

INTERNSHIP IN CLINICAL PSYCHOLOGY
VA St. Louis Health Care System
St. Louis, Missouri
2024-2025



[Psychology Training Programs](#) | [VA St Louis Health Care](#) | [Veterans Affairs](#)

Martina Ritchhart, Ph.D.
Chief of Psychology
Martina.ritchhart@va.gov

Lauren Mensie, Ph.D.
Director, Psychology Training
lauren.mensie2@va.gov

Katherine Goedeker, Ph.D
Assistant Director, Psychology Training
Katherine.goedeker@va.gov

**Accredited by the Commission on Accreditation of the
American Psychological Association**

750 First Street, N.E.
Washington, DC 20002
(202) 336-5979 E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

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CONTENTS

<u>FOREWORD</u>	4
<u>OVERVIEW</u>	5
<u>PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM</u>	5
<u>THE PSYCHOLOGY INTERNSHIP PROGRAM</u>	6
<u>Philosophy of Training</u>	6
<u>Training Aims and Competencies</u>	7
<u>Rotation Structure/Weekly Schedule</u>	10
<u>Supervision and Evaluation Requirements</u>	11
1. <u>Supervision Requirements</u>	11
2. <u>Standards of Evaluation, Minimum Levels of Achievement, and Minimal Requirements for Retention</u>	11
3. <u>Evaluation of Training Program Structure, Method, and Outcome</u>	12
<u>ROTATIONS</u>	13
1. <u>Medical/Health Psychology</u>	13
a. <u>Spinal Cord Injury (SCI)</u>	13
b. <u>Primary Care Mental Health Integration (PCMHI)</u>	13
c. <u>Siteman Cancer Center</u>	14
d. <u>Pain Psychology</u>	14
e. <u>Whole Health/Health Promotion Disease Prevention</u>	14
d. <u>Optional Health Psychology Emphasis</u>	15
2. <u>Geropsychology</u>	15
a. <u>Community Living Center (CLC)</u>	15
b. <u>Mental Health – Aging Resources Team</u>	15
c. <u>Palliative Care</u>	15
d. <u>Optional Geropsychology Emphasis</u>	16
3. <u>Mental Health Specialty Clinics</u>	16
a. <u>Behavioral Health Integrated Program (BHIP)</u>	16
b. <u>Trauma Recovery Program</u>	16
4. <u>Rehabilitation and Recovery Programming</u>	17
a. <u>Domiciliary Care for Homeless Veterans (DCHV)</u>	17
b. <u>Inpatient Mental Health</u>	17
c. <u>Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)</u>	18
5. <u>Neuropsychology Track</u>	18
<u>ASSESSMENT REQUIREMENT</u>	19
<u>DIDACTICS AND ENRICHMENT SEMINARS</u>	19
<u>INDEPENDENT TRAINING ACTIVITIES</u>	20

<u>RESOURCES AVAILABLE TO INTERNS</u>	20
1. <u>Cultural Competency Council (C3)</u>	21
2. <u>Practice Council</u>	21
3. <u>LGBTQI+ Committee</u>	21
<u>ST. LOUIS LIVING AND COMMUNITY</u>	22
<u>PERSONNEL PRACTICES</u>	24
<u>FUNDING</u>	25
<u>ELIGIBILITY AND PREREQUISITES FOR EMPLOYMENT</u>	25
1. <u>For all VA Health Professions Trainees (HPTs)</u>	25
2. <u>Eligibility/Prerequisites for VA St. Louis Health Care System</u>	27
3. <u>Intern Selection, Interview Process, and Selection Process</u>	28
<u>APPLICATION PROCEDURES AND SELECTION PROCESS</u>	29
1. <u>Application Procedures</u>	29
2. <u>Important Points to Remember When Applying</u>	30
3. <u>Important Points for Individuals Accepted to the Program</u>	30
<u>INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA</u>	34
<u>PSYCHOLOGY STAFF AND E-MAIL ADDRESSES</u>	36
<u>BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY STAFF</u>	39
<u>ATTACHMENT 1:</u>	63
Psychology Training Performance Improvement, Remediation and Dispute Resolution Policy	
<u>ATTACHMENT 2:</u>	
Psychology Supervision Performance Improvement, Remediation, and Dispute Resolution Policy	73
<u>ATTACHMENT 3:</u>	
Trainee Evaluation Form	79
<u>ATTACHMENT 4:</u>	
COVID-19 Materials	89

FOREWORD

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

In the last decade, the VA system has transformed into a world leader among health care systems by implementing progressive programs which emphasize recovery, prevention and service delivered within integrated and interdisciplinary settings. The VASTLHCS is considered a regional hub and has enjoyed spectacular growth in staffing and services in the past decade. The psychology service has also grown and is well accepted and utilized, just as our training program is recognized as fulfilling one of the VA's overarching missions, to provide excellence in clinical training. Even with this growth and recognition, however, our Training Council has been diligent about limiting our program's expansion in order to ensure a variety and quality of internship training experiences and supervision. We will accept 6 interns to the internship program training year set to begin **July 15, 2024**; 5 will be generalist positions and 1 is designated as a neuropsychology track position. We remain committed to our primary training goal-- *to provide excellence in psychology training in the generalist tradition.*

There are often expanding and emerging training opportunities at our VA. This brochure represents the information and opportunities that are anticipated, although it is possible there may be unforeseen changes in offerings prior to the 2024-25 training year, particularly in the context of the pandemic. **In keeping with APPIC recommendations, the safety of our trainees, supervisors, veterans, and community is of utmost importance. We strive to make the recruitment and selection process as accessible and fair as possible, and we rely on an ethical framework for decision making to guard against bias and lapses. We pledge to use science, evidence-based findings, and the recommendations of public health experts to inform our process and recommended procedures.** For more information about changes to our program due to the pandemic, please see information contained in [Attachment 4](#).

If you have questions about our program that are not addressed by this brochure please contact the Training Director, Lauren Mensie, Ph.D. by e-mail at Luren.Mensie2@va.gov or by phone at (314) 652-4100 x64625.

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

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

OVERVIEW

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

PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM

The VASTLHCS is part of VISN 15, The Heartland VISN. The VASTLHCS is a two division medical center with the majority of medical specializations being housed at the John Cochran (JC) division and the majority mental health/rehabilitation services being housed at the Jefferson Barracks (JB) division. The Hope Recovery Center also provides services to Veterans, including housing programs and job programs. VASTLHCS provides comprehensive mental health care, including inpatient, residential, outpatient, integrated services (e.g., MH services integrated into Primary Care, Spinal Cord Injury, Community Living Center, and Pain Rehabilitation Programs), and community-based services to an average of more than 14,000 Veterans and 142,200 visits a year. The Mental Health Service is led by the Associate Chief of Staff, Dr. Metzger, who is a psychologist. Psychologists are members of Medical Staff of the VASTLHCS, which allows them to serve on various facility-level leadership and steering committees. The Internship program remains under the administrative oversight of the Psychology Training Council and Training Director.

Psychologists at the VASTLHCS engage in a wide variety of clinical, research, teaching, and administrative activities and have considerable autonomy in their professional

endeavors. The number of psychologists and the diverse areas in which we practice have undergone rapid expansion in the past 10 years. We have approximately 60 doctoral level psychologists on site operating in a variety of areas within mental health and integrated into medical clinics. The doctoral supervisory staff is highly qualified and experienced, and all are licensed as psychologists. Various staff members engage in additional activities to include part-time practices, affiliations with local universities/medical schools, and research, and are active in community and national professional organizations.

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

THE PSYCHOLOGY INTERNSHIP PROGRAM

Philosophy of Training:

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

The VASTLHCS psychology training program structures itself based upon a scholar-practitioner model with a specific focus on the knowledge, skills, and competencies required for success in a complex health care system. Our instructional approach is developmental. We believe in meeting trainees "where they are" and then facilitating the development of their competencies over the course of the training program such that they achieve -or exceed- the minimal levels of expected achievement by the completion of their training program (i.e., Trainee is prepared and competent for generalist entry-level independent practice and licensure).

In order to achieve these broader goals, internship training is designed to promote development in two fundamental areas: achieving foundational competencies in

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

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

Training Aims and Competencies:

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

- To provide supervised training experiences within a variety of clinical settings to

promote the broadest acquisition of science-based techniques, conceptual models, and applied skills.

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

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

Research - Interns will demonstrate the ability to understand research methodologies, review and critically evaluate research, incorporate scientific knowledge into professional practice, and disseminate research or other scholarly activities at contextual (e.g., interprofessional consultation), institutional (e.g., Grand Rounds presentations, case studies), regional, or national levels.

Ethical and Legal Standards - Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.

Individual and Cultural Diversity - Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity as well as the ability to deliver effective services to an increasingly diverse population. Interns will demonstrate awareness of how their own history, attitudes, and biases impact their understanding and interactions with people different from themselves and will demonstrate depth of client conceptualization based upon the broadest interpretation of individual diversity. They will work to integrate theoretical and empirical knowledge of diversity, culture, and social justice principles into clinical practice and utilize a framework for working with individuals whose identity or worldview might differ from their own.

Professional Values and Attitudes - Interns will demonstrate a maturing and integrated professional identity over the course of training with increasing awareness of their abilities and limitations as well as receptivity and discernment in their response to peer, mentor, and supervisor feedback.

Communication and Interpersonal Skills - Interns will demonstrate effective verbal, nonverbal and written communication skills with a wide variety of patients, colleagues, communities, and supervisors.

Assessment - Interns will develop competence in selection, administration, and interpretation of evidence-based psychological assessment appropriate to the clinical contexts and referral questions presented within specific clinical environments. Interns will also demonstrate competent differential diagnostic and risk assessment skills. They will communicate findings in an effective and non-biased manner with appropriate recommendations.

Intervention - Interns will develop competence in establishing and maintaining relationships with veteran patients. Interns will accurately provide informed consent, implement evidence-based interventions, and evaluate treatment outcomes to effectively meet the unique needs of individual veterans.

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

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

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

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

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

ROTATION STRUCTURE/WEEKLY SCHEDULE

		Monday	Tuesday	Wednesday	Thursday	Friday
Semester 1	August	Rotation 1A		Rotation 1B		Didactics
	September					
	October					
	November					
	December					
	January					
Semester 2	February	Rotation 2A		Rotation 2B		Independent Training Activities (research, assessment, EBP cases)
	March					
	April					
	May					
	June					
	July					

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

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

SUPERVISION AND EVALUATION REQUIREMENTS

Supervision Requirements

Per APA regulations, Interns must receive a minimum of four hours of direct supervision per week. The four hours of supervision per week occur as follows:

- 1) Interns receive 1.5 hours of direct supervision weekly from each of their (two) rotation supervisors.
- 2) Interns receive 1 hour of direct supervision per week via meeting with their preceptor.

For the 2024-25 training year, we anticipate that trainees will have opportunities for telework/telesupervision on at least one rotation day per week, if teleworking/telesupervision is a required part of the trainee's selected rotations. Guidance in this area is evolving and any new developments will be discussed in the interview process and/or at orientation.

Standards of Evaluation, Minimum Levels of Achievement, and Minimal Requirements for Retention

The expectations for learning in each rotation are listed in a learning agreement which is developed and reviewed with the intern at the outset of each rotation. One of our primary goals of internship is to promote the success of interns in their training here and beyond. Part of this involves monitoring for satisfactory performance in your internship education. Trainee performance is evaluated in reference to the rotation learning agreement, but data is also gathered via other means, such as record reviews, staff or patient reports, etc.

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

Our Trainee Evaluation Forms are designed to measure performance across APA's nine profession-wide benchmark competency areas. All evaluations must be based in some part on direct observation (live, audio, video) as required by the APA. To demonstrate the minimum-level of achievement (MLA) necessary for program completion, all Interns must achieve Overall Competency Ratings of 3 or higher for all profession-wide competency areas at the end of the training year, with no item-level ratings lower than 2. For required MLAs by quarter, please see the [Trainee Evaluation Form](#) for additional information. Our rating scale and anchors are as follows:

Rating	Rating Descriptions
0	Remedial (Practicum Entry Level or Lower) - The trainee shows significant deficiencies in this skill area, with little to no autonomous judgment. The trainee is substantially below expectations for entry to the current level of training. Substantial supervision required on all cases/projects.

1	Developing Entry Level Competence (Practicum exit level/Intern entry level) -Regular supervision required on most straightforward cases/projects and in new skill areas.
2	Intermediate Entry Level Competence - Trainee needs minimal structure for routine activities with required supervision, but requires regular supervision on challenging cases/projects and in new skills areas. Most cases/projects need consultation only.
3	Readiness for Generalist Entry Level Practice (Intern exit level/resident entry level) : Trainee is prepared and competent for generalist entry-level independent practice and licensure. The trainee has the ability to: <ul style="list-style-type: none"> • independently function in a broad range of generalist clinical and professional activities • generalize skills and knowledge to new situations • self-assess when to seek additional training, supervision, or consultation. Sound critical thinking/judgment evident overall. This is the level required for successful completion of the internship training program.
4	Developing Advanced Competence - 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 trainee has fully mastered this skill area and can handle complex situations independently under the required supervision.
5	Advanced Competence (Resident exit level) : Sound critical thinking/judgment is evidenced in advanced or specialized area(s). The trainee has the ability to: <ul style="list-style-type: none"> • generalize advanced or specialist skills and knowledge to novel and/or complex situations • demonstrate expertise in a broad range of clinical and professional activities • serve as an expert resource to other professionals. Consultation needed on very complicated cases/projects. This is the level required for successful completion of the residency training program.
6	Diplomate (ABPP) level (typical psychologist 2 years post-degree) . Trainee demonstrates a distinguished level of competency, notably beyond what is typically observed by post-doctoral residents who have completed their training year.

We work hard to anticipate and work through problems in training. On the rare occasion that we have a problem, we will make every effort to resolve problems as early as possible. We expect that trainees will play an active role in identifying and resolving problems through regular contact with supervisors, preceptors, and the Training Director. There are both formal and informal mechanisms for addressing problems in Trainee performance in the Training Program. We generally manage any problems in Trainee performance within the program if possible. Problems that are not resolved at the supervisor level are referred to the Training Council. If resolution is not achieved at this level, then the problem may be addressed via a formal procedure outlined in the [Psychology Training Performance Improvement, Remediation & Dispute Resolution Policy](#).

Evaluation of Training Program Structure, Method, and Outcome

As above, formal, written competency evaluations of the trainee by supervisor(s) occur quarterly, with the final evaluation due two weeks before the end of the training year. Feedback will also be provided to the supervisor to assure reciprocal data on quality of supervisory training. This is done through the trainee's completion of a de-identified Supervisor Assessment at the end of their training. Additionally, all psychology trainees are surveyed in the spring using an anonymous web-based format in order to solicit confidential feedback about the training program. This information is reviewed in aggregated format by the Training Council during its yearly Strategic Planning meeting. Trainees are also given opportunities for group feedback to training council leadership each quarter and can opt for an exit interview with the Training Director upon

completion of training. Finally, we administer one-year post-graduate surveys to graduates to evaluate their perceptions of how well the training program helped them meet necessary competencies and to gather feedback on our training climate. All of the information solicited from trainees is reviewed and used by the Training Council in order to continue working toward continuous improvement in our program's structure and method of training.

ROTATIONS

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

MEDICAL/HEALTH PSYCHOLOGY:

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

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

b. Primary Care Mental Health Integration (PCMHI): The PCMHI rotation aims to provide interns with exposure to a broad range of primary care patients and provide comprehensive training in the core areas of skill and knowledge to engage in primary care psychology practice. This training experience includes clinical assessment and intervention for common conditions typically managed in primary care, interprofessional collaboration within patient aligned care teams and with specialty care providers, exposure to ethical, legal, and professional issues, as well as didactic learning opportunities in health policy and healthcare systems, and the biopsychosocial and cultural aspects of primary care practice. Evidence-based interventions emphasized on this rotation typically includes brief adaptations of Acceptance and Commitment Therapy, Motivational Interviewing, Interpersonal Therapy, Problem-solving Therapy, and Cognitive Behavioral Therapy from problems such as depression, anxiety, chronic pain, insomnia, anger/irritability, and health behavior changes. Depending on the supervisor/clinic, interns may have the option to participate in shared medical appointments (interventions delivered with the PACT team, targeted to groups of patients who share the same medical condition) and/or psychotherapy group interventions (e.g. CBT-I, CBT-CP, etc.). Additionally, interns will be trained in brief

cognitive screenings, high risk assessment and appropriate disposition, and differential diagnostic skills.

c. Siteman Cancer Center (at Barnes-Jewish Hospital/Washington University School of Medicine): This center is a national leader in patient care, cancer research, prevention, education and community outreach and a National Cancer Institute-designated Comprehensive Cancer Center. Psychology trainees function as a member of the service, assuming responsibilities that are appropriate level given the student's abilities and experience. On this rotation, interns provide clinical services (brief assessment, psychoeducation, and individual or group psychotherapy) for patients and families receiving care at the Siteman Cancer Center. Common treatment issues include management of physical symptoms or treatment side effects (e.g. pain, nausea, fatigue), adjustment disorders, depression, anxiety, caregiving concerns, and end-of-life issues. Services are offered both in the outpatient therapy setting and inpatient hospital setting. This rotation also allows for the experience of consulting with other providers of medical and psychosocial services for patients, including oncologists, psychiatrists, social workers, spiritual care providers, nursing staff and nutritionists. ***Please note that this may be an option for the 2024-2025 training year, contingent on OAA approval.**

d. Pain Psychology: Interns participating in the Pain Psychology rotation serve as a member of the Integrated Pain Rehabilitation (IPR) program. The team consists of physical therapy, occupational therapy, physician, recreational therapy, peer support, and whole health. IPR is a CARF accredited program that serves Veterans both virtually and in-person. Opportunities include conducting intakes and providing group therapy. The intern will also develop program evaluation skills. Aside from completing tasks within the IPR program, the interns will carry an individual caseload consisting of CBT-CP, ACT-CP, Autogenic Training, CBT-I, and CBT-HA cases. The intern will have the option of completing spinal cord simulator evaluations to gain assessment experience. Additionally, program evaluation and other data based projects may be available for interns to complete.

e. Whole Health/Health Promotion Disease Prevention: The St. Louis VA is proud to be one of the flagship and most robust Whole Health programs in the VA. Clinical opportunities on the Whole Health portion of this rotation would include exposure to and experience with group and individual offerings of biofeedback training and mindful awareness training. The aim of these interventions is to equip and empower veterans with self-directed skills that support symptom management. The Health Promotion & Disease Prevention (HPDP) Program aims to improve veterans' health by managing chronic disease states, including weight, nicotine dependence, and type 2 diabetes. The HPDP psychologist also completes psychosocial assessments prior to solid organ transplant or bariatric surgery. Therefore, within the Whole Health/HPDP rotation, the following HPDP experiences/interventions are also available: 1) complete psychosocial assessments for transplant and/or bariatric surgery candidates and 2) shadow, co-lead, and eventually independently lead Smoking Cessation Group.

Optional Health Psychology Emphasis: Trainees with an interest in health psychology may choose to pursue a “Health Psychology Emphasis” to their generalist training experience. For the purposes of our program, trainees who complete the following activities (or a substantively similar plan approved by Training Council) would meet criteria for this emphasis area:

- Completion of either two health psychology rotations or one health psychology rotation plus adjunctive experiences in health psychology
- Completion one off-rotation health psychology assessment
- Scholarly Project focused upon a topic pertaining to health psychology
- Attendance at relevant meetings/journal clubs if rotation schedule allows

GEROPSYCHOLOGY:

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

b. Mental Health – Aging Resources Team (MH – ART): The Mental Health – Aging Resources Team offers interdisciplinary mental health treatment to Veterans over the age of 65. This population presents with the full spectrum of mood, anxiety, and psychotic disorders, as well as disorders, diseases, and developmental issues more unique to the process of aging (e.g., neurocognitive disorders, multiple co-morbid medical conditions, and loss/death). Due to demographic trends, this clinic is highly active as the Veteran population continues to age. The Mental Health – Aging Resources Team interdisciplinary treatment team is comprised of: geriatric psychiatrists, a psychologist, a nurse practitioner, a nurse manager, registered nurses, and 2 social workers (1 psychotherapist, 1 case manager). This rotation offers training and experience in outpatient geropsychology, including brief cognitive screening, diagnostic interviewing, individual psychotherapy, and behavioral health interventions.

c. Palliative Care: During the Palliative Care rotation, the psychology trainee will have the opportunity to work on the Palliative Care Consult Team and the Palliative Care Outpatient Clinic. They will work as an integrated member of an interdisciplinary treatment team along-side providers from multiple disciplines including: medicine, social work, chaplaincy, and nursing. Palliative care is delivered across a continuum of care for those who are diagnosed with serious, chronic, and terminal illnesses. Veterans and families are seen both face to face and via telehealth at bedside during inpatient stays,

as well as followed outpatient. The palliative team provides pain and symptom management, assists with determining goals of care, fosters communication between the medical team and the veteran and family, and assists with disposition. Psychology approaches care from a biopsychosocial framework, which is well suited for the primary medical nature of the settings. Also, supportive therapies are provided to assist veterans in coping with difficult/terminal diagnoses and long-standing psychological issues. There is significant interaction with families and caregivers who are also considered part of our patient population. Bereavement and grief interventions are provided for anticipatory grief as well as following a veteran's death.

Optional Geropsychology Emphasis: Trainees with an interest in Geropsychology may choose to pursue a "Geropsychology Emphasis" to their generalist training experience. For the purposes of our program, trainees who complete the following activities (or a substantively similar plan approved by Training Council) would meet criteria for this emphasis area:

- Completion of one rotation offering supervised experience in Geropsychology
- Completion of two off-rotation Geropsychology evaluations (e.g., 2 of the intern's 4 off-rotation assessments would be in the area of Geropsychology)
- Scholarly Project focused upon a topic pertaining to Geropsychology

MENTAL HEALTH SPECIALTY CLINICS:

The second largest contingent of psychologists works within mental health specialty clinics alongside other allied mental health providers.

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

b. The Trauma Recovery Program (TRP): The TRP is a specialized service within the larger Continuum of Care in the Mental Health Service Line. Our mission is to help Veterans recover from the effects of trauma and to improve their quality of life. The TRP includes psychiatrists, psychologists, clinical social workers, nurses, interns, residents, and administrative staff. Assessment and individualized treatment planning, to include episodes of care, shared decision-making, and measurement-based care, are

the cornerstones of our work. Our program strongly emphasizes evidence-based psychotherapy for PTSD as a first-line treatment. Of note, several TRP staff psychologists trained with Dr. Resick at the Center for Trauma Recovery, the birthplace of Cognitive Processing Therapy (CPT). Most services in the TRP are delivered in individual psychotherapy format. However, our program offers a range of treatment options, to include long-term process groups. As part of the larger Continuum of Care, the TRP works closely with adjacent resources, including Primary Care Mental Health Integration (PCMH), the Level 2 Polytrauma/TBI Clinic, Inpatient Mental Health, the Women's Clinic, Veteran's Justice Outreach, and multiple internal and external liaison services/resources dedicated to triaging the care needs for Veterans. For trainees interested in policy and leadership, one of our team members is the Specialty Mental Health Programs Manager for the facility and the PTSD Mentor for Veteran's Integrated Service Network 15, which coordinates with national leadership on policy and best practices dissemination to the field.

REHABILITATION AND RECOVERY PROGRAMMING:

Psychologists also work within mental health rehabilitation clinics alongside other allied healthcare providers.

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

b. Inpatient Mental Health: The VASTLHCS acute psychiatry program serves medically cleared Veterans with mental health problems who may benefit from short term inpatient treatment. The acute psychiatry program is located at Jefferson Barracks and consists of three locked psychiatry units with a total of 46 operating beds. The length of stay for patients is usually six to nine days, but may be longer. A variety of disorders are represented, including schizophrenia, affective disorders, borderline personality disorder, anxiety disorders, organic syndromes, posttraumatic stress

disorder, suicidality, and substance use disorders. The unit is an active teaching unit with numerous nursing and medical students training on any given day. Interns will develop foundational competencies in assessment and intervention of a wide range of psychopathology within the context of a multidisciplinary team. The primary emphasis of this rotation will draw from recovery-oriented (i.e., strengths-based) approaches to case conceptualization, intervention, and treatment planning. This rotation will provide the intern with in-depth training in the assessment and treatment of complex psychiatric conditions typically seen in an acute psychiatric setting. Training emphasis will be placed on clinical interventions (individual, group, and milieu) which promote maximum change in the shortest amount of time. Interns will learn how to function in a multidisciplinary team as well as become knowledgeable of the dynamics of inpatient units and modern psychiatric hospital care.

c. Substance Abuse Residential Rehabilitation Treatment Program (SARRTP):

Substance use disorder treatment is designed to optimize the probability of achieving and maintaining abstinence from mood altering substances. Because addictive disorders affect the whole person, the focus of SARRTP is on abstinence from mood-altering chemicals and on bio-psycho-social-spiritual functioning in recovery. SARRTP incorporates cognitive behavioral therapy, motivational interviewing, 12-step programs, and SMART (Self-Management and Recovery Training) groups. Opportunities exist for learning and practicing interview-based screening, including the Addiction Severity Index, the Brief Addiction Monitor, and PTSD and depression screens, orientation and intake procedures with this population, as well as team treatment planning, consultation, treatment implementation (especially the facilitation of groups) and case management. There is one psychologist (1.0 FTEE), on this interdisciplinary team that includes a psychiatrist, medical doctor, nurses, social worker, chaplain, recreation therapist, addiction therapists, and a peer support specialist.

NEUROPSYCHOLOGY TRACK (one intern selected per year):

Within our generalist model of training we are able to offer a track for individuals interested in devoting 50% of their time to the provision of Neuropsychological activities related to medical and psychiatric populations, in order to meet the needs of individuals planning to apply for Neuropsychology Residencies that abide by the Houston Conference Guidelines. Applying for, and being selected for, the Neuropsychology Track will dictate that the intern will work with neuropsychology supervisors for the first semester of the training year doing work in both the Neuropsychology Clinic and the Polytrauma/TBI Clinic. On both of these rotations, the training emphasis will be in the delivery of neuropsychological services with exposure to different patient populations. Additionally, Neuropsychology specific didactics will be added during at least 50% of the training year. The Neuropsychology specific didactics are in addition to the generalist didactics offered to all interns throughout the training year. The Neuropsychology Track allows for an intensity of Neuropsychology training while maintaining the primary internship goal to produce a competent generalist psychologist. The Neuropsychology Postdoctoral Residency and the VA St. Louis Health Care System welcomes diverse applicants and our workplace culture is welcoming and supportive of diversity, equity, and inclusion. We are committed to recruiting and retaining trainees and employees

with varying identities and backgrounds. We believe that bringing together a diverse group of individuals with intersecting identities and lived experiences contributes significantly to excellence in health care.

ASSESSMENT REQUIREMENTS

In order to ensure that our interns receive a breadth of assessment experiences, all interns will conduct at least **4 off-rotation assessments per year (2 per semester)**. In addition to assessment opportunities on rotations, interns will also complete a Psychodiagnostic assessment, a Geropsychology/Dementia assessment, a Medical/Health assessment, and an additional assessment of the trainee's choice (e.g., the trainee will choose one of these three areas to complete an additional assessment).

PSYCHOLOGY DIDACTICS AND ENRICHMENT SEMINARS

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

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

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

2) **Diversity Enrichment Seminar:** This seminar includes experiential exercises, role plays, case presentation, discussion, and self-reflection to help students expand their knowledge of diversity and their skills in delivering culturally competent care. Trainees will be given opportunities to examine their own personal history, attitudes, and biases and to reflect on how these experiences may affect how they understand both individuals who are similar and different from themselves. Seminars will involve direct feedback from peers and staff. This seminar will take a broad approach to diversity, and

require trainees to demonstrate competency in applying this knowledge to diverse populations in clinical practice.

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

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

Many other conferences and seminars are available to interns at the medical center, depending on time and interest.

INDEPENDENT TRAINING ACTIVITIES

Independent training activities occur separately from the specific requirements of rotations and include elements of training designed specifically to help interns meet particular competencies. At the outset of the training year, the intern selects a preceptor. Preceptors function as year-long mentors, helping interns assess the “big picture” needs of their training by initially helping them develop a tailored Preceptor Learning Agreement. The Preceptor Learning Agreement prioritizes Independent Training Activities for the year to ensure the 10% of time devoted to these activities is used effectively toward overall competency development. These activities should supplement the intern’s training toward specific competency areas and the ratio of time-to-activity type may be tailored to the specific intern’s needs (with the requirements being that every intern must do a research/scholarly project and every intern must do at least two full off-rotation assessments per semester). The non-required independent training activities for each intern will be selected on the basis of consultation with the intern’s preceptor and available opportunities.

RESOURCES AND OPPORTUNITIES AVAILABLE TO INTERNS

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

workstations in each clinical rotation area.

Trainees are welcome and encouraged to join our specialized councils, if interested. Trainees are respected as junior colleagues and may complete tasks within their interest areas and as their time allows. Trainees are not required to join councils but if interested, we welcome you to further develop your interest areas with our specialized councils.

CULTURAL COMPETENCY COUNCIL (C3)

The Cultural Competency Council (C3) aims to be a model and source of education, training, and support for staff and veterans we serve, fostering a culture of awareness, safety, respect, and celebration of diversity in all its forms and promoting clinical cultural competency as a standard of care in the VA St. Louis Health Care System. Core areas of focus for C3 include: 1) Providing culturally competent training to members of the psychology staff, 2) Maintaining accessible resources for staff and trainees on topics related to diversity and cultural competency, 3) Being available as a resource to members of the psychology staff for consultation to discuss clinical cases, 4) Organizing and implementing the intern and resident Diversity Seminar, and 5) Assisting in the hiring and retention of diverse psychological staff members.

Trainees are welcome and encouraged to join C3. Previous trainees have developed staff newsletters and emails on monthly topics that are distributed to all of the psychology service line.

PRACTICE COUNCIL

Practice Council seeks to advocate for the discipline of psychology and to improve mental health service delivery to our veterans by promoting the highest standards of clinical and ethical practice within the VA system. Previous trainees have contributed to Practice Council by assisting the council to obtain APA accreditation for the Psychology Service Grand Rounds, amended our medical record template to accommodate new documentation standards, developed monthly newsletters on hot topics or seasonally dependent topics (new year resolutions/how to set goals, mental health awareness and self care, etc.), assisted in the development and implementation of Psychology appreciation week and other social events. **Trainees are also welcome and encouraged to join Practice Council.**

LGBTQI+ COMMITTEE

We have a LGBTQ+ Special Emphasis/Education Resources Committee. This is a facility-level committee at the VASTLHC composed of VA staff that strive to create a safe place for LGBTQI+ employees and to continuously improve the health of our LGBTQ+ Veterans through cultural competency and educational programs and celebrations. Activities include a biweekly virtual lunch and safe space for LGBTQ+ employees, participation in St. Louis PrideFest, and other events throughout the year.

All VA staff are welcomed to attend and interns are welcome to participate and assist.

St. LOUIS LIVING AND COMMUNITY

St. Louis is a city of approximately 301,578 people with 79 neighborhoods, each with its own distinctive style and characteristics. Check out the City of St. Louis website below to discover more about each of these neighborhoods. Since 1876, St. Louis is distinct in that the city and county are separate entities. We have plenty of psychologists who live in both the city and the county areas who would be happy to share their experiences with you if you have questions to help you determine the best fit for you. In terms of weather, St. Louis experiences all four seasons with lots of variation in between. According to the U.S. Census Bureau, the ethnic and racial make-up of St. Louis is 44.3% White (alone, not Hispanic/Latino), 44.8% Black, 4.2% Hispanic/Latino, 3.4% Asian, 4% people who identify as two or more races, .3% American Indian/Alaskan Native, .1% Native Hawaiian/Other Pacific Islander. St. Louis is a diverse city in many respects such as race/ethnicity, SES, political leanings, urban/rural, religious, and disability.

St. Louis offers a variety of cultural events, festivals, and attractions, many of which are low cost or free. A new soccer stadium for the St. Louis City SC was recently built and the city is also home to the St. Louis Cardinals MLB baseball team and the St. Louis Blues NHL hockey team. One of our city parks, Forest Park was rated as the #2 2021 City Park in America according to USA Today 10 Best Readers' Choice Awards. The Tower Grove Park won the national 2023 Palladio Award, a 2022 Craftsmanship award from the American Institute of Architects of St. Louis, and a Most Enhanced award by the St. Louis Landmarks Association. In fact, Tower Grove park offers farmers market twice a week throughout warmer months, live music, and free yoga classes. The city boasts a variety of local restaurants with food selections that vary and reflect the world's cuisines, with some award-winning restaurants. Check out this [article](#) showcasing that St. Louis restaurants won 9 spots on this top 100 list. When you visit, it is essential to try such famous local selections as gooey butter cake, toasted ravioli, pork steak, provel cheese, and St. Louis BBQ. We are a city host to a variety of vegan, gluten free, and vegetarian options. In addition, we have a vibrant music scene with plenty of spots for famous musical acts to perform, local music, and the St. Louis Symphony.

If you enjoy the outdoors, Missouri is known as the cave state. Within about a 30 minute drive, you can find yourself at bluffs – which allows for hiking, biking, kayaking, and an infinite number of ways to enjoy the outdoors. St. Louis is close driving distance to a variety of lakes in both Illinois and Missouri.

St. Louis is also incredibly family friendly with many options and some are free or low cost such the City Museum, Children's Areas at the Zoo, Magic House, Butterfly House, and the Aquarium. If your family consists of fur babies, St. Louis also has many pet friendly options including the parks, restaurants, and parades (St. Louis hosts a Mardi Gras parade for dogs).

Community of St. Louis Links	
City of St. Louis official website	City of St. Louis, MO: Official Website (stlouis-mo.gov)
St. Louis has a variety of neighborhoods each with their own culture, events, and history	Neighborhoods of the City of St. Louis (stlouis-mo.gov)
St. Louis Leisure and Culture	Leisure and Culture Explore Topics (stlouis-mo.gov)
St. Louis has a long history from Indigenous people, French and then Spanish colonization, and more. Read here to find out more	About St. Louis History (stlouis-mo.gov)
Cultural life resource	Part I: Cultural Life (stlouis-mo.gov)
Things to do in St. Louis	
City Museum, cost \$20	City Museum Weirdly Wonderful St. Louis, MO
National Blues Museum, cost \$15	Homepage National Blues Museum St. Louis, MO
The Griot Museum of Black History, cost \$10	The Griot Museum
St. Louis Art Museum, cost FREE	Saint Louis Art Museum (slam.org)
Botanical Garden is a great place to walk, visit indoor and outdoor exhibits, and to enjoy a variety of events through the year. Cost, \$14 or often free with a membership	Missouri Botanical Garden
Unique St. Louis parade, focus is fun, happiness and silliness, cost FREE	Art Parade Joy Peoples Joy Parade
Not located in St. Louis, but is a short drive away in Illinois. Cahokia Mounds historic site is the remains of the most sophisticated prehistoric native civilization north of Mexico. Cost, FREE	Cahokia Mounds

To find out more about St. Louis Pride events. Cost, FREE	Pride St. Louis (pridestl.org)
St. Louis Zoo- cost, FREE	Saint Louis Zoo Home (stlzoo.org)
The famous St. Louis Arch and museum, cost FREE for museum and \$15-\$19 for tram ride to top of the Arch	Gateway Arch National Park (U.S. National Park Service) (nps.gov)
St. Louis Aquarium at Union Station. Cost, \$25	St Louis Aquarium at Union Station Missouri's New Family Destination
Ropes Course at Union Station. Cost, \$15	Rope Course Union Station - St. Louis, MO (stlouisunionstation.com)
City of St. Louis Dog Parks	Dog Parks City of St. Louis Parks (stlouis-mo.gov)
St. Louis has a new soccer team and stadium. Cost ranges	St. Louis City SC MLSSoccer.com
St. Louis Cardinals, baseball team. Cost starting at \$10	Official St. Louis Cardinals Website MLB.com
St. Louis Blues, hockey team. Cost starting at \$13	Official St. Louis Blues Website NHL.com
Activism Resources	
Variety of resources listed	Segregation in St. Louis Report Health Equity Works Washington University in St. Louis (wustl.edu)
Harm Reduction resource	OUTREACH The T (thetstl.com)

PERSONNEL PRACTICES

This internship is a 12-month, 2,080 hour full-time appointment. Interns will not work on Federal holidays. Interns also accrue sick leave (4 hours per 2-week pay period) and annual leave (4 hours per 2-week pay period) that may be used during the year. In addition, up to 120 hours/year (15 days) of “authorized absence” may be used, with approval. Authorized absence is to be used for professionally related activities (e.g., attendance at educational/professionally-relevant meetings, conventions, workshops) or to support interviews for VA positions. These authorized absences are contingent upon administrative approval and count towards the 2,080 hours of training. Interns will be

fully briefed on all personnel practices during the orientation period upon arriving on site. The VA allows up to 12 weeks of unpaid leave during a 12-month period, to assist families with new children by birth, adoption, or foster care. All required training activities missed during the period of leave will be made up in equivalent fashion.

FUNDING

The current internship stipend is \$34,088, subject to Federal and State income taxes, for which a minimum of 2,080 hours of training (including sick leave, annual leave, and authorized absence) is required. Please note that the program curriculum includes the number of hours of the funded training program, meaning that an intern is paid for 2080 hours only. If you are a federal retiree (civil service or military) and receiving a retirement annuity, or active duty Military, you should identify this status in the initial application process as this may affect your internship stipend. All interns will be expected to begin at the VA St. Louis Health Care System on **July 15, 2024.**

ELIGIBILITY AND PREREQUISITES FOR EMPLOYMENT

Eligibility/Prerequisites for all VA Health Professions Trainees (HPTs): The Department of Veterans Affairs (VA) must follow all federal statutes, Equal Employment Opportunity, Affirmative Action policies and approved VA regulations interim and final rulings. The Veterans Health Administration (VHA)/Office of Academic Affiliations (OAA) oversees clinical health professions training programs. To participate in training at a VA, a Health Professions Trainee (HPT) will receive a not to exceed (NTE), temporary federal appointment. Prior to receiving an appointment, HPTs must meet all federal eligibility requirements. HPTs unable to meet all requirements will not be permitted to train at VA. HPTs will be asked to show documented proof for each eligibility requirement identified below and must maintain eligibility for the duration of the VA appointment. For further updated information you may consult [Am I Eligible?](#) and [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations.](#)

1. **U.S. Citizenship.** Interns must be citizens of the United States. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection.
2. **U.S. Social Security Number.** All Health Professions Trainees (HPTs) must have a U.S. social security number (SSN) prior to beginning the VA pre-employment, on-boarding process. HPTs not eligible to apply for an SSN will not be permitted to train at VA.
3. **Selective Service Registration.** Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System (SSS). Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males required to register, but who fail to do so by their

26th birthday, may be ineligible for VA appointment. Visit <https://www.sss.gov> to register, print proof of registration or obtain a Status Information Letter. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict. Exceptions are very rarely granted, but have been made within our program when necessary and appropriate.

4. **Proof of Identity:** Onboarding requires two source identification documents (IDs) to prove identity. Documents must be unexpired and names on both documents must match. For more information visit: [PIV-Credential-Identity-Verification-Matrix.pdf \(va.gov\)](#). States have begun issuing Secure Driver's Licenses. Be sure yours will be accepted as a Real ID <https://www.dhs.gov/real-id>.
5. **National Practitioner Data Bank:** HPTs who are currently licensed, or who previously held a license in the same or a different discipline, must be screened against the NPDB. Visit the site to perform a self-query and confirm you are eligible for VA appointment. <https://www.npdb.hrsa.gov>.
6. **List of Excluded Individuals and Entities:** The Department of Health and Human Services Office of the Inspector General has compiled a list of individuals excluded from participation in Medicare, Medicaid, and all other Federal healthcare programs. Visit the site to confirm you are NOT on this list <https://exclusions.oig.hhs.gov/>.
7. **Health Requirements:** As a condition of appointment, HPTs must: furnish evidence or a self-certification that they are physically and mentally fit to perform the essential functions of the training program, have up-to-date vaccinations for healthcare workers as recommended by the Centers for Disease Control (CDC) <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html> and have undergone baseline tuberculosis (TB) screening and testing per CDC health care personnel guidelines (for direct VA-paid HPTs, this means within 90-days of Offer and Acceptance.) <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>
8. **Fingerprint Screening and Background Investigation.** HPTs will be fingerprinted and undergo screenings and background investigations. A VA Human Resources Security Specialist will determine suitability. Additional details can be found here: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
9. **VA Onboarding Forms:** Additional pre-employment forms include the:
 - Application for Health Professions Trainees (VA 10-2850D)
 - Declaration for Federal Employment (OF 306)
 - HPT Random Drug Testing Notification and Acknowledgement memo (see below)

These documents, and others, are available online for review at <https://www.va.gov/oa/hpt-eligibility.asp>. *Falsifying any answer on any Federal document will result in the inability to appoint or immediate dismissal from the VA.*

10. **Drug-Free Workplace.** HPTs are not drug-tested prior to receiving an appointment; however certain HPTs are subject to random drug testing throughout the entire VA appointment period. HPTs sign an acknowledgement form stating awareness of this practice (see form in the link above). Additional information can be found here: [VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf \(va.gov\)](#).
11. **Affiliation Agreement.** Interns must be a doctoral student in good standing at an APA-accredited, CPA-accredited, or PCSAS-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. The intern must be approved for internship status by graduate program training director.

To ensure shared responsibility between an academic program and the VA, there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file, but you can double-check here: [OAA Academic Sponsor Lookup \(va.gov\)](#).

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

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

All coursework required for the doctoral degree must be completed prior to the start date of the internship year (**July 15, 2024**), as well as any qualifying, comprehensive, or preliminary doctoral examinations. Dissertations must be successfully proposed. We prefer candidates whose doctoral dissertations will be completed, or nearly completed, before internship begins. Because internship is part of the predoctoral training

requirement, interns must not be granted their degree by their academic institution prior to successful completion of the internship year. Premature granting of the degree by the graduate program could endanger the intern's predoctoral stipend. Persons with a PhD in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are considered eligible to apply. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates. We value diversity and seek applications from trainees who are diverse in regard to gender, age, race, ethnicity, sexual orientation, disability and/or other minority status.

Intern Selection

Application Review

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

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

Interview Process

Applicants invited to participate in remote interviews will be notified on or before **December 15**. **Please note: ONLY virtual/remote interview day activities will be used for all interviewees, including local candidates, to support safe and equitable practices.** Interview days are held over three Fridays in January 2024

(January 12, 19, and 26) and last from 9:00 am - 3:30 pm CST and are typically attended by about 15 applicants each day. On interview days, staff supervisors typically provide a synopsis of their rotations followed by an informal mixer. Applicants then rotate through a combination of 2 individual interviews, 1 group activity, and a meeting with the training leadership. We make every effort to arrange individual interviews with supervisors in rotation areas consistent with the applicants' expressed interests. The TD & Assistant TD meetings provide a quick overview of rotation selection, typical work week, etc., followed by "quick rounds" (i.e., quick meetings with each TD & ATD). Neuropsychology applicants participate in individual interviews with the neuropsychology supervisors and meet with current neuropsychology trainees. The day finishes with a chance to hear firsthand from our current interns about training life at the St. Louis VA.

Selection Process

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

APPLICATION PROCEDURES AND SELECTION PROCESS

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

1. Application Procedures:

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

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

Complete the **online AAPI** (APPIC Application for Internship). Please include the following materials allowable based upon the current format and structure of the AAPI portal: **cover letter, vitae, references, de-identified work sample, essays**. Please include the type of work sample that you feel best highlights your work. We ask that you indicate to which program you are applying (see General Psychology or Neuropsychology Track APPIC match codes below) as well as the rotations in which you have interest. Please note that when applying for the General Psychology track, one cannot later switch to the Neuropsychology Track, or vice versa. You will only be considered for the program that you apply for on the AAPI.

2. Important Points To Remember When Applying:

General Internship Program Code for the APPIC match: 139911

Neuropsychology Track Program Code for the APPIC match: 139912

- a. Application deadline for receipt of materials: **November 1st by 11:59pm CST.**
All application materials received after that date will not be accepted. Incomplete applications will not be considered for admission to the program. Application materials must be submitted through the online AAPI. No materials will be accepted by e-mail or US mail.
- b. If there are any known factors which may affect or preclude you from fully participating in the match or may prevent you from accepting a position per APPIC match rules, please make this known on your application, preferably in your cover letter.
- c. Appointments of matched applicants to our internship positions are contingent upon the applicants satisfying certain VA-wide employment eligibility requirements. This will include passing pre-employment physical as well as other security clearances (e.g., clearing a background check, electronic fingerprinting, etc.). If you have any questions or concerns about what is involved in being cleared for VA employment, you may contact our HR at 314-894-6620. This disclosure is made to maintain compliance with APPIC standards requiring us to inform potential candidates of all employment requirements in advance of the match.
- d. Remote interviews will be held on **Friday, January 12, January 19, and January 26, 2024.** We will ask that you rank the interview dates with your preference. These rankings will be used for arranging interviews only and are for no other purpose. We cannot guarantee that all candidates will be provided interviews. Timeliness of submission of your application increases your chances for an interview offer. We therefore encourage applicants to complete and submit their applications early to optimize their chances of obtaining an interview. In accordance with APPIC, we will be informing you of your interview date, if offered, by **December 15th.** Interviews will not be offered or scheduled until all written application materials have been received.
- e. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.
- f. This internship site will participate in the APPIC computer match and is subject to all rules and practices associated with this commitment.

3. Important Points For Individuals Accepted to the Program:

For interns who match with our program, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information

about this document, please visit [Medical Informatics Unit - TQCVL Guide.pdf - All Documents \(sharepoint.com\)](#) and/or [TQCVL Template.docx \(sharepoint.com\)](#).

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
- b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

INTERNSHIP PROGRAM TABLES

Program Tables are updated: July 1, 2023

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Internship Program Admissions	
Briefly Describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic requirements:	
The Training Council review committee recommends applicants be invited to interview based on the following (in no order of priority): <ul style="list-style-type: none">○ Similarities between expressed training interests and the training opportunities of our site.○ Strength of endorsement provided in letters of recommendation from those who know the applicants well.○ Evidence of more advanced clinical or counseling experiences working with populations and problems relevant to our site (e.g., adults, older adults, diverse and under-served individuals, chronic health conditions, trauma, etc.).○ Breadth of scholarship evidenced by the academic record; research; presentations at local, state, or national conferences; and publications in peer-reviewed journals.○ Involvement in professional organizations, leadership roles, or teaching and outreach experiences which are congruent with the applicant's professional interests and goals.○ Prior VA experience is considered favorable but is not required.○ Interview preference is given to those who exceed 300 practicum direct contact hours. Please note that exceptions may be made for	

<p>applicants whose clinical hours and training experiences were impacted by the pandemic.</p> <ul style="list-style-type: none"> ○ Interview preference is given to applicants meeting the descriptions above, who identify as representing a diverse group on the basis of disability status, age, gender identity, sexual orientation, racial or ethnic background, religion, or country of origin. ○ Interview preference is given to applicants meeting the descriptions above and whose material indicates experiences and activities demonstrating their cultivation of cross-cultural awareness, sensitivity, and advocacy skills. ○ Interview preference is given to military veteran applicants meeting the descriptions above. <p>Further information about the selection process can be found in the relevant section of our brochure.</p>	
<p>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many: We require a minimum of 1000 hours total. Please note that exceptions may be made for applicants whose clinical hours and training experiences were impacted by the pandemic.</p>	
Total Direct Contact Intervention Hours:	Yes, Amount = 300 practicum hours
Total Direct Contact Assessment Hours:	Yes, Amount = 50 practicum hours
<p>Describe any other required minimum criteria used to screen applicants:</p>	
<ul style="list-style-type: none"> ▪ The VA requires that interns be citizens of the United States. ▪ The VA requires that interns have attended graduate programs accredited by APA, CPA, or PCSAS. ▪ The VA does not allow interns to have been convicted of a felony. ▪ We do not accept interns who have not proposed their dissertation. ▪ We do not accept interns whose dissertation is a literature review. ▪ We do not accept interns who have no publications or professional presentations. ▪ We do not accept interns with significant professional conduct issues or concerns. ▪ Please see Eligibility section above for detailed requirements. 	

Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns	\$34,088
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes, up to 12 weeks
Other Benefits (please describe):	
11 paid Federal holidays	
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.	
Initial Post-Internship Positions	
(Aggregated Tally for the Preceding 3 Cohorts)	2019-2022
Total # of interns who were in the 3 cohorts	18
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1

Academic teaching	PD = 0, EP = 0
Community mental health center	PD = 0, EP = 0
Consortium	PD = 0, EP = 0
University counseling center	PD = 0, EP = 0
Hospital/Medical Center	PD = 3, EP = 0
Veterans Affairs Health Care System	PD = 14, EP = 0
Psychiatric facility	PD = 0, EP = 0
Correctional facility	PD = 0, EP = 0
Health maintenance organization	PD = 0, EP = 0
School district/system	PD = 0, EP = 0
Independent practice setting	PD = 0, EP = 0
Other	PD = 0, EP = 0
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

PSYCHOLOGY STAFF AND EMAIL ADDRESSES

Lauren Albinson, Psy.D.	Lauren.Albinson-Robertson@va.gov
Alex Alvarez, Ph.D.	Alexander.Alvarez@va.gov
Jennifer Battles, Ph.D.	Jennifer.Battles@va.gov
Jeffrey Benware, Ph.D., ABPP	Jeffrey.Benware@va.gov
Warren Bowles III, Psy.D.	Warren.BowlesIII@va.gov
Tara Casady, Ph.D.	Tara.Casady@va.gov
Rebecca Chesher, Ph.D.	Rebecca.Chesher@va.gov
Chelsi Creech, Psy.D.	Chelsi.Creech@va.gov
Joseph Daus, Ph.D.	Joseph.Daus@va.gov
Sean Engelkemeyer, Ph.D.	Sean.Engelkemeyer@va.gov
Leslie French, Ph.D.	Leslie.French@va.gov
Devorah Ginn, Psy.D.	Devorah.Ginn@va.gov
Kate Goedeker, Ph.D.	Katherine.Goedeker@va.gov
Grant Harris, Ph.D., ABPP	Grant.Harris @va.gov
John Hogg, Ph.D., ABPP	John.Hogg@va.gov
Brittany Jacobson, Ph.D.	Brittany.Jacobson2@va.gov
Janet Johnson, Ph.D.	Janet.Johnson6@va.gov
Christina Karageorgiou, Ph.D.	Christina.Karageorgiou@va.gov
David T. Klein, Psy.D.	David.Klein3@va.gov
Jamie Klenke, Psy.D.	Jamie.Klenke@va.gov
Erin Kurtz, Ph.D.	Erin.Kurtz3@va.gov
Rocky Liesman, Psy.D.	Rocky.Liesman@va.gov

Sharon Lightfoot, Ph.D.	Sharon.Lightfoot@va.gov
Julie M. Mastnak, Ph.D., ABPP	Julie.Mastnak@va.gov
Erin McInerney-Ernst, Ph.D.	Erin.McInerney-Ernst@va.gov
Lauren Mensie, Ph.D.	Lauren.Mensie2@va.gov
Fredric Metzger, Ph.D.	Fredric.Metzger@va.gov
Christopher Miller, Psy.D.	Christopher.Miller26@va.gov
Catherine Morrison, Ph.D.	Catherine.Morrison@va.gov
Perri Navarro, Ph.D.	Perri.Navarro@va.gov
Shawn O'Connor, Ph.D.	Shawn.OConnor@va.gov
Crista Ortals, Psy.D.	Crista.Ortals@va.gov
Whitney Pierce, Psy.D.	Whitney.Pierce@va.gov
Abigail Ramon, Ph.D.	Abigail.Ramon@va.gov
Chelsea Ratterman, Ph.D.	Chelsea.Ratterman@va.gov
Nathalie Rieder, Psy.D.	Nathalie.Rieder@va.gov
Martina Ritchhart, Ph.D.	Martina.Ritchhart@va.gov
Marianne Rizk, Ph.D.	Marian.Rizk@va.gov
Marva M. Robinson, Psy.D.	Marva.Robinson@va.gov
Christina Ross, Psy.D.	Christina.Ross3@va.gov
Keisha Ross, Ph.D.	Keisha.Ross@va.gov
Veronica Shead, Ph.D.	Veronica.Shead@va.gov
Sarah Shia, Ph.D., ABPP	Sarah.Shia@va.gov
Ruth Davies Sulser, Ph.D.	Ruth.DaviesSulser@va.gov
Melissa Turkel, Ph.D.	Melissa.Turkel@va.gov

Jessica Vanderlan, Ph.D.

Jessica.Vanderlan@bjc.org

Theresa Van Iseghem, Psy.D.

Theresa.VanIseghem@va.gov

Sarah Wahl, Ph.D.

Sarah.Wahl@va.gov

Ryan Walsh, Ph.D.

Ryan.Walsh@va.gov

Clara Wiegman, Psy.D.

Clara.Wiegman@va.gov

Dan Wilkinson, Ph.D.

Daniel.Wilkinson3@va.gov

Kelsey Wilson, Ph.D.

Kelsey.Wilson@va.gov

BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY STAFF

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

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

calling it home. Hired initially after postdoc to offer behavioral health services in the ComPACT Clinic (specialty primary care clinic for medically complex veterans), he now works in the Spinal Cord Injury Center and absolutely loves this job. There are two seasons in his life, football season and countdown to football season. When he isn't cheering on his collegiate teams or researching for his fantasy football teams, he enjoys listening to reggae music, binging TV shows late at night, BBQ/Smoking meat, and above all, he loves spending time with his wife and two beautiful children (4-year-old daughter and 1-year-old son).

Jennifer Battles, Ph.D. (Primary Care Mental Health Integration – Jefferson Barracks) Dr. Battles grew up in a military family and has lived in most areas of the country. She spent the longest in the town of Leavenworth, KS where her elementary school was next to a federal penitentiary and a field of buffalo. She earned B.S. and M.S. degrees in clinical psychology at Missouri State University and then transferred to Eastern Michigan University for her Ph.D. in Clinical Psychology. She completed her clinical internship and residency at VA St. Louis HCS and loved it so much she wanted to stay as staff in the busiest PCMH clinic. She has a specialty in health psychology with specific research and clinical interests in weight management, eating disorders, and diabetes. She has found a new love of Women's Mental Health and recently completed training in reproductive mental health (ask her about it and you will be trapped in a 30-minute conversation). She also serves as a member of the eating disorder and bariatric interdisciplinary teams. She is passionate about quality improvement and third-wave behavior therapies. In her spare time, she enjoys the great outdoors, teaching and practicing yoga, tending to copious houseplants, and traveling with her husband and son.

Jeffrey Benware, Ph.D., MBA, ABPP (Inpatient Mental Health Program Manager) Dr. Benware grew up in a suburb on the south side of Chicago. He completed his Bachelors and Master's degree in Psychology from Illinois State University in Normal, Illinois. He completed an extensive qualitative study of tex-mex cuisine and Texas jargon while attending the University of Houston where he completed his Ph.D. in Counseling Psychology. After several years battling the heat and humidity in Texas he decided to return to the tranquil Midwest. He completed his predoctoral internship at the Harry S. Truman VA Medical Center in Columbia, Missouri. Prior to joining the St. Louis VA in 2008, Dr. Benware was employed as a psychologist at the Chillicothe, Ohio VAMC. Dr. Benware is currently the program manager for the VA St. Louis Inpatient Mental Health Service. His clinical interests include substance abuse treatment, diagnostic assessment, crisis intervention, and the coordination of inpatient mental health services. Dr. Benware is board certified in Clinical Psychology through the American Board of Professional Psychology (ABPP). He also holds a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders through the American Psychological Association.

Warren Bowles III, Psy.D. (Trauma Recovery Program) Originally from Southern, Illinois Dr. Warren Bowles III obtained his Bachelors of Art from McKendree University, his Masters in Community Counseling from Southern Illinois University, and his Doctor

of Psychology in Clinical Psychology (Psy.D.) from the Illinois School of Professional Psychology, specializing with a concentration in neuropsychology. Dr. Bowles completed his internship at the Robely Rex VA Medical Center in Louisville, KY, and his postdoc at the Marion VA Medical Center. He is currently a Licensed Professional Clinical Counselor (LCPC), Certified Addictions Counselor (CADC) and Clinical Psychologist with a variety of interests which include substance use, treatment of trauma, co-occurring disorders, third wave CBT treatment modalities, and biopsychology.

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

Rebecca Cheshier, Ph.D. (Behavioral Health Intervention Program – Jefferson Barracks) Dr. Cheshier grew up in the great city of Chicago (the actual city, not a suburb, it's a Chicago thing). She took the long way through her higher education journey by joining the US Army and getting her B.S. in bits and pieces from different schools between extended vacations in Iraq and Afghanistan and then finally finishing at the University of Illinois – Urbana/Champaign. She received her M.A. and Ph.D. from the University of Missouri – St. Louis where she spent many hours in a small, windowless room of the Center for Trauma Recovery researching the psychophysiology of trauma, PTSD, and sleep disturbance. She completed her internship at the James Lovell Federal Health Care Center in North Chicago where she worked with Veterans and Active-Duty Navy and Marine personnel and enjoyed deep dish pizza and gyros again. She completed her post doc at the St. Louis VA HCS split between BHIP and TRP and decided she was done moving and begged to stay. In her spare time, she likes to make complicated new recipes with her son (and eat them of course), watch baseball and hockey with her husband (Cubs and Blackhawks of course), and chase her daughter around.

Chelsi A. Creech, Psy.D. (Palliative Care) Dr. Creech fell in love with St. Louis when she first moved here for undergrad, attending Saint Louis University to study psychology and theology. There, she found her passion for integrating the two in research and

began studying how people use religious or spiritual beliefs to cope with difficult life circumstances. While completing her doctorate at Regent University in Virginia Beach, VA, she focused on how religious, spiritual, and other cultural beliefs played a role in adjusting to various chronic health conditions. On practica at a long term care facility, she developed a Life Review psychotherapy group for patients with mild cognitive impairments. Remembering how much she had enjoyed her time in St. Louis as an undergrad, Dr. Creech opened these very bios while researching internships and decided to apply. On internship, she completed rotations in psychoncology, palliative care, interdisciplinary pain rehab, and outpatient mental health with older adults. This training cemented her decision to pursue a specialty in geropsychology. Approximately one month before the world shut down in 2020, she was delighted to accept the Geropsychology Post Doc at the St. Louis VA. During the post doc year, she joined the Cultural Competency Council and has remained a member now that she is on staff, as a member of the Media Subcommittee. After residency, Dr. Creech joined staff as the Palliative Care psychologist. She also assists with training through didactics, both to the training classes at this VA and presenting to the National VA Palliative Care on cultural humility in end of life, and supervision. In her free time, Dr. Creech enjoys knitting, a good mystery novel, dreaming about her next trip overseas, and begrudgingly cheering for the St. Louis Cardinals (when they aren't playing her hometown Cincinnati Reds).

Joe Daus, Ph.D. (Mental Health Clinic – Jefferson Barracks) Dr. Daus received his AB (1989) in Psychology from the University of Missouri-Columbia (MU) where he enjoyed bad football so much he remained at MU for both his MA (1991) and Ph.D. (1995), both in counseling psychology. He completed his internship at MU's Counseling Center and returned to his hometown of St. Louis where he was employed with St. Louis City's Family Court-Juvenile Division for a little over seven years. In December 2002, Joe gladly accepted employment with the St. Louis VA where he became part of the new Mental Health Intensive Case Management (MHICM) Program, a program that provides community outreach services to Veterans with serious mental illness. In September 2018, Joe transferred to the VA's Mental Health Clinic (MHC) where he currently provides Evidence Based Psychotherapy to Veterans struggling with depression and trauma. Joe also maintains a part time private practice in the evening and is married and has two daughters.

Sean Engelkemeyer, Ph.D. (Home-Based Primary Care) Born and raised near St. Louis in the smallish town of Washington, Missouri, Dr. Engelkemeyer has long been aware of the wonderful qualities of Midwestern living. Possibly due to his small-town upbringing, he increasingly enjoys 'spinning yarns' about life in the country. He loved Missouri living so much (others say he just did not get out much) that he completed his B.A. in Psychology at St. Louis University (2002). He then traveled the long miles across town to complete his Ph.D. in Clinical Psychology at the University of Missouri – St. Louis (2008). His doctoral dissertation was in the area of death and dying, and this remains a clinical interest. His postdoctoral residency was completed in Psycho-Oncology at the Siteman Cancer Center at Barnes Jewish Hospital. Other clinical interests include geropsychology, anxiety disorders, sleep disorders, nonpharmacological management of challenging behaviors in neurocognitive disorders,

and the provision of home care services amidst strong smells of cat urine and towering piles of old newspapers. You can occasionally find Dr. Engelkemeyer outside of work camping, gardening, making things out of wood, and yelling at neighborhood kids for being on his lawn. His wife and two young sons find that last one particularly embarrassing. You can win him over with food that is fried, spicy, or edible in some way, or by guessing one of his celebrity doppelgangers.

Leslie French, Ph.D. (Home-Based Primary Care) Although she is not a military brat, Dr. French can relate to the frustration of having to answer the question “Where are you from?” She was born in New Mexico, but spent time in Missouri, Arizona (on the Navajo/Hopi reservation, in the only town in the US with two time zones), New Mexico again, and Texas. She completed her BA in Political Science and Psychology at the University of Missouri and her Ph.D. in Clinical Psychology at the University of Houston. By this time she had moved seven times and decided to stay put for a while, completing both her internship and post-doc in the St. Louis area (at the VA and St. Louis BMI Anxiety Disorders clinic, respectively). Following post-doc Dr. French went to work at the St. Louis City Family Court before returning to the VA to work in Home Based Primary Care. Her clinical interests include anxiety disorders, and issues of diversity. Dr. French previously had interests of her own but then she had children. Now she enjoys anything her two young sons are into, so you know, mostly loud, smelly, dirty things. If by some miracle she has time to herself she would probably spend it binge watching trashy teen soaps on Netflix. Don’t judge.

Devorah Ginn, Psy.D. (Primary Care Mental Health Integration) Dr. Ginn was born and raised in St. Louis. If you failed to notice by her name, she is Jewish and knows how to bake a challah and cook a brisket. Dr. Ginn ventured across the river to attend Southern Illinois University- Edwardsville where she graduated with her Bachelor of Science in Psychology in 2006. She then began her career in public service, working as a Probation and Parole officer for the state of Missouri. After running the streets for a few years, she moved to the Chicagoland area to attend graduate school at the Illinois School of Professional Psychology where she graduated in 2013. Moving back to the Missouri side, Dr. Ginn then took a tour of the Missouri Department of Mental Health facilities (Northwest Missouri Psychiatric Rehabilitation Center, Center for Behavioral Medicine, and Southeast Missouri Mental Health Center) to complete her internship and postdoc. She then settled in at the St. Louis County Court where she worked for over seven years conducting Court-ordered evaluations. Dr. Ginn has now rounded out her public service by taking a federal job with the VA. She is committed to helping veterans enjoy more integrated and empowered lives. Outside of work, Dr. Ginn has two young sons who keep her nimble. She has a passion for rock climbing, mountain biking, and weight lifting.

Kate Goedeker, Ph.D. (Spinal Cord Injury) Dr. Goedeker is originally from Milwaukee, Wisconsin. She attended the University of St. Thomas in St. Paul, Minnesota and received her Ph.D. in Clinical Psychology from Purdue University. Dr. Goedeker is like a lot of psychology staff members in that she trained at VA St. Louis (2005/2006 intern) and never left! She’s worked in the Spinal Cord Injury/Dysfunction

Service since 2007. Dr. Goedeker's theoretical orientation is eclectic, though she generally uses CBT interventions. In addition her work with veterans with SCI, she is passionate about working with psychology trainees; she currently serves at the Assistant Training Director for the VA St. Louis Psychology Training Program. Please be advised that Dr. Goedeker has a difficult time stopping herself from discussing disability culture, maintaining a healthy work/life balance, and the best places to eat/visit in St. Louis with trainees. In her spare time, she enjoys reading, being outside, running, and hanging out with her husband and two daughters.

Grant Harris, Ph.D., ABPP [Geropsychology] (Geriatric Primary Care - GeriPACT)

Dr. Harris was born at an early age in Louisville, KY. This made a lot of people very angry and has been widely regarded as a bad move. He attained a B.A. in Psychology from the University of Kentucky – Go Big Blue! He received his Ph.D. in Clinical Psychology from The University of Alabama in 2014 with a clinical and research focus in geropsychology. While in graduate school he received an award and pin for being the “Most Humble Graduate Student.” However, the first time he wore the pin, they took it away. Dr. Harris completed his internship at the Memphis VAMC where he stayed for a fellowship in clinical health psychology. He moved with his wife and daughter to St. Louis in 2015 to start his dream job. His daughter's name is Ripley and she may or may not be named after the BAMF in the Alien movies. Dr. Harris was the first psychologist in the GeriPACT at the St. Louis VA and has initiated or helped initiate several programs, including an interdisciplinary dementia evaluation team and a Falls Shared Medical Appointment. Although he is generally averse to being part of any organization that would agree to let him be a member, he enjoys participating in the Dementia Committee and Disruptive Behaviors Committee. In his free time, Grant enjoys eating incredibly spicy Indian food, drinking the occasional vat of coffee, and having perpetual existential crises.

John R. Hogg, Ph.D., ABPP, Board Certified in Clinical Neuropsychology (Neuropsychology Residency Training Director; Neuropsychology Clinic)

Dr. Hogg earned his Ph.D. in Clinical Psychology from Indiana University-Bloomington (1992). He completed his APA-approved psychology internship at the University of Washington-Seattle School of Medicine (1990-1991), then completed a N.I.M.H. predoctoral fellowship in geriatrics (1991-1992) at the same UW (while completing his dissertation and continuing to enjoy the amazing beauty of Seattle – much more than Starbucks, Nirvana, and Pearl Jam). VA St. Louis HCS interns are free to ask Dr. Hogg to reminisce about his internship office view during his geriatric rotations and fellowship (i.e., ocean, mountains, sailboats, etc.). He completed a postdoctoral fellowship in Clinical Neuropsychology at the Rehabilitation Institute of Chicago (1992-1993). He then worked as a Clinical Assistant Professor at the University of Missouri Health Sciences Center and stayed at MU for 10 years. Following a brief time in independent practice in St. Louis and missing the collegial atmosphere provided by fellow psychologists, he was pleased to join the outstanding group of psychologists at the VA St. Louis HCS in 2005. He serves as 1 of 3 Neuropsychologists at VA St. Louis HCS. Dr. Hogg is board certified in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP). While off-duty, he remains busy enjoying time with

his family. He has historically trafficked in the sedentary arts (cinema, podcasts, restaurants). However, over time, he has increasingly yielded to the growing science linking regular exercise with brain health and dabbles in that activity as well. Out of an unwavering commitment to the economic health of the St. Louis region, he also supports the local craft brewing industry.

Brittany J. Jacobson, Ph.D., RYT 200 (Whole Health) Dr. Jacobson was born in St. Louis and raised here in the golden years when Nelly was at his prime. She earned a B.A. in Psychology from Truman State University in Northeast Missouri and was determined to leave the state for grad school. Dr. Jacobson's desire to experience a new culture and receive thorough training in multicultural treatment took her to the Deep South. She earned her Ph.D. in Clinical Psychology from Jackson State University. While conducting research with individuals who were hospitalized following a suicide attempt, Dr. Jacobson became interested in how to treat PTSD as patients often cited trauma-related symptoms as a contributing factor to the suicide attempt. She completed her internship and residency at VA St. Louis HCS where she specialized in trauma treatment of Veterans who experienced combat and military sexual trauma (MST). Dr. Jacobson was then hired as the facility's MST Coordinator where she fulfilled her passion for instilling hope through trauma treatment and advocating for systemic change. Her love of mind-body modalities, then led her to transition to Whole Health where she utilizes complementary and integrative health approaches to enhance wellness. She is a yoga teacher and leads a Yoga for Trauma Recovery class to assist veterans in furthering their healing. Dr. Jacobson also enjoys expanding awareness of mindful living and is a mindfulness-based stress reduction meditation facilitator with particular emphasis on self-compassion. She also uses hypnotherapy to facilitate Veterans' ability to hone their internal wisdom and connect to their value, particularly related to recovery from trauma. Additionally, Dr. Jacobson provides sexual health consultation, assessment, and therapy for Veterans. She has particular expertise in treating sexual concerns related to a history of sexual trauma and does so from an empowerment-based framework. Dr. Jacobson now channels her passion for systemic change by advocating for greater attention to sexual health issues at both a local and national VA level via educating clinicians in the assessment of sexual health concerns and assisting in the development of a national VA sexual health program. When not trying to change the world (when is that?), she can be found working on yoga arm balances, hiking, soaking up time with friends, and caring for her ever-expanding collection of plants.

Janet Johnson, Ph.D. (Primary Care Mental Health Integration - Women's Clinic) Dr. Johnson graduated with her Ph.D. in Clinical Psychology from the University of Wisconsin-Milwaukee in 2007. While there, her research interests centered around the treatment for dual diagnosis of substance use and anxiety disorders. It was very cold there, so she warmed up on internship at the University of Maryland School of Medicine/VA Maryland Health Care System consortium in Baltimore. While there, she learned to appreciate Old Bay seasoning and decided that she wanted to have a career in the VA. She then went on to complete her post-doctoral fellowship in the Boston area at the Edith Nourse Rogers Memorial VA. As she is originally from Missouri, she decided that

it was time to come home to her home state and began a position at the Columbia, MO VA Medical Center. While in Columbia, she pursued a variety of occupational interests, working with the PTSD Clinical Team, Mental Health Clinic, and in the Psychosocial Rehabilitation and Recovery Center. She also served as the Evidence Based Psychotherapy (EBP) Coordinator and the Local Recovery Coordinator. She even worked as a Supervisory Psychologist for a couple of years. She was certainly busy and definitely not bored. However, discussions with her husband, a native St. Louisan, led them to decide that it was time to move back to St. Louis to be closer to family. Luckily, in 2016, she was offered a position in C&P at the St. Louis VA Health Care System. She worked in C&P for almost two years, prior to starting her current job as PCMHI psychologist for the Women's Clinic. At the Women's Clinic, she works as part of a primary care team and provides mental health triage assistance and brief therapy for Veteran's who present with a wide range of mental health concerns. Additionally, she works with her inter-disciplinary team to offer shared medical appointments.

Christina Karageorgiou, Ph.D. (Primary Care Mental Health Integration – St. Charles CBOC) Dr. Karageorgiou originally hails from New York. She completed her Bachelors at Boston College, surviving four years in Red Sox territory. Her tour of universities continued with time spent completing her Masters at Columbia University, conducting research in psychiatric neuroimaging at Vanderbilt University, before finally settling down in St. Louis for her Ph.D. at Washington University in St. Louis. She completed her internship and postdoctoral residency at the VA St. Louis Healthcare System and is thrilled that she was able to stay on to work in primary care mental health integration at the St. Charles CBOC. Her theoretical orientation is eclectic, but leans towards cognitive behavioral. She is particularly interested in health psychology (chronic pain, insomnia) and often teams up with the pharmacist and dietician at her clinic for interventions related to chronic disease management. Outside of work, she can be found wrangling children and dogs (her own, not others), attempting to keep plants alive, and feeding friends and family.

David T. Klein, Psy.D. (PTSD, Team 1) Dr. Klein received his B.A. in Psychology from Muhlenberg College in 1991 and his doctorate from the Illinois School of Professional Psychology in 1997. He completed his internship here at the VA St. Louis Health Care System in 1995-96 and his postdoctoral work in the Department of Psychiatry at St. Louis University working primarily in geriatric psychiatry, conducting clinical trials research, and publishing works in the field of behavioral disturbances in dementia. He rejoined the VA in 1998 as a PTSD psychologist and diversified his duties into additional training, teaching, and administrative venues. His clinical time is primarily spent on the Posttraumatic Stress Disorder Unit conducting individual and group psychotherapy, assessment, student supervision, and consulting work. He was appointed Training Director for our internship and residency in 2002 and, with the resulting abundance of sensory triggers, enjoyed a decade's worth of occasional dissociative episodes from his days as an intern in his own training program. However, Dr. Klein retired from this position in 2012 to explore exactly what season of a man's life Levinson thinks he should currently be occupying. His clinical interests include the psychology of war (the Vietnam War in particular), combat-related PTSD, group process, therapeutic alliance

and clinical outcome, and the temporal relationship between the studying for the EPPP and the onset of acute trauma symptoms among psychologists in training. Anecdotal data suggests most of us recover. His theoretical orientation is eclectic predominated by dynamic, interpersonal, and existential conceptual models. Yalom remains an intellectual hero of his. In a previous life, Dr. Klein enjoyed gourmet food/cooking, wine, music, scuba diving, skiing, gardening, and hunting, and fly fishing when he had more abundant discretionary time. In lieu of time, he has 2 adolescents and more recently caved to their vicious Jedi mind trick and bought them a labradoodle puppy, Louie. Louie now enjoys running the family home around his interests which are eating, sleeping, playing, chewing on everything that are not his toys, and having a manic episode at about the time the family wishes to go to sleep. Now Dr. Klein wonders how he will ever find the time to determine what season of life he is in and has resorted to counting years of federal service as a proxy.

Jamie F. Klenke, Psy.D. (BHIP-Jefferson Barracks) Dr. Klenke was born and raised in a small town, famous for ...nothing. She earned her B.A. from University of Illinois, Champaign-Urbana and her doctorate from The Chicago School of Professional Psychology, choosing CBT as her theoretical orientation, with specific focus on ACT. While completing a practicum at Hines VA, Dr. Klenke discovered her interest in treating PTSD and working with Veterans. This experience (coupled with the fact that her family was noticing she had developed a bad case of road-rage and an awkward Chicago accent) led her back to St. Louis where she completed the STL VA predoctoral internship as well as the STL VA PTSD postdoctoral residency. Because she just really couldn't get enough, she joined the STL VA psychology staff in 2015, serving in the JB Mental Health Clinic (now BHIP), while also balancing part-time private practice. She has a strong interest in EBPs and has completed VA EBP trainings in CBT-D, CPT, IPT and PE. She is also a VA consultant for IPT and an external clinical consultant for the Metro East Vet Center. Outside of work, she enjoys spending time with her husband, daughters, and (very vocal) Redbone Coonhound, Wally.

Erin Kurtz, Ph.D. (Outpatient Mental Health Clinic/BHIP – Jefferson Barracks) Originally from the Chicagoland area, Dr. Kurtz did her undergraduate studies in French at Principia College, across the river from St. Louis in picturesque Elsah, IL. She lived and worked in St. Louis for a few years after, when her development of a love for Cardinals baseball blackballed her from returning to Chicago (the cold winters weren't very enticing either). After a brief stint teaching English in France and "finding herself," Dr. Kurtz ventured down to the land where they say "y'all" and completed undergraduate coursework in Psychology at the University of Houston. She earned her Ph.D. at the Virginia Consortium Program in Clinical Psychology in Norfolk, VA, where she was fortunate to do her first-year practica in the Chronic Pain and Polytrauma clinics at the Hampton VAMC, launching her interest in working with Veterans. When she saw the internship at the St. Louis VA was a good fit, she jumped at the chance to come back and see the Cards in their new stadium (and get high quality clinical training, of course). Dr. Kurtz re-returned to St. Louis to take a position in PCMH, after 2.5 years back in Virginia as a MIRECC Fellow in Post-deployment Mental Health at the Richmond VAMC. These days she is happy to be working in the Mental Health Clinic at

JB, where she can dig into the trenches alongside Veterans working on depression, anxiety, trauma, and emotion regulation using cognitive-behavioral, interpersonal, and emotion-focused interventions. With research and clinical interests in combat- and MST-related PTSD etiology, treatment, and resilience, she knows how beneficial it is to have a solid understanding of PTSD when working with Veterans seeking MH services. She has a strong interest in working with LGBTQ+ Veterans. Dr. Kurtz is excited to be back in one of her home-away-from-homes and exploring the family-friendly side of St. Louis with her 2 sons. She can be found trying to figure out whether to say “y’all” or “you guys” and checking out the area’s many delicious bakeries and coffee shops!

Rocky Liesman, Psy.D., ABPP (PCMHI Psychology Program Manager- STLVA) Dr. Liesman was born and raised in the Washington, MO area. He graduated with a bachelor's degree in psychology from St. Louis University. He attended graduate school for Clinical Psychology at Wright State University in Dayton, OH where he was awarded the HPSP scholarship from the United States Air Force. He completed his internship at Wright Patterson AFB in Dayton, OH and his follow-on assignment at Little Rock AFB in Little Rock, Arkansas. Prior to separating in August 2012, Dr. Liesman served in Afghanistan as the Clinical and Survival Evasion, Resistance, and Escape (SERE) psychologist for the Wardak province. Dr. Liesman went on to do a brief stint at the Kansas City VA where he served as Training Director for the Postdoctoral Psychology program. Dr. Liesman left the KCVA to take the job as the primary care psychologist at the Washington CBOC. Dr. Liesman currently serves as PCMHI program manager and does his clinical work out of the Franklin Co. CBOC. Professionally, he is board certified in Clinical Psychology and is certified as a Master's Level clinician in the administration and supervision of PE. He is VA certified as a provider, consultant, and trainer in Motivational Interviewing and is a VA certified provider in Interpersonal Psychotherapy. His interests include: application of brief empirically-supported treatments, secondary prevention and treatment of PTSD, integrated behavioral health in primary care, and general health psychology.

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

Julie Mastnak, Ph.D., ABPP (Program Manager, Trauma Recovery Program) Dr. Mastnak is a St. Louis native. She graduated with her B.S. in Biology from Truman State University. She completed her graduate work at the Center for Trauma Recovery at the University of Missouri - St. Louis under the mentorship of Dr. Patricia Resick (Cognitive Processing Therapy). She completed her internship at the St. Louis VA. Dr. Mastnak graduated with her Ph.D. in Clinical Psychology in 2005. A year later, she very happily returned to the St. Louis VA and has been here ever since. She and her husband have three beautiful daughters and an energetic puppy. When she is not busy at work, teaching, or hanging out with the kiddos, she spends her free time (wait a minute....what free time??)

Erin McInerney-Ernst, PhD (Program Manager of Domiciliary Care for Homeless Veterans-DCHV) Dr. McInerney-Ernst is originally from New Orleans, Louisiana. She also spent some time living in the Houston, Texas area and earned a BA with honors from the University of Texas at Austin (Hook Em!). No stranger to heat and humidity, Dr. McInerney-Ernst slowly worked her way North to earn her PhD at the University of Missouri-Kansas City in Clinical Psychology with a Health Emphasis. Her training was focused on preventative health interventions, including medication adherence, functioning after grief and loss, and improving outcomes after bariatric surgery. She completed her Internship at the Eastern Kansas VA Healthcare System in Leavenworth Kansas, where she reluctantly participated in a required rotation in the 202 bed Domiciliary. Contrary to her initial hesitation, Dr. McInerney-Ernst fell in love with working in the Domiciliary environment. (Where else can you help Veterans as they work through the recovery process AND have awkward interactions with them in their bath robe?) During this time, the Veterans decided her name was too complicated and renamed her as Dr. Mack. Disappointed with the lack of pomp and circumstance when being renamed, she nonetheless accepted the re-branding and continues to be called Dr. Mack by Veterans and staff alike. After her internship, she completed a Postdoctoral fellowship at the Center for Behavioral Medicine where she provided services on a locked unit for individuals with chronic mental illness. Afterwards, she returned to the VA in Leavenworth and worked as a Clinical Psychologist for a 50 bed unit within the Domiciliary, primarily providing Cognitive Processing Therapy to Veterans with PTSD. In 2016, Dr. McInerney-Ernst transferred to the VA St. Louis Health Care System as Program Manager of the DCHV program on the Jefferson Barracks campus. With this change, Dr. Mack has found herself living next to the Mississippi River again. She especially enjoys it when people complain about the humidity in the summer (this is nothing compared to New Orleans in August!) and absolutely loves snow up until the holiday season- after that she is ready for warm weather again. She enjoys traveling and visiting family with her husband and two children. She also remains enthusiastic about walking beside Veterans as they work toward recovery in a residential setting. She has accepted that sometime this means that she might be having a deep conversation with them over a cup of coffee in the kitchen, with their bathrobe on.

Lauren C. Mensie, Ph.D. (Training Director and Community Living Center) Dr. Mensie is originally from St. Louis, but also grew up in Texas and Ohio. She graduated from Lindenwood University in 2003 with a B.S. in Psychology (emphasis in lifelong

Developmental Psychology). Dr. Mensie subsequently attended the University of Missouri – St. Louis and earned an MA (2005) and Ph.D. (2008) in Clinical Psychology, with a specialization in Clinical Geropsychology and a Graduate Certificate in Gerontology. She completed her predoctoral internship at the Bay Pines VA Healthcare System in Bay Pines, Florida, enjoying top-notch training and the opportunity to live near the beach for the first time in her life. She returned to St. Louis in 2008 as the first postdoctoral resident in PCMHI at the VA St. Louis Health Care System (VASTLHCS). Dr. Mensie then worked as a staff psychologist within inpatient and outpatient geropsychiatry at the St. Louis VA for 6 years, before transitioning to her current role in the Community Living Center (CLC) in 2015. Her clinical work in the CLC primarily involves ACT, CBT, and STAR-VA interventions. Dr. Mensie has served on the VASTLHCS Psychology Training Council since 2017. She was the Assistant Training Director from 2018-2022 before beginning in the Training Director role. She loves serving in the TD role and considers working with trainees to be one of the great joys of her job. Dr. Mensie attributes much of her longstanding interest in older adults and healthy aging to her amazing grandparents (who are and were exemplars of resilience and healthy, active living throughout the lifespan). She spends most of her time with her husband, kids, and dogs (all of whom are quite lovable and hilarious). In her free-time, Dr. Mensie enjoys oil painting, bargain-hunting, and drinking very sweetened coffee.

Fred Metzger, Ph.D. (ACOS of Mental Health) Dr. Metzger received his B.S. from the University of Iowa in 1991 and completed his Ph.D. in Health Psychology at the University of Kansas in 1999. He wandered aimlessly in the desert for a while (i.e., he was an intern at the Phoenix Psychology Consortium from 1998 to 1999) and a postdoctoral fellow at the Center for Excellence in Substance Abuse Treatment and Education at the VA Puget Sound Health Care System from 1999 to 2000. While in Seattle, he learned that being upside down in a kayak is no fun. Dr. Metzger spends most of his timing dreaming up new ways to harass psychologists via e-mail but does manage to keep a small clinic active conducting pre-transplant evaluations. His theoretical orientation is largely cognitive-behavioral with a good dash of existentialism. In his free time, Dr. Metzger hikes, spends time with his wife and what are undoubtedly the best two dogs in the known universe. They would have been named the best dog in all the universe were it not for some minor character flaws. Sors, the Rottweiler mix, is a serial squirrel chaser (not catcher mind you, just chaser), while Wagner, a German Shepard, is convinced that Dr. Metzger is plotting his grisly demise.

Christopher Miller, Psy.D. (Trauma Recovery Program) Dr. Miller is originally from the St. Louis area. He received his B.A. from McKendree University in Lebanon, IL. He then braved the snowy and windy Chicago winters (the deep dish pizza did make it slightly more worth it) as he earned his M.A. (2012) and Psy.D. in Clinical Psychology with a concentration in Neuropsychology (2015) from Wheaton College. He completed his internship at the Missouri Health Science Psychology Consortium (Harry S Truman VA) in Columbia, MO and his postdoctoral residency here at VA St. Louis with the PTSD Clinical Teams (now Trauma Recovery Program; TRP) where he served combat Veterans of all eras. After a time in C&P at Scott Air Force Base and Mental Health

Clinic, he is back with TRP providing CPT and PE for trauma recovery. His other clinical interests include anxiety/panic, obsessive-compulsive disorders, and spiritual issues secondary to other clinical concerns. His theoretical approach to therapy is functional contextualism and favors ACT, exposure therapies (PE, exposure and response prevention), compassion-focused therapy, and other similar cognitive, behavioral, and mindfulness-based approaches. When there is free time, he enjoys playing guitar, collecting guitar pedals (an obscure but seemingly-never-ending hobby), gardening, and cooking up new culinary creations.

Catherine Morrison, Ph.D. (Local Recovery Coordinator) Dr. Morrison grew up in New Mexico among the wild things. She earned her bachelor's degree from New Mexico State University. She received her M.A. and Ph.D. from The University of Tulsa. Her graduate school research training was in personality assessment, particularly MMPI-2-RF PSY-5. Dr. Morrison completed her internship at the St. Louis VA. Dr. Morrison completed her postdoctoral residency at the New Mexico VA Healthcare System in Albuquerque with an emphasis in Psychosocial Rehabilitation and Systems Redesign. While in Albuquerque, she ate as many tortillas as humanly possible and stockpiled green chile and salsa before returning to St. Louis where she worked at WashU Medical School. Dr. Morrison is the Local Recovery Coordinator (LRC) for VASTLHCS. One of her primary missions is to answer the questions that keep VA employees awake at night, "What IS an LRC? Like, what do you do?" When she's not answering those burning questions, Dr. Morrison is probably talking about the magnificence of dogs, tacos, traveling or making nerdy references to Harry Potter, Game of Thrones or Lord of the Rings.

Perri Navarro, Ph.D. (Primary Care Mental Health Integration) Dr. Navarro was born in Chicago and grew up in small-town Kentucky (Hodgenville, where Abraham Lincoln was born). She attended a tiny college in the cornfields of Iowa (Grinnell College, if you're interested) where she earned her B.A. in Psychology in 2011. She moved to St. Louis to earn her Ph.D. in clinical psychology (with a graduate certificate in gerontology) from the University of Missouri-St. Louis, and completed clinical psychology internship and geropsychology residency at the St. Louis VA. She was fortunate to be able to stick around at the St. Louis VA as a staff psychologist within Primary Care-Mental Health Integration and functions as a member of the primary care teams at the North County CBOC as well as Saint Charles CBOC. Dr. Navarro's clinical interests include geropsychology, existential issues, ACT and interpersonal therapeutic approaches, as well as health psychology. In her spare time (if there is any to be had), she enjoys hanging out with her family (husband, 4-year-old daughter, one-year-old son), hiking, or reading a good book. She also loves to spend time with her enormous goofball of a German Shepherd and ride her horse, Dakota, who is happily much better behaved than her dog.

Shawn O'Connor, Ph.D. (Specialty Mental Health Programs Manager) Dr. O'Connor received his B.A. in Psychology from Webster University in St. Louis, MO, where he initially pursued a degree in philosophy, but decided to change his emphasis to a field that might conceivably lead to some form of employment. Armed with a B.A.

from a liberal arts university, he did what anyone would do, which is to work with persons who were unhoused, and who had serious mental disorders for a few years, and then went on to pursue his Ph.D. in Clinical Psychology in 2008 at the University of Missouri-St. Louis, working under Dr. Resick, of CPT fame, among others. There, he studied diagnostic issues pertaining to religion and psychosis, and had a lot of experience with trauma during his graduate years, but has successfully overcome the frequent flashbacks thanks to the help of his emotional support manatee, Gertrude. He did his internship and postdoctoral work at VA St. Louis Health Care System and called “dibs” on one of the offices before anyone else understood this was legally binding. Administration determined it may be more cost-effective to hire him than to hire a pest removal service, and so they just put him in charge of Specialty Mental Health Services. He is also one of the two VISN 15 PTSD Mentors, spreading his cockamamie ideas on PTSD treatment in the VA throughout the region. Dr. O’Connor also spends a great deal of time in soundproofed basements, but that’s because he is a drummer, not whatever it is that you were thinking.

Crista Montgomery Ortals, Psy.D. (Substance Abuse Residential Rehabilitation Treatment Program- SAR RTP) Dr. Ortals was raised in Cincinnati, Ohio. She completed a double major in Psychology and Sociology (with a minor in Biology) at the University of Dayton. She went on to obtain her master’s and doctorate at Indiana State University. While there, she completed practicums at the university’s psychology clinic and a local community mental health center. During graduate school, she continued to feed her passion for volunteering and was active in the local community center for low-income families and in the Big Brothers Big Sisters program. Dr. Ortals relocated to St. Louis in 2007 for internship at the St. Louis Psychology Internship Consortium. The internship offered clinical experiences with Jewish Family Services outpatient clinic and inpatient experiences with children and adults at Department of Mental Health (DMH) facilities. Dr. Ortals continued working with DMH in their forensic long-term facilities following internship until joining the VA SAR RTP in January 2022. Along with the interdisciplinary SAR RTP team, Dr. Ortals provides both residential (3 weeks) and intensive outpatient services (4 weeks) to veterans seeking recovery from substance use disorders. She is in the beginning stages of a collaborative research project with five other VAs in developing personality-focused interventions for substance use disorders. Outside of work, Dr. Ortals’s time is mostly filled with raising her 3 children and 2 dogs with her husband. In addition to her interest in all things psychology and wellness, she enjoys opportunities to be silly (Halloween is a favorite!), crafting, and home projects.

Whitney Pierce, Psy.D. (Whole Health Clinical Director) Dr. Pierce is originally an Okie from Muskogee, where she led a previous life as a registered nurse. Her psychology career began with a BA from Northeastern State University in 2009 followed by a doctorate from Wright State University’s School of Professional Psychology. Merging past experiences and future goals, she completed a Health Psychology internship at Central Arkansas VA in 2014 and stayed on for an interdisciplinary postdoctoral fellowship. In 2015 she joined the staff at VA Tennessee Valley where she worked as part of the pain clinic team and supervised rotations for psychology and

pharmacy trainees. Always eager to champion empirically supported mind-body care, she has completed VA EBP training in CBT-CP and SST, NCP training in MI, earned board certification in biofeedback training, and holds certifications as a yoga teacher and wheelchair-based tai chi instructor. As a life-long Cardinals fan and equally fervent advocate of CIH, she happily joined the STL VA Whole Health team in 2019. In her initial role as their Health Behavior Coordinator and current position as director, her focus is provider education on MI and WH approaches and delivering care that integrates psychotherapy and complementary interventions. Nationally, she serves as the Biofeedback Champion for the VA Office of Patient Centered Care & Cultural Transformation's Integrated Health Coordinating Center and a consultant for the CBT-CP EBP Training Program. Outside of work, she enjoys spending time with her husband and playing never-ending games of fetch and frisbee with her very energetic border collie.

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

Chelsea Raterman, Ph.D. (Trauma Recovery Program) Dr. Raterman grew up in Arlington, Texas and received her B.S. in Psychology from Fordham University in the Bronx, NY. After spending those years running around and thoroughly enjoying New York City, she wandered over to the Midwest and received her Ph.D. from the University of Missouri-St. Louis. While at UMSL, she trained at the Center for Trauma Recovery, working extensively with survivors of interpersonal violence who have been diagnosed with PTSD. Her interest in trauma recovery continued as she completed a trauma-focused internship at the James A. Haley VA in Tampa, FL where she received additional training in combat-related PTSD and MST. She completed a postdoctoral residency at the Baltimore VA with an emphasis in working with Returning Veterans. After completing residency, she assisted with developing a dual-diagnosis PTSD/SUD IOP at the Perry Point VA in Maryland. She then happily returned to St. Louis and serves on TRP. Her interests include program development, balancing flexibility of EBP protocols while maintaining fidelity, and how various factors of treatment engagement in an EBP predict treatment outcome. When not at work, she loves spending time with her husband and pets, rooting for the Dallas Cowboys (aka repeatedly saying this is the

year we'll get another Super Bowl victory and then being thoroughly disappointed!), hiking, trying new restaurants, and traveling.

Nathalie Rieder, Psy.D. (Mental Health- Aging Resources Team) Dr. Rieder hails from Richmond, VA. She completed her B.A. in Music at the University of Mary Washington in 2012 (clarinet—think Squidward, but with SpongeBob temperament). After reading the great works of neurologist Oliver Sacks, she developed an interest in the aging brain. She completed her B.S. in Psychology at Virginia Commonwealth University in 2013 and her Psy.D. in Clinical Psychology from Indiana University of Pennsylvania (IUP) in 2020, where she received training in primary care psychology, geropsychology, and neuropsychology. She did her internship at the Tuscaloosa VAMC (2020) and her postdoctoral fellowship in outpatient geropsychology at the Milwaukee VAMC (2021). Although she thoroughly enjoyed moving around the country during the pandemic, Dr. Rieder decided to finally settle down in St. Louis and joined the JB Mental Health Clinic team in 2021. Her theoretical orientation is eclectic, using primarily cognitive-behavioral interventions, and her clinical interests include geropsychology, neurocognitive disorders, caregiver well-being, grief and bereavement, and death and dying. Outside of work, Dr. Rieder enjoys refamiliarizing herself with piano and clarinet, thrifting and farmer market-ing, and watching cooking shows to help support her husband's continued growth as her personal chef.

Martina K. Ritchhart, Ph.D. (Chief of Psychology) Dr. Ritchhart attended Oklahoma State University and interned at the Tucson VA where she focused on health psychology. After internship she completed her postdoctoral hours working on a mobile acute crisis team. Although a slow study, she eventually learned to use the correct 10-codes on a police radio [It's bad to call in your 10-23 (location) and indicate that you are 10-41 (drunk)]. She learned the culture of the Sonoran Desert, both the people and the wildlife, and to this day is wary about both wild javelinas and turning her backside toward Jumping Cholla cacti (which it turns out, are aptly named). While still in Arizona she served as faculty for the Southern Arizona Internship Consortium, worked with the Southern Arizona Psychological Association board, and opened a private practice. After relocating to Southwest Illinois in 2006, she got her chance to return to the VA as one of the first two Primary Care Mental Health Integration (PCMHI) psychologists. One of her greatest joys was working with psychology interns and residents as the past training director. She currently serves on the facility LGBT committee, facility Employee Threat Assessment Team (ETAT), and Whole Health Integrative Care Champion. Her theoretical approaches are cognitive-behavioral and cross-cultural, and her clinical work is primarily in EBP and Ericksonian-informed medical hypnosis. She has a diverse extended family, loves anything that has to do with water, and would gladly practice Spanish and Amharic language with anyone. With that in mind, to all the new trainees: Bienvenido! & Enkwandenametah!

Marianne Rizk, Ph.D. (Health Behavior Coordinator, Health Promotion-Disease Prevention) Dr. Rizk was born and raised in Memphis, TN, where she walked regularly without blue suede shoes. Her educational journey took her to "The North," aka St. Louis, where she completed her Bachelor's in Psychology at Washington University.

Eager to learn what it would be like to live in the middle of a cornfield, she matriculated at the University of Iowa and earned her Ph.D. in Clinical Psychology. But after failing to register a single hit in the field of dreams, she returned to the VA St. Louis Health Care System to complete both her internship and postdoctoral residency, followed by happily accepting her staff position as Health Behavior Coordinator under Health Promotion-Disease Prevention. Clinically, Dr. Rizk conducts smoking cessation groups, psychosocial pre-surgical evaluations for organ transplant and bariatric surgery, and individual psychotherapy for disordered eating. She spends her free time watching far too much reality television and chasing her two young children.

Marva M. Robinson, Psy.D. (Primary Care- North County). Dr. Marva M. Robinson completed her undergraduate studies at Saint Louis University, graduating with magnum cum laude honors. She pursued her doctoral studies in Clinical Psychology at Nova Southeastern University where she graduated with a specialization in Forensics and a focus in Child, Adolescent and Family Psychology. She is a partner in a private practice which provides training, workshops, consultation on topics pertaining to Diversity, Equity and Inclusion. Dr. Marva Robinson is the past President of the St. Louis Chapter of The Association of Black Psychologist, an organization focused on addressing the mental health needs of people of the African Diaspora. Dr. Robinson worked with colleagues in St. Louis to address the acute crisis needs of the Ferguson and greater St. Louis community. Dr. Robinson has worked for and consulted with community health care agencies, state psychiatric facilities, in corrections, for hospitals and in private practice with diverse populations. She is often consulted by media outlets for her community expertise. Dr. Robinson also serves as an adjunct professor for Webster University in the Department of Educations since 2017. When not advocating for cultural competency and equity, she puts forth all her efforts in keeping her 11-year-old son, Preston, from picking up strange looking insects, and climbing trees.

Brandi L. Roelk Ph.D. (Interdisciplinary Pain Rehabilitation Program/Pain Psychology). A Midwest girl at heart, she was born in Louisville, KY and grew up in Southern Illinois. Dr. Roelk earned her B.A. in psychology from Bellarmine University in Louisville, Kentucky and her M.A. in clinical psychology from Southern Illinois University Edwardsville. For her doctoral education, Dr. Roelk decided to venture north to experience the winters of Detroit, MI where she earned Ph.D. in clinical psychology in 2021 from the University of Detroit Mercy. Following graduation, Dr. Roelk and her husband made move to Rochester, NY where she worked as a project director for the Center for Integrated Healthcare/VISN 2 VA Mental Illness Research, Education and Clinical Centers of Excellence (MIRECC). During her time in NY, Dr. Roelk coordinated a multisite RCT examining the use of PST to prevent suicide in older adults, working as a clinical interventionist for brief CBT-I and brief CBT-CP, and building her own research pilot to investigate PCMH in rural VAMCs. While enjoying exploring her interest in research, she realized that she missed clinical care and the Midwest. When the IPR/pain psychology position at the St. Louis VAMC was made available Dr. Roelk rushed to apply! She began her time at the STL VA in January 2023 and is looking forward to many years of coordinating the IPR program and chronic pain care. During

her down time, Dr. Roelk enjoys paddleboarding, playing with her two cats(Harley Quinn and Talia al Ghul), and board gaming.

Christina Ross, Psy.D. (C&P) Dr. Ross grew up in the St. Louis, MO. In the 4 years it took her to earn her B.A. in Psychology, Criminal Justice and Accounting she attended 4 different colleges/universities in and around the St. Louis area, and one in New York, before graduating from Lindenwood University in 2006. She settled in at the University of Indianapolis for her doctorate, where she earned her Psy.D. in 2006. Dr. Ross' research interests focused on child and adolescent psychology and PTSD in children affected by crime. She spent the next 5 years in Joplin, MO building a group private practice and working with the National Health Service Corps in areas of high need for psychologists. After the Joplin tornado, she and her husband decided to move their family back to the St. Louis area. Dr. Ross joined a group private practice for a short time before taking a contracting position with the United States Air Force working in the Mental Health Clinic at Scott Air Force Base. Dr. Ross quickly learned how rewarding working with Veterans can be and started considering positions with the VA. In 2016 a position with the VA became available at Scott AFB in the C&P clinic, which was the perfect fit for her at that point in her career. Dr. Ross' theoretical orientation is based on CBT interventions with an eclectic approach to therapy.

Keisha Ross, Ph.D. is a Staff Psychologist at St. Louis VA, Mental Health Clinic-John Cochran). Prior to joining the St. Louis VA staff, she has practiced in school based, independent, community mental health, and corrections settings. Her specialty areas include: treating and understanding complex trauma, racial/ethnic diversity intersection with other identities (e.g., religion/spirituality, sexual orientation, gender, etc.), as well as leadership and advocacy. Dr. Ross leads Minority Stress Resilience (MSR) Groups, working with Veterans of Color, focused on treating race-based stress/trauma (RBST). She also co-leads a national Innovation Grant focused on providing consultation based training for providers on RBST protocol; as well as a local grant focused on improving health communication between providers and racially/ethnically diverse patients. She serves as Co- Chair to the Psychology Cultural Competency (C3) Committee, and provides preceptee supervision for psychology interns. She is inaugural recipient of the first Advancing Diversity in Psychology Award (2020) and 2021 ADIP awardee. Dr. Ross' professional affiliations and membership include American Psychological Association (APA); Missouri Psychological Association (MOPA); and local St. Louis Chapter of the Association of Black Psychologists (ABPsi). Dr. Ross is Past President of MOPA (2017-2018), and founding Chairperson of MOPA's Diversity Committee. Her theoretical orientation for individual psychotherapy is integrative including multiculturalism, cognitive behavioral therapy (CBT) and psychodynamic-based theories; as well as implementation of other evidence based treatments, including cognitive processing therapy (CPT) and mindfulness based stress reduction (MBSR). Dr. Ross leads the Minority Stress Resilience (MSR) Group, working with Veterans of Color, focused on treating race based stress/trauma (RBST). Dr. Ross maintains small independent practice focused on conducting psychological evaluations for children and adults; as well as parenting assessments and expert testimony child custody evaluations. She also is Adjunct Faculty at Saint Louis University. Dr. Ross

provides regional, national, and international trainings on diversity and cultural competence with an emphasis on the impacts of historical/intergenerational trauma on communities of color. She volunteers in the community for faith based organizations providing psychoeducation on mental health to faith leaders, to assist in decreasing stigma among the religious/spiritual population. In her spare time, she enjoys traveling, spending time with her family, bike riding, gardening, and practicing holistic healing, such as Reiki and Aromatherapy

Sarah Shia, Ph.D., ABPP (Mental Health Clinic-Jefferson Barracks) Dr. Shia grew up in upstate New York and received a BA from the University of Rochester. She then attended Washington, DC's Catholic University of America, returning to Rochester for internship in the Department of Psychiatry at the University of Rochester Medical School. She completed a PhD in Clinical Psychology in 2001, moved to St. Louis in 2003 and began her position with the VA, in the Mental Health Clinic, in 2007. She is currently the Local Evidence Based Psychotherapy Coordinator and is board certified in Behavioral and Cognitive Psychology. Dr. Shia is a VISN 15 trainer for Cognitive Processing Therapy and also is a VA provider in Interpersonal Psychotherapy, Prolonged Exposure, and Acceptance and Commitment Therapy. She lives with her husband, three children, and sweet mutt in St. Louis County.

Veronica L. Shead, Ph.D. (Work Place Violence Prevention Program Manager/ Palliative Care) Dr. Shead returned to her hometown of St. Louis after serving as the Psychologist in Geriatrics and Palliative Care at the Audie L. Murphy VA Medical Center in San Antonio, TX. Prior to serving in South Texas, she worked at the Memphis VA Medical Center as a pain psychologist where she also completed her fellowship in Medical Health Psychology with a focus on late life. She completed her internship training in Clinical Neuropsychology at the University of Arizona Medical Center and received her PhD from Washington University in St. Louis with a focus on Neuropsychology and Aging. Dr. Shead has been very involved in geriatric and palliative care training and supervision within psychology and across disciplines. She has pursued involvement with national VA programs and serves on the STAR-VA leadership team, the National Mental Health Cultural Humility workgroup, and the Race Based Stress and Minority Resilience Leadership team. Within the community, she served on the Board of the San Antonio and South Texas Chapter of the Alzheimer's Association, was Secretary for the Society of Geropsychology (APA Div. 12-II), and was a member of the APA End-of-Life workgroup. She is currently the President-elect of the Council of Geropsychology Training Programs and is co-facilitator for the Association of VA Psychologist Leaders, Psychologists of Color and Allies monthly National Call. Dr. Shead also maintains clinical and research interests in late life issues, specifically: palliative care, integrated care and training, dementia assessment and treatment, as well as how these areas interface with health disparities and their effects on minorities and older adults. She has published on related topics and presented at numerous local, national, and international conferences. She was a 2020-2021 Health and Aging Policy Fellow with a placement in the office of Senator Michael Bennet's Health Policy team. In her on-going pursuit of balance and self-care, Dr.

Shed enjoys traveling around the world, running, concerts, eating, and spending time with her pack of rescue dogs along with the rest of her family.

Ruth Davies Sulser, Ph.D. (Assistant Chief of Psychology and Behavioral Health).

Dr. Davies Sulser received her Ph.D. in 1988 from Washington University in St. Louis, MO, in Clinical Psychology with an emphasis in Aging. She did her internship at the VA in Palo Alto, Ca. She spent several years working in Behavioral Medicine and then spent four years on the faculty at the University of Missouri, St. Louis before moving to the VA in 1993. She has published in the areas of cognitive/behavioral treatments of insomnia and depression, mental health and aging, and health promotion among older adults. She maintains strong interests in adaptation to age-associated change among older adults particularly after moving her 90-year-old father to Missouri. Clinically, she provides individual and couple's therapy Polytrauma/TBI Clinic and covers for other staff in the PCMH/Behavioral Health programs. Transplanted from the West Coast, she can also tell you all the reasons why baseball is better in the mid-west, and she is always looking for a great novel to read or trail to hike. She's the parent of two, one who is trying to be the 21st century Ross from "Friends" (PhD in Paleontology at the American Museum of Natural History) and doing a post-doc in his father's home country of Switzerland, and the other who is "re-leafing" the urban canopy with the not-for-profit tree nursery Forest ReLeaf in St. Louis.

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

Jessica Vanderlan Ph.D. (Siteman Cancer Center at Barnes Jewish Hospital and Washington University) Dr. Vanderlan grew up in upstate New York and Ohio. She attended the University of Michigan, graduating in 2004 with a B.A. in French. After college she headed to Los Angeles where she spent the next 11 years enjoying everything that the city and beaches have to offer. While working in corporate America, she began volunteering at For the Child, a non-profit organization in Long Beach, CA as a member of the CART (child abuse response team). She worked with families and children in the hospital immediately after disclosure of sexual abuse. She found this very rewarding and it peaked her interest in working with individuals through crises. In

2010, she began attending California School of Professional Psychology with a focus in clinical health psychology. After her first practicum working with a patient through cancer and end of life, she recognized this as an area of interest. Her next practicum was at Simms/Mann - UCLA Center for Integrative Oncology. The experiences working with patients through the cancer continuum in various settings as well as the mentorship she received made it clear that psycho-oncology was the place for her. She completed her internship at UCLA - Semel Institute and continued her focus in oncology. Dr. Vanderlan received her Ph.D. in 2015 and moved from LA to St. Louis for the post-doctoral fellow position at Siteman Cancer Center. After fellowship she was hired as a full-time psychologist at Siteman at Barnes-Jewish Hospital and Washington University. She enjoys clinical work with patients and caregivers, consultation with medical teams, teaching at the medical school, research, and supervision and mentorship with focus on self-care. Her theoretical orientation is integrated, typically using ACT, CBT, interpersonal, and existential interventions. She is still exploring St. Louis and enjoys dining out, going to the Fox, a regular yoga practice, and planning to finally adopt a dog.

Theresa M. Van Iseghem, Psy.D. (Whole Health) Dr. Van Iseghem is the resident Hippie of the psychology tribe (don't tell Dr. Dalton). A St. Louis native, she spent much of her younger years people watching on the Delmar Loop, writing angsty, grunge inspired, poetry, and working in her family owned catering business. As the youngest of seven, she became a systems therapist by proxy and eventually went on to make a career with equal parts of all the above – or something of the sort. In truth, Dr. Van Iseghem was born with a passion for helping people. Despite her blue-collar roots, she stayed course and made her own path into the clinical world. Dr. Van Iseghem's path to becoming a psychologist was of the less traditional sort and life experience has always been her first teacher. Her educational training started with a Bachelor of Arts Degree from Southern Illinois University @ Edwardsville in 2000 and then a combined Master's and Doctoral Degree from Forest Institute of Professional Psychology in Clinical Psychology in 2007. As part of her graduate training, she completed a Post-graduate certification in Marriage and Family Therapy and wrote her dissertation on the changing dynamics of the American family system. Residency shifted the focus of her interests to neuropsychology and understanding brain development and the impact of prenatal and postnatal traumatic stress exposure on the developing brain. After two years as a post-doctoral fellow with Children's Research Triangle and Southern Illinois Healthcare Foundation, Dr. Van Iseghem transitioned into private practice and into the VHA as a contract psychologist within the Compensation and Pension Department. This proved to be an invaluable induction into the VHA and added depth to her explorations of traumatic stress exposure on brain formation and disease development. In 2012, Dr. Van Iseghem moved into Primary Care Mental Health Integration in the St. Charles CBOC running what a previous intern dubbed, "her own small mental health clinic" on account of the fact that no veteran wants to cross the Missouri River...ever. During her years in the CBOC, Dr. Van Iseghem spearheaded the use of Shared Medical Appointments for treatment of T2DM and was the recipient of two innovation grants emphasizing healing environments, the most recent of which will reshape the clinic waiting room to incorporate aspects of mindfulness into the design. In 2018, she accepted the position of Psychologist in the Whole Health Program and is anxiously

awaiting her transition into this new role where she will bring back her hippie roots ~ advocating for the integration of complimentary treatment modalities as effective aspects of clinical practice. Dr. Van Iseghem is a 200 hour registered yoga teacher; she is provisionally certified in Mindfulness Based Stress Reduction and in the next year will seek certification in CBT for Chronic Pain, Biofeedback, and Medical Hypnosis. As part of Whole Health, Dr. Van Iseghem works with an integrated care team targeting chronic pain, autoimmune disease, and other complex biopsychosocial conditions that incorporate the mind body connection.

Sarah K. Wahl, Ph.D. (Interdisciplinary Pain Clinic-JB) Dr. Wahl was born and raised in St. Louis, MO. She moved to the big city of Chicago where she obtained her B.S. and B.A. at Loyola University. She earned her Ph.D. in Clinical Psychology from the University of Illinois at Chicago with an emphasis in health psychology. After getting tired of the long, cold winters and inability to find parking spots, she moved back to St. Louis where she was fortunate to match at the St. Louis VA for pre-doctoral internship. Dr. Wahl completed both her pre-doctoral internship and postdoctoral residency at the St. Louis VA. She joined the Primary Care Mental Health Integration (PCMHI) team in 2007. She transitioned to a contract VA employee conducting Compensation & Pension assessments between 2014 – 2020. She recently rejoined the Psychology staff in 2020 as a member of the Interdisciplinary Pain Clinic. When Dr. Wahl is not being challenged with exciting cases at the VA, she is busy at home with her 4 children and sports-fanatic husband. Dr. Wahl enjoys exercising, spending time with family and friends, and traveling. She has learned the difference between a trip and a vacation, and she longs for a vacation without any parental responsibilities! She also has a slight addiction to chocolate, but she is still in the pre-contemplative (aka denial) stage of change for this dietary behavior.

Ryan Walsh, Ph.D. (Domiciliary Care for Homeless Veterans) Dr. Walsh was born and raised in Milwaukee, Wisconsin. As a Wisconsinite, Dr. Walsh developed deep love for cheese, the Green Bay Packers, Milwaukee Brewers, and other fine Wisconsin products. He completed his BA in Psychology at the University of Wisconsin-Milwaukee in 2005, and moved to St. Louis in 2006 to begin his graduate training. Dr. Walsh received his Ph.D. through the University of Missouri-St. Louis in 2012, after having successfully completed his internship at the VA St. Louis Health Care System (where he also completed his postdoctoral training with the PTSD Clinical Teams). He joined the St. Louis VA as a staff psychologist in August of 2013. He has served in numerous clinics, and most recently (since 2016) he has served as the full-time psychologist in the Domiciliary Care for Homeless Veterans (DCHV) program. He has various interests, though enjoys spending most of his spare time with his loved ones.

Clara Wiegman, Psy.D. (Primary Care Mental Health Integration-Jefferson Barracks) Dr. Wiegman is a St. Louis native. She received her B.A. in Psychology from Webster University, where she originally pursued a degree in Piano Performance, but soon realized she liked people, and fresh air, too much to spend 8+ hours a day practicing. She earned her Psy.D. in Clinical Psychology from Xavier University in Cincinnati, Ohio. Having been landlocked all her life, Dr. Wiegman was thrilled to move

to the beach for the year and completed her predoctoral internship at the Miami VA. She served as a psychologist on the acute inpatient units at Dorothea Dix State Hospital in Raleigh for 2 years prior to accepting a position as the PTSD-SUD specialist in Fayetteville, NC. After 3 years in this role, Dr. Wiegman transitioned into the role of Trauma Recovery Program (TRP) coordinator. Her predominant theoretical orientation is cognitive behavioral, and she is certified in PST, PE, CBT-I and CBT-CP. She currently serves as the Chair of Psychology Practice Council. Dr. Wiegman is a member of the JB PACT for Transgender healthcare. She is excited to be back home and part of the psychology staff at the St. Louis VA.

Daniel Wilkinson, Ph.D., MBA (Asst. Program Manager, Outpatient Mental Health)

Dr. Wilkinson was first interested in psychology as a child after perusing his father's textbooks. While working on his Ph.D. in clinical psychology at Ohio University, he developed interests in medical psychology and consultation with physicians--starting on internship at the Cincinnati VAMC. Following his graduate training, Dr. Wilkinson began work with seriously mentally ill patients in a forensic setting. Dr. Wilkinson later served as a civilian staff psychologist for the Air Force. In this setting, Dr. Wilkinson performed command-directed evaluations, consulting with commanders about active duty members' fitness for duty and about factors that could impact adjudication of disciplinary and administrative issues. He also provided a full range of psychological services to the active duty population, receiving formal training in prolonged exposure to better serve them. From there, Dr. Wilkinson joined the St. Louis VA and began work in PCMHI, ultimately working at both campuses, an annex and a CBOC. During this span, he supervised postdoctoral residents, interns and practicum students. Dr. Wilkinson now serves as Assistant Program Manager of Outpatient Mental Health. When not on the job, Dr. Wilkinson takes great pride in teaching his children to be nice to the family mascots: "Petey the Chiweenie," his new sibling "Moose the Ballistic Moosle," a very talkative parakeet and two geckos. When not corralling (being corralled by?) the pets and 3 kids, he is probably engaged in nerdy gaming hobbies or annoying his wife with really loud music.

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

Attachment 1: Psychology Training Performance Improvement, Remediation & Dispute Resolution Policy



**DEPARTMENT OF VETERANS AFFAIRS
VA St. Louis Health Care System
#1 Jefferson Barracks Drive
St. Louis, MO 63125-4199**

In reply refer to: 116B/JB

Memorandum

RE: Psychology Training Performance Improvement, Remediation & Dispute Resolution Policy

I. Purpose: This memorandum outlines the VA St. Louis Health Care System psychology training program's training performance improvement, remediation, and dispute resolution policies. This memorandum is intended only to improve the internal management of the VA St. Louis Health Care System Psychology Training Program and is not intended to, and does not, create any right to administrative or judicial review, or any other right, substantive or procedural, enforceable by a party against the United States Department of Veterans Affairs, its officers or employees, or any other person.

II. Overview: It is the intention of the training program to foster the growth and development of interns and postdoctoral residents during their training assignments. We strive to create a learning context within which trainees can examine and improve upon all aspects of their professional functioning. Supervisors and preceptors should work with trainees to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the trainee and build upon their strengths. Trainees are encouraged to ask for, and supervisors are encouraged to give, feedback on a continuous basis.

We strive to accomplish the goals of training in a collaborative manner and have a process designed to help support professional growth and development. However, we have the ethical responsibility and are required to exercise our professional and supervisory judgment to appropriately assess each trainee's achievements in competency and conduct for the benefit of the public consumer and the discipline of psychology. Only those trainees who are able to meet minimum levels of achievement in training (as specified in our evaluation forms and materials) and who demonstrate professional conduct in every aspect of their clinical work and employment will successfully complete the training program.

Our program incorporates multiple processes to facilitate trainee growth and to provide clear communication regarding trainee strengths and weaknesses with all relevant parties. These processes include: oversight by preceptors (who function as mentors as well as supervisors to interns), use of the Trainee Evaluation Form (at the mid-rotation point and end of each rotation and at mid-year and year-end for preceptors) for identification of strengths and growth areas, and ongoing communication between the Training Council, supervisory staff, and the intern's graduate program's Directors of Training (where deemed necessary).

III. Policy: It is the policy of our program to make every effort to assist trainees in developing sufficient clinical and professional competencies. However, if the training program identifies violations in conduct according to the terms of their employment, if there is insufficient improvement or resolution of potentially remediable problematic behaviors that are identified, or if there are egregious problematic behaviors that are determined to be non-remediable in consultation with the Chief of Psychology, Training Council will fail the trainee on either the rotation or the entire training program. Either or both of these determinations could result in the trainee being terminated from the training program. Such circumstances would be highly unusual in our program and would typically occur after the implementation of procedures detailed herein.

IV. Definition of Problems in Trainee Performance: Problematic trainee behavior, although rare, is most often identified in areas such as employee conduct problems, clinical performance problems, or extra-psychology staff allegations. Training performance problems may cover a range of issues and behaviors. They are typically first identified when the nature of a trainee's behavior, attitude, or certain negative performance characteristics exceed what would be reasonably expected as part of the developmental process in training. Concerns about potentially problematic behavior presented by any person, at any time, through informal or formal channels, may be reviewed and considered for address.

A. Employee Conduct Problems: Such problems include issues involving the trainee's conduct as a VA employee, including but not limited to: the trainee's responsibility to faithfully fulfill the duties of their job description, to be at work promptly during scheduled tour of duty unless properly excused on leave, to attend mandatory trainings, to avoid conflicts of interest, to protect and conserve government property, to avoid use of intoxicating substances that may impair duties, and to follow drug free workplace policies. Conduct problems may also include behaviors which demonstrate a lack of professional comportment with staff or patients, behaviors which interfere with the training program's administrative efforts, or behavior which seems to mislead supervisors or training leadership regarding your activities during your tour of duty. Perceived harassing, threatening, or hostile behavior or action toward anyone in the workplace will not be tolerated. These, as well as general patterns of interpersonal interactions which are overly or persistently negative in nature, will be reviewed by the Training Council and brought to the attention of the Chief of Psychology. Employee conduct problems also include, but are not limited to:

- 1) Inability to comply with appropriate standards of professional conduct.
- 2) Failure to follow the APA ethical guidelines for psychologists.
- 3) Problematic relationships or problematic interpersonal interactions with supervisors, peers or other staff including overly hostile, argumentative, and verbally or physically threatening behavior.
- 4) Inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
- 5) Failure to adhere to time and attendance policies.
- 6) Failure to follow supervisory instruction.

B. Clinical performance problems: Clinical performance problems include, but are not limited to, identified deficiencies in therapeutic assessment, conceptualization, treatment, documentation, and consultation where a trainee demonstrates a current level of skill below what would reasonably be expected at their training level (internship or residency) in the judgment of their clinical supervisor, Training Director (TD)/Assistant Training Director (ATD), and Training Council (TC) members, if warranted.

C. Extra-psychology staff allegations: Any medical center employee, patient, or any other individual or entity may file a complaint against a trainee.

V. Procedures for Responding to Problematic Performance: In the context of any type of problematic trainee performance or behavior, the Training Council is not an adjudicatory body. Rather, the Training Council and Training Director serve in an advisory capacity and are responsible for making recommendations to the Chief of Psychology or designee. The structure of supervision, feedback, and supervisory consultation with the Training Council is designed to provide both trainees and supervisors with a structure for constructively reviewing progress and providing recommendations and actions to assist trainees in successfully meeting training requirements and competency benchmarks.

The Training Council actively tracks the progress and growth of all trainees during and at the conclusion of their rotations (or special emphasis areas, in the case of Postdoctoral Residents). Tracking or monitoring trainee performance may occur through informal and/or formal processes and through any means of communication (such as phone, email, or written messages).

The Trainee Evaluation Form is a formal channel by which supervisors provide feedback regarding a trainee's performance. The table below describes the evaluative meaning of each rating, the expected minimum level of achievement, and when to contact TC for possible remediation:

Expectation (Minimum Level of Achievement)	Contact TC (Possible Remediation)	Rating	Rating Descriptions
	<u>All Levels:</u> Any rating of 0	0	Remedial (Practicum Entry Level or Lower) - The trainee shows significant deficiencies in this skill area, with little to no autonomous judgment. The trainee is substantially below expectations for entry to the current level of training. Substantial supervision required on all cases/projects.
Expected Competency Ratings for <u>Interns</u> at <u>Q1</u>	<u>For Interns:</u> Q2-Q4: Competency Rating ≤ 1 Q4: Item Rating ≤ 1 <u>For Residents:</u> Any Rating of 1	1	Developing Entry Level Competence (Practicum exit level/Intern entry level) - Regular supervision required on most straightforward cases/projects and in new skill areas.
Expected Competency Ratings for <u>Interns</u> at <u>Q2 and Q3</u>	<u>For Interns:</u> Q4: Competency Rating ≤ 2 <u>For Residents:</u> Any Competency Rating ≤ 2 Q2-Q4: Item Rating ≤ 2	2	Intermediate Entry Level Competence - Trainee needs minimal structure for routine activities with required supervision, but requires regular supervision on challenging cases/projects and in new skills areas. Most cases/projects need consultation only.
Expected	<u>For Interns:</u> N/A	3	Readiness for Generalist Entry Level

<p>Competency Ratings for <u>Interns at Q4</u> <u>(GRADUATION REQUIREMENT)</u></p> <p>Expected Competency Ratings for <u>Residents at Q1</u></p>	<p><u>For Residents:</u> Q2-Q4: Competency ≤ 3 Q4: Item Ratings ≤ 3</p>		<p>Practice (<u>Intern exit level/resident entry level</u>): Trainee is prepared and competent for generalist entry-level independent practice and licensure. The trainee has the ability to:</p> <ul style="list-style-type: none"> independently function in a broad range of generalist clinical and professional activities generalize skills and knowledge to new situations self-assess when to seek additional training, supervision, or consultation. <p>Sound critical thinking/judgment evident overall. This is the level required for successful completion of the internship training program.</p>
<p>Expected Competency Ratings for <u>Residents at Q2 and Q3</u></p>	<p><u>For Interns:</u> N/A</p> <p><u>For Residents:</u> Q4: Competency Ratings ≤ 4</p>	4	<p>Developing Advanced Competence- 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 trainee has fully mastered this skill area and can handle complex situations independently under the required supervision.</p>
<p>Expected Competency Ratings for <u>Residents at Q4</u> <u>(GRADUATION REQUIREMENT)</u></p>	<p><u>For Interns:</u> N/A</p> <p><u>For Residents:</u> N/A</p>	5	<p>Advanced Competence (<u>Resident exit level</u>): Sound critical thinking/judgment is evidenced in advanced or specialized area(s). The trainee has the ability to:</p> <ul style="list-style-type: none"> generalize advanced or specialist skills and knowledge to novel and/or complex situations demonstrate expertise in a broad range of clinical and professional activities serve as an expert resource to other professionals. <p>Consultation needed on very complicated cases/projects. This is the level required for successful completion of the residency training program.</p>
		6	<p>Diplomate (ABPP) level (typical psychologist 2 years post-degree). Trainee demonstrates a distinguished level of competency, notably beyond what is typically observed by post-doctoral residents who have completed their training year.</p>

- A. Investigating Concerns: Any trainee who receives evaluation scores indicating that they are not meeting required minimum levels of achievement is considered to have a substantiated concern. When a concern regarding potentially problematic trainee performance that is not reflected on the evaluation form is brought to the attention of TC, the TD, ATD, and/or designee may choose to consult with other members of TC and/or Chief of Psychology and will investigate to determine if the concern is substantiated by doing one or more of the following, as appropriate:
1. Speaking with the trainee in question to provide feedback on expressed concern and gather trainee's perspective.
 2. Speaking with the supervisor involved to better understand concerns
 3. Speaking with any other parties with information relevant to the issue
 4. Reviewing training records and any other relevant documentation
 5. Consulting with the trainee's graduate program

A concern will be considered substantiated if there is evidence that problematic trainee behavior/performance was demonstrated or observed, as defined in section IV above. Trainees will be notified both verbally and in writing via a Notice of Review if they are determined to have a substantiated concern.

- B. Addressing Substantiated Concerns:
1. The primary responsibilities of the TD/ATD (and/or designee) when addressing a substantiated concern about a trainee are to: evaluate the expressed concern(s) with respect to the seriousness of the concern(s) and to determine the level of intervention that is most appropriate. The TD/ATD and/or designee will consult with Training Council and may consult with the Chief of Psychology at any time during this process to evaluate the seriousness of a concern and/or for feedback and input on appropriate interventions or avenues for resolving concerns.
 2. Trainees with substantiated concerns may share their perspective with TC verbally by attending a TC meeting or in writing prior to TC determination of a plan for addressing the concern.
 3. After reviewing the relevant information, TC will determine by a majority vote, without the trainee present, whether concerns are considered "minor" or "significant" and indicative of a need for remediation or other follow-up from MH leadership. TC will then communicate this recommendation to the Chief of Psychology.
 4. If a concern is determined to be minor by TC vote, TD/ATD and/or designee will communicate directly with the trainee in question and supervisors and suggest avenues for resolving problems. Resolutions at this level may include: no action, watchful monitoring, a skills development plan, and/or general recommendations for further building competency. A skills development plan allows for the trainee to gain additional knowledge, training, or skills practice in a specific performance area and requires monitoring and follow-up reporting to TD/ATD and/or TC within a specific time frame.
 5. If a concern represents a significant deficit in skill, practice, or behavior, TD/ATD and/or designee will directly communicate to the intern both verbally and in writing as to the nature of expressed concerns. In these instances, TD/ATD and/or designee may consult with other TC members, the trainee's supervisor(s), and/or

Chief of Psychology as warranted. In these instances, TD/ATD and/or designee will consult with TC and the trainee in question to develop a Formal Remediation Plan in order to remediate these concerns. The implementation of a formal remediation plan requires that the trainee demonstrate successful completion of the plan and resolution of the problematic behavior in order to be considered as successfully completing the training program.

6. The Formal Remediation Plan will be a written document that includes the following components:
 - a. A description of the problematic performance issue(s)
 - b. Specific recommendations for rectifying the problems and increasing satisfactory competence.
 - c. A timeframe for the performance period during which the problem is expected to be addressed, changed, or improved.
 - d. A description of how improvements in identified skill, practice or behavior will be demonstrated
 - e. Procedures for the trainee and supervisors to assess and report to TD/ATD and/or designee whether the problem has been appropriately rectified.
 - f. The recommendations in the Formal Remediation Plan may include, but are not limited to:
 - i. Increased supervision, either with same or other supervisors
 - ii. Change in format, emphasis, and/or focus of supervision
 - iii. Reduction in trainee's clinical duties or recommendation for leave of absence
7. In the case of Psychology Interns, where formal remediation is considered necessary: (1) In accordance with APA Standards of Accreditation, the Training Council will notify the intern's affiliated academic training program and alert them to the identified problem and collaborate with that program to the extent deemed appropriate by the Training Council, and (2) Supervisory staff will have clear dialogue with the Intern about what they can or cannot provide in the way of professional references for job or postdoctoral positions to which the Intern may apply during the training year.
8. In the case of Psychology Residents, where formal remediation is considered necessary: The Training Council will consider the level of training of Residents and their ethical obligation to evaluate Residents as having successfully completed postdoctoral training with skills and behaviors sufficient for independent practice. Because Residents are seeking job placement during their training, the Training Council will recommend (1) that residency supervisors have a clear dialogue with the Resident about what they can or cannot provide in the way of professional references for job placement, and (2) the Training Council may vote to submit a formal Letter of Concern into the Resident's training file, which will be removed only upon successful completion of the Formal Remediation Plan and successful completion of all other areas of training competency.

It should be noted that a Letter of Concern in the Resident's file may have a potentially negative impact upon any future requests for documentation or reference to state licensing boards (e.g., the Supervisor's Attestation Form for the Missouri State Committee of Psychologists-SCOP).

9. Once the Formal Remediation Plan has been issued, the trainee's performance and status will be reviewed during monthly TC meetings or as specified in the Formal Remediation Plan. TD/ATD and/or designee will seek information from involved supervisors as well as the trainee regarding status and progress. Following review of progress and the input of those involved, the Training Council will then determine by a majority vote whether the trainee is viewed to have successfully resolved the Formal Remediation Plan, whether a new Formal Remediation Plan and further monitoring should be conducted, or whether consultation is needed with the Chief of Psychology pertaining to whether actions toward failure of training or termination should be initiated.

In rare cases, when the opinion of the Training Council is that the performance or behavior of a trainee may compromise the care of clients or colleagues, or where their level of performance is so deficient that they cannot ethically be recommended for independent practice, the Training Council may recommend immediate dismissal from the training program. Terminations are initiated at the discretion of the Chief of Psychology as outlined in existing VA regulations and policy.

VI. Failure to Correct Problems: If it has been determined that there has been a failure to correct the problem(s) in keeping with the terms of a Formal Remediation Plan, TD/ATD and/or designee will conduct a formal review and notify the trainee as well as the preceptor, in writing, of failure to meet the conditions for satisfying the terms of the appropriate notice.

When a combination of interventions does not correct the problematic performance within a reasonable amount of time (as defined in Formal Remediation Plan), or when a trainee appears unwilling or unable to alter the identified problem at any point during the training year, the Training Council may elect to take further formal action which may include, but is not limited to:

- 1) Suspension of the trainee for a limited time from engaging in certain professional activities until there is evidence that the identified problem has been rectified. Suspensions beyond the specified period of time may result in termination or failure to graduate the program.
- 2) Depending on the gravity of the identified problem, the Training Council may inform the trainee and preceptor that the trainee will not successfully complete the internship or residency if the Training Council cannot establish that sufficient competency has been achieved.
- 3) If by the end of the training year, the trainee has not successfully completed the training requirements, the Training Council may recommend that Psychology Interns not graduate from their academic programs or that Psychology Residents not be recommended or referred for positions of independent practice or licensing.
 - a. Intern trainees will be informed in writing that they have not successfully completed the internship. The academic program of intern trainees will be notified of such.
 - b. Resident trainees will be informed in writing that they have not successfully completed postdoctoral training/residency. They will be provided a copy of the Letter of Concern placed in their training file and reminded of the implications with respect to reference requests from state licensing boards and future employers.

All of the above steps/actions will be appropriately documented and implemented in ways that are consistent with the process as outlined above, including the opportunity for trainees to initiate dispute resolution proceedings in response to the Training Council's decisions. Please refer to the policy on disputes below.

Special Note: Problematic behaviors identified in the last month of the training year, whether similar to those previously addressed or not, may still result in a trainee being recommended for remediation if the Training Council believes they are significantly problematic. Should identification of problems occur in a time frame that does not allow a reasonable amount of time to address or remediate behaviors, or for the Training Council to properly follow the typical course of Notice of Review and corrective planning, the Training Council will recommend the trainee not complete the program. For interns, this means their graduate program will be notified that our program will discharge as "incomplete" and recommend the graduate program take necessary steps for the intern's remediation. For residents, this means they will not successfully complete the program and their file will be listed as such.

VII. Training Program Dispute Resolution Processes

Training Council dispute resolution processes may address issues related to trainee disagreements with TC or supervisor feedback regarding performance problems, as well as training-related disputes with one or more members of the training faculty.

When encountering problems with TD/ATD or TC members, it is often most appropriate for the trainee to address the problems directly with the other individuals involved. Should a trainee have a concern related to TC decisions, policies, or any other aspect of training, it is recommended that the trainee first attempt to address the concern informally and directly with the TD and/or ATD or, in the case of a concern with a specific member of TC, with the party directly involved. In the vast majority of cases, this approach generates a collegial and timely outcome.

If a trainee has a training-related concern with a member of the training program staff that is not satisfactorily addressed via informal means, the trainee has two parallel paths that can be followed to seek redress. The first path is through the training program's dispute resolution process. The second path is through the medical center's Alternative Dispute Resolution process for employees. Concerns can be addressed through either or both of these paths. The training program generally suggests that the trainee first employs the training program dispute resolution process. The training program process tends to be more informal and collegial and often can be a learning experience for the trainee, as well as offering the opportunity for redressing the dispute. Ultimately, however, this is the trainee's decision to make.

Should a trainee wish to utilize the training program's dispute resolution process, the trainee must inform the training director of this request in writing within 10 days of the concern. Following receipt of the trainee's written disagreement through the training program's dispute resolution process, the following actions will be taken:

- A. The written notice of disagreement will be forwarded to the Chief of Psychology, who will further investigate to determine if the concern is substantiated, and if so, will provide guidance for correction or remediation of the problem. The Chief of Psychology's investigation will minimally involve:
 - i. speaking with the TC member in question to provide feedback on expressed concern and gather TC member's perspective

- ii. speaking with the party filing reporting the dispute to better understand concerns
- B. At the Chief of Psychology's discretion, investigation may also include:
 - i. speaking with any other parties with information relevant to the issue
 - ii. reviewing training records and any other relevant documentation
 - iii. consulting with TD/ATD (if they are not the subject of the notice of disagreement) and/or consulting with TC members (if they are not the subject of the of the notice of disagreement)

The decision of the Chief of Psychology concludes the training program dispute resolution process. Once a decision has been made, the trainee will be informed in writing of the actions taken.

Trainees with disagreements related to training that are not addressed via informal means also have the option to utilize the medical center Alternative Dispute Resolution (ADR) process. This is a voluntary program with an impartial 3rd party mediator and the parties involved in this process do not need to accept any recommendations that emerge from this process. A high percentage of cases brought before the ADR counselor are resolved at the mutual satisfaction of both parties. Contact information about ADR can be found on the facility intranet webpage: [ADR-Brochure.pdf \(va.gov\)](#).

Trainees should also be aware that the medical center has policies governing the right of employees to be free of harassment, Equal Employment Opportunity (EEO) Counseling for matters of potential discrimination, and reasonable accommodations for employees with disabilities. The facility's Medical Center Memorandums (MCMs) are all available through the medical center's intranet website, which can be accessed from most workstations in the medical center.

Documentation and Storage of Complaints/Disputes

In accordance with the *Standards of Accreditation for Health Service Psychology* (APA CoA, 2015) and as specified in the Implementing Regulations, (C-7 I. and C-7 P., 2021) the psychology training program is responsible for keeping information and records of all formal complaints and disputes, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs. The CoA expects this program to keep all materials pertaining to each of the complaints/disputes filed against it during the aforementioned time period.

Complaints/disputes are documented in the training program through written communication from the trainee (electronic or otherwise). This may include a description of the nature of the complaint and parties involved, as well as administrative documentation from the TD, ATD, or TC members to include additional information regarding what actions were taken, what administrative level was involved in resolution, and what actions, if any, were taken in order to satisfactorily resolve the dispute.

The training program may also keep a separate log of these incidents which summarizes the date of complaints, nature of the disagreement, and summary of actions and resolution. The training program may include this log of complaints in its self-study document to share with APA site visit teams. Site visitors reserve the right to view the full record of program materials on any or all of the filed complaints.

Storage of complaints/disputes as well as a general log of incidents, if kept, will be stored electronically in a shared folder that is only accessible to Training Council Leadership and the Records Manager.

Lauren Mensie, Ph.D. –Training Director
VA St. Louis Health Care System – Psychology Training Council
Predoctoral and Postdoctoral Training Programs
v.2023

Attachment 2: Psychology Supervision Performance Improvement, Remediation & Dispute Resolution Policy



**DEPARTMENT OF VETERANS AFFAIRS
VA St. Louis Health Care System
#1 Jefferson Barracks Drive
St. Louis, MO 63125-4199**

In reply refer to: 116B/JB

Memorandum

RE: Psychology Supervision Performance Improvement, Remediation, and Dispute Resolution Policy

1. **Purpose:** This memorandum outlines the VA St. Louis Health Care System Psychology Training Program's due process policies on problematic supervisor performance. This memorandum is intended to establish processes related to expectations in the performance of psychologists engaged in the auxiliary task of supervising psychology trainees. The policy is intended only to improve the internal management of the VA St. Louis Health Care System Psychology Training Program and is not intended to, and does not, create any right to administrative or judicial review, or any other right, substantive or procedural, enforceable by a party against the United States Department of Veterans Affairs, its officers or employees, or any other person.
2. **Overview:** It is the intention of the training program to ensure trainees at all levels are provided with satisfactory supervisory experiences and are not subject to problematic or negligent behavior on behalf of a staff supervisor. This memorandum serves to indicate how such instances will be handled by the Training Council (TC).
3. **Policy:** It is the intention of the TC to ensure satisfactory supervisory experiences for trainees. We have and will continue to solicit regular feedback from trainees and peers/colleagues with respect to supervisor behavior and comportment.

TC is committed to the continuing professional development of both trainees and supervisors and is dedicated to maintaining a training community where problems can be identified and resolved as quickly and productively as possible. TC strongly supports and encourages active communication among supervisors, supervisees, and TC throughout training. TC, in accordance with authoritative behavioral health guidelines and standards, recommends that supervisors attempt to address supervisee concerns at the lowest level of formal intervention possible. The Training Director (TD) and Assistant Training Director (ATD) are a resource for both trainees and staff for addressing problems that cannot be resolved at the trainee-supervisor or trainee-preceptor levels. The role of the TD and ATD is to facilitate problem-solving among the individuals involved.

It is important to note that neither the TD nor the ATD has supervisory authority over professional staff. They cannot make or recommend disciplinary actions to the supervisor as

an employee (i.e.; jurisdiction is limited to the employee's role as a supervisor, not as a member of the medical staff).

4. **Definition of Problems in Supervisor Performance:** Performance is identified as problematic when there is a substantiated claim that any of the following is demonstrated by a supervisor:
- 7) Failure to provide supervision services as outlined in APA Guidelines for Clinical Supervision in Health Service Psychology ([APA Guidelines for Clinical Supervision in Health Service Psychology](#)). In brief, failure to do any of the following (see attached link for detailed description):
 - a. Provide supervision within areas of clinical competence, coordinate/communicate with TC, and maintain competencies in supervision, working with diverse populations, and incorporating technology.
 - b. Develop and maintain self-awareness regarding diversity competence, planfully strive to enhance one's own competency via lifelong learning, and facilitate diversity competence in supervisees.
 - c. Maintain a collaborative and respectful supervisory relationship, with clearly outlined responsibilities and expectations for both supervisor and trainee, and regularly provide feedback to trainee.
 - d. Demonstrate professionalism in one's own comportment and interactions and teach trainees the knowledge, skills, and attitudes related to their own professional comportment.
 - e. Provide open, transparent, competency-focused feedback about trainee performance to both the trainee and TC in a collaborative and ongoing manner.
 - f. Understand and adhere to program, APA, institutional, and legal policies related to performance evaluations and performance concerns.
 - g. Model ethical and legal practices, as outlined in program policies, APA guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations and teach trainees to do so.
 - 8) Failure to provide supervision as outlined in APA Standards of Accreditation and Implementing Regulations ([Policies and Procedures \(apa.org\)](#)), including failure to:
 - a. Provide the required amount of supervision to interns and residents, per SoA (IR C-14 I. and C-14 P.) and local program policies:
 - i. For interns, 90 minutes per week per rotation and 60 minutes per week for preceptor, to total 4 hours
 - ii. For residents, 120 minutes per week from a minimum of 2 supervisors
 - b. Base all written evaluations in part on direct observation (IR C-17 I. and C-17 P.)
 - 9) Failure to abide by program and institutional policies regarding:
 - a. Supervision coverage, including requirement for supervisor to be on-site when trainee is providing face-to-face care or to identify an on-site emergency coverage supervisor and communicate this to trainee.

- b. Record-keeping, including submitting all required documentation in timely manner.

- 10) Failure to acknowledge, understand, or address problems once they have been identified and brought to supervisor's attention.

5. **Procedures for Investigating and Responding to Problematic Performance:**

A. Investigating Concerns:

- 1. When a concern regarding potentially problematic supervisor performance is brought to the attention of TC, the TD, ATD, and/or designee may choose to consult with TC Supervision Specialists and will investigate to determine if the concern is substantiated by doing one or more of the following, as appropriate.
 - i. speaking with the supervisor in question to provide feedback on expressed concern and gather supervisor's perspective
 - ii. speaking with the trainee involved to better understand concerns
 - iii. speaking with any other parties with information relevant to the issue
 - iv. reviewing training records and any other relevant documentation

A concern will be considered substantiated if there is evidence that problematic supervisor behavior was demonstrated or observed, as defined in Section 4 above.

- 2. In cases where there is concern regarding problematic supervisor performance on the part of the TD and/or ATD, the Chief of Psychology will direct the above efforts in consultation with TC Supervision Specialists. In the event there is concern regarding problematic supervision performance of the TD, ATD, and Supervision Specialists, the Chief of Psychology will direct the above efforts, in consultation with the two eligible TC members with the greatest length of service on TC. In cases where there is concern regarding problematic behavior of the entire TC, the Chief of Psychology will direct the above efforts.

B. Addressing Substantiated Concerns:

- 1. TC leadership's primary responsibilities when evaluating a substantiated concern about supervision are to: evaluate the expressed concern(s) with respect to the seriousness of the concern(s) and to determine the level of intervention that is most appropriate. TC leadership may consult with TC Supervision Specialists at any time during this process to evaluate the seriousness of a concern or for feedback and input on appropriate interventions or avenues for resolving concerns.
 - i. If a concern is determined to be minor, Training Council Leadership or designee will communicate directly with the supervisor in question and suggest avenues for resolving problems. Resolutions at this level may include: no action, watchful monitoring, and/or general recommendations for further building supervisory competency.
 - ii. If the concern represents a significant deficit in skill, practice, or behavior that can be remediated, TC leadership or designee will directly communicate to the supervisor both verbally and in writing as to the nature of the expressed concerns. In these instances, TC

leadership will consult with the Chief of Psychology and the supervisor in question to develop a Formal Performance Improvement Plan in order to remediate these concerns. The Performance Improvement Plan may include:

- a) restriction in training roles/duties
- b) participation in a collaborative/structured feedback process
- c) didactic training
- d) peer mentoring of supervision process (by default provided by specific members of TC)

TC leadership and the Chief of Psychology will monitor the supervisor's progress on the Performance Improvement Plan. Failure to meet the goals of the Formal Performance Improvement plan will result in the supervisor being asked to step down from supervisory duties and/or any other role in the training program. TC will notify the supervisor, in writing, of failure to meet the conditions of the plan. Any non-training related sequelae of failure to meet requirements of the Performance Improvement Plan would be at the discretion of the Chief of Psychology.

- iii. If the concern is determined to be significant and not correctable, or is representative of particularly egregious behavior, TC leadership will immediately notify the Chief of Psychology, who will direct the investigation. The supervisor will also be notified verbally and in writing as to the nature of the expressed concerns and the involvement of mental health leadership. In these situations, TC will recommend that supervision privileges be suspended, pending review/guidance by mental health leadership.

Supervisors who receive a Performance Improvement Plan, or who otherwise disagree with any Training Council decision regarding their status in the program are entitled to challenge Training Council leadership's actions by providing written notice of disagreement. Within 10 working days of receipt of the TD's notice or other decision, the supervisor must inform the TD and/or ATD in writing of their disagreement with the Council's action. The supervisor must also provide the TD or ATD with information as to why the supervisor believes the TC's action is unwarranted. **Failure to provide such information will constitute an irrevocable withdrawal of the challenge.**

Note that there will be no discrimination because of race, color, religion, national origin, sex or sexual orientation, lawful political affiliation, membership or nonmembership in a labor organization, marital status, nondisqualifying disability, age, or other irrelevant factors in any separation or other action under this part.

6. Training Program Dispute Resolution Process

Training Council dispute resolution processes may address issues related to supervisor disagreements with TC feedback regarding performance problems, as well as training-related disputes with one or more members of the training faculty.

When encountering problems with TC leadership or TC members, it is often most appropriate for the supervisor to address the problems directly with the other individuals involved. Should a supervisor have a concern related to TC decisions, policies, or any other aspect of training, it is

recommended that the supervisor first attempt to address the concern informally and directly with the TD and/or ATD or, in the case of a concern with a specific member of TC, with the party directly involved. In the vast majority of cases, this approach generates a collegial and timely outcome.

If a supervisor has a training-related concern with a member of the training program staff that is not satisfactorily addressed via informal means, the supervisor has two parallel paths that can be followed to seek redress. The first path is through the training program's dispute resolution process. The second path is through the medical center's Alternative Dispute Resolution process for employees. Concerns can be addressed through either or both of these paths. The training program generally suggests that the supervisor first employs the training program dispute resolution process. The training program process tends to be more informal and collegial and often can be a learning experience for the supervisor, as well as offering the opportunity for redressing the dispute. Ultimately, however, this is the supervisor's decision to make.

Following receipt of the supervisor's written disagreement through the training program's dispute resolution process, the following actions will be taken:

- C. The written notice of disagreement will be forwarded to the Chief of Psychology, who will further investigate to determine if the concern is substantiated, and if so, will provide guidance for correction or remediation of the problem. The Chief of Psychology's investigation will minimally involve:
 - i. speaking with the TC member in question to provide feedback on expressed concern and gather TC member's perspective
 - ii. speaking with the party filing reporting the dispute to better understand concerns
- D. At the Chief of Psychology's discretion, investigation may also include:
 - iv. speaking with any other parties with information relevant to the issue
 - v. reviewing training records and any other relevant documentation
 - vi. consulting with TD/ATD (if they are not the subject of the notice of disagreement), consulting with TC Supervision Specialists (if they are not the subject of the of the notice of disagreement), and/or other senior members of TC (who are not the subjects of the notice of disagreement).

The decisions of the Chief of Psychology are final. Once a final and binding decision has been made, the supervisor will be informed in writing of the actions taken.

Medical Center Alternative Dispute Resolution Process for Employees

Supervisors with disagreements related to training that are not addressed via informal means also have the option to utilize the medical center Alternative Dispute Resolution (ADR) process. This is a voluntary program and the parties involved in this process do not need to accept any recommendation that emerge from this process. A high percentage of cases brought before the ADR counselor are resolved at the mutual satisfaction of both parties. Contact information about ADR can be found on bulletin boards throughout the medical center or through Human Resources.

Supervisors should also be aware that the medical center has policies governing the right of employees to be free of harassment, Equal Employment Opportunity (EEO) Counseling for matters of potential discrimination, and the right to reasonable accommodations for employees with disabilities. These Medical Center Memorandums (MCMs) are all available through the

medical center's intranet website, which can be accessed from most workstations in the medical center.

Documentation and Storage of Complaints/Disputes

In accordance with the *Standards of Accreditation for Health Service Psychology* (APA CoA, 2015) and as specified in the Implementing Regulations, (C-7 I. and C-7 P., 2015) the psychology training program is responsible for keeping information and records of all formal complaints and disputes, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs. The CoA expects this program to keep all materials pertaining to each of the complaints/disputes filed against it during the aforementioned time period.

Complaints/disputes are documented in the training program through written communication from the supervisor (electronic or otherwise). This may include a description of the nature of the complaint and parties involved, as well as administrative documentation from the TD, ATD, or TC members to include additional information regarding what actions were taken, what administrative level was involved in resolution, and what actions, if any, were taken in order to satisfactorily resolve the dispute.

The training program may also keep a separate log of these incidents which summarizes the date of complaints, nature of the disagreement, and summary of actions and resolution. The training program may include this log of complaints in its self-study document to share with APA site visit teams. Site visitors reserve the right to view the full record of program materials on any or all of the filed complaints.

Storage of complaints/disputes as well as a general log of incidents, if kept, will be stored electronically in a shared folder that is only accessible to Training Council Leadership and the Records Manager.

Lauren Mensie, Ph.D. –Training Director
VA St. Louis Health Care System – Psychology Training Council
Predoctoral and Postdoctoral Training Programs
v.2023

Attachment 3 - Trainee Evaluation Form

Trainee Evaluation Form

Trainee Name:

Date Evaluation Completed:

Circle/Mark Trainee Type: Intern Rotation

Intern Preceptee (or)

Resident

Name of Rotation Area/Program:

Indicate quarter:	Q1	Q2	Q3	Q4
For Intern Rotations, indicate:	1A	1B	2A	2B

Was some form of Direct Observation (not audio) provided for this evaluation? Yes (required)

Name of Person(s) Completing Form and Degree:

1. _____ Licensed Psychologist? Yes / No
2. _____ Licensed Psychologist? Yes / No
3. _____ Licensed Psychologist? Yes / No

All Supervisors - Describe experiences during this training period:

PRECEPTORS – Describe input from independent training activities or special competency activities and whether the consultant supervisor observed the activities:

Special Competency Activities	Consultant Supervisor(s) providing input:	Direct Observation?
Supervision Seminar		Y / N
Independent Research/Science Activity (research project/ Grand Rounds)		Y / N

Evaluation Rating Scale:

Expected Intern Trajectory		
Q1	Q2-Q3	Q4

0	1	2	3	4	5	6
Practicum or Lower	Practicum Exit/Intern Entry Level	Intermediate Entry Level Competence	Intern Exit Level/Resident Entry Level	Developing Advanced Competence	Advanced Competence (Resident Exit Level)	Diplomate (ABPP) Level

Expected Resident Trajectory		
Q1	Q2-Q3	Q4

Brief Scoring Guidance by Training Level:

Internship Scoring Guidance:

Quarter	Minimum <u>Overall Competency Rating</u> for each profession-wide competency to avoid possible remediation	Minimum <u>ratings for individual items</u> to avoid possible remediation

Quarter 1	≥ 1	≥ 1
Quarters 2 and 3	≥ 2	≥ 1
Quarter 4 (Graduation Requirement)	≥ 3	≥ 2

Residency Scoring Guidance:

Quarter	Minimum Overall Competency Rating for each profession-wide competency to avoid possible remediation	Minimum ratings for individual items to avoid possible remediation
Quarter 1	≥ 3	≥ 2
Quarters 2 and 3	≥ 4	≥ 3
Quarter 4 (Graduation Requirement)	≥ 5	≥ 4

Detailed Scoring Guidance

Key:

Competency Rating = Overall Competency Rating for each Profession-Wide Competency

Item Rating = Individually scored items listed within each competency domain

Expectation (Minimum Level of Achievement)	Contact TC (Possible Remediation)	Rating	Rating Descriptions
	<u>All Levels:</u> Any rating of 0	0	Remedial (Practicum Entry Level or Lower) - The trainee shows significant deficiencies in this skill area, with little to no autonomous judgment. The trainee is substantially below expectations for entry to the current level of training. Substantial supervision required on all cases/projects.
Expected Competency Ratings for Interns at Q1	<u>For Interns:</u> Q2-Q4: Competency Rating ≤1 Q4: Item Rating ≤1 <u>For Residents:</u> Any Rating of 1	1	Developing Entry Level Competence (Practicum exit level/Intern entry level) - Regular supervision required on most straightforward cases/projects and in new skill areas.
Expected Competency Ratings for Interns at Q2 and Q3	<u>For Interns:</u> Q4: Competency Rating ≤ 2 <u>For Residents:</u> Any Competency Rating ≤ 2 Q2-Q4: Item Rating ≤2	2	Intermediate Entry Level Competence - Trainee needs minimal structure for routine activities with required supervision, but requires regular supervision on challenging cases/projects and in new skills areas. Most cases/projects need consultation only.
Expected Competency Ratings for Interns at Q4 (GRADUATION REQUIREMENT) Expected Competency	<u>For Interns:</u> N/A <u>For Residents:</u> Q2-Q4: Competency ≤3 Q4: Item Ratings ≤3	3	Readiness for Generalist Entry Level Practice (Intern exit level/resident entry level) : Trainee is prepared and competent for generalist entry-level independent practice and licensure. The trainee has the ability to: <ul style="list-style-type: none"> independently function in a broad range of generalist clinical and professional activities

Ratings for Residents at Q1			<ul style="list-style-type: none"> generalize skills and knowledge to new situations self-assess when to seek additional training, supervision, or consultation. <p>Sound critical thinking/judgment evident overall. This is the level required for successful completion of the internship training program.</p>
Expected Competency Ratings for Residents at Q2 and Q3	<p><u>For Interns:</u> N/A</p> <p><u>For Residents:</u> Q4: Competency Ratings ≤4</p>	4	<p>Developing Advanced Competence- 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 trainee has fully mastered this skill area and can handle complex situations independently under the required supervision.</p>
Expected Competency Ratings for Residents at Q4 (GRADUATION REQUIREMENT)	<p><u>For Interns:</u> N/A</p> <p><u>For Residents:</u> N/A</p>	5	<p>Advanced Competence (Resident exit level): Sound critical thinking/judgment is evidenced in advanced or specialized area(s). The trainee has the ability to:</p> <ul style="list-style-type: none"> generalize advanced or specialist skills and knowledge to novel and/or complex situations demonstrate expertise in a broad range of clinical and professional activities serve as an expert resource to other professionals. <p>Consultation needed on very complicated cases/projects. This is the level required for successful completion of the residency training program.</p>
		6	<p>Diplomate (ABPP) level (typical psychologist 2 years post-degree). Trainee demonstrates a distinguished level of competency, notably beyond what is typically observed by post-doctoral residents who have completed their training year.</p>

(i) Research

Item Ratings	
1A. Understands research methodologies (data collection, analysis, etc.) and is able to critically evaluate clinical practices, interventions, programs, and research.	<div>0 1 2 3 4 5</div> <div>6 [N/O]</div>
1B. Independently reviews and incorporates scientific knowledge to clinical practice, program development, and/or educational presentations.	<div>0 1 2 3 4 5</div> <div>6 [N/O]</div>
1C. Independently able to identify a topic of interest or need, to design and conduct an appropriate course of scholarly inquiry, and to disseminate information for a targeted audience (e.g., Psychology Grand Rounds).	<div>0 1 2 3 4 5</div> <div>6 [N/O]</div>

Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.

Competency Rating: Research

Please provide your overall rating of this trainee's current competency in the area of: Research. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).

0 1 2 3 4 5
6 [N/O]

Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.

(ii) Ethical and legal standards

Item Ratings

2A. Demonstrates knowledge of, and adherence to, APA Ethical Principles and Code of Conduct as well as relevant laws, regulations, rules, and policies governing health service psychology at organizational, local, state, regional, and federal levels.

0 1 2 3 4 5
6 [N/O]

2B. Independently recognizes ethical dilemmas and applies ethical decision-making in order to resolve them.

0 1 2 3 4 5
6 [N/O]

Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.

Competency Rating: Ethical and Legal Standards

Please provide your overall rating of this trainee's current competency in the area of: Ethical and Legal Standards. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).

0 1 2 3 4 5
6 [N/O]

Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.

<i>(iii) Individual and cultural diversity</i>								
Item Ratings								
3A. Demonstrates awareness of how their own personal/cultural history, attitudes, and biases may influence their understanding and interactions with people different from themselves.	0	1	2	3	4	5	6	[N/O]
3B. Demonstrates depth of client conceptualization based upon the broadest interpretation of individual diversity and integrates relevant factors in their approach to assessment, interventions, programming, and outreach.	0	1	2	3	4	5	6	[N/O]
3C. Integrates theoretical and empirical knowledge of diversity, culture, and social justice principles into clinical practice and is able to apply a framework for working with individuals whose identity or worldview conflicts with their own.	0	1	2	3	4	5	6	[N/O]
<i>Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.</i>								
Competency Rating: Individual and Cultural Diversity								
Please provide your overall rating of this trainee's current competency in the area of: Individual and Cultural Diversity. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0	1	2	3	4	5	6	[N/O]
<i>Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.</i>								

<i>(iv) Professional values, attitudes, and behaviors</i>								
Item Ratings								
4A. Demonstrates professional behavior and comportment evidenced by dependability, honesty, accountability, timeliness, and willingness to take responsibility for one's own actions and behaviors.	0	1	2	3	4	5	6	[N/O]
4B. Demonstrates timely completion of clinical documentation and timely responsiveness to email, paging, and other communications with supervisors and service department.	0	1	2	3	4	5	6	[N/O]
4C. Demonstrates self-reflection and awareness of own competencies and limitations; appropriately seeks supplemental consultation and supervision.	0	1	2	3	4	5	6	[N/O]
4D. Demonstrates openness and responsiveness to supervision, feedback, and direction.	0	1	2	3	4	5	6	[N/O]
4E. Maintains appropriate boundaries with interdisciplinary staff, support staff, and program faculty.	0	1	2	3	4	5	6	[N/O]
4F. Takes initiative to engage in continued learning and utilizes all available resources of the training setting to fulfill training goals.	0	1	2	3	4	5	6	[N/O]

4G. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	0 1 2 3 4 5 6 [N/O]
<i>Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.</i>	
Competency Rating: Professional Values, Attitudes, and Behaviors	
Please provide your overall rating of this trainee's current competency in the area of: Professional values, attitudes, and behaviors. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0 1 2 3 4 5 6 [N/O]
<i>Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.</i>	

<i>(v) Communications and interpersonal skills</i>	
Item Ratings	
5A. Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, communities, organizations, supervisors, supervisees, and those receiving professional services.	0 1 2 3 4 5 6 [N/O]
5B. Verbal, nonverbal, and written communication is informative, integrated, and demonstrates a thorough grasp of professional language and concepts.	0 1 2 3 4 5 6 [N/O]
5C. Demonstrates ability to effectively manage difficult communication.	0 1 2 3 4 5 6 [N/O]
<i>Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.</i>	
Competency Rating: Communication and Interpersonal Skills	
Please provide your overall rating of this trainee's current competency in the area of: Communication and interpersonal skills. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0 1 2 3 4 5 6 [N/O]
<i>Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.</i>	

<i>(vi) Assessment</i>	
Item Ratings	
6A. Selects appropriate assessment measures and methods based upon empirical literature.	0 1 2 3 4 5 6 [N/O]
6B. Interprets assessment results according to professional standards, guarding against decision-making biases and distinguishing subjective from objective aspects of assessment.	0 1 2 3 4 5 6 [N/O]
6C. Communicates assessment findings, in verbal and written format, in an effective manner and with non-biased	0 1 2 3 4 5 6 [N/O]

recommendations appropriate to the service recipient.	
6D. Demonstrates competent differential diagnostic skills and thorough knowledge of DSM-5.	0 1 2 3 4 5 6 [N/O]
6E. Demonstrates ability to conduct and document a thorough risk assessment.	0 1 2 3 4 5 6 [N/O]
<i>Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.</i>	
Competency Rating: Assessment	
Please provide your overall rating of this trainee's current competency in the area of: Assessment. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0 1 2 3 4 5 6 [N/O]
<i>Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.</i>	

<i>(vii) Intervention</i>	
Item Ratings	
7A. Establishes and maintains effective relationships with veteran patients.	0 1 2 3 4 5 6 [N/O]
7B. Accurately provides informed consent to veteran patients including a description of the limits of confidentiality.	0 1 2 3 4 5 6 [N/O]
7C. Implements interventions informed by scientific literature, assessment findings, diversity characteristics, and contextual variables specific to the service delivery context and goals.	0 1 2 3 4 5 6 [N/O]
7D. Evaluates intervention progress and outcomes and modifies and adapts evidence-based approaches effectively to meet the unique needs of individual Veterans.	0 1 2 3 4 5 6 [N/O]
7E. Effectively manages clinical challenges such as power differentials, boundaries and ambivalence to change.	0 1 2 3 4 5 6 [N/O]
<i>Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.</i>	
Competency Rating: Intervention	
Please provide your overall rating of this trainee's current competency in the area of: Intervention. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0 1 2 3 4 5 6 [N/O]
<i>Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.</i>	

<i>(viii) Supervision</i>	
Item Ratings	
8A. Demonstrates knowledge of supervision models and understanding of ethical, legal, and contextual issues of the supervisor role.	0 1 2 3 4 5 6 [N/O]
8B. Demonstrates effective (supervised) supervision skills with less advanced students or peers by effectively managing boundaries and power differentials, incorporating key interpersonal and scientific concepts, and providing effective direction through constructive feedback.	0 1 2 3 4 5 6 [N/O]
<i><u>Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.</u></i>	
Competency Rating: Supervision	
Please provide your overall rating of this trainee's current competency in the area of: Supervision. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0 1 2 3 4 5 6 [N/O]
<i><u>Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.</u></i>	

<i>(ix) Consultation and interprofessional/interdisciplinary skills</i>	
Item Ratings	
9A. Demonstrates knowledge and respect for the roles and perspectives of other professions and adapts methods of assessment, documentation, and verbal consultation based upon unique interdisciplinary contexts and Veteran needs.	0 1 2 3 4 5 6 [N/O]
9B. Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning	0 1 2 3 4 5 6 [N/O]
<i><u>Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.</u></i>	
Competency Rating: Consultation and Interprofessional/Interdisciplinary Skills	
Please provide your overall rating of this trainee's current competency in the area of: Consultation and interprofessional/interdisciplinary skills. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0 1 2 3 4 5 6 [N/O]

Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.

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

- Trainee Strengths:
- Growth Areas (include specific recommendations to improve competencies):
- Progress on corrective recommendations you have given over the course of this evaluation period (if applicable)?
- Is the trainee ready to move to the next level of training, or independent practice?
- Other specific recommendations for future development

Please list the title of the scholarly project and briefly describe how project is planned for completion.

Current status? ___Yes, completed ___In progress ___No, not begun ___N/A

Supervisor

Date

Supervisor

Date

Supervisor

Date

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

Signature of Trainee

Date

Attachment 4: COVID-19 Materials

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

The Psychology Training Program strives to provide detailed and accurate information about training during the COVID-19 pandemic. In March 2020, all trainees successfully transitioned to providing clinical care and training remotely. In April 2021, trainees returned to campus along with staff.

As a training program, we are committed to following the recommendations of our medical center and our overseeing/accrediting bodies to plan for the full range of training contingencies in order to provide the best patient care and training that we can. At this time (July 2023), trainees and staff are providing care in both face-to-face and virtual settings.

- Personal Protective Equipment (PPE) requirements vary according to clinical area. Your supervisor will inform you of required PPE procedures in your area and will ensure you have the necessary PPE. (Please contact the TD immediately if you need assistance obtaining PPE).
- Trainee orientation will include Fit Testing to ensure that all trainees are assessed by Industrial Hygiene for appropriate N95 masks, if needed.
- Trainee orientation will include an overview by nursing staff about Infection Prevention, PPE, and Hand Hygiene.