interprofessional team.

Each rotation has a set of target clinical/professional experiences and learning objectives. The target experiences provide the experiential foundation for the particular learning objectives to be achieved. That is, for each rotation, specific learning objectives are achieved through direct clinical experience, active involvement within various organizational and clinical contexts, supervision, and didactic-oriented training. For all interns, across all rotations, the demonstration of expected knowledge and skills over the course of the training year is assessed via an evaluation form covering the nine profession-wide competency areas noted above. Consequently, while rotation-specific learning objectives reflect the somewhat unique nature of knowledge and skills in a particular area (akin to the “surface structure”) of clinical practice, the program expects (and evaluates) the level of achievement of the broader profession-wide competencies across all rotations (“deep structure”). As noted above, the program also expects interns to achieve, as a program-specific competency, a level of specific knowledge and skill associated with their primary rotation (which is measured by a secondary evaluation form unique to each primary rotation).

Although the internship program is fairly rigorous, the program values flexibility in each intern’s training, thereby taking advantage of the particular interests of the intern as well as the wealth of opportunities available for training at VA Bedford HCS. Accordingly, each intern’s training experience is somewhat unique to that particular student, reflecting the varied options to address individualized interests, needs and learning objectives.

Each intern is assigned a preceptor at the beginning of the year. Preceptors are typically the primary supervisor on the intern’s specialty rotation. Preceptors, in addition to their clinical supervisory role, also attend to other areas of professional and personal functioning, such as professional interests and development, career preparation, overall goals and progress on the internship, and personal issues influencing professional work. Interns are afforded ample time at the beginning of the year to meet with their preceptor, as well as their other supervisors, to discuss the intern’s needs and interests. The preceptor continues to meet regularly with the intern to ensure that his or her training goals are being met.

**Program Structure**

Clinical training is flexible, having two required core rotations, Assessment & Acute Psychopathology and Psychotherapy, as well as one primary rotation. The primary rotation is chosen (via the national computer match) from one of the following six clinical areas: Neuropsychology, Geropsychology, Psychosocial Rehabilitation, Outpatient Treatment, Addiction & Recovery, and Primary Care Behavioral Health.

Additional training is also offered in clinical research. This optional training experience is flexible and usually involves between one and two hours of weekly activity, on average, depending upon the interns interests and availability as well as nature of the particular research project.

All three rotations (i.e., a primary rotation, the assessment & acute psychopathology rotation, and the psychotherapy rotation) run concurrently throughout the year. This training structure provides the intern an opportunity to deepen their understanding, skills and practice in each of these areas of professional activity and practice. On a weekly basis, the primary rotation usually consists of approximately sixteen
hours (20 hours for the neuropsychology primary rotation). The psychotherapy rotation consists of approximately twelve hours and the assessment rotation approximately eight hours.

Each rotation draws on the rich array of resources offered at the medical center and specialized staff to support professional training. Typically, multiple sites are combined to support a particular primary rotation, providing a diverse range of clinical situations, patients, and professional contexts in which the intern can develop confidence and proficiencies. Additionally, collegial interaction on an interprofessional team is a highly valued component of training. All clinical services, inpatient and outpatient, are built around the team treatment model, allowing psychology interns to work directly with staff and trainees from psychiatry, social work, nursing, and psychosocial rehabilitation on a regular basis.

SUPERVISION AND PRECEPTORSHIP

A minimum of 3.5 hours of formally scheduled individual supervision is provided for interns each week. Typically, additional supervisory sessions and supervisor contact, as needed, supplement this total. Interns also participate in a weekly group supervision session facilitated by two staff psychologists, focusing on the nature and dynamics of group psychotherapy. The Psychology Service staff provides this core of clinical supervision. Other clinical staff may also provide additional supervision or consultation for particular aspects of training.

As noted above, each intern is assigned a preceptor, who is typically a clinical supervisor on the primary rotation. In addition to clinical supervision, interns regularly meet with their preceptor over the course of the year to explore professional development issues. In addition, all other assigned supervisors may also periodically engage in precepting activities for the intern, thereby taking advantage of the varied professional backgrounds of each of the intern’s supervisors. See in Appendix (pages 51-53) for a list of preceptor responsibilities.

SEMINARS

The internship offers a number of didactic opportunities in which interns participate. All interns attend a series of special seminars presented early in the training year, which cover a range of topics such as evaluation of dangerousness to self and others, military culture, the psychosocial rehabilitation model, and assessment and treatment of PTSD.

As noted earlier, all psychology students participate in four 3.5-hour workshops on diversity, incorporating discussions on contemporary research and theory as well as experiential activities. Following this intensive training, interns along with practicum students attend a biweekly didactic diversity seminar, presented by various staff psychologists with particular expertise in multicultural issues pertinent to various areas of clinical practice (e.g., racial identity models and their application to psychotherapy; LGBT-affirmative psychotherapy; cultural self-assessment).

All interns also participate in a biweekly case presentation seminar in which they present on their clinical cases with consultative input and feedback from their peers along with one or more supervising psychologists from the training committee. This format allows students to practice providing clinically-relevant feedback and perspectives, paralleling the work of a supervisory psychologist, in a context of one’s internship peers.

Interns participate in a monthly ethics seminar facilitated by two psychologists (one with a background in law), addressing a range of issues relevant to work as a psychologist and within the VA. Interns also participate in a bimonthly conversation with training directorship for the internship program regarding professional development issues and programmatic/administrative issues. Lastly, four times over the course of the training year, interns participate in a professional development seminar facilitated by various
training committee psychologists on topics particularly relevant to the cohort (e.g., how to pursue a postdoctoral residency, preparing for licensure, etc.).

Special intensive clinical trainings in empirically supported treatments (EST) occur each year in the fall. Specifically, there are three-day trainings in CBT-I for insomnia, ACT for depression, Cognitive Processing Therapy for PTSD, Integrated Behavioral Couples Therapy, CBT for substance use, DBT, and CBT for psychosis. Following these intensive trainings, there are weekly consultation groups facilitated by staff with expertise in these evidence-based practices for all students who have taken the training. Interns typically choose one of these modalities in which to participate for the training year.

In addition to EST training and ongoing weekly group supervision, there is an optional yearlong training focusing on mindfulness. This training incorporates experiential learning and practice, along with theoretical presentations and discussions on clinical application.

Hospital-wide psychiatry grand rounds, typically on a bi-weekly basis, as well as weekly geriatrics and extended care grand rounds, occur over the course of the year. Grand round presentations feature a range of well-known professionals from the greater Boston area.

INTERN EVALUATION AND EXPECTED COMPETENCIES

At the start of the training year, all interns and their supervisors review the intern’s current competencies as well as interests and goals for the training year. Regarding the former, a Graduated Levels of Responsibility form (GLoR) is completed with all assigned clinical supervisor for each intern. In the process, the intern’s expected clinical activities are reviewed, and the intern is assigned a level of responsibility commensurate with their level of competency. This determination of the intern’s level of competency is made in light of the intern’s particular training level (e.g., doctoral internship) and present skill set. If the clinical activity in question comprises a new clinical context for the intern, a higher level of supervisory oversight may be selected. As necessary, the GLoR may be adjusted over the course of the year and appropriately updated. The GLoR form and completion instructions are contained in the Appendix (on pages 53-56).

At the beginning of the year, all clinical supervisors are given the intern’s summary of their learning objectives (which was completed over the summer) to review with their supervisee. This provides a context to begin to dialogue about the intern’s past training, current growth edges and particular clinical and professional interests at the start of the supervisory process. Interns and their supervisors are encouraged to periodically review these interests and growth edges as the year unfolds. The intern learning objective form is in the Appendix (page 50).

Individual supervisors (in addition to the intern’s preceptor) continually evaluate the intern’s progress toward the learning objectives. Routine monitoring of the intern’s progress toward completing the target clinical and professional experiences determined to be necessary to achieve the objectives enhances the evaluation process. In addition, supervisors are also attuned to the interests and experiences of each of their interns. Towards this end, twice per year (in December and in June), each intern’s supervisory team meet with the intern to discuss the intern’s overall experience in the program. Consequently, all supervisors from each of the three rotations participate in this meeting. Within the meeting, supervisors share their observations of the intern’s work and professional functioning to date and discuss how best to help the intern achieve their training goals. This meeting also allows for an opportunity to hear from the intern regarding their experience to date and whether their goals and aspirations for the internship are being met.

In relatively infrequent instances where the intern’s work and/or professional functioning in some regard is perceived to be problematic or potentially so, the meeting will focus on how best to structure the intern’s training to best address and resolve those issues. In those infrequent instances where there is some particularly salient issue, the intern will typically be given an opportunity to discuss this beforehand with
the relevant supervisor(s) and their preceptor. A primary goal of the meeting is for the training committee members associated with each intern’s training to develop a good initial understanding of the student and for the intern to have an opportunity to articulate their training experience to date and particular interests and goals. Generally, interns experience this meeting as a validation of their professional functioning and skills and appreciate having their supervisors meet as a group in order to foster an optimal internship training experience for them.

Formal evaluation of each intern’s performance occurs three times over the training year: at four months, eight months, and at the completion of training (there is also an evaluation at six months for 6-month sub-rotations in the addiction primary rotation and for those interns on the psychotherapy rotation switching supervisors at the mid-year mark). For these evaluation periods, each intern’s supervisor completes a comprehensive trainee competency rating form (see Appendix pages 57-63), which is derived from the 2017 APA Standards of Accreditation nine profession-wide competency areas. The same form is used for each of the three evaluation periods, and the form is used by training program supervisors for rating both intern and postdoctoral resident performance. As noted above, the items on the comprehensive evaluation form encompass the more rotation-specific learning objectives associated with each of the rotations. Additionally, the secondary aim of the program is to develop knowledge and skill related to the particular focus area associated with one of the six primary rotations. Consequently, an additional shorter evaluation form encompassing each primary rotation’s set of learning objectives is included in the evaluation process for each intern’s respective primary rotation (see Appendix pages 64-75).

Ratings representing satisfactory and acceptable performance prior to the completion of the internship (i.e., at the four- and eight-month marks) and at the end of the year are included within the comprehensive evaluation form. Similar criteria are used with regard to the secondary primary rotation evaluation forms.

**Expected Competencies in each of nine areas:**

**Research**
- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including VA Bedford), regional, or national level.
- Routinely utilizes the scientific literature in the conceptualization, planning and delivery of clinical services.

**Ethical and Legal Standards (is knowledgeable of and acts in accordance with each of the following)**
- The current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
- Relevant professional standards and guidelines.
- Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.

**Individual and Cultural Diversity**
- Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interactions with people different from oneself.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in professional activities including research, training, supervision/consultation, and service.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during training.
Professional Values, Attitudes, and Behaviors

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrate openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with more independence as they progress across levels of training.

Communication and Interpersonal Skills

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Assessment

- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and diagnostic process
- Selects and applies assessment methods (including interview approaches) that draw from the best available empirical literature and are appropriate to the referral question
- Interprets assessment results, following current research and professional standards and guidelines inform case conceptualization, classification, and recommendations, while guarding against decision making biases, distinguishing the aspects of the assessment that are subjective from those that are objective
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Intervention

- Establishes and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
- Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing outcome evaluation.

Consultation and Interprofessional Skills

- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Supervision

- Demonstrates knowledge of supervision models and practices.
- Applies this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

PROGRAM RECORDS

The program permanently retains all records for each of the interns who has entered the program, such records necessarily include the intern’s application file and a program file. The program file contains all evaluations of the intern as well as all intern-completed evaluation forms (regarding various aspects of the program and one’s supervisors) from each evaluation period (i.e., 4-, 8-, 6-, and 12-month). When relevant, the program file will also contain any remediation-related documentation (such as a remedial plan and subsequent updates documenting intern progress toward expected outcomes).

Whenever a former intern may need the program to verify or document their internship training experience, the program will do so. Contacting the current Director of Training or the Psychology Service is all that is needed to facilitate this request.

TRAINING EXPERIENCES

THE CORE ROTATIONS

PSYCHOTHERAPY

The full-year psychotherapy rotation takes place within the interprofessional Mental Health Clinic (MHC). Six interprofessional teams comprise the MHC, affording interns (along with psychology practicum students and postdoctoral residents) collaborative contact with clinicians from psychology, nursing, psychiatry, and social work. Three lead psychologists are administratively engaged in various aspects of the clinic, particularly psychology student work. All psychology interns, and most psychology practicum students and postdoctoral residents, train within the clinic, and a range of clinical supervisors support student work. Within this setting, interns are afforded an opportunity to engage a variety of Veterans in recovery-oriented, episodic, and goal-oriented individual and group psychotherapy. A range of psychological issues and severity are represented, including PTSD (combat and non-combat related), anxiety disorders, mood disorders, couples/family issues, and disorders of addiction.

Interns typically engage an average of four hours per week of psychotherapy, and carry a caseload of approximately four to six Veterans. All psychotherapy sessions within the clinic are video-recorded, and these recordings are utilized within the supervision process as a means of enhancing the learning process for the intern.

The MHC operates from an integrative psychotherapeutic orientation. In addition, a focus on strengths and recovery from a psychosocial rehabilitation perspective is embodied in the overall approach of the clinic. Within this larger integrative orientation, an appreciation of and training in specific evidence-based practices is a key component of training and practice within the program.

In collaboration with one’s supervisors, interns are encouraged to conceptualize clinical cases broadly and from more than one perspective, and they are similarly encouraged to implement interventions thoughtfully from relevant therapeutic schools to best meet the presented clinical needs of a Veteran. Supervisors represent a range of theoretical and clinical expertise, including cognitive-behavioral,
cognitive processing, psychodynamic, humanistic, positive psychology, experiential, and transpersonal/integral orientations.

In addition to individual psychotherapy, group psychotherapy is an important part of the provision of psychological services. Therapy groups include short-term skill-development groups and longer-term interpersonal process groups. Skill-building groups involve a broad range of content areas as well as various PTSD-focused groups. In addition, a range of other specialty groups, tailored to a particular issue or disorder, are also offered within the clinic. Interns are given the opportunity to join existing groups or even start new psychotherapy groups based on their clinical interests. Weekly group supervision is provided for the interns regarding their group psychotherapy work.

Lastly, a number of staff members have particular expertise in the treatment of PTSD, providing additional opportunities to learn about trauma-related theory and practice. Specifically, the outpatient psychology staff program offer a series of skill development therapy groups that interns have an opportunity to co-lead. Additionally, a number of supervisors are trained in one or more evidence-based protocols (including Cognitive Processing Therapy [CPT] for PTSD, CBT for Insomnia [CBT-I], CBT for Substance Use Disorders [CBT-SUD], ACT for Depression [ACT-D], and Integrative Behavioral Couple Therapy [IBCT]), with both formal training and ongoing supervision available in these modalities.

Learning Objectives

1. formulate sound case conceptualizations that incorporate various theoretical perspectives and research knowledge
2. identify and collaboratively develop treatment goals with the client
3. accurately assess, and modify as necessary, the progress of the therapy
4. effectively implement skills with regard to one or more psychotherapeutic approaches, such as cognitive-behavioral, psychodynamic, and experiential orientations
5. Receive training and weekly supervision in at least one evidence-based practice protocol
6. be aware of and effectively incorporate one’s experience and emotional reactions pertinent to the therapy
7. facilitate effective skill-building time-limited and/or process-oriented psychotherapeutic groups
8. provide multiculturally competent treatment conceptualization and service provision

Target Clinical Experiences

1. four hours per week of individual psychotherapy throughout the training year
2. co-lead one or more short-term specialty groups and/or a process-oriented group
3. Participate in a weekly two-hour interprofessional team meeting within the MHC
ACUTE PSYCHOPATHOLOGY AND ASSESSMENT OPTIONS

This full-year rotation consists of three four-month trainings, affording the intern a range of evaluation, assessment and intervention activities for various Veteran populations. Interns have the opportunity to rank order their preferences across five possible sub-rotations, thereby maximizing assignment to particular interest areas or desired growth edges.

Acute Inpatient Unit

All interns will spend one full day per week involved in the evaluation and treatment of acute psychopathology through participation on the Acute Inpatient Unit (78G). This is a 12 bed, locked, unit designed for evaluation, crisis intervention, and disposition as well as the management of inpatient Veterans with acute symptoms who are unable to be managed in a less restrictive environment. The Veteran population on this unit is mixed, including Veterans with major psychiatric disorders, substance abuse, dual diagnosis, PTSD, severe personality disorders and dementia. The focus on this sub-rotation is primarily on clinical intervention with an acute population. Assessment does occur within this environment, however, this primarily involves ongoing clinical evaluation of risk of harm (to self or others), diagnostic features, fluctuations in mood and ideation, and indicators of stabilization vs. decompensation for the individual Veterans the unit serves. The necessity of such ongoing evaluation and assessment is essentially built into the nature of the various activities the intern will engage. Ample supervision and oversight by the supervising psychologist on the unit will help to integrate clinical observations and impressions into a working clinical conceptualization and treatment planning strategy for both individual and group work. On the unit, the intern will engage in a variety of clinical activities. The intern will attend the unit interdisciplinary team meeting. Interns may also be involved in evaluating and developing safety plans with the Veterans and updating treatment plans. They also may observe unit admission and discharge evaluations. The intern will be involved in various treatment activities on the unit, including two psychotherapy groups. The intern will have the opportunity to design and develop one of the two groups.

Learning Objectives

1. Assess probable risk pertaining to violence and suicidality
2. Learn to design a therapy group for an acute unit.
3. Effectively communicate symptom observations to the team
4. Develop confidence and skill in co-leading/leading inpatient group psychotherapy and other therapeutic group interventions
5. Develop skills regarding formal safety planning with the Veterans prior to discharge.

Target Clinical Experiences

1. 3 to 5 focal psychotherapy sessions to address safety planning on the inpatient unit
2. Weekly group psychotherapy and occasionally other therapeutic group activities on the inpatient unit

Capacity Assessment

Interns will have the opportunity to assess medical and financial decision-making capacity. These evaluations may take place on any of the 12 inpatient units at the hospital. The majority of Veterans who are referred for a capacity evaluation are elderly with some degree of cognitive impairment, but not always. Providers across a variety of settings at the hospital can request input from Psychology service to assist in determining whether a Veteran’s cognitive or psychiatric issues are negatively impacting ability to understand their health conditions and the choices that may be impacted by such. During this rotation, interns will learn how to conduct a thorough clinical interview that is tailored to assess questions of capacity, as well as how to select appropriate measures to supplement the evaluation. They will
furthermore be involved in communicating with referring providers, both to gather additional information and to convey results. This rotation will consist of conducting capacity evaluations, writing reports, and attending and presenting at a monthly capacity seminar.

**Learning Objectives**

1. Formulate clear clinical conceptualizations to address referral questions.
2. Conduct record reviews relevant and targeted to specific referral questions.
3. Develop skill in conducting a thorough and thoughtful capacity-focused clinical interview and in administering relevant assessment instruments.
4. Effectively communicate with relevant interdisciplinary clinicians.
5. Synthesize multiple pieces of information to offer opinions regarding decision-making capacity.
6. Integrate evaluation/assessment data into a concise, well-written report.

**Target Clinical Experiences**

1. 6-8 capacity assessments with accompanying reports.
2. One case presentation at the monthly capacity assessment seminar (in addition to monthly attendance of the capacity assessment seminar).

**The Star Assessment Rotation**

In this rotation, interns will have an opportunity to integrate into an interdisciplinary team in our Community Living Center (CLC). VA Bedford Healthcare System’s CLC is the largest VA CLC in the nation, and our goal is to provide top of the line assessment and care including evidence-based practices (EBP) to this population. The CLC units at Bedford are spread across buildings 4 and 62, and consist of Units 4A-4D, 62B (GPU), 62A, 62C, and 62D. Interns will provide assessment and treatment to an older-adult population across stages of dementia both with and without behavioral disturbance. This will include functional and behavioral assessments, EBPs, safety evaluations, family psychoeducation, support, and interventions, attendance at Behavioral Rounds, team meetings, and leading and/or developing groups in the CLC.

A central element of this rotation is the training and implementation of Staff Training in Assisted Living Residences (STAR-VA). STAR-VA is an EBP for the assessment and treatment of challenging dementia-related behaviors that utilizes an interdisciplinary, nonpharmacological, behavioral approach. Interns conducting a STAR-VA will perform an in-depth assessment utilizing skills such as behavioral observation, brief cognitive, functional, and mood assessments, structured interviews with staff, thorough chart reviews, and biopsychosocial interviews with Veterans and their family members. From this, the intern will generate a comprehensive STAR-VA report containing recommendations for staff, which they will have the opportunity to present to the team and monitor progress and changes in the Veteran over time.

**Learning Objectives**

1. Develop proficiency in assessment and treatment of behavioral symptoms of dementia using EBPs including STAR-VA
   a. Observe/shadow STAR-VA
   b. Independently conduct STAR-VA assessment
      i. Behavioral observation
      ii. Interdisciplinary interviews and consultation
      iii. Family interviews
   c. Developing STAR-VA behavioral intervention plan, reports, and recommendations
   d. Actively engage in STAR-VA implementation.
      i. Present STAR recommendations to interdisciplinary team and monitor progress
2. Develop comprehensive biopsychosocial reports for Veterans with dementia diagnoses through conducting thorough medical record reviews and collateral interviews
3. Leading and/or developing weekly EBP-informed therapeutic groups
4. Integrate and contribute as a member of an interdisciplinary team
5. Provide psychoeducation, support, and/or treatment to Veteran’s family
6. Conduct safety assessments and develop comprehensive safety plans as the need arises
7. Participate in behavioral rounds and provide consultation and recommendations

Target Clinical Experiences

1. Participate in/conduct 3-5 STAR-VAs (this total number will be dependent on the number of STAR-VA consults entered during the time period which the intern is on the rotation)
2. Conduct 1-2 safety assessments with safety plan(s) (this total number will be dependent on the number of consults entered during the time period which the intern is on the rotation)
3. Lead 1-2 weekly evidence informed therapeutic groups
4. Participate in weekly team meeting and behavioral rounds

COMPENSATION & PENSION EXAMINATIONS

During the Compensation & Pension (C&P) four-month rotation, the intern will participate in a graduated training experience involving all steps of a C&P examination. Mental health C&P exams (PTSD, Mental Disorders, or Eating Disorders) are requested when an active duty service-member or Veteran has submitted a claim for a service-connected mental disorder to the Veterans Benefits Administration (VBA) and a Regional Office of the VBA has gathered sufficient information to warrant an exam. A psychiatrist or psychologist (or mental health trainees under close supervision) conducts a comprehensive assessment to evaluate (a) the presence of mental disorders, (b) whether any disorder present is a result of the Veteran’s military service, and (c) the extent of occupational and social disability caused by the Veteran’s mental health symptomatology. This process entails a careful chart review, clinical interview, symptom assessment, and completion of the appropriate Disability Benefits Questionnaire (DBQ). The intern devotes up to 8 hours per week to C&P exams with a progression in independence tailored to the intern’s developmental level. A typical training sequence would involve reviewing records and observing Dr.’s Greene, Larson and Richards complete exams, followed by increasing levels of participation in the interview and writing up portions of the report. Training may culminate with an intern completing all portions of an exam with their supervisor only present briefly to meet the Veteran. In addition to the two hours scheduled for each exam, the intern is expected to complete adequate chart review prior to the exam, coordinate with their supervisor in writing the designated sections of the report within 24 hours, and attend at least 30 minutes of supervision time per week.

Learning Objectives

1. efficiently review clinical records relevant to evaluating psychiatric disability
2. be prepared to quickly build rapport, explain the C&P exam process, and answer any questions posed by the Veteran or family members who accompany the Veteran
3. gather a thorough clinical history spanning pre-military, military, and post-military experiences (social/marital/family, occupational/educational, mental health, legal/behavioral, substance abuse)
4. accurately diagnosis according to DSM-5 criteria any mental disorders present for a Veteran and whether any of the conditions are a result of military service; provide medical opinions where appropriate
5. ability to accurately administer and score CAPS-5
6. evaluate the level of occupational and social impairment resulting from mental disorders
7. properly document information and conclusions in a C&P report
8. gain a working knowledge of the typical presentation of trauma-related issues in a military context.

**Target Clinical Experiences**

1. Observe / shadow 2 C&P Exams (PTSD Initial or Review and one Mental Disorder). This may be a good opportunity for interns to gain experience observing a PTSD Initial Exam.
2. Co-lead 4 C&P Exams (PTSD Review and Mental Disorder) and complete appropriate DBQ.
3. Independently administer 2 C&P Exams (PTSD Review and Mental Disorder) and complete appropriate DBQ. Less assistance should be needed in completing the DBQ by this stage.
4. Administer the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) for most, if not all, PTSD exams co-lead or independently administered.
   a. Follow CAPS-5 instructions for administration and scoring.
5. Review all charts before observing, co-leading or independently administering C&P exams.

**PTSD ASSESSMENT**

In this rotation, interns will have an in-depth opportunity to learn about assessment of PTSD for purposes of treatment planning. This training offers a unique experience in conceptualizing treatment based on a thorough understanding of the individual’s experience based on a comprehensive PTSD assessment. During this rotation, interns will learn to administer and interpret the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), the gold standard in PTSD assessment. In learning the CAPS-5, the intern will focus on differential diagnosis between PTSD and other presenting mental health diagnoses. Additionally, the intern will learn how to best understand the various features inherent in a PTSD diagnosis. Particular attention will be paid to the role of moral injury in a Veteran’s traumatic experiences and how treatment might best address such dynamics. The intern will also consider how secondary-gain factors may impact assessment of PTSD, particularly in VA settings. The intern will also explore the ways in which cultural factors impact presentation and assessment of PTSD. At the start of the rotation, interns will first likely engage in one or more mock assessment evaluations, with the supervisor serving as the Veteran client. A report will be written for each mock assessment. After this initial learning, the intern will field referrals from across hospital settings, particularly from the outpatient mental health clinic.

**Learning Objectives**

1) Describe current and full diagnostic criteria for PTSD according to DSM-5.
2) Describe purpose, benefits, and key features of CAPS-5.
3) Conduct a concise and thorough CAPS-5 interview.
4) Identify techniques for addressing discrepancies and response bias in respondent answers during CAPS-5 interview.
5) Recognize potential co-occurring conditions that may accompany or share PTSD symptoms.
6) Apply the CAPS-5 scoring criteria appropriately.
7) Describe how the concept of moral injury relates to PTSD.
8) Describe cultural factors influencing the presentation and experience of PTSD.

**Target Clinical Experiences**

1) Online and interactive trainings
2) Readings relevant to the phenomena of PTSD, particularly those related to diagnosis and treatment
3) 4-6 PTSD assessments with accompanying reports (which included one or more mock assessments and reports)
THE PRIMARY ROTATIONS

NEUROPSYCHOLOGY

The Neuropsychology program receives consults from the entire VA Medical Center, including primary care, psychiatry, and neurology. Consults are received on both outpatient and inpatient bases. Veterans are referred for evaluations of cognitive functioning and cognitive rehabilitation services. Common evaluation referral questions include differential diagnosis of neurodegenerative disorders, assessment of cognitive symptoms following head injury, identification of cognitive disturbance due to psychiatric illness and/or substance abuse, and detection of attention deficit disorder and learning disabilities. Assessment of capacity for medical/financial decision making and disposition planning are also common referral questions from our inpatient units. Cognitive rehabilitation services include group and individual rehabilitation and short-term family and couples counseling around adjustment to disease/disability/caregiving when needed. The Neuropsychology program also works closely with the Geriatric Research, Education, and Clinical Center to provide comprehensive services to individuals suffering from dementia, primarily Alzheimer's disease.

The neuropsychology training program provides interns with intensive experience in neuropsychological evaluation with a wide variety of Veteran populations across the age spectrum. Training in neuropsychology focuses on brain-behavior relationships and represents a combination of clinical psychology and behavioral neurology. Emphasis is placed on the integration of multiple data sources (e.g., testing, interview, behavioral observations, report of family, medical records, neuroimaging studies) in order to reach a diagnostic impression and provide practical treatment recommendations. While the majority of cases are seen on an outpatient basis, students also routinely complete inpatient evaluations while rotating through the Inpatient rotation in order to gain experience with psychiatric and geriatric inpatient populations. Interns see one general outpatient case per week and one Clinic case per week, alternating between the Memory Diagnostic Clinic (a multidisciplinary team clinic focused on evaluation of memory concerns in older Veterans), Polytrauma/TBI Acquired Brain Injury Clinic (providing evaluations for patients across the spectrum of traumatic brain injury and stroke screening evaluations to Veterans returning from the recent wars), and Inpatient Clinic (with inpatient assessment and treatment experiences on the Geriatric Psychiatry Unit as well as neuropsychological and capacity evaluations conducted within psychiatric, subacute medical rehabilitation, nursing home, and hospice units (focused on inpatient geriatric evaluations). Interns will also see one case through the Teleneuropsychology Clinic per month, (providing neuropsychological evaluation to Veterans in New Hampshire VA Clinics via video technology). and General Inpatient rotation (neuropsychological and capacity evaluations conducted within short-term psychiatric, long-term psychiatric, long-term nursing home care, and hospice units).

Interns are also trained in individual and group cognitive rehabilitation techniques. Interns are taught how to provide supportive counseling and/or psychoeducation to Veterans and their loved ones in order to maximize Veteran functioning in the face of cognitive difficulties. The intern will have the opportunity to conduct both individual and group psychotherapy as well through their year-long psychotherapy rotation within the Mental Health Clinic.

In addition to the general seminar series for all interns, neuropsychology interns attend a weekly neuropsychology lecture series, a weekly case challenge/case presentation series modeled after the American Board of Professional Psychology oral exam to assist all neuropsychology students to prepare for this next step in their career, and a monthly decision-making capacity seminar. Interns also attend weekly brain cuttings, when offered on the Bedford campus. Other didactic opportunities are available off-campus with affiliated sites.

Although not a requirement of the rotation, the neuropsychology intern has the opportunity to become involved in cutting-edge research on aging and Alzheimer's disease. The interested intern would have the opportunity to be involved in a specific project which can be completed within the training year, as defined by their availability and interests.
Greater than 50% of the intern’s time is spent in neuropsychology-related activities, which meets the recommendations of the 1997 Houston Conference on Training in Neuropsychology.

**Learning Objectives**

1. administer and score a variety of neuropsychological instruments
2. interpret results of neuropsychological instruments both quantitatively and qualitatively as the findings relate to cognitive functioning
3. select appropriate instruments for evaluations of various diagnostic issues and referral questions, particularly those referral questions which pertain to treatment planning, return to home and work, and competency
4. translate evaluation results into overall patterns of cognitive functioning
5. accurately identify patterns of cognitive functioning associated with various diagnoses, such as Alzheimer’s disease and other dementias, ADHD, and psychiatric disorders
6. gather a history from the patient and family that is sufficient to aide in diagnosis and recommendations
7. identify aspects of the history most important to differential diagnosis
8. write concise, organized, understandable neuropsychological reports
9. provide specific, individualized recommendations that address the whole health of Veterans and may be used for treatment-planning, connection with needed services, developing compensatory strategies, or addressing lifestyle factors to optimize cognitive health
10. deliver feedback on test results/diagnosis to patients and family members in a clear, easily understandable, and collaborative manner
11. obtain an understanding of the clinical care common to various neurological disorders, such as Alzheimer’s disease and other dementias, ADHD, and psychiatric disorders, including common pharmacological treatment, surgical treatment, health management, psychosocial intervention, and family care
12. understand the fundamentals of cognitive rehabilitation as they apply to neuropsychological recommendations and patient treatment

**Target Clinical Experiences**

1. a minimum of 30 neuropsychological reports
2. lead clinician for a minimum of 20 face-to-face feedback sessions
3. lead interviewer for a minimum of 20 initial interviews
4. a minimum of one time-limited cognitive rehabilitation treatment (group or individual)
5. participation in Neuropsychological Assessment courses offered at Boston VAMC
6. weekly participation in Neuropsychology Seminar
7. minimum of 3 case presentations to the neuropsychology training group
Psychosocial Rehabilitation

The Mental Health field is in the midst of a shift in the paradigm that will govern our work. The increased advocacy of people receiving services from the Mental Health System and current research requires us to consider issues of power and choice and how these concepts interact with our belief that we as psychologists have an expertise that is valuable to the Veterans who come to us for help. Our hope is that, as we engage with the Veterans in a collaborative recovery-oriented process, the Veterans will discover an increased sense of independence and empowerment, and that by building their skills they will find themselves achieving the highest possible level of community-based functioning. We understand that this orientation requires us to address our own, society’s and the Veteran’s own stigmatizing attitudes towards people who have been diagnosed with mental illness, and that we are constantly moving toward having the Veterans integrally involved in the design of their treatment and of the program itself. These issues form the background for student involvement in the Psychosocial Rehabilitation Rotation.

Many of the Veterans at this facility experience personal and environmental difficulties in achieving their goals (housing, employment, financial stability, satisfying interactions with their families and other people, a sense of personal accomplishment, symptom reduction, etc.). In situations where these difficulties overwhelm their many strengths, they may seek help. At those times they may be able to benefit from the availability of an integrated continuum of services to work with them to reach their best level of functioning. As a nationally recognized center for Psychosocial Rehabilitation, the ENRM VAMC is uniquely equipped to provide an opportunity for staff to cooperate with the Veterans in promoting their welfare across many levels of functioning.

Psychologists can provide a unique viewpoint to this developing clinical area. This is a time to develop new methods of effective treatment that are supported by appropriate research. In the midst of change, psychologists, because of their orientation and training, are able to bring a unique perspective to issues of systemic change and an ability to accurately evaluate and develop innovative approaches to working with people struggling with the challenges presented by serious mental illness.

The Psychosocial Rehabilitation rotation offers a range of experiences that allow the intern to engage in a variety of clinical activities including time-limited psychotherapy. The intern will follow Veterans through various phases of the rehabilitation process, including the initial processes of discovering and developing the Veteran’s personal goals through the application of a number of therapeutic techniques that allow for the achievement of those goals. While the medical center has a number of rehabilitation-oriented programs (including a community-based transitional residence program and peer support services, among other rehabilitation-oriented services within the hospital), the intern is typically based in the Domiciliary for homeless Veterans and the Compensated Work Therapy program as the primary components of their programming.

The Domiciliary Care for Homeless Veterans (DCHV) is a 100-day mental health residential rehabilitation treatment program (MH RRTP) designed specifically to provide Veterans who are homeless with the tools necessary for successful community reintegration. The Domiciliary is a therapeutic community setting in which Veterans partner with staff in their treatment through such methods as individual psychotherapy, psychoeducational and process-oriented groups, case management (i.e., housing, benefits, employment), and medical support as they relate to self-identified goals. Indeed, the Domiciliary employs a holistic approach toward the treatment of resident Veterans who may present with multiple risk-factors and require a full range of rehabilitative services (i.e., psychological, vocational, spiritual, and physical) which includes participation in the Compensated Work Therapy (CWT) program.

Treatment within the 100-day stay in the Domiciliary represents a unique opportunity for Veterans to engage in time-limited psychotherapy. In addition to providing this service, interns partner with assigned Veterans to develop recovery/treatment plan to guide the Veterans Domiciliary care. Interns are also part of the interdisciplinary team and learn to function in the capacity of a consultant to the team. The intern also has opportunities to co-lead groups (CBT for Substance Use, DBT, anger management, etc.) with an experienced psychologist on the Domiciliary and eventually facilitate groups on his or her own. An intern may also have opportunities for program development.
The Compensated Work Therapy program provides vocational services to Veterans whose employment and educational goals have been impacted by mental and physical health conditions as well as homelessness. The intern may choose among the following CWT services: (a) vocational counseling including managing the impact of mental health conditions such as PTSD, depression, and anxiety in work settings, (b) community-based employment services including direct hands on mentoring for job search and job maintenance skills, or (c) educational counseling including identifying and making progress on educational goals, managing symptoms of TBI, ADHD, PTSD in educational settings, and making the transition from the military environment to the education environment for returning Veterans.

**Learning Objectives**

1. effectively conduct individual and group psychotherapy targeted at rehabilitation including modular approaches (e.g. Anthony psychiatric rehabilitation technologies)
2. facilitate Veteran integration into the community (e.g., employment, education, social activities, etc.)
3. accurately assess readiness for change
4. effectively assist Veterans to develop rehabilitation readiness
5. collaboratively work with the Veterans to set an overall rehabilitation goal and recovery care plan
6. general understanding and intervention skills with regard to the treatment of substance abuse
7. evaluate history, conflicts, ego strength and skill deficits to identify Veterans for time-limited therapy
8. appropriately select among cognitive-behavioral, interpersonal, and dynamic treatments to utilize within time-limited psychotherapy
9. deal effectively with disruptions to the therapeutic alliance
10. understand institutional dependency and how to help Veterans overcome psychological barriers to living in less restrictive environments
11. understand how intellectual, cognitive and personality factors interact with other areas of functioning
12. understand how hospital and community resources impact rehabilitation and how to help Veterans access resources

**Target Clinical Experiences**

1. two to three individual therapy cases per week with a diverse group of Veterans within the Domiciliary
2. three to four vocational counseling/rehabilitation cases per week with Veterans from the CWT program
3. lead/co-lead one or more Domiciliary groups per week
4. regular participation in team treatment planning meetings
5. learn to design psychosocial rehabilitation interventions that assist in program development.
ADDICTION & RECOVERY

The primary rotation in addiction and recovery consists of four core training experiences: (1) the Domiciliary Care for Homeless Veterans (DCHV)/Veteran’s Mental Health and Addictions Program (VMHAP), (2) the Behavioral Addictions Clinic (BAC), (3) VA Bedford Tobacco Cessation Program (TCP), and the (4) Opioid Reassessment Clinic (ORC). The intern will be situated in two of the four programs for the first half of the year, and then switch to the remaining two for the last half of the year. Over the course of each 6-month training cycle, the intern will dedicate 8 hours per week to each of the two programs. This will provide the intern breadth of exposure to a range of addictions common among Veterans as well as gaining a depth of experience in delivering clinical services to Veterans with addictions in different stages of recovery.

In addition, the addictions primary rotation provides an opportunity to engage in research. Several of the faculty involved in the addictions primary rotation are members of the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC). The mission of the VISN 1 New England MIRECC is to develop innovative treatments and clinical programs for Veterans with co-occurring addictions and mental health disorders. The addictions intern will be able to participate in research and program development activities related to addictions, including opportunities to participate in ongoing clinical trials, prepare and deliver conference presentations, and engage in scientific writing.

Overall, the addictions primary rotation provides a unique learning opportunity for interns to understand the intersection of addictions and co-occurring mental health disorders, with other psychological and social stressors through these four core experiences. There is an emphasis on conducting comprehensive assessments to inform case conceptualization and understanding the key evidence-based therapeutic approaches within the field of addiction treatment, particularly those involving motivational enhancement, cognitive-behavioral therapy, acceptance- and mindfulness-based interventions, and recovery-oriented approaches. The intern will get both a breadth and depth of training experiences in addictions that will include developing and refining skills in assessment, intervention, and program development to prepare the intern for competitive positions in addictions-related fields.

DCHV/VMHAP Sub-Rotation

The Addictions Intern training experience in the Domiciliary Care for Homeless Veterans (DCHV) program is designed to expose the trainee to providing a range of rehabilitation-oriented services to Veterans with a variety of presenting issues with a focus on substance use disorders as a primary focus of treatment. The DCHV is a 100-day residential treatment program for Veterans who are at high risk for becoming or are currently homeless. Treatment is provided by a multidisciplinary team including psychologists, psychiatrists, nurses, social workers, peer support specialists, rehabilitation technicians, and occupational therapists. The intern will have the opportunity to interact regularly with the multidisciplinary team toward the treatment of these Veterans while carrying a caseload of several individual clients and co-leading/leading psychoeducational groups. Example groups include the trauma-informed Safety Emotion Loss (SELF), Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) and Acceptance and Commitment Therapy (ACT) for addictions groups. As part of the individual therapy process, interns partner with assigned Veterans to develop recovery/treatment plan to guide the Veterans Domiciliary care and utilize measurement-based care to track treatment process and outcomes.

The Veteran’s Mental Health and Addiction Program (VMHAP) is comprised of the Intensive Day Treatment Program (IDTP) and Aftercare. IDTP serves Veterans for simple detox care and provides intensive rehabilitation, 30-35 hours of treatment per week. Length of stay varies according to Veteran’s needs but is typically 2 weeks in length. Each Veteran is assigned an interdisciplinary team which coordinates and individualizes overall treatment and discharge planning. Aftercare is an outpatient program that serves Veterans to support ongoing recovery goals and maintain the treatment gains made from more intensive settings, often after the completion of IDTP. The Addictions Intern will have the opportunity to conduct program intake assessments, BAM-R and MET assessments, and lead/co-lead psychoeducational groups on various topics including Stages of Change, Medical Consequences of Tobacco Use and Cessation, and Managing Triggers and Urges, to name a few. There are also
opportunities to gain supervised training in empirically supported treatments including Seeking Safety, Motivational Enhancement Therapy, and Cognitive Behavioral Therapy for Substance Use Disorders.

Behavioral Addictions Clinic (BAC) Sub-Rotation

Behavioral addiction is a form of addiction that involves a compulsion to engage in a rewarding non-drug-related behavior despite negative consequences to the person’s physical, mental, social, or financial well-being. Types of behavioral addictions addressed in the BAC include gambling, compulsive sexual behavior (e.g., frequent sexual partners, problematic use of pornography), binge eating disorder, excessive internet use, (e.g., online shopping, playing video games), and compulsive buying. Rates of gambling disorder and compulsive sexual behavior (i.e., dysregulated sexual behaviors, e.g., excessive use of pornography, frequent casual sexual partners) are higher among Veterans than non-Veterans. There is growing demand for behavioral addiction treatment services within VHA, particularly among returning combat Veterans. The BAC provides cutting-edge training to interns on the assessment and treatment of behavioral addictions which commonly co-occur with conditions such as PTSD, sexual trauma, substance use, and anxiety among Veterans. The BAC operates on a short-term treatment model where the focus of the individual and group treatment services is on assisting Veterans to obtain mastery over the problematic behaviors for which they have been referred. After successful completion of the BAC treatment services, the Veterans are then referred to their main treatment providers to address other remaining mental health service needs as appropriate. The BAC is the only specialty outpatient clinic in VHA that focuses the training for doctoral psychology interns on best practices for assessing and treating problem gambling, compulsive sexual behavior disorder, and binge eating disorder, and it has been recognized as a leader in VHA for assessing and treating behavioral addictions. The Addictions Intern will have the opportunity to be trained in effective brief treatments for behavioral addictions, including Acceptance Commitment Therapy, Cognitive Behavioral Therapy, and Mindfulness-Based Relapse Prevention. The intern will also gain experience conducting intakes and assessments, engaging in differential diagnosis pertaining to behavioral addictions, and providing brief individual and group psychotherapies as well as psychoeducation for Veterans.

VA Tobacco Cessation Program Sub-Rotation

The Tobacco Cessation Program (TCP) serves the entire medical center and surrounding outpatient clinics. Tobacco cessation is multidisciplinary and represented by psychology, nursing, psychiatry, and pharmacy. The goals of the TCP are to 1) provide assessment and intervention to Veterans at all stage of change with respect to quitting tobacco, and 2) increase awareness of the negative health effects of tobacco use for Veterans, staff, and health care providers through outreach and education. The Addiction Intern will receive exposure to conducting focused tobacco dependence assessments, delivering intensive short-term empirically supported treatment for tobacco users at all stages of change with regard to quitting tobacco (e.g., motivational, cognitive-behavioral, and acceptance- and mindfulness-based approaches), and facilitating motivational and psychoeducational groups for tobacco cessation. There is a weekly TCP team meeting, where cases are presented, and tobacco cessation treatment plans are discussed and modified. There is strong emphasis on the cultivation of interdisciplinary case conceptualization as clinical practice guidelines for tobacco cessation focus on the integration of tobacco cessation medications with intensive psychosocial treatment.

Opioid Reassessment Clinic Sub-Rotation

The Opioid Reassessment Clinic (ORC) was developed to assist Veterans and their medical providers in providing optimal care as related to the prescription of opioid medications for treatment of chronic pain conditions. Veterans referred to the clinic undergo assessment of their current prescriptions and functioning with emphasis given to the evaluation of risk factors associated with adverse outcomes, substance use concerns, and the Veteran’s chronic pain experience. Possible recommendations include the Veteran following-up with the clinic for a patient-centered opioid taper or to eliminate their use of full agonist opioids with treatments using medication assisted therapy (MAT) such as buprenorphine.
The ORC is an interprofessional team which includes family medicine and psychiatry physicians, nurse practitioner, psychologist, pain nurse, and peer support specialist as well as a nurse practitioner fellow, psychology post-doctoral fellow and intern, and family medicine medical residents. The team incorporates the use of Animal-Assisted Therapy (AAT) by working with 1-2 pairs of trained AAT dogs and their handlers. The ORC treatment team also consults and collaborates with Veterans’ Primary Aligned Care Teams (PACT) within Primary Care. Additionally, the ORC partners with the Bridge Clinic in the Veterans Mental Health and Addictions Program (VMHAP) to provide a unique group treatment option for Veterans with comorbid chronic pain conditions and opioid use disorder.

During this rotation, interns will gain experience in providing team-based interprofessional care (completing co-intakes and co-visits with providers from other disciplines) as well as consultative services within the setting of a specialty clinic co-located within Primary Care. Interns will have the opportunity to provide motivational interviewing (MI) interventions for Veterans who are contemplative (or pre-contemplative) about addressing concerns related to opioid medications. Interns will also gain understanding of the complex relationship between chronic pain conditions and opioid use disorder as well as pain self-management treatment options such as cognitive behavioral therapy for chronic pain.

**Learning Objectives**

1. Develop skills in case conceptualization by working with Veterans presenting with addictions and co-occurring disorders
2. Acquire proficiency in performing comprehensive assessments for Veterans presenting with addictions and being able to provide feedback
3. Learn to skillfully deliver evidence-based treatments for addictions including motivational interviewing, cognitive behavioral therapy, and acceptance- and mindfulness-based treatments
4. Develop professional identity as a psychologist working collaboratively as a member of the interdisciplinary treatment team through case presentations, consultation with providers from other disciplines, and outreach and education
5. Understand the range of treatment approaches for people with addictions, particularly motivational enhancement therapy, CBT, and recovery-oriented approaches to addictions treatment
6. Understand the concept of co-occurring disorders and the interrelationship between mental illness and addictions
7. Acquire familiarity with the different stages of recovery from addictions, particularly as applied to group psychotherapy processes
8. Effectively provide interventions from the principles of psychosocial rehabilitation, including the development of Veteran-centered recovery/treatment plans.
10. Develop familiarity with methods for evaluating the efficacy of various approaches to addictive behaviors.
11. Refine research-related skills via participation in clinical trials, conference presentations, and/or manuscript preparation.

**Target Professional Experiences**

1. Participate in the CBT-SUD seminar and consultation series.
2. Co-lead therapy groups for Veterans at different stages of recovery from addictions (early recovery, middle and/or late recovery groups)
3. Provide individual psychotherapy for Veterans with addictions
4. Actively participate in interdisciplinary team meetings
5. Coordinate addictions treatment with other medical and mental health providers and collaborate in Veteran care through delivery of co-visits
6. Assume select administrative clinical duties including clinical intakes and managing consults.
7. Participate in program development, outreach, and education activities
8. Contribute to research focused on addictions which may result in a poster and/or a manuscript
OUTPATIENT TREATMENT

This rotation focuses upon the provision of clinical services through both the hospital outpatient psychotherapy clinic (described earlier under the “psychotherapy rotation”) and a community-based outpatient clinic. Typically, the intern spends one day/week in one of the satellite outpatient clinics, providing evaluation and psychotherapy to a previously under-served population of Veterans living in the community. Interns on the outpatient rotation have a unique opportunity to see how several outpatient clinics function within a larger institution, and how such clinics interact with and are integrated within a range of services throughout the medical center.

Interns on the outpatient rotation engage an expanded role within the outpatient clinic at Bedford, maintaining a larger caseload of group and individual therapy cases. Intern’s work typically involves recovery-oriented, episodice, goal-oriented psychotherapy with individual patients. A variety of group opportunities are also available.

Outpatient interns spend one full day per week at the community-based outpatient clinic (CBOC) in Haverhill, Massachusetts, approximately 30 minutes away from the medical center. Within the CBOC, the intern will function as a member of an interdisciplinary primary healthcare team, providing evaluation and treatment to a range of underserved Veterans in the community. There is an opportunity to become involved in program development work with regard to designing and implementing clinical services, particularly psychotherapy groups. There are a number of pertinent treatment needs in this population, such as those pertaining to PTSD, wellness, and substance dependence.

Interns on the outpatient rotation will be exposed to a range of psychotherapeutic orientations via weekly supervision from three separate supervisors. Consequently, interns will be encouraged to conceptualize their therapy cases from multiple perspectives and to experiment with interventions from various orientations, as appropriate, within their therapy work. Interns also have the opportunity to work in collaboration with the telemental health (TMH) psychologist on group therapies from Haverhill utilizing TMH.

Overall, this rotation is a flexible combination of clinical services and training. The intern will have the opportunity to shape a training structure that reflects their particular interests and experience. For example, the intern can concentrate on particular psychotherapeutic models of work and/or emphasize a particular population or disorder in their training.

**Learning Objectives**

1. understand the overall functioning and integration with other services of two outpatient therapy clinics
2. assess current program needs related to an outpatient clinic, particularly a community-based clinic with limited available resources
3. familiarity with the characteristics and treatment needs of an underserved Veteran population within community-based services
4. knowledge and professional skills related to working within a primary healthcare multidisciplinary treatment team
5. ability to perform assessment, intake evaluation, and crisis management within a community outreach center
6. clinical skills with regard to understanding and facilitating PTSD-oriented psychotherapy groups
7. ability to effectively implement at least one evidence-based practice (EBP) protocol with Veterans
8. ability to conceptualize clinical cases from several theoretical perspectives (e.g., psychodynamic, cognitive-behavioral, humanistic, and experiential)
9. implement interventions from various therapeutic approaches, as relevant, for each clinical therapy case
10. ability to become aware of one’s experience as a therapist, including biases, countertransference and subtle tendencies, through the understanding and application of the principles of mindfulness
**Target Clinical Experiences**

1. provide approximately eight hours per week of individual psychotherapy within the Haverhill CBOC and the MHC (in addition to the four hours of individual therapy within the MHC psychotherapy rotation)
2. receive supervision from four supervisors representing a range of psychotherapy models and perspectives
3. based on the programmatic needs of the clinic, provide a particular psychotherapy group or groups to address clinical needs
4. co-facilitate one or more PTSD psychotherapy groups
5. Participate in an intensive training and subsequent weekly group supervision for at least one EBP protocol
6. participate in a primary healthcare interdisciplinary treatment team in the Haverhill CBOC

**GEROPSYCHOLOGY**

The Geropsychology program at the Edith Nourse Rogers Memorial Veterans Hospital utilizes a comprehensive approach to train pre-doctoral level interns in psychotherapy, consultation, and psychological assessment with a diagnostically and demographically diverse population of older adult Veterans. The Geropsychology intern will collaborate with interdisciplinary teams of medical, social work, and rehabilitation staff and bring psychological perspectives to the unique presenting problems of older adult Veterans. This interdisciplinary collaboration also provides an opportunity for the intern to increase her or his breadth of knowledge about the physical and mental health care needs of older adults in a variety of medical settings. Our Geropsychology department is comprised of psychologists with a wide variety of skills and training in providing inpatient, outpatient, hospice, palliative, and home-based care treatment services. Interns in the training program will receive direct supervision and consultation with Geropsychology staff in addition to supervision with Mental Health Clinic staff and other disciplines.

The older adult Veteran population served by the hospital presents with a wide range of psychological and neuropsychological conditions that often interact with medical comorbidities requiring extended care and/or rehabilitation. Veterans presenting with cognitive impairment and psychological problems related to developmental issues, medical problems, and other psychopathology are seen in both outpatient and inpatient settings and may be seen by different services within Geropsychology over the course of their illness. The Geropsychology intern will have the opportunity to work with Veterans in the following settings in three consecutive rotations: **Community Living Center (CLC), Hospice and Palliative Care, and Home-Based Primary Care (HBPC)**. In addition, the intern will provide individual psychotherapy in the **Geropsychology Outpatient Clinic** for the duration of the year.

During the first four months of the training year, the intern will work with residents of the **Community Living Center (CLC)**, or nursing home units. In the CLC, the intern is assigned to one to two units and works with residents on an individual basis. The intern also attends interdisciplinary team meetings on their respective units to participate in treatment planning for the residents. The intern will have opportunities to co-facilitate and/or develop groups, work with families, and provide consultation using STAR-VA evidence-based intervention for managing challenging behaviors in residents with dementia.
Past trainee group experiences have included an Inpatient Caregiver Group, Vietnam Group, Positive Psychology Group and Reminiscence Group.

In the second rotation of the training year, the intern will work with residents in Hospice and Palliative Care. The Hospice program operates on a designated Hospice unit as well as in a scattered beds model throughout the facility. In these settings, the intern will engage in individual and family psychotherapy for a variety of issues including anticipatory grief, end-of-life issues, and bereavement. The intern will continue to develop competencies by working closely with an interdisciplinary team and engaging in family meetings. There will also be opportunities for consultation, Telemental health, as well as debriefings and education for staff. The intern will also have the opportunity to co-facilitate or develop a group on the unit.

In the final rotation of the training year, the intern works with the Home-Based Primary Care (HBPC) team. The intern will join HBPC staff psychologists in meeting with home-bound Veterans in the community to conduct therapy, administer assessments, and consult with the interdisciplinary team. The intern will be encouraged to use supervision to examine personal reactions to and develop competencies in the provision of psychological services in non-traditional settings.

As mentioned, in addition to the three four-month rotations above, the intern will also provide individual and group psychotherapy to Veterans in our Geropsychology Outpatient Clinic through the duration of the year. In some instances, interns may have the unique opportunity to participate in a Veteran’s care as the Veteran progresses through the continuum from outpatient to home-based to community living center and even hospice status.

In addition to these core Geropsychology track rotations, the intern will also have several supplemental opportunities unique to the Geropsychology track. First, beyond the training in evidence-based practices described above, the Geropsychology intern may have the opportunity to train in one of several evidence-based practices specifically pertinent to the older population, including STAR-VA, Meaning Centered Psychotherapy for patients with advanced cancer or illness, and Problem-Solving Therapy for Home-Based Primary Care.

Second, the Geropsychology intern will participate in the Capacity Assessment rotation as one of her or his assessment sub-rotations. In this sub-rotation, the intern will join trainees from Neuropsychology in developing skills to determine the decision-making capacity of an older adult, including clarifying the referral question, forming a plan for assessment, clinical interviewing, and report writing. Students will attend a bi-monthly capacity seminar as part of the rotation. Psychologists are increasingly asked to give opinions in cases of questionable capacity, and training in this sub-rotation will give the intern the foundational skills upon which to do so.

Finally, Bedford is proud to have the only Geriatric Psychiatric Inpatient Unit for aging Veterans in the New England area. The mission of the 15-bed GeriPsych Unit is to respond to the behavioral and mental health needs of aging Veterans. Although not one of the core intern training experiences, opportunities exist on the GeriPsych Unit for the intern based on her or his interest and availability. Recent trainee activities have included developing and facilitating new groups and engaging in individual therapy with older adult Veterans with diagnoses of severe mental illness, cognitive impairments, and delirium.

Learning Objectives

1. To develop competencies identified by the Pikes Peak model for training in Geropsychology.
2. Provide older adult Veterans with psychotherapy utilizing a variety of theoretical modalities, such as behavioral, cognitive-behavioral, psychodynamic, humanistic, interpersonal, and existential.
3. Incorporate factors such as medical, psychosocial, and developmental issues into psychological case conceptualization and intervention planning to address the unique mental health needs of older adult Veterans.
4. Engage in Evidence Based Practices (EBP)s such as managing disruptive behaviors in Veterans with advanced dementia (STAR-VA), hospice related issues, and caregiver support interventions.
5. Attend educational seminars and conferences on relevant topics in Geropsychology, including Geriatric Grand Rounds.
6. Explore newly developing roles for psychologists in geriatric care (e.g. Home-Based Primary Care, Hospice) and potentially undeveloped roles.
7. Learn both the psychological and physiological symptoms associated with death and dying.
8. Provide anticipatory grief and grief support as well as psychoeducation to Veterans and families, as well as staff members working in Hospice & Palliative Care.
9. Develop effective consultation skills within an interdisciplinary system that includes medical staff, social work, chaplaincy, dietary, rehabilitation therapists and other extended care professionals.
10. Conduct psychological assessments of the older adult including brief evaluations of cognitive functioning, diagnostic screenings, assessment of appropriateness of the person’s environment to his/her functional abilities, and general mental health functioning.
11. Engage in supervision from a variety of supervisory perspectives.

**Target Clinical Experiences**

1. On the Community Living Center rotation, provide four hours per week of individual psychotherapy and one hour per week of group psychotherapy.
2. On the Hospice and Palliative Care rotation, provide four hours per week of psychotherapy, including individual, family, and group work.
3. On the Home-Based Primary Care rotation, dedicate approximately six hours per week to clinical contact in Veterans’ homes, team consultation, supervision, and travel.
4. Additionally, provide approximately two hours per week of individual psychotherapy and one hour per week of group psychotherapy in the Geropsychology Outpatient Clinic for the duration of the training year.
5. Provide at least one in-service on psychological issues relevant to treatment of the older Veteran, including staff wellness.
6. Provide anticipatory grief and/or bereavement support to a Veteran’s family.
7. Participate in a minimum of one interdisciplinary team meeting per week.
The primary care behavioral health (PCBH) program was established to promote the effective treatment of common mental health conditions in the primary care environment in order to integrate care for Veterans’ physical and mental health and to allow mental health specialists to focus on patients with more severe illnesses. PCBH services are delivered by a team consisting of psychologists, a psychiatrist, clinical nurse specialist, social worker, residents in each of these respective disciplines, and peer specialists. The intern will be an integrated member of this team. The integrated program is based on a blended model that combines the care management approach for mental health and chronic medical conditions with co-located/collaborative care. Such a blended model can enhance a primary care practice’s capacity to provide care and outcomes for the large population of primary care patients who present with mental health problems. In addition to providing care for basic mental health conditions, the team also addresses the psychological aspects (i.e. life-style behaviors such as smoking, exercise, weight management) that impact medical conditions. Lastly, to fully round out a step model of care for the course of treatment, we offer a peer support program (includes chronic pain, diabetes, obesity, smoking, effective communication, wellness/health promotion) to support and foster self-management. The intern will learn to practice within this model in providing care management and treatment for mental health and health behavior conditions within the primary care setting and the Women’s Health Clinic.

Referrals to the program are generated from primary care providers either by their discretion and/or positive responses to routine screens for depression, PTSD, substance use, weight, or chronic pain. The team completes a brief psychological evaluation and triages for appropriateness of fit for the program based on level and type of care needed. This feedback is sent back to the primary care providers to facilitate the collaboration between these services or to coordinate with programs that would best meet the needs of the Veteran. Shared treatment planning is derived as necessary. Brief interventions are provided using CBT and mindfulness-based approaches with the use of biofeedback when needed. The intern will learn to provide the full spectrum of care provided by the program.

Further, as a member of an interdisciplinary part of the team, the intern will gain competency in team-based interprofessional care within the PCBH team (mental health) as well as within the larger primary care team (physical health). This experience will provide the intern with the knowledge and understanding in applying the biopsychosocial model and the mind-body approach to providing whole-person care. This is demonstrated in the program delivery of collaborative care at the highest level of integration. That is, our model not only promotes joint relationships between mental health and primary care providers who share the care of the patients from their independent sessions, but also in a literal sense of working side by side to deliver services together such as in joint sessions or as co-facilitators in group medical appointments with psychology, primary care, pharmacy, social work, physical medicine and rehabilitative services (occupational and physical therapy), and nutrition. In addition to the direct applied experience of interprofessional education, the intern will also participate in the interprofessional seminar, which will round out the learning of this type of education.

**Learning Objectives**

1. Understand the common mental health conditions that are presented in the primary care clinic and how to treat these conditions from an evidence-based integrated primary care-mental health model.
2. Understand common behavioral health concerns presented in primary care (i.e., chronic pain, weight management).
3. Understand the co-morbidities of mental health and physical conditions and how they relate to each other.
4. Conceptualize from a biopsychosocial model of care, apply this model to clinical cases, and ability to coordinate associated care with primary care staff.
5. Learn to practice from a team based care approach both within the PCBH team as well as with the larger primary care team across different disciplines (physicians, all levels of nursing, social work, pharmacy, clerical support and extended care professionals).
6. Understand the medical language and be competent in reviewing medical records to the degree to which trainee can coordinate care and offer treatment.

7. Learn brief model of care including brief assessments, brief session duration and brief number of sessions.

8. Develop consultation skills in working with health care professionals (i.e. primary care providers, specialty providers, pharmacy, nutrition, rehabilitative medicine staff including recreational, occupational and physical therapists).

9. Learn care management of mental health conditions through brief assessments, monitoring, psychoeducation and coordination of care as necessary.

10. Understand the role of the psychologist in the Patient Centered Medical Home (called Patient Aligned Care Team in VHA) model of care as part of the Health Care Reform Act.

11. Ability to work as a team member in PCBH.

**Target Clinical Experiences**

**Primary care** (full year):
1. Provide 4 hours/week of individual psychotherapy in the primary care clinic consisting of cases for mental and physical health concerns.
2. Participating in weekly primary care PACT pre-planning meetings.
3. Participate in weekly interdisciplinary group supervision and weekly team meeting.
4. Assist in providing same day PCBH access with process of completing warm hand-offs.
5. Receive supervision from interprofessional team perspective.
6. Optional experience in providing biofeedback.
7. Optional experience in program development.

The year is divided into 2 rotations (6 months):

1. **Weight** (4.5 hours/week):
   a. Provide individual psychotherapy in the primary care clinic targeting health behavior change for weight management.
   b. Optional weekly facilitation of MOVE! weight management group.
   c. Completion of pre-surgical and transplant evaluations, and bariatric surgery support group.

2. **Chronic pain** (4.5 hours/week):
   a. Help facilitate weekly 2-hour interdisciplinary Pain School group.
   b. Complete pain consultations utilizing biopsychosocial conceptualization and treatment planning.
   c. Provide individual psychotherapy for pain self-management (CBT-CP, biofeedback, etc.).
ADDITIONAL TRAINING OPPORTUNITY IN CLINICAL RESEARCH

The Psychology Service participates in VA Bedford’s active and productive research community, with most psychology research housed in the VISN 1 New England Mental Illness Research, Education, and Clinical Center (MIRECC) or Neuropsychology service. VA Bedford Healthcare System has academic affiliations with Boston University School of Medicine in Boston, Massachusetts, and the University of Massachusetts Medical School in Worcester. The VISN 1 New England MIRECC is focused on co-occurring disorders—substance use and other mental illnesses. Areas of study include: vocational rehabilitation, gambling and other forms of behavioral addictions, tobacco cessation, psychosocial treatments for co-occurring disorders, pharmacological interventions for addiction, spiritually-integrated interventions, qEEG as a predictor of treatment outcome, and community reintegration and other psychosocial rehabilitation research. Please see https://www.mirecc.va.gov/visn1/ for more information on VISN 1 New England MIRECC.

Interns with strong interest and background in research are welcome to inquire about involvement in ongoing research programs.

Research opportunities also exist in other parts of the hospital, notably in the Geriatric Research, Education and Clinical Center (GRECC) and the Center for Healthcare Organization & Implementation Research (CHOIR).

Facility and Training Resources

All interns are given an office within a suite of offices together, which also includes a conference area and a full kitchen. The one exception to this is for the neuropsychology intern, who is placed in a nearby suite of offices in the Neuropsychology Service area, along with postdocs and practicum students engaged in neuropsychological training. Each intern has a computer assigned to them and access to the suite’s network printer. Computer access allows the intern internet access as well as access to the sophisticated Computerized Patient Record System (CPRS) of VA. Given the pandemic, the training program has obtained VA-furnished laptops, which enable remote training and clinical work to occur reasonably smoothly (without some of the challenges that can arise when using personal computing equipment to connect with government/VA resources).

The Administrative Coordinator of the Psychology Service and the Psychology Training Program Administrative Assistant provide program and clerical support to the internship program. Administrative and support staff throughout the medical center provide support to interns working within particular areas. The library service at Bedford, as a member of the VA library network and various biomedical library consortia, has access to the collections of major research, university, hospital and public libraries.

Requirements for Completion

Interns continue to be in good standing while on internship provided they are able to maintain acceptable minimum levels of engagement in training related activities as well as achieve minimally acceptable levels of competence with regard to their work, while demonstrating reasonably appropriate ethical and professional behaviors. Acceptable levels of performance with regard to each competency area within the internship are detailed within the evaluation form. As noted above, evaluations of interns occur formally three times over the course of the training year. Successful completion of the program involves the intern
completing the equivalent of a full year of full-time training as well as achieving at least a minimal level of competency in each of the basic areas of psychology listed above.

**Internship Admissions, Support, Initial Placement Data**

**Internship Program Admissions**

Date Program Tables are updated: July 1, 2021

<table>
<thead>
<tr>
<th>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 preparation requirements:</th>
</tr>
</thead>
</table>
| The program seeks qualified applicants from both clinical, counseling and combined doctoral training programs in psychology. The program does not necessarily favor any particular area of practicum clinical training or prior experience. The program also does not require a certain number of direct contact hours or any other type of minimum criteria. However, training, experience, and interest relevant to the program's primary rotations and/or Veteran issues may be desirable. A full description of each of the rotations is provided earlier in this brochure. Interns selected to the internship program have been carefully reviewed and ranked by a two-stage selection process that includes all members of the training committee, with particular involvement from those psychologists directly affiliated with the applicant’s stated interest(s) regarding the primary rotations. After initially reviewing and rating all online written applications (rated along six dimensions: amount of clinical experience, quality of academic performance, personal attributes as well as breadth and depth of past experience, the ability to understand diversity, letters of recommendation, and research achievement), selected applicants are invited for interviews. The interview process is conducted in the form of four “open houses”, which will again occur remotely during the 2021/2022 selection cycle, as it did during the prior selection season. During the morning of the open house, members of the training staff present on the various foundational elements of the internship program. Following lunch, each intern applicant participates in three to four individual interviews. Applicants interview with prospective supervisors associated with the one or two primary rotations for which they expressed interest in their application (i.e., from the six “Programs” listed for the national match). The program asks prospective applicants to carefully review each of the primary rotations in this brochure so as to best determine one's most preferred primary rotations, affording the applicant an opportunity to interview with supervisors associated with one's desired primary rotation(s). Please note, as the neuropsychology primary rotation is geared toward those students who plan to become clinical neuropsychologists, students expressing interest in neuropsychology will only be considered for this primary rotation. Ratings from the interviews address four dimensions (clinical sensitivity, critical thinking, interpersonal and personal qualities, and match between applicant and program). Lastly, ratings and rankings from the training committee are analyzed and compiled into a rank ordering for each of the primary rotations/programs. **Applications are due on November 5th and all applicants are notified via email of their status on or before December 3rd.** In addition to the general AAPI Online application package, the following is required: ✓ A rank ordering of one or two of the Primary Rotations (i.e., “first choice”, and if interested in an additional primary rotation, “second choice”) for which you would like to interview (do not list “Assessment & Acute Psychopathology” or “Psychotherapy” rotations, as these are core rotations for all interns). **This information should be clearly stated in bullet points at the top of your cover letter.**
Cover letters without this information included will not be able to be reviewed.

☑️ One assessment report (applicants primarily interested in the Neuropsychology Primary rotation should include a neuropsychology assessment report) submitted as a supplemental form.

For further application questions, please contact:

Training Program Administrative Assistant, Conan Hom at 781-687-3052
Director of Psychology Training, Richard R. Amodio, PhD (richard.amodio@va.gov) 781-687-3056

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:

<table>
<thead>
<tr>
<th>Total Direct Contact Intervention Hours</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Describe any other required minimum criteria used to screen applicants: N/A

Program Policies and Support

Financial and Other Benefit Support for Upcoming Training Year*

| Annual Stipend/Salary for Full-time Interns | $29,282 |
| Annual Stipend/Salary for Half-time Interns | N/A |
| 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 (accrued) |
| Hours of Annual Paid Sick Leave | 104 (accrued) |

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

Other Benefits (please describe):

Internships are for 2080 hours to be completed over a twelve-month period. Interns accrue a total of thirteen days of personal leave as well as sick leave over the course of the year. In addition, interns are granted up to four days for educational leave and/or professional development (such as dissertation-related meetings, attending training or professional conferences, or postdoctoral interviews).

This training brochure outlines specific policies regarding grievance options and procedures, due process with regard to intern performance or professional functioning issues, and other
relevant policies related to the medical center and the training program specifically.

Outcome Data: Initial Post-internship Positions

<table>
<thead>
<tr>
<th>Postdoc</th>
<th>Employed</th>
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<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
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<tr>
<td>Federally qualified health center</td>
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<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
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<tr>
<td>Veterans Affairs medical center</td>
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<tr>
<td>Military health center</td>
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<tr>
<td>Academic health center</td>
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<tr>
<td>Other medical center or hospital</td>
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<tr>
<td>Psychiatric hospital</td>
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<tr>
<td>Academic university/department</td>
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<tr>
<td>Community college or other teaching setting</td>
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<tr>
<td>Independent research institution</td>
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<tr>
<td>Correctional facility</td>
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<tr>
<td>School district/system</td>
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<tr>
<td>Independent practice setting</td>
<td></td>
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<tr>
<td>Not currently employed</td>
<td></td>
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<tr>
<td>Changed to another field</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Unknown</td>
<td></td>
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</tbody>
</table>
Eligibility Requirements for All VA Internship Training Programs

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

2. Approved for internship status by graduate program training director.

3. 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 and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.

4. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

5. Interns and other students are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

6. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and other students are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Local Information

The Medical Center is located in Bedford, Massachusetts, a town of 14,000 that retains the charm of a quiet New England town although its expansion over the years marks it clearly as a suburb of Boston some 20 miles to the southeast. Bordering Concord to the west and Lexington to the south, Bedford lies within earshot of the “shot heard ‘round the world” that initiated the American Revolution (www.lexingtonchamber.org). The Minuteman National Historical Park offers historical tours and events, as well as 11 miles of trails for biking, running, or walking.

Heading south east from Bedford, metro-Boston and surrounding cities, such as Cambridge and Somerville are a close and commutable 15-20 mile drive. Boston is one of America’s oldest cities (founded in 1630) and retains its cozy European charm (www.bostonusa.com; www.boston-online.com). Boston offers an array of cultural events and opportunities, such as large theater productions, smaller independent theater, annual film festivals, and music venues both large and small. Cambridge and Somerville are smaller cities surrounding Boston and offer a myriad of restaurants, theaters, and music venues. The famed Charles River, which runs through Cambridge, offers opportunities for rowing and miles of trails for running, and serves as the backdrop for many area festivals. Harvard Square, one of the most well-known areas of Cambridge and home to Harvard University, is well known for its bookshops,
coffeehouses, music, festivals, and street theater. Harvard University and Cambridge Center for Adult Education offer an impressive array of continuing education courses. MIT, Boston University, Boston College and Tufts are other major schools that make the Boston/Cambridge area a world center for higher education. The Boston area is also known for its world class hospitals including Mass General, Mass Eye and Ear, Beth Israel, Brigham and Women’s, Dana Farber Institute, Children’s, and McLean. Various lectures and educational opportunities are available through area academic centers and teaching hospitals.

Heading two hours north from Bedford one finds the White Mountains of New Hampshire, and the Green Mountains of Vermont, with some of the finest hiking, climbing, and skiing in the Northeast. Cape Cod’s expansive beaches lie two hours to the south and Martha’s Vineyard and Nantucket Islands are accessible by ferry from the Cape. Other beautiful ocean beaches are less than an hour from Bedford. Walden Pond (actually a small lake), where Thoreau lived and swam, is just 15 minutes from the hospital and is perhaps the prettiest of the local fresh water swimming options. Stockbridge, the home of both Alice’s Restaurant and the Austen Riggs Center, is in the southern Berkshire Mountains two hours to the west. The natural beauty and artistic offerings (music at Tanglewood, dance at Jacob’s Pillow and several first rate summer theaters) of the Berkshires are among the reasons many urbanites establish this as their second home.
Training Staff

Meghan Ahern, PhD is a counseling psychologist for the Veterans Integration to Academic Leadership (VITAL) working with student Veterans. Dr. Ahern is also a behavioral investigator for the Social and Community Reintegration Research program. She has co-authored a number of publications and a book chapter on topics ranging from injury and attrition during basic training, body image and eating disorders, and validating a measure of female muscularity. Her current research interests include enhancing social support and community reintegration for Veterans with mental health conditions and assessing the effectiveness of educational interventions on academic outcomes for student Veterans. She enjoys playing tennis, running with her Alaskan Klee Kai, traveling, cooking, and exploring new restaurants in Boston.

Victoria Ameral, PhD is a Clinical Research Psychologist at the Bedford site of the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC). Her research focuses on the development of recovery-oriented treatments for opioid use disorder, including Acceptance and Commitment Therapy approaches for supporting early recovery. She also conducts work evaluating addiction treatment outcomes in naturalistic settings and examining the role of co-occurring trauma in addiction recovery. A lifelong Massachusetts resident, she enjoys beach trips, hiking, snowshoeing, and learning about meteorology.

Richard Amodio, PhD is the Director of Psychology Training. He holds a faculty appointment at the Boston University School of Medicine. His specialties are in the areas of experiential and awareness-
based psychotherapy, integrative psychotherapy, and integral perspectives on healing and human development. In his free time, he enjoys family activities, mountain biking with his son, and being in nature on wheels and foot.

Amy Bachand, PhD is a staff psychologist and the Health Behavior Coordinator in Primary Care. Her clinical and research interests are in Behavioral Medicine, with specific interests in health promotion, weight management, diabetes management, pain management and stress management utilizing cognitive behavioral therapy and mindfulness-based techniques. When she is not chasing after her two young children, Amy enjoys photography, sports and being outside.

Kate Bartels, PsyD is a staff psychologist for the Veterans Integration to Academic Leadership (ViTAL) team working with student Veterans. Her clinical interests include dual diagnosis, anxiety, and interpersonal difficulties. She is a trained provider in Cognitive Behavioral Therapy for Insomnia. Dr. Bartels utilizes an integrative approach to treatment that incorporates Cognitive Behavioral Therapy, Motivational Interviewing, and Positive Psychology interventions. Outside of work, she enjoys spending time with her family and friends, playing volleyball, traveling, and watching true crime documentaries.

Lisa Bloom-Charette, PhD, ABPP is a staff psychologist and specialist in clinical gerontology in the Community Living Centers. She is also on the faculty at the Boston University School of Medicine. Her clinical and research interests include substance abuse in the elderly, life review; code decision ethics, long term care teams, and helping staff deal with resident’s difficult behaviors using STAR-VA. She is the co-editor of the book, Enhancing the Quality of Life in Advanced Dementia. She is the Internship Member-At Large for the Council of Professional Geropsychology Training Programs (CoPGTP). She enjoys skiing, hiking, kayaking, and traveling (especially on cruises).

Rachelle Calixte, PhD is a clinical psychologist specializing in Veterans’ recovery and community reintegration. As the Recovery Services Manager for the Peer Support and Mental Health Intensive Case Management (MHICM) programs, she values providing recovery-oriented services that target recovery in functioning. She also serves as the Local Recovery Coordinator and promotes program development and evidence-based interventions for Veterans with serious mental illness (SMI). She is a faculty member in the Psychosocial Rehabilitation (PSR) and Community Reintegration training programs. Her research and clinical interests include serious mental illness, multicultural frameworks, and reducing barriers to mental and physical health care. She is also an avid fan of all of the Boston sports teams and she routinely schedules her year around playoffs.

Anna Cassel, PhD is a staff psychologist and supervisor in the Primary Care Behavioral Health program. She is a health psychologist who specializes in working within integrated primary care. Dr. Cassel specializes in working with pain self-management, diabetes management, insomnia, and other chronic medical conditions. Her approach to therapy includes cognitive behavioral therapy, acceptance and commitment therapy, mindfulness, and biofeedback. Though her free time is often consumed with taking care of her young daughter, Dr. Cassel loves spending time with family & friends, kayaking, spending time outdoors, and traveling.

Kristen Dillon, PsyD, ABPP, is a staff geropsychologist in Hospice & Palliative Care and on one of the Community Living Centers. Her research and clinical interests include anticipatory grief, ambiguous loss, caregiving, bereavement, existential concerns, and older adults with serious mental illness. She is also interested in the impact of death and dying on Veterans and families, including family dynamics and PTSD. She was trained in Meaning Centered Psychotherapy through Memorial Sloan Kettering Cancer Center and utilizes this intervention regularly with Veterans and families. She is board certified in Geropsychology through the American Board of Professional Psychology. In her spare time, Dr. Dillon enjoys spending time with her husband and two daughters, singing, playing the guitar and being around people who make her laugh. She also enjoys hiking and is currently attempting to hike NH’s 48 mountains over 4,000 feet.

Tracey Gagnon, PhD is a staff psychologist, program director of the Interdisciplinary Pain Outpatient Program, and supervisor in the Primary Care Behavioral Health Program. Her clinical and research
interests are in Behavioral Medicine with a specialty in the treatment of chronic pain. Her approach to treatment is integrative incorporating Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and biofeedback. Outside of work, she enjoys spending time with her son and husband, catching a show at the Boston Opera House, and practicing yoga.

**Jay A. Gorman, PhD CPRP** is a psychologist in the Veterans Mental Health and Addictions Program (VMHAP) and conducts research with the Social and Community Reintegration Research (SoCRR) Program. He is a VA-Certified Provider of Cognitive Behavioral Therapy for Substance Use Disorder (CBT-SUD) and works with Veterans living with co-occurring conditions. Dr. Gorman’s research focuses on topics related to program evaluation, vocational engagement, and community reintegration. His other interests include his cat named “Chicken,” outdoor activities, and trying not to injure himself while playing basketball.

**Stephen L. Gresham, PhD** is a staff psychologist in the Mental Health Clinic, the Associate Director of Psychology Training, the Lesbian, Gay, Bisexual, and Transgender (LGBT) Special Emphasis Program Manager, and the Transgender Veteran Liaison. His clinical interests include working with trauma, sexual orientation, and gender identity concerns, as well as mood and anxiety disorders from an integrated perspective. Dr. Gresham is interested in multicultural programming and training, increasing the quality and availability of services to underserved and marginalized populations, and improving the availability of culturally informed providers. Dr. Gresham has a special interest in working with Black/African American as well as LGBTQ clients.

**J. Irene Harris, PhD** is a clinician-investigator at the Bedford VISN 1 MIRECC. Her focus is on developing and testing new treatments, with interests in moral injury, spiritual distress, spiritually integrated care, PTSD, and chronic pain. She works closely with the National Chaplain Service in dissemination of empirically supported chaplaincy interventions and serves as a mentor in the MIRECC’s fellowship program to train new investigators. Dr. Harris is also active in advocacy at the national level, maintaining roles with the APA Task Force on Serious Mental Illness and Serious Emotional Disorders, the Office of Mental Health and Suicide Prevention’s Recovery Transformation Workgroup, and the Mental Health Lived Experience Community of Practice.

**Kevin Henze, PhD, CPRP** is a staff psychologist within Bedford’s Domiciliary Program. Stemming from his passion for social justice and hope-inspiring initiatives, his clinical and research interests include training and provision of care in best practices in dual-diagnosis recovery, relational-cultural therapy, and multiculturalism, with a focus on racial-cultural issues. He is facilitator of Bedford’s Schwartz Center Rounds and is an Assistant Professor at Regis College. Outside of work he enjoys traveling with his partner to the Southwest and catching up on pleasure reading during his work commute. He always has his eyes on the road thanks to audiobooks!

**Shehzad Jooma, PsyD** is a staff psychologist in the Mental Health Clinic. His research interests center on the psychology of men and masculinity. His clinical interests include trauma, mood disorders, grief and loss, and various forms of anxiety disorders (including PTSD, OCD, and phobias), using interpersonal and emotion-focused frameworks as well as evidence-based treatment models. He is formally trained in Prolonged Exposure, Cognitive Processing therapy, Integrative Behavioral Couples Therapy, and Acceptance and Commitment Therapy for Depression. His clinical background also includes work with children and adolescents. Outside of the VA, he consults with an organization that delivers social services and culturally sensitive support to Muslims in the United States and has recently consulted with international organizations to identify and implement clinical interventions for children and parents in war-torn countries. Interests old and new include chasing around his 1-year-old daughter, yard-saling, instant potting, and various outdoor activities.

**Chivi Kapungu, PhD** is a staff psychologist in the Mental Health Clinic and is on faculty at M.I.T. in the Departments of Women and Gender Studies and Brain Cognitive Sciences. She currently supervises the Supportive Education for Returning Veterans programs which provides consultation to Historically Black Colleges. She also collaborates with VITAL, a program which provides outreach and support for Veterans attending local colleges. Her clinical and research interests include cross-cultural sequelae and recovery
from traumatic exposure in humanitarian conflict settings. Adventure travel is a passion, with Vietnam, Bali, Greece, and Zimbabwe (home) being the most memorable and life changing places to visit.

Megan Kelly, PhD is the Co-Director and Bedford Site Director of the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC) and an Associate Professor of Psychiatry at the University of Massachusetts Medical School. Her current research involves VA- and NIH-funded studies of novel psychosocial and mHealth tobacco cessation interventions for Veterans with mental health disorders. Dr. Kelly is also involved in the research and implementation of organizational change interventions for addressing tobacco use in mental health settings. In addition, Dr. Kelly’s research focuses on the development of innovative treatments to improve the community reintegration of Veterans with mental health disorders.

Malissa Kraft, PsyD, ABPP-CN is a clinical neuropsychologist who oversees neuropsychology services on the Acute Geropsychiatric Unit as well as inpatient neuropsychology services throughout the hospital. She also recently started a tele-neuropsychology clinic serving geriatric Veterans throughout New Hampshire. Dr. Kraft’s clinical and research interests include geriatric neuropsychology and integrating telehealth technology into providing ongoing care for aging Veterans with dementia. In her free time, she enjoys spending time outdoors as much as possible—hiking, running, gardening, and beekeeping.

Stacey Larson, PsyD/JD is a staff psychologist providing Compensation and Pension (disability benefits) evaluations with military Veterans when Veterans claim mental disorders related to their military service. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. She is also interested in the intersection of law and psychology (HIPAA, informed consent, competency), ethical issues, and risk assessment.

Jonathan Lee, PhD is a staff psychologist and Clinical Lead for Bedford’s Tobacco Cessation Program. His background is in cognitive Behavioral therapy with emphasis on mindfulness and acceptance-based principles. His clinical and research interests are in understanding tobacco use and cessation, transdiagnostic processes, and mechanisms of treatment. He also has a growing interest in bread baking and enjoys baking artisanal breads.

Christopher Mackowiak, PhD is a counseling psychologist in the Mental Health Clinic. He has completed VA training in Integrative Behavioral Couples Therapy (IBCT) and Cognitive Processing Therapy (CPT). His clinical and training interests include feminist therapy and gender-sensitive approaches to treatment, promoting healthy relationships, positive masculinity, and the impact and experience of gender role conflict. He prioritizes spending time with his spouse and two kiddos, he enjoys watching and playing competitive sports, wandering around in the woods, and slow-cooking comfort foods.

Melanie Manning, PsyD is a staff psychologist in the Mental Health Clinic. She has also worked in community based mental health and college counseling. Her clinical interests include treatment of trauma, substance use, depression, and interpersonal difficulties. She is formally trained in Cognitive Behavioral Therapy for Substance Use Disorders and Cognitive Behavioral Therapy for Depression. Dr. Manning’s approach to treatment includes Cognitive Behavioral Therapy combined with Family Systems Therapy. Outside of work, she enjoys spending time with her husband and dog, eating Italian food, and catching up on true crime documentaries.

Lisa Mueller, PhD is the Clinical Director of the Compensated Work Therapy Program and a researcher for the New England Mental Illness Research, Education, and Clinical Center (MIRECC). Her clinical and research interests include psychosocial rehabilitation (specifically vocational rehabilitation) for Veterans with dual diagnoses and serious mental illness, in addition to systems change and multicultural awareness, knowledge, and skills.

Tu Anh Ngo, PhD, MPH is the Director of Integrative Pain Management at Bedford and the Chair for the VISN Pain Council. She is a health psychologist with a specialty in chronic pain and integrated primary care. She has an integrative clinical approach, particularly in mindfulness-based therapies, CBT,
and biofeedback for the treatment of chronic disease and health behaviors. She also has interests in complementatory and integrative health and is currently the Acting Clinical Director overseeing the implementation of Whole Health at Bedford.

Maureen K. O’Connor, PsyD, ABPP-CN is the Director of the Neuropsychology Service at VA Bedford. She is an Associate Professor at Boston University School of Medicine in the Department of Neurology and Assistant Director of the Boston University Alzheimer's Disease Center Education Core. She is also an investigator in The Center for Translational Cognitive Neuroscience. Dr. O’Connor serves as the lead neuropsychologist for the Memory Diagnostic Clinic, a multidisciplinary team clinic focused on evaluation of older adult Veterans. Dr. O’Connor’s funded research is focused on the development of treatment interventions designed to improve daily living and well-being in aging individuals with and without neurocognitive disorders and their family members.

Maura E. Pellowe, PhD is the Chief of Psychology. She also serves as the facility Evidence Based Psychotherapy Coordinator. Her interests include assessment, diagnosis, and evidence-based treatments of PTSD. She is a VA National Consultant for Prolonged Exposure therapy and provides clinical supervision to VA clinicians around the country. She also provides Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Insomnia, among other psychotherapies.

Lisa Richards, PsyD is a staff psychologist providing Compensation and Pension disability examinations in the service-connection process for Veterans. Compensation evaluations involve providing examinations that consider all types of mental health disorders within the framework of disability claims. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. Her passions include exploring the wonder of New England with her husband and dogs, gardening, and humor writing (The Woman Who Is Always Tan and Has A Flat Stomach and Other Annoying People).

Maria Rowley, PhD is a clinical psychologist working in the Mental Health Clinic and Safing Center. Her primary research and clinical interests include relationship functioning and couples therapy, with emphasis on Emotionally Focused Therapy and Integrative Behavioral Couple Therapy. In addition to couple’s therapy, she specializes in working with intimate partner violence-related issues and trauma. Her approach to therapy and supervision incorporates culturally informed, evidence-based, and interpersonally focused practices. She is a VA-Certified Provider of Cognitive Processing Therapy and Motivational Interviewing. In her free time, she enjoys being outside with her spouse, preferably in or around water; catering to two exceedingly spoiled cats; and trying to keep the garden alive, with mixed results.

Garret Sacco, PhD is a staff psychologist in the Mental Health Clinic (MHC). He has also worked in community based mental health, psycho-oncology, college counseling, primary care behavioral health, and behavioral addiction clinics. His clinical interests include treatment of depression, anxiety, and trauma. Dr. Sacco is trained in a variety of treatments which address mood disorders, anxiety, insomnia, borderline personality disorder, chronic pain, and behavioral addictions. Dr. Sacco’s approach to treatment includes cognitive behavioral, exposure-, and acceptance-based therapies. He serves as a supervisor in the MHC and behavioral addictions clinic and a facilitator of the year-long CBT-I training seminar. Outside of work, he enjoys spending time with his family, listening to and playing music, and watching movies.

Katie Smidt, PhD, is a clinical psychologist on the VISN 1 Organization Development Team, a team that works with leaders, teams, and systems across VA New England to improve organizational effectiveness and employee engagement. Her clinical background is rooted primarily in cognitive behavioral therapy and she is particularly interested in evidence-based treatments for PTSD, assessment, and program evaluation. Dr. Smidt is formally trained in Cognitive Processing Therapy and Prolonged Exposure for PTSD. Outside of work at the VA, she administers clinical assessments as part of clinical trials in the treatment of PTSD for the Multidisciplinary Association for Psychedelic Studies. In her free time, she enjoys early morning exercise classes, traveling, and spending time with friends and family.
**Brian Stevenson, PhD** is a clinical research psychologist for the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC) as well as psychology co-chair for the Psychosocial Rehabilitation (PSR) Fellowship. His clinical and research work focuses on improving vocational outcomes of Veterans with psychiatric disorders by improving and developing vocational counseling interventions. He provides clinical services through the Program for Outpatient Wellness, Engagement, and Recovery (POWER), as well as the Vocational Evaluation Center (VEC). He is Assistant Professor of Psychiatry for Boston University School of Medicine as well as an Adjunct Instructor of Counseling Psychology for Boston College. Outside of work, he enjoys drawing/graphic design, film editing, watching documentaries, and spending time outdoors with his two rambunctious sons.

**Sara K. Sullivan, PhD** is a clinical neuropsychologist working within the Neuropsychology Service. In addition to providing services in the general outpatient neuropsychology clinic and inpatient units on campus, she works closely with the Polytrauma/TBI Interdisciplinary Team, a multidisciplinary team that screens returning Veterans for traumatic brain injury. Her clinical and research interests include neuropsychological functioning in TBI and various neurological/neuropsychiatric conditions, cognitive processes affected by emotions and modifiable lifestyle factors, and the effects of symptom attribution on functional abilities.

**Lisa Taylor, PsyD** is a clinical psychologist in Home-Based Primary Care (HBPC), and the Community Living Centers (CLC) which includes three Dementia Care Units (DCU) and a Geriatric Psychiatric Unit (GPU). Her clinical interests include Geropsychology, behavioral health, working on interdisciplinary teams, and utilizing evidence-based treatments including STAR-VA. She liked unicorns before they were cool and enjoys spending time with her adorable rescue dog Emma.

**Roni Tevet, PhD** is a staff clinical psychologist in the Mental Health Clinic part of the Veterans Integration to Academic Leadership (VITAL) team working with students Veteran. She provides individual, couples, and group psychotherapy, drawing from an integrative perspective, using CBT and humanistic approaches. Her clinical interests focused on working with Veterans who struggle with the impact of trauma, depression, anxiety, interpersonal difficulties, and substance use. She is interested in helping Veterans identify and achieve their goals using their strengths. Dr. Tevet is part of the Dialectical Behavior Therapy (DBT) team and co-facilitates the DBT group. Outside of work, she enjoys spending time with her family outdoors as much as possible, reading, and art and traveling.

**Amanda Hanrahan Veith, PhD** is a staff psychologist on the acute inpatient psychology unit with specialty areas in group, individual, and family therapy. Her interests include cognitive behavior therapy, positive psychology, motivational interviewing, PTSD, suicidology, whole health, and program development. She has experience working in acute inpatient settings, residential treatment settings, and outpatient clinic settings. She enjoys creative writing, theater, and the ocean.

**Matthew Wachen, PhD** is a staff psychologist in Home-Based Primary Care. His interests include geropsychology, the integration of mental health and primary care, and the management of chronic disease and maladaptive behaviors with cognitive behavioral therapy and mindfulness-based techniques. He has somehow remained devoted to the Baltimore Orioles.

**Valene A. Whittaker, PhD** is a psychologist in the Outpatient Mental Health Clinic, VA Bedford Military Sexual Trauma Services Coordinator, and the hospital’s Black Employment Special Emphasis Program Manager. Her professional interests include trauma recovery, psychological well-being among racially and ethnically diverse individuals, and the integration of multicultural competency and social justice values in clinical practice and training. She has obtained VA Records of Completion in Cognitive Processing Therapy for PTSD, Cognitive-behavioral Conjoint Therapy for PTSD, and Motivational Enhancement Training for Substance Use Disorders, as well as intensive training in Cognitive Behavioral Therapy for Substance Use Disorders, Skills Training in Affective and Interpersonal Regulation, and Dialectical Behavior Therapy, which she integrates in her work as a member of the MHC DBT Program. Within the psychology training program, she is a co-facilitator for the Cognitive Processing Therapy Program.
Consultation, Diversity, and Ethics Seminars. Outside of the VA, Dr. Whittaker is active in leadership within the American Psychological Association and the Massachusetts Psychological Association. Her favorite self-care activities include traveling outside of New England, Face Timing with her nieces, and binge-watching the latest show in her Netflix queue.

Brian Zuzelo, PsyD is a clinical psychologist in Home Based Primary Care (HBPC) and the administrator of the hospital’s Geropsychology Outpatient Clinic. His special interests include research and clinical work in Geropsychology, psychodynamic therapy, PTSD, training in clinical supervision, mental health issues facing nursing staff and other direct care providers. He is also a certified master gardener and actively collaborates with horticultural therapy providers in the community.
### Trainees for the Past Ten Years

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Additional Information on Program Policies and Procedures

THE FEEDBACK PROCESS: INTERNS & SUPERVISORS

The training program at Bedford seeks to make the feedback process something that is clear, predictable, and useful for all our students. Toward this end, the training committee has developed several mechanisms to help ensure that these objectives are met. In addition, the program has worked to make providing feedback (both to and from students) something that is built into the culture of the training program.

During each of the formal evaluation periods, interns and their supervisors have a designated period set aside to specifically review together the intern’s performance to date as well as the dyad’s work together in the supervision. That is, both the intern’s performance (as summarized in the general competency evaluation form completed by the supervisor) as well as the intern’s experience of the supervision (as summarized in an evaluation form completed by the intern of both strengths and areas of possible modification or improvement with regard to the supervision) is reviewed during this feedback process.

To best facilitate this conversation and review between intern and supervisor, a week is designated as “evaluation and feedback week,” and during this time the review and feedback process is the priority. These review meetings should occur during regularly scheduled weekly or biweekly supervision. In instances where the intern meets with a supervisor on a biweekly basis and the evaluation week falls on an off-cycle week, the following week will serve as the “evaluation and feedback week.” The review/feedback process may reasonably fill the entire hour, and supervisors as well as interns are encouraged to use this protected time to freely share and explore each individual’s experiences to date. Clinical material may also be addressed in this meeting, following the complete review/feedback process; however, in no instance should clinical material supersede this feedback process. Should pressing clinical material need to be addressed, the supervisor and intern should best set up an additional meeting to engage clinical supervision. Strict adherence to this protocol will ensure that interns have the opportunity to receive timely and detailed feedback as well as ensure that supervisors will similarly be given an opportunity to receive relevant feedback.

Prior to the feedback session, all relevant evaluation forms should be completed by both the intern and the supervisor. Should any form not be completed, then the supervisor and/or the intern should use this time to complete the form before a discussion is engaged. Some supervisors may prefer to complete their form in a collaborative manner in the presence of their supervisees, and in such cases, this protocol may be especially well suited. In any event, it is expected that both supervisors and interns will not deviate from this protocol. As noted above, strict adherence to the protocol of the “evaluation and feedback week” will help ensure that the process will be an optimally useful one.

INTERN DEVELOPMENT AND PROFESSIONAL FUNCTIONING

As a training program, we are committed to facilitating each intern’s professional development across the range of areas of professional functioning. Regarding internship training, there is an equal focus on clinical training involving the areas of evaluation, assessment, and intervention as well as functioning competently in all relevant aspects of professional functioning.

The Council of Chairs of Training Councils (CCTC) of APA has developed a policy that specifically addresses the need for professional psychologists to “demonstrate competency within and across a number of different but interrelated dimensions”, stating that training faculty has a “duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development and functioning”. The policy goes on to state “in addition to performance in coursework,
seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical and ethical) will also be evaluated”. The internship training program sees the merit in this position and has adopted this model policy as an additional means of ensuring student professional development and enhancing student self-awareness. The implementation of such evaluation processes will allow for the identification of student strengths as well as areas of improvement, and if needed, to assist in the development of remediation plans for the student.

The CCTC policy lists some of the key areas where such professional competency should be demonstrated and necessarily evaluated by training staff as the following:

a) interpersonal and professional competence
b) self-awareness, self-reflection, and self-evaluation
c) openness to processes of supervision
d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner

The psychology training program uses the vehicle of supervision, which involves supervisor/student interactions as well as the direct observations of student behavior and clinical functioning (either live or recorded) to monitor the above areas of professional functioning. Relevant items on periodic written evaluation forms are the means to routinely document the student’s general level of competency in these areas.

It is important to emphasize that the psychology training program values and respects each student’s uniqueness and right to personal privacy. The above-stated policy is not intended as a justification to pursue or address areas of personal functioning that do not relate to or impact upon professional functioning or training within the internship program. Consequently, relevant behavior or issues typically would be those observed within the context of the student’s work and professional interactions. However, the CCTC policy notes that the exceptions to this general rule would occur when the student’s outside conduct “clearly and demonstrably a) impacts the performance, development, or functioning of the student-trainee, b) raises questions of an ethical nature, c) represents a risk to public safety, or d) damages the representation of psychology to the profession or public”. In such cases, “the program may review such conduct within the context of the program’s evaluation processes.”

As any training or professional issue either arises or becomes apparent, the training program will first provide feedback and engage the student in an open dialogue about the issue at hand. Such conversations with the student are designed to heighten awareness of the issue at hand and help the student determine how best to address or resolve the relevant issue. Should the behavior in question persist or be of a significant magnitude of importance, the student’s preceptor and/or the director of training will document the behavior at issue. At this point, the training committee’s procedure for responding to issues in need of remediation, fully described in a subsequent section on Intern Deficiencies, will be implemented. The purpose of implementing a clear protocol is to allow the student maximal opportunity to effectively resolve the situation, while best utilizing ongoing staff monitoring and feedback regarding the issue. Due process policies and procedures are always available to the student should they so choose, and these are fully described below within the section Grievance Procedures.

PROGRAM EVALUATION
The internship program utilizes a number of formal and informal mechanisms to ensure that training objectives are met, both with regard to the individual intern and for the program as a whole. In actuality, the ongoing multifaceted monitoring of each intern’s progress throughout the internship year provides the ground and a primary basis for the program’s overall evaluation and modification, and when necessary, reconceptualizing the functionality of particular programmatic training activities and protocol.

As noted earlier, formal evaluations are completed by each clinical supervisor at 4-, 8- and 12-month periods as well as a qualitative review earlier in the year at the December meeting. These evaluations (and their review with each supervisor) serve as a basis for discussion of progress and training objectives. Particularly relevant in this program evaluation process are the interns’ formal evaluations of the program and of their individual supervisors, which are also completed at 4-, 8- and 12-month periods.

This entire feedback process between interns and supervisors allows for the program to identify and review relevant programmatic components, including issues related to overall structure as well as specific details. In addition, several formal meeting contexts for the training committee, which occur periodically, provide another means to specifically examine questions and issues related to the functioning of the training program. Consequently, program review and modification processes can occur through one or more of the following channels of interaction and formal communication regarding the training program:

1. The training directorate meets with each small group of training psychologists (affiliated with a rotation or training context) once or twice over the course of the year. These meetings provide an in-depth opportunity to explore the structure and unique issues relevant to each of the program’s rotations and training contexts. Also, the training directorate meets with the intern, preceptor and/or rotation supervisor(s), as needed, to address and explore issues as they arise.

2. Periodic retreats with the whole training committee occur as needed. These retreats provide an in-depth opportunity for all training committee members to receive presentations and to participate in an extended dialogue regarding key elements or changes regarding the program’s structure or philosophical framework.

3. Interns/training director administrative meetings, which address administrative and programmatic issues of the internship, occur frequently over the two-week orientation period, and then monthly over most of the training year. In addition to the interns work with their preceptor, individual meetings between the training directorate and an intern occur as needed or whenever requested by the intern. The training director and the associate training director’s value being available to interns whenever an administrative, professional/ethical, clinical, or program-related issue may arise.

When significant programmatic changes are entertained, there is typically a bi-directional interaction process between training staff and interns. In essence, each group serves the function of providing corrective feedback to the other. Consequently, any change entertained by the training committee is typically presented to the interns for feedback and suggestions for possible revisions, and vice versa. This process also works very well regarding the early stage of idea generation, prior to any actual proposed change. For example, either group may determine some aspect of the training program, or lack thereof, to be in question. In this case, one group may simply request from the other a consideration of the present issue and a potential action plan to address it.

In addition, the program utilizes formal (written) intern evaluations, completed three times over the course of the year, of the training program and supervisory staff in its efforts to monitor the quality of the training program. Specifically, each intern completes written evaluations of each of his/her supervisors as well as a series of other evaluation forms that cover the scope of the internship training program (i.e., clinical
rotations, seminars/didactics, group supervisions, and the internship generally. These intern-completed evaluation forms are listed in Appendix (pages 78-92)

PROBLEM IDENTIFICATION AND RESOLUTION

Grievance Procedure

Three procedures for addressing grievances are available to interns -- an internal grievance procedure designed specifically for the training program, hospital wide procedures involving a mediation program, and a formal grievance process. The internal grievance procedure is as follows:

When possible, an intern with a grievance is encouraged to first address the problem with the individual that is the focus of the grievance. Informal means of resolving problems before they reach the grievance stage are recommended.

If resolution is not achieved, the intern should contact his/her preceptor or the training director. If the non-resolved grievance is against the preceptor (or one of the two associate directors of training), the intern will go directly to the training director. If the non-resolved grievance is against the training director, the intern will go directly to either his/her preceptor or the chief of the Psychology Service.

Subsequently, either the preceptor or training director will convene a meeting with the persons involved to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. If the meeting does not resolve the grievance to everyone’s satisfaction, the director of training and the two associate directors, in consultation with the chief of the service, will review the details of the situation and make a determination about how best to proceed.

At each step of the process, the goal of the training directorate is to optimally support the student who has the grievance, and when reasonable and appropriate, intervening to directly address issues with staff and/or modifying the intern’s training context and supervisory assignments. Should such resolutions not satisfy the intern’s concerns, the hospital’s mediation program as well as the formal grievance procedure, available to all employees, offers other avenues for interns to address conflicts or grievances. The hospital grievance procedure is also provided to interns during the orientation period and would be a more appropriate avenue if the grievance were against the chief of psychology.

Staff Standards

All staff are required to abide by the highest ethical standards and any staff behavior that reasonably raises questions about adherence to such standards (including but not limited to boundary violations, dual roles, etc.) and that impacts psychology trainees should be brought to the attention of the training director (or to the chief of psychology if the behavior at issue involves the training director). As appropriate, the procedures outlined above under internal grievance procedure shall be followed to review and act upon this information.

Intern Deficiencies

The following procedures will be followed in advising and assisting interns who are not performing at an expected competency level regarding clinical skills and professional behavior.
At any time during the training year, if evaluation of an intern by one or more of his/her supervisors indicates that the intern is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the intern as rapidly as possible of any difficulties. Interns are also encouraged to actively seek feedback on an ongoing basis.

It is expected that relatively minor deficiencies will initially be addressed informally by the intern’s preceptor or other supervisors. Should such informal means of addressing the issue not adequately resolve the problem, then the protocols described below will be implemented, starting with a written remediation plan.

The preceptor and other supervisors assigned to the intern jointly discuss the current situation and decide upon what professional area(s) is at issue. A written remediation plan, outlining current deficits along with expected target behaviors, is prepared, signed by the intern, all supervisors, and the director of training. This signed copy is added to the intern's training file.

Monitoring and monthly review will be the responsibility of the preceptor and supervisor(s). The training director will be consulted with as needed and will be periodically updated about the intern’s performance. Updated signed remediation plans, documenting improvement, and ongoing deficits, are completed on a monthly basis and added to the intern’s training file.

Changes may be necessary in the intern's activities or rotations to continue progress toward objectives. Such changes will be made in consultation with the training director. If significant changes to the intern's activities are recommended, these will be communicated to the intern's graduate director of clinical training by the internship training director.

Monthly written summaries will be provided to the intern. When the intern has shown satisfactory progress for two months, achieving the learning objectives outlined in the remediation plan, the intensified review process will be terminated. If the intern fails to make progress toward the revised goals and objectives, then the following additional steps will be taken.

Recommendation for probation, approved by the training directorate, is the first step towards removing the intern from the training program. Once the intern is placed on probation, the intern's graduate program is notified of this decision. Following notification of being placed on probation, the intern will have no less than one month to significantly improve the behavior(s) at issue. After this time, the training directorate will review any changes in the intern’s performance over the past month.

If some improvement (but less than full resolution of the deficits) in performance is noted by the intern's supervisors, the supervisory team and the training directorate may continue monthly reviews of the intern’s progress. However, if at any point it is determined that the intern’s performance has fallen to the level of what initially prompted probation, the program will move to have the intern removed from the internship.

If it is the consensus of the intern’s supervisory team and the three-person training directorate that an intern should be removed from the program, a specific and detailed set of recommendations will be communicated by the training director to the intern and the graduate program. These recommendations will serve to guide the intern towards remediation of his or her deficits in future training elsewhere.

The intern being removed from the program may appeal this decision by submitting a detailed response to the recommendations of the committee. The training director will establish a review panel, comprising the chief of psychology and two other hospital staff members. The composition of this panel is at the discretion of the chief of psychology with the exception that no one involved in the original action shall be on the panel. Legal representation from the VA District Counsel Office shall be available to consult with the panel concerning due process issues. The training director shall present the position of the training committee; and the intern, together with any counsel he or she may choose, shall present the appeal. The training committee shall abide by the panel's judgment if it recommends continuation of training. The
intern and his or her supervisor, along with the intern’s preceptor and training director, will then develop a training plan for the rest of the year.

Professional Standards for Interns

It is expected that all interns will abide by appropriate standards of professional and ethical behavior in all interactions and activities. Problematic, unethical, or illegal conduct by an intern should be brought to the attention of the training director. Any person who observes such behavior, or reasonably questions that such behavior has occurred, whether staff or intern, has the responsibility to report the incident.

1. Incidents of a very minor nature may be dealt with by the training director, the preceptor, and the intern. Such incidents may be documented at the discretion of the training directorate. If the incident is determined to involve a particularly problematic behavior or otherwise constitute an illegal or unethical action, a written record is made of this complaint and action. All written records become a permanent part of the intern's file.

2. Any such particularly problematic or illegal/unethical behavior, or multiple minor infractions, must be reviewed by the training directorate. After a careful review of the case, the training directorate will recommend either probation or dismissal of the intern. Recommendations of a probationary period must include specific guidelines including a time frame and periodic review as described above. A violation of the probationary contract will necessitate the termination of the intern’s appointment.
APPENDICES

Commencement of the Training Year:

1) Intern Learning Objectives                  Page 50
2) Preceptor Responsibilities                  Page 51-52
3) Graduated Levels of Responsibility for Psychology Students  Page 53-56

Supervisor Completed Evaluation Forms

1) Trainee Evaluation Form                       Page 57-63
2) Primary Rotation Evaluation Forms:
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   b) Psychosocial Rehabilitation                Page 66-67
   c) Addictive Behaviors                        Page 68-69
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Intern Completed Evaluation Forms

1) Timetable of Internship Program Evaluations   Page 76
2) Intern Evaluation of Internship Program – midyear   Page 77-78
3) Rotation Experience                           Page 79-80
4) Inventory of Supervisor Activity              Page 81-83
5) Group Process Group Supervision               Page 84-85
6) Seminar on Ethics                             Page 86-87
7) Diversity Seminar Series                      Page 88
8) Intern Evaluation of Internship Program – end-of-year   Page 89-90
Student’s Learning Objectives for the Internship

Name ______________________________________

For each of the below areas, please describe your personal interests and desired goals for the training year. Let this exercise be an opportunity for you to articulate your vision for internship training. In addition to your individualized interests and aspirations, please also address the questions within each section. Response spaces can be expanded as much as is needed.

Overall goals for internship training (what are the things that you hope to gain from your doctoral internship experience; at the end of the year, how would you like to see yourself; how might the training program support and encourage your personal aspirations)

Core Rotation: Psychotherapy (include what theoretical school(s) you may wish to learn more about; clinical issues or populations of interest; and what you perceive to be your growth edge in psychotherapy and how you would like the internship program to help with your professional development in this regard)

Core Rotation: Assessment (what is your growth edge regarding each of the various sub-rotations within this core rotation: acute inpatient, compensation and pension evaluations, substance abuse assessments, capacity assessments, and vocational assessments; which might be your top three choices for this assessment sub-rotation)

Primary Rotation (what do you hope to learn; what particular orientations, approaches, methods, and/or instruments are you interested in learning; what is your growth edge in this area and how do you hope your training will facilitate your professional development)

Lastly, what do you see as your relative strengths (or unique skill sets) that you may like to provide or offer, in some form, within the medical center?
Preceptor Responsibilities in the Internship

Generally speaking, the preceptor attends to four primary areas: training (training related goals, needs, issues, problems, progress, as well as monitoring and review of student functioning and progress over the training year); professional development (the skills, abilities and personal/interpersonal qualities relevant to appropriate professional functioning); career development (dissertation progress, career aspirations, post-studentship/residency plans and progress); and personal issues (particularly as they impact upon the student’s training, professional and future functioning as a psychologist). Each of the four sets of general preceptor responsibilities loosely pertain to the above four areas, respectively.

**General Responsibilities**

1) Explore and establish student’s goals for the training year
2) Be available to discuss needs or problems the student is experiencing regarding their training
3) Share and discuss summary impressions from collected supervisory evaluations of the student as well as less formal impressions
4) Communicate and/or advocate regarding the student with relevant other supervisors, the Director and Associate Directors of Training, and the Training Committee whenever necessary
5) Monitor student’s weekly number of hours worked, and as necessary, review and modify the student’s schedule and/or training load in collaboration with other supervisors and the Director of Training

6) Generally, discuss professional issues relevant to being a psychologist
7) As a mentor, share appropriate personal and professional information relevant to the student's professional development
8) Determine, via discussion with student, observation of work and interpersonal functioning, review of evaluations, and discussions with staff, the student’s training, and professional development needs
9) Consistently work with student on areas of need or deficiency identified over the course of training regarding professional functioning as a psychologist-in-training

10) Track dissertation progress and provide support/guidance when appropriate
11) Discuss and explore career aspirations
12) Discuss and support the student’s planning for either a job or postdoc position following the training year

13) Be attentive to personal issues that may be impacting the student’s training and work
14) Be sensitive of and receptive to the discussion of life issues and personal circumstances as they impact upon the student as well as training/work
15) Discuss and process interpersonal challenges with other students and/or hospital staff (discussing challenges with other supervisors is also acceptable, however, student
should be encouraged to share directly relevant experiences and concerns with supervisor at issue)

Administrative Responsibilities

1) Review all formal supervisor evaluation forms (from the 4th, 8th, and 12th month periods) and review summary impressions with the intern.
2) Conduct group meetings in the fall and spring to address intern progress, needs, goals, and interest.
3) Complete a brief narrative summary of the fall and spring meetings, listing summary impressions of the supervisors (as well as the intern’s self-perception and response to the feedback), noting any areas of particular concern or apparent training needs and specifying which supervisor(s) will be responsible for addressing the area(s). Subsequently, give Director of Training the narrative summaries from the meetings.
Graduated Levels of Responsibility for Psychology Students and Unlicensed Staff

Supervisee: ____________________             Date: ____________________

___ Practicum Student     ___ Doctoral Intern     ___ Postdoctoral Resident     ____ Staff
(Level I Priv.)

In accord with VHA Handbook 1400.04 Supervision of Associated Health Trainees and its supervision requirements related to graduated levels of responsibility for safe and effective care of Veterans, we have evaluated the above individual's clinical experience, judgment, knowledge, and technical skill, and we have determined that the trainee will be allowed to perform the following clinical activities within the context of the following assigned levels of responsibility:

**Supervision Types**

*Room.* A supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services. A SP may or may not be the same supervisor with whom the trainee has regular individual supervision sessions.

*Area.* An SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with Veteran as needed. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision. A SP may or may not be the same supervisor with whom the trainee has regular supervision sessions.

*Available.* Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. Trainee and SP discuss, plan, or review evaluation or treatment. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

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**Only circle a Level of Supervision for activities the supervisee is performing**

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<td>ROOM AREA</td>
<td>Available</td>
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<tr>
<td>MCMII (MILLON CLINICAL MULTIAXIAL INVENTORY – III)</td>
<td>Available</td>
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<tr>
<td>ROOM AREA</td>
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<td>Available</td>
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<td>SCID-1 and SCID-2</td>
<td>Room Area Available</td>
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<td>Other objective measures (specifically:</td>
<td>Room Area Available</td>
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<td>Rorschach</td>
<td>Room Area Available</td>
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<td>TAT</td>
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<td>Other projectives (specifically:</td>
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<td>Other activities:</td>
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<td></td>
<td>Room Area Available</td>
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</tbody>
</table>

Ultimately, the supervising practitioner determines which specific activities the trainee will be allowed to perform within the context of these assigned levels of responsibility.

Name of Supervising Licensed Psychologist  Signature of Supervising Licensed Psychologist

Name of Supervising Licensed Psychologist  Signature of Supervising Licensed Psychologist

Name of Supervising Licensed Psychologist  Signature of Supervising Licensed Psychologist

Name of Supervising Licensed Psychologist  Signature of Supervising Licensed Psychologist

Name of Supervising Licensed Psychologist  Signature of Supervising Licensed Psychologist

Name of Supervising Licensed Psychologist  Signature of Supervising Licensed Psychologist

Chief of Psychology or Training Director Signature
Graduated Levels of Responsibility for Psychology Practicum Students, Interns, Residents, and Unlicensed Staff

Instructions for Completion of the Form

Initial Completion of the Graduated Levels of Responsibility Form

1) For each practicum student, doctoral intern, and postdoctoral resident, as well as for all presently unlicensed and/or uncredentialled staff, one Graduated Levels of Responsibility form should be completed and on file following the start of training or becoming staff.

2) All supervisors providing supervision to the trainee/staff will review, sign and initial (where appropriate) this one form, which should be dated and completed as close as possible following commencement of training/employment. (During COVID-19, forms can be signed electronically)

3) The form will indicate all of the clinical/professional activities in which the trainee/staff will be engaging during their training or employment.

4) Supervisors will only initial the specific clinical/professional activities for which they will be directly providing supervision and hence assuming full clinical responsibility.

5) The Director of Psychology Training (for students) or Chief of Psychology (for staff) will countersign all forms.

6) While all students (postdoctoral residents, interns, and practicum students) may be assigned the highest assigned level of responsibility (i.e., “available supervision”); it is reasonable that any student, particularly practicum students, be assigned a “area supervision” for some or all of the various clinical activities, should that be determined to be the most appropriate level.

Subsequent Completion of Additional Graduated Levels of Responsibility Forms

1) As needed, subsequent forms should be completed according to either of the following two possible situations: the trainee/staff demonstrate a higher level of functioning in one or more clinical/professional activities than initially determined on the form, or the performance of the trainee/staff in one or more areas reflects a need to more closely monitor that individual’s functioning in that area(s).

2) When such determinations regarding an individual’s functioning are made, those clinical/professional areas will be re-evaluated to either reflect a higher level of responsibility (and hence less direct oversight) or a lower level of responsibility (hence necessitating more supervisory monitoring), and a subsequent form will be appropriately completed.

3) Only those particular areas of clinical/professional work at issue will be re-evaluated on the form.
4) Only those supervisors responsible for the area(s) of clinical/professional work being amended need to review, sign and initial the subsequent form.

5) The Director of Training (for students) or Chief of Psychology (for staff) will countersign these subsequent forms.

6) All subsequent forms are attached to the original form in the folder of the trainee/staff.
Trainee Evaluation From
Edith Nourse Rogers Memorial VA Hospital
Internship and Postdoctoral Residency Program

Trainee: _______________________________  Supervisor: _______________________________

Level of Training: _____ Intern     _____ Postdoctoral Resident

Evaluation Period for the Training Year: _____ 4-Month     _____ 8-Month     _____ Final

Date: _________________________________

Please rate the trainee in each competency domain using the following key:

1  Trainee does not demonstrate basic competency and needs remedial training in this competency area.
2  Trainee demonstrates basic competency. Close supervision is required, and further development is necessary.
3  Trainee demonstrates an intermediate level of competency, typical for interns at the beginning and well into the training year. Performance is acceptable, but routine supervision of most cases and activities is required and further growth is desirable.
4  Trainee demonstrates an intermediate to advanced level of competency typical of interns at the end of the training year and postdoctoral fellows early in the training year. Trainee is considered competent in this area and can function successfully with minimal or periodic supervision on most routine cases and activities; supervision focuses more frequently on complex and/or novel situations.
5  Trainee demonstrates an advanced level of competency, beyond that which is expected for interns at the end of the training year and typical of a postdoctoral fellow well into and up to completion of the training year. Trainee is capable of functioning independently on most routine cases and activities; supervision focuses on complex and/or novel situations.
6  Trainee demonstrates a distinguished level of competency beyond what is typically observed of a postdoctoral fellow at the end of a training year. Trainee is independent in all areas of required performance. Trainee does not require supervision for successful performance and can function autonomously as an independent practitioner, though continues to receive supervision required by the program. Supervision more frequently takes the form of collegial consultation.

N/A  Unable to observe or evaluate

Before completing or reviewing the rating form, please read over the expected
**Relevant performance criteria relevant to the student’s level and period of evaluation at the end of this form.**

The following nine competencies are required of all interns and fellows:

<table>
<thead>
<tr>
<th>1. Research</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including VA Bedford), regional, or national level.</td>
<td>☐</td>
<td>☐</td>
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<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>N/A</td>
</tr>
<tr>
<td>Routinely utilizes the scientific literature in the conceptualization, planning and delivery of clinical services.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>2. Ethical and legal standards</th>
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<th></th>
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<tbody>
<tr>
<td>Is knowledgeable of and acts in accordance with each of the following:</td>
<td></td>
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<tr>
<td>The current version of the APA Ethical Principles of Psychologists and Code of Conduct.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>N/A</td>
</tr>
<tr>
<td>Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>N/A</td>
</tr>
<tr>
<td>Relevant professional standards and guidelines.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>N/A</td>
</tr>
<tr>
<td>Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>N/A</td>
</tr>
<tr>
<td>Conducts self in an ethical manner in all professional activities.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>6</td>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>3. Individual and cultural diversity</th>
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</thead>
<tbody>
<tr>
<td>Understands how personal/cultural</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<td>N/A</td>
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</tbody>
</table>
history, attitudes, and biases may affect personal understanding and interactions with people different from oneself.

Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in professional activities including research, training, supervision/consultation, and service.

Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during training.

4. Professional values, attitudes, and behaviors
Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.

Actively seeks and demonstrate openness and responsiveness to feedback and supervision.

Responds professionally in increasingly complex situations with more independence as they progress across
levels of training.

<table>
<thead>
<tr>
<th>5. Communication and interpersonal skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ N/A</td>
</tr>
<tr>
<td>Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ N/A</td>
</tr>
<tr>
<td>Demonstrates effective interpersonal skills and the ability to manage difficult communication well.</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ N/A</td>
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</tbody>
</table>

<table>
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<tr>
<th>6. Assessment</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ N/A</td>
</tr>
<tr>
<td>Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ N/A</td>
</tr>
<tr>
<td>Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ N/A</td>
</tr>
<tr>
<td>Selects and applies assessment methods (including interview approaches) that draw from the best available empirical literature and are appropriate to the referral question</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ N/A</td>
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</tbody>
</table>
Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective.

Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

**7. Intervention**

<table>
<thead>
<tr>
<th>Establishes and maintains effective relationships with the recipients of psychological services.</th>
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</table>

Develops evidence-based intervention plans specific to the service delivery goals.

| 1 | 2 | 3 | 4 | 5 | 6 | N/A |

Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

| 1 | 2 | 3 | 4 | 5 | 6 | N/A |

Demonstrates the ability to apply the relevant research literature to clinical decision making.

| 1 | 2 | 3 | 4 | 5 | 6 | N/A |

Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.

| 1 | 2 | 3 | 4 | 5 | 6 | N/A |

Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing outcome evaluation.

| 1 | 2 | 3 | 4 | 5 | 6 | N/A |

**8. Consultation and interprofessional skills**
<table>
<thead>
<tr>
<th>Role &amp; Perspective</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
<th>Score 5</th>
<th>Score 6</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates knowledge and respect for roles &amp; perspectives of other professions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.</td>
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<td>☐</td>
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**9. Supervision**

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
<th>Score 5</th>
<th>Score 6</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Demonstrates knowledge of supervision models and practices.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Applies this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.</td>
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<td>☐</td>
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*Continue the following page with a narrative summary of the trainee*
Comments related to training strengths and experiences:

Suggestions for further growth and development:

Requirements for program completion

During the internship year, the minimal level of achievement is a rating of 3 on all competencies. Ratings of 2 or lower will trigger a formal review of the intern’s progress.

At the end of internship, the minimal level of achievement required for program completion is a rating of 4 on all competencies.

During the period of fellowship, the minimal level of achievement is a rating of 4 on all competencies. Ratings of 3 or lower will trigger a formal review of the fellow’s progress.

At the end of fellowship, the minimal level of achievement required for program completion is a rating of 5 on all competencies.

Student signature _______________________________ Date ________
Supervisor signature _______________________________ Date ________
Neuropsychology Primary Rotation Evaluation

Intern: _____________________________ Supervisor: ______________________________

Evaluation Period:     4 Months _______      8 Months _______            End of year _______

Date: _________________________

Please rate the trainee in each competency domain using the following key:

1  Trainee does not demonstrate basic competency and needs remedial training in this competency area.
2  Trainee demonstrates basic competency. Close supervision is required, and further development is necessary.
3  Trainee demonstrates an intermediate level of competency, typical for interns at the beginning and well into the training year. Performance is acceptable, but routine supervision of most cases and activities is required and further growth is desirable.
4  Trainee demonstrates an intermediate to advanced level of competency typical of interns at the end of the training year and postdoctoral fellows early in the training year. Trainee is considered competent in this area and can function successfully with minimal or periodic supervision on most routine cases and activities; supervision focuses more frequently on complex and/or novel situations.
5  Trainee demonstrates an advanced level of competency, beyond that which is expected for interns at the end of the training year and typical of a postdoctoral fellow well into and up to completion of the training year. Trainee is capable of functioning independently on most routine cases and activities; supervision focuses on complex and/or novel situations.
6  Trainee demonstrates a distinguished level of competency beyond what is typically observed of a postdoctoral fellow at the end of a training year. Trainee is independent in all areas of required performance. Trainee does not require supervision for successful performance and can function autonomously as an independent practitioner, though continues to receive supervision required by the program. Supervision more frequently takes the form of collegial consultation.
N/A  Unable to observe or evaluate

Requirements for program completion

During the internship year, the minimal level of achievement is a rating of 3 on all competencies. Ratings of 2 or lower will trigger a formal review of the intern’s progress.

At the end of internship, the minimal level of achievement required for program completion is a rating of 4 on all competencies.

1) Administration and scoring of a variety of neurological instruments  
1  2  3  4  5  6  NA

2) Ability to interpret results of neuropsychological instruments, both quantitatively and qualitatively  
1  2  3  4  5  6  NA

3) Selection of instruments to address various diagnostic and referral questions, such as tx planning and competency  
1  2  3  4  5  6  NA
<p>| | | | | | | | |</p>
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<tr>
<td></td>
<td>4) Translation of evaluation results into overall patterns of cognitive functioning</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>5) Ability to identify patterns of cognitive functioning associated with dementias, ADHD, and psychiatric disorders</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td></td>
<td>6) Skill in gathering patient and family history to optimally diagnose and make recommendations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>7) Ability to differentiate aspects of a patient’s history most relevant to differential diagnoses</td>
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<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>8) Skill in writing concise, organized, understandable reports</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>9) Understanding of the clinical care, such as pharmacology, surgery, health management, common to various disorders</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>10) Delivery of feedback on test results/diagnosis to patients &amp; family in an easily understandable &amp; collaborative manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>11) Understand common clinical care for various neurological disorders</td>
<td>1</td>
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<td>3</td>
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<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>12) Understanding of fundamentals of cognitive rehabilitation as applied to neuropsych recommendations and treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</tbody>
</table>

Supervisor signature ___________________________________________________________ Date _____________________

Intern signature _____________________________________________________________ Date _____________________
Psychosocial Rehabilitation Primary Rotation Evaluation

Intern: _____________________________ Supervisor: ______________________________

Evaluation Period:     4 Months _______      8 Months _______            End of year _______

Date: _________________________

Please rate the trainee in each competency domain using the following key:

1  Trainee does not demonstrate basic competency and needs remedial training in this competency area.
2  Trainee demonstrates basic competency. Close supervision is required, and further development is necessary.
3  Trainee demonstrates an intermediate level of competency, typical for interns at the beginning and well into the training year. Performance is acceptable, but routine supervision of most cases and activities is required and further growth is desirable.
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5  Trainee demonstrates an advanced level of competency, beyond that which is expected for interns at the end of the training year and typical of a postdoctoral fellow well into and up to completion of the training year. Trainee is capable of functioning independently on most routine cases and activities; supervision focuses on complex and/or novel situations.
6  Trainee demonstrates a distinguished level of competency beyond what is typically observed of a postdoctoral fellow at the end of a training year. Trainee is independent in all areas of required performance. Trainee does not require supervision for successful performance and can function autonomously as an independent practitioner, though continues to receive supervision required by the program. Supervision more frequently takes the form of collegial consultation.
N/A Unable to observe or evaluate

Requirements for program completion

During the internship year, the minimal level of achievement is a rating of 3 on all competencies. Ratings of 2 or lower will trigger a formal review of the intern’s progress.

At the end of internship, the minimal level of achievement required for program completion is a rating of 4 on all competencies.

1) Ability to provide individual and group psychotherapy targeted at rehabilitation, including modular approaches 1  2  3  4  5  6  NA
2) Skill in facilitating Veteran integration into the community 1  2  3  4  5  6  NA
3) Ability to assess readiness for change 1  2  3  4  5  6  NA
4) Skill in assisting Veterans to develop rehabilitation readiness 1  2  3  4  5  6  NA
5) Skill in collaboratively establish an overall rehabilitation goal 1 2 3 4 5 6 NA
6) Understanding and skills with regard to the treatment of substance abuse 1 2 3 4 5 6 NA
7) Ability to evaluate history, conflicts, ego strength and skill deficits to identify clients for time-limited psychotherapy 1 2 3 4 5 6 NA
8) Skill in choosing among cognitive-behavioral, interpersonal and dynamic treatments to use within time-limited therapy 1 2 3 4 5 6 NA
9) Skill in dealing with disruptions in the therapeutic alliance 1 2 3 4 5 6 NA
10) Understanding of institutional dependency and helping vets overcome barriers to living in less restrictive environments 1 2 3 4 5 6 NA
11) Understanding of how intellectual, cognitive and personality factors interact with other areas of functioning 1 2 3 4 5 6 NA
12) Understanding of how hospital and community resources impact rehabilitation and how to best access resources 1 2 3 4 5 6 NA

Supervisor signature _____________________________________________ Date ______________________

Intern signature _______________________________________________ Date _____________________
Addiction & Recovery Primary Rotation Evaluation

Intern: _____________________________      Supervisor: __________________________

Evaluation Period:     4 Months _______      8 Months _______            End of year _______

Date: _________________________

Please rate the trainee in each competency domain using the following key:

1  Trainee does not demonstrate basic competency and needs remedial training in this competency area.
2  Trainee demonstrates basic competency. Close supervision is required, and further development is necessary.
3  Trainee demonstrates an intermediate level of competency, typical for interns at the beginning and well into the training year. Performance is acceptable, but routine supervision of most cases and activities is required and further growth is desirable.
4  Trainee demonstrates an intermediate to advanced level of competency typical of interns at the end of the training year and postdoctoral fellows early in the training year. Trainee is considered competent in this area and can function successfully with minimal or periodic supervision on most routine cases and activities; supervision focuses more frequently on complex and/or novel situations.
5  Trainee demonstrates an advanced level of competency, beyond that which is expected for interns at the end of the training year and typical of a postdoctoral fellow well into and up to completion of the training year. Trainee is capable of functioning independently on most routine cases and activities; supervision focuses on complex and/or novel situations.
6  Trainee demonstrates a distinguished level of competency beyond what is typically observed of a postdoctoral fellow at the end of a training year. Trainee is independent in all areas of required performance. Trainee does not require supervision for successful performance and can function autonomously as an independent practitioner, though continues to receive supervision required by the program. Supervision more frequently takes the form of collegial consultation.
N/A  Unable to observe or evaluate

Requirements for program completion

During the internship year, the minimal level of achievement is a rating of 3 on all competencies. Ratings of 2 or lower will trigger a formal review of the intern’s progress.

At the end of internship, the minimal level of achievement required for program completion is a rating of 4 on all competencies.

1)  Skill in case conceptualization of Veterans presenting with addictions and co-occurring disorders
    1 2 3 4 5 6 NA

2)  Proficiency in performing comprehensive assessments for Veterans presenting with addictions and being able to provide feedback
    1 2 3 4 5 6 NA
3) Ability to deliver evidence-based treatments for addictions including motivational interviewing, cognitive behavioral therapy, and acceptance- and mindfulness-based treatments

1 2 3 4 5 6 NA

4) Demonstration of professional identity as a psychologist working collaboratively as a member of the interdisciplinary treatment team through case presentations, consultation with providers from other disciplines, and outreach and education

1 2 3 4 5 6 NA

5) Understanding of the range of treatment approaches for people with addictions, particularly motivational enhancement therapy, CBT, and recovery-oriented approaches to addictions treatment

1 2 3 4 5 6 NA

6) Understanding of the concept of co-occurring disorders and the interrelationship between mental illness and addictions

1 2 3 4 5 6 NA

7) Familiarity with the different stages of recovery from addictions, particularly as applied to group psychotherapy processes

1 2 3 4 5 6 NA

8) Effectively provides interventions from the principles of psychosocial rehabilitation

1 2 3 4 5 6 NA

9) Familiarity with administrative functioning by managing consults, conducting intakes, and managing clinic assignment.

1 2 3 4 5 6 NA

10) Familiarity with methods for evaluating the efficacy of various approaches to addictive behaviors

1 2 3 4 5 6 NA

11) Demonstration of research-related skills via participation in clinical trials, conference presentations, and/or manuscript preparation

1 2 3 4 5 6 NA

Supervisor signature ____________________________________________  Date _________________

Intern signature ________________________________________________  Date _________________
Outpatient Psychotherapy Primary Rotation Evaluation

Intern: ___________________________   Supervisor: ______________________________

Evaluation Period:  4 Months _______  8 Months _______  End of year _______

Date: _________________________

Please rate the trainee in each competency domain using the following key:

1  Trainee does not demonstrate basic competency and needs remedial training in this competency area.
2  Trainee demonstrates basic competency. Close supervision is required, and further development is necessary.
3  Trainee demonstrates an intermediate level of competency, typical for interns at the beginning and well into the training year. Performance is acceptable, but routine supervision of most cases and activities is required and further growth is desirable.
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N/A  Unable to observe or evaluate

Requirements for program completion

During the internship year, the minimal level of achievement is a rating of 3 on all competencies. Ratings of 2 or lower will trigger a formal review of the intern’s progress.

At the end of internship, the minimal level of achievement required for program completion is a rating of 4 on all competencies.

1) Understanding of the structure and overall functioning of two outpatient therapy clinics

2) Ability to assess outpatient program needs, particularly with regard to limited resources of a community clinic

3) Understanding of the characteristics and treatment needs of an underserved community-based Veteran population
4) Ability to work within a primary healthcare multidisciplinary treatment team

5) Ability to perform intake, assessment, and crisis management skills

6) Understanding and skill regarding the facilitation of PTSD-oriented psychotherapy groups

7) Ability to effectively implement at least one evidence-based (EBP) protocol with Veterans

8) Ability to conceptualize treatment from several theoretical Perspectives (e.g., psychodynamic, CBT, humanistic)

9) Skill in implementing interventions from various therapeutic Approaches, as relevant, for each clinical therapy case

10) Ability to remain aware of one’s experience as a therapist through understanding and applying principles of mindfulness

Supervisor signature ______________________________________________ Date ___________________

Intern signature __________________________________________________ Date ___________________
Geropsychology Primary Rotation Evaluation

Intern: _____________________________   Supervisor: ______________________________

Evaluation Period:     4 Months _______      8 Months _______            End of year _______

Date: _________________________

Please rate the trainee in each competency domain using the following key:

1  Trainee does not demonstrate basic competency and needs remedial training in this competency area.
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N/A   Unable to observe or evaluate

Requirements for program completion

During the internship year, the minimal level of achievement is a rating of 3 on all competencies. Ratings of 2 or lower will trigger a formal review of the intern’s progress.

At the end of internship, the minimal level of achievement required for program completion is a rating of 4 on all competencies.

1) Overall demonstration of competencies identified in the Pike’s Peak model of training in geropsychology  1  2  3  4  5  6  NA

2) Skill in providing psychotherapy using a variety of theoretical modalities, such as humanistic, CBT, dynamic, etc.  1  2  3  4  5  6  NA
<table>
<thead>
<tr>
<th>3) Ability to incorporate medical, psychosocial, and developmental issues into case conceptualization and tx</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>4) Ability to engage in EBPs with Veterans with advanced dementia, hospice-related issues, and caregiver interventions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>NA</td>
</tr>
<tr>
<td>5) Knowledge of psychological and physiological symptoms associated with death and dying</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>NA</td>
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<tr>
<td>6) Knowledge of the various roles for psychologists in geriatric care settings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>NA</td>
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<tr>
<td>7) Ability to provide anticipatory grief and grief support to Veterans and their families</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>NA</td>
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<tr>
<td>8) Ability to effectively provide psycho-education to families and caregivers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>NA</td>
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<tr>
<td>9) Demonstration of effective consultation skills within an interdisciplinary system</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
<td>NA</td>
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<tr>
<td>10 Ability to conduct psychological assessments of the older adult including brief evals of cognitive functioning, diagnostic screenings, functional abilities, and general MH functioning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>NA</td>
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<tr>
<td>11) Understanding of specific legal and ethical issues that arise when working with the elderly</td>
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<td>6</td>
<td>NA</td>
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Supervisor signature ________________________________ Date ________________

Intern signature ________________________________ Date ________________
Primary Care Behavioral Health Primary Rotation Evaluation

Intern: _____________________________    Supervisor: ______________________________

Evaluation Period:  4 Months _______  8 Months _______  End of year _______

Date: _________________________

Please rate the trainee in each competency domain using the following key:

1  Trainee does not demonstrate basic competency and needs remedial training in this competency area.
2  Trainee demonstrates basic competency. Close supervision is required, and further development is necessary.
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N/A   Unable to observe or evaluate

Requirements for program completion

During the internship year, the minimal level of achievement is a rating of 3 on all competencies. Ratings of 2 or lower will trigger a formal review of the intern’s progress.

At the end of internship, the minimal level of achievement required for program completion is a rating of 4 on all competencies.

1) Knowledge of the common mental health conditions seen 1 2 3 4 5 6 NA
   In a primary care clinic

2) Knowledge of common behavioral health concerns seen in primary care (i.e., chronic pain, weight management) 1 2 3 4 5 6 NA
3) Understanding of how co-morbidities of mental health and physical conditions interact

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4) Ability to conceptualize from a biopsychosocial model of care

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5) Skill in understanding and applying the concepts of mind-body medicine within a PCBH setting

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6) Ability to practice from a team-based interprofessional approach

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7) Ability to review medical records and to share treatment planning information with medical staff

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8) Understanding and ability to apply brief models of assessments and intervention

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9) Ability to consult effectively to interdisciplinary health care professionals

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10) Skills in brief assessments, monitoring, psychoeducation, and coordination of care

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11) Understand the role of the psychologist in the Patient Centered Medical Home

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Supervisor signature ______________________________________________  Date ___________________

Intern signature __________________________________________________  Date ___________________
Timetable of Intern-completed Evaluations

4-month:
- Inventory of Supervisory Activity – Internship Program (for each supervisor)
- Rotation Experience (Primary, Psychotherapy, and Assessment rotations)
- Intern Evaluation of Internship Program at Four Months

8-month:
- Inventory of Supervisory Activity – Internship Program (for each supervisor)

End of Year/12-month:
- Inventory of Supervisory Activity – Only for new/3rd rotation supervisors
- Rotation Experience (Primary, Psychotherapy, and Assessment rotations)
- Intern Evaluation of Internship Program - End of Year
- Diversity Seminar Series
- Group Process Supervision
- Seminar on Ethics (Bitman and Larson)
Intern Evaluation of Internship Program
at Four Months

Intern name _________________________   Date_____________________

1) Please describe what you are most appreciating or liking about your training experience (please consider your entire internship training and all components in answering these questions)

______________________________________________________________________
______________________________________________________________________
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______________________________________________________________________

2) Please describe what you may not be appreciating or liking about your training experience

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
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______________________________________________________________________
3) Please list specific skill sets (clinical and professional competencies) that you believe you are developing so far in the internship
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

4) Please list specific skill sets (clinical and professional competencies) that you would like to develop this year but have not yet. Also, please let us know if the lack of such development is due to unavailability of that particular training or a limitation of how we provide the training.
______________________________________________________________________
______________________________________________________________________
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______________________________________________________________________

5) What specific changes might you recommend for the internship training program for the remainder of the training year
______________________________________________________________________
______________________________________________________________________
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______________________________________________________________________
Rotation Experience

(To be completed for the primary, psychotherapy and each assessment rotation)

<table>
<thead>
<tr>
<th>Name of rotation</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>1  -- Poor</th>
<th>2  -- Fair</th>
<th>3  -- Average</th>
<th>4  -- Very Good</th>
<th>5  -- Excellent</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Appropriate level of complexity or difficulty regarding clinical activities/involvement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2) Reasonable workload</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3) Range or breadth of clinical activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4) Variety of clinical cases</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5) Adequate amount of supervision provided</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6) Availability of supervisor for emergent situations or clinical crises</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7) Opportunity to function within the role of psychologist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8) Clarity or explicitness of administrative protocols and responsibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>9) Professionalism and morale of staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10) Competency and clinical effectiveness of staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>11) Support received from professional staff associated with the rotation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>12) Involvement and participation with staff in relevant team or milieu activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>13) Opportunity to experience working within an interdisciplinary context</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>14) Opportunity to interact with staff (discussions, questions, sharing of experience)</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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</tbody>
</table>

1) What specific skill sets (clinical competencies) do you believe you developed through your participation on this rotation and how did the structure of the rotation specifically facilitate the development of these skills:
2) Please list specific skill sets (clinical) that you would have liked to develop through participation on this rotation but did not. Also, please let us know if the lack of such development was due to unavailability of a particular training or a limitation of how the rotation was structured.
## Inventory of Supervisory Activity – Internship Program

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Intern</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Rotation/Training Experience</th>
<th>Date</th>
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</table>

1 -- Poor    2 -- Below Average    3 -- Average    4 -- Very Good    5 -- Excellent

### General Characteristics of the Supervisor

1. Accessibility for discussion, questions, etc  
   1  2  3  4  5  NA
2. Allotment of sufficient time for supervision  
   1  2  3  4  5  NA
3. Maintains reasonable expectations for work  
   1  2  3  4  5  NA
4. Sets clear objectives and responsibilities  
   1  2  3  4  5  NA
5. Provides sufficient direct observation of intern’s clinical work (live, audiotape, videotape)  
   1  2  3  4  5  NA
6. Provides regular verbal feedback on performance  
   1  2  3  4  5  NA
7. Encourages autonomy and independent functioning  
   1  2  3  4  5  NA
8. Demonstrates interest and commitment to the process of supervision  
   1  2  3  4  5  NA
9. Demonstrates concern and interest regarding intern’s progress, problems, and ideas  
   1  2  3  4  5  NA
10. Maintains appropriate interpersonal distance  
    1  2  3  4  5  NA

### Development of Clinical Skills

1. Effectiveness utilizing various means in supervision (role-playing, recordings, demonstrations, etc.)  
   1  2  3  4  5  NA
2. Assistance in developing clinical conceptualizations  
   1  2  3  4  5  NA
3. Assistance in translating conceptualizations  
   1  2  3  4  5  NA
into specific techniques and procedures

4) Effectiveness in providing specific clinical techniques
   1 2 3 4 5 NA

5) Effectiveness in helping to develop short- and long-range goals for client
   1 2 3 4 5 NA

**Ethics and Diversity**

1) Demonstrates understanding of ethical standards
   1 2 3 4 5 NA

2) Models ethical professional behavior in all situations
   1 2 3 4 5 NA

3) Shares relevant aspects of their cultural identity and how such influences understanding of vet issues
   1 2 3 4 5 NA

4) Asks about intern’s cultural background and how this influences intern’s experience of providing clinical work
   1 2 3 4 5 NA

5) Asks intern to reflect upon how to recognize and best address specific aspects of their vet’s individuality
   1 2 3 4 5 NA

6) Speaks about intern’s experiences within the VA, particularly gender, power, and ethnicity issues
   1 2 3 4 5 NA

7) Invites intern to share about their experiences in the diversity seminars and the Culture of the VA
   1 2 3 4 5 NA

Describe two or more aspects of the supervision that you found beneficial

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Describe two (2) aspects of the supervision that may be modified or changed to increase effectiveness

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GROUP PROCESS SUPERVISION
Student Evaluation

Date

1) What specific skill sets (clinical competencies) do you believe you developed through your participation in the group supervision:

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2) Please list specific skill sets (clinical) that you would have liked to develop through participation in this group supervision but did not. Also, please let us know if the lack of such development was due to unavailability of a particular training or a limitation of how we provided the training.

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3) How would you rate the format and structure of this group supervision?

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<tr>
<td>Not Effective</td>
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Why this rating?

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4) How have you found the leaders’ manner and facilitation of the group?

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Why this rating?

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5) Overall, how useful have you found this group supervision of group psychotherapy training experience?

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<tbody>
<tr>
<td>Not Useful</td>
<td></td>
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<td>Extremely Useful</td>
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Why this rating?

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SEMINAR ON ETHICS (with Drs Larson & Whittaker)
Intern Evaluation

Date

1) What specific skills or understanding do you believe you developed through your participation in this monthly seminar on ethics?

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2) Please list specific skills or understanding that you would have liked to develop through participation in this seminar but did not. Also, please let us know if the lack of such development was due to a limitation of how we provided the training:

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3) How would you rate the format and structure of the seminar on ethics?

1  2  3  4  5  6  7
Not Effective           Optimal

4) How have you found the leader's manner and facilitation of the group?

1  2  3  4  5  6  7
Not Effective           Optimal

5) Overall, how useful have you found this seminar on ethics as a training experience?

1  2  3  4  5  6  7
Not Useful           Extremely Useful

What modifications or changes might you suggest to improve the quality and/or efficacy of this seminar?

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Diversity Seminar Series
Intern Evaluation form

1) Which seminars did you most like or find beneficial? Please say what was helpful about those.

2) Which seminars did you find least beneficial? Please say what was least helpful about those.

3) How did this seminar fit with the Culture of the VA? Please also list any recommendations for improving that fit.

4) What might you suggest for the future, either this year or next year (topics, frequency/timing, etc.)?

5) How would you rate the format and structure of the diversity seminar series?

   1       2       3       4       5       6       7
   Not Effective           Optimal

6) How would you generally rate presenters’ knowledge and facilitation of these seminars?

   1       2       3       4       5       6       7
   Not Effective           Optimal

7) Overall, how useful have you found this biweekly diversity seminar as a training experience?

   1       2       3       4       5       6       7
   Not Useful           Extremely Useful

8) Finally, what modifications or changes might you suggest to improve the quality and/or efficacy of this seminar?
Intern Evaluation of Internship Program
End of Year

Intern name _________________________

1) Please describe what you most appreciated or liked about your training experience (please consider your entire internship training and all components in answering these questions)
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2) Please describe what you may not have appreciated or liked about your training experience
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3) Please list specific skill sets (clinical and professional competencies) that you believe you have developed over the course of the year
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4) Please list specific skill sets (clinical and professional competencies) that you would have liked to develop this year but did not. Also, please let us know if the lack of such development was due to unavailability of that particular training or a limitation of how we provided the training.
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5) What specific changes might you recommend for the internship training program
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