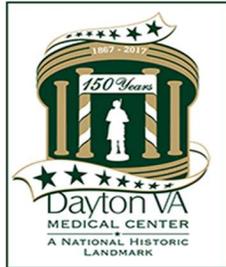


# Practicum Training Manual



## Dayton VA Medical Center

4100 West Third Street, Dayton, Ohio 45428



## **Dayton VA Medical Center Psychology Practicum Training**

### **Overview of the Dayton VA Medical Center**

The Veterans Health Administration (VHA) is part of the Department of Veterans Affairs, which is a cabinet level organization. The origin of the Dayton VHA Medical Center dates back to March 3, 1865, when President Abraham Lincoln signed into law an act of congress establishing the National Home for Disabled Volunteer Soldiers to care for disabled Veterans of the Union Army. Dayton, Ohio was one of three original sites selected. Originally, the grounds consisted of 355 acres west of the city of Dayton. Lakes, surrounded by scenic trails, provided a pleasant atmosphere for relaxation and rehabilitation. A large farm provided much of the produce used by the Veterans. By the turn of the 19th to the 20th century, Dayton was the largest facility in the National Soldier's Home System. During 1930, when the Veterans Administration was formed, the National Soldier's Home System was discontinued and incorporated into the new organization. During 1989, the Veterans Administration was made a cabinet level organization and the title was changed to the Department of Veterans Affairs.

The medical center is located at the west edge of Dayton, Ohio. Much of the pastoral setting was preserved while establishing a modern, state of the art comprehensive medical facility. The current complex consists of approximately 60 buildings on about 382 acres co-located with the Dayton National Cemetery. The Medical Center provides a broad spectrum of programs in primary, secondary, and most levels of tertiary care. The medical center serves 16 counties in central and western Ohio along with one county in Indiana with a total patient population of about 166,000. There are approximately 6,500 inpatient stays and close to 500,000 outpatient visits each year. The medical center is a teaching facility that has numerous affiliation agreements with colleges, medical centers, medical schools, universities, and training programs throughout the area along with sharing agreements with other medical centers in the area and the Department of Defense. The medical center has excellent research facilities along with administrative and clinical support of such activities. The Dayton Veterans Affairs Medical Center is a well-established multicultural setting that employs about 1,900 full-time employees who reflect considerable diversity.

### **COVID-19 Statement**

The Dayton VA Psychology Training Programs seek to provide the highest quality Veteran care, training, and supervision possible. Given the ongoing changes related to the global pandemic, a variety of adjustments have been made to ensure continuity of clinical services as well as training experiences and supervision. The safety of our patients, staff, and trainees remains a top priority. As such, some of your clinical, supervision, and training experiences will be delivered in a "virtual" format. Training will be provided in the provision of tele mental health to include both logistical and ethical/clinical considerations. Attention continues to be paid to

changes in laws, directives, and guidance within the field. It is our expectation that both clinical services and training experiences may be modified over time to meet current needs as we navigate new ways of living in this COVID-era. At this facility, trainees and most staff continue to work on site.

### **Mission**

We take pride in our profession and in the training and professional development of psychology practicum trainees. We recognize that there are special responsibilities associated with providing this training. The mission of the Psychology Practicum Program is to establish and maintain an environment that maximizes the potential for professional development for each psychology practicum trainee.

### **Model**

The Psychology Practicum Training Program is a Pre-Internship Training experience. The Dayton VAMC Psychology Practicum Program philosophy is consistent with the Practitioner-Scholar model (Vail model) of academic training and practice as summarized by Rodolfa et al. (2005). This model "emphasizes the 'mutuality of science and practice', and the practical application of scholarly knowledge. Psychological science is viewed as a human practice and psychological practice is construed as a human science, and the two inform each other. The model emphasizes the development of reflective skills and multiple ways of knowing in the practice of psychology, and it stresses clinical practice and the importance of theory and the use of research to inform practice. Students are trained to be psychologists who think critically and engage in disciplined inquiry focused on the individual and who gain clinical experience rather than conducting laboratory science". Consistent with the Association of Counseling Center Training Agencies (ACCTA) definition of practitioner-scholar programs, it is also our philosophy to "include empirically supported treatments, a value on the psychologist as a consumer of research, recognition of the importance of generating knowledge through practice, and an expectation that practicum trainees participate in scholarly activities". As a practicum training program, we are looking to adapt to the readiness of the trainee, in an approach that "nurtures people in making the transition from trainee to competent autonomous professional, thus helping them to integrate their personal and professional selves; places a high value on respecting the diversity and uniqueness of every individual; and underscores the importance of supervisory relationship and the mentoring process".

The Practitioner-Scholar Model is consistent with the mission of the VHA, which includes patient care, education/training, and research.

## **Approach**

There are various forms of supervision. Within the practicum program, we define supervision by using the term "Supervision for the Purpose of Training".

- Inherent in supervision for the purpose of training is a complex social relationship that is operated on a number of levels simultaneously. It is important that all parties concerned recognize, and are sensitive to, the multiple levels.
- Supervision for the purpose of training has five components.
  - Formal knowledge
  - Skills/experience
  - Attitudes/beliefs
  - Ensure safety of consumers
  - Supervision for the purpose of training has a developmental quality.

We utilize a programmatic approach to training, wherein each practicum trainee enters an ongoing patient care system and performs the duties of a psychologist under supervision. An apprenticeship approach is utilized to varying degrees based upon the specific needs of each practicum trainee and the tasks being learned.

We have adopted situational management theory as our conceptual basis, wherein the role of a training supervisor evolves as the practicum trainee develops competence in a given task. This allows for developmental support of the trainee as they progress through the training program.

Within the various guidelines, rules, regulations, laws, standards of care, and models that govern our professional behavior, training is individualized in order to meet the professional needs of each practicum trainee. There is a proactive dialogue among all relevant parties that begins before, and continues throughout, the practicum year.

## **Practicum Structure**

All practicum students must go through Practicum Training interviews if they wish to be considered. No staff psychologist may independently contract with a graduate school to provide practicum training. A designated subgroup of the Psychology Training Committee (PTC) led by the Practicum Coordinator must approve all students for training.

Only doctoral-level students from APA-approved Clinical or Counseling Psychology programs will be considered for Practicum Training interviews.

Practicum training experiences may vary from year-to-year, dependent upon supervisor availability.

For example, during the 2021-2022 training year, we offered the following training clinics:

- Mental Health Clinic (MHC)
- Trauma Recovery Clinic (TRC)
- Family Services Program (FSP)

For the 2020-2021 training year, we offered the following training opportunity:

- Mental Health Clinic (MHC)

For the 2021-2022 training year, we offered the following training opportunity:

- Trauma Recovery Clinic (TRC)

For the 2023-2024 training year, we plan to offer the following training clinics:

- Trauma Recovery Clinic (TRC)
  - TRC has a focus on utilizing evidence-based assessment and psychotherapy to diagnose and treat Posttraumatic Stress Disorder (PTSD).
- Mental Health Integration
  - Provides opportunities to act as a part of an interdisciplinary Patient Aligned Care Teams (PACTs), engage in consultation with PACT providers, and provide diagnostic and evaluation services and evidence-based, brief individual therapy within the primary care setting. Additionally, supplemental experiences within the pain and/or hematology/oncology clinics may be available.

Practicum Training applicants can apply to any of the tracks that are being offered for the next training year.

The time, location, and format of the interview(s) are chosen through dialogue between the Practicum Training Coordinator, the supervisors, and the practicum applicants. Practicum trainees are chosen after the interview process has been completed.

Practicum training typically begins in mid to late summer. Training length is usually 9-12 months, depending on the requirements of a student's doctoral program. Practicum trainees typically require at least two 8-hour days on-site; however, some programs may require up to 20 hours on-site.

We use the title of Psychology Practicum Trainee in order to be consistent with the titles used in this medical center and with the State of Ohio.

Typical supervised direct service activities for practicum trainees can include a variety of assessment and intervention opportunities, including: individual, group, and family therapy, psychological assessments, and consultation.

## **Application Procedures and Timeline**

1. The Practicum Coordinator usually supplies an updated Site Summary to each regional psychology graduate program by January each year. This is to allow each student ample time to review next year's training clinics, possible supervisors, typical training opportunities, and populations served.
2. Interested students can feel free to contact the Practicum Coordinator directly with questions about the Site Summary and/or training opportunities: [552practicum@va.gov](mailto:552practicum@va.gov)
3. Students interested in applying for practicum are required to obtain approval from their Director of Clinical Training prior to sending application materials (e.g., cover letters, CVs, etc.) to the Practicum Coordinator: [552practicum@va.gov](mailto:552practicum@va.gov)
4. Once approved to apply, applicants should send all materials by email only. Please note that no regularly mailed or faxed application materials will be reviewed or considered.
5. The Practicum Coordinator will contact applicants chosen for interview by mid-March. Interviews typically occur during the 3<sup>rd</sup> or 4<sup>th</sup> week of March.
6. After all interviews are complete, the Practicum Coordinator then informs each graduate program of its selections and rankings. After internal deliberations, each graduate program determines which students will train at the Dayton VA during the upcoming training year and notifies all parties in April or May.

## **Trainee Eligibility Requirements**

1. Only doctoral students in good standing at an APA-accredited graduate program in Clinical or Counseling psychology are eligible to apply at any VA Medical Center for psychology practicum training.
2. Prior approval by the applicant's graduate program training director to apply to the Dayton VA practicum is required.
3. Psychology practicum trainees are subject to fingerprinting and background checks. Commencement of practicum training is contingent on passing these screens.

## **Additional Eligibility Requirements**

1. There must be an existing Affiliation Agreement between an applicant's psychology graduate program and the Dayton VA Medical center prior to beginning training on site.

For detailed information about VA training requirements go to: [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

## **Graduated Levels of Responsibility**

### Purpose

In accordance 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, Practicum Supervisors will evaluate each Practicum Trainee's clinical experience, judgment, knowledge, and technical skill in **both** psychological assessment and psychological intervention. Practicum supervisors will determine that the trainee will be allowed to perform those clinical activities (i.e., psychological assessment and psychological intervention) within the context of the assigned graduated levels of responsibility. Practicum supervisors will use the Graduated Levels of Responsibility for Psychology Students, Interns, and Unlicensed form to document each trainee's progress.

Pursuant to VHA Handbook 1400.04 guidelines, Practicum Supervisors will encourage and permit trainees to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment.

## **Supervision**

In accordance with VHA Handbook 1400.04 *Supervision of Associated Health Trainees*, supervisors will adhere to the following:

### Scope and Purpose

Supervision is an educational experience provided by a qualified supervising practitioner with a trainee. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the trainee while monitoring the quality of services delivered. Supervision is provided through observation, consultation, directing the learning and activities of the trainee, and role modeling.

### Supervision Requirements

- a. The supervising practitioner is considered the primary provider and is responsible for all services delivered to each veteran by the trainee. All trainees must function under the supervision of supervising practitioners at all times. Supervisors must be readily identifiable and available when supervisees provide health care services.
- b. Supervising practitioners are allowed to provide supervision only for those clinical activities for which they are qualified and have been approved to perform. In those instances where licensure or certification is required, the supervising practitioner must hold the required credentials.

- c. Substitute supervising practitioners may at times be delegated the responsibility for care of the veteran and the supervision of the trainees involved. The substitute supervising practitioner must be fully qualified to provide supervision and to provide clinical services to the veteran. The supervising practitioner must ensure that trainees are informed of such delegation and can readily access a supervising practitioner at all times.
- d. In compliance with the Ohio Revised Code, each Practicum Supervisor will provide, on average, weekly face-to-face (in person or over video) supervision devoted to the trainee's cases at a ratio of no less than one hour per ten hours on site.
- e. No less than one hour per week, and no less than 50% of the supervision is individual face-to-face (in person or over video) supervision provided by a psychologist licensed by the Ohio Board or by the psychology licensing board in another state, territory, the District of Columbia, or Canadian province when the supervised experience takes place.

Note: Up to 50% of the required face-to-face supervision may be individual or group supervision provided by licensed allied mental health professionals deemed appropriate by the Practicum Supervisor of record, such as, but not limited to psychiatrists, professional clinical counselors, or clinical social workers or, individual supervision provided by a predoctoral intern or post-doctoral trainee conducting supervision of the trainee under an umbrella supervision arrangement with a licensed psychologist.

- f. The trainee's progress will be discussed between the Practicum Supervisor, CoDoT, and Practicum Coordinator on a regular basis.
- g. Each Practicum Supervisor must follow their respective state licensure laws regarding whether or not supervisees need to be registered. Per the State of Ohio, those licensed in Ohio need to register their supervisee.
- h. Each Practicum Supervisor will complete the Supervision Agreement form with each supervisee within 60 calendar days of the start of the trainee's practicum.
- i. Types of supervision can include live supervision, reviewing of audio tapes, reviewing of video tapes, and/or chart reviews.
- j. Each Practicum Supervisor will complete regular evaluations of each trainee's progress. As each graduate program has their own form, each Practicum Supervisor will utilize each program's standard evaluation form. Evaluation of progress are typically completed at the 90-day, 180-day, and year-end marks.

- k. Each Practicum Supervisor will complete additional program specific documents outside of those regular evaluations as required. Trainees will track their own hours and client care, and Practicum Supervisors will sign off on these hours.
- l. Each Practicum Supervisor will ensure that the Practicum Coordinator will receive copies of the original Supervision Agreement, proof of registration of the trainee for supervision purposes (if required by the state that the Practicum Supervisor is licensed in), and all trainee evaluations.
- m. The Practicum Coordinator will provide to each Practicum Trainee a Supervisor Rating Form near the end of their practicum experience. The Practicum Coordinator will then review the Supervisor Rating Form with each supervisee. Similarly, the Practicum Coordinator will review feedback with each supervisor after the conclusion of the practicum training year.

## **Compliance**

A Practicum Supervisor is required to be compliant with the following documents:

- Guidelines and Principles for the Accreditation of Programs in Professional Psychology
- Ethical Principles of Psychologists and Code of Conduct
- Association of Psychology Postdoctoral and Psychology Internship Centers Guidelines
- Ohio Revised Code 4732
- VHA Handbook 1400.04 *Supervision of Associated Health Trainees*
- Medical Staff Rules
- Medical Staff By-Laws
- Medical Center Policy 11-25: Resident Supervision
- Medical Center Policy 11-35: Psychology Training Program

## **Role of Practicum Coordinator**

The Practicum Coordinator has responsibility for ensuring:

1. Administration of the Practicum Training program
2. Coordinating trainee interviews
3. Coordinating on boarding of trainees including:
  - A) VA computer access and ID
  - B) Arranging and ensuring that all trainees participate in an orientation to VA policies, procedures, and roles within the VA health care system.
  - C) Keeping a trainee document file for each trainee that includes the Supervision Agreement, training activity reports, documentation of supervision registrations if required by the state the supervisor is licensed in, trainee evaluations, documentation of training hours and direct service hours, and supervisor rating forms.

D) Completing requests for documentation of pre-internship training experience.

## **Problems, Conflicts, Developmental Issues, Impairments, and their Resolution**

### General Comments and Philosophy

The training staff makes considerable efforts to establish and maintain a positive growth environment for practicum trainees. Training staff and practicum trainees form a special kind of relationship. Primarily, it is a collegial relationship designed to support practicum trainees in professional development.

Problems, misperceptions, miscommunications, disagreements, and occasional conflict can be anticipated as part of the Practicum experience. Varying degrees of discomfort, tension, and disagreement are expected and normal. The sources of problems and conflicts are quite varied. Such issues are inherent in any organization. The Practicum year is an opportunity to learn how to deal with such issues in a supportive environment.

We are responsible for the maintenance of a quality Practicum Training Program. Individual needs of practicum trainees are recognized and considered as part of decision-making processes. The Psychology Training Committee makes reasonable efforts to be flexible within the parameters of the Practicum Training Program to support the trainee.

No one set of procedures can be established to cover all scenarios nor can one dictate specific directions for all situations. Emphasis is placed on the resolution (1) at the lowest possible level, (2) using the least formal means, (3) as part of the natural course of events, and (4) in a manner that supports all parties involved. Some situations may require little, if any, input from the training committee. Some events may require formal action immediately, while some situations may involve long term informal monitoring. Professional judgments will be required. In all cases it is important to maintain the identity and integrity of the Practicum program.

### General Structure

The Dayton VAMC Psychology Training Program is composed of Practicum Training, Psychology Internship, and Postdoctoral Residency training.

The Practicum Coordinator is responsible for the administrative oversight and operation of Psychology Practicum Training, while Practicum Supervisors are responsible for all clinical aspects of practicum training of the practicum trainees they supervise. The Directors of Internship and Residency Training are resources to the Practicum Program and together with the Lead Psychologist maintain an "open door" policy. The Lead Psychologist maintains ultimate responsibility for the Dayton VAMC Psychology Training Program.

### Due Process: General Guidelines

Due process ensures that decisions made about practicum trainees are based upon performance and not arbitrarily or personally based. The Practicum program has identified specific evaluative procedures along with appeal procedures that are available to practicum trainees. All steps need to be appropriately implemented and documented. The general due process guidelines include:

- Provide practicum trainees with the program's expectations regarding professional competencies and functioning in written form.
- Stipulation of the procedures for evaluation at regular intervals.
- Articulation of the various procedures and actions involved in making decisions regarding impairment.
- Communication early and frequently with graduate programs about suspected difficulties with practicum trainees to include seeking constructive input on how to best deal with such difficulties.
- When indicated, institution of a remediation plan to include a time frame for expected completion, along with the consequences for not rectifying the inadequacies.
- Provision of a written procedure that describes how a practicum trainee may appeal a decision.
- Assurance that a practicum trainee has sufficient time to respond to any action taken by the training committee.
- When indicated, use of input from multiple sources when making decisions or recommendations regarding a practicum trainee's performance.
- Appropriate documentation of the rationale and actions taken by the training committee.

### Problems

A problem is defined as a situation that presents difficulty, uncertainty, and/or perplexity. Various problems can and do arise during the course of the Practicum that impact the quality of training and possibly raise questions about completion of the Practicum such as: extended illness, loss of staff, personal problems, changes in the delivery of services, major changes in rotations, changes in career plans, etc. It is important to deal with such problems in a constructive manner in order to maximize positive outcome for all parties involved. In general, the following guidelines will be observed.

- Competent, safe, and uninterrupted patient care are the foremost principles that will guide problem resolution.

- Emphasis is placed on supporting the practicum trainee in successful completion of the Practicum while maintaining the integrity of the Practicum program. This includes ensuring that patient care needs are met appropriately.
- Identification of relevant variables, definition of successful outcome, responsibilities, etc. in relation to the problem(s) to be addressed.
- All parties involved are expected to form a mutual problem solving relationship.
- If completion of the Practicum is in question and/or there is an anticipated delay in completion, the Training Director at the practicum trainee's graduate program will be contacted and included as an integral part of the problem solving process.
- The amount and type of documentation required will depend upon the nature and extent of the problem.

### Problematic Situations in Supervision

While the vast majority of practicum trainee-supervisory pairs establish a productive working relationship, it is understood that there may be relationship difficulties that emerge or evolve. Examples of the problematic situations include, but are not limited to: *perceived failure to provide adequate supervision or perceived improper conduct by a supervisor or any member of the Psychology Training Committee (PTC)*. We encourage difficulties to be worked out in the context of their professional relationship and expect that all parties behave in a professional manner. This includes protecting the integrity of the practicum trainee and the supervisor (APA Code: General Principles A-E, 1.04, 1.07, 3.01, 3.02, 3.03, 3.04). The following are guidelines to be followed by all parties involved:

### Informal Problem Resolution

- When a practicum trainee has a concern regarding the quality or nature of his/her training, it is expected that the practicum trainee first address the concern with the supervisor during the rotation as soon as possible. An exception to this guideline would be in the case that an practicum trainee perceives that an EEO violation has occurred (sexual harassment, sexual discrimination, hostile work environment, etc.). In that event, the practicum trainee may choose to pursue avenues as described by HRMS.
- If the practicum trainee is not satisfied with the supervisor's response to their verbal discussion, then the practicum trainee can contact the Practicum Coordinator to initiate an informal mediated discussion between all parties. If the practicum trainee's supervisor and the Practicum Coordinator are the same person, the practicum trainee can meet informally with a Co-Director of Training (Co-DoT's) or proceed directly to formal problem resolution procedures as detailed below.

### Formal Problem Resolution

- Notice and Hearing
  - If the problem is not resolved via mediation with the Practicum Coordinator, then the practicum trainee may put his/her concern in writing and submit it to the Co-DoT's. The Co-DoT's will meet with the parties involved (supervisor, practicum trainee, Practicum Coordinator) and make a recommendation. This recommendation will also be presented to the PTC.
  
- Appeal
  - If the recommendation rendered by the Co-DoT's is not acceptable to either party (practicum trainee or the supervising psychologist), then the issue may be appealed in writing (by either party) to the PTC for recommendations. The PTC may choose to ask for more information in order to resolve the issue. The PTC will make the recommendation in writing and present it to the practicum trainee and the supervisor.
  
- Documentation
  - A standardized form will be used to document the formal resolution process(es) and outcomes. The form will be part of the practicum trainee's training folder.

### Developmental Issues

Developmental issues or problem behaviors refer to behaviors, attitudes, or characteristics that, while of concern and require action, are not necessarily unexpected or excessive for professionals in training. Developmental issues or problem behaviors are considered to be present when one or more supervisors judge a practicum trainee's behaviors, attitudes, or characteristics as disruptive to the quality of their clinical services, relationships with staff, and/or ability to comply with appropriate standards of professional behavior. We recognize that, to varying and acceptable degrees, developmental issues are inherent in the training process. The exact manner in which issues are resolved depends on the nature of the developmental problem. In general, all parties are expected to adopt a constructive, problem solving approach. When indicated, the training director at the practicum trainee's graduate program will be contacted and included as an integral part of the process.

### Impairments

Impairment is defined as an interference in professional functioning that is manifested in the following ways: (1) an inability and/or unwillingness to acquire and integrate professional standards into their repertoire of professional behavior, (2) an inability to acquire professional skills that meet an acceptable level of competency, and/or (3) an inability to control personal stress which leads to dysfunctional emotional reactions and/or behaviors. Professional

judgments are required as to when behavior reflects impairments rather than developmental issues. Typically, impairments include one or more of the following characteristics.

- The practicum trainee does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- The quality of services delivered by the practicum trainee is sufficiently negatively affected to the extent that they are considered unhelpful or detrimental to patients.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The practicum trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
- Multiple and similar observations are made by more than one supervisor.

The concept of impairment denotes that there is concern about successful completion of the Practicum program. As part of the intervention, the training committee will communicate with the practicum trainee's graduate training program.

### Remediation of Impairments

When implementing remediation or sanctioning interventions the training committee must be mindful of and balance the sometimes incompatible needs of the practicum trainee, patients, other practicum trainees, the integrity of the training program, training staff and other personnel in the agency. The general approach is to begin with the least serious interventions and progress to the more serious interventions. Depending upon the nature of the impairment, the training committee may select a more structured intervention immediately. The general guideline is to communicate formally with the practicum trainee's graduate program training director when there is a written record – even if it is temporary.

1. An oral warning to the practicum trainee that emphasizes the need to discontinue the behavior in question. No record of the action is made or maintained.
2. A written statement to the practicum trainee that communicates formally:
  - The training committee is aware of the behavior(s) and is concerned. The concern has been brought to the attention of the practicum trainee.
  - The training committee will work with the practicum trainee to rectify the matter.

- The behaviors are not significant enough to warrant more serious action.
  - The written statement will be removed from the practicum trainee's file when they respond to the concerns and completes the Practicum successfully.
3. A written warning to the practicum trainee that indicates the need to discontinue an inappropriate action or behavior. The memorandum will contain:
- A description of the practicum trainee's unsatisfactory performance/ behaviors
  - Actions needed by the practicum trainee to correct the unsatisfactory behavior(s),
  - The supervisor(s) responsible,
  - The time line for correcting the problem,
  - What action will be taken if the problem is not corrected, and notification that the practicum trainee has the right to appeal the action.
4. Schedule modification is a time limited, remediation oriented, and closely supervised period of training designed so that the practicum trainee is likely to attain a functional level of competency regarding the professional behavior(s) involved. Modifying a practicum trainee's schedule is an accommodation made to assist him or her in responding to personal reactions to environmental stress with the full expectation that s/he will complete the Practicum. The period will include more closely scrutinized supervision conducted by the regularly scheduled supervisors in consultation with the training committee. Several possible and perhaps concurrent courses of action may be included to modify the schedule.
- Increasing the amount of supervision, either with the same or other supervisors.
  - Change the format, emphasis, and/or focus of supervision.
  - Recommendation of personal therapy.
  - Reducing the practicum trainee's clinical or other workload.
  - Requiring specific academic coursework.
  - The training committee will determine the duration and termination of a schedule modification period.

5. Probation is a time limited, remediation oriented, closely supervised training period with a twofold purpose. One is to assess the potential for the practicum trainee to complete the training program successfully. The other is to increase the likelihood that the practicum trainee will attain a functional level of competency regarding the professional behavior(s) involved. Probation defines a relationship in which the training committee monitors very closely and systematically the training of the practicum trainee. The practicum trainee is informed of probation in a memorandum that includes:
  - Specific behaviors associated with the unacceptable rating.
  - Recommendations for rectifying the problem(s).
  - Responsibilities for all relevant parties.
  - Duration of the probation during which the problem is expected to be ameliorated.
  - Procedures and criteria to ascertain whether the problem has been rectified appropriately.

If the Psychology Training Committee determines that there has not been sufficient improvement to remove a practicum trainee from probationary status, the members will discuss the matter to determine the course of action. A memorandum will be sent to the practicum trainee informing them that the conditions for terminating probation have not been met and the course of action taken by the PTC.

6. Suspension of Direct Service Activities requires a determination by the training committee or official entity at this medical center that the welfare of the practicum trainee's patients or consultation sources has been jeopardized. Therefore, direct service activities are suspended for a specified period of time. At the end of the suspension period, the training committee and/or official entity at this medical center will assess the practicum trainee's capacity for effective functioning and determine when direct services can be resumed.
7. Administrative Leave denotes the temporary withdrawal of all medical center responsibilities and privileges at the medical center.
8. Dismissal from the Practicum denotes the permanent withdrawal of all medical center responsibilities and privileges. The decision is made after an especially serious breach of conduct, when physical or psychological harm to a patient is imminent, and/or reasonable efforts to rectify a significant deficiency have been unsuccessful.

#### Procedures for Responding to Inadequate Performance by a Practicum Trainee

If a practicum trainee receives an unacceptable rating from any of the evaluation sources or if a staff member has concerns about a practicum trainee's professional behavior, the following guidelines will be used.

- o The training supervisor or staff member will consult with the Practicum Coordinator and training committee to determine if there is reason to proceed to more formal action or if the professional behavior(s) in question is being dealt with effectively.
- o PTC or PTC subcommittee will discuss the performance rating or concern and decide on a course of action.

### **Directions to the Dayton VA Medical Center**

Interstate road 70 runs east-west a few miles north of Dayton. Interstate road 75 bisects Dayton in a north-south direction and US 35 bisects Dayton in an east-west direction. The VA Medical Center is on the west side of Dayton. Visitors are advised to use US 35 west from the I-75 / US 35 interchange. Take US 35 west to Liscum Drive (second traffic light). The medical center is on the right. Building 302 (Outpatient Mental Health) is on the south side of the campus with parking in the rear of the building. If you need further directions, lodging information, or have other questions, please feel free to contact us by telephone or email. Also, a map can be obtained on the Dayton VHA Medical Center Web Site at:

[https://www.dayton.va.gov/visitors/campus.asp#campus\\_map](https://www.dayton.va.gov/visitors/campus.asp#campus_map).

Note: It is our experience that electronic devices have not been reliable with providing good driving directions on the VA campus. We encourage you to look at a map as the campus is large and it can be easy to get misdirected if you come in by the National Cemetery. For any history buffs, the Dayton VA was one of the original Soldier's Homes and is now a National Historic Site. For more info check out:

<https://www.dayton.va.gov/about/history.asp>

<https://www.dayton.va.gov/museum/index.as>