

**Eastern Oklahoma VA Health Care System**  
**Psychology Internship Training Program**  
**Orientation and Policy Manual**



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## **GENERAL INFORMATION**

Welcome to the Eastern Oklahoma VA Health Care Center Psychology Internship Program! We are excited to work with you and we hope this will be a very enjoyable and rewarding year. This manual contains information that will help you transition into our program and will serve as a reference regarding the program's policies and procedures. Please read it carefully and keep it handy for reference throughout the year. An electronic copy is available on the Shared Drive. As always, feel free to contact the Training Director, Associate Training Director, or any member of the Psychology Training Committee if you have any questions.

## **ORIENTATION TO THE VA**

The Department of Veterans Affairs is divided into the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration. Our training program is part of the VHA. The VHA's mission is to provide clinical service, research, and training for the benefit of Veterans of the US military. As such, it is important to have an understanding of cultural issues related to Veterans and the military. You will learn this as a part of your training and experiences at the VA but you may wish to do some preliminary reading to acquaint yourself with certain terms and issues. If you are interested, we can send you some brief reading materials that can help orient you in this area.

The VA is the largest health care system in the nation and is the largest training site for physicians, psychologists, and many other health care professions. Mental Health services are currently a primary focus of attention in the VA, in large part due to concern about Post Traumatic Stress Disorder, Traumatic Brain Injury, and other issues among service members returning from Iraq and Afghanistan. In addition, the VA is in the middle of an ambitious agenda to define and implement state-of-the-art Mental Health care for all enrolled Veterans across all diagnoses and issues and across the life-span. This has led to a rapid expansion of employees and many new training initiatives. Telehealth initiatives are also now underway to provide specialized services to the more rural locations.

The Jack C. Montgomery VAMC is the major medical facility for Eastern Oklahoma. It is part of the Veterans Integrated Service Network (VISN) 19. There are a total of 23 VISNs within VA, each with its own Director who oversees the operations of the medical centers within each VISN.



## VA MISSION STATEMENT & CORE VALUES

### Eligibility for Care

Any person who served on active duty other than for training purposes, and separated under any condition other than dishonorable, is eligible to apply for medical benefits through the Department of Veterans Affairs (VA). Some restrictions apply to those who entered active duty after September 7, 1980, and who did not complete 24 continuous months of active service. The business office should be contacted at 888-397-8387, ext 4 to determine proper eligibility. Non-service connected Veterans and those without statutory eligibility must provide income and net worth assessments on an annual basis and may be assessed a co-payment for care. *The Veterans you are treating have earned their medical care through service to our country.*

### Mission Statement

The VA's mission statement is to fulfill President Lincoln's promise "***To care for him who shall have borne the battle, and for his widow, and his orphan***" by serving and honoring the men and women who are America's veterans. The Veteran Healthcare Association's mission statement is to "Honor America's Veterans by providing exceptional care that improves their health and well-being."

### Core I-CARE Values

***Integrity:*** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**Commitment:** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

**Advocacy:** Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**Respect:** Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

**Excellence:** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

## INTERNSHIP PROGRAM DESCRIPTION

### TRAINING SETTING



Eastern Oklahoma VA Health Care System (EOVAHCS) is a comprehensive medical system serving nearly 50,000 Veterans from 25 counties in Eastern Oklahoma, also known as “Green Country.” The Jack C. Montgomery (JCM) VA Medical Center in Muskogee is proud of being the first VA Medical Center in the nation named after a Native American. Jack C. Montgomery, a Medal of Honor recipient, served in World War II and was a member of Cherokee Nation. The large Community-Based Outpatient Clinic (CBOC) in Tulsa is also named after a Native American, Medal of Honor recipient and Creek Nation Citizen, Ernest Childers. The internship training program is primarily located in Tulsa, however, some rotations require time in Muskogee. Our motto is “Excellence Starts Here” and we strive to embody ICARE Values of Integrity, Commitment, Advocacy, Respect and Excellence in all we do.

The JCM Medical Center in Muskogee, Oklahoma provides 24 hour service through the emergency department and hospital wards including a 16 bed acute psychiatric unit.

Another Muskogee site is the East Behavioral Medicine Annex which offers outpatient based services for Veterans in the PTSD clinical team (PCT), substance use disorder team (SUD), and general mental health (GMH). The Intensive Community Mental Health Recovery Service Range (ICHMRS) program is also based out of this location. ICHMRS serves rural Veterans with severe mental illness in their homes.

In July of 2021 EOVAHCS opened a large new community based outpatient clinic in Tulsa. The Ernest Childers VA Outpatient Clinic at 91<sup>st</sup> and Mingo was built on 22 acres, has ample parking and a retail store and small food court. The clinic provides services including primary care, primary care mental health integration, chemotherapy and endoscopy. The clinic also houses behavioral medicine services including general mental health teams, substance use disorder team, and the Psychosocial Rehabilitation and Recovery Center (PRRC).



In addition to the Ernest Childers Clinic a second tulsa CBOC is located on old Rt 66 in Tulsa at 11<sup>th</sup> Street and Hwy 169. The second floor of the building contains the Women's Team/ Military Sexual Trauma Team, PTSD Clinical Team, ICHMERS, and the Homeless Outreach Team. The fifth floor of the building holds the VA call center. Psychology Intern Training and Didactic Lecture series will be located at Eleventh Street. Psychology Interns will likely spend time at both Tulsa locations and in Muskogee over the course of the training year.

In addition to Muskogee and Tulsa sites, Veterans in the system are also served at community-based outpatient clinics located in McAlester, Bartlesville, Idabel, and Vinita, Oklahoma.

### ***Transitioning to Internship***

Before coming here, most interns have had experiences juggling multiple academic, clinical, and research demands and have been responsible for setting their own schedules. Thus, it is often a notable transition to start fulltime agency work, where time demands tend to be more regimented. There is a specific tour of duty, which is Monday through Friday 8:00-4:30 unless a specific alteration is granted in advance for a specific training opportunity. Interns are expected to be on site and reachable during these hours. Interns are required to be present for a 40 hour workweek; however, as this is a training year, the emphasis should be placed on the time and effort it takes to complete a training opportunity rather than the number of hours worked. This means that sometimes interns will work more than a 40 hour workweek, such as when wrapping up their case consultation and medical record documentation for a client in crisis prior to leaving for the day. Further, an intern may require more time to prepare for a specific competency area where they may be struggling and/or working on a remediation plan.

At the same time, there is an ebb and flow to clinical work and interns sometimes find themselves with unscheduled time due to cancellations, no-shows, or fluctuations in clinic load. We encourage interns to use downtime for clinical reading, dissertation research, or other scholarly activities. VA computers and equipment may be used for this purpose but there are certain security guidelines that must be followed (e.g., no external USB drives are allowed). You are encouraged to discuss your specific needs early on so that we can arrange ways for you to complete your scholarly work within our organizational constraints.

The internship year is designed to facilitate the transition from graduate student to autonomous professional psychologist. This can include moving from a mind-set of doing what is required or good enough to doing what is best for patients, colleagues, and the organization at all times. As such, it is important to attend to professional behavior and to be prompt for meetings with staff and patients. Attention should be paid to ensure that attire is adequately professional and does not distract from clinical effectiveness. When considering attire, it is important to be aware of local norms as well as characteristics of the patient population. The way one chooses to dress outside of working hours may be quite different from optimal work attire. As a rule of thumb, anything that might distract patients or could detract from the goal of establishing a professional relationship (e.g., revealing outfits, flip flops, tight jeans, shorts, sweats) would not be appropriate for the clinical work setting.

Many graduates of VA internship programs, report that building professional relationships, especially with disciplines other than Psychology, was one of the most important skills they developed during internship. It is helpful to start the program with the objective of fostering these connections. The internship is designed to carefully balance the training needs of the interns and the clinical needs of the Veterans we serve. It is important to remember that appropriate clinical care of patients must always be the highest priority.



### ***Living Arrangements***

Our internship may require that you work in both Muskogee and Tulsa, and interns may choose to live in either the Tulsa area or the Muskogee areas during their internship year. Most rotations are currently located in Tulsa. Muskogee and Tulsa are approximately 50 miles apart in distance and are accessible by major highways. A typical drive from Muskogee to Tulsa is 45 to 55 minutes depending on traffic. Both the Tulsa and Muskogee areas have some relatively affordable housing options and there are resources available both on the internet and in print to assist you in finding affordable housing in either area.

### **TRAINING MODEL AND PROGRAM PHILOSOPHY**

The primary aim of the EOVAHCS training program is to provide the highest quality generalist training using evidence-based psychotherapies and psychological assessments that are inclusive of diverse cultural methodologies and critical consciousness frameworks. Culturally responsive models and social justice principles undergird all aspects of our training program so that interns are equipped to serve BIPOC and marginalized groups who have historically and systematically been denied access to liberated spaces within mental health systems in their own communities. Furthermore, our intention is to recruit and retain diverse interns and faculty who represent the communities that they serve. It is imperative those voices inform and shape dynamic models of multiculturalism that are intricately interwoven with scientific principles of evidence-based psychotherapies and assessment training. At the same time, we encourage critical thinking and challenges to the status quo frameworks that are grounded in western theories that preserve white privilege and deny the legitimacy of BIPOC perspectives and ideologies. For this reason, values of social justice and equality, and liberation psychology are integrated into the training and work of our interns and faculty which is a hallmark of our training program.

The Scholar-Practitioner model is the underlying philosophy and will be followed to prepare interns as well-rounded competent clinicians. We emphasize the integration of research and practical experience and believe it is essential in the development of professional competency. Therefore, emphasis is placed on applying evidence-based practices, research-based programming, and the application of science into practice. The goal is to facilitate interns' development of critical thinking, conceptualization, and problem-solving skills. Prior to the completion of the training, interns will be expected to be competent in providing basic psychological services to Veterans in an ethical, professional, and knowledgeable manner.

The internship program is structured to help interns grow and mature both personally and professionally. Internship training is designed to promote development in two fundamental areas: achieving foundational competencies in psychological practice and developing a sound professional identity. All aspects of the training program will facilitate the development of core competencies as recommended by APA emphasizing the importance of multiple skill sets among diverse populations and in varying functional roles involved in patient care. Interns will learn to effectively communicate their observations and clinical opinions (verbal and written) in interdisciplinary settings and to develop interpersonal skills needed to work effectively with patients, their families, and allied health professionals. Interns will also have the opportunity to further develop their knowledge and sensitivity to cultural, ethical, and legal issues that impact psychological practice along with an overall understanding of individual differences.

In addition to professional competencies, the training program strives to promote positive development of the intern's professional identity. This involves multiple dimensions: Supervisors will provide modeling, feedback, and a progressive gradient of independence needed to help interns better develop a sense of themselves as an emerging professional. This involves helping the intern negotiate the transition from the student role to the professional role, particularly with respect to self-image, increasing responsibilities, the navigation of complex service delivery settings, and professional competence. Our program uses feedback and evaluations to help trainees grow in self-awareness, develop a refined sense of personal strengths and limitations, adopt culturally informed perspectives and clinical judgment with regards to when to act independently and when to seek consultation.

The training program offers a focus on mental health care for rural and remotely living Veterans and underserved Veterans. Interns will be incorporated into programs where the focus is specifically on underserved populations including working with Veterans with severe mental illness (SMI), Veterans who have experienced military sexual trauma (MST), are currently living in remote area (rural mental health), who are currently going through the court system (Veteran's Treatment Court), and who are of a minority sexual orientation group, (LGBTQ). We also work closely with rural Native American communities in the Eastern Oklahoma area, allowing trainees to develop multicultural understanding of diverse tribes in Eastern Oklahoma and insight into the unique needs of Native American Veterans. Within the SUD Program Rotation is the opportunity to work with Native American Veterans and learn the traditional Talking Circle format of group healing within the Native American Warriors Group. There are other opportunities to be involved with traditional healing ways such as smudging ceremony, spirituality, the medicine wheel model of holistic health, and an introduction to the cultural values of the Tribal community on whose reservation that the EOVHCS Training program resides, the Muscogee (Creek) Nation. Further, Cultural diversity immersion experiences through the Native American Heritage Event, culturally responsive supervision by a Tribal psychologist and outings to the Creek Nation Tribal Museum and Veterans Affairs are offered during the internship year.

Each training opportunity in all rotations will present the opportunity to train with a multidisciplinary team in a cooperative and professional environment along with training in evidence-based practices. Our diverse staff offers a breadth of multicultural viewpoints and experiences with a focus on Veteran-centered care, emphasis on recovery and community re-integration.

## **TRAINING COMPETENCIES AND LEARNING ELEMENTS**

The philosophy of our training program is that training is best understood as a process of development and growth. This growth and evolution can best be nurtured through the provision of structured, developmentally sequential, experiential, and educational learning opportunities. We strive to prepare graduates of our internship training program to assume staff and faculty positions in medical centers where they will be able to use their training to provide empirically supported treatment, to enhance mental health services and provision of care, and to increase access of care to rural and remote Veterans and those who are underserved.

Internship training competencies are designed to build upon the basic clinical competencies acquired in graduate training. Our training program provides training in 9 broad competency areas consistent with APA standards:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes and Behaviors
5. Communication and Interpersonal skills
6. Psychological Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional Collaboration

#### COMPETENCY 1: RESEARCH

At the completion of training, interns will demonstrate critical thinking, and be able to integrate scientific knowledge with clinical practice. Interns will be able to apply the current scientific literature to evaluate their practices, interventions, and/or programs. Specific elements include:

1. Seeks out current literature related to clinical work or current research projects.
2. Demonstrates knowledge of the literature related to clinical work or research projects.
3. Effectively disseminates relevant literature in case conference, research presentations or professional talks.
4. Applies knowledge and understanding of scientific foundations to practice.

#### COMPETENCY 2: ETHICAL AND LEGAL STANDARDS

At the completion of training, interns will demonstrate knowledge of ethical and legal principles including the APA Ethical Principles and Code of Conduct. They will show an awareness of these principles and apply them in their daily practice. Specific elements include:

1. Demonstrates knowledge of and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct.
2. Demonstrates knowledge of and acts in accordance with relevant laws, regulations rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
3. Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines.
4. Conducts self in an ethical manner in all professional activities.
5. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.
6. Demonstrates an awareness of all regulations which impact upon their professional work, including clients' rights, release of information procedures, informed consent to treatment, limits to confidentiality in the VA medical center, management of suicidal/homicidal behavior, and child/elder abuse reporting policies

### COMPETENCY 3: CULTURAL AND INDIVIDUAL DIVERSITY

At the completion of training, interns will demonstrate knowledge of self and others as cultural beings in the context of dimensions of diversity in assessment, treatment, and consultation. Interns should show an awareness of, sensitivity to, and skill in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics. Specific elements include:

1. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect interactions with people different from oneself.
2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including: research, training, supervision/consultation, and service.
3. Demonstrates an ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, service, and other professional activities).
4. Independently applies knowledge in working effectively with a range of diverse individuals and groups.
5. Considers cultural/ethnic context and diversity factors in evaluating and assessing clients.

### COMPETENCY 4: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

At the completion of training, interns will demonstrate sound professional judgment and responsibility with progressive independence to resolve challenging situations throughout the training year. They will conduct themselves in a professional manner across settings and contexts. Interns will demonstrate the ability to manage work load and administrative tasks, as well as complete documentation in a timely manner. Interns will develop a professional identity over the course of the internship training year and learn how to function as a psychologist within an interprofessional team. Specific elements include:

1. Displays professional behavior when using leave and authorized absence by following appropriate procedures and using leave responsibly.
2. Engages in self-reflection regarding one's personal and professional functioning.
3. Engages in activities to maintain and improve performance, well-being, and professional effectiveness.
4. Manages all assigned workload within given time frames.
5. Demonstrates openness and responsiveness to feedback and supervision.
6. Is well prepared for supervision meetings.
7. Uses supervision time effectively.
8. Responds professionally in increasingly complex situations with an increasing degree of independence as the intern progresses across levels of training.
9. Demonstrates professional demeanor and appearance.
10. 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.

## COMPETENCY 5: COMMUNICATION AND INTERPERSONAL SKILLS

At the completion of training, interns will communicate effectively verbally, nonverbally, and in writing. These communications will be informative, articulate, succinct, and well-integrated with consideration given to the recipient of the information (e.g., client / family, other members of the interprofessional team, supervisor, etc.). Interns will demonstrate presentation skills by effectively communicating psychological principles, procedures, and/or data to colleagues, additional trainees, and other professions. Specific elements include:

1. Communicates with clients and families in a manner that is clear and understandable to them.
2. Communicates psychological information to other professionals in a manner that is organized and understandable to them.
3. Displays effective nonverbal communication and is aware of how they are communicating nonverbally.
4. Effectively produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
5. Demonstrates effective interpersonal skills and the ability to manage difficult communications well.
6. Demonstrates awareness of and appreciation for diverse viewpoints.
7. Develops and maintains effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

## COMPETENCY 6: PSYCHOLOGICAL ASSESSMENT

At the completion of training, interns will be able to accurately and completely assess a wide range of problems using a variety of psychological assessments. Interns will gain proficiency in selecting assessment tools, conducting intake interviews and integrating multiple sources of information. Specific elements include:

1. Communicates well with referral sources or relevant providers, particularly when providing feedback/guidance on their assessment and evaluation referral questions.
2. Performs informed consent and explains limits to confidentiality.
3. Conducts interviews, assessments and evaluations within reasonable time frames.
4. Demonstrates diagnostic interviewing skills, including the capacity to make a differential diagnosis.
5. Selects and administers assessment tools properly drawing from empirical literature and that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
6. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification and treatment recommendations, while guarding against biases and distinguishing between aspects of assessment that are subjective from those that are objective.
7. Performs risk assessments consistent with standards of practice.

8. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner to a range of audiences (e.g., clients and other professionals).
9. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
10. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process.
11. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).
12. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in assessment
13. Demonstrates awareness of and adherence to ethics in assessment

### COMPETENCY 7: INTERVENTION

At the completion of training, interns will have the ability to provide individual and group psychotherapeutic interventions in response to a range of presenting problems and treatment concerns, with particular attention to identifying treatment goals and providing evidence-based psychotherapies. Interns will be able to develop case conceptualizations relevant to the patient with the ability to adapt an evidence-based intervention if appropriate. Interns will be able to identify and manage crisis needs and/or unexpected or difficult situations. They also will be able to effectively coordinate their interventions with other members of the interprofessional team involved with the patient's care. Specific elements include:

1. Discusses issues of confidentiality and informed consent with clients.
2. Develops and maintains a good working relationship/therapeutic alliance with clients.
3. Establishes and documents goals of treatment intervention.
4. Develops a useful case conceptualization.
5. Develops evidence-based intervention plans.
6. Responds appropriately to client needs, including crisis situations and /or unexpected or difficult situations.
7. Implements interventions informed by current scientific literature, assessments findings, diversity characteristics, and contextual variables.
8. Applies the relevant research literature to clinical decision making.
9. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking and adapts protocols as clinically indicated to meet client's needs.
10. Demonstrates skill in the delivery of at least two evidence-based psychotherapies.
11. Evaluates interventions effectiveness, and adapts goals and methods consistent with ongoing evaluation.
12. Demonstrates a working understanding of process issues in group therapy.
13. Maintains professional boundaries.
14. Effectively accomplishes termination of therapy.
15. Manages workload well and completes documentation in a timely manner.
16. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in intervention.
17. Demonstrates awareness of and adherence to ethics in intervention.

## COMPETENCY 8: SUPERVISION

At the completion of training, interns understand the ethical and legal issues of the supervisor role. Interns will participate in role-plays and discussion of case examples along with a self-reflective supervisory assessment to assist in developing the intern's supervisory style and philosophy. When available and appropriate, interns will provide effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting. The following elements will occur in direct or through simulated practice exercises. Specific elements include:

1. Demonstrate knowledge of supervision models and practices.
2. Provides effective constructive feedback and guidance (e.g., direct, behaviorally specific, corrective guidance, presented in terms of plans)
3. Effectively deals with boundary issues and the power differential in supervisory relationships.
4. Builds good rapport with supervisee/peers and establishes a safe learning environment
5. Effectively manages resistance and other challenges in supervisees.
6. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in the provision of supervision.
7. Demonstrates awareness of and adherence to ethics in the provision of supervision.
8. Applies supervision knowledge with other psychology trainees or other health professionals.

## COMPETENCY 9: CONSULTATION AND INTERPERSONAL SKILLS

At the completion of training, interns will understand their role as a consultant and shift roles to meet presenting needs. Interns will gather appropriate data in order to answer the consultation referral question. Specific elements include:

1. Demonstrates knowledge and respect for the roles and perspectives of other professionals and applies knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups or systems related to health and behavior.
2. Independently consults with psychologists and professionals from other disciplines in the care of their clients.
3. Contributes to treatment team planning and to team implementation of interventions.
4. Uses the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of clients and populations served.
5. Demonstrates awareness and adherence to ethics in consultation.

## **PROGRAM STRUCTURE**

The EOVAHCS Clinical Psychology Internship Program follows all rules and regulations for match and advertising of the position outlined by the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Internship year is divided into two rotations of six months each and yearlong rotations focused on evidenced based assessment and therapy. In general, interns are expected to achieve foundational competencies in the area of clinical assessment, group and individual psychotherapy, consultation and treatment planning, professionalism and ethical/legal standards and policy, sensitivity to individual differences and cultural diversity, supervision and scientific knowledge and methods.

Generally, interns spend two days per week performing duties associated with their rotation, one day a week performing duties associated with assessment, one day a week performing duties associated with evidence-based therapy, and one day reserved for training-related activities, including didactic seminars, group supervision, research, supervision seminar, participation in the multicultural committee and the yearlong diversity group project. Interns have the ability to individualize their training plans as well based on the intern's training goals/interests and can include committee work (e.g., LGBTQ Committee; IPV Work Group, Multicultural Committee), outreach(e.g., Native American Outreach, MST Outreach) and/or any number of training enhancement options.

Interns receive at a minimum of two hours and 30 minutes of individual supervision each week by three separate licensed psychologists (Assessment Supervisor, Rotation Supervisor, EBP Supervisor). In addition, interns have two hours of group supervision (assessment, EBP) and two hours of didactic activities each week. The didactics and seminars are coordinated by the training leadership and focus on multicultural issues, empirically based interventions, and/or assessments. Diverse perspectives in training are provided by clinical providers working in various areas of Veteran care as well as outside speakers with specific knowledge in psychological assessment, trauma-related care, and diversity issues.

## **EXPECTATIONS OF INTERNS**

The Internship Training Committee, faculty, and interns are responsible for organizing and coordinating a set of meaningful training experiences which will aid the intern in his/her professional growth. Interns, therefore, must honestly and thoughtfully identify and articulate their training needs and keep their supervisors and the Internship Training Committee apprised of changes in these needs as the year progresses. Any problems encountered by the interns related to their training sites, work-related relationships, supervision relationships, clinical work, or personal problems or situations that impact their ability to provide clinical services, should be immediately relayed to a member of the Training Faculty and/or the Director of Training. All such problems will be addressed in a non-punitive and practical manner. All interns will be encouraged and helped to clearly identify the changing limits of their competence.

While initially not yet licensed, interns must adhere to all professional standards of practice and ethical constraints that are relevant for psychologists. Interns must actively and independently review the APA Code of Ethics and the Oklahoma statutes relevant to psychologist's practice, review relevant scientific literature, seek necessary supervision, actively participate in consultation, and undertake continuing education. Links to this information is readily available year round to interns on the Shared Drive. Interns are expected to be active participants in every aspect of their training, actively contributing in group discussions (i.e., huddles, group supervision, didactics) and being timely and prepared for supervision. The internship may be their last organized and intensive  
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professional opportunity to receive critical supervision and guidance and they are expected to take full advantage of it. Interns must be open to honest feedback from the faculty, from supervisees, from affiliated professionals and staff, and from other interns.

Interns are expected to be self-revealing about their own backgrounds to the extent that it serves the goal of improving their diversity awareness. They are expected to be self-revealing about their own tendencies and difficulties insofar as this openness serves the goal of improving their clinical abilities. Interns are expected to provide feedback and constructive criticism to the Director of Training, training faculty, and other interns and thereby contribute to the continuous development of the internship. Active participation in didactics, provision of feedback to the Internship Training Committee, consultation with mentors and faculty, regular completion of formal evaluation instruments, and informal discussions with the Director of Training are methods by which interns contribute to the continuous improvement of the internship.

### **EXPECTATIONS OF TRAINING FACULTY**

Training faculty should represent positive, competent and professional role models to interns as evidenced by significant clinical involvement; commitments to teaching, training and/or research; and experience with program development, advocacy and administrative activities. In addition, continued professional education and service to psychological societies and to the professional community are important. Faculty members are expected to take primary responsibility for the quality of the supervisory relationship. To that end, they are expected to be highly accessible to interns, to be available for needed supervision and consultation and to arrange for backup supervision when necessary, to be fair and forthright in evaluations, and to be open to constructive criticism and feedback on their supervisory skills. Faculty members involved in the internship are expected to be active in maintaining competence in the provision supervision, which can be done through CE training on supervision and/or independent reading on supervision skills.

Should significant training problems arise in the course of the supervisory relationship (i.e., problems which make the supervisory relationship untenable, or problems in internship performance which may require significant remediation), training faculty are expected to immediately relay this to the intern and the Director of Training. Training faculty are also expected to participate in the internship program through timely completion of trainee evaluation forms and consistent attendance at training committee meetings, supervisor meetings, and faculty trainings.

## **INTERNSHIP REQUIREMENTS**

### **Client Contact:**

Interns are required to complete a minimum of 500 hours of face to face contact with clients (which includes video telehealth sessions and telephone therapy sessions if necessary due to COVID-19 pandemic). Interns are responsible for tracking their hours, and bringing them to weekly individual supervision for review. Hours can be tracked using Time to Track or a spreadsheet can be provided for tracking. Hours are signed off on by the rotation supervisor on a weekly basis and turned into the training director by the intern electronically monthly by the first Tuesday of the month along with the cumulative total of hours that have accrued thus far during the internship program. If interns are doing telework from home, a weekly spreadsheet denoting their daily activities will be provided to the Training Director and their supervisors in addition to the hour logs noted above.

Every opportunity will be created for 500 hours to be obtained; however, it is the intern's responsibility to ensure hour requirements are met. Interns must be proactive in striving for approximately 15 direct contact hours per week to account for time spent in orientation, CPT training, quarterly psychologist seminar series, holidays, and intern time off. There are options for interns to supplement direct hours when they have a cancellation/no show. These include reaching out to their supervisor, intake team and/or the triage team to let them know if they are available to cover an intake and/or walk in. They can also reach out to the Suicide Prevention Team who often have individuals that are in need of clinical contact/follow-up. A flow sheet for ideas of who to contact to offer clinical services has been saved to the shared drive to assist interns.

### **Psychotherapy:**

Interns must demonstrate competence in individual and group psychotherapy with a variety of client types and settings. It is expected that interns will show competence in **at least two (2)** evidence-based psychotherapies as measured by receiving a Level 3 (Intermediate Competence) on their formal evaluations. The qualifications for competence as outlined by the national standards of training and consultation for obtaining provider status in that particular evidence-based psychotherapy by the VA will be strived for; however, are not required to be met in order to receive a Level 3 rating. It is also expected that interns will conduct **at least two (2)** empirically based psychotherapy or psychoeducational groups. Therapy sessions are expected to be audio recorded when possible with the appropriate signed consent form. It is expected interns will administer each therapy session, self-report assessments appropriate for screening particular diagnoses and/or the intervention being provided.

By mid-year, interns are expected at a minimum to manage effectively 10 individual clients and one group per week along with two assessments per month. Interns are expected to document their clinical encounters within 48 hours of the encounter. For encounters that occur on Friday, Interns are expected to have documentation complete on Monday. Exception to this expectation would be any encounter that involves any type of crisis situation (e.g. suicide risk assessment, safety planning) or documentation for a client designated as High Risk which are expected to be completed the same day

as the encounter and the intern needs to ensure their supervisor also reviews and co-signs this documentation the same day as well. Interns will also be expected to conduct comprehensive intakes which includes gathering of psychosocial history, conducting suicide risk assessment and safety planning if necessary, assessing relationship violence, along with providing information and rationale about the EBP's available and collaborating with the client to find the best fit treatment plan based on the client's presenting symptoms and goals.

### **Psychological Assessments:**

Over the course of the internship year, interns will conduct evidence-based assessments from referral sources throughout our service. Assessment training at EOVAHCS emphasizes collaborative/therapeutic and recovery-oriented approaches throughout the testing and feedback process. Interns will either be assigned to conduct personality/diagnostic assessments and/or neuropsychological assessments based on their foundational assessment experience prior to internship. If multiple interns meet the foundational requirements for neuropsychological testing and wish to have this experience, then it is possible that the assessment year will be split with half of the year focused on neuropsychological testing and half of the year focused on personality/diagnostic testing. Therefore, this rotation will vary from cohort to cohort based on prior assessment experience.

During assessment orientation, the intern and assessment supervisors will discuss the intern's prior assessment history, such as experience in clinical interviewing, test administration, test interpretation, report writing, and feedback. Discussion will also include experience with a variety of assessments, such as cognitive screening evaluations, personality evaluations, and other areas of specialty practice (i.e., Inpatient, transplants, capacity, forensic), to include the intern's attention to and ability to incorporate relevant developmental and sociocultural issues in the assessment process.

Personality/Diagnostic assessment assists in differential diagnosis and treatment planning for veterans with diverse emotional and behavioral concerns. Common measures administered include: MMPI-3, PAI, MCMI-IV, WAIS-IV, CPT-3, SCID-5, CAPS-5, and various symptom screeners. Consultations to the EOVAHCS Neuropsychology Service are received from a spectrum of patient care providers with a diverse range of consult requests. Neuropsychological assessment referral reasons often include diagnostic clarification of neurocognitive versus psychiatric etiologies, and evaluating the extent of cognitive impairment in suspected dementia and in residuals of acquired injuries, such as traumatic brain injury (TBI) or stroke. Interns assigned to the Neuropsychology assessment rotation gain experience selecting, administering, scoring, and interpreting a wide variety of neuropsychological measures and personality inventories using a flexible battery approach. The majority of the assessments are completed with veterans referred to the service on an outpatient basis, while there may be additional opportunities for brief assessment of veterans on inpatient services (i.e., psychiatry, rehabilitation)

Among both assessment rotations, interns will develop skill and competence in effective report-writing and gain therapeutic skills in testing administration and feedback. The assessment process emphasizes a collaborative, strength-based, and rehabilitative approach to promote each veteran's health and treatment goals. Face-to-face feedback with veterans and family members regarding personalized assessment findings and recommendations is considered an integral component of the assessment process.

Both assessment rotations may provide interns an opportunity for tiered supervision with a psychiatry resident and/or a psychology practicum student, in which the intern will help lead the assessment

process with the guidance of their assessment supervisor. Interns will collaborate with their paired resident or intern on assessment interpretation and report-writing, delegating tasks with consideration of the trainee's developmental level. Interns and residents/students will be asked to complete **one hour of peer supervision every other week** to discuss assessment cases, using a team-based approach to therapeutic assessment.

While interns will conduct a variety of assessments throughout the training year, it will be expected that **at least six (6)** of these assessments are comprehensive psychological assessments and **one of these is to be presented formally in group supervision**. Interns can find the outline and expectations of the case presentation components on the Shared Drive. Determination of meeting criteria for being a "comprehensive" assessment is reviewed by the supervising psychologist; however, it is expected to include the evaluation of multiple domains (e.g., diagnostics, personality, cognitive, intellectual functioning, functional abilities). First drafts of all assessment reports are expected to be turned in to the assessment supervisor **within two weeks after the last assessment appointment** (i.e., the last testing appointment prior to feedback). Once edits are received from your assessment supervisor, these are expected to be **appropriately addressed and resubmitted within one week**. Additionally, any feedback session following report completion must be approved by a supervisor prior to scheduling. All case presentation materials should be reviewed and signed off by the assessment supervisor **at least one week prior to the assessment case presentation**. These comprehensive psychological assessments are separate from other rotation-specific assessments/intakes conducted for diagnostic or treatment planning purposes.

During the year-long intern assessment rotation, interns will be expected to attend a weekly assessment group supervision session in addition to their individual supervision with an assessment supervisor. Interns will be placed on a rotating facilitation schedule at the beginning of the year. Tips for facilitation will be provided with the facilitation calendar. In general, when interns facilitate the group supervision session they will be expected to:

- Send out a reminder/agenda email to group supervision attendees the morning before facilitating group supervision
- Consult with interns and supervisors to include appropriate agenda items
- Set the tone for the group supervision meeting (e.g., ask a question of the day or icebreaker, review agenda items, review unfinished business, facilitate feedback discussion on group supervision and assessment training process)
- Ensure that discussion with group is helpful and collaborative

Assessment group supervision will also incorporate a monthly psychological testing-related journal article discussion. Supervisors and interns will be placed on a calendar to select a journal article each month. Supervisors and interns will present two psychological testing articles during the year; one of these articles will be expected to highlight multicultural considerations in psychological assessment. **Interns will be expected to send proposed articles for supervisor approval at least one week prior to the journal article discussion date.** During the journal article discussion, interns will be expected to provide a brief summary of the article and facilitate dialogue with prepared questions. When appropriate, active learning exercises might also be utilized (e.g., debate, experiential activities).

### **Diversity Seminar:**

The Diversity Seminar strives to foster and encourage a life-long practice of professional cultural humility. The interns and seminar facilitators work to embrace the concept of cultural humility and develop a process of openness, self-reflection and ongoing professional and personal development. Aspects for consideration include participation in culturally considerate supervision, delivery of culturally competent clinical interventions, encouragement of reflection on cultural identity and cultural interactions in professional spaces through personal reflective practice, group discussion, and facilitation of experiential encounters that increase awareness of cultural identity and interactions, as well as knowledge of a cultural group.

As part of the diversity seminar, interns will create individual and group presentations. First, each intern will present on an aspect of diversity in a formal presentation and facilitate discussion. The individual presentation could highlight an experiential project, deep self-reflection, or exploration of a particular case and include relevant research/literature. In the later part of the training year, interns present as a group on a topic of their choosing, related to diversity, as part of the quarterly psychologist training seminar.

Training faculty will facilitate field experiences in the community for immersion/learning/growth over the course of the year. Examples of these experiences includes visiting the Tulsa community of Greenwood and learning about the history of Black Tulsans including but not limited to the Tulsa Race Massacre, Okmulgee Muscogee Nation Capitol, Tulsa Day Center for the homeless.

Optional diversity experiences includes participation with:

#### **Voices at the Table**

“Voices at the Table” is a small weekly discussion group held over the lunch hour whose primary goal is to expand our hearts and minds to the rich tapestry of the American experience. One of the ways this occurs is by creating a safe, non-judgmental, and liberating place for marginalized groups to give voice to their people’s history and personal experiences. It is truly a multicultural group that is open to all staff, residents, and interns who are committed to creating a more inclusive and equitable society for all. Our discussions may stem from specific readings, a presentation, or relevant topic in the news. Please join us for a very refreshing and informative hour. We meet each Thursday during lunch. All we ask is that you bring an open and caring heart that carries within it a burning desire to make this world a better place for all.

**“What do we live for, if not to make the world less difficult for each other?” – George Eliot (Mary Anne Evans)**

#### **Multicultural Committee**

Interns have an option to be active participants in the **multicultural committee** which meets monthly. The Multicultural Committee includes members from Behavioral Medicine Service, Chaplaincy, The Veterans Center, and the office of the EEO Manager, to name a few. The committee was conceived as a catalyst for diversity and equality in the Psychology Internship Program. We held a vision to shift the existing theoretical paradigm that maintains the status quo to one that is inclusive of all people, as well as culturally and socially responsive to the needs of marginalized communities we serve. The end goal was for the work being done by the committee to infiltrate and transform services facility wide. We are seeing this come to fruition.

Over the years since conception, the Multicultural Committee has evolved in scope and reach. The committee writes monthly articles for the facility to showcase diversity among our Veterans and Military service members, and for special observances such as National African American History Month, LGBT Month and National Hispanic Heritage Month. Because EOVAHCS sits on the Muscogee (Creek) Nation land, and Oklahoma has more Tribes than any other state, and we have placed special emphasis on serving our Tribal Veterans, we celebrate National Native American Heritage Month with an event organized and hosted by the Multicultural Committee. Dignitaries from the Tribes, Tribal programs, storytellers, Tribal hymn singers, and other presenters participate in the Native American Heritage Event. Traditional food, special speakers, poster presentations, and honoring Tribal Veterans are included in the celebration. The event is the highlight of the committee's year and one that we look forward to with great excitement.

Other activities of the committee include discussions around racial inequality; macro and microaggressions; local and worldwide current events impacting marginalized groups; outreach activities; and articles, publications, and resources that address discrimination and social injustice. Notice of culturally responsive webinars and challenges to western psychological theoretical frameworks are also shared. Our intention is to open liberated spaces for BIPOC perspectives and indigenous approaches to have a voice. Our committee members are also an integral part of the diversity seminars, immersion experiences/diversity outings, and "Voices at the Table" discussions.

Interns can engage in a holistic experience of diversity, equity, and inclusion through these interconnections of the program. Further, faculty and interns alike are empowered to provide governance and critical feedback on how well our training advances diversity, equity, and inclusion.

### **Presentations:**

Interns will complete up to **seven** presentations throughout the year and receive feedback from all in attendance via presentation evaluation forms to be reflected on and reviewed in supervision. If necessary due to COVID-19 precautions, these will be done virtually to ensure social distancing can be maintained.

### **Assessment Measure Presentation**

During psychological assessment group supervision, interns will be expected to deliver at least one 20 to 30- minute didactic presentation to their intern cohort and assessment supervisors on an assigned psychological measure (e.g., PAI, MCMI-IV, SCID-5, WAIS-IV). A second presentation may be required and may be co-presented with an assessment rotation resident. This presentation will be considered less formal and more conversational than a traditional professional presentation. A Power Point presentation will not be expected. Interns will be expected to develop and share a presentation handout with attendees. Examination of mock cases with attendees is highly recommended. The presentation/handout should cover the following domains: administration, scoring, interpretation, critical review of the literature, and diversity considerations.

### **Diversity Seminar Series Presentations**

Each intern will present on an aspect of diversity in a 45 minute discussion/presentation to fellow interns and training staff as a part of their diversity seminar series. The presentations will include PowerPoint format and handouts. The topic can include but is not limited to an experiential project, more intensive self-reflection, exploration of a particular case, and all will include a critical review of and reflection on literature. This presentation is expected to be about 45 minutes with an additional 20-30 minutes of facilitated discussion. Day/time of presentations to be determined.

### **Case Presentations**

Interns will complete two case presentations including PowerPoint format with handouts and should be 45 minutes in length with an additional 15 minutes allotted for questions/discussion. One presentation will focus on an assessment case and be presented in assessment group supervision and the other presentation will focus on a Cognitive Processing Therapy case and be conducted in group supervision with the EBP Supervisors. Examples of past presentations are available on the Shared Drive. They should include the following components:

- a. Referral question or presenting concerns
- b. Description of the client and basic demographics
- c. Brief psychosocial history
- d. Psychiatric treatment history
- e. Pertinent assessment data collected
- f. Diagnostic Impressions
- g. Diversity and Intersectionality
- h. Case Conceptualization
- i. Relevant Psychological Research related to the case conceptualization or treatment approach.

### **Case Consultation**

Each intern is expected to present on a case during one of the all staff case consultation meetings. This is an informal consultation meeting. The intern is expected to come prepared with consultation questions and provide a brief verbal summary of the following information:

- Referral question or presenting concerns
- Description of the client and basic demographics
- Brief psychosocial history
- Psychiatric treatment history
- Pertinent assessment data collected
- Diagnostic Impressions
- Diversity Considerations

### **Group Project Staff Presentation**

The intern cohort will conduct a formal presentation to staff at the Quarterly Psychologist Training Seminar. The presentation will include a PowerPoint presentation and handouts and information from their year-long group project along with any additional training needs assigned by the Diversity Seminar Facilitators. The Diversity Seminar Facilitators will mentor the interns and review the slides prior to the presentation. Diversity Seminar Facilitators will schedule a group supervision to reflect on this experience afterward and to review presentation evaluation feedback forms.

### **Research**

Interns will have numerous opportunities to practice critically evaluating and applying scholarly knowledge to clinical practice. First, research knowledge will be incorporated into all clinical case presentations, diversity seminar presentations, and the end of the year group project presentation. Second, when appropriate, all didactic presentations will address the current research knowledge about that particular topic. Lastly, interns will also participate in monthly journal club as part of their assessment group supervision. An article is assigned each month which will be rotated amongst the interns and assessment supervisors along with facilitation of discussion of that particular article. Discussion will include the applicability of the research to clinical settings and how to implement the

findings into practice. Interns are expected to read the full research article prior to the Journal Club meeting. Each rotation will differ in its requirement regarding facilitation of discussion of a research article; however, it is expected a minimum of one journal article will be reviewed during the rotation team's huddle as well. Guidelines for facilitation of journal article reviews is provided on the Shared Drive.

### **Supervision Seminar**

EOVAHCS Training Program provides the opportunity for interns to gain experience supervising trainees including psychology and social work graduate students and psychiatry residents in individual and group formats over the course of the year. The seminar will take place the second half of the training year and meet 1-2 times monthly. A variety of experiences will be provided for beginning supervisors including: didactic presentations, discussions of readings, review of video depictions of supervision models, role-play exercises and real supervision experiences of interns and faculty. The seminar will serve to facilitate an understanding of basic functions and roles of clinical supervision, ethical and cultural diversity considerations which will be integrated across activities. Content will include specific theory, supervisor interventions and a range of topical and situational considerations.

Individual umbrella supervision may be possible for both therapy and assessment experiences depending on rotation and number of active practicum students. Assessment supervision will be conducted both individually and in a group setting to facilitate high quality practice with interviewing, chart review, test selection, administration, scoring, interpretation, report writing and providing feedback.

According to VA policy, the work done by trainees is ultimately the responsibility of the credentialed faculty provider. Thus, formal procedures will be developed for each supervisory relationship so that the Veteran, practicum trainee, intern supervisor, and faculty supervisor are all clear on the roles and relationships between each party. The Veteran and the practicum trainee must have contact information for the faculty supervisor. Clinical documentation in the medical record must indicate the name of the trainee's supervisor, the nature of the supervisory meeting in which the case was discussed, and the level of supervision provided. Templates will be provided to assist with these documentation requirements. When an intern supervises a practicum student, the intern must be mindful of how this assignment can affect the relationship. For example, the ethics code dictates that supervisors maintain the supervisee's privacy and avoid exploitive or romantic relationships with supervisees.

Supervision experiences for interns during the training year are contingent upon rotation options, numbers of active practicum students and intern competencies as demonstrated by their informal and formal evaluations. Individual umbrella supervision may or not be appropriate if an intern is actively being considered for or working to address a remediation training plan.

### **Required Didactics**

Interns are required to attend two hours of weekly didactics per APA accreditation guidelines. The didactic series may also include video-conference with other remote VA Healthcare Systems for special topics. The didactics series includes but is not limited to the following topics: Assessments, Interventions, Professional Development, Diversity, Ethics, Multicultural Competency, Supervision and Leadership. Interns are expected to fully participate in each didactic seminar and if there is a didactic the intern is unable to attend, the intern is expected to contact and notify the presenter. If didactics are being done virtually, it is expected that interns will be logged on with video. Monthly,



an additional hour of didactics will be provided in the BMS Staff Development Meetings and it is required interns attend. Interns also may choose to attend other elective didactic opportunities within the VA. The training faculty will send out various opportunities for this and if the intern is interested in a specific didactic opportunity not on the training schedule, it is the responsibility of the intern to ensure supervisor approval for any rotation activities that may be impacted and that schedules are blocked so no Veteran care is disrupted. Lastly, interns are expected to complete an electronic evaluation after each didactic with constructive feedback to assist us in future development of the didactic seminars. These are to be completed the same day as the didactic with the exception of when interns have their monthly diversity group project, then it is expected to be complete first thing Wednesday morning. In addition to the above didactics, interns are expected to attend the annual supervision conference hosted by the University of Tulsa and the annual mental health summit hosted by the VA and community partners.

The training team at EOVAHCS believes in the critical importance of self-care as a competency in professional development. We believe that attending to our well-being, in heart, mind, and body, is a lifelong practice. We hope to facilitate and encourage self-care through three half-day experiential retreats to be held throughout the training year. Trainees will be introduced to mindfulness, relevant research, considerations on how to adapt in clinical care with Veterans, and some practice exercises. Trainees will also learn about VA initiatives including Whole Health and VA Calm to further supplement their clinical work and own self-care.

#### **Minimal Level of Achievement and Procedures for Evaluation**

For interns to successfully complete the training program, they must receive at least a Level 3 rating (“Intermediate Competence”) in all competencies and elements on their final year end evaluation completed by the Training Directors in consultation with all rotation supervisors and training committee members. A Level 3 rating (“Intermediate Competence”) indicates the intern is considered prepared for entry-level independent level practice and licensure. This rating indicates the intern needs minimal structure for routine activities, but may need supervision for more complex situations and the intern is able to generalize knowledge, skills, and abilities across clinical activities and settings.

Throughout the year, supervisors evaluate the intern’s clinical skills/knowledge areas. Each supervisor will start each rotation reviewing the rotation expectations/activities for that particular rotation to ensure the intern is fully informed of what is expected and what will be evaluated on the rotation. Then each supervisor will review progress the intern has made on their specific rotation expectations/activities forms at mid- and end-of-rotation. Mid-rotation evaluations ensure the intern is informed of any areas of concern regarding the competencies or elements along with allotment of time for growth and improvement. During the mid-rotation evaluation, the supervisor will alert the intern immediately to any area of concern, specifically, any area they would rate the intern below a Level 3 (“Intermediate Competence”). It is expected that many interns will be evaluated below a Level 3 (“Intermediate Competence”) during the first three months of internship and will have identified areas of growth to work on throughout the internship year. Since the assessment and EBP training component of the program is yearlong, these mid-evaluations occur at 6 months and end of the year. Since rotations are each 6 months in length, mid-rotation evaluations occur at 3 months and 6 months for end of rotations. This results in each intern receiving feedback at a minimum of quarterly throughout the year.

The formal evaluations (See Appendix 2: Attachment G) completed by the Training Directors who utilizes consultation and evaluations completed by all other supervisors along with any additional input provided by the training committee. This information along with his or her own experience with the intern will be reviewed with the intern at mid-year and end of the year. The formal

evaluations are also shared with the intern's graduate program. Any areas rated below a Level 3 during the formal mid-year evaluation or any evaluation thereafter, will result in a formal remediation plan being implemented and shared with the graduate program.

### **Meetings with the Training Directors**

Interns will have individual meetings scheduled with the Training Director and/or the Associate Training Director quarterly to review evaluations, training files are up to date, hours, any questions/concerns along with updating training goals and progress toward these goals throughout the year. Interns also meet with the Training Director and Associate Training Director throughout the training year in group supervision and individually as needed. These times may be used for informal discussions about the internship program, professional development, training concerns, questions about the VA system, or other areas of interest for interns. Feedback about the training program is welcome at any time, however, this time is dedicated to exploring anything the trainee wishes to address.

### **CONTINGENCY PLANNING FOR PANDEMIC OR OTHER DISRUPTION OF ROUTINE PROCEDURES**

The COVID-19 pandemic created numerous personal and professional challenges for us all. One of these challenges is uncertainty about what will happen next week, next month, or throughout the year. The EOVAHCS Internship is committed to ensuring interns have meaningful training experiences in spite of difficulties associated with the pandemic. We strive to be transparent at all times; however, we are not able to predict how specific rotations or training opportunities may evolve during the year.

Interns will be trained during orientation on all telehealth modalities, policies, along with access to all policies, procedures, assessment and treatment materials to be utilized in case quarantine measures are being implemented in the state due to the COVID-19 pandemic. All orientation activities, didactics, and supervision can be provided via telehealth. Interns are issued VA laptops which enables them to access the VA network from home. Trainees have been given the option to report in person to locations where there are minimal to no staff in order to work more efficiently if they do not have adequate supplies and/or are having intermittent problems with remote access.

The EOVAHCS has the ability to if necessary to transition all Psychology Trainees to full-time teleworking while maintaining almost all training activities without significant disruption. Specifically, trainees will continue to see veterans via telehealth for individual therapy, group therapy and limited assessment, attending and participating in didactics and supervision via virtual media technologies, and benefiting from live, direct observation of clinical care by supervising psychologists. The decision regarding interns teleworking from home will be made in consultation with facility leadership, BMS leadership, and the Designated Education Officer. It is important to note that interns are considered paid employees of the VA for their internship year and will be expected to follow policies set for VA staff during the COVID-19 pandemic. Of further note, interns **must be deemed competent** to provide telehealth care from home by supervisors prior to this being an option. Supervisors will work to conduct at minimum 2 live observations of telehealth sessions during the first six weeks out of orientation along with testing knowledge of telehealth policy during supervision to ensure this competence. A Telehealth Competency Evaluation available on the Shared Dive will be utilized by supervisors to ensure an intern is competent and ready to provide services from home.

The training program is still exploring workarounds for continuing psychological testing if in person

operations are unable to continue to resume during the training year; however, the training committee is committed to ensuring the interns will be able to participate in activities to ensure competency in assessment is met. It goes without saying that the health and safety of our Psychology Trainees, along with the competent care of our nation's veterans, is of utmost importance to us. We will continue to provide high quality training in professional psychology while simultaneously keeping our trainees' health and wellness at the forefront. Trainees are eligible to get the COVID-19 Vaccination through the VA's Employee Health Program if they wish.

## **PLANNING THE TRAINING YEAR**

Prior to the start of the internship year, interns are sent a questionnaire to identify initial training interests. This information helps the Training Committee in planning for the training year. Placement on rotations for the first half of the training year will be developed based on this information along with availability of training committee members. At the beginning of internship, interns go through several days of orientation activities, which provide the opportunity to meet all the prospective supervisors.

An individualized training plan (See Appendix 2: Attachment C) is developed for the interns in conjunction with the Training Directors and other faculty input based on specific interests and training needs. Every attempt will be made to place interns with their top choices of rotations if possible. During orientation, assessments of competency in the areas of ethics, multicultural awareness, and assessment interpretation and report writing, are administered. Further, each intern will be observed conducting a comprehensive intake where their diagnostic interviewing, risk assessment, and relational skills will be evaluated. Each intern receives individualized feedback. Interns are also administered a self-assessment of their abilities in each of the 9 competencies to identify areas on which to focus attention as the interns go through their internship year. Any areas of weakness noted from these assessments will be addressed in their individualized training plans.

The program is organized into two six-month segments which will include the completion of two rotations. Interns also complete a yearlong evidence-based assessment and therapy rotations. There may be opportunities for additional experiences that are outside of the normal rotation activities. Participation in such activities is based on individual interests and must be clearly specified and approved by the Training Director and the affected supervisor(s).

At the beginning of each rotation, rotation supervisors will review the rotation expectations and activities with the intern. These will be used as evaluations at mid and end of rotation, and information from these will be utilized to complete the formal mid and end of year evaluations. Interns' interests and priorities often change over the course of the training year and changes in the training plan are permissible provided they continue to allow for the intern to complete their required training experiences and the program has the capacity to handle the switch. Interns' second half of the year rotations will not be finalized until the 3 month mid-rotation evaluations during the first half of the year are complete. This will allow for more time to fully assess areas of strength and weaknesses. The Training Committee will meet and discuss the intern's interest in specific rotations along with any recommended training needs to ensure the intern will meet the program aim of high quality generalist training utilizing evidenced based therapies and assessments successfully.

## Sample Training Structure

<b>Rotation 1</b> 15 hours per week  First half of internship year - 6 months	<b>Rotation 2</b> 15 hours per week  Second half of internship year - 6 months
<b>Year Long Rotations</b> 1 Day focused on Assessment 1 Day focused on EBP Interventions	
<b>Weekly 2 hours individual supervision</b> One hour with rotation supervisor One hour with Assessment Supervisor 30 min weekly with EBP supervisor to augment group supervision and as needed	
<b>Weekly 2-3 hours group supervision</b> One hour with EBP Supervisor One hour with Assessment Supervisors One hour Supervision Seminar (Second half of year)	
<b>2 hours of Didactic Seminars Weekly</b>	
<b>4 hours Group Project/Outreach/Committee Work about three times a month. Once a month Diversity Seminar may have field work in the afternoon.</b>	

### Sample Intern Weekly Schedule with MST/Women's MH Major Rotation

<b>Monday</b>	8:00-9	Chart Review/Client Prep
	9:00-12	Testing with the client/report writing
	12-12:30	Lunch
	12:30-2	Intake Clinic
	2:00-3	Supervision with Assessment Supervisor
	3:00-4	Documentation & Report Writing
	4-4:30	Prep for the next clinical day
<b>Tuesday</b>	8:00-10	Didactics
	10:00-11	Group Supervision for Assessment
	11:00-12	Group Supervision/Consultation for EBP
	12:00-1	Interns encouraged to lunch together monthly
	1:00-4:30	Diversity Seminar (Monthly)
<b>Wednesday</b>	8:00-9:00	Staff Meeting
	9:00-10	Individual Therapy Client
	10-11:30	DBT Skills Group
	11:30-12	Documentation
	12-12:30	Lunch
	1230-1	Documentation
	1-2:00	Individual Therapy Client
	2:00-3	Individual Therapy Client
	3-4:00	Individual Therapy Client
	4-4:30	Documentation and prep for next day
<b>Thursday</b>	8:00-8:30	Huddle with MST/Women's MH Team
	8:30-9:00	Prep
	9:00-10:00	Individual EBP
	10:00-11	Group
	11:00-12	Individual EBP
	12-12:30	Lunch
	12:30-1	Notes/Prep
	1-2:00	Individual EBP
	2:00-3	Individual EBP
	3-4:30	Notes/Prep
	<b>Friday</b>	8:00-8:30
8:30-9		Chart Review/Client Prep
9:00-10		Skills Group led by intern
10:00-11		Individual Therapy
11:00-12		Supervision with Rotation Supervisor
12:-12:30		Lunch
1-2		Group
2:00-4:30		Individual CAPS Assessment & Write Up

## **ROTATION DESCRIPTIONS**

Each intern is required to participate in yearlong rotations which will focus on Psychological Assessment and Evidenced-Based Psychotherapy.

### **Psychological Assessment**

Interns will conduct assessments in response to consult requests submitted by clinical providers anywhere within the VA network of clinics. The assessments involve clinical interview, review of history and records, and standardized psychological assessments and are specific to the referral questions. Interns will write integrated assessment reports and present this feedback to both colleagues and patients as appropriate. Emphasis is placed on collaborating with other professionals to clarify referral questions and provide meaningful feedback to both the referring clinician and the patient. Interns will have an individual assessment supervisor who provides supervision and participate in weekly assessment group supervision. Interns on the Personality/Diagnostic Testing rotation will conduct 180 minute testing sessions with the client every other week and on the off week will have that time allotted for test interpretation and report writing. As part of this rotation, interns will also have a weekly 90 minute testing clinic used for ADHD screenings, MMPI-3 administrations, diagnostic interviews such as CAPS-5 and for providing therapeutic assessment feedback. Interns on the Neuropsychological Testing rotation will conduct approximately 6 hours of testing every other week, and on the off week, they will focus on test interpretation and report writing. The assessment rotations can be at the 11<sup>th</sup> street clinic or the 91<sup>st</sup> street clinic in Tulsa.

### **Evidenced-Based Psychotherapy**

Interns will become proficient in a minimum of two evidenced based therapies Cognitive Behavior Therapy for Depression (CBT-D) and Cognitive Processing Therapy (CPT) for PTSD. Interns will have the unique opportunity to be trained and supervised by VA National consultants and/or Regional Trainers/Consultants in both of these modalities. The CPT training and consultation will give interns the opportunity to fulfill the training requirements to be ‘grandfathered’ in to receiving VA provider status once they are licensed if they decide to continue their career with the VA. Trainings for both CPT and CBT-D will include in-person instruction, audio recordings, direct observation, supervision, and consultation. Interns will participate in weekly group supervision with the EBP supervisor/consultant for the therapy they are currently providing. Individual supervision will be provided 30 min weekly by their individual EBP supervisor to augment the group supervision and as needed. This rotation is located at the 11<sup>th</sup> street or the 91<sup>st</sup> street clinic in Tulsa.

## **ROTATION OPTIONS**

Each intern will choose two (two days a week) 6 month rotations. Rotation locations are varied and these will be assigned based on both intern preference, supervisor availability, and training committee recommendations. Interns stay at the assigned location for the duration of the rotation.

***Choice of rotations include: (Interns will choose two each lasting 15 hours per week for six months )***

- General Mental Health Clinic (GMH)
- PTSD Clinical Team (PCT)
- Women’s Mental Health Speciality/Sexual Trauma Treatment Program
- Substance Use Disorder Team (SUD)/Veterans Treatment Court
- Acute Inpatient Unit
- Psychosocial Rehabilitation and Recovery Center (PRRC)
- Home-Based Primary Care (HBPC)
- LGBTQ+ Program
- Primary Care Mental Health Integration (PCMH-I)

In addition, rotation enhancements are potentially available contingent upon supervisor availability and intern’s rotation preference and can be individualized per intern’s training interests such as:

- Special Populations
- Specialty Assessment
- Rural Telemental Health
- Administration
- LGBTQ+ Program
- DBT Team
- Research

### **Rotation Descriptions:**

***General Mental Health:*** Interns will work as part of an interdisciplinary outpatient clinic, seeing veterans with a full spectrum of psychological disorders including schizophrenia, non-combat PTSD, bipolar disorder, depression, and anxiety. Psychological work in the clinic includes individual and group psychotherapy, as well as participation in the initial treatment planning process for veterans. The intern would have the opportunity to develop and enhance skills in evidence based psychotherapy by participating in both group and individual therapy with a broad range of psychopathology. Skills in differential diagnosis and treatment planning are facilitated through working with veterans with a diverse range of presenting concerns and knowledge base regarding psychotherapy. In this clinic a holistic, recovery-oriented approach to care is taken so interns work closely with medication providers (nurse practitioners, physician assistants, and psychiatrists) and social workers (homeless veteran coordinator, CWT and supported employment coordinator), as well as collaborating with primary and specialty care physicians.

***Acute Inpatient Unit:*** The role of psychology on the inpatient unit includes, psychological assessment, provide brief psychotherapy, group therapy, psychoeducation and consultation to a multi-disciplinary team. Common reasons for hospitalization include suicide ideation/attempts, homicidal ideation, substance use disorders, depression, grief and loss, active psychosis and/or mania. A large focus of the rotation is consulting and communicating about treatment conceptualization and planning with the team, which includes nursing, recreational therapy, social work and psychiatry staff.

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***Psychosocial Rehabilitation and Recovery Center (PRRC):*** In PRRC, interns are part of a recovery focused program for Veterans who have persistent severe mental illness including Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Severe Depression, and PTSD. The goal of the PRRC is community integration, reducing emotional distress with evidenced based therapeutic interventions, and building skills to strengthen social supports. The intern is expected to provide psychological assessment, individual, and group interventions to veterans with serious mental illness as part of an interdisciplinary team. The team includes the following disciplines: Vocational Rehabilitation, Recreational Therapist, Peer Support Specialist, Social Work, and Psychologist. Evidenced based practices include: Seeking Safety, CBT for Depression, CBT for Anxiety, Mindfulness, Cognitive Behavioral Therapy for Schizophrenia, Dialectical Behavior Therapy, Cognitive Processing Therapy, and Social Skills Training for Schizophrenia.

***PTSD Clinic:*** Interns will gain experience in empirically supported assessment and treatments of PTSD related to combat. Evidenced Based Psychotherapy training opportunities include: Cognitive Behavioral Therapy (CBT) Skills Groups, Cognitive Processing Therapy (CPT), CBT for Insomnia, and Prolonged Exposure Therapy. Interns will learn to reliably administer and score the Clinician Administered PTSD Scale (CAPS-5). Training focus will be individualized based on intern's past training, experience, and interest.

***Women's Mental Health Specialty/Sexual Trauma Treatment Program:*** Interns will gain experience in empirically supported assessment and treatments for women veterans and men and women veterans who have experienced any type of sexual trauma. Frequent diagnoses treated on the team include PTSD related to sexual trauma in the military (MST) and outside the military, Borderline Personality Disorder, Major Depressive Disorder, and Anxiety Disorders. Interns also have the opportunity to gain exposure working with individuals with eating disorders, experiencers of intimate partner violence (IPV), and users of IPV. Evidenced Based Psychotherapy training opportunities include: Cognitive Behavioral Therapy (CBT) Skills Groups, Acceptance and Commitment Therapy (ACT), Skills Training in Affect and Interpersonal Regulation (STAIR), Dialectical Behavior Therapy (DBT) Skills Groups; Cognitive Processing Therapy (CPT), CBT for Insomnia, Mindfulness, Exposure Relaxation Rescripting Therapy for Trauma Related Nightmares (ERRT), Interpersonal Therapy for Depression, Cognitive Behavioral Therapy for Depression and Prolonged Exposure Therapy. Interns will learn to reliably administer and score the Clinician Administered PTSD Scale (CAPS-5). Training focus will be individualized based on intern's past training, experience, and interest. There are also opportunities for those interested in gaining more experience with eating disorder assessment and CBT for eating disorders.

***Substance Use Disorder Team:*** The Eastern Oklahoma VA Health Care Systems (EOVAHC) Behavioral Medicine Service (BMS) offers a "continuum of care" model for Veterans diagnosed with Substance Use Disorders (SUD) and Co-Occurring Disorders providing interns the opportunity to individualize their training experience. A strong clinical focus would provide interns with experience in Substance Use Disorder assessment, consultation, evidence based therapies, outpatient and intensive outpatient (IOP) groups and may also include inpatient consultation. Evidence Based practices include Motivational Enhancement Therapy,



Mindfulness, Seeking Safety, 12-Step Facilitation, a Cognitive Behaviorally focused Relapse Prevention and Acceptance Commitment Therapy approaches.

Tulsa Veterans Court (VTC) targets veterans charged with non-violent felonies and who also struggle with drug and/or alcohol addictions, and/or mental health problems.

The Veterans Treatment Court is a collaborative effort among the 14th Judicial District Tulsa County Drug/DUI Court, U.S. Department of Veterans Affairs, Tulsa County District Attorney's Office, Tulsa County Public Defender's Office, Human Skills and Resources Supervision, Tulsa County Court Services, and many other community partners. Tulsa Veterans Court is certified as a National Training Mentor Court.

Interns will have the opportunity to attend court dates, graduations and provide counseling services and case management to VTC participants. Interns on the SUD rotation will also have the unique opportunity to be trained by and consult with a National Trainer/Consultant in CBT-SUD.

***Home Based Primary Care Rotation:*** Interns will have the opportunity to learn how to effectively provide a full range of psychological services to patients in the home who are unable to travel to the nearest VA Medical Center. Many of those served are in very rural areas of Eastern Oklahoma, which will add to this unique training experience. Specific services include screenings; psychological, cognitive, and capacity assessments; psychotherapy; and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize evidence-based and best practice approaches.

***LGBTQ+ Program:*** As part of this rotation, interns get the unique opportunity to gain more exposure and in depth training and supervision working with individuals in the LGBTQ+ community. Opportunities on this rotation include conducting evaluations needed for gender affirming surgery along with individual and group therapy experiences. Interns will take part in co-facilitating the Sexual Orientation and Gender Identity Health Education Group which is an empirically supported intervention along with leading process/support groups for those who identify as Lesbian, Gay, Bisexual, or Questioning and those who identify as Transgender. Interns on this rotation will participate in the LGBTQ Committee and assist with planning awareness and outreach activities. Further, interns will work closely with the LGBTQ Coordinator providing consultation and training to staff across the EOVAHCS. This can be a standalone rotation or a rotation enhancement.

***Primary Care Mental Health Integration*** The primary care mental health integration (PCMHI) rotation provides evidence based behavioral health services to patients within the primary care setting. Psychological interns will work in collaboration with primary care physicians, nurses, and other PCMHI social workers and staff to provide integrated services that treat the *whole* person. Primary Care patients present with behavioral health concerns (anxiety, depression, PTSD, etc.) in addition to physical health concerns and medical conditions. Interns will receive warm hands offs from medical teams and provide feedback and consultation to the referring provider about patient care. Interns conduct brief functional assessments and interventions that facilitate patient progress towards behaviorally based goals. Consistent with the PCMHI model's episode of care, the majority of patient appointments will be no more than 30 minutes with a maximum of 6-8 follow up sessions.

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Interns will also submit referrals and coordinate care when indicated to other specialty clinics and services. PCMHI not only aims to reduce symptoms of psychopathology, but to also improve patient functioning and quality of life. The rotation emphasizes a contextualism perspective to case conceptualization and the implementation of contextually and behaviorally based psychotherapeutic interventions.

### **Rotation Enhancements**

***Rural Telemental Health:*** The Rural Telemental Health (RTH) rotation will offer interns distinct and innovative training using technology to complement their psychotherapy, psychological evaluation, consultation, and interprofessional skills. Interns can expect to work towards decreasing health disparities in an interprofessional training model serving rural Oklahoma veterans from Vinita, Idabel, and McAlester CBOCS in partnership with social work, psychiatry, and primary care using video teleconferencing. They will learn the unique combination of economic, social, and cultural factors affecting rural veterans. As a result of socio-eco-cultural influences, many of our rural veterans have multifactorial medical and mental health issues; therefore, interns will acquire advanced skills and knowledge in assessment, evaluation, psychotherapy, consultation, and case management.

***Special Populations:*** This rotation enhancement will specialize in providing therapeutic services to Veterans from minority populations including: racial/cultural differences, LGBTQ, women, and Veterans in the legal system. As psychologists, we are tasked with the ethical responsibility of providing culturally informed and appropriate treatments for our clients and the communities with which we engage. However, clinicians often cite concerns about their abilities to apply knowledge of diversity to daily practice. This rotation enhancement will provide interested interns an opportunity to bridge the gap between knowledge and application. The Special Populations Rotation Enhancement is designed to be flexible, allowing interested interns an opportunity to create an experience fitting with personal and professional goals, prior training experience, and expectations

***Specialty Assessment:*** This rotation enhancement will specialize in providing assessments such as bariatric evaluations, organ transplant evaluations, and possibly if available, evaluations conducted for our VA Police. Interns will get the opportunity to receive enhanced training in these specialty assessments/evaluations in regards to administering of standardized assessment instruments, psychosocial interview, interpretation, and report writing.

***Administrative Enhancement:*** The administrative enhancement provides the opportunity for interns to practice administrative functions as they relate to mental health. For example: Intern may assist with National VA mental health directives such as SMI ReEngage (outreach to Veterans with SMI who have been lost to care), EPIC (Early Psychosis Intervention Coordination), Inpatient Recovery Transformation Meeting (Review of recovery oriented practices on the inpatient unit) and local efforts such as the Complex Care Committee (Multidisciplinary team reviews of complex patients) and other systems as they arise. This rotation will develop an interns reflective and critical thinking skills, writing skills, navigation of systems/organizations and program development/improvement.

***DBT (Dialectical Behavior Therapy) Treatment Team:*** Interns have the opportunity to add this rotation enhancement to their training year. Interns will be a part of either the Men's or the

Women's DBT Team which will include at minimum a full day training in DBT, an individual DBT therapy client slot that the intern will keep filled throughout the training year, participation in the weekly DBT Consultation Meeting, and possible participation in co-facilitation of a DBT Skills Group when available and when it works with the intern's schedule.

**Research:** We are building our research program here at EOVAHCS. Interns can opt to engage in research studies for about four hours per week. This may include tasks such as: data entry, data coding, assessment/screening administration, and possible opportunities for data analysis and writing contributions. In addition, interns will be given the option to participate in a program evaluation project. Dr. River Smith, Associate Chief of Staff of Research, provides the guidance for this experience.

### **Other Training Opportunities Across Rotations:**

**Evidenced Based Therapies:** Interns will also have the unique opportunity to be exposed to other evidenced based therapies implemented on their rotations. The following is a list of Evidenced Based Therapies currently utilized by psychologists with provider status in that specific modality.

**Cognitive Processing Therapy (CPT):** CPT is a manualized, cognitive-behavioral, time-limited (12-17 weeks) treatment approach for trauma related symptoms. This therapy is provided in both individual and group therapy formats.

**Prolonged Exposure Therapy (PE):** PE is a manualized, cognitive-behavioral time-limited (10-15 weeks) treatment approach for veterans with a diagnosis of PTSD. This therapy is provided in individual format only.

**Motivational Interviewing/Motivational Enhancement Therapy (MI, MET):** MI and MET are client centered therapeutic styles for eliciting behavioral change. These are used frequently with patients with Substance Use Disorders.

**Dialectical Behavioral Therapy Skills Group (DBT):** DBT is a manualized approach focusing on the skills of mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance.

**Acceptance and Commitment Therapy (ACT):** ACT uses acceptance and mindfulness processes along with commitment to behavioral change to bring about greater psychological flexibility.

**Cognitive-Behavioral Therapy for Depression (CBT-D):** CBT-D focuses on cognitive restructuring along with behavioral activation to treat depressive symptoms. This is available in group and individual format.

**Interpersonal Therapy for Depression (IPT):** IPT is based on the principle that there is a relationship between the way people communicate and interact with others and their mental health. This therapy encourages the patient to regain control of mood and functioning typically lasting 12–16 weeks.

**Cognitive-Behavioral Therapy for Insomnia (CBT-I):** CBT-I focuses on cognitive restructuring and behavioral changes to treat insomnia. This is available in group and individual

formats.

**Cognitive-Behavioral Therapy for Chronic Pain:** This is a manualized, time-limited (12 weeks) that focuses on CBT skills for pain management. This is available in group and individual formats.

**Exposure, Relaxation, and Rescripting Therapy (ERRT):** This is a manualized, time-limited (5 weeks) cognitive-behavioral therapy for the treatment of trauma related nightmares. This is available in group and individual formats.

**Social Skills Training:** Evidenced based treatment for veterans with severe mental illness. This is available in group format.

**Integrated Behavioral Couples Therapy (IBCT):** This is a couple therapy that incorporates the strategies of behavioral couple therapy with new strategies for promoting acceptance in couples. Studies indicate that IBCT is an effective intervention for reducing marital distress and improving relationship satisfaction.

**Collaborative Assessment and Management of Suicidality (CAMS):** CAMS is a therapeutic framework for suicide-specific assessment and treatment of suicidal risk. The clinician works collaboratively with the patient to identify suicidal “drivers” and to understand how suicidal thoughts and behaviors function as coping strategies.

**Cognitive Behavioral Therapy for Binge Eating Disorder:** This individual and/or group therapy focuses on helping individuals suffering from recurrent episodes of emotional or binge eating and will include education about the causes and consequences of binge eating, as well as specific strategies to use in order to start developing a healthier relationship with food and eating.

**Recovery from IPV through Strengths & Empowerment (RISE):** RISE is an evidence-based, trauma-informed intervention for individuals who have experienced or are currently experiencing intimate partner violence (IPV). This intervention takes place in the context of individual therapy and is designed to be flexible in nature, lasting anywhere between 1 to 8 sessions. RISE utilizes a Motivational Interviewing framework and specifically targets self-efficacy which is often eroded by IPV. Veterans are empowered to set individual recovery goals and can choose from a variety of modules each session to specifically address their own unique needs. Topics that can be covered include safety planning, health effects and warning signs of IPV, improving self-care and coping, enhancing social support, sexual violence over the life span, making difficult decisions, and building resources moving forward.

## **SUPERVISION**

Clinical supervision is the primary vehicle for experiential learning and feedback during internship. You will receive at a minimum of two hours of individual supervision and two hours of group supervision per week. These individual supervision hours need to be face to face when possible or virtually with video if we are operating under Covid-19 Precautions. You will work with multiple supervisors throughout the year in both individual and group formats. Your supervisors monitor your work through a number of methods, including direct observation, case discussions, review of all clinical documentation, audio or video recording, and co-therapy. Interns can expect to be observed directly at least once per evaluation period. At the beginning

of each supervisory relationship, you and your supervisor will discuss goals, training activities, and expectations for your supervisory experience. You and your supervisor will also discuss the process by which emergency supervision can be obtained when needed, including coverage during supervisor absences. You must be clear on supervisory coverage at all times.

Your supervisor has ultimate clinical responsibility for the clients you see and, as such, must be fully informed about all aspects of the case. This is particularly true for situations that might involve a clinical crisis or a mandated reporting situation (e.g., child or elder abuse, danger to self or others).

You must fully disclose issues in this regard as soon as possible. If, at any point, you feel you are having difficulty with any supervisory relationship, it is your responsibility to address this by speaking with the supervisor, speaking with the Training Director, or following the Grievance and Due Process policies outlined below.

The clients you work with must be informed that you are working under supervision, and they must have the name and contact information of the supervisor who is clinically responsible for the case. This informed consent process is to be reviewed with them verbally when first meeting with them and they are also given this in paper format with contact information for your supervisor. We have separate informed consent templates for assessment and therapy; they are on the Shared Drive. This can be sent electronically if you are working with someone remotely.

Interns are responsible for keeping their supervisor(s) informed of important issues/concerns at all times. This includes clinical and non-clinical issues. Additionally, Interns are expected to be available to supervisors at all times during their tour of duty. The main method of communication is Microsoft Teams through Instant Messaging. For example, if during a session, a client reports suicidal/homicidal ideation, is in intense distress, reports abuse of child/elder or another vulnerable adult, the supervisor should be notified immediately. Please note: suicide, homicide, child/elder abuse are not the only significant clinical concerns and the intern must use judgment with regards to whether or not they need consultation/supervision. If the supervisor is not readily available, the Directors of Training or any member of the training committee can be reached out to assist and provide guidance with the situation. If no one on the training committee is available in that moment, any licensed mental health professional can assist. For clients that require more in depth risk assessment and safety planning, the supervisor should be notified so they can enter the session prior to the client leaving to review the risk assessment/safety planning. Further, documentation for these types of situations should be reviewed by the supervisor prior to being entered into CPRS.

There are supervision logs available in the Shared Drive and interns are responsible for keeping these updated for each rotation (Assessment, EBP, Rotation) and bringing a copy to both individual and group supervision sessions. These should be updated weekly with the most accurate information.

Clinical work on internship will likely involve new activities with populations you may not have worked with before. While this is very beneficial to your professional development, it may also involve feelings of discomfort. It is our hope that you will feel challenged and ultimately proud of your accomplishments as you learn new skills and new ways of relating to this particular client population. One of the particular areas of concern for interns can be working with difficult clients, who may bring particular challenges either due to the intensity of their emotional crisis, psychiatric symptoms, or cognitive impairments, or due to a pattern of

interpersonal relating that involves aggression, boundary violations, or other dynamics. It is important to discuss such concerns openly with your supervisor and to have a collaborative alliance in addressing this.

It is important to note that therapeutic relationships can and should be terminated when a clinician (staff or trainee) feels physically unsafe. The health care system has formal procedures (e.g., filing a disruptive behavior report) for dealing with inappropriate client behavior. You and your supervisor can work together to come up with a plan that takes into account both the clinical needs of the client and the organization's need for staff and trainee safety. When staff members are faced with such situations, the typical response is to consult with colleagues to determine the best course of action. Similarly, it may be beneficial for you and your supervisor to seek additional consultation from the Training Director or other staff members. If there is a situation in which you and your supervisor cannot come to agreement, you may follow the Grievance and Due Process policies listed below. The Training Director must be informed as soon as possible about any cases that involve physical contact or threats of any kind toward interns. To keep this issue in the proper perspective, it should be noted that such occasions are very infrequent and most trainees will never experience them. Because such events can occur, however, prudence dictates that everyone has a clear understanding of procedures to follow in such situations.

There is a general expectation that interns will require decreasing levels of supervision during the course of both a given rotation and the internship year; however, at all times, interns will be receiving the minimum required hours of supervision. It is recognized that there will be differences among given interns based on past professional experiences as well as current professional development. By the end of the twelve months, it is expected that interns will be able to practice independently with the knowledge that consultation should be sought out when needed. An evaluation system is used throughout the internship year to assess interns' needs within each of the nine core competency areas.

## **INTERN EVALUATION & MINIMAL REQUIREMENTS**

For interns to successfully complete the training program, they must receive at least a Level 3 rating in all competencies on their final year end evaluation. Throughout the year, rotation supervisors will evaluate these clinical skills/knowledge areas using standard evaluation forms completed at mid and end of rotation. This results in evaluations completed at 3 months and 6 months for the Rotations and at 6 months and 12 months for the assessment and EBP rotations. The formal evaluations are completed by the Training Directors at 6 months and 12 months with the input from the rotation supervisors and the training committee. The Training Director will review these formal evaluations with the intern and a copy of these evaluations will be provided to the intern's graduate program. Graduate programs will also be informed if a student is placed on a remediation plan at any point during the training year. See Competency Benchmarks below.

## **COMPETENCY BENCHMARKS**

Competence ratings are based on the profession-wide competencies of: 1) Research, 2) Ethical and legal standards, 3) Individual and cultural diversity, 4) Professional values, attitudes, and behaviors, 5) Communication and interpersonal skills, 6) Assessment, 7) Intervention, 8) Supervision, and 9)

Consultation and interprofessional/interdisciplinary skills. The competence ratings used in the psychology internship training program at the EOVAHCS are based on how much supervision is required for a trainee to perform a task competently. There ratings range from 1-5 and are defined as follows:

#### **LEVEL 5: FULL PERFORMANCE LEVEL**

- Skill in this area notably exceeds that expected for doctoral interns at the completion of the training year. Sound thinking and critical judgment are evident overall; the intern has fully mastered this skill area and can handle complex situations independently. Training is consultative in character.

#### **LEVEL 4: ADVANCED COMPETENCE**

- The intern consistently integrates well-developed knowledge, skills and abilities into all aspects of professional practice. Functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.

#### **LEVEL 3: INTERMEDIATE COMPETENCE**

- The intern is considered prepared for entry-level independent level practice and licensure. The intern needs minimal structure for routine activities, but may need supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. This is the level expected for most skills mid-way through the internship training year and the level required for successful completion of the internship training program.

#### **LEVEL 2: BEGINNING COMPETENCE**

- The intern requires intensive supervision for unfamiliar clinical activities and/or novel circumstances. This is the level of competency expected for a beginning intern working with a new clinical population, and might be an appropriate rating for beginning acquisition of a novel skill set within a new rotation.

#### **LEVEL 1: REMEDIAL**

- The intern shows significant deficiencies in this skill area, with little to no autonomous judgment. The intern is dependent upon direct observation and detailed preparatory instruction, and shows skill in this area below that expected of a beginning intern. Intensive supervision required to attain most basic level of competence OR trainee has not attained expected level of competence despite standard mentoring/supervision. Scores in this range always trigger a review by Training Director and Training Committee.

**Ratings are NOT grades.** It is important to remember that these ratings are not "grades." A Level 1 rating is not necessarily failing. It is quite possible that an intern has had no previous experience with a particular task, and needs to have a staff psychologist present during the early stages of the experience until they require less intensive supervision. A Level 2 rating is also not necessarily unsatisfactory—there are many tasks on which an intern might begin at Level 1 or 2. **These ratings only become "unsatisfactory" if, by the end of the internship, the intern has not attained at least Level 3 rating across all competencies.**

An intern will likely not warrant a Level 4 rating on most tasks until near the end of the program;  
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thus, an intern might stay at Level 3 for some time. This would *not* mean that no progress is being made. Interns obtain knowledge of progress through verbal feedback from supervisors and on specific items on the evaluation forms. As applied to ratings of items (aspects), it is expected that interns will have a distribution of level ratings. At the beginning of the year, it is likely there will be some 2s, many 3s, and possibly an occasional 4. Progress toward training goals can be noted on a clinical activity by observing how the distribution of ratings shifts upward during the training activity. This scheme provides interns with very specific feedback of progress because it tells them exactly on which detailed components of an activity, progress is or is not being made.

Interns are expected to fully participate in the evaluation process. At the beginning, mid, and end of internship, interns will complete their own self-assessment of where they think they currently are in regards to each of the nine competencies and this is to be reviewed with their supervisors and during the meetings with the Training Director. Further, interns will complete evaluations of each of their supervisors at mid and end of rotations and will review this feedback with their supervisors and the Training Director. Interns will also complete program evaluations at mid and end of the internship year to review with the Training Director. Each intern will meet with the Training Faculty Member of their choice for an exit interview (Appendix 2: Attachment E) to discuss any other issues relevant to the training program and for final feedback. Lastly, one intern representative per month will attend the monthly Training Committee Meeting and will start the meeting with feedback from the intern cohort. The Training Committee values feedback and interns learning and practicing giving constructive feedback is part of gaining competency in professionalism and communication. The Training Committee values feedback from the interns and all intern cohorts thus far have contributed in significant improvements of the internship program from their feedback. All of this information with expected dates for these activities is outlined on the training activity schedule.

## **GOOD STANDING**

To maintain good standing in the program, interns will demonstrate ongoing progress. If competency areas are rated below a “Level 3” at 6 months or later, remediation will be necessary. Every attempt will be made to catch areas below “Level 3” in the first three months of the internship program and individual training goals will be adjusted in attempts to address this and assist with gaining competence in this area. Trainees must not be found to have engaged in any significant ethical wrongdoing at any point during the internship year.

## **EXIT CRITERIA**

To successfully complete the program, interns must complete all requirements noted on the Expectations and Activities of the Assessment, EBP, and the two 6 month Rotations along with minimum hour requirements (2080 program hours) with 500 being direct face to face hours (therapy/assessment over telehealth modalities is considered face to face). Further, interns need to not be involved in any significant wrongdoing and receive satisfactory ratings (minimum of Level 3) on their comprehensive final year evaluation which is completed by the Training Directors in consultation with the Training Committee and the rotation supervisors. Each intern will meet with the Training Faculty Member of their choice for an exit interview (Appendix 2: Attachment E) to discuss any other issues relevant to the training program and for final feedback.

## **INTERNS' TRAINING FILES**

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Only training program leadership and program support has access to the files for the interns' ongoing throughout the year and electronic files are located on Microsoft Teams that only the Training Director, Associate Training Director and Program Support Assistant have access to. Files are updated and checked for completeness during quarterly meetings with the Training Director. The following will be kept permanently in each intern's electronic training file.

- Training Plan developed at the beginning of the year with the Training Director with updates throughout the year
- Formal Mid-Year and End of the Year Evaluations
- Remediation Plans if applicable
- Signed copy of the Certificate of Internship Completion
- Verification of Experience Form

### **INTERNS' SHARED FOLDER ACCESS**

A shared folder for interns is located on the EOVAHCS Behavioral Medicine Shared Drive. All required forms, policies, handbook, orientation materials, and a copy of the APA Ethical Principles and Code of Conduct are located in this folder and accessible to interns at any time when logged into the VA network.

## **PROGRAM EVALUATION**

Interns complete formal evaluations of their supervisors at the mid and end of each rotation (Appendix 2: Attachments F). Interns complete an evaluation of the overall training program at the mid and end of the internship year (Appendix 2: Attachment G). Informal evaluation of the internship program is a continuing process, in which interns are encouraged to bring up issues, concerns, and suggestions throughout the year to their supervisors and Directors of Training. A representative from the intern class will attend the monthly internship training committee meeting to provide the committee with feedback and any concerns/requests in regards to the training program. Interns will rotate this responsibility. Once interns graduate the program, they will be sent an annual distal evaluation of the program in regards to how well prepared based on the internship training at EOVAHCS did interns feel in each of the nine competency areas and how well did the program prepare them for their current roles/careers. This can be sent annually up to 10 years after graduating the program.

## **DOCTORAL PROGRAM GRADUATION**

Because of asynchronies between the internship year and the academic calendar of various graduate programs, questions often arise regarding participation in doctoral program graduation ceremonies and the date that the doctoral degree is awarded. Doctoral programs accredited by APA are not allowed to award doctoral degrees in professional psychology before the full internship is completed. On occasion, if an intern has met all training competencies and has annual leave remaining at the end of the year, the certification of internship completion can occur before the scheduled end date, corresponding to the number of remaining days of annual leave. Sick leave cannot be used in this manner. Certification of internship completion cannot occur before this time. Graduate programs have varying requirements regarding participation in graduate ceremonies prior to the completion of all degree requirements. The Training Director will document an intern's good standing in the program when indicated to be eligible to participate in graduation ceremonies prior to internship completion.

## **LICENSING**

The program's primary goal involves preparing graduates for successful practice and licensure as a Psychologist is a requirement for autonomous practice. As such, interns are strongly encouraged to begin preparation for the licensure process during internship. At the end of the training year, the Training Director will complete a Verification of Experience form for each intern and these documents will be kept in the intern's training file for when intern requests this information be sent directly to the licensing board of your choice, if applicable.

Please note, each state licensing board has its own requirements. Interns are encouraged to consider where they might eventually pursue licensure and to examine the licensing laws specific to those jurisdictions. A good source of information for licensing rules is <http://www.asppb.org/>. The Training Director will complete any needed paperwork for the licensure application process. Becoming licensed requires attention to multiple details and it can be helpful to have an awareness of the process in advance. Currently our internship program requirements match the requirements for licensure in the state of Oklahoma.

## GENERAL ADMINISTRATIVE INFORMATION

### IN PROCESSING

There are a number of formal steps (e.g., background investigation, fingerprinting, TB tests) required to bring you on as a VA employee. Once you have completed the preliminary paperwork, representatives from HR will work with you to complete these steps.

**Note:** A certification of U.S. citizenship and, if applicable, a certification of selective service registration are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a *Pre-appointment Certification Statement for Selective Service Registration* before they are employed. All interns have to complete a certification of citizenship in the United States prior to beginning the fellowship. The form will be sent to you for completion. VA will not consider applications from anyone who is not currently a U.S. citizen. VA conducts drug screening exams on randomly selected personnel as well as new employees. Trainees may be required to be tested prior to beginning work, and once on staff, they are subject to random selection as are other staff members. Trainees are also subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

There are several computer-based training modules that must be completed before (in some cases) or shortly after starting work. Most of these are mandated VA requirements so your cooperation in completing these trainings is very much appreciated. You will be informed about the trainings, including step-by-step directions for accessing and completing them. It is sometimes required (and always a good idea) to print a copy of your certificate or save an electronic copy after completing a training course.

### PAY & BENEFITS

The current annual intern salary is \$33,469 which is set by VA Central Office. The VA requires that payment be made by electronic deposit, so you will be asked for bank account information during Human Resources (HR) in processing on the second day. You will receive payment every other Friday, starting about 3 weeks after beginning internship. VA interns are eligible for health insurance just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. The Office of Personnel Management (OPM) has oversight for VA benefits and you may review those benefits at <http://www.opm.gov/healthcare-insurance/healthcare/>. HR will provide you with more detailed information about VA benefit programs during in processing.

### LEAVE

You are entitled to 13 days of **annual (vacation) leave** per year and up to 13 days of sick leave. This leave time is accrued at the rate of 4 hours per two-week pay period. Thus, it takes time to accrue

leave and this can make taking leave early in the training year challenging. If there is a compelling reason to take leave before the hours are accrued, you may be granted leave without pay. Interns will not be allowed to take time off without pay unless prior arrangements have been made or for emergent circumstances. Advanced leave can be granted; however, again this will be due to emergent circumstances and reviewed on a case by case basis. Time off without pay is not encouraged as this will delay or extend the completion of the internship year.

Annual leave (including substitute leave without pay) must be kept to 13 days in order to fulfill the program's training requirements. If you have any need for leave related to religious activities and you have not yet accrued sufficient leave, please speak with the Training Director, as the program will make every effort to accommodate.

**Sick leave** may be used for any illness or medical appointments. Some of it may also be used for care of a family member. It cannot be used for vacations or personal time. If you have a specific situation that might affect your sick leave usage, you may want to discuss this with the training director at the beginning of the year. The specifics surrounding leave usage, including jury duty and bereavement leave, are located in the Leave Administration Policy 05-01 on the VA NCHCS intranet.

You are allowed to take up to three days of paid **Authorized Absence (AA)**. This time can be used for post doc or job interviews, for returning to your academic program for meetings related to your dissertation or research, graduation ceremony, or educational activities of interest such as conferences that are not a part of the internship program. These days can only be used with prior supervisor and TD approval. This is for time that would require you to be away from the training site only and will not be approved to work on your dissertation as that time can be worked into your schedule on site. **Interns can only use one day of AA at a time and they cannot be used consecutively or during the same episodic time period.** For example, if an intern will be traveling to their university for defense of their dissertation, only 1 day of AA can be used for this and AL would need to be used for any remaining time needs.

In order to request leave, an intern must obtain the written approval of supervisor(s) of rotations impacted by the leave and the Training Director via email. For vacation and AA days, the request needs to be made with 45 days advanced notice. Once interns receive this approval, they are expected to check their schedule to see if any Veterans are on their schedule and if so, appropriately triage their care needs by entering a note into their chart and new Return to Clinic Orders if necessary. Then interns will enter their leave into VATAS along with their block request on the BMS Leaf Request Site. Interns then forward the email confirming the blocks have been made to the Training Director before the TD can approve the leave in VATAS. Once this is fully approved in all areas, interns are expected to add this to the shared intern calendar in Outlook.

Discussions about when it is appropriate to take leave should be had collaboratively with the intern and their supervisors, so that considerations can be made around impact on patient care and training goals. Interns are required to designate a clinical coverage person (this will almost always be the clinical supervisors) in their absence. It is the trainees' responsibility to keep track of leave and ensure their clinical duties are covered. Generally, all leave will be approved as long as enough has been accrued and adequate arrangements have been made for clinical work. **No requests for leave during the last two weeks of the internship will be approved.**

## **PARENTAL LEAVE AND EXTENDED MEDICAL LEAVE**

Given the timing of psychology graduate training, it is not unusual for interns to become pregnant or adopt children during their internship year. It is also possible a situation requiring extended medical leave may occur. In these cases, it is important for EOVAHCS Psychology Internship Program to come to a mutually agreeable solution with the Interns that accomplishes, at a minimum, the following goals:

- Comply with state, federal, and VA standards regarding parental or medical leave
- Allow appropriate parental leave for parents and their new children
- Provide sufficient time for bonding with new children and postpartum recuperation
- Allow intern to return to health from medical leave in a manner consistent with medical recommendations
- Ensure the intern meets the program's aims, training goals, competencies, and outcomes.
- Ensure the intern completes a total of 2080 (Including Holidays & Leave) hours.
- Ensure the intern completes 500 hours of face to face contact with clients

If the need for parental leave or extended medical leave becomes apparent, please discuss this matter as soon as possible with the Training Director. It is a top priority for our program to adequately accommodate leave for new parents and/or medical needs, while maintaining the integrity of the training program. The internship program will work as creatively and flexible as possible to accommodate the needs of the intern. A request for advanced sick leave can be arranged to allow for planned leave usage for the purpose of parental leave or extended medical leave. This time will first include accrued sick leave then annual leave up to the 26 days allowed for the training program (13 days AL and 13 days SL). If additional time is needed, trainees may request Leave Without Pay. In cases of LWOP, the Training Director will work closely with the Office of Academic Affiliations (OAA) and the Fiscal Office to coordinate how to adjust stipend-related funds if the internship year consequently extends beyond the federal fiscal year. During LWOP status, the VA will continue to pay the VA portion of health and life insurance benefits. When the Intern returns to duty, they will need to pay for their portion of these expenses. They may do so over time through payroll deductions. Upon returning to duty, the Intern will be returned to paid status.

Interns will create a collaborative plan for parental leave or extended medical leave with the Training Director documented in writing. This plan will establish how leave will be used, and how the intern will achieve his/her 2080 internship hours including 500 face to face hours and all program competencies. Interns will need to provide medical clearance if applicable in order to return to work after parental leave and extended medical leave.

## **REQUESTING LEAVE**

### **For annual and sick leave:**

- Check your current leave balance in VATAS to see if you have accrued enough leave to make the request.
- If you have leave available, first obtain approval via e-mail from Supervisors impacted for that day.
- Forward the approval email to the Training Director for approval.

- Once approved by the Training Director via E-mail, triage the care for any Veterans on your schedule
- Enter the leave into VATAS.
- Submit LEAF Request for your clinic(s) to be blocked during the approved time
- Forward confirmation email that your clinic has been blocked to the Training Director so it can be approved in VATAS
- Enter the Leave on the Shared Intern Outlook Calendar

Scheduled leave is not approved unless it is noted in the computer. Interns are encouraged to check the computer to see if leave was approved prior to taking it. *Taking any leave without proper authorization may result in loss of pay for the unauthorized absence, loss of supervised hours, and possible disciplinary action.*

#### **For unscheduled leave:**

- When an Intern cannot report for work because of illness of self or family member or some other emergency, the trainee must be sure to always notify the following people as soon as they become aware that they will be absent from work: (1) Supervisor for any rotation activities on the day of absence; (2) Training Director/Associate Training Director; (3) Time Keeper by calling the VA Call-In Line **(918) 577-3483** and (4) Any supervisor that is leading a group supervision or didactic on the day of absence, if applicable. These people should all be notified when appropriate/possible by telephone/text, especially in cases where Veteran care is impacted and appointments need to be rescheduled. Given this responsibility for notification, interns should be sure that they have all relevant staff's contact information available at home. For each subsequent day that the Intern is going to be absent, the procedures above should continue to be followed. If the Intern is out sick for 4 consecutive work days, Eastern OK VA Health Care System policy requires a written note from a doctor documenting the illness.
- Any time that leave is taken, a request should be placed in VATAS. If the Intern is aware of leave ahead of time, then the leave should be entered as soon as approval is obtained. When an intern is out sick unexpectedly, then the leave request should be entered on the first day back to work **within 2 hours upon your return.**

#### **FEDERAL HOLIDAYS**

There are 11 paid federal holidays. When a holiday falls on a Saturday, the observed holiday is the previous Friday. When a holiday falls on a Sunday, the observed holiday is the Monday following. All holidays are noted on the intern's Training Activity Schedule in the Shared Folder.

Labor Day First Monday in September  
Columbus Day Second Monday in October  
Veterans Day November 11

Thanksgiving Fourth Thursday in November  
Christmas Day December 25  
New Year's Day January 1  
Martin Luther King Day Third Monday in January  
Presidents' Day Third Monday in February  
Memorial Day Last Monday in May  
Juneteenth June 19  
Independence Day July 4

## **TRAINEE HOURS AND TIMEKEEPING**

Duty hours are 8:00 a.m. to 4:30 p.m. Monday through Friday unless otherwise approved for certain training experiences that may fall outside of these hours. As with all staff, interns are expected to complete 80 hours of work each two week pay period. Interns are required to be present for a 40 hour workweek. However, as this is a training year, the emphasis should be placed on the time and effort it takes to complete a training opportunity rather than the number of hours worked. This means that sometimes interns will work more than a 40 hour workweek, such as when wrapping up their case consultation and medical record documentation for a client in crisis prior to leaving for the day. Further, an intern may require more time to prepare for a specific competency area where they may be struggling and/or working on a remediation plan. The Internship is designed to duplicate the first year of a VA staff psychologist in terms of time commitment, leave time, and flexibility of time schedule.

Interns are expected to keep track of hours, training activities and interventions completed each week. Many licensing boards require that Interns track the amount, frequency, and type of interventions performed while on Internship. Therefore to ensure accuracy, it is required that this be completed at the end of each week. Interns can enter information directly into the digital file/spreadsheet provided and/or use Time to Track or other hours tracking system they prefer. This form should be signed weekly by the interns' rotation supervisor, and turned into the Training Director via E-Mail the first Tuesday of each month. Interns are also expected to turn in accumulated hours since the beginning of internship to the Training Director the first Tuesday of each month. Interns are encouraged to retain a copy, and to contact the state in which they expect to be licensed in order to determine if modifications are necessary.

In the unusual event that an intern does not complete the full training year, he or she will be required to make up this time on a "without compensation" (WOC) basis. You will be expected to complete a minimum of 2080 hours of total internship hours (this includes holidays, annual & sick leave), including a minimum of 500 hours of face to face contact with clients. Intern tracking logs will be reviewed regularly by your primary rotation supervisor and the Training Director. Any issues in meeting this requirement should be brought to the Training Director's attention as soon as possible. Interns are required to track at a minimum all time spent in patient contact (whether in-person or via telehealth), all time spent in individual and group supervision along with didactic hours. In the event that interns participate in telework from home due to COVID-19 precautions during the internship year, interns will need to complete a daily activity spreadsheet to be turned into the Training Director along with the above materials.

## **OUTSIDE EMPLOYMENT**

The internship year is busy and demanding. Since the Psychology Service is responsible for interns' clinical training and supervision, outside paid employment for clinical activities such as therapy or psychological assessment is discouraged. Requests for other non-clinical professional activities such as teaching, research, or non-psychological paid employment outside of normal duty hours may be considered on a case-by-case basis. Interns should not commit to any outside employment or volunteer activities of a psychological nature before getting the approval of the Training Director.

## **INTERN OFFICES**

Interns are assigned office space equipped with a networked computer, desk with secured storage, telephone, and basic office supplies. The VA is not responsible for breakage or theft of personal items. Valuables should be secured in a desk drawer and the door locked at all times.

## **ASSESSMENT MATERIALS**

The psychology discipline has a variety of testing materials available for use by interns at both the E. 11<sup>th</sup> St. clinic and the E. 91<sup>st</sup> St./Mingo Rd. clinic, ranging from self-report to neurocognitive measures. Interns are expected to prepare for testing by ensuring the measures needed and protocols are available on the day of testing (may need to coordinate with other interns or staff). For the E. 11<sup>th</sup> St. VA Clinic, please sign-out on the sheet posted in the assessment room when a measure/manual is removed from the office. Once finished with your materials, interns are expected to place them back in the appropriate location and indicate they have returned the material on the sign-out sheet. As many people use these assessments, please be considerate of maintaining neatness and order in the assessment room.

## **ADMINISTRATIVE SUPPORT**

In addition to the psychology training staff, there are several support staff members available to help you learn the system and to provide logistical support when needed. There will be quite a few details to attend to during the beginning of your internship (e.g., obtaining keys, I.D. badge, parking pass). Most of these will be handled during Orientation but it can often take a few weeks to get everything sorted out.

## **PHOTO BADGES**

Photo ID badges, known as PIV cards, will be made during orientation week. All interns and staff are required to wear photo ID badges at all times during duty hours and must be visible above the waist. This is a requirement of the Joint Commission—patients are entitled to know who is providing their care. ID Badges must be surrendered at the end of the training year. Lanyards should be appropriate for outpatient setting but are not recommended for inpatient settings.



## **EQUIPMENT AND KEYS**

Interns' office keys and any other equipment will be assigned by administrative support staff and the Training Director. Interns are financially responsible for all items checked out and may be required to reimburse the Medical Center for lost or misplaced items.

## **TRAINING RESOURCES**

### **Network, Computer & Software Access**

Interns have access to the VA's networked PC workstations for clinical and educational activities and each intern will be assigned a VA laptop to utilize during the training year. All clinical documentation in the VA is completed on the Computerized Patient Record System (CPRS) and interns will receive instruction in this system at the beginning of their training.

Most emails are now sent via MS Outlook, though this system is not considered secure for the purpose of sending patient information unless the messages are encrypted. Assistance with encrypting messages will be provided during Orientation. All computers have the Microsoft Office programs.

All computers have internet access and any use in support of clinical or academic activities is acceptable. The general rule is that limited personal use is acceptable though certain websites might be blocked. It is worth exercising prudence, as internet use can be monitored.

The training program has a shared folder on the network that contains a large volume of patient handouts, professional articles, and other resources. Access to the shared folder will be provided at the beginning of internship. Interns are encouraged to review the shared folder and seek out documents that may be of use. Interns are welcome to download material from this shared folder for future use.

Further resources provided to interns are the VHA National Desktop Library (<https://www.va.gov/LIBRARY/>) which is an online medical library that provides full-text access to clinical textbooks, journals, databases, along with the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

The VA places a huge emphasis on information security. It is important to follow prescribed guidelines in handling patient information. Veterans must provide written consent for recording prior to any recording being completed. The Consent for use of Picture and/or Voice form is located in the shared training materials folder on the VA server which will be accessible at the start of internship. Recordings are currently saved to a Shared Drive accessible by supervisors. After recordings have been reviewed by supervisor, interns are responsible to delete these recordings from the Shared Drive. All recordings must be deleted prior to exiting the internship program.

## **VA POLICIES**

### **STATEMENT OF NONDISCRIMINATION**

The Psychology Internship program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, clients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. Further, the internship avoids any actions that would restrict program access or completion on grounds that are irrelevant to success. Evaluative decisions are only based on the likelihood of success as a professional psychologist. If an intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance process outlined below. In addition, the intern may elect to utilize the VA NCHCS EEO process (see VA policy below). The intern can request confidential assistance in accessing the EEO program from the Training Director, Associate Training Director, or any member of the training committee.

### **VA POLICY FOR EEO, DIVERSITY, AND NO FEAR**

#### ***Department of Veterans Affairs (VA) Secretary's Equal Employment Opportunity (EEO), Diversity and Inclusion, No FEAR Act, and Whistleblower Protection Policy Statement***

VA is committed to ensuring EEO, promoting workforce diversity, workplace inclusion, and constructively resolving conflict to maintain a high-performing organization in service to our Nation's Veterans. We will vigorously enforce all applicable Federal EEO laws, executive orders, and management directives to ensure equal opportunity in the workplace for all VA employees. This document summarizes VA's EEO, diversity and inclusion, and No FEAR-related workplace policies.

#### ***EEO and Prohibited Discrimination***

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation. VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361. The regulations governing the Federal EEO complaint process are found in 29 CFR Part 1614.

Employees seeking redress under this process must contact an EEO counselor in person, by phone, or in writing within 45 calendar days of the date of the alleged discrimination. Employees may also report allegations to their immediate local facility EEO program manager or a management official in their chain of command, or they may raise discrimination issues through the Negotiated or Administrative Grievance Process or the Merit Systems Protection Board (MSPB) as appropriate.

While an allegation of discrimination may be raised through these additional avenues, this action does not constitute initiation of an EEO complaint with an EEO counselor through the Federal sector EEO complaint process, and it does not extend the 45 calendar-day time limit to initiate an EEO complaint with ORM.

Complaints of discrimination filed on the basis of marital status or political affiliation may be investigated as prohibited personnel practices and are under the jurisdiction of the MSPB or the Office of Special Counsel (OSC). Complaints filed on the basis of parental status may be processed through VA's internal complaints process. Employees seeking to file complaints based on sexual orientation may have multiple avenues to consider. If an employee believes that he or she has been discriminated against based on sexual orientation, he or she should contact an ORM EEO counselor for more information.

### ***Conflict Management and Alternative Dispute Resolution***

Workplace conflict is often the result of miscommunication and creative tension in the organization. If properly managed, it can yield positive improvements to business processes and the organizational climate. It is important we maintain an organizational culture in VA that does not suppress creative conflict or suppress constructive debate and dissent. To maintain a respectful, productive, and effective work environment, it is VA's policy to address and resolve workplace disputes and EEO complaints at the earliest possible stage. VA offers Alternative Dispute Resolution (ADR) services such as mediation, facilitation, and conflict management coaching to assist parties in constructively resolving disputes. ADR involves a neutral third party working with the employee, supervisor, or group to engage in constructive communication, identify issues and concerns, and develop collaborative solutions. Employees and supervisors are encouraged to consult their ADR program manager or VA's Workplace ADR program for guidance and assistance in resolving workplace disputes of any kind.

### ***Prohibited Personnel Practices***

The Civil Service Reform Act of 1978, as amended, protects Federal Government applicants and employees from "Prohibited Personnel Practices" including discrimination, coercion, intimidation, preferential treatment, and other prohibited practices in violation of merit systems principles. Under the law, OSC will investigate and take action to correct prohibited conduct. Injured persons may bring actions before the MSPB, if OSC declines to act. Individuals interested in more information should visit: <http://osc.gov/ppp.htm>.

### ***Reasonable Accommodations***

VA is committed to the employment and retention of individuals with disabilities. To that end, VA will vigorously enforce Sections 501, 504, 505, and 508 of the Rehabilitation Act of 1973 as amended, which mirror the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008. This includes maintaining accessibility of electronic and information technology to individuals with disabilities. All Federal employees and members of the public with disabilities must have access to and use of information and data, comparable to that of employees and members of the general public without disabilities, unless an undue burden would be imposed on the agency.

An important component in hiring and retaining individuals with disabilities is the provision of reasonable accommodations to employees and applicants on the basis of disability in accordance with law. For individuals with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential

functions of their jobs and enjoy equal benefits and privileges of employment. Individuals who believe they need such accommodation should request accommodation through the Training Director and Human Resources. The procedures for requesting and processing requests for reasonable accommodation are contained in VA Handbook 5975.1. VA has also established a centralized reasonable accommodations fund to support requests for accommodation that may not be otherwise funded. The Directors of Training act as advocates for psychology trainees in following the procedures needed to request and obtain reasonable accommodations by working with the Local Reasonable Accommodations Coordinator. If an intern feels they may be in need of reasonable accommodations, he/she is encouraged to inform the Training Director and seek out information to start the process through the Local Reasonable Accommodations Coordinator as soon as possible.

In accordance with Title VII of the Civil Rights Act of 1964, VA also provides religious accommodations to employees unless doing so imposes an undue hardship on the organization. Accommodations may include adjustments to work schedules to accommodate religious observances, allowances regarding religious attire, allowances to be excused from compulsory activities that conflict with the employees sincerely held religious beliefs or practices, and other modifications. Individuals who believe they need a religious accommodation should request the accommodation through the Training Director. Religious expression and exercise are permitted in the VA workplace provided that such expression does not suggest government endorsement or preference for one faith over another, interfere with efficient working of government VA operations, or intrude upon the legitimate rights of other employees.

### ***Workplace Harassment***

Workplace harassment is a form of unlawful employment discrimination, and will not be tolerated. Workplace harassment is defined as any unwelcome, hostile, or offensive conduct taken on the bases listed above, which interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Harassment by or against VA employees, applicants, contract employees, clients, customers, and anyone doing business with VA is prohibited. Title VII prohibits offensive conduct, such as ethnic slurs, that creates a hostile work environment based on national origin. Employers are required to take appropriate steps to prevent and correct unlawful harassment. Likewise, employees are responsible for reporting harassment at an early stage to prevent its escalation.

Sexual harassment is a form of workplace harassment that is prohibited and will not be tolerated in VA. Analogous to other forms of workplace harassment, it involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of one's employment; (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Unlawful harassment extends to harassing comments posted on social media, such as Internet sites. It is the duty of an employer to protect its employees from unlawful harassment, if there is a nexus with the workplace. This duty is unaffected by the location where harassment occurs, on or off the worksite, including in cyberspace. The duty remains the same--supervisors must intervene and take prompt and effective corrective action to end the harassment.

Supervisors and employees bear responsibility in maintaining a work environment free from discrimination and harassment. Employees must not engage in harassing conduct, and all employees should immediately report such conduct to their supervisor, another management official, collective

bargaining unit, Employee Relations (ER), Labor Relations (LR) Specialists, or ORM, as appropriate. If an employee brings an issue of harassment to a supervisor's attention, the supervisor must promptly investigate the matter and take appropriate and effective corrective action. Allegations of discrimination and harassment will be taken seriously and appropriate corrective action – up to and including termination – will be taken, if allegations are substantiated. Supervisors are strongly encouraged to seek guidance from their local EEO manager, ORM, ER and LR staff, or the Office of General Counsel when addressing issues of discrimination or harassment.

### ***Workplace Violence and Bullying***

Workplace violence, the threat of violence, and/or bullying of workers are strictly prohibited. This type of prohibited behavior can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults. “Bullying” conduct constitutes fighting, threats, and intention to inflict harm, or abusive, offensive, unprofessional, intimidating, slanderous, malicious, derogatory, or otherwise inappropriate or unacceptable language intended to degrade or humiliate a particular person or group of people. Bullying and workplace violence are violations of VA's policy and will not be tolerated. Any employee who is subject to bullying behavior or potential workplace violence should immediately report the matter to his or her supervisor or another appropriate official.

VA's Office of Occupational Safety and Health under the Office of Administration is responsible for providing oversight of VA's Occupational Safety and Health and Workers' Compensation programs in support of VA's Designated Agency Safety and Health Official. Violence in the workplace is an occupational safety hazard citable under Department of Labor's Occupational Safety and Health Administration standards and under VA Directive 7700. Under Secretaries, Assistant Secretaries, and other Key Officials are required to implement a violence prevention program.

### ***Language Usage***

VA recognizes and respects the right of employees who speak languages other than English in the workplace, outside of the performance of their work duties. Employees may speak another language when the conversation is not related to the performance of their duties; for example, when they are in the break room or making a personal telephone call. Circumstances in which an English-only rule may be justified include: communications with customers or coworkers who only speak English; emergencies or other situations in which workers must speak a common language to promote safety; cooperative work assignments in which the English-only rule is needed to promote efficiency. Even if there is a need for an English-only rule, Supervisors may not take disciplinary action against employees for violating the rule unless VA notified workers about the rule and the consequences of violating it.

The Equal Employment Opportunity Commission has stated that rules requiring employees to speak only English in the workplace violate the law unless they are reasonably necessary to the operation of the business. A rule requiring employees to speak only English in the workplace at all times, including breaks and lunch time, should be limited to the circumstances in which it is needed for the employer to operate safely or efficiently.

### ***No FEAR Act/Whistleblower Protection***

It is imperative that all VA employees, supervisors, and officials understand the protections afforded by The Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) and the Whistleblower Protection Act. The No FEAR Act protects Federal employees from unlawful discrimination and reprisal for participation in protected EEO and whistleblowing activity. The Whistleblower Protection Act prohibits retaliation against public employees or applicants for employment for reporting a violation of law, rule, or regulation; gross mismanagement; gross waste

of funds; an abuse of authority; or a substantial and special danger to public health or safety. Retaliation against individuals for whistleblowing, opposing discrimination, or participating in the discrimination-complaint process is unlawful and will not be tolerated. This includes complainants, witnesses, and others who provide information concerning such claims.

The Whistleblower Protection Enhancement Act of 2012 amended the law regarding whistleblowers' rights by: (1) making a whistleblower's oral disclosures legally sufficient; no longer must a disclosure be in writing; (2) making disclosures that fall within the whistleblower's job duties an eligible basis of a whistleblower claim; (3) strengthening anti-retaliation restrictions; (4) allowing damages that could be obtained by a whistleblower to include consequential damages such as emotional distress; and (5) establishing a 2-year trial period for these provisions. Avenues of redress available to address claims of reprisal for whistleblowing include local Congressional representatives, the MSPB, and the OSC. VA will not tolerate violations of the spirit or letter of these Federal statutes.

Every VA employee is responsible for safeguarding the privacy of Veterans and other individuals served by VA and for complying with laws that protect client health information and other sensitive personal information. Be advised that a whistleblower disclosure of information is protected only if the release is specifically permitted by all applicable confidentiality provisions. Wrongful disclosure of sensitive personal information, such as medical or personnel records, may be subject to civil and criminal penalties as well as disciplinary or other adverse action.

#### ***Uniformed Services Employment and Reemployment Rights Act of 1994***

An employee has the right to be reemployed in his or her civilian job, if he or she leaves a civilian job to perform service in the Armed Forces, Reserves, National Guard, or other "uniformed services" as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA, 38 U.S.C. §§ 4301 – 4335). USERRA ensures that persons who serve or have served in the uniformed services: (1) are not disadvantaged in their civilian careers because of their service; (2) are promptly reemployed in their civilian jobs upon their return from duty; and (3) are not discriminated against in employment based on past, present, or future military service. Individuals interested in more information should visit: <http://www.osc.gov/outreach.htm>.

#### ***EEO, Diversity, and Conflict Management Training***

VA is committed to educating its workforce on its EEO-related policies and protections on a regular basis to maintain a discrimination-free workplace. To that end, VA requires that all employees take mandatory Workplace Harassment Awareness/No FEAR Act training in the Talent Management System (TMS Item No. 8872) within 90 days of their initial hire and every 2 years thereafter. This training is available to all employees through VA's TMS. Managers and supervisors are also required to take mandatory EEO, Diversity, and Conflict Management Training (TMS Item No. 1328672) every 2 years. This training is mandatory for all senior executives, managers, and supervisors. Both courses are available online at the following link:  
[https://www.tms.va.gov/learning/user/deeplink\\_redirect.jsp](https://www.tms.va.gov/learning/user/deeplink_redirect.jsp).

#### ***Diversity and Inclusion***

VA must cultivate an inclusive work culture and create an environment that reflects the diversity of our increasingly global community. We must leverage the diversity of our workforce and empower all of our employees to contribute to VA's noble mission. Inclusion is the means by which we drive employee engagement and empower all of our human resources by enabling their full participation in the mission and protecting their voices. Diversity and inclusion are the cornerstones of a high performing organization. They are more than legal or social imperatives in this millennium; they are business imperatives essential to providing the best public service. We all share the responsibility to ensure we embed the complementary principles of equity, diversity and inclusion throughout VA. I

encourage all VA employees to actively embrace these principles in all that we do to deliver the best care and services to America's Veterans.

**References and updates to the VA's EEO policy** can be found here:  
<http://www.diversity.va.gov/policy/statement.aspx>

### **VA Drug-Free Workplace Program Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)**

In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive and secure.

As you should already know:

- All VHA HPTs are exempt from pre-employment drug-testing.
- Most VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.
- All VA employees appointed to a TDP (including HPTs) must sign a *Random Drug Testing Notification and Acknowledgement Memo*. The list of exempt positions (NOT TDP) is on the memo (see link below).
- All HPTs in TDPs are subject to the following types of drug testing:
  - Random;
  - Reasonable suspicion;
  - Injury, illness, unsafe or unhealthful practice; and
  - Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

- VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. *Contact the local VHA HR office for more information about EAP.*
- VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
- Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs.

Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.

However, be aware that VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who:

- Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or
- Refuses to be drug tested.

•Drug Free Workplace Program (DFWP) Helpline 1-800-967-5752

•VA, OAA Health Professions Trainee Application Forms webpage and *Random Drug Testing Notification and Acknowledgement Memo*: <https://www.va.gov/oaa/app-forms.asp>

•VA Publications: <https://www.va.gov/vapubs/oVA> Handbook 5021, Employee-Management Relations VA Handbook 5383, Drug-Free Workplace Program

## **PSYCHOLOGY TRAINEE SELF-DISCLOSURE**

Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the Eastern Oklahoma VA Health Care System are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The only exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put client care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the client and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or client care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience.

## **INTERN GRIEVANCES**

A grievance is defined as an intern complaint against a supervisor/staff member, another intern, and/or the program. It is our priority to provide an effective and consistently-applied method for an intern to present his/her grievances and have those grievances internally resolved at the lowest possible level. At the same time, the process allows for the opportunity to appeal up the chain of command (e.g., supervisor, Associate Training Director, Training Director, Psychology Service Chief, Chief of Behavioral Medicine Service) if needed to ensure due process and help interns feel comfortable that concerns can be addressed without fear of reprisal. (See Appendix 1: Attachment G). Interns are encouraged to discuss any questions about the policy with the Training Director.

## **INTERNSHIP REMEDIATION, DUE PROCESS, AND INTERN TERMINATION**

The goal of the program is to successfully graduate interns into a career in professional psychology, and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If remediation is required, a formal performance improvement/ remediation plan is developed with clear and specific expectations and is agreed upon by the intern, supervisor and Training Directors. The Director of Clinical Training from the intern's graduate program is notified and provides



assistance in designing remedial efforts. The Training Director is responsible to the Psychology Section Chief and the Chief of Behavioral Medicine for carrying out the provisions of this policy. Please see Appendix 1: Attachment G for the full procedures. Specific questions regarding this should be addressed with the Training Director.

## **PROGRAM CONTACT INFORMATION**

Finally, we would like to again welcome you to the internship program. There is a lot to learn about our system, so please let us know as you develop questions. We are hopeful and confident that you will soon get your bearings and will find this to be an exciting, valuable, and supportive training experience. One of the greatest joys of internship training is developing long-term relationships with our current interns and graduates as they progress in their professional development. We look forward to starting this process with you. Please feel free to send any questions to the Training Director or the Associate Training Director.

Arena Mueller, Psy.D.  
Director of Training  
918-577-3699  
[Arena.Mueller@va.gov](mailto:Arena.Mueller@va.gov)

Jordan Heroux, Ph.D. Interim  
Associate Director of Training  
918-384-4587  
[Jordan.Heroux@va.gov](mailto:Jordan.Heroux@va.gov)

**EOVAHSC Psychology Internship Training Committee****CHRISTOPHER ALLEN, PH.D.**

Oklahoma State University, 2017  
Licensed Psychologist- Oklahoma  
General Mental Health Team  
LGBTQ+ Coordinator

Dr. Allen completed a Master's degree in School Guidance Counseling with certification as a Licensed Professional Counselor at Southwestern Oklahoma State University in 2010 and a doctorate in Counseling Psychology in 2017. Dr. Allen joined Southwestern Oklahoma State University faculty as a staff clinician, providing therapy to adjudicated males in a group home adventure program. Dr. Allen completed post-doctoral work with OU Health Science Center in primary care with an emphasis in child abuse and neglect. Dr. Allen joined the staff at Oklahoma City Indian Clinic as a therapist and moved on to do private practice in Norman, Oklahoma, working with the LGBTQ+ population prior to joining the Eastern Oklahoma VA Healthcare system in 2020. He is currently providing individual and group therapy with a special emphasis on LGBTQ+ mental healthcare and serving as the LGBTQ+ Veteran Care Coordinator. Dr. Allen also has a specialty clinic providing EMDR therapy.

**ANN BATCHELER, PH.D.**

Oklahoma State University, 2009  
Licensed Psychologist- Oklahoma  
BHIP Supervisor  
General Mental Health Team/Specialty Assessment

Dr. Batcheler graduated from Oklahoma State University in 2009 with a Ph.D. in Counseling Psychology. Her studies emphasized cultural diversity and social justice and her dissertation assessed implicit attitudes toward gays and lesbians. She completed her pre-doctoral internship at the University of Idaho. Dr. Batcheler holds B.S. and M.S. degrees in Physical Education from Texas A&M University and an M.A. In Counseling Education from Sam Houston State University. Her post-doctoral background includes multidisciplinary interventions with families who have lost custody of their children due to substance abuse issues. She also worked with developmentally delayed adolescents and their families in a residential treatment program. She joined the Jack C. Montgomery VAMC in 2015 as an outpatient general psychologist, addressing a wide spectrum of mental health issues and is currently a BHIP Team Supervisor in Tulsa. Additional clinical responsibilities include providing psychological evaluations for candidates for bariatric surgery and organ transplants.

**CHARLENE BELL, PH.D.**

Palo Alto University, 2019

Licensed Psychologist – Kansas

Psychologist

Women's Mental Health/Sexual Trauma Treatment Team

Dr. Bell received her Ph.D. in clinical psychology from Palo Alto University in California in 2019. While at Palo Alto University, her research focused on interpersonal trauma, self-efficacy, and empowerment and resilience. She developed an empowerment self-defense program as a therapeutic intervention for homeless women in transitional housing who had experienced interpersonal trauma, which she provided consultation on until the program became a permanent service offering in the Behavioral Department. Dr. Bell completed her predoctoral internship and postdoctoral training at the Eastern Oklahoma VA Healthcare System. She joined the staff as a licensed Psychologist in the Women's Mental Health and Military Sexual Trauma Clinic in 2021. She has provider status for Cognitive Processing Therapy for PTSD, Interpersonal Therapy for Depression, and Cognitive Behavioral Therapy for Insomnia.

**PATRICIA BYRD, PH.D.**

University of Tulsa, 2009

Licensed Psychologist – Oklahoma

Program Manager

Women's Mental Health /Sexual Trauma Treatment Team

Regional CPT Trainer/Consultant

Women Veterans Mental Health Champion

Dr. Byrd received her Ph.D. in clinical psychology from the University of Tulsa in 2009. While at the University of Tulsa, she was a research lab manager for the Trauma Research: Assessment, Prevention, and Treatment Center with primary responsibilities focusing on managing randomized controlled trials involving Exposure, Relaxation, and Rescripting Therapy which is an evidenced based treatment for trauma related nightmares. Dr. Byrd completed her internship at the Federal Bureau of Prisons FCI in Fort Worth, TX. She worked after internship for the Federal Medical Center Carswell, in Fort Worth, TX as a Drug Treatment Specialist and the Suicide Prevention Coordinator working with federal women inmates. Dr. Byrd joined the staff at the EOVAHCS in 2013 as the PTSD/SUD Psychologist. She became the Military Sexual Trauma Coordinator in 2014 and created an evidenced based outpatient treatment program for male and female veterans who have experienced sexual trauma. Further, she developed and served as Director of Training for the psychology internship program from 2018 to 2022. Dr. Byrd is also currently detailed a portion of her time to OMHSP Office of Women's Mental Health. Along with being a regional CPT trainer and consultant, she also has provider status in Prolonged Exposure Therapy and DBT.

**PETER C. CIALI, Ph.D.**

Oklahoma State University, 2006  
Licensed Psychologist – Oklahoma  
Home Based Primary Care  
National CBT-D Consultant

Dr. Ciali received his Ph.D. in counseling psychology from Oklahoma State University in 2006. He completed his clinical internship at Sharp Mesa Vista Hospital in San Diego, CA in 2005, with an emphasis in cognitive behavioral therapy. Dr. Ciali began his career in private practice and he joined the staff at the Jack C. Montgomery VAMC in 2009. He serves as a VACO national consultant in Cognitive Behavioral Therapy depression.

**DIANE GENTHER, PH.D.**

University of Kansas, 2012  
Licensed Psychologist – Oklahoma  
General Mental Health Team  
National IPT-D Consultant

Dr. Genther received her Ph.D. in counseling psychology from the University of Kansas in 2012. She completed her internship at the White River Junction VA Medical Center, which provided a dual-focused training model in dynamic and cognitive-behavioral treatment modalities. The White River Junction VA Medical Center houses the National Center for PTSD headquarters, and her internship also included subspecialty training in the assessment and treatment of PTSD through partnership with the National Center. Following internship, Dr. Genther worked as a staff psychologist in university counseling, where supervision of practicum students and interns constituted a significant portion of her work. She returned to the VA Health Care System in 2015, and in her current position, works exclusively in Telemental Health through the General Mental Health Clinic, treating veterans at the Vinita CBOC. She is also a supervisor for the Rural Telemental Health rotation. Her clinical approach is collaborative and veteran-centered, whether utilizing an empirically-based treatment or integrating theory and technique to best address patient needs. She is a consultant for the Interpersonal Therapy for Depression VA Training Program and is excited to offer supervision in this particular EBP for interns who are interested. Her supervision approach is developmental and tailored to the specific training needs and goals of her supervisees.

**LEAH HALL, PH.D**

University of Minnesota, 2015  
Licensed Psychologist – Oklahoma  
Coordinator, Eating Disorder Team  
Women's Mental Health/Sexual Trauma Treatment Team

Dr. Hall is a graduate of the University of Minnesota Clinical Science and Psychopathology Research Program, where her research focused on the use of functional MRI methods to

investigate neural correlates of eating disorders and major depressive disorder. Dr. Hall completed her doctoral internship at the Jesse Brown VAMC in Chicago, IL where clinical training emphasized psychological assessment as well as evidence based treatment for PTSD, substance use disorders, and anxiety disorders. Dr. Hall joined the staff at the EOVAHCS in 2015 and is currently working with the VA's Office of Women's Mental Health as a faculty member with the Multidisciplinary Eating Disorder Treatment Initiative. She is also a VA certified provider in the delivery of DBT, PE, CBT-D, ACT-D, CPT, and RISE.

**JORDAN HEROUX, PH.D.**

University of Tulsa, 2016  
 Licensed Psychologist - Oklahoma  
 Women's Mental Health/Sexual Trauma Treatment Team  
 Acting Associate Training Director  
 ACT Trainer & Consultant

Dr. Heroux received his Ph.D. in Clinical Psychology from the University of Tulsa in 2016. His primary areas of specialty include collaborative/therapeutic assessment and acceptance/values-based intervention. He completed his internship at the VA Puget Sound Health Care System, American Lake Division. He also pursued postdoctoral training in VA Psychosocial Rehabilitation and Recovery with an emphasis in outpatient and residential services for trauma survivors. Dr. Heroux's theoretical orientation is primarily behavioral, with integration of client-centered motivational and values considerations and appreciation for adaptive personality traits. He has provider status in Social Skills Training (SST), Prolonged Exposure (PE), and Interpersonal Psychotherapy for depression (IPT-D). He also is a VA trainer and consultant for Acceptance and Commitment Therapy for depression (ACT-D). Dr. Heroux's supervision approach is one that strives to balance warm encouragement with constructive feedback from a behavioral, developmental, competency-based framework.

**STEVEN KNIGHTEN, PSY.D.**

Forest Institute of Professional Psychology, 2012  
 Licensed Psychologist - Missouri  
 SUD Clinical Team, with PTSD emphasis

Dr. Knighten completed his Master's degree in Counseling Psychology at Northeastern State University in 2005 and his doctorate in Clinical Psychology at Forest Institute of Professional Psychology in 2012. His pre-doctoral internship was at the La Frontera Psychology Consortium in Tucson, AZ where his main concentration was at the University of Arizona working with students with learning disorders, with additional rotations in substance use disorder treatment and psychological testing. Dr. Knighten started at the Waco/Central Texas VA in 2017 as the lead for the substance abuse treatment program. In 2019 he transferred to the Stillwater, OK clinic under the Oklahoma City VA where he was the first in person mental health therapy provider. Dr. Knighten transferred to the Tulsa/EOVAHCS clinic in 2021 to become the new SUD/PTSD Psychologist. He has a special interest in Cultural Diversity issues including

advocating for marginalized populations, and he is a member of the Tulsa VA BMS Multicultural Committee. Dr. Knighten is a US Army Veteran and enjoys working to serve his fellow Veterans.

**MEGAN MCARTHUR, PSY.D.**

Wheaton College 2019  
Licensed Clinical Psychologist – Colorado  
Graduate Medical Education (GME) Expansion Project Director  
Neuropsychologist

Dr. McArthur began working at the Eastern Oklahoma VA Health Care System in 2020 in a liaison role dedicated to improving interprofessional clinical training and academic affiliate relations. She conducts neuropsychological assessment and is engaged in assessment supervision. She completed a Doctor of Psychology degree with a concentration in Neuropsychology at Wheaton College near Chicago in 2019, followed by a postdoctoral fellowship in Clinical Neuropsychology at the consortium of University of Oklahoma Health Sciences Center and Oklahoma City VA Health Care System. Prior to completing her graduate studies, Dr. McArthur was employed by the Veterans Benefits Administration and made rating decisions on veterans' claims for service-connected disability benefits. She was previously employed in an inpatient psychiatric unit and in group homes for adults with developmental disabilities in Cleveland, Ohio. Her research interests include the impact of emotional trauma on development and cognition and the person-centered application of neuropsychological recommendations.

**MICHAEL MCKEE, PH.D.**

Oklahoma State University, 2003  
Licensed Psychologist, Oklahoma & Kansas  
BHIP Supervisor  
General Mental Health Team

Dr. McKee has been with the VA for three years and works in General Mental Health. His specialty is CBT for chronic pain patients. He is also trained in CPT for veterans with PTSD. Due to his extensive background in working with incarcerated and court ordered populations, he is often referred patients with anger management problems. Dr. McKee received his Ph.D. in Counseling Psychology from Oklahoma State University (2003) and a Master's Degree in Community Counseling from the University of Oklahoma (1986). His undergraduate degree is from Southwest Missouri State University with an emphasis in communication and religious studies. Dr. McKee's focus in graduate school was the relationship of negative self-schemas to partner attachment styles among male batterers. His previous work experiences include call-in chaplain for Norman Regional Hospital, volunteer chaplain for the support group Parent's Responding to Infant Death Experience, program director for MENder's court ordered anger management program, therapist and student supervisor on the residential sex offender treatment program at Joseph Harp Correctional facility, and program director and group therapist for court ordered substance abuse patients at Prairie View, Inc. in McPherson, KS.

**Patrick McNeely, PSY.D.**

The Institute for Psychological Sciences  
 Divine Mercy University, 2022  
 Licensed Psychologist – Alabama  
 Staff Psychologist – Acute Psychiatric Inpatient Unit

Dr. McNeely received his Psy.D. in clinical psychology at Divine Mercy University in Sterling, VA in August 2022. He completed the Acute Psychiatric Inpatient, Psychosocial Rehabilitation and Recovery Center, Evidence Based Practice (CBT-I & CPT), and Psychological Assessment rotations during his clinical internship at the Eastern Oklahoma VA Healthcare System (EOVAHCS). Dr. McNeely's doctoral research focused on spiritual recovery from Moral Injury in Combat Veterans. He is licensed in the state of Alabama and joined the team as a staff psychologist on the acute psychiatric inpatient unit at the Jack C Montgomery VA Hospital as well as serving on the psychology internship training committee. Dr. McNeely immigrated from Quebec, Canada to Nebraska with his family at the age of 4. In his spare time, he enjoys spending time with his family, BBQing, watching Nebraska Football, and exploring Oklahoma.

**ARENA MUELLER, PSY.D.**

Adler School of Professional Psychology 2006  
 Licensed Clinical Psychologist – Ohio  
 Licensed Clinical Professional Counselor- Illinois  
 Acting Director of Training  
 ACT Trainer & Consultant

Dr. Mueller completed a Master's Degree with emphasis in substance use disorder at the University of Missouri-Kansas City in 2000. She completed her doctoral work at the Adler School of Professional Psychology in Chicago in 2006. Dr. Mueller has four years' experience working as a psychiatric emergency therapist in community hospital emergency rooms in the greater Chicago area and was an emergency responder to the 2008 shooting at Northern State University in Illinois. She has four years of experience working University Counseling Centers in Missouri, Texas and Ohio where supervision of practicum students and interns was responsibility. In 2009 she began working at the Eastern Oklahoma VA Healthcare system where she has held a variety of roles that address Posttraumatic Stress, Substance Use Disorders and Acute Mental Health concerns. Dr. Mueller is a National Acceptance Commitment Therapy trainer and consultant. In her spare time she researches and writes about the history of homes in her midtown Tulsa neighborhood and snuggles her cats.

**HEATHER RANGER KOBEL, PH.D.**

Oklahoma State University, 2002  
 Licensed Psychologist – Oklahoma Home  
 Based Primary Care Psychologist

Dr. Ranger Kobel works as a clinical psychologist and staff psychologist in the Home Based Primary Care Program. She received her Master's degree in Clinical Psychology from Emporia State University in 1998. Dr. Ranger Kobel joined the United States Air Force in 2001 and completed her residency in Clinical Psychology at Wilford Hall Medical Center, Lackland Air Force Base, Texas in 2002. That same year, she graduated with her Ph.D. from Oklahoma State

University. Upon completion of her Air Force residency program, Dr. Ranger Kobel served four additional years as an Air Force Clinical Psychologist. Upon completion of her service in the Air Force in 2006, Dr. Ranger Kobel worked in private practice and as an adjunct professor at Oklahoma State University. In 2007, she was hired as an Outpatient Clinical Psychologist at The Eastern Oklahoma VA Healthcare System. Dr. Ranger Kobel served in that capacity until March of 2016, at which time she joined the Home Based Primary Care team. She maintains a private practice and has acted as a clinical supervisor for doctoral practicum students for Oklahoma State University.

**ALYSSA RIPPY, PH.D.**

University of Tulsa, 2007

M.A. Industrial Organization Psychology

Licensed Psychologist – Oklahoma

PRRC Program Coordinator

Dr. Rippy serves as the Program Coordinator of the PRRC, based at the Behavioral Medicine Clinic in Tulsa. She provides evidence based therapeutic interventions to Veterans with severe mental illness within a recovery-based framework. Prior to working with the PRRC, she served as the Program Coordinator for the Acute Psychiatric Unit at the Jack C. Montgomery VAMC. Dr. Rippy was recognized by the University of Tulsa with an award for *Excellence in Clinical Supervision* in 2012. She has coordinated the psychology practicum program for seven years and has provided individual supervision to pre-doctoral students as well as VA Psychologists who are under supervision for licensure. Dr. Rippy has focused the majority of her research on the relationship between PTSD and increased paranoia among combat Veterans as well as examining the effects for perceived discrimination on mental health.

**JOHNNA SMASAL, PH.D.**

University of Tulsa, 2006

Licensed Psychologist – Oklahoma

HBPC

Dr. Johnna Smasal earned her Ph.D. in Clinical Psychology from the University of Tulsa in 2006. Dr. Smasal completed her pre-doctoral internship at Northeastern Oklahoma Psychology Internship Program and worked in private practice with special emphasis on trauma related evaluations and interventions. She served as Director of Operations for a children's residential program in the Tulsa area. She has a strong background in supervising postdoctoral residents and pre-doctoral interns. She joined the team in December as the Intimate Partner Violence Assistance Program Coordinator and transitioned to HBPC in 2021.

**RIVER SMITH, PH.D.**

University of Tulsa, 2008

Licensed Psychologist – Oklahoma

Associate Chief of Staff of Research

PTSD Clinical Team

CBT-I Consultant

Dr. River Smith earned her PhD in Clinical Psychology from the University of Tulsa in 2008.

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Dr. River Smith completed her pre-doctoral internship and postdoctoral fellowship in Primary Care Mental Health at the University of Oklahoma Department of Psychiatry and Behavioral Sciences as VA funded trainee. Her clinical and research interests are in the area of combat stress, risk, resilience and PTSD. She has worked on the Posttraumatic Stress Disorder Clinical team serving Iraq and Afghanistan veterans at this facility since 2009. She holds provider status in Prolonged Exposure Therapy, Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia.

**ELISE BERRYHILL TAYLOR, PH.D.**

University of Oklahoma - 1998  
 Licensed Clinical Psychologist - Oklahoma  
 Program Manager  
 Substance Use Disorder and Veterans Treatment Court  
 CBT-SUD Consultant

Elise Berryhill Taylor, Ph.D. is responsible for the management of the Eastern Oklahoma VA Health Care System (EOVAHCS) Substance Use Disorder (SUD) and Veterans Treatment Court (VTC) Programs. The VTC Program provides training to other court systems seeking to develop their own Veterans treatment court. She supervises the justice outreach activities of the Readjustment Counselor/VTC Liaison and Veterans Justice Outreach Coordinator positions. In addition to the justice programs, Dr. Taylor manages the Substance Use Disorder program. These services consist of an intensive outpatient program; residential treatment and detoxification; outpatient/aftercare; intake and assessment; medication-assisted therapies; smoking cessation; SUD/PTSD treatment; individual, family and group treatment; and case management as well as consultative services to the medical and psychiatric inpatient units at the Medical Center. She has been employed with the VA since 2005. Dr. Taylor is the Tribal Coordinator for EOVAHCS.

Prior to her VA service, Dr. Taylor was the Clinical Director for the Muscogee (Creek) Nation Behavioral Health and Substance Abuse Services for eight years. Her specialty areas include Veteran mental health and substance use disorder treatment; child/adolescent mental health; American Indian identity, historical trauma and acculturation issues. She belongs to the Ecocvlke (Deer clan) and Ocevpofoa (Hickory Ground) Tribal Town. She is daughter of Hvlpvtvlke (Alligator clan) and Cussetah Tribal Town. She has also worked with Alaska Natives, Oklahoma Tribes, Pueblo Tribes and Dine'. She is married to a Tribal Veteran and has two teenage sons.

**DAVID WEBSTER, PH.D**

University of Nebraska-Lincoln, 2002  
 Psychologist licensure: Arkansas  
 Psychology Section Chief  
 Lead, EOVAHCS Suicide Postvention and Grief Support Team

Dr. Webster earned a Ph.D. in counseling Psychology (2002) from the University of Nebraska Lincoln, an M.A (1997) in community counseling from the University of New Hampshire Durham, M.Div. (1981) from Gordon-Conwell Theological Seminary in S. Hamilton, MA, and B. A. (1975 ) in psychology from University of the Cumberland in Williamsburg, KY. Dr. Webster's professional background has been diverse to include early career experience in  
 Updat7/20/2023

community mental health as a child, adolescent, and family psychologist followed by several years working with active duty Soldiers (US Army) and veterans, followed by several more years in academia as a program director in a Ph.D. program in clinical-community psychology at the University of Alaska Fairbanks. Dr. Webster's clinical interests include treating PTSD, complicated grief and moral injury. He is strong proponent and advocate of Evidence-Based approaches to delivering psychotherapy with competencies in Eye Movement, Desensitization and Reprocessing (EMDR), Cognitive Processing Therapy (CPT), and Prolonged Exposure (PE).

**ASHLEY WOODS, PH.D.**

University of Alaska Fairbanks/Anchorage-2018

Licensed Psychologist-Oklahoma

General Mental Health Team/Intake Psychologist

Dr. Woods received her Ph.D. in clinical-community psychology with a rural indigenous people's emphasis from the University of Alaska Fairbanks/Anchorage joint program in 2018. Dr. Woods completed her post-doctoral residency at the University of Oklahoma Health Science Center. During her post graduate work, she provided integrated healthcare services at the Oklahoma City VA south clinic and OU Children's Hospital. Dr. Woods has experience in pediatric psychology, trauma-focused CBT for children/youth, and child abuse prevention/intervention. She completed her internship with Community Health of Central Washington in Yakima. Her clinical internship included integrated healthcare practice emphasizing the Primary Care Behavioral Health model, focused acceptance and commitment therapy (FACT), and health behavior change. Dr. Woods' primary research and clinical interests include theory and application of contextual psychotherapies, disparities in health, culturally specific definitions of pathology and wellness, and systems theory.

**APPENDIX 1: EOVAHCS PSYCHOLOGY INTERNSHIP PROGRAM:STANDARD  
POLICIES AND PROCEDURES MANUAL**

**Attachment A:** Program Information

**Attachment B:** Trainee Hours and Timekeeping

**Attachment C:** Malpractice Insurance

**Attachment D:** Trainee Placements and Final Clearance

**Attachment E:** Trainee Selection

**Attachment F:** Psychology Training Committee

**Attachment G:** Patient Care Records and Supervision of Same

**Attachment H:** Remediation of Problematic Performance, Due  
Process,and Grievance Procedures

**Attachment I:** Reporting & Emergency Procedures

DEPARTMENT OF VETERANS AFFAIRS  
VETERANS HEALTH ADMINISTRATION  
EASTERN OKLAHOMA VA HEALTHCARE SYSTEM  
VISN 19

BEHAVIORAL MEDICINE SERVICE

MUSKOGEE, OKLAHOMA

STANDARD OPERATING PROCEDURE No.

FEBRUARY 14, 2018

EOVAHCS PSYCHOLOGY INTERNSHIP PROGRAM  
STANDARD POLICIES AND PROCEDURES MANUAL

1. **PURPOSE:** To assure that the Psychology Training Program provides high quality training, remains in compliance with all accreditation standards of the American Psychological Association (APA), operates within the guidelines of the Veterans Affairs (VA) Office of Academic Affairs (OAA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), and meets other relevant review standards.
2. **POLICY:** The Training Director and/or Associate Training Director will be responsible for reviewing, on an annual and ongoing basis, all standards pertaining to the Psychology Internship Training Program and assuring that the program meets all such standards.
3. **PROCEDURES:**
  - a. Training:
    - 1) Following the selection of interns from non-affiliated programs, the Training Directors will work with OAA to initiate the standard VA-University Affiliation Agreement. Such affiliations will be in place prior to the intern's start date and copies will be filed with Education Service.
    - 2) Written documentation of a scheduled plan for supervision will be completed within two weeks of the start of each rotation, signed by both supervisor and intern. Interns will receive a minimum of two hours of individual and three hours of group supervision during regular scheduled supervision times.
    - 3) Interns' performance will be evaluated following a standardized format; along with any narrative the supervisor may add incorporating individualized goals for the rotation. The interns will be provided with copies of this performance evaluation form at the beginning of the training year. The Training Directors will notify the school of interns' progress as indicated.
    - 4) Review of interns' rotation progress will be completed independently by each of their supervisors at mid (3 months) and end (6 months) of the rotation. Review of interns' Assessment Rotation and EBP Rotation progress will be completed

independently by their supervisor at mid (6 months) and end (12 months) of the rotation. Supervisors will review their written evaluations with the intern. The Training Directors along with input from rotation supervisors and the training committee will complete a formal midyear (6 months) and end of the year (12 months) evaluation. These will be reviewed with the intern and copies will be submitted to the intern's graduate program. If a rating below Level 3 ("Intermediate Competence") was noted, a remediation plan for improvement will be generated. See Attachment H for Remediation Procedures. In order to complete the internship, interns must receive 100% of ratings at Level 3 and above for competence in the following nine areas: research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills. In addition, interns must complete the expectations/activities outlined for each of their rotations. Lastly, interns need to have not engaged in any significant wrongdoing during their internship year.

5) The Training Director and/or Associate Training Director will meet with the interns during orientation to develop an individualized training plan. The Training Directors, in collaboration with the Training Committee, will maintain regular contact with the interns throughout the training year and adjust the training plan as needed.

6) Throughout the training year, the Training Directors will solicit feedback from interns about their training experience. This will be discussed regularly in group supervision with the training directors. Further, each intern will rotate serving as a representative for their intern cohort and attend the beginning of the monthly internship training committee meeting to discuss any cohort concerns and/or recommendations. Interns will also complete program evaluations at mid-and end of the internship year. Additionally, a member of the training committee will conduct exit interviews with each intern upon completion of the training year to gather further information on the training experience. After completion of the internship, questionnaires will be sent to each intern to determine the perceived effectiveness of the VA training program.

7) The Eastern Oklahoma VA Healthcare System psychology training program does not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the intern's performance and such information is necessary in order to address these difficulties.

b. Standard Administrative Procedures for Interns:

1) Policies and Procedures for interns are outlined in Attachments "A" through "I", covering Program Information and Requirements, Hours and Timekeeping, Malpractice Protection, Placements and Final Clearance, Intern Selection,

Psychology Training Committee, Patient Care Records and Supervision, Remediation of Problematic Performance, Due Process, and Grievance Procedures, Reporting and Emergency Procedures.

4. **RESPONSIBILITIES:** The Chief of Behavioral Medicine Service has overall responsibility for the training program followed by the Psychology Section Chief. The Training Director followed by Associate Training Director is hereby delegated the operating authority for the program and is responsible for (1) Assuring that the Psychology Training Program is actively seeking APA Accreditation by monitoring all APA Accreditation Standards, (2) Informing Psychology staff members of these standards, (3) Assuring that all activities of the Psychology Training Program meet such standards, and (4) Assuring that adequate equipment, facilities, and resources are identified for use by interns and training psychologists to meet training needs. Psychologists involved in training are responsible for ensuring their training and supervisory activities meet all relevant standards. The Training Director is responsible for administratively approving leave, addressing direct patient safety concerns, conferring on training-related issues to the Training Committee, and handling any other issues as appropriate. Interns are considered temporary employees and, as such, the Chief of HR is the appointing authority for interns with the sole authority and responsibility to terminate employment, in collaboration with the Training Directors, using the guidelines provided in VA Handbook 5021.
5. **REFERENCES:** VHA Handbook 1400.04 Supervision of Associated Health Interns; American Psychological Association Commission on Accreditation (Guidelines and Principles for Accreditation of Programs in Professional Psychology); APPIC Match Policies; VA Handbook 5021/10; Psychology Internship Education Affiliation Agreement; Article 33 of the Master Agreement between the Department of Veterans Affairs and the American Federation of Government Employees 2011.
6. **ATTACHMENTS:**
  - Attachment A – Program Information
  - Attachment B – Intern Selection
  - Attachment C – Psychology Training Committee
  - Attachment D – Intern Hours and Timekeeping
  - Attachment E – Malpractice Insurance
  - Attachment F – Patient Care Records and Supervision
  - Attachment G – Remediation of Problematic Performance, Due Process, and Grievance Procedures
  - Attachment H – Reporting & Emergency Procedures
  - Attachment I – Intern Placements and Final Clearance

**EXPIRATION DATE:** This policy will be reviewed every year, or sooner, as necessary (last review date, June 24, 2020).

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**Attachment A****BEHAVIORAL MEDICINE SERVICE****MUSKOGEE, OKLAHOMA****STANDARD OPERATING PROCEDURE No.****FEBRUARY 14, 2018****EOVAHCS PSYCHOLOGY INTERNSHIP PROGRAM INFORMATION**

The following points are based on training committee decisions, VA Office of Academic Affiliations (OAA) training policies, and APA accreditation requirements and are subject to future revision.

1. Interns will be assigned training experiences and supervisors based on program requirements, emphasis area, previous experience, interests, and career goals. Interns will be asked to rank order their preferences for rotations prior to starting the internship and turn these into the training director. Placement on rotations for the first half of the training year will be developed based on this information along with availability of training committee members. Attempts will be made to match the training plan with the intern's top preferences; however, this cannot be guaranteed.
2. Interns' second half of the year rotations will not be finalized until the 3 month mid-rotation evaluations during the first half of the year are complete. This will allow for more time to fully assess areas of strength and weaknesses. The Training Committee will meet and discuss the intern's interest in specific rotations along with any recommended training needs to ensure the intern will meet the program aim of quality generalist training utilizing evidenced based therapies and assessments successfully.
3. Interns will be assigned to a supervisor(s) for each of their rotations. At the beginning of each rotation, interns will negotiate scheduled supervision hours, review the rotation expectations and activities, complete the Supervision Agreement and give this information to the Training Director for placement in their training files.
4. Interns are expected to attend all assigned training activities unless excused by the Training Director. A didactic schedule will be given to each intern during orientation. Interns should not schedule other activities at required seminar times. Exceptions are to be discussed with and cleared by their supervisor and the Training Director.
5. Most rotations have team meetings, seminars, case conferences, or other types of activities in which interns are expected to participate. Expectations and goals for each rotation will be clearly defined and discussed with the intern at the start of the rotation.
6. Interns will receive at least four hours of weekly supervision by a licensed clinical psychologist, two of which will be individual supervision. Additional clinical activities may



involve adjunctive supervision from other licensed mental health professionals or graduate psychologist (under the license of a psychologist). Interns will have access to consultation and supervision at all times they are providing clinical services.

7. While at the medical center and utilizing its facilities, interns can accept only patients who come to the hospital through normal administrative channels. Patients whom interns have seen at other facilities or those referred to an intern from the community cannot be seen unless they are eligible for treatment at this medical center and have been accepted administratively.

8. Generally, interns are discouraged from making long-term commitments to patients and from carrying patients from one rotation to another. Situations may exist where it is necessary or most beneficial to the patient or to a intern's training needs to do so, however, these are to be first discussed with and approved by the current and next rotation supervisors, as well as the Training Director.

9. Interns are expected to complete orientation and other mandated trainings throughout the year.

10. The program abides by the VA Equal Employment Opportunity Policy, which states that employees will be treated fairly and equitably, without regard to age, race, color, gender, physical or mental handicap, national origin or sexual orientation. The program also abides by VHA Directive 1018 regarding nondiscrimination in federally-conducted education and training programs.

BEHAVIORAL MEDICINE SERVICE

MUSKOGEE, OKLAHOMA

STANDARD OPERATING PROCEDURE No.

FEBRUARY 14, 2018

**EOVAHCS PSYCHOLOGY INTERNSHIP PROGRAM  
INTERN SELECTION**

1. **PURPOSE:** To set policies and procedures for selecting psychology doctoral interns.
2. **GUIDELINE:** The selection of psychology interns at all levels must be consistent with equal opportunity and nondiscrimination policies of the medical center as well as the guidelines and policies of APPIC and APA's SoA.
3. **PROCEDURES:** Procedures must be consistent with what is posted on the Psychology Training Program's website.
  - a. **Doctoral Internship Training:**
    - 1) Applications for our doctoral training program are solicited nationally from APA accredited psychology doctoral training programs in clinical and counseling psychology. Applicants must be U.S. citizens. Potential applicants may learn about the program from direct emails to clinical and counseling doctoral program training directors, APPIC Directory, and email postings on relevant psychology list serves.
    - 2) A selection committee will be comprised of the Training Director, the Associate Training Director and at least two other training committee members. Preference will be given to applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic assessment and intervention skills with at least 50 direct assessment hours and 200 direct intervention hours, scholarly potential, and the personal characteristics necessary to function well in our internship setting. The selection criteria are based on a "goodness-of-fit" with our scholar- practitioner model, and the program looks for intern applicants whose training goals match sufficiently to the training that is offered and the aim of the program. Candidates are selected from many different kinds of programs and theoretical orientations, from different geographic areas, of different ages, or different ethnic backgrounds, and with different life experiences. Preference will be given to applicants with interests in rural, generalist training with an emphasis on evidence-based treatment and assessment. As an equal opportunity training program, the internship welcomes and strongly encourages applications from qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability, or other minority status. The internship emphasizes and promotes diversity; it is an essential component of the training program. We are committed to attracting diverse applicants and maintaining diversity within our intern

cohorts. All things being equal, consideration is given to applicants representing elements of diversity, including, but not limited to, age, disability, ethnicity, gender identity, language, national origin, race, religion, culture, sexual orientation, social economic status, and military service.

- 3) In our intern selection process, the initial stages involve the Training Director and Associate Director reviewing the applications and evaluating them using a standard Internship Applicant Screener Form. The Screener Form assigns a scoring rubric to factors such as: dissertation status, GPA, awards/activities, intervention experience, and assessment experience. One screener form is completed for each application. The applications found to meet the minimal requirements noted above in (2), will then be reviewed using the standard Application Rating Forms which is to be completed by at least two other selection committee members. The Application Rating Form assigns a scoring rubric to factors such as: recommendation letters, essays and cover letter, and specific diversity characteristics noted in the application. The average scores from the completed Application Rating Forms are combined with the score from the Application Screener Form to assist with deciding who to invite for interviews.
- 4) A virtual interview is required of all applicants selected for a formal interview. This will require a full day and involve an informational session with the Training Director, meeting with our current interns and at least two interviews with training staff. An optional open house will be held for those able to attend and when COVID-19 Precautions are not in effect. Preference will not be given to anyone who attends the open house. The open house will be scheduled after all interviews/rankings have been established. Applicants not invited for an interview will be notified by the suggested APPIC notification date.
- 5) Committee members who participate in the individual interviews with the applicants will complete a standard Interview Rating Form which includes a scoring rubric for factors such as personal demeanor/poise, communication/interpersonal relatedness, goodness of fit with program, and readiness for VA training. Further, various scoring rubrics for case vignettes and role plays during the interview will also be utilized.
- 6) The total scores from the applications noted above will be combined with the total average scores from all of the Interview Rating Forms. Applicants will then be rank ordered based on these total scores. The rank order will be reviewed with the training committee and input from the interviews that lead committee members to believe an applicant should be ranked lower than their scores reflect will be discussed and voted on by the committee. No applicant will be elevated on the rankings based off of subjective interview data.

4. **RESPONSIBILITIES:** The Training Directors, in consultation with the Training Committee Members participating in the interviews, will have full responsibility for the selection of psychology interns.

BEHAVIORAL MEDICINE SERVICE

MUSKOGEE, OKLAHOMA

STANDARD OPERATING PROCEDURE No.

FEBRUARY 14, 2018

**EOVAHSC PSYCHOLOGY TRAINING PROGRAM  
PSYCHOLOGY TRAINING COMMITTEE AND INTERNSHIP SUPERVISOR  
WORKGROUP**

1. **PURPOSE:** To assure that the Psychology Training Program provides high quality training, remains in compliance with all accreditation standards of the American Psychological Association (APA), operates within the guidelines of the VA Office of Academic Affairs, the Association of Psychology Post-doctoral and Internship Centers (APPIC). Further, the Psychology Training Committee creates the necessary administrative structure and processes to facilitate appropriate review and program improvement to ensure that the training program provides an environment needed for interns to attain all competencies. Internship Supervisor Workgroup serves to provide support to and ensure consistency amongst the current direct supervisors of the psychology interns.
2. **POLICY:** The Training Committee (TC) will provide a forum for supervisory discussion, on an ongoing basis, of intern progress, of mentorship growth and development, and for recommendation of such policy and procedure changes which might be useful for ongoing quality improvement within the training program. The Internship Supervisor Workgroup (SW) will provide a forum for more in depth discussion of progress and/or lack of progress being seen within the current cohort of interns. This will assist in consistency with feedback being given to the interns along with identifying any competency concerns amongst the intern cohort as soon as possible.
3. **PROCEDURES:**
  - a. **Membership:** The TC will include the Training Director, the Associate Training Director and all supervisory psychologists within the training program. Full membership with voting privileges will extend to each member. The Training Director will serve as the committee Chair. In the absence of the Training Director, the Associate Director shall chair the meeting. The SW will include the Training Director, the Associate Training Director, and all current direct supervisors of the intern cohort including Group Project Coordinator(s). Membership is fluid and will change midyear depending on rotation supervisor changes.
  - b. The TC and SW will meet monthly or more often as needed.
  - c. Minutes from all meetings will be maintained.

4. **RESPONSIBILITIES**: While the Behavioral Medicine Chief has overall responsibility for the training program along with the Psychology Section Chief, the Training Director holds the programmatic authority for the TC, SW, and for the training program. The Associate Training Director shares this responsibility in the absence of the Training Director. Members of the committee and workgroup are responsible for active participation in the ongoing work of the group and for seeing that their training, documentation, and supervisory activities continue to meet the highest standards.

## Attachment D

BEHAVIORAL MEDICINE SERVICE

MUSKOGEE, OKLAHOMA

STANDARD OPERATING PROCEDURE No.

FEBRUARY 14, 2018

**EOVAHCS PSYCHOLOGY INTERNSHIP PROGRAM  
INTERN HOURS AND TIMEKEEPING**

1. The time commitment is defined as the full year (2080 hours), including federal holidays, earned time off, or assigned learning time elsewhere. Interns are entitled to 11 federal holidays (Columbus Day, Veterans Day, Thanksgiving, Christmas Day, New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Juneteenth, Independence Day, and Labor Day). They accrue four hours of sick leave and four hours of annual leave during each of the 26 pay periods in the year. Interns will receive compensation for any unused leave at the end of their appointment. Additionally, interns are allowed to take up to three days of paid Authorized Absence (AA). This time can be used for post doc or job interviews, for returning to your academic program for meetings related to your dissertation or research, graduation ceremony, or educational activities of interest such as conferences that are not a part of the internship program. These days can only be used with prior supervisor and TD approval. Interns can only use one day of AA at a time and they cannot be used consecutively or during the same episodic time period.
2. In the unusual event that an intern cannot complete the minimum time commitment (i.e., 2080 hours) within the one-year period, the intern will be required to make up this time on a "without compensation" (WOC) basis after the official training year concludes. Certification of completion of the internship will be withheld until the full-time training year requirements are met.
3. The typical VA working hours ("tour of duty") are 8:00 a.m. to 4:30 p.m. with one-half hour lunch and two 15 minute breaks. It is assumed that interns will work a minimum of 40 hours per week, unless they have made arrangements for leave time. Requests for such exceptions need to be made in writing to the Training Director with the prior concurrence of the supervisor. It should be noted, depending on intern's competency level and training activities he/she is engaged in, the intern may need to work over the 40 hours per week to meet the expectations of the training program.
4. Interns will track their patient contact hours and all time spent in supervision. This system places the responsibility and accountability for logging "clinical contact/hours worked" on the interns. These forms will be signed by the rotation supervisor weekly and submitted to the Training Director by the intern monthly. Interns will also provide a cumulative account of their hours since internship monthly to the Training Director.
5. The stipend for internship is \$33,469.00. Federal and state taxes and social security deductions are withheld from this amount.

6. Interns are responsible for verifying remaining leave time and resolving any discrepancies with the appropriate behavioral medicine time keeper.



**Attachment E****BEHAVIORAL MEDICINE SERVICE****MUSKOGEE, OKLAHOMA****STANDARD OPERATING PROCEDURE No.****FEBRUARY 14, 2018****EOVAHCS PSYCHOLOGY INTERNSHIP PROGRAM  
MALPRACTICE INSURANCE**

The Veterans Health Administration (VHA), by which you are employed, does not provide malpractice insurance for its employees, including interns. However, the law does provide that the Attorney General will defend a person who is sued for malpractice or negligence in accordance with the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C. 2679 (b)-(d) if he or she was "acting in the scope of such person's employment in or for the VHA." In any lawsuit under the Act, the United States will be named as the defendant. The law further provides that the Attorney General may compromise or settle such a claim. While we cannot say with certainty how the courts would rule in a given case or set of circumstances, it appears that you are reasonably protected against malpractice suits arising out of the normal performance of your duties at a VA facility, **TO THE SAME EXTENT THAT ANY OF OUR PSYCHOLOGISTS OR PHYSICIANS ARE PROTECTED.** What is not clear is the extent to which you might be subject to suit and damages if it were determined that the incident upon which the suit was brought was not related to the scope of your employment in or for VHA. Therefore, the decision that malpractice insurance is desirable or necessary is a personal matter that must be resolved by each individual concerned.

BEHAVIORAL MEDICINE SERVICE

MUSKOGEE, OKLAHOMA

STANDARD OPERATING PROCEDURE No.

FEBRUARY 14, 2018

**EOVAHCS PSYCHOLOGY TRAINING PROGRAM  
PATIENT CARE RECORDS AND SUPERVISION**

1. **PURPOSE:** To set policies and procedures for documentation and records produced during the training process.
2. **POLICY:** The clinical work of interns is to be appropriately supervised, following the standards of the VHA and of the accrediting body. Patient contacts by interns are to be fully documented in the patient care record. All patient care reports and progress notes by interns are to be co-signed by the supervisor or designated supervisor within one business day of the intern submitting the documentation into the medical record.
3. **PROCEDURES:** Procedures to be followed by the interns for documentation of patient care are identical to those set forward in VAMC with the additional provision that such work by interns will be reviewed and co-signed by the supervising psychologist.

In accordance with VHA Directive 2009-002, Patient Care Data Capture, or subsequent policy issue, the supervising psychologist is considered the primary provider, even if that supervising psychologist did not personally see the patient or directly provide care. As such, the supervising psychologist is responsible for all services delivered to each Veteran by the intern. "Person Class" code in the Veterans Health Information Systems and Technology Architecture (VistA) identifies providers of health care services. Since interns of all disciplines covered by this Handbook are not considered independent providers, there exists no person class designation for them. Because interns do not have a person class designation, they may not be listed on the patient care encounter as a provider, either primary or secondary.

The format for progress notes and reports may vary from one training experience to another; therefore, interns need to check this with their supervisor; however, at a minimum, documentation needs to be completed within 48 hours of the encounter. For encounters that occur on Friday of the week, documentation needs to be entered by COB Monday. Encounters which involve any crisis information or more in depth risk assessment/safety planning or with a Veteran identified as high risk must be entered the same day as the encounter and signed off on by the supervisor the same day as the encounter in order to ensure safe continuity of care for the veteran is in place. For more complex notes and assessments, more detailed information can be added as directed by their supervisor. For psychological assessments, an initial note must be entered the day of the contact. The full report will be completed and included in the chart within a reasonable time frame, as directed by their assessment supervisor.

Interns are responsible for contacting other medical center staff involved in a patient's care when they become aware of urgent or critical information that may impact the other provider(s) care of that patient. In such situations, the other provider(s) need to be added as additional signers to the CPRS note. Interns will consult with supervisors to determine what may be urgent or critical. Interns are to complete all reports required on each rotation prior to beginning the next rotation.

All intern reports and progress notes in patients' medical records must be co-signed by the supervising psychologist and/or designee. The supervisor will review each note and add an addendum which includes the following four key pieces of information: 1) the reason for today's visit, 2) what transpired in the session, 3) the working diagnosis, and 4) the plan going forward.

Rough drafts and progress notes should be maintained only on the medical center's computer network or other secure place. When in doubt about the status of any particular note or recording, the intern should consult his or her own supervisor. Permission to audio or video record a patient contact is to be obtained beforehand, and the appropriate consents are to be obtained.

**Release of Records:** No records are ever to be released directly to a veteran or to any outside person or agency by an intern. All records need to be authorized and released directly through the Release of Information (ROI) department which authorizes such release and tracks it, after having received the appropriately signed consent forms. Requests by patients to see their charts or to read their reports are to be referred to ROI. Interns will familiarize themselves with the implications of the Privacy Act, the Confidentiality Act, and HIPAA and implement the required practices as indicated.

#### 4. **RESPONSIBILITIES:**

- a. Interns are responsible for full and complete documentation of patient care contact and for the secure maintenance of their working notes and recordings related to those contacts.
- b. Training supervisors are responsible (1) to see that patient care reports and progress notes are appropriately reviewed and signed in a timely fashion (48 hours from initial contact); (2) to see that notes are co-signed by the identified supervisor within 24 hours. Exception to this rule: If the intern sees a patient on Friday, the CPRS note may be co-signed by the supervisor on the following Monday (or Tuesday if Monday is a National Holiday). Supervisors who are leaving for vacation must co-sign all intern notes prior to initiating leave. Training supervisors are responsible for delegating a coverage supervisor while they are out of the clinic.

**Attachment G****BEHAVIORAL MEDICINE SERVICE  
STANDARD OPERATING PROCEDURE No.****MUSKOGEE, OKLAHOMA****FEBRUARY 14, 2018, Revised July 2023****EOVAHCS PSYCHOLOGY TRAINING PROGRAM  
REMEDICATION OF PROBLEMATIC PERFORMANCE, RETENTION, DUE  
PROCESS AND GRIEVANCE PROCEDURES****1. PURPOSE:**

This document provides a definition of problematic performance as it relates to psychology trainees. This document explicitly outlines due process and grievance procedures with a goal of performance improvement and retention whenever possible.

**2. DEFINITIONS:**

Problematic behaviors / performance: A problem behavior occurs when: an intern's behavior, attitude, or characteristics disrupt the quality of clinical services (including patient safety); relationships with peers, supervisors, or other staff; and/or the ability to comply with appropriate standards of professional behavior. Professional judgment is used to determine when an intern's behavior reflects a competence deficit. Interns may exhibit performance or competency deficits, behavior, attitude or characteristics that are developmentally appropriate, however performance improvement/remediation may be needed when behavior(s) are identified as a pattern and when one or more of the following apply:

- 1) The intern does not acknowledge, understand, or address the problem when it is identified;
- 2) The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training;
- 3) The quality of services delivered by the intern is significantly negatively affected;
- 4) The problem is not restricted to one area of professional functioning;
- 5) A disproportionate amount of attention by training personnel is required;
- 6) The intern's behavior does not change as a function of feedback, remediation, efforts, and/or time;
- 7) The intern is unable to control personal stress which leads to dysfunctional emotional reactions and behaviors that disrupt professional functioning; and/or

8) The intern is unable to acquire professional skills that reach an acceptable level of competency. For example, an intern obtains “remedial” (below Level 3) ratings on their formal evaluations in a given domain.

9) A single serious/egregious incident such as but not limited to an ethical violation, harmful action or inaction impacting clinical care or a client takes.

Note: Egregious incident is at the discretion of training committee however, likely involves an ethical violation including but not limited to confidentiality breach, HIPPA violation, sexual misconduct, acting beyond the boundaries of competence without seeking supervision and the action adversely impacts or has the potential to do harm.

### 3. Procedures for Responding to Performance Deficit by an Intern:

Supervisory staff and/or interns are expected to initially seek informal redress of minor grievances or complaints directly with the other party. When a supervisor identifies that an Intern is displaying problematic behavior which is in need of performance improvement/remediation, the least restrictive intervention will be employed before more restrictive intervention takes place. If initial attempt(s) at resolution proves unsuccessful, the concerned parties will approach the Training Director to facilitate resolution.

a. The informal process is administratively handled within the training program leadership. Steps to dealing with an **informal grievance** are detailed below:

- i. The staff member will first provide feedback to the intern regarding the noted behaviors or performance issues.
- ii. The staff member will consult the Training Director to determine if there is a reason to proceed with a formal performance improvement/remediation or sanction.
- iii. The Training Director shall conduct an initial review of the matter in consultation with the Associate Training Director and the intern’s supervisors.
- iv. If, as a result of this meeting, it is determined that a formal review is not warranted, notification will be given to the intern by the supervisor who initiated the grievance within 5 days.

b) If a decision is made to proceed with a **formal review**, the steps for the formal review process are detailed below:

- i) Notification will be given to the intern by the supervisor who initiated the grievance within 5 days that a formal review has been initiated
- ii) Depending on the nature of the deficit, an intern may be suspended from interactions or modified interactions (i.e., only see clients with supervisor present) with clients temporarily. The Training Director may place the intern on non-patient care duties. The Training Director, in collaboration with the interns supervisors and associate training director will assign non-patient care tasks.

iii) Upon determination that a formal review is warranted a Training Subcommittee consisting of the Training Director and/or Associate Training Director, the intern's current supervisors and a minimum of one additional training committee member shall review available facts. An initial determination will be made as to whether there a deficit/problem is or is not present with the intern's performance, conduct, or behavior which warrants additional formal or informal performance improvement/remediation plans. The sub-committee will also review possible recommendations for performance/remediation plan at this meeting. This will be completed and the intern will be notified of the outcome of the subcommittee decision in writing within five business days.

iv) Following Training Subcommittee determination, if there is insufficient evidence to substantiate the existence of the alleged problem of intern's performance, conduct, or behavior, the intern will be notified in writing by the end of the fifth business day and the matter will be considered closed. Any related matters will be addressed in regularly scheduled clinical supervision. A copy of the letter will be retained as part of the intern's permanent file.

v. If by majority vote the Training Subcommittee decides that the deficit/impairment exists and/or formal performance improvement/remediation is necessary, the following courses of action can be taken and the intern will be notified within 5 business days of this meeting of which action was decided:

- **Oral Warning**: The Intern will be informed that there is a problem and that the behavior in question needs to be discontinued. There is no written record of this step.
- **Written Statement**: The Intern will be informed in writing that the Training Committee is concerned about the deficit/behavior. This written communication will include how supervisors will work with the Intern to rectify the matter and formal performance/remediation plan is not needed at this time. The Intern's Director of Training (DOT) from the graduate training program will be informed about the situation; however, the written statement will not be a permanent part of the Intern's file and will be removed when the situation is addressed and internship is successfully completed.
- **Probation and Performance Improvement/Remediation**: This is a time-limited, closely supervised period designed to facilitate performance such that Intern will be provided with opportunity to achieve appropriate competency level with the domain involved. When probation and performance/remediation plan are deemed necessary, the intern's graduate training program will be informed in addition to the BMS Psychology Section Chief, BMS Chief, and Designated Education Officer. This remains as part of the permanent file for the intern.

vi. The committee will issue a Performance/Remediation Plan to the intern within five business days. A meeting to review the plan will take place, which may include the Training Director, Associate Training Director and the intern's supervisors. The Performance/Remediation Plan is a written statement to the intern that includes the following items:

- a. A description of the competency deficit(s), problematic performance, or egregious incident.
- b. The plan will specify supervisor action and intern action expected for the duration of the plan. The plan may include but is not limited to the following recommendations:
  - i. Increased supervision, either with the same or other supervisors.
  - ii. Change in the format, emphasis, and/or focus of supervision.

- iii. Recommendation that evaluation/treatment be undertaken with a clear statement<sup>87</sup> about the issues, that such evaluation/treatment should address.
- iv. Recommendation for a leave of absence (with time to be made up at no cost to the government).
- v. A time frame for the probation during which the problem(s) is expected to be ameliorated.
- vi. Specify ongoing procedures to assess progress with remediation.

c. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are detailed below under heading Intern Appeal Process.

vii. If intern's competency level is evaluated to be below a Level 3 "Intermediate Competence" at formal mid-year evaluation or if a serious/egregious incident takes place probation/remediation procedures will activate with the subcommittee as outlined above. The Training Subcommittee noted above in b (ii) will meet and determine recommendations for performance/remediation and a performance/remediation meeting will occur with the intern, training directors, and intern supervisors to review the performance/remediation plan. In circumstance noted above, the intern would be notified in writing the day it is determined that a meeting will be scheduled to develop a remediation plan .

#### 4. **Failure to Correct Problems:**

When the performance/remediation plan does not result in the appropriate competency level within a reasonable period of time, or when the intern seems unable or unwilling to alter his or her behavior, or when an egregious incident has been observed, further formal action will take place. If intern has not improved sufficiently to meet competency under the conditions stipulated by the Performance/Remediation Plan the original Training Subcommittee will reconvene, conduct a formal review and then inform the intern in writing that the conditions for resolving probation/remediation have not been met. The Training Subcommittee may then elect to recommend the following:

- a. The performance/remediation plan may continue the probation for a specified period of time.
- b. The performance/remediation plan may suspend the intern for a limited/specified period of time from engaging in certain professional activities until there is evidence the competency in question has been rectified. Suspensions beyond the specified period of time may result in termination or failure to graduate.
- c. The Training Committee may inform the intern and the Psychology Section Chief that the intern will not successfully complete the Internship if minimum competency level is not achieved. If by the end of the training year, the Intern has not successfully completed the training requirements, including meeting minimum competency level (3) the Training Committee may recommend that the intern not graduate from the program. In that case the intern will be informed that they have not successfully completed internship. The Intern's graduate training program will be informed that the Intern has not successfully completed internship.
- d. The Subcommittee may recommend dismissal as arrived at by a vote. Should the Training Subcommittee arrive at recommendation of dismissal by majority (Training Director does not vote) The matter will be reviewed with the Training Committee at large. The Training Director may then inform the Chief of BMS and the Designated Education Officer that immediate termination is recommended.

Dismissal from the Internship denotes the permanent withdrawal of all medical center responsibilities and privileges. The decision is made when an intern has not demonstrated reasonable efforts to improve performance/remediate despite the opportunity or after an especially serious/egregious breach of conduct, If at any time an trainee disagrees with the aforementioned sanctions, the intern can initiate the Appeals Procedures, delineated below.



## **5. Intern Appeal Procedures:**

Interns who disagree with the aforementioned performance/remediation process, outcome, sanctions, or the handling of a grievance are entitled to file an appeal. To initiate an appeal the intern must inform the Training Director in writing of the disagreement and provide a Statement of Facts (signed and dated by the intern) relevant to the matter with rationale by close of business on the 2nd business day after receipt (day of receipt not counted) of the Training Subcommittee or Training Committee's recommendation for termination or other decision.

The Statement of Facts must include specifically what is being appealed (i.e., Subcommittee's decision, Policy not followed, etc. Failure to provide such information by the end of the 2nd business day will constitute an irrevocable withdrawal of the challenge. Following receipt of the intern's appeal, the following actions will be taken:

- a. Upon receipt of the written notice of grievance or intent to seek appeal, the Training Director will ensure that the parties involved in the grievance/appeal are aware that the appeal process has been initiated. An effort to informally resolve the grievance or arrive at a mutual understanding will be made, consisting of a meeting with the intern and the named party or parties.
- b. If the appeal/grievance is not resolved informally, the Training Director and/or Associate Training Director will convene a Review Panel consisting of three training faculty members who were not part of the Training Subcommittee who recommended the original performance/remediation.. The intern retains the right to hear all allegations and the opportunity to dispute them or explain their behavior.
- c. The Review Panel's will make a decision by majority vote. Within 10 days of completion of the review hearing, the Review Panel will prepare a report documenting the reason for the decision and recommendations. The report will be provided to the intern, training director(s) and training committee at a minimum.
- d. The Review Panel decision is final and binding. The intern and sponsoring university will be informed of actions taken and outcome in writing. If the recommendation for termination stands, the Psychology Section Chief, BMS Chief, Designated Education Officer, APPIC and relevant Human Resources personnel will be informed of the decision.

## **7. Informal Grievance Procedures Against VA Staff, Another Intern, or the Training Program [unrelated to an appeal]:**

a. Dissatisfaction with a VA Staff Member, Supervisor, internship program, rotation and/or another intern: All parties are expected to resolve problems at an informal level of action first. If an intern is dissatisfied with a particular supervisor or rotation, they are expected to professionally address the issue with the supervisor initially, unless they believes that to do so would not be in their best interest. If this is the case the intern is expected to seek advice from the Training Director. If the Training Director is unavailable, the intern can seek consultation with the Associate Training Director. In the event that the grievance is with the Training Director, the intern may seek advice from the Psychology Section Chief.

b. If the intern seeks guidance, the Psychology Section Chief, the Training Director or the Associate Training Director will subsequently consult with both the intern and the supervisor before offering any proposal of solution to the problems identified. If it is believed that a change of rotation or a change of supervisor within a rotation is warranted, approval from a Training Subcommittee is warranted comprised of the Training Director and/or Associate Training Director, and at least three other training committee members (at least one not in a supervisory relationship with the intern) before this action is proposed as a solution to the problems identified. If the intern is not satisfied with the proposed solution, he/she may present a grievance in writing under the formal procedure.

#### **8. Formal Grievance Procedures Against VA Staff, Another Intern, or the Training Program (Unrelated to an appeal)**

a. Any intern who is dissatisfied with an aspect of the training program can file a formal grievance by way of a written complaint to the Training Director or to the Psychology Section Chief, if the complaint pertains to the Training Director. The written grievance and all subsequent correspondence are sent to the intern's graduate program and members of a Training Subcommittee consisting of Training Director and/or Associate Training Director and three other members of the training committee (at least one not in a supervisory relationship with the intern).

b. The Training Subcommittee will meet with the intern and an intern representative if the intern chooses.

c. The Training Director will respond to the complaint addressed in the formal written grievance within 10 business days and may consult with the Training Subcommittee and the Psychology Section Chief as deemed necessary.

d. If the intern's dissatisfaction is with a supervisor who also serves on the Training Committee, the supervisor may be excluded from the decision-making process depending on the nature of the circumstances. If the intern's dissatisfaction is with the Training Director, the Associate Training Director and Psychology Section Chief will review and respond to the complaint.

e. If the intern remains dissatisfied with the resolution, they have the right to appeal through the procedures outlined in the Appeal Procedures. They may also inform his/her graduate program, the American Psychological Association and the Association of Psychology Postdoctoral and Internship Centers.

#### **9. Storage of Intern Complaints and Grievance Documents:**

All documentation of formal complaints and grievances will be stored electronically on the secured U Drive of the Training Director. Grievance files are maintained for a period of no less than 10 years.

## Attachment H

BEHAVIORAL MEDICINE SERVICE

MUSKOGEE, OKLAHOMA

STANDARD OPERATING PROCEDURE No

FEBRUARY14, 2018

**EOVAHCS PSYCHOLOGY TRAINING PROGRAM  
REPORTING AND EMERGENCY PROCEDURES**

1. **PURPOSE:** To outline the management and process related to the Mental Health Emergency Response Procedures for Psychology Interns at EOVAHSC.
2. **POLICY:** Consistent with the Management of Acute Psychiatric Emergencies at the EOVAHSC, patients presenting with acute safety concerns will be under observation at the Emergency Department (ED) at the Jack C. Montgomery VAMC. "The ED shall have Mental Health (MH) coverage by an independent licensed MH provider during all hours of operation." For further details, please see the Medical Center Memorandum 11-06 dated September 24, 2017.
3. **PROCEDURES:** All information provided during therapy and assessments is legally confidential except as required by law. Exceptions to confidentiality include threat of serious harm to self or others, child abuse, elder abuse, suicide/threat of suicide, or grave disability. When a patient reveals this information within a session, the intern must immediately inform his/her supervisor.

## Emergency Procedures:

- a. Danger to Self or Others.
  - 1) When an intern has identified that a veteran is a danger to self or others he or she must adhere to the following protocol.
    - a) Stay with the client until appropriate action is taken. The veteran may be allowed to leave only after he/she has been appropriately assessed by the intern's clinical supervisor or on-site emergency coverage MH provider. If the client refuses to stay with the intern, said intern must immediately notify supervisor and call the VA police (x2032 Tulsa/x4272 Muskogee) or 911.
    - b) Contact the clinical supervisor or on-site emergency coverage MH provider and request that he/she enter the session. If the intern is unable to contact his or her supervisor/on-site emergency coverage MH provider, the intern should initially contact any licensed mental health provider available. As soon as possible notify your supervisor or any licensed psychologist to consult and serve as a co-signer on your note.

- c) Interns must document the veteran's mental status, actions taken, risk factors, and contacts made.
- 2) If the veteran requires hospitalization or presents as a danger to self or others, the intern will follow on-site mental health policies and procedures under the direct guidance of a licensed mental health professional. A licensed psychologist must be involved for consultation and documentation in patient record.
- 3) Reporting Elder and Child Abuse: When an intern has identified a child or elderly person has been or is in danger of being abused, the intern must immediately contact his/her supervisor. If the intern is unable to contact his or her supervisor, the intern should initially contact any licensed mental health provider available. As soon as possible notify their supervisor or any licensed psychologist to consult and serve as a co-signer on the note.

**BEHAVIORAL MEDICINE SERVICE****MUSKOGEE, OKLAHOMA****STANDARD OPERATING PROCEDURE No.****FEBRUARY 14, 2018****EOVAHSC PSYCHOLOGY INTERNSHIP PROGRAM  
INTERN PLACEMENT AND FINAL CLEARANCE**

**FINAL CLEARANCE:** All employees, including interns, are required to "clear the station" prior to completion. This procedure involves a visit to various services around the medical center - the purpose is to return all government property (keys, library books, ID's, manuals, etc.) before leaving. Final paychecks will not be released until this is completed. Interns should contact the Mental Health administrative staff at least 2 weeks prior to the expected completion date to allow time to make the necessary arrangements. Interns will be provided with specific instructions at that time.

**APPENDIX 2: INTERNSHIP FORMS**

**Attachment A:** Supervision Agreement

**Attachment B:** Supervisor Evaluation Form

**Attachment C:** Presentation Evaluation Form

**Attachment D:** Individualized Training Plan

**Attachment E:** Intern Exit Interviews

**Attachment F:** Authorization to Exchange Information with Graduate  
Program

**Attachment G:** Doctoral Intern Evaluation

**Attachment H:** Psychology Internship Handbook Statement of Understanding

**ATTACHMENT A****Supervision Agreement**

This document is intended to: 1) establish parameters of supervision; 2) assist in supervisee professional development; and 3) provide clarity in supervisor responsibilities including client protection. The intern recognizes that both the intern and the supervisor are responsible for clients' welfare. The intern therefore agrees to immediately notify the supervisor of any problems that arise within the context of the therapeutic relationship. This includes, **but is not limited to**, perceived suicidal or homicidal risk, and suspected child or elder abuse.

In addition, each intern will provide their clients with information regarding: 1) the limits of confidentiality; 2) the intern's training status; 3) the name(s) of their supervisor(s); and 4) the fact that their supervisor(s) will be reviewing cases as well as any audio or video recordings of sessions. Sessions will only be recorded with voluntary informed consent of the Veteran on VA Form 10-3203. At the outset of treatment/assessment, interns will inform clients about the expected duration of the intervention/evaluation. This will in part be based upon the length of the intern's rotation. Interns will also discuss the process by which the clients' care would be transferred to the supervisor or another therapist if additional contact was required.

This agreement between \_\_\_\_\_ (supervisor) and \_\_\_\_\_ (supervisee) at the Eastern Oklahoma VA Health Care System, signed on \_\_\_\_\_ serves to verify supervision and establish its parameters.

**I. Competencies Expectations**

- A. It is expected that supervision will occur in a competency-based framework.
- B. Supervisees will self-assess clinical competencies (knowledge, skills, and values/attitudes and discuss these with his/her supervisor during their first meeting.
- C. Supervisors will compare supervisee self-assessments with their own assessments based on: 1) observation of clinical work; 2) report of clinical work; 3) recordings of client-trainee interactions; 4) supervision; and/or 5) consultation with other supervisors.
- D. The initial level of supervision required will be determined and discussed at the beginning of supervision. Any changes in this level will be discussed in supervision.

**II. Context of Supervision**

- A. At least \_\_\_\_\_ hours of individual supervision will be provided per week. Please enter day/time of regularly scheduled supervision: \_\_\_\_\_.
- B. I prefer to review notes via the following method: \_\_\_\_\_

---

Until we agree we are both comfortable with notes being placed into CPRS without my prior review. Notes will be completed in a timely manner (within 24 hours).

- C. Supervision will consist of multiple modalities including: 1) review of recordings; 2) progress notes; 3) discussion of live observation; 4) instruction; 5) modeling; 6) mutual problem-solving; 7) role-play; and/or 8) other Co-Facilitation of groups (circle all that apply).

### **III. Evaluation**

- A. The Rotation Expectations will be reviewed during the first session of supervision.
- B. Feedback will be provided in each supervision session and be related to competency-based goals.
- C. Summative evaluation utilizing the rotation expectations and the standardized evaluation forms will occur at mid -rotation ( \_\_\_\_\_ ) and end- rotation: \_\_\_\_\_.(specify dates).
- D. Supervisor notes may be shared with the supervisee at the supervisor's discretion, and at the request of the supervisee.
- E. In order to successfully complete the rotation, the supervisee must attain a rating of 3 or higher on all elements evaluated by the end of the rotation.
- F. If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee.
- G. If the supervisee continues not to meet criteria for successful completion of the rotation, procedures delineated by the training program will be followed.

### **IV. Duties and Responsibilities of Supervisor**

- A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct.
- B. Oversees and monitors all aspects of client case conceptualization and treatment planning.
- C. Reviews video/audio recordings outside of the supervision session, when applicable.
- D. Develops supervisory relationship and establishes emotional tone.
- E. Assists in the development of goals and tasks to be achieved in supervision specific to assessed competencies.
- F. Presents challenges to and problem-solves with the supervisee.
- G. Provides suggestions regarding client interventions/evaluation procedures and directives for clients at risk.
- H. Identifies theoretical orientation(s) used in supervision and therapy, and takes responsibility for integrating theory in the supervision process. This includes assessing the supervisee's theoretical understanding/training/orientation(s).
- I. Identifies and builds upon the supervisee's strengths specific to assessed competencies.
- J. Introduces and models use of personal factors including belief structures, worldviews, values, and culture.
- K. Ensures a high level of professionalism in all interactions.
- L. Identifies and addresses strains or ruptures in the supervisory relationship.
- M. Establishes informed consent for all aspects of supervision.
- N. Signs off on all supervisee case notes in a timely manner.
- O. Distinguishes administrative supervision from clinical supervision, and ensures that the supervisee receives adequate supervision in both areas.
- P. Defines additional aspects of professional development to be addressed within the context of supervision.
- Q. Distinguishes and maintains the line between supervision and therapy.
- R. Identifies delegated supervisors who will provide supervision/guidance if and when the supervisor is not available for consultation.



S. Discusses and ensures understanding of all aspects of the supervisory process outlined in this document, and the underlying legal and ethical standards from the onset of supervision.

### **V. Duties and Responsibilities of the Supervisee**

- A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct.
- B. Reviews client video/audio recordings before supervision, when applicable.
- C. Comes prepared to discuss client cases with necessary materials (e.g., files, completed case notes), conceptualization, questions, and literature on relevant evidence-based practices.
- D. Is prepared to present integrated case conceptualization that is culturally competent.
- E. Brings personal factors that impact the supervisee's clinical work or professional development to supervision and is open to discussing such factors.
- F. Identifies goals and tasks to be achieved in supervision specific to assessed competencies.
- G. Identifies specific needs relative to supervisor input.
- H. Identifies strengths and areas of future development.
- I. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior.
- J. Identifies to clients his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor(s).
- K. Discloses errors, concerns, and clinical issues as they arise.
- L. Raises issues or disagreements that arise in the supervision process with the aim of moving towards resolution.
- M. Provides feedback to supervisors on the supervision process.
- N. Responds non-defensively to supervisory feedback.
- O. Consults with the supervisor or delegated supervisor in all cases of emergency.
- P. Implements supervisor directives in subsequent sessions or before, as indicated.

### **VI. Procedural Aspects**

- A. Although in supervision, only the information that relates to the client is confidential, the supervisor will treat supervisee disclosures with discretion.
- B. There are limits of confidentiality for supervisee disclosures regarding clients or themselves. These include, but are not limited to, ethical and legal violations and indication of harm to self or others.
- C. The supervisor will discuss the supervisee's development and strengths with the training faculty at this facility.
- D. Written progress reports will be submitted to the trainee's school and training director describing his/her development, strengths, and areas of concern.
- E. If the supervisor or the supervisee must cancel or miss a supervision session, the session will be rescheduled.
- F. The supervisee may contact the supervisor at \_\_\_\_\_ (cell) (contact #) or delegated supervisor at \_\_\_\_\_ (contact #). A supervisor must be contacted in all emergency situations.

**Supervisor's Scope of Competence:** As part of this agreement the supervisor will discuss his/her scope of competence as it pertains to this supervision. This may include review of the supervisor's CV.

The agreement may be revised at the request of supervisee or supervisor. The agreement will be formally reviewed at month (intervals) and more frequently as indicated. Revisions will be made only with consent of supervisee and approval of supervisor. We \_\_\_\_\_(supervisee) and \_\_\_\_\_(supervisor), agree to follow the directives laid out in this supervision agreement and to conduct ourselves in keeping with our Ethical Principles and Code of Conduct, laws, and regulations.

Supervisor's Signature:

---

Supervisee's Signature:

---

Dates of Agreement: \_\_\_\_\_

**ATTACHMENT B****Supervisor Evaluation Form**

Date \_\_\_\_\_

Rotation \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisee \_\_\_\_\_ Modes of supervision

(all that apply): \_\_\_\_\_ Videotape \_\_\_ Audio \_\_\_ Direct Observation  
\_\_\_ Other

Very Effective	Effective	Somewhat Effective	Not Effective	Very Ineffective	Not Observe
5	4	3	2	1	N/O

1. Clarified supervision process, roles, and targets at onset	5	4	3	2	1	N/O
2. Maintained weekly supervision meeting time	5	4	3	2	1	N/O
3. Available between supervision meetings for consultation	5	4	3	2	1	N/O
4. Structured supervisory sessions	5	4	3	2	1	N/O
5. Encouraged active involvement	5	4	3	2	1	N/O
6. Provided useful feedback	5	4	3	2	1	N/O
7. Addressed therapy session content	5	4	3	2	1	N/O
8. Maintained focus	5	4	3	2	1	N/O
9. Conveyed competence and professionalism	5	4	3	2	1	N/O
10. Encouraged trainee questions	5	4	3	2	1	N/O
11. Encouraged and motivated trainee	5	4	3	2	1	N/O
12. Challenged trainee	5	4	3	2	1	N/O
13. Allowed self-evaluation by trainee	5	4	3	2	1	N/O
14. Addressed supervision process as needed	5	4	3	2	1	N/O
15. Focused on behaviors	5	4	3	2	1	N/O
16. Provided useful suggestions	5	4	3	2	1	N/O
17. Maintained flexibility	5	4	3	2	1	N/O
18. Helped define and achieve goals	5	4	3	2	1	N/O

Updated 6/29/22

19. Conveyed respect and acceptance	5	4	3	2	1	N/O
20. Addressed ethical issues in therapy	5	4	3	2	1	N/O
21. Behaved ethically as supervisor	5	4	3	2	1	N/O
22. Was culturally aware of self in supervision	5	4	3	2	1	N/O
23. Was knowledgeable and provided training in scientific bases for clinical services	5	4	3	2	1	N/O
24. Invited feedback on supervision	5	4	3	2	1	N/O
25. Open to trainee disagreement	5	4	3	2	1	N/O
26. Gave feedback in constructive manner	5	4	3	2	1	N/O
27. Followed up on content from previous supervision meeting	5	4	3	2	1	N/O
28. Maintained good familiarity with each case, conceptualization, and treatment plan	5	4	3	2	1	N/O
29. Facilitated trainee professional development	5	4	3	2	1	N/O
30. Maintained coherent supervision approach	5	4	3	2	1	N/O
31. Maintained transparency in supervision approach	5	4	3	2	1	N/O
32. Able to provide supervision at developmentally appropriate level	5	4	3	2	1	N/O

Supervisor behaviors which were particularly helpful:

\_\_\_\_\_

\_\_\_\_\_

Supervisor behaviors which were not particularly helpful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**ATTACHMENT C****Evaluation of Presentation**

Please fill out only one form per presenter/topic.

Date of Presentation \_\_\_\_\_ Presenter \_\_\_\_\_

Topic \_\_\_\_\_

Your feedback is important and we will use it to refine our didactics series.

Overall impression of the presentation (please check):

Excellent \_\_\_\_\_ Very Good \_\_\_\_\_ Good \_\_\_\_\_ Undecided \_\_\_\_\_ Needs Work \_\_\_\_\_ Needs A lot of Work \_\_\_\_\_

Recommend for next Year: Yes \_\_\_\_\_ No \_\_\_\_\_

		Strongly Agree	Agree	Undecided	Strongly Disagree	Disagree
1.	The Presenter was well prepared for the topic					
2.	The topic of the presentation was interesting and informative.					
3.	The topic was relevant to me and my clinical work.					
4.	The method of the presentation was appropriate to the setting.					
5.	When appropriate, diversity issues were addressed.					

What did you like best about the presentation?

What would you recommend be changed?

**ATTACHMENT D**

**Individualized Training Plan**

Name \_\_\_\_\_ Date \_\_\_\_\_

Internship Rotations:

\_\_\_\_\_

Dissertation Status:

\_\_\_\_\_

***Areas I feel comfortable with:***

Individual and Group Psychotherapy

Assessment (Neuropsychological and Diagnostic):

Diversity:

Other (please specify):

***Areas I would like to improve/grow:***

Individual and Group Psychotherapy

Assessment (Neuropsychological and Diagnostic):

Diversity:

Other (please specify):

**To be Completed at Conclusion of Internship**

***Areas I have grown:***

Individual and Group Psychotherapy:

Assessment (Neuropsychological and Diagnostic):

Diversity

Other (please specify):

***Areas for future growth:***

Individual and Group Psychotherapy:

Assessment (Neuropsychological and Diagnostic):

Diversity:

Other (please specify):

***How could this internship program have helped address any of your areas of future growth?***

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**ATTACHMENT E****INTERN EXIT INTERVIEWS****Guidelines**

The purpose of the exit interviews is to gather information for improving the internship program. Thus, the goal is to encourage interns to give as much information as possible. Both positive and negative feedback is encouraged.

We would like for the Psychology interns to have the freedom to provide feedback to Supervisors after the end of the internship year and after evaluations are completed. This could include speaking to individually a Psychology Training Committee member, to a volunteer staff member, or to the Training Director. Interns should be told that their feedback will be used thoughtfully and judiciously with individual Supervisors but their complete confidentiality cannot be guaranteed. Moreover, at times, it is the aggregate feedback from interns over several years that can establish patterns in order to prompt programmatic or supervisory change.

Interviews should not be too highly structured. I will provide suggested questions before the interviews, but you can feel free to use or not use any of the questions as they are intended as to facilitate discussion with the interns.

**Interview content – Sample questions**

1. What kind of feedback can you give us about your experience on internship this year?
2. What has been most beneficial to you? Least beneficial?
3. Have you been adequately challenged?
4. Are you satisfied with how your rotation assignments were made?
5. Are you satisfied with program resources, space, etc.?
6. What do you wish you'd known or known earlier about the VA?
7. Are there things you would have done differently? Why?



8. Strengths of the training program
9. What were the hardest things about internship?
10. Can you give us some feedback about your supervision experiences?
11. Are there unresolved problems with a supervisor?
12. What was most helpful in building your future? (e.g., people to consult, material to get ready, internet resources, post-doc availability)
13. Have you grown professionally/personally?
14. Have your career goals changed?
15. What aspects of orientation are most/least helpful? Would you change anything about the orientation process?
16. Training Director: Is there feedback you'd like to give about the Training Director? Any suggestions for improvement?
17. Didactic Seminars or Workshops: What worked and didn't work? What's missing (e.g., issues or content areas not covered)?
18. Rotation Info: Anything else to share that isn't captured in the evaluations?
19. How would you advise incoming interns?
20. Any other comments?

**ATTACHMENT F**Authorization to Exchange Information with Graduate Program

The Committee on Accreditation and the Office of Program Consultation and Accreditation of the American Psychological Association (APA) encourage close working relationships between internship programs and graduate programs in professional psychology. Doctoral programs and internship centers share a responsibility to communicate about trainees. More specifically, communication is required regarding preparation for training experiences and progress and status in programs.

This form is intended to facilitate communication between the internship and doctoral program of the intern named below. Please provide the information in the spaces below. By signing this form you are providing permission for your doctoral program and this internship to communicate about your functioning in both programs.

Intern Name: \_\_\_\_\_

Intern's Doctoral Program: \_\_\_\_\_

Director of Doctoral Program: \_\_\_\_\_

Address of Doctoral Program: \_\_\_\_\_

\_\_\_\_\_

Academic Program's Director's  
Telephone Number: \_\_\_\_\_

Academic Program's Director's e-mail: \_\_\_\_\_

**I grant permission to the Eastern Oklahoma VA Healthcare System Psychology Internship Program and the doctoral program listed above to exchange information pertinent to my internship, training, and professional development.**

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

Please return this completed form to the EOVAHSC Training Director.

# Eastern Oklahoma VA Healthcare System

## Doctoral Intern Evaluation

Date:

Trainee Name:

Supervisor Name:

Rotation Name:

Evaluation Period:  Mid-rotation End Rotation

Direct Observation for this Evaluation Period Occurred on:

Please rate the intern on each competency using the following anchors:

Rating	Label	Description
5	<b>Full Performance Level</b>	Skill in this area notably exceeds that expected for doctoral interns at the completion of the training year. Sound thinking and critical judgment are evident overall; the intern has fully mastered this skill area and can handle complex situations independently. Training is consultative in character.
4	<b>Advanced Competence</b>	The intern is considered competent for entry-level practice in this area. The intern consistently integrates well-developed knowledge, skills and abilities into all aspects of professional practice. Functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.
3	<b>Intermediate Competence</b>	The intern is considered prepared for entry-level independent level practice and licensure. The intern needs minimal structure for routine activities, but may need supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. This is the level expected for most skills mid-way through the internship training year and the level required for successful completion of the internship training program.
2	<b>Beginning Competence</b>	The intern requires intensive supervision for unfamiliar clinical activities and/or novel circumstances. This is the level of competency expected for a beginning intern working with a new clinical population, and might be an appropriate rating for beginning acquisition of a novel skill set within a new rotation.
1	<b>Remedial</b>	The intern shows significant deficiencies in this skill area, with little to no autonomous judgment. The intern is dependent upon direct observation and detailed preparatory instruction, and shows skill in this area below that expected of a beginning intern. Intensive supervision required to attain most basic level of competence OR trainee has not attained expected level of competence despite standard mentoring/supervision. Scores in this range always trigger a review by Training Director and Training Committee.
N/A	<b>not applicable or not assessed</b>	

**Exit Criteria:** Interns must receive a **3** or better on rated items by the end of internship, with no items rated **2** or below.

Updated 6/29/22

## PROFESSION-WIDE COMPETENCIES

### COMPETENCY 1: RESEARCH

Interns will demonstrate critical thinking, and be able to integrate scientific knowledge with clinical practice. Interns will be able to apply the current scientific literature to evaluate their practices, interventions, and/or programs.

Elements:

1. Seeks out current literature related to clinical work or current research project  
Comments: 1  2  3  4  5  NA
2. Demonstrates knowledge about literature related to clinical work or research projects  
Comments: 1  2  3  4  5  NA
3. Is able to effectively disseminate relevant literature in case conferences, research presentations, or professional talks  
Comments: 1  2  3  4  5  NA
4. Applies knowledge and understanding of scientific foundations to practice  
Comments: 1  2  3  4  5  NA

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### COMPETENCY 2: ETHICAL AND LEGAL STANDARDS

Interns will demonstrate knowledge of ethical and legal principles including the APA Ethical Principles and Code of Conduct. They will show an awareness of these principles and apply them in their daily practice.

Elements:

1. Demonstrates knowledge of and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct.  
Comments: 1  2  3  4  5  NA
2. Demonstrates knowledge of and acts in accordance with relevant laws, regulations rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels  
Comments: 1  2  3  4  5  NA
3. Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines  
Comments: 1  2  3  4  5  NA
4. Conducts self in an ethical manner in all professional activities

Comments:

1  2  3  4  5  NA

5. Recognizes ethical dilemmas and applies ethical decision-making processes in order to resolve the dilemmas

Comments:

1  2  3  4  5  NA

6. Demonstrates an awareness of all regulations which impact upon their professional work, including clients' rights, release of information procedures, informed consent to treatment, limits to confidentiality in the VA medical center, management of suicidal / homicidal behavior, and child/elder abuse reporting policies

Comments:

1  2  3  4  5  NA

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### **COMPETENCY 3: INDIVIDUAL AND CULTURAL DIVERSITY**

Interns will demonstrate knowledge of self and others as cultural beings in the context of dimensions of diversity in assessment, treatment, and consultation. Interns should show an awareness of, sensitivity to, and skill in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics.

Elements:

1. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect interactions with people different from oneself

Comments:

1  2  3  4  5  NA

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

Comments:

1  2  3  4  5  NA

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

Comments:

1  2  3  4  5  NA

4. Independently applies knowledge in working effectively with a range of diverse individuals and groups

Comments:

1  2  3  4  5  NA

5. Considers cultural/ethnic context and diversity factors in evaluating and assessing clients

Comments:

1  2  3  4  5  NA

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

**COMPETENCY 4: PROFESSIONAL VALUES AND ATTITUDES**

Interns will demonstrate sound professional judgment and responsibility with progressive independence to resolve challenging situations throughout the training year. They will conduct themselves in a professional manner across settings and contexts. Interns will demonstrate the ability to manage work load and administrative tasks, as well as complete timely documentation. Interns will develop a professional identity over the course of the internship training year, and learn how to function as a psychologist within an interprofessional team.

Elements:

1. Displays professional behavior when using leave and authorized absence by following appropriate procedures and using leave responsibly  
Comments: 1  2  3  4  5  NA
2. Engages in self-reflection regarding one's personal and professional functioning  
Comments: 1  2  3  4  5  NA
3. Engages in activities to maintain and improve performance, well-being, and professional effectiveness  
Comments: 1  2  3  4  5  NA
4. Manages all assigned workload within given time frames  
Comments: 1  2  3  4  5  NA
5. Demonstrates openness and responsiveness to feedback and supervision  
Comments: 1  2  3  4  5  NA
6. Is well prepared for supervision meetings  
Comments: 1  2  3  4  5  NA
7. Uses supervision time effectively  
Comments: 1  2  3  4  5  NA
8. Responds professionally in increasingly complex situations with an increasing degree of independence as the intern progresses across levels of training  
Comments: 1  2  3  4  5  NA
9. Demonstrates professional demeanor and appearance  
Comments: 1  2  3  4  5  NA
10. 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

Comments: 1  2  3  4  5  NA

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

**COMPETENCY 5: COMMUNICATION AND INTERPERSONAL SKILLS**

Interns will communicate effectively verbally, nonverbally, and in writing. These communications will be informative, articulate, succinct, and well-integrated with consideration given to the recipient of the information (e.g., client / family, other members of the interprofessional team, supervisor, etc.). Interns will demonstrate presentation skills by effectively communicating psychological principles, procedures, and/or data to colleagues, additional trainees, and other professions.

Elements:

1. Communicates with clients and families in a manner that is clear and understandable to them

Comments: 1  2  3  4  5  NA

2. Communicates psychological information to other professionals in a manner that is organized and understandable to them

Comments: 1  2  3  4  5  NA

3. Displays effective nonverbal communication and is aware of how they are communicating nonverbally

Comments: 1  2  3  4  5  NA

4. Effectively produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts

1  2  3  4  5  NA

Comments:

5. Demonstrates effective interpersonal skills and the ability to manage difficult communications well

Comments: 1  2  3  4  5  NA

6. Demonstrates awareness of and appreciation for diverse viewpoints

Comments: 1  2  3  4  5  NA

7. Develop and maintain effective relationships with a wide

range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services

1  2  3  4  5  NA

Comments:

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

**COMPETENCY 6: ASSESSMENT**

Interns will be able to assess clients with a broad range of problems using a variety of psychological assessment instruments. Interns will gain proficiency in selecting assessment tools, conducting intake interviews, and integrating multiple sources of information (i.e., biopsychosocial history and test data) with consideration of diversity. Interns will develop case conceptualization skills and offer concrete, useful recommendations tailored to answer the referral questions.

Elements:

1. Communicates well with referral sources or relevant providers, particularly when providing feedback/guidance on their assessment and evaluation referral questions  
Comments: 1 2 3 4 5 NA
2. Performs informed consent and explains limits to confidentiality  
Comments: 1 2 3 4 5 NA
3. Conducts interviews, assessments, and evaluations within reasonable timeframes  
Comments: 1 2 3 4 5 NA
4. Demonstrates diagnostic interviewing skills, including the capacity to make a differential diagnosis  
Comments: 1 2 3 4 5 NA
5. Selects and administers assessment tools properly drawing from empirical literature and that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.  
Comments: 1 2 3 4 5 NA
6. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification and treatment recommendations, while guarding against biases and distinguishing between aspects of assessment that are subjective from those that are objective.  
Comments: 1 2 3 4 5 NA
7. Performs risk assessments consistent with standards of practice  
Comments: 1 2 3 4 5 NA
8. Communicates orally and in written documents the findings and implications of the assessment in an



accurate and effective manner to a range of audiences (e.g., clients and other professionals).

1  2  3  4  5  NA

Comments:

9. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology

1  2  3  4  5  NA

Comments:

10. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process.

1  2  3  4  5  NA

Comments:

11. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).

1  2  3  4  5  NA

Comments:

12. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in assessment

1  2  3  4  5  NA

Comments:

13. Demonstrates awareness of and adherence to ethics in assessment

1  2  3  4  5  NA

Comments:

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### **COMPETENCY 7: INTERVENTION**

Interns will demonstrate the ability to provide individual and group psychotherapeutic interventions in response to a range of presenting problems and treatment concerns, with particular attention to identifying treatment goals and providing evidence-based psychotherapies. Interns will be able to develop case conceptualizations relevant to the client with the ability to adapt an evidence-based intervention if appropriate. Interns will be able to identify and manage crisis needs and/or unexpected or difficult situations. They also will be able to effectively coordinate their interventions with other members of the interprofessional team involved with the client's care.

Elements:

1. Discusses issues of confidentiality and informed consent with the client

Comments:

1  2  3  4  5  NA

2. Develops and maintains a good working relationship/therapeutic alliance with the client

Comments:

1  2  3  4  5  NA

3. Establishes and documents goals of treatment intervention  
Comments: 1 2 3 4 5 NA
4. Develops a useful case conceptualization  
Comments: 1 2 3 4 5 NA
5. Develops evidence-based intervention plans  
Comments: 1 2 3 4 5 NA
6. Responds appropriately to client needs, including crisis situations and /or unexpected or difficult situations  
Comments: 1 2 3 4 5 NA
7. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables  
Comments: 1 2 3 4 5 NA
8. Applies the relevant research literature to clinical decision making  
Comments: 1 2 3 4 5 NA
9. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking and adapts protocols as clinically indicated to meet client's needs  
Comments: 1 2 3 4 5 NA
10. Demonstrates skill in the delivery of at least two evidence-based psychotherapies.  
Comments: 1 2 3 4 5 NA
11. Evaluates intervention effectiveness, and adapts goals and methods consistent with ongoing evaluation  
Comments: 1 2 3 4 5 NA
12. Demonstrates a working understanding of process issues in group therapy  
Comments: 1 2 3 4 5 NA
13. Maintains professional boundaries  
Comments: 1 2 3 4 5 NA
14. Effectively accomplishes termination of therapy  
Comments: 1 2 3 4 5 NA
15. Manages workload well and completes documentation in a timely manner  
Comments: 1 2 3 4 5 NA

16. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in intervention

1  2  3  4  5  NA

Comments:

17. Demonstrates awareness of and adherence to ethics in intervention

1  2  3  4  5  NA

Comments:

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### **COMPETENCY 8: SUPERVISION**

Interns will demonstrate the ability to understand the ethical and legal issues of the supervisor role. Interns will participate in role-plays and discussion of case examples along with a self-reflective supervisory assessment to assist in developing the intern's supervisory style and philosophy. When available and appropriate, interns will provide effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting. The following elements will occur in direct or through simulated practice exercises. Specific elements include:

Elements:

1. Demonstrates knowledge of supervision models and practices

Comments: 1  2  3  4  5  NA

2. Provides effective constructive feedback and guidance (e.g. direct, behaviorally specific, corrective guidance presented in terms of plans)

Comments: 1  2  3  4  5  NA

3. Effectively deals with boundary issues and the power differential in supervisory relationships

Comments: 1  2  3  4  5  NA

4. Builds good rapport with supervisee/peers and establishes a safe learning environment

Comments: 1  2  3  4  5  NA

5. Effectively manages resistance and other challenges with supervisee

Comments: 1  2  3  4  5  NA

6. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in the provision of supervision

Comments: 1  2  3  4  5  NA

7. Demonstrates awareness of and adherence to ethics in the provision of supervision

Comments: 1  2  3  4  5  NA

8. Applies supervision knowledge with other psychology trainees or other health professionals 1 2 3 4 5 NA  
Comments:

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

**COMPETENCY 9: CONSULTATION AND INTERPROFESSIONAL SKILLS**

Interns will understand their role as a consultant and shift roles to meet presenting needs. Interns will gather appropriate data in order to answer the consultation referral question.

Elements:

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

Comments: 1 2 3 4 5 NA

2. Independently consults with psychologists and professionals from other disciplines in the care of their clients

Comments: 1 2 3 4 5 NA

3. Contributes to treatment team planning and to team implementation of interventions

Comments: 1 2 3 4 5 NA

4. Uses the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of clients and populations served

Comments: 1 2 3 4 5 NA

5. Demonstrates awareness of and adherence to ethics in consultation

Comments: 1 2 3 4 5 NA

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

**Statement of Certification**

**Supervisor's Certification:**

**Date:**

Supervisor's name here certifies that the supervisor has reviewed this evaluation with the Trainee.

**Supervisor's Overall Comments (Mandatory):**

**Intern's Certification:**

**Date:**

Trainee's Name

here certifies that the Trainee has reviewed this evaluation with the supervisor.

**Intern's Comments (Mandatory):**

Psychology Internship Handbook Statement of Understanding

My signature below signifies that I have carefully read the Psychology Internship Handbook which has been provided to me and I have had opportunity to receive clarifying answers to my questions from my Training Director and/or Supervisor(s). I now understand the expectations and standard operating procedures as outlined in this Handbook. I agree to abide by all policies and procedures outlined in this document.

\_\_\_\_\_  
Intern Printed Name

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

Please return this completed form to the EOVAHSC Training Director.

*Thank you*