

PSYCHOLOGY SERVICE POLICY MEMORANDUM
PREDOCTORAL INTERNS
Revised June 2022

I. Evaluation of Interns

1. Interns are entitled to timely feedback on their performance so that they have adequate time and guidance to meet training goals and address any deficiencies.
2. All interns are evaluated during each rotation. The primary rotation supervisor gives formal oral and written feedback mid-rotation and at rotation's end using the *Mid-Rotation Review* form and the *Evaluation* form, respectively.
3. Evaluation must include an ongoing assessment of the intern's competencies and need for level of supervision: In Room, In Area (in immediate clinical vicinity and available), or Available (in facility and available).
4. The intern will review and sign all written rotation evaluations. The intern may retain copies for his/her records.
5. The rotation supervisor(s) and the Training Committee will determine if the performance of each intern is satisfactory, based upon the feedback of all Service members who have worked with the intern.
6. The Training Director will notify the intern's academic program of his/her progress: at the end of each rotation to confirm the intern is progressing satisfactorily, if the intern is placed on a remediation contract, or if the intern is in serious peril of not completing the internship through clinical deficiencies, a serious ethical breach, or felonious behavior.
7. An intern whose performance is judged unsatisfactory will be notified in writing. Areas of performance that are judged unsatisfactory will be specified through an evaluation form and a written remediation plan. It is expected that interns will merit the following minimal levels of achievement (MLAs): 1) by the end of the first rotation, they will merit ratings of 2 (on a 1-7 scale) on all competency items on the evaluation form, 2) by the end of the second rotation, they will merit ratings of 3 (on a 1-7 scale) on all competency items on the evaluation form, 3) by the end of the third rotation, they will merit ratings of 4 (on a 1-7 scale) on all competency items on the evaluation form. Supervisors complete the VAPORHCS Psychology Intern Mid-Rotation Review Form to evaluate an intern's performance mid-way through a rotation; a supervisor who assigns a rating below the MLA for a given rotation on any aim on the VAPORHCS Psychology Intern Mid-Rotation Review Form will then develop a remediation contract and complete the full VAPORHCS Psychology Intern Evaluation Form to rate individual competencies within each aim and more clearly specify the areas in need of improvement. Supervisors complete the full VAPORHCS Psychology Intern Evaluation Form at the end of a rotation; a supervisor who assigns a rating below the MLA for a given rotation on any competency item on the VAPORHCS Psychology Intern Evaluation Form will then develop a remediation contract to clearly specify the areas in need of improvement. The written remediation contract will specify performance deficiencies and objective criteria for measuring successful performance, with deliverable dates.

8. The Psychology Service reserves the right to terminate and/or deny certification of internship completion to any intern who does not remediate deficiencies in clinical skills or who does not conduct him/herself in a manner consistent with the ethical standards of the American Psychological Association or who is convicted of a felony prior to or during the training year. In addition, the right to terminate extends to any behavior that raises concern for the welfare of patients, staff, or the public at large.
9. Involuntary termination from the internship, and reasons, therefore, may become a matter of public record, and the Training Director may elect to notify Psychology Service members, remaining interns, professional accrediting agencies, and any other persons or agencies who may be adversely affected if uninformed of the intern's reason for termination, in the present or future.
10. The Psychology Service reserves the right to require that an intern remediate clinical deficiencies by training without compensation for up to six months immediately after the conclusion of the twelve months of paid internship. This training must not interfere with the progress of new interns. The Psychology Service reserves the right to deny certification without providing an opportunity for remediating clinical deficiencies.
11. If given the opportunity to remediate, the intern will receive a written remediation contract that specifies performance deficiencies and objective criteria for measuring successful performance, with deliverable dates.
12. Refusal by an intern to train without compensation for the purposes of remediation of clinical deficiencies is grounds for noncertification of internship completion.
13. An additional period of training does not, in itself, constitute remediation; performance must be judged satisfactory in accordance with the usual criteria and procedures.
14. An intern whose adequacy is questioned has the right to request a hearing, to be represented by counsel of his/her choice at such a hearing, the right to present evidence pertinent to the issue, and the right to examine opposing witnesses. This hearing will be conducted by the Training Committee or the Training Committee Executive Board (TCEB). The Committee's report will be issued by the Training Director or an individual appointed by the Training Director. *See also Section XII Intern Due Process and Grievance.*
15. The Intern may appeal the Training Committee's decision to the Chief of Psychology or the Training Committee Executive Board (TCEB). The Chief will seek the advice of other Psychology Service members as s/he sees fit. The decision of the Chief of Psychology is final and cannot be appealed.

II. Documentation of Services

1. All patient care services provided by psychologists and psychology interns must be appropriately documented and signed in patients' charts. The Quality & Performance Committee will audit charts periodically to determine whether documentation is present, timely and complete.

2. Medical Center policy requires documentation to be entered in the electronic medical record within 48 hours of the clinical occurrence. Some rotations may require documentation to be completed within a shorter time frame.
3. Where services to patients are provided through team meetings, there must be appropriate documentation of psychologist involvement at such meetings.
4. Where services are provided to groups of patients, there should be documentation in patients' charts of their participation in the group.
5. Supervision of interns and students: Each progress note and assessment report must document the name of the supervising psychologist as well as the type of supervision provided.
6. Interns will sign all documentation in the electronic medical record using their electronic signature.
7. All notes signed by interns must be co-signed by the supervising licensed psychologist. For billing purposes, the supervising psychologist must also add an addendum to each progress note documenting supervision and agreement with the clinical thinking.

III. Documentation of Supervision

1. Chart notes and reports for each case should include the name of the supervisory licensed psychologist for that case as well as the type of supervision provided.
2. The supervisory licensed psychologist will co-sign all notes and reports. For billing purposes, the supervising psychologist must also add an addendum to each progress note documenting supervision and agreement with the clinical thinking.
3. If the intern and the supervisor are co-therapists or co-evaluators, progress notes should include both names.
4. The amount of individual and group supervision an intern receives is documented in the intern Weekly Contact Sheets, which the intern submits to the internship program administrator each week, on Wednesday afternoons along with didactic and group supervision evaluations (group supervisors are evaluated once at the end of the series).

IV. Research Time and Support

1. Interns may spend up to half a day (4 hours) per week in research activities, following approval by the Training Committee. See section VII, 4 for details on use of research time.
2. The primary considerations in granting research time are the intern's success in progressing appropriately in professional competencies, meeting his/her internship rotation's training-agreement obligations, and demonstrating productivity on the research project. If the dissertation is not completed, the intern must use research time to work on the dissertation.

If the dissertation is complete, the intern may request time for post-dissertation research. In addition, post-dissertation research should involve substantive intellectual input from the intern that could result in co-authorship on a publication.

3. Each intern requesting research time will present a formal brief written proposal to the Training Committee. This proposal will include a brief description of the research and will include specific behavioral objectives. The objectives will be used to track progress and to evaluate work productivity.
4. The Training Committee will review each intern's progress at the end of each rotation. Interns will provide updated behavioral objectives for their research at that time.
5. The Training Committee may discontinue or refuse renewal of dissertation or post-dissertation research time if there are concerns about an intern's progress in professional competencies, meeting rotation training-agreement obligations, or productive use of the allotted research time.
6. Interns are not expected or required to take research time during internship. Research involves a substantial amount of discretionary time that may make completing clinical work more difficult.
7. Interns may terminate their research time for any reason by informing the Training Committee in writing of their decision.
8. Approval of the VAPORHCS Institutional Review Board and the Associate Chief of Staff for Research and Development is necessary if the intern wishes to conduct any research within the VAPORHCS during the internship year.
9. The intern may not receive financial compensation for copyright materials produced on VA time, which are considered public domain.
10. Interns may use the resources of VAPORHCS and Oregon Health & Science University (OHSU) libraries for approved research activities.
11. Any research outside of the intern's dissertation should be supervised by a qualified supervisor, either at the VAPORHCS, OHSU, or their doctoral training program. Documentation of such supervision should be submitted to the Training Committee.

V. Presentations

1. Each intern will be required to present one Psychology Intern Seminar on a diversity or ethics topic. Diversity topics may include individual, population, or cultural differences in patients or providers; it is often helpful to examine how diversity impacts particular clinical interventions or assessments. Ethics topics may include issues such as ethical decision making as it pertains to clinical care, working with specific clinical populations, abuse reporting, suicide/homicide risk evaluation, involuntary commitment, duty to warn, clinical supervision, practicing within scope of competence, confidentiality/privacy concerns, research misconduct (e.g., plagiarism, misreporting data, protocol noncompliance), etc.

2. Interns are encouraged to contact the coordinator of the seminar series early in the year to schedule the seminar date and topic.
3. In addition, interns are invited (but not required) to present on their research or area of clinical expertise at other appropriate seminars, in-services, or rounds at the Medical Center. This practice may be useful in preparing for dissertation orals or presenting a colloquium in applying for an academic job, and in gaining experience training other professionals. Interns may consult the Training Director or rotation supervisor for information about forums in which to present.

VI. Required Seminars/Educational Experiences

1. Psychology Intern Seminars — Wednesdays 1:00-2:30 p.m. (2:10–3:30 p.m. in Vancouver)
2. Psychology Intern Group Supervision — Wednesdays 2:30-3:30 p.m. (1:00-2:00 p.m. in Vancouver)
3. Psychology Intern Group Development Time — Wednesdays 3:30-4:30 p.m.
4. Additional seminars or meetings may be required on certain rotations. This will be specified in the rotation agreement.
5. Absences from the seminars and supervision listed above require prior supervisor approval.
6. Interns are expected to miss no more than three (3) Wednesday afternoons during the internship year, to remediate absences, and to coordinate absences with classmates to ensure adequate attendance. The three absences must be approved; in other words, they must be related to approved Authorized Absence, Sick Leave, or Annual Leave.
7. Each intern will select a Preceptor at the beginning of the year after rotation selection; the Preceptor should be a faculty member who will not be evaluating the intern during the year. The intern and Preceptor can determine how often they meet to address any of the intern's training-related needs, including didactic interactions, and to foster professional development.

VII. Psychology Internship Leave Policy

1. VA internships are designated as 2080 hour internships, including time off. Participation in the program for one full calendar year is required.
2. Interns are typically expected to work during normal program hours (8:00AM – 4:30PM); however, with supervisor and Training Director approval, this schedule may be adjusted to accommodate specific training activities such as evening groups. Interns are also expected to work a minimum of 40 hours per week; while the training program values self-care and reasonable work expectations, interns should be aware they may need to work beyond normal four hours on occasion (e.g., if they participate in supplemental training activities, or

need additional learning time to meet minimal levels of achievement or gain competency in new protocols).

3. Interns have 11 paid Federal holidays throughout a calendar year.
4. Interns with fewer than 3 years of federal employment accrue 4 hours of Sick Leave (LS) and 4 hours of Annual Leave (LA) per pay period. All VA policies regarding leave apply to interns. Leave use is subject to the amount of leave time accrued and is requested electronically in VATAS.
5. Planned sick leave (for scheduled medical appointments, etc.) must be requested in advance. Sick leave used on an unplanned basis is requested electronically the day of return to work; however, interns missing work unexpectedly must phone in to their supervisor at the beginning of their scheduled tour and must also make sure that their timekeeper is notified.
 - a) Like all other VA employees, interns are eligible for unpaid medical and maternity/paternity leave (once all other leave has been used), consistent with VA leave policies and the Family and Medical Leave Act. However, in the case of extended leave, a remediation plan will need to be developed to ensure that an intern completes training equivalent to a 2080-hour, twelve-month long internship year, as required by APA; at the discretion of the training program, this may require that an intern continue training unpaid for a period beyond the typical internship year. A remediation period may not extend more than six months beyond the typical internship year, and it must not interfere with the training of new interns. Like all other VA employees, interns are eligible for leave to accommodate cultural and religious holidays.
6. Annual leave is requested as far in advance as possible and requires approval by the affected supervisor(s) prior to completing an electronic request for leave in VATAS. The Training Director must be notified of supervisor approval. Interns should send an Outlook e-mail leave request to their supervisor(s) and cc the Training Director; the supervisor(s) will then respond, approving or denying the request. Approval or denial of up to 5 consecutive days of annual leave is at the discretion of the immediate supervisor. Factors that may influence approval or denial of annual leave include, but are not limited to, intern performance, unit needs, and the amount of time the intern will be away from clinical responsibilities. Interns are paid for any unused annual leave upon termination of employment.
7. Interns may spend up to 4 hours per week completing their dissertation or conducting post-dissertation research, with prior Training Committee approval. Research time is granted with a specific plan to meet defined objectives within the allotted time. Interns who would like research time must make a written request to the Training Committee at the beginning of each rotation. Dissertation research time requests must include statements about the current status of the dissertation and the anticipated defense date. Post-dissertation research requests must outline the proposed project, identify a VA, OHSU or university staff member who will provide project oversight, and list specific progress objectives. Immediate rotation supervisors and staff Preceptors will routinely check on research progress and will document progress as part of the end-of rotation evaluation. Major professors may be contacted at the discretion of the immediate supervisor or the Training Committee if there is a question about research progress. Research time should be spent on station (or at OHSU) unless off-station

work is approved by the Training Committee. The hours should be scheduled around other necessary rotation activities and intern training activities. If progress on the rotation or the research is unsatisfactory, research time may be curtailed or discontinued. A decision to limit or end research time will be made by the Training Committee with input from the rotation supervisor, research supervisor (if one exists), and the intern. Interns may reinstate a dissertation or post-dissertation research proposal for Training Committee review following satisfactory remedy of internship rotation performance concerns.

8. As part of the VA's mission of training, the purpose of the intern training program is to prepare future psychologists for professional employment. To this end, at the discretion of the rotation supervisor(s), Training Director, Director(s) of Mental Health, and the Medical Center Director, interns may be granted administrative leave (LN in the VATAS system) during the training year for conferences, professional workshops, dissertation defense, and travel to these activities. Administrative leave is a privilege, not a right or guarantee; approval or denial of administrative leave is the Medical Center Director's prerogative and may be based on factors such as, but not limited to, training-related purpose of the leave, intern performance, unit needs, and the amount of time that the intern will be away from clinical duties. Moreover, national and site specific issues, trends and policies may impact the decision by the Training Director, Director(s) of Mental Health, and the Medical Center Director to ultimately approve or deny requests for administrative leave.
 - a) It should be noted that administrative leave may not be used for attending university graduation ceremonies or interviews for jobs or postdoctoral fellowships, and the intern is strongly encouraged to save annual leave days for these purposes.
 - b) As with any planned leave, interns must request supervisor approval for administrative leave in writing, as far in advance as possible (preferred is 8 weeks in advance); this is done through an Outlook e-mail request to the affected supervisor(s), with the Training Director cc'd. The Training Director will then request approval from the Director(s) of the Mental Health Division or Chief of Psychology; further approval (e.g., by the Medical Center Director) will also be required. Administrative leave is a privilege, not a right or guarantee and it may or may not be approved based on a variety of institutional factors. Interns should wait for final approval(s) prior to making any outside commitments. After obtaining Medical Center Director approval, leave is requested electronically through VATAS, and sometimes through other mechanisms such as the VA travel portal (the Training Director, Mental Health Division leadership, or others will advise the trainee what is required).
 - c) Interns are given 4 hours of non-clinical time at the end of each of the first 2 rotations for an afternoon class retreat. Interns are also given a full day at the end of the internship for a day-long class retreat. These hours cannot be used for the activities listed in the paragraph 8 above.
 - d) Personal administrative leave may be granted for exceptional circumstances such as presenting at a national conference, but this is at the discretion of the Medical Center Director. If an intern has already been granted 40 hours of administrative leave, additional administrative leave for presenting at conferences may or may not be declined as administrative leave is a privilege, not a right or guarantee.

9. Interns requesting more than 5 consecutive days of annual leave or combination of annual leave and administrative leave must submit a written request to the Training Committee. Approval is contingent upon satisfactory performance and completion of rotation requirements.
10. Interns are expected to remain through the last week of the training year to complete the internship, graduate, and receive certification of completion. If extenuating circumstances require an intern to be absent part of the final week, then the Training Committee may, at their discretion, make remedial arrangements for the intern to complete training and receive certification.

VIII. Professional Activities Outside the VA

Before arranging to provide other professional services (for pay or as a volunteer), interns must review their plans with the Training Committee. A written statement of the plans should include the nature of the services the intern plans to provide, the provisions for supervision, whether the services will be for pay, the title the intern will have, the time frame and weekly schedule for these activities, and a signed statement that these activities will not interfere with the internship. The written statement should be submitted to the Director of Training.

IX. Professional Conduct

1. Internship represents a crucial transitional year as trainees move from an academic to a clinical environment in preparation for licensure as independent practitioners. Our goal is to assist interns in learning to work effectively in a clinical environment and to behave in a professional manner consistent with the workplace. To this end, interns are expected to maintain professional decorum and to respond constructively to feedback on workplace etiquette. Interns are also expected to follow VHA workplace policies and to abide by the Ethical Principles and Code of Conduct of the American Psychological Association.
2. The advent of the internet and social networking sites has greatly broadened access to information. Interns may wish to review what internet information they make available to the general public, keeping in mind issues of professional decorum, personal safety, and therapeutic boundaries with clients. Any online content explicitly linked to an intern's professional identity can be construed to be a reflection on his or her professional behavior; therefore, interns must ensure that whenever online content or activity identifies them as a psychology trainee, it consistently reflects the American Psychological Association's (APA) Ethical Principles and Code of Conduct. We encourage interns to consider carefully what boundaries they would like to establish between their personal and professional identities.

X. Guidelines on Sexual Harassment

1. Sexual harassment is a form of sex discrimination prohibited under Title VII of the Civil Rights Act of 1964.

2. Sexual harassment is deliberate or repeated unwelcomed verbal comments, gestures, physical contact of a sexual nature, sexual advances, requests for sexual favors, and other conduct of a sexual nature when: 1) submission to such conduct is made either explicitly or implicitly a condition of an individual's employment; 2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or 3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.
3. There are three basic forms of sexual harassment: 1) *Verbal*. Unwelcome suggestive remarks, sexual insults, innuendo, jokes and humor about sex or gender-specific traits, sexual propositions and threats; 2) *Nonverbal*. Unwelcome suggestive or insulting sounds, leering/ogling, whistling, obscene gestures and obscene graphic materials; and 3) *Physical*. Unwelcome touching, pinching, brushing the body, cornering and actual or attempted rape or assault.
4. VA policy on sexual harassment applies to all employees and covers harassment between supervisors and subordinates, between employees, by employees outside the work place while conducting government business, and by nonemployees awhile conducting business in the VA workplace.
5. Each employee should play a role in preventing or eliminating sexual harassment by: 1) examining his/her behavior on the job; 2) talking about the issue of sexual harassment; 3) supporting the agency's policy against sexual harassment; 4) identifying and taking individual action to stop inappropriate behavior by communicating directly and immediately with the person(s) whose behavior is offensive; and 5) bringing the matter to the attention of their supervisor, higher level manager, EEO personnel or counselor or Personnel staff if the employee feels sexually harassed.
6. The following channels may be used to file a complaint of sexual harassment: 1) Equal Employment Opportunity Discrimination Complaint System; 2) VA Grievance Procedures; and 3) Negotiated Grievance Procedures (if applicable).

XI. Policies and Procedures for Intern Suspension or Dismissal

1. All interns, supervisors and Training Committee members responsible for intern training will have the opportunity to receive training regarding the implementation of this protocol, provided by the Training Director.
2. Some interns will encounter difficulty during their training. These difficulties generally fall into three specific areas: academic, disciplinary, and/or impairment.
 - a) Academic difficulties generally involve intern performance issues that are specific to the intern's development as a psychologist and may involve knowledge and performance, as well as professional attitudes and behaviors. The VAPORHCS Internship identifies such problems through the mid and end-of-rotation evaluation systems, as well as monthly review of intern progress at Training Committee

meetings. The results of such evaluations help inform interns about their progress in meeting the specific program standards for satisfactory completion of the program. Monthly review is intended to help identify small problems before they become large. When intern difficulties are identified at monthly Training Committee meetings, the intern will be given verbal feedback by either the supervisor or preceptor, based on the judgment of the Training Committee. Interns with performance difficulties that do not respond to verbal feedback generally should be managed through a written remediation plan designed to address the identified deficiencies. Continuation in a program is contingent on the intern successfully addressing such deficiencies and meeting the specific academic standards for that program. Failure to meet performance standards as stipulated in "Section I, Evaluation of Interns," may result in disciplinary action in accordance with VAPORHCS Internship policies and procedures or may result in a decision not to continue an intern's appointment.

- b) Disciplinary problems generally involve violations of laws, VAPORHCS or APA policies, or contractual agreements. Certain professional behaviors, because of their potential for adverse effects on patients and other health care workers, may also give rise to disciplinary actions. As stated above, disciplinary actions may also be imposed for an intern's failure to meet performance or clinical standards following remediation efforts. Disciplinary actions which involve termination of an intern's participation in a training program will be taken only after the intern is provided with an opportunity for a hearing on the matter in accordance with VAPORHCS Internship policies and procedures. Disciplinary actions of a lesser level should be communicated in writing and discussed with the intern.
- c) Impairments generally refer to medical, psychological or substance abuse issues that may interfere with performance of an intern's duties and/or responsibilities. Impairment issues may impact on academic performance, and may also have implications for an intern's ability to safely perform their patient care duties. Suspected or known impairments which may be interfering with an intern's performance must be addressed through the assistance of the Training Committee. The Training Committee will involve, when appropriate, the office of Equal Employment Opportunity (i.e. when impairment involves a potential disability).

- 3. Primary rotation supervisors shall notify the Training Director or the TCEB as soon as academic or disciplinary issues are identified which may lead to disciplinary action involving suspension or termination of the intern's participation in the training program. In addition, the VAPORHCS Training Director shall notify the Office of Academic Affiliations (OAA) and the Training Director of the intern's graduate institution (school of origin) of any suspected or known impairment that may be impacting the intern's ability to perform the duties and responsibilities of internship, including the intern's ability to safely perform patient care duties. Finally, the Training Director must follow due process in any action taken to terminate an intern's training contract for any reason.

Notification should include a description of the proposed action and the reasons for the action, a draft of the proposed notice to the intern, and a summary of the plan for remediation addressing and resolving the problem, including the timetable for a final decision about the intern's continuation in the program, if applicable.

4. After review and approval by the Training Committee, the program shall notify an intern promptly in writing about any decision to: (1) initiate disciplinary action including a remediation plan; (2) discontinue their appointment for any reason. The Training Director shall provide a copy to OAA (the VA Office of oversight of all VA professional training programs), APA (the accrediting body of this training program), the intern's graduate school, and the intern's file, of the final notification sent.

XIIa. Due Process for Intern Grievances

June 2021, this section has been edited and move to a separate document. Please review XII “Due Process and Grievance policy updated 2021”

XIIb. Due Process for Intern Discipline, or Termination of a Contract

June 2021, this section has been edited and move to a separate document. Please review XII “Due Process and Grievance policy updated 2021”

XIII. Maintenance of Records

1. The Training Program documents and permanently maintains accurate records of all interns’ training experiences, evaluations, and certificates of internship completion for evidence of interns’ progress through the program and for future reference and credentialing purposes. These records are retained indefinitely. Hard copy documents are double-locked (e.g., stored in locked file cabinets in a locked office, clinic, suite or area). Electronic documents are stored on password protected computers or network sites, in limited access folders.

IV: Training Philosophy (see full explanation of training philosophy in the orientation materials)

The internship program at VA Portland Healthcare System recognizes that there is no psychology without culture. All of what we do as psychologists and as humans exists within a layered, ecological, and multicultural framework (APA, 2017). We believe that in order to train interns in effective evidence-based practice we must actively question the contexts and systems that impact our own lived experiences, as well as the lived experiences of our colleagues, trainees, and the Veterans we serve.

Our training philosophy is built on the following **core beliefs**:

- *We believe **psychological safety for all participants in training is necessary for growth and learning.***
- *We believe an **interdependent, communitarian approach to psychology and training elevates our practice as well as the wellbeing of our entire training community.***
- *We understand that in order to provide effective care, consultation, and supervision that is **beneficial and non-harmful to all participants, staff and trainees must acquire and employ specific knowledge, skills and awareness for working effectively within and across cultures. We believe **cultural competence is an active stance** to which one commits, to continually: seek new information, acquire new skills, engage in proactive self-reflection, take accountability for our mistakes, and receptively employ feedback to improve personal and professional practice.***
- *We understand **power as the ability or capacity to influence change over oneself, others, situations and systems.** We believe the provision of culturally competent and psychologically safe training and care requires us to acknowledge power differentials exist in veteran-provider interactions, within supervision dyads, in our training program and at VHA, as well as in larger social and cultural systems.*
- *We understand **cultural differences are not neutral with respect to power and privilege.** For this reason, we aim to center the needs and perspectives of veterans, trainees, and staff who hold identities that have been historically*

marginalized within the field of psychology and in broader US and global contexts (e. g., BIPOC, LGBTQ+, femmes, people with disabilities).

- *We understand that **training needs are distinct from the productivity needs** within any specific clinic. While we do aim to prepare trainees for the efficiency, efficacy, and timeliness standards required for an entry-level position including those within the VA system, trainees are not expected to fill gaps in staffing to meet clinic demands.*
- *We believe **mentorship is a central component of training** and professional development, including in the supervisory relationship.*
- *We prioritize self-reflection, accountability, and continuous development at the program, supervisory, cohort, and individual levels; **we seek and highly value candid feedback** regarding ways to make our program more culturally responsive, equitable, and non-injurious to trainees, staff, and the veterans we serve.*

This policy has been formulated by the Training Committee in consultation with the VA District Counsel. It has been approved by the Chief of Psychology.

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