



**WASHINGTON D.C.  
VA MEDICAL CENTER**

**PSYCHOLOGY INTERNSHIP PROGRAM**

Director of Psychology Training Programs

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Updated Fall 2023

## Table of Contents

<b>Welcome and Overview .....</b>	<b>4</b>
<i>Our Setting: The Washington D.C. VA Medical Center.....</i>	4
<i>Training Programs in Brief .....</i>	5
<i>Philosophy of Training .....</i>	6
<i>The Psychology Training Committee .....</i>	6
<i>Trainee Participation on the Training Committee.....</i>	7
<i>Mentorship within our Training Programs .....</i>	7
<i>Ethical Guidelines .....</i>	8
<i>Diversity and Inclusion Statement.....</i>	8
<i>Environment of Fairness .....</i>	9
<i>Transparent Recruitment and Selection Process.....</i>	9
<i>Retention of Trainees.....</i>	10
<b>Internship Training Program .....</b>	<b>11</b>
<i>Goals of the Internship Training Program .....</i>	11
<i>Achieving the Goals of Internship .....</i>	13
<b>I. Components of Internship Training.....</b>	<b>14</b>
<i>Rotation Description.....</i>	16
<i>Community Living Center.....</i>	16
<i>Ft. Belvoir CBOC .....</i>	17
<i>Health Psychology .....</i>	18
<i>Home Based Primary Care (HBPC).....</i>	20
<i>Mental Health Clinic .....</i>	21
<i>Neuropsychology .....</i>	22
<i>Psychosocial Rehabilitation and Recovery Center (PRRC) .....</i>	24
<i>Trauma Services Program .....</i>	25
<i>Substance Abuse Rehabilitation Program (SARP) .....</i>	26
<i>Women’s Health Clinic.....</i>	27
<b>II. Long-term Enrichment Experience.....</b>	<b>28</b>
<i>Acceptance and Commitment Therapy.....</i>	28
<i>Cognitive Behavioral Therapy for Insomnia .....</i>	28
<i>Cognitive Processing Therapy .....</i>	29
<i>Telehealth Couples and Family Services (CBOC) .....</i>	29

<i>Program Evaluation/ Research Program .....</i>	<i>30</i>
<b>III. Comprehensive Assessments .....</b>	<b>30</b>
<b>IV. Intern Didactics .....</b>	<b>30</b>
<b>Professional Development Series.....</b>	<b>31</b>
<i>Neuropsychology Didactics.....</i>	<i>31</i>
<i>General Meetings.....</i>	<i>32</i>
<i>Meeting with the Training Director .....</i>	<i>32</i>
<i>Staff Meetings .....</i>	<i>32</i>
<b>Supervision.....</b>	<b>33</b>
<i>Graduated Levels of Responsibility.....</i>	<i>33</i>
<i>Assessment of Baseline Competence in Psychotherapy.....</i>	<i>34</i>
<i>Evaluation Requirements.....</i>	<i>34</i>
<b>Eligibility, Salary, and Benefits .....</b>	<b>35</b>
<i>Communication with Intern Doctoral Program.....</i>	<i>36</i>
<i>Outside Employment.....</i>	<i>36</i>
<b>Staff Biographies.....</b>	<b>38</b>
<i>Director, Psychology Training Programs.....</i>	<i>38</i>
<i>Chief, Psychology Service .....</i>	<i>38</i>
<i>Community Living Center.....</i>	<i>39</i>
<i>Ft. Belvoir CBOC .....</i>	<i>40</i>
<i>Health Psychology .....</i>	<i>40</i>
<i>Home Based Primary Care .....</i>	<i>41</i>
<i>Mental Health Clinic .....</i>	<i>42</i>
<i>Neuropsychology .....</i>	<i>43</i>
<i>Polytrauma Psychology .....</i>	<i>44</i>
<i>Primary Care Mental Health Integration (PC-MHI).....</i>	<b><i>Error! Bookmark not defined.</i></b>
<i>Psychosocial Rehabilitation and Recovery Program (PRRC) .....</i>	<i>45</i>
<i>Substance Abuse Rehabilitation Program (SARP) .....</i>	<i>45</i>
<i>Trauma Services Program .....</i>	<i>46</i>
<i>Women’s Health Clinic.....</i>	<b><i>Error! Bookmark not defined.</i></b>
<i>Additional Staff Biographies.....</i>	<i>48</i>
<b>Appendix A: .....</b>	<b>51</b>
<b>RIGHTS &amp; RESPONSIBILITIES, DUE PROCESS, &amp; GRIEVANCE PROCEDURES..</b>	<b>51</b>

## Welcome and Overview

Welcome to our training program. We are humbled that you will one day become the face of psychology. We hold in high regard the importance of providing you with the best training possible so that you have the tools and resources, motivation, and perseverance needed to advance the field of psychology.

In any unfamiliar institutional setting, having comprehensive information available will have a positive impact on your experience. Knowledge of both the formal and informal structure of the medical center, its organization, and mechanisms by which patient care, education, and research are intermingled will help you get the most from your training experience.

This handbook is designed to be used in conjunction with the psychology internship and postdoctoral fellowship pages on the [DC VAMC website](#) and with training resources found on the medical center's shared drive. A copy of this handbook will be provided in the trainees' offices, in the Director of Psychological Training Program's office, and to each trainee electronically (individual paper copies also available upon request).

## Our Setting: The Washington D.C. VA Medical Center

All training takes place within the Washington DC VA Medical Center (DCVAMC) and its five surrounding Community Based Outpatient Clinics (CBOCs). The DC VAMC is under the authority of the Veterans Health Administration (VHA). The VHA is the part of the U.S. Department of Veterans Affairs that is responsible for providing health care for Veterans, as well as funding health research and training for health care providers.

Located in the nation's capital, the DC VAMC is among the most visible and dynamic facilities in the entire VA system. Patients seen at the DC VAMC are primarily Vietnam-era Veterans in the 60-70 age range. The DC VAMC also serves Veterans who participated in World War II, the Korean War, Gulf War I, Bosnia, and other conflicts, as well as many who experienced non-combat trauma (i.e., Military Sexual Trauma (MST), training accidents, responding to natural disasters, etc.). The DC VAMC is very active in providing outreach, education, assessment, and treatment to our newest returning Veterans.

The DC VAMC is a comprehensive medical center that treats Veterans of all genders who have a wide array of medical and psychiatric illnesses needing treatment in both inpatient and outpatient settings and is a tertiary care, Complexity Level 1B facility. It provides comprehensive primary and specialty care in medicine, surgery, neurology and psychiatry. The DC VAMC is part of the Veterans Integrated Service Network (VISN). In addition to the DC VAMC, [VISN 5](#) includes the VA Maryland Health Care System (Baltimore, Perry Point, and Loch Raven MD); and Medical Centers in Clarksburg,

Beckley, Huntington and Martinsburg, West Virginia. The DC VAMC is the designated Polytrauma Network Site for VISN 5.

The DC VAMC is one of the few VAMCs affiliated with four Medical Schools: George Washington University, Georgetown University, Howard University, and the F. Edward Hebert School of Medicine, Uniformed Services School of the Health Sciences. The DC VAMC is a participant of the National Capitol Consortium (a research-based consortium) and has agreements with Walter Reed National Medical Center and The National Naval Medical Center.

## **Training Programs in Brief**

### **Practicum Program**

The DCVAMC Psychology Service hosts approximately 25 - 30 practicum students each year. Clinics that routinely accept practicum students include

- 1) **Health Psychology**
- 2) **Home Based Primary Care (HBPC)**
- 3) **Mental Health Clinic**
- 4) **Neuropsychology**
- 5) **Psychosocial Rehabilitation and Recovery Center (PRRC)**
- 6) **Polytrauma**
- 7) **Primary Care –Mental Health Integration (PC-MHI)**
- 8) **Substance Abuse Rehabilitation Program (SARP)**
- 9) **Trauma Services Program**

Please see our Practicum Training Brochure for additional details.

### **Internship Program**

Our generalist model internship program is accredited by APA. We have seven internship positions.

General Track (5 positions) – **119311**

Neuropsychology Track (2 positions) - **119312**

### **Postdoctoral Fellowship Program**

There are three training emphasis tracks within the Psychology Postdoctoral Fellowship Program:

- 1) Health Emphasis (Liver Disease and HIV)
- 2) Serious Mental Illness Emphasis
- 3) Trauma Emphasis

## Philosophy of Training

In our program, we collectively view it as our mission to support psychology trainees in developing their individual identities as psychologists while ensuring they possess the necessary skills and competencies to advance towards independence. Two areas our program highlights are diversity/inclusion and program evaluation/program development.

Our program attends to and values the diversity reflected in our staff, trainees and the veterans we serve, and emphasizes the importance of preparing psychology trainees to deliver patient centered, evidence based psychological services that incorporate individual and cultural diversity at all aspects of assessment, treatment planning and intervention. We offer multiple opportunities for psychology trainees to become involved in program evaluation, with the intent of encouraging them to think critically about how programs function and consider how they can develop and improve clinical, research and systems processes for the future.

## The Psychology Training Committee

The Psychology Training Committee consists of the Director of Psychology Training Programs, psychology staff members, and the Chief, Psychology Service as an ex-officio member. Two of our most important members are our intern and postdoctoral fellow representatives. The committee meets at least monthly or more frequently, as needed.

Policy recommendations, training philosophy, and development and evaluation of the psychology training program are the responsibilities of the training committee. The training program follows the "[Standards of Accreditation for Health Service Psychology](#)" and the [Code of Ethics of the American Psychological Association](#) . These guidelines give our program its direction and guide our professional practice. As a member of APPIC, we also follow the [standards and guidelines](#) that pertain to all APPIC Internship Programs .

### Our Training Committee consists of the following members:

Aparna Arjunan	Michael Knep	Leonard Tate
Christine Brown	Scott Levson	Candace Tomes (DPT)
Nicole Cammack	Elizabeth Paddrik	<i>Intern representative</i>
Lindsay Gerolimatos	Julie Rones	<i>Postdoctoral representative</i>

Joshua Johnson

Lauren Skalina

Leah Squires (Chief)

Jennifer Strang

## **Trainee Participation on the Training Committee**

Trainees are invaluable members of the Training Committee. They serve as liaisons between trainees and staff, which supports direct communication and improved understanding between staff and trainees.

**Former trainees who have served on the training committee have been instrumental in the ongoing development of the training program. For example, trainees have contributed to ongoing review and revision of training documents, participated in discussion of the program’s mission and vision, contributed to the program’s orientation redesign, and collaborated with the Training Director on special projects designed to support ongoing reflection on our training programs. Trainees serving on the training committee have had the opportunity to accompany the training director on site visits and to collaborate with training directors both in VA and outside of VA.**

Both the intern class and the fellow class have representation on the Training Committee. Depending on the cohort, a single intern or fellow will serve for the year, or the cohort may opt to rotate this duty over the course of the year. Trainees are encouraged to serve on subcommittees of the larger training committee in which they have interest.

## **Mentorship within our Training Programs**

The American Psychological Association defines a mentor as “an individual with expertise who can help develop the career of a mentee. A mentor often has two primary functions for the mentee. The career-related function establishes the mentor as a coach who provides advice to enhance the mentee’s professional performance and development. The psychosocial function establishes the mentor as a role model and support system for the mentee. Both functions provide explicit and implicit lessons learned related to professional development as well as general work-life balance.

The Washington DC VA Medical Center Psychology Training Program is committed to the professional development of psychology trainees at all levels. As part of this commitment, the program strongly encourages interns to collaborate with a mentor during their training year. The mentee-mentor relationship is non-evaluative. This is

an opportunity for interns to build a relationship with a psychologist who will provide support, guidance, and modeling based on the trainee's career and personal trajectory.

For interns, initial mentorship matches are assigned by the Director of Psychology Training. The expectation is that mentors and mentees meet at least monthly for the first six months of the training year. After that point, a trainee may opt to work with a different mentor that they have identified, or to adjust the mentorship in another manner to better meet their professional development goals.

In recognition that psychologists in training may be able to serve as role models and mentors to trainees at earlier levels of training, our site also provides the opportunity for interns to provide mentorship to practicum students. Interested interns are given guidance on drafting their own mentorship biographies and receive support from the Mentorship Program Coordinator throughout the course of their training year. This program is optional for trainees; however, has been reported as highly valuable for those who participated as either mentor or mentee.

Mentorship can occur in many ways and may develop as part of relationships both within and outside the Washington DC VA Medical Center. While we believe that the formal mentorship program provides an excellent opportunity for trainees to receive mentorship, it is not the only way to do so.

## **Ethical Guidelines**

We adhere to the APA Ethical Principles of Psychologists and Code of Conduct. Copies of these principles are kept in the intern, postdoctoral fellow and Director of Psychology Training offices and can be downloaded [here](#).

## **Diversity and Inclusion Statement**

The Psychology Training Program of the Washington DC VAMC places diversity and inclusion at the core of our training philosophy. We take very seriously our responsibility to contribute to the development of psychologists who are prepared to provide patient centered, evidence-based treatment to individuals of diverse, intersecting identities.

We promote diversity at every level within our training program and under the larger umbrella of the Mental Health Service Line (MHSL) in which our training program operates. We believe that selecting the country's top talent for trainees and for staff positions from all groups within our communities helps us better serve the Veterans with whom we work and gives us the high-level skill set we need to work with such a complex population. Our training program recruits intern applicants from hundreds of unique colleges and universities across the United States. Among these institutions are Hispanic Serving Institutions, Historically Black Colleges and Universities, Asian American and



Native American Pacific Islander Serving Institutions, and Native American Serving Institutions.

As a federal employer, the Washington DC VAMC strictly follows all EEOC policies on fair recruitment and other personnel practices. Job announcements are nationally advertised on USAJOBS, a federal workforce website, which opens VA employment opportunities to a wide variety of applicants from different geographical areas, socioeconomic groups, cultural backgrounds, and ethnicities.

We aim to take diversity beyond mere representation of different identities towards authentic *inclusion*. We recognize that gains with regards to representation of diverse groups in our trainee and staff will not be sustained if our work environment does not promote engagement of all team members. We are committed to recognizing and celebrating the intersecting identities of our psychology trainees and staff and work to create brave spaces in didactics and supervision where challenging conversations about practicing psychology in a diverse world can occur.

## **Environment of Fairness**

We work to check and recheck our system processes, learn from our missteps, and make changes based on feedback. For that reason, we have implemented a formal process where trainees evaluate us on a variety of aspects, from the overarching structure of the program, to specific rotation and supervision experiences. Formal processes include soliciting feedback on didactic and other educational programming, trainee evaluations of supervisors, rotation experiences, and the training program as a whole, as well as both individual and cohort meetings with the training director at regular intervals during the training program and an exit interview at the end of training. Informal feedback is also welcome throughout the training career and can be directed to the training director and members of the training committee.

## **Application and Selection Procedures**

### **Transparent Recruitment and Selection Process**

Our recruitment and selection process is guided by the following mission statement: “To produce a welcoming experience that 1) demonstrates core qualities shared by the training program and its staff including: dedication to training and to the selection process, warmth and openness, a sensitivity to diversity issues, availability, and collaboration, and 2) is straightforward, organized, thoughtful, and clear.”

The intern selection process involves all of our training program staff, while fellows and practicum students are selected by the specific clinical teams/emphasis areas to which they apply to work. Members of the training committee periodically review and update the selection process for internship and fellowship. All applications are reviewed by multiple staff, using a structured review guide. We have standardized our interview procedures and interviewers annually review scoring guidelines to increase inter-rater reliability. We make efforts to allow ample time for interviewees to ask us questions about the training program, and to meet with current trainees, so that they may make an informed decision about the goodness of fit with our site.

## **Retention of Trainees**

Retention of highly skilled psychology staff is a top priority for our training program. Many of our current staff psychologists were recruited as trainees. From the beginning of our training year, we provide numerous opportunities for interns & fellows to hear about various career trajectories both in and outside of VA. We work to create a growth-oriented environment through formal didactics and mentorship that promotes discussion about advancement opportunities and encourages our trainees to consider employment within VA once the training year concludes.

In addition, we post announcements for new positions on USA Jobs and a variety of VA listservs including the internship training directors' listserv and the postdoctoral fellow training director listserv.

We take every opportunity to give new hires a reason to stay. We work to familiarize them with their new role and training program culture. We recognize that the first few weeks can be the most difficult time for any staff member, and so we work to connect them not just with our leadership structure, but also with other supervisors as well as other trainees. In reiterating how we appreciate new ideas, creativity and innovation, we talk about how these characteristics set staff members up for opportunities for advancement.

The following sections provide detailed information about our Internship Program. Additional details about our Practicum Program are found in the Practicum Program Brochure.

# Internship Training Program

## Goals of the Internship Training Program

The DC VAMC Psychology Service runs an active APA accredited Internship in Health Service Psychology. Currently there are seven interns. Our internship program is a generalist model.

The training program follows the "[Standards of Accreditation for Health Service Psychology](#)" and the [Code of Ethics of the American Psychological Association](#) . These guidelines give our program its direction and guide our professional practice. As a member of APPIC, we also follow the [standards and guidelines](#) that pertain to all APPIC Internship Programs .

Consistent with the Standards of Accreditation for programs in Health Service Psychology, at the DCVAMC our training program attends to and assesses interns' competence in the following areas:

1. **Research**
2. **Ethical and legal standards**
3. **Individual and cultural diversity**
4. **Professional values, attitudes and behaviors**
5. **Communication and interpersonal skills**
6. **Assessment**
7. **Intervention**
8. **Supervision**
9. **Consultation and interprofessional/interdisciplinary skills**

Throughout your training year, you will be evaluated by your supervisors in these areas. Below are descriptions of how we address each competency area.

1. **Practice Anchored in Professional and Research Literature:** Interns make use of clinical research literature to inform their practice. Supervisors model incorporation of research findings into clinical decision making. Finally, interns also have the option to complete a year-long enrichment experience in program evaluation/research.
2. **Ethical and legal standards:** It is our expectation that interns join us with a basic understanding of the ethical and legal standards that pertain to the practice of psychology. Interns are evaluated by supervisors with regards to awareness of ethical issues and demonstrated competence in addressing ethical dilemmas in practice.
3. **Individual and cultural diversity:** Our program places individual and cultural diversity at the core of our training philosophy. Attention to diversity is infused

throughout all elements of our training program, from clinical supervision, didactics and other training opportunities. Interns are evaluated by their supervisors with regards to awareness and incorporation of individual and cultural diversity into their practice. Interns are also asked to provide feedback regarding attention to diversity in didactics and supervision.

4. **Professional values, attitudes and behaviors:** Administrative and professional issues frequently arise in day-to-day practice and are formally addressed in supervision and staff meetings. These issues include patient safety and confidentiality, maintaining positive professional relationships, knowing when to seek consultation with staff, and assuming responsibility for key patient care tasks.
5. **Communication and interpersonal skills:** Interns are evaluated at each rotation with regards to communication and interpersonal skills with patients, staff and supervisors.
6. **Assessment:** The internship focuses on the use of structured clinical interviewing supplemented with psychological, cognitive, diagnostic, and neuropsychological assessment measures in treating patients with a variety of presenting problems. The impact of family, work setting, current hospitalization, and other facets of an individual's intersecting identities on their presentation is considered. Individualized assessment is emphasized, and training is given in the use of computer-supported assessment tools.
7. **Intervention:** The internship includes systematic training in a range of evidence-based psychotherapies. Training in psychotherapeutic approaches is intended to build on the interns' current skills and based upon the development of these skills over the course of the internship, intern responsibilities increase in complexity and level of autonomy. In addition to rotation-based intervention training, for their long-term enrichment experience interns can choose from a selection of year-long experiences training in one of several evidence-based psychotherapies offered by the VA.
8. **Supervision:** At the intern level training in supervision is provided on select rotations where interns may participate in the supervision of other psychology trainees. To ensure that all interns gain exposure to the practice of supervision, interns also have didactic presentations about evidenced based supervision.
9. **Consultation:** Consultation is a separate and essential area of expertise for professional psychologists that involves answering referral questions from interdisciplinary staff. Interns are frequently working on interdisciplinary teams where they have opportunities to first observe supervisors responding to consults, and then take a more active and independent role in responding to referral questions.

## **Achieving the Goals of Internship**

**Goal 1: Interns incorporate professional and research literature findings in their professional practice and use evidence-based practice.**

- In clinical settings, interns are encouraged to review the literature to inform their case conceptualization and treatment planning.
- Several didactics focus on the application of research findings to real world practice.
- Interns have opportunities to receive focused training in several empirically supported treatments.
- Interns with special interest in research or program evaluation have the option of completing a long-term experience in this domain.

**Goal 2: To foster interns' understanding and implementation of ethical and legal standards in practice.**

- Supervisors model ethical practice and incorporate discussion of ethical matters into supervision meetings.
- Intern didactic series includes presentation of ethics topics on a regular basis, with opportunities for case discussion and consultation.

**Goal 3: To prepare interns to deliver patient centered, evidence based psychological services that incorporates individual and cultural diversity at all aspects of assessment, treatment planning and intervention.**

- Supervision and seminars are used to foster an understanding of diversity awareness as a practice and to facilitate interns' development of their own self-reflective practice.
- Didactic presentations incorporate discussion of individual and cultural diversity as they pertain to the topic being presented.
- The program regularly assesses effectiveness of training through survey of psychology trainees and staff.

**Goal 4: To help interns develop their professional values, attitudes and behaviors.**

- Supervisors model professional behaviors and foster discussion of interns' development of a professional identity.
- The training director facilitates a monthly professional development series that includes topics related to career development, as well as guided self-reflections.
- Interns can participate on the Training Committee and other committee meetings to observe the professional interactions of psychology staff.
- Interns may choose to participate in the Psychology Mentorship Program to receive mentorship, and/or serve as a mentor to a psychology practicum student.

**Goal 5: Interns demonstrate effective communication and use of interpersonal skills with patients, other psychology staff and interdisciplinary team members.**

- Staff members model effective communication strategies, in all interactions with interns.
- Interns are evaluated regularly with regards to ability to communicate with patients to form and maintain therapeutic alliance.
- Interns receive training and feedback with regards to written and verbal communication with other health professionals.

**Goal 6: Interns develop their knowledge of psychological assessment.**

- All interns complete six psychological assessments during the internship year.
- Interns attend seminars on psychological evaluation.
- Interns are supervised on assessment and report writing.
- Interns present cases to staff in case conferences.

**Goal 7: Interns progress towards readiness for independent practice of psychotherapy.**

- Interns engage in both individual and group psychotherapy.
- Interns are exposed to a wide variety of presenting concerns, including the chronic and severely mentally ill.
- Interns attend seminars on psychotherapy conducted by both staff and outside consultants.
- Supervision and Training Plans are individualized and takes into account interns' specific training needs.

**Goal 8: Interns increase their understanding of the practice of supervision provision, in preparation for future roles as supervisors.**

- Intern didactics include presentation on theories and practice of supervision.
- Depending on the rotation, interns have the opportunity to participate in the supervision of a practicum student, under the guidance of a licensed staff psychologist.

**Goal 9: interns develop consultative skills.**

- In most rotations, Interns are placed on multi-disciplinary teams where consultation is expected.

Interns first observe their licensed supervisor in team consultation and then proceed towards greater independence of team interaction as appropriate.

## **I. Components of Internship Training**

The internship year is comprised of two, six-month rotation periods. Each of these rotation periods include these major components: rotations, long-term enrichment experiences, comprehensive assessments, and didactics. The required workweek is 40 hours. Our expectation is that interns will be able to meet the requirements of internship

within a 40-hour work week, however there may be weeks where you spend slightly more time on site. Interns will spend at least 25% of their week in direct patient care.

The internship year is structured to provide significant breadth of training through exposure to a wide range of experiences while offering sufficient time to provide depth of learning and building of expertise. Within each six-month rotation period, General track interns will complete a major and minor rotation. Interns will spend approximately 24 hours (three days) per week in their major rotations and 8 hours (one day) per week in their minor rotation. The remaining hours will be spent in didactics, administrative activities, and the long-term enrichment experience. The long-term enrichment experience spans the course of the internship year and provides an in-depth clinical training or research opportunity. Interns have the opportunity to participate in an evidence-based psychotherapy training as well as engage in VA-related programmatic or clinical research. The typical rotation schedule for the training year is represented in the table below:

<b>Fall Rotations (July – January)</b>	<b>Spring Rotations (January – July)</b>
Major Rotation 1	Major Rotation 2
Minor Rotation 1	Minor Rotation 2
Long Term Enrichment Experience	

<b>Fall Rotations (July – January)</b>	<b>Spring Rotations (January – July)</b>
Neuropsychology	Major Rotation 2
Neuropsychology	Minor Rotation 2
Long Term Enrichment Experience	

At the beginning of the internship year, interns will have individual meetings with the Director of Psychology Training Programs (DPT) to discuss goals for internship, career goals, and develop initial training plans. All training plans are reviewed and approved by the Training Committee.

We make every effort to ensure that interns receive their top rotation choices however at times conflicts emerge between intern interest, supervisor availability and clinical offerings. When such conflicts emerge, the Director of Psychology Training works with the interns to identify alternate rotation options and to ensure access to desired clinics later in the training year. Interns are permitted to reconsider their second and third rotation selections during the year based on an ongoing assessment of their

training needs by both themselves and staff. Any changes, however, must be requested and approved by the Training Committee **six weeks** before the beginning of the next rotation. The Director of Psychology Training will alert interns in advance of relevant dates for rotation change decisions.

## **Rotation Description**

*Rotations available during the 2023-2024 internship year include:*

1. Community Living Center
2. Ft. Belvoir CBOC
3. Health Psychology
4. Home Based Primary Care
5. Mental Health Clinic
6. Neuropsychology
7. Psychosocial Rehabilitation and Recovery Center (PRRC)
8. Polytrauma
9. Primary Care - Mental Health Integration (PACT)
10. Substance Abuse Rehabilitation Program (SARP)
11. Trauma Services Program
12. Women's Clinic

## **Community Living Center**

### **Patient Population**

This rotation provides a variety of training opportunities with the geriatric and rehabilitation population in the Capital View Community Living Center (CLC) of the Washington DC Veteran Affairs Medical Center, the VA-sponsored nursing home for Veterans. The CLC consists of three programs: the Rehabilitation Program (CARF Accredited), Long-Term Care Program, and Palliative and Hospice Care Program.

### **Assessment, Treatment, and Supervision**

Interns participate as members of a comprehensive interdisciplinary team. As a member of the team, the intern would assist the supervising psychologist in providing direct patient care, including initial and "as needed" evaluations on all Veterans admitted to CLC, as well as individual and group therapy as appropriate.

Assessments generally include conducting clinical interviews, administration of screening measures to identify levels of cognitive and psychological functioning and providing feedback to the Veteran and his or her family, as well as weekly interdisciplinary team meetings.

Interventions provided by the intern may include various cognitive-behavioral interventions such as relaxation training, pain management, assertiveness training, cognitive restructuring, couples therapy, and behavioral modification. Targets of



interventions range from assisting in adjustment to a medical condition and/or loss of independence, to estrangement from family and friends and end-of-life issues. Many opportunities exist to learn about differential diagnoses regarding medically versus psychologically related mental and emotional states. There is the opportunity to co-facilitate an existing PTSD group, and/or to develop group therapy with a different focus, such as pain management or a family support group.

**The CLC is a major or minor rotation.**

**Supervising Psychologist(s):**

Chanda Corbett, Ph.D.

## **Ft. Belvoir CBOC**

### **Patient Population**

The Fort Belvoir CBOC is a multidisciplinary clinic that provides outpatient medical, mental health, audiology, and social work services to Veterans. The Fort Belvoir CBOC is the largest CBOC under the Washington DC VA and has a compacity to provide care to 9,000 Veterans. The General Mental Health Clinic serves this population and outpatient referrals from the DC VA. MHC is an outpatient clinic that serves Veterans across the life span in the Northern Virginia area. Veterans seen in the GMHC often struggle with an array of psychiatric disorders, including depression, PTSD, anxiety disorders, bipolar disorder, adjustment disorder and psychosocial issues as well. The Fort Belvoir CBOC is located within the Fort Belvoir Community Hospital on the Fort Belvoir Army Base. This unique environment holds a large population of recently separated military personal struggling with transitioning from active duty to civilian life.

### **Assessment, Treatment, and Supervision**

The MHC provides training in evidenced based psychotherapy (group and individual) for a broad array of mental health needs. Due to the generalist nature of the clinic, training can be individualized to fit the professional goals of each trainee. MHC values interns designing a rotation to meet their training goals. Interns on this rotation will collaborate with other team members about the mental health needs of Veterans and provide brief assessment, intervention, and referrals to specialty clinics when needed. FB GMHC utilizes many evidence-based interventions (typically 8-12 sessions), including CBT, ACT, family systems, and motivational interviewing to address presenting problems such as depression, anxiety, chronic pain, substance use disorders, and PTSD. Group psychotherapy experience is also available within GMHC (e.g., stress management, CBT for Depression, relationships and communication skills and anger management). Interns will have the opportunity to co-facilitate one group during a half rotation.

Fort Belvoir GMHC is a minor rotation.

**Supervising Psychologist:**

Harry L. McCleary, Ph.D.

## Health Psychology

The specialty of Clinical Health Psychology applies scientific knowledge of interrelations among behavioral, emotional, cognitive, social and biological components of health and disease to the promotion and maintenance of health. This includes work in the areas of prevention, treatment and rehabilitation of illness and disability as well as health system level improvement projects (Council of Clinical Health Psychology Training Programs, 2017). At the DC VA, Health Psychology is a consult-based service. The presenting issues for Veterans are broad, ranging from coping with a chronic medical illness, adjusting to a new medical issue, coping with sleep concerns, managing symptoms, and engaging in treatment adherence. Health Psychology providers interact with interdisciplinary team members to address the complicated psychosocial needs of Veterans living with various medical conditions. The Health Psychology program has a formal presence in the Infectious Diseases (ID) clinic, Oncology, Endocrinology, Transplant (Liver/Kidney), and in health promotion programs, including the MOVE! program for weight management. There are also Health Psychologists embedded in both the Sleep Clinic and Pain Clinic as part of the Department of Neurology.

Our aim at the internship level is to provide a broad experience in Health Psychology that flexibly meets the training needs of interns. Interns may participate on a variety of interdisciplinary teams, delivering evidence-based interventions for a range of health concerns. The rotation is designed to offer both individual and group treatment experiences, with opportunities for interns to contribute to ongoing program development and quality improvement projects.

**Clinical Training Overview:**

Training experiences will vary based on the area(s) of focus selected; however, there may be some experiences available across areas (e.g., MOVE). Interns may choose from the following options based upon their interests and training goals:

<b>Clinical Area</b>	<b>Supervisor</b>	<b>Rotation Availability</b>
Oncology/Endocrine	Dr. Kristin (Kiki) Meyer	Minor Rotation
Infectious Diseases	Dr. Joshua Johnson	Major or Minor Rotation (with another Health Rotation)
Transplant (Liver/Kidney)	Dr. Veronica Pinho	Minor Rotation
Pain	Dr. Amy Libow Dr. Ekaterina Amarando	Minor Rotation

### **Infectious Diseases (ID) Clinic:**

The ID Clinic serves over 1,000 veterans living with HIV. As both a primary care and specialty care clinic, there are opportunities to work in an interdisciplinary setting to address the complex biopsychosocial needs of this population. Opportunities may include brief intake evaluations and triage, time-limited psychotherapy for mild-moderate mood and/or behavioral health concerns, and treatment focused on the experiences of living with HIV (e.g., adherence, stigma, disclosure, etc.).

#### **Supervising Psychologist:**

Joshua Johnson, Ph.D.

### **Transplant Psychology (Minor rotation):**

Washington DC VAMC is a Liver/Kidney transplant center that works in partnership with MedStar Georgetown Transplant Institute and receives referrals from across the country. Our interdisciplinary team includes nephrologists, hepatologists, a pharmacist, a social worker, and liver/kidney transplant coordinators who work closely with veterans across the transplant continuum. Opportunities may include presurgical mental health evaluations for solid organ transplant; post-transplant mental health evaluations; brief psychotherapy for pre-/post-surgical patients (e.g., chronic pain, insomnia, treatment adherence, mild depression, alcohol relapse prevention); cofacilitation of transplant support groups; and case presentation during Georgetown Transplant Institute selection committees.

#### **Supervising Psychologist:**

Veronica Pinho, Ph.D.

### **Pain Clinic (Minor rotation)**

The DC VAMC Pain Clinic offers outpatient management of chronic pain patients. Our interdisciplinary team includes neurologists, clinical pharmacists, nurse practitioners, two pain psychologists, a social worker, and a nurse coordinator. Both psychologists are involved with the Active Management of Pain (AMP) and Comprehensive Active Management of Pain (CAMP) programs. Opportunities include intake assessments for patients entering AMP/CAMP programs, running AMP/CAMP groups, providing individual booster sessions for AMP/CAMP graduates, and participating in interdisciplinary team meetings. Psychologists also conduct suicide risk assessments for the pain clinic.

#### **Supervising Psychologists:**

Ekaterina Amarando, Ph.D.

Amy Libow, Psy.D.

## **Endocrinology & Oncology Clinics**

This rotation combines experiences across two specialty care clinics at DC VAMC. The Oncology Clinic provides care to Veterans at various stages of cancer treatment. The interdisciplinary team for this clinic includes oncologists, hematologists, physician assistants, nurses, a pharmacist, and a social worker. With Oncology clinic, trainees will have the opportunity to provide brief, targeted care addressing coping with cancer diagnosis, disease progression, and sequelae of cancer (e.g. fatigue, “chemo brain”). Trainees will also have opportunity to conduct psychosocial distress screens at initial chemotherapy visits. Typical treatments may include brief ACT, CBT, and meaning-centered psychotherapy. Additional opportunity to co-facilitate support groups may be available.

The Endocrinology Clinic provides care for Veterans living with a variety of endocrine disorders or who are receiving gender-affirming hormone therapy. The interdisciplinary team includes endocrinologists, diabetes educators, nurses, a physician assistant, and pharmacists. Trainees may have the opportunity to provide brief, targeted care addressing distress and health behavior in a variety of endocrine disorders, with diabetes mellitus being the most common. Treatments address coping with stress on chronic illness management, supporting health behavior change, and treatment adherence. Typical treatments may include problem-solving therapy, brief motivational interviewing, ACT, and CBT.

### **Supervising Psychologist:**

Kiki Meyer, Ph.D.

## **Home Based Primary Care (HBPC)**

### **Patient Population**

Home Based Primary Care (HBPC) serves Veterans whose physical health and/or limited mobility significantly impacts their ability to travel to the hospital/clinics for medical care. Interns function as part of a small, cohesive multidisciplinary team that travels to the Veteran’s place of residence to provide services.

### **Assessment, Treatment, and Supervision**

Under supervision of a licensed psychologist, interns provide direct patient care, serve as a mental health consultant to the team, and contribute to treatment planning. Interventions include but are not limited to:

1. Screening, assessment, diagnosis, and treatment of mental health conditions, particularly depressive and anxiety-related disorders, adjustment disorders, and dementia;
2. Individual psychotherapy to support Veterans coping with grief and loss associated with disability and other life transitions;
3. Behavioral medicine interventions for pain, disability, sleep problems, smoking cessation, and medical compliance;

4. Assessment of suicidality and dangerousness, providing treatment and/or coordinating referral as needed;
5. Cognitive screening to address specific functional questions and/or to coordinate referral for neuropsychological evaluation;
6. Psychoeducation and support of the Veteran, spouse, family members/caregivers, and others who play an important role in keeping the Veteran at home.

In short, the HBPC rotation permits an intern to implement a wide variety of diagnostic and therapeutic interventions as part of a close-knit team who truly values the contribution of psychology.

**HBPC is offered as a minor rotation.**

**Supervising Psychologists:**

Christine Brown, Ph.D.

Katie Chipungu, Ph.D.

Sanjay Mehta, Psy.D.

## **Mental Health Clinic**

### **Patient Population**

The Mental Health Clinic (MHC) is a multidisciplinary program that provides outpatient medical, psychiatric, and social work services to Veterans. Referrals to MHC Psychology come from a wide range of sources, including Primary Care Mental Health Integration, MHC Psychiatry or other mental health programs within the hospital.

### **Assessment, Treatment, and Supervision**

Interns in the mental health clinic will have the opportunity to provide individual and group psychotherapy to Veterans with various psychological concerns (e.g. mood disorders, psychotic disorders, adjustment disorders, and trauma related issues). The main training goal of this rotation is to prepare interns to learn appropriate interventions in order to treat individuals with the broad range of psychological disorders typically encountered in a multi-disciplinary outpatient mental health clinic. Evidence-based psychotherapies and a recovery model are emphasized.

**MHC is offered as a minor rotation.**

**Supervising Psychologists:**

Kwesi Dunston, Ph.D.

Nathania Harmon Tur, Ph.D.

Vanessa Moore, Ph.D.

Julie Rones, Ph.D.

## **Neuropsychology**

This major rotation is intended for neuropsychology-emphasis interns with *at least* one prior practicum experience in neuropsychology during the first rotation period. Our most successful interns have historically completed two or more prior practica in neuropsychology. Neuropsychology-emphasis interns do not complete a minor rotation during the first 6-month rotation period, only a major rotation in neuropsychology and a long-term enrichment experience.

The neuropsychology major rotation is available on a case-by-case basis to general emphasis interns with prior training and experience in neuropsychological test administration and scoring during the second 6-month rotation period.

### **Patient Population**

Veterans present with a variety of clinical conditions, including but not limited to mild cognitive impairment, dementia, multiple sclerosis, cardiovascular disorders, psychiatric disorders, concussion/mild traumatic brain injury, moderate-severe TBI, and other medical conditions that can impact cognition (e.g., HIV, liver disease).

### **Assessment, Treatment, and Supervision**

The goal of this rotation is to provide interns with well-rounded training in all aspects of neuropsychological evaluation, consultation, and intervention. On this rotation, interns will be trained in all aspects of neuropsychological evaluation, including: comprehensive medical record review, clinical interviewing, test administration and scoring, interpretation, report write-up, and provision of oral feedback. A flexible battery approach is used with test selection based on referral issue and age of patient. Interns will primarily conduct outpatient evaluations referred from clinics throughout the medical center. Most evaluations are completed in a traditional face-to-face format, but interns will also complete telehealth-to-home evaluations to DC VAMC veterans and facility-to-facility telehealth evaluations to Veterans who receive their care at the Clarksburg VA, a rural facility in our VISN. There are opportunities to conduct regular evaluations in Polytrauma/Rehabilitation Neuropsychology, to conduct capacity evaluations, and to conduct brief, focused evaluations in the outpatient specialty ALS, MS, and Movement Disorders Clinics as well.

Interns will be trained in neuropsychological consultation to other medical professionals and may participate in multidisciplinary team meetings (if participating in Polytrauma cases or specialty clinic cases described above). The intern will also receive training in individual and group neurocognitive rehabilitation. There is a weekly neuropsychology-focused didactic series, weekly neuroimaging rounds, and opportunities exist to attend neurology and psychiatry grand rounds, the Neuropsychology Distance Learning series fellowship didactics, brain cuttings, and other relevant didactics. Interns also can gain experience working within a tiered

supervision model, both providing supervision to lower-level trainees (practicum students, depending on level of prior neuropsychology experience) and receiving supervision from neuropsychology postdoctoral fellows. Interns interested in pursuing a career in neuropsychology can complete 50% of their training in neuropsychology as a major area of study, in accordance with the Division 40/Houston Guidelines, and are guaranteed neuropsychology as their first rotation.

All five staff neuropsychologists are involved in training of interns, and two of the five are board-certified in clinical neuropsychology through the American Board of Professional Psychology (ABPP-CN). There are also several postdoctoral fellowship programs in the Washington, DC metropolitan area with which the neuropsychology clinic maintains a collaborative relationship.

**As noted above, Neuropsychology is offered only as a major rotation. The only exception is that neuropsychology-emphasis interns *may* elect to complete a minor rotation in neuropsychology during the second 6-month rotation period.**

#### **Supervising Psychologists:**

Ernest J. Aucone, Ph.D., ABPP-CN

Ashlyn Mitchell, Psy.D.

Samia Ortiz-Hernandez, Ph.D. (Polytrauma/Rehabilitation Neuropsychology)

Lauren Skalina, Ph.D.

Jennifer Strang, Ph.D., ABPP-CN

#### **Polytrauma Psychology (Intervention)**

The Polytrauma Network Site at the Washington, DC VAMC offers specialized, post-acute rehabilitation for Veterans with traumatic brain injuries and polytraumatic conditions. Services provided by the DC VAMC Polytrauma team include: interdisciplinary treatment planning, psychiatry (rehabilitation medicine), psychology, neuropsychology, case management, speech-language pathology, occupational therapy, physical therapy, recreational therapy, vocational rehabilitation, low vision/blind rehabilitation, prosthetics, and other consultative services as needed.

This rotation is intended for interns at any level of training, from beginner to highly experienced, who are interested in learning the principles and techniques of providing psychotherapy to individuals with TBI and/or multi-system injuries, and the unique considerations that this requires. Training opportunities include individual psychotherapy, group psychotherapy, and some opportunities for tiered supervision. Clinical care often focuses on: adjustment to disability, psychological reactions to trauma, caregiver and family support, incorporating cognitive rehabilitation and compensatory strategies into psychotherapy, decision making capacity, sexual functioning, behavioral management, alcohol and substance use disorders, chronic

pain, educational and vocational planning, and social reintegration. The intern becomes an integral member of the treatment team and consults with other treating providers to facilitate seamless, highly individualized care.

**Polytrauma is a minor rotation and is patient dependent (cannot be offered when there are not an adequate amount of patients for a trainee's caseload).**

**Supervising Psychologist:**

Scott Levson, Psy.D.

## **Psychosocial Rehabilitation and Recovery Center (PRRC)**

### **Patient Population**

The Psychosocial Rehabilitation and Recovery Center (PRRC) is a recovery oriented, skills building, intensive outpatient program that provides mental health services for Veterans who are suffering from severe and persistent mental illness (e.g., Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, and PTSD) with significant functional impairment. The PRRC consists of a dedicated multidisciplinary team comprised of (but not limited to) Psychologists, Nurses, Clinical Social Workers, a Recreational Therapist, Vocational Rehabilitation Specialists and Peer Support Specialists.

### **Assessment, Treatment, and Supervision**

The PRRC program offers an array of individual and group interventions that are psychoeducational (e.g., Self-Compassion, Grief and Loss, & Relationships Group,), manualized (e.g., Anger Management, Chronic Pain and Depression ), and grounded in evidence based practice (e.g., DBT, CBT, ACT, Social Skills Training,). Interns who choose the PRRC for a full rotation have the opportunity to work with a multidisciplinary treatment team, to engage in an inter-professional approach to treatment, to conduct intakes and devise treatment recommendations, to provide individual and group therapy, to plan and develop groups based on interest and program needs, to provide care on psychiatric inpatient unit and to engage in program evaluation initiatives in collaboration with the Program Director that aligns with key VA mandates and initiatives.

PRRC houses multiple practicum students, and so there are opportunities for tiered supervision as well as collaboration on clinical interventions such as groups and program evaluation.

PRRC is a major or minor rotation.



## **Supervising Psychologists:**

Corinne Galgay, Ph.D.

Naomi Stahl, Ph.D.

Lillian Salky, Psy.D

Mary McGuire, Psy.D.

## **Trauma Services Program**

### **Patient Population**

The Trauma Services Program (TSP) is an outpatient clinic that provides treatment for PTSD to Veterans from all eras of service. While many Veterans in TSP served in combat, we treat Veterans with a variety of traumatic experiences that occurred during military service including, but not limited to, military sexual trauma (MST), race-based traumatic incidents, training accidents, and motor vehicle accidents. The DC VAMC Trauma Services Program is a thriving and highly active clinic, consistently in the top 10 (of 120 VA trauma-specific programs) for the number of outpatient PTSD visits. The clinic is staffed by a multidisciplinary team of providers (i.e., psychologists, social workers, nurses).

### **Assessment, Treatment, and Supervision**

On this **major rotation**, a psychology intern can obtain extensive experience in assessing for and diagnosing PTSD by engaging in comprehensive treatment planning, providing individual therapy, facilitating/co-facilitating group therapy, performing focal evaluations for PTSD, and conducting comprehensive psychodiagnostic evaluations. Psychology interns will receive training in several evidence-based psychotherapies (EBPs), including Prolonged Exposure (PE) therapy, Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), and Acceptance & Commitment Therapy (ACT). Additional clinical interventions that interns can be involved in include Dialectical Behavior Therapy (DBT) skills, Skills Training in Affect and Interpersonal Regulation (STAIR), and Present-Centered therapy (PCT). Individual supervision and group consultation/supervision is provided by TSP psychology staff and may include some supervision from our psychology fellows and/or collaboration with our psychology externs.

**Trauma Services Program is a major rotation.**

## **Supervising Psychologists:**

Aparna Arjunan, Ph.D.

Matthew Dickson, Ph.D.

Ranon Cortell, Ph.D.

Amanda Evans, Ph.D.

Melissa Decker, Ph.D.

Christiana Shao, Psy.D.

Steph Guedj, Psy.D.

Catherine Hearne, Ph.D.

Erika White, Ph.D.

Peter Luehring-Jones, Ph.D.

## **Substance Abuse Rehabilitation Program (SARP)**

### **Patient Population**

SARP is an intensive outpatient drug treatment program that uses a multidisciplinary team (e.g., psychologists, social workers, psychiatrists, recreational therapist, addiction therapists, peer support specialists, clinical nurse specialists) to treat Veterans with alcohol and drug addictions. SARP offers a dynamic patient population, serving Veterans ranging from ages 21-80+, who present with substance use disorder associated with alcohol as well as a range of other substances such as opioids, cocaine, PCP, marijuana and prescription medications. In addition, many Veterans often struggle with an array of co-occurring psychiatric disorders, including depression, PTSD, Bipolar, personality disorders, psychosocial issues as well as various medical conditions associated with substance use (HIV and Hep C). They advance through phases of treatment in the 10-week program based on progress made.

### **Assessment, Treatment, and Supervision**

The main training goal of the SARP rotation is to prepare Interns to treat substance use disorders in a multidisciplinary setting. Interns can provide individual and group therapy, conduct assessment, and participate in team meetings. When selecting training experiences on the SARP rotation special consideration is provided to Intern's interests and career goals. For instance, Interns have the option to advance their competency in treating substance use disorders and a co-occurring disorder that they are interested in during internship (e.g., trauma, health conditions) when conducting individual psychotherapy. Interns also may facilitate and contribute to group content for the CBT/Depression group, a Dual Diagnosis Group, and a Motivational Enhancement Group.

Common interventions used in the SARP rotation are cognitive behavioral therapy and motivational interviewing. Interns can also receive additional specialized training in supervision of practicum students in either an individual or group format and engage in training to advance their knowledge of alcohol and drug use disorders.

**SARP is a major or minor rotation.**

**Supervising Psychologist:**

Leonard Tate, Ph.D.

## **Women's Health Clinic**

### **Patient Population**

The Women's Health Clinic (WHC) is a multidisciplinary clinic that provides outpatient medical and mental health services to women veterans. Veterans are referred to WHC Psychology by primary care physicians in WHC, the Maternity Care program, and the Primary Care Mental Health Integration (PCMHI) psychiatrist in WHC. Female veterans who are eligible to receive psychology services through WHC can receive psychotherapeutic interventions to improve health, maximize their quality of life, and promote the recovery process. Women veterans present with a variety of conditions, including but not limited to PTSD, depression, anxiety and panic, as well as chronic pain and insomnia. Additionally, these conditions are often complicated by psychosocial stress, such as caregiver burden.

### **Assessment, Treatment, and Supervision**

WHC interns provide mental health services alongside the clinic psychiatrist, primary care physicians, nurses, the clinic's social worker, and the Military Sexual Trauma (MST) Coordinator. The WHC psychologist is embedded within the primary and gender specific specialty care clinic to encourage access to mental healthcare within the medical setting. Interns on this rotation deliver brief assessment, intervention, and referrals to specialty clinics when needed. Integrated assessment opportunities for diagnostic clarity are also often available. WHC Psychology utilizes both brief evidence-based interventions (4-6 sessions) to address health behavior change (i.e., problem-solving, motivational interviewing, CBT, etc.), as well as long-term evidence-based interventions to address psychiatric illness (CBT, CPT, PE, ACT, etc.). Group psychotherapy is also available within WHC (e.g., MST Group, CBT-I, CBT-Chronic Pain). Interns will have the opportunity to co-facilitate one to two groups during a rotation. WHC promotes interns meeting their training goals by encouraging program development and collaboration with other wellness resources within the medical center as desired, as well as by offering clinical training that deepens skills in treating psychological conditions that primarily affect women.

**WHC is a major or minor rotation.**

**Supervising Psychologist:**

Valene Whittaker, Ph.D.

## II. Long-term Enrichment Experience

This experience is designed to give trainees an opportunity to take part in a training experience that evolves over the course of the training year. Long-term enrichment experiences include both focused training in evidenced based interventions, as well as an opportunity to participate in a year-long programmatic or research project that is aligned with the mission of the VA.

### Opportunities:

- Acceptance and Commitment Therapy
- Cognitive Behavioral Therapy for Insomnia
- Cognitive Processing Therapy (CPT)
- Program Evaluation/ Program Development/Organizational Management/ Research PEPDOM-R

### Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is a transdiagnostic, evidence-based psychotherapy. Participation in the ACT long term experience will allow psychology interns to develop theoretical knowledge of ACT principles and apply them in both individual and group settings. As part of this training experience, psychology interns will read articles and book chapters related to ACT, attend biweekly ACT seminars, engage in monthly ACT consultation calls, and attend a monthly ACT webinar series. Based on availability, psychology interns who choose this training experience may be able to attend a VA roll-out Regional Acceptance and Commitment Therapy 3-day face-to-face workshop. Following the 3-day ACT Workshop, psychology interns may be able to attend weekly phone/in-person consultation (60-minute meetings) for at least 6 months, as they apply ACT techniques to Veterans in either an individual and/or group format. Psychology interns who successfully complete the ACT VA roll-out requirements will have the opportunity to receive ACT VA provider status, which is granted to interns, following licensure, who remain in the VHA system.

### Cognitive Behavioral Therapy for Insomnia

The Cognitive Behavioral Therapy for Insomnia (CBT-I) long term experience is modeled after the training provided to psychologists in the VA system. Interns participate in intensive training in CBT-I during the first half of the year through didactics, shadowing sessions, and independent study. As the intern increases their level of competence in CBT-I, they conduct sessions with increasing levels of independence. After they are able to perform CBT-I independently with fidelity, they will have the opportunity to learn additional Behavioral Sleep Medicine topics including assessment and treatment of

Obstructive Sleep Apnea (OSA), positive airway pressure (PAP) desensitization, circadian rhythm disorders and nightmare disorders. Completing this enrichment experience should enable the interns to meet the equivalency criteria for provider status for the VA CBT-I roll out program. In addition, trainees will be able to put their clinical training hours toward board certification in behavioral sleep medicine (Diplomate of Behavioral Sleep Medicine; DBSM), should they wish to pursue this in the future.

Supervisor: Michelle Siegel, Psy.D., D.B.S.M.

## **Cognitive Processing Therapy**

Posttraumatic Stress Disorder (PTSD) is one of the major disorders seen in Veteran patients by Veterans Health Administration clinicians. Cognitive Processing Therapy (CPT) is an evidence-based cognitive behavioral therapy used to effectively treat PTSD in individual and group settings.

Participation in the CPT Enrichment Element is a valuable training opportunity that would enable trainees to attend a VA Roll-out Regional Cognitive Processing Therapy 3-day face-to-face workshop and subsequent weekly consultation and supervision while seeing CPT training cases.

The purpose of the face-to-face multimodal CPT workshop is to provide VA therapists and trainees with the knowledge and skills to implement CPT in order to be able to offer this therapy as an option for all Veterans seeking treatment for their PTSD symptoms. Following intensive didactic instruction, it is expected that all trainees begin attending weekly phone/in-person consultation for at least 6 months as they work with their CPT training cases.

## **Telehealth Couples and Family Services (CBOC)**

Interns involved in this long-term experience will learn evidence-based interventions for treating presenting concerns related to intimate partner discord, parenting, role transitions, and the interpersonal context of mental health. These interventions include Integrative Behavioral Couples Therapy, Cognitive Behavioral Conjoint Therapy for PTSD, Acceptance and Commitment Therapy for Couples and Parenting, Behavioral Therapy for Parenting, and Interpersonal Therapy. Clinical activities may include couples therapy, parenting skills group, family education sessions, and individual therapy. In addition to weekly individual and group supervision, interns may receive additional training via the monthly Advanced Family Topics Seminar and the Integrative Behavioral Couples Therapy Advanced Consultation Call, as well as via assigned readings. This long-term enrichment experience will involve primarily telehealth and tele supervision, with some opportunities for in-person care and supervision.

## **Program Evaluation/ Research Program**

An innovative component of the training program is its focus on aligning training activities with both VHA and VISN 5 strategic plans, specifically following three guiding principles for problem solving and decision-making processes: being people-centric (enhancing connections with Veterans and engaging with employees), results-driven (putting an emphasis on data collection, metrics, performance measures, and accountability), and forward looking (investments in systems, programs, and business processes for requirements of the future). Therefore, in addition to preparing interns to be clinical service providers who are up to date with regards to evidence-based practice, our program encourages trainees to consider how to use their research and evaluation skills to advance our field, either through traditional research, or clinically focused program assessment and quality improvement projects. Interns interested in program evaluation, program development or research may elect to devote their long-term experience to contributing to ongoing improvement initiatives and programmatic evaluations within the medical center. Interns interested in this experience will meet with The Training Director and members of the Program Evaluation and Development Subcommittee at the start of the training year to learn about available projects and across the medical center. The Training Director will match interns with psychology staff based upon intern interest and available projects and provide guidance and oversight of the intern's training experience. Interns opting for this experience will also attend selected PEPDOM trainings that are part of the postdoctoral program.

### **III. Comprehensive Assessments**

Each intern is required to complete **six** psychological assessments during the internship. An assessment checklist is included in the appendix of this document and details the components needed in each assessment to meet this requirement. By the end of the year, we want each intern to have experience with cognitive assessment, personality assessment, interviewing, and report writing.

Assessment cases will most likely come from within your rotation experiences. For rotations where assessment is less available, members of the Assessment subcommittee are available to assist interns and supervisors in identifying appropriate assessment cases.

### **IV. Intern Didactics**

Didactics are held on Fridays. Didactics for interns address key competencies in the areas of assessment, evidence-based psychotherapy ethical and legal standards for the profession, individual and cultural diversity and professional development and interprofessional skills. Most topical didactics occur in the morning, there are also periodic meetings with the Director of Training Programs, and Professional Development presentations that occur on Friday afternoons.

Each week, a psychology staff member or an invited speaker from outside the department presents a lecture to the interns. Some of the topics that are regularly presented are suicide prevention, program evaluation, conducting an intake evaluation, military culture, and evidence-based practices. Dr. Christine Brown presents a series of ethics topics over the course of the year. This seminar reflects our commitment to providing interns with a full spectrum of learning experiences to support their development as psychologists, in accordance with the Standards of Accreditation.

In alignment with our goal for intern centered training, each year, the training program solicits suggestions from the interns for topics of interest that may be relevant to their work. The program works to identify knowledgeable speakers to present on those topics. If a presenter is unavailable, the training program aims to help identify online or other training opportunities that address the intern interest.

In addition to didactics presented by Washington DCVAMC staff, interns are encouraged to make use of available web-based training opportunities in their areas of interest, using the VA's Talent Management System and other web-based training platforms, and to attend onsite presentations offered by other services (e.g., Medical Grand Rounds, Neurology Rounds, Neuropsychology Seminar Series). Schedules for these trainings are made available to the interns and incorporated into training plans as appropriate during the year.

## **Professional Development Series**

Each month, a professional development topic is presented by psychology staff or the Director of Psychology Training Programs. Topics are presented in a sequential order to address common milestones that interns are working to attain. As there is some overlap at times between intern and post-doctoral milestones, select presentations are presented to both cohorts.

## **Neuropsychology Didactics**

### **Journal Club Via Teleconference**

This is a video teleconference in which neuropsychology fellows from a number of military sites present journal club readings and cases. Interns on the neuropsychology rotation

are invited to attend this weekly two-hour seminar. During the journal club portion, important readings in neuropsychology are reviewed. During the case conference portion, different cases are presented each week, and there is a monthly ABPP-style case presentation led by the fellows.

### **Neurology Grand Rounds**

All interns in neuropsychology have the opportunity to attend weekly grand rounds in Neurology. Rounds typically consist of lectures covering a wide range of neurological diseases. Periodically, an attending neurologist will lead a case conference and demonstrate the neurological examination.

### **Neuropsychology Weekly Seminar**

All interns are invited to attend the weekly neuropsychology group seminar. This seminar includes article discussion, case presentations from neuropsychology trainees, and fact-finding practice.

## **General Meetings**

There are several meetings that interns are required to attend at different points during their training year. This include:

1. New hire orientation mandated by the medical center for topics such as safety, infection control, and the prevention of sexual harassment.
2. Psychology service staff meetings, monthly on Wednesday at 11am.
3. Monthly meetings of the mental health service line.
4. Monthly meetings with the director of training.
5. Meeting with intern applicants during application season.
6. Optional meeting with the training committee. If interns desire a meeting with the training committee (either individually or as a group) throughout the year, the meeting can be arranged through the director of training.

## **Meeting with the Training Director**

As a group, interns meet with the director of training at least monthly to discuss the internship program and how the interns are progressing. Interns will also meet individually with the Training Director at the beginning of the year to create their individualized training plan, quarterly to check in and discuss progress/concerns, and prior to each rotation transition to update and revise the plan as needed.

## **Staff Meetings**

The full psychology staff and MHSL hold monthly staff meetings. Because one of the aims of the internship is to give training in administrative as well as clinical skills, all interns are required to attend and encouraged to participate in the discussion. In



addition to administrative issues, a variety of topical issues are discussed of both local and national concern to psychology, which include privileging, ethics, and quality improvement standards.

## Supervision

During internship, interns will have rotational assignments with a planned succession of primary and secondary supervisors. Interns receive four hours per week of clinical supervision by a licensed psychologist, at least two hours of which will include individual supervision. Two hours of supervision will occur on major rotations, one hour on the minor rotation, and one hour with the long-term enrichment experience. Interns receive supervision on their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns can expect to be assigned readings as part of their supervision.

## Graduated Levels of Responsibility

Interns assume progressive levels of responsibility for clinical service provision across the course of their internship year. The DPT, or designee (usually the immediate supervisor), assigns levels of responsibilities for each intern based on an evaluation of the intern's clinical experience, judgment, knowledge, and technical skill that includes review of interns past training experiences as well as observation at the start of the training year.

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

overriding consideration in determining assigned levels of responsibility must be safe and effective clinical care.

The type of supervision provided must be congruent with the assigned level of responsibility and a documented decision by the supervising practitioner that the intern is sufficiently experienced and skilled for the level of supervision provided.

There are three general levels of supervision:

1. **Room.** The supervising practitioner is physically present in the same room while the intern is engaged in direct health care activities.
2. **Area.** The supervising practitioner is in the same physical area and is immediately accessible to the intern. The supervising practitioner meets and interacts with Veterans as needed. The intern and supervising practitioner discuss, plan, or review evaluation and treatment.
3. **Available.** Services are furnished by the intern under the supervising practitioner's

guidance. The supervising practitioner's presence is not required during services, but the supervising practitioner must be in the facility, available immediately by phone or pager, and able to be physically present as needed.

Supervisors use this form to facilitate discussions with interns regarding their level of independence and what is needed for them to function at the next level. Because interns may have different levels of independence for different skills, each clinical supervisor keeps an active working Graduated Levels of Responsibility form for each intern for the duration of their supervisory relationship.

## **Assessment of Baseline Competence in Psychotherapy**

We know that interns come to our program with a variety of experiences in psychotherapy and with different skill levels. To enable individualized guidance in developing competence in psychotherapy, we establish each intern's baseline competence soon after the start of the internship. To achieve this objective, each intern will record, or be observed during a psychotherapy session with a patient within the first few sessions. The supervisor on the case will review the session and rate the intern using our Baseline Assessment of Competency in Psychotherapy Form. Based on this review and a follow-up supervision session with the intern, the staff will complete baseline ratings of the interns' competencies in psychotherapy. The staff member will review and discuss these ratings with the intern.

## **Evaluation Requirements**

Our goal is to produce graduates who are prepared to assume different roles as professional psychologists including but not limited to full-time clinicians, applied clinical researchers, and dedicated research faculty. The training goals stated above describe the competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal.

Interns are expected to communicate their training needs to their supervisors over the whole course of their rotation. Each intern's work is formally evaluated four times during the internship year, at the mid-point and end of each rotation. Interns and supervisors will review evaluations collaboratively at the end of the rotation period. In addition to this formal evaluation free interchange between intern and supervisor is always encouraged. The Director of Psychology Training is available to serve as consultant or mediator if interns and supervisors experience challenges with direct communication.

Interns also evaluate both their rotation experience and supervisors at the end of each rotation period. These evaluations are turned in to the Director of Psychology Training for review. The DPT will use discretion with regards to provision of feedback to supervisors. Generally, summative feedback is provided on an annual basis. In the occasion that an imminent concern arises regarding a supervisor, the DPT will consult with the Training Committee regarding how best to address concerns in a matter that prioritizes

preservation of the integrity of the training programs. A copy of the evaluation forms that are used for interns, supervisors, and rotations can be found in the trainee handbook Appendix.

At the end of the internship year, interns evaluate the internship by writing an unstructured narrative. These narratives are reviewed by the Director of Psychology Training Programs and the training committee, and suggestions are processed and acted upon.

## **Eligibility, Salary, and Benefits**

In accordance with VA policy, the Washington DC VAMC is seeking applicants from accredited doctoral programs in clinical or counseling psychology. In addition, we require that a prospective intern's university advisor or Director of Training verifies readiness for internship, as specified on the APPIC "Academic Program's Verification of Internship Eligibility and Readiness" form. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified applicants regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. Eligibility requirements for VA internships are determined nationally. Information about VA eligibility can be found at <https://www.va.gov/oaa/hpt-eligibility.asp> Please review the eligibility requirements prior to applying.

Intern stipends are determined by the VA Office of Academic Affiliations and are based on a national average salary with adjustments for the DC area cost of living. The current annual stipend is \$37,885.

Leave policies follow federal standards for sick and annual leave. Interns accrue four hours of sick leave and four hours of annual leave per pay period resulting in a total of thirteen days of each over the course of the year. Interns are not required to use all of their annual leave before completion of internship. Any unused annual leave at the end of the year will be paid out. Sick leave balances will not be paid out but can be carried over to any new federal appointment following internship.

In addition to sick and annual leave, interns have the opportunity to use up to five days of Authorized Absence. Professional activities including attendance at educational events, conferences, dissertation defense, and similar activities are appropriate uses for Authorized Absence. To be approved, educational events or conferences must be relevant to practice or research in clinical or counseling psychology. Interns are also entitled to 11 federal holidays (New Year's Day, Martin Luther King Jr.'s Birthday, President's Day, Memorial Day, Juneteenth, July 4th, Labor Day, Columbus Day, Veterans Day, Thanksgiving, and Christmas Day). Additional information regarding leave and benefits can be found in the administrative supplement to the Trainee Handbook.

Interns are considered temporary VA employees and thus are eligible for benefits including health insurance, vision, and dental. Health benefits are also available to

dependents and married spouses of interns. For interns who commute to work using public transportation, they are eligible for the VA Transit Benefit. The amount of the subsidy equals the amount paid for public transportation, not to exceed a set amount per month (currently \$125/month).

Due to changes from the COVID-19 pandemic, interns have historically been offered the opportunity to telework. Many staff psychologists are working a hybrid teleworking/in office schedule. Telework will not be available immediately at the start of the training year to facilitate orientation and onboarding processes. Interns typically start with one day of telework and can eventually have up to two days of telework per week. The decision of offering telework is dependent upon patient care, training needs, federal requirements, VA regulations, and APA accreditation guidelines.

## **Communication with Intern Doctoral Program**

The director of training is responsible for communicating with each intern's sponsoring graduate program about the intern's activities and progress. At the training year midpoint and endpoint, summary letters about the intern's performance are sent to the intern's graduate school training director, *if requested*. Interns are provided copies of the letters. At the end of the internship year, the home program receives a statement indicating whether the intern successfully completed the internship.

At any time, if problems arise that seem serious enough to cast doubt on an intern's ability to successfully complete the internship program, the director of training will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems. See the due process document for further details

## **Outside Employment**

Interns are **permitted limited work** outside the VA, whether professional or common employment, and receive payment for such employment with certain provisions. The employment must be totally outside internship hours. Time must in no way conflict with VA commitments.

Psychology Service would approve of outside employment if an intern is working under the supervision of a licensed psychologist; has followed the rules of the jurisdiction, i.e., has become a psychology associate in Maryland, or filled out a notification of supervised practice in D.C.; is not violating any regulations or ethical constraints; and has no conflict of interest with the Department of Veterans Affairs. If there is any possibility of conflict of interest or dual relationship, please consult with the DPT or the Chief of the Psychology Service.



# Staff Biographies<sup>1</sup>

## Director, Psychology Training Programs

**Candace Tomes, PsyD** has served as Director of Psychology Training Programs since July 2023. She has program and personnel management responsibilities for all three components of the Psychology Training Program. Prior to serving in this role, Dr. Tomes served as the Psychology Training Director at Veteran Health Indiana in Indianapolis, IN. Dr. Tomes completed her graduate training at Xavier University in Cincinnati, OH. A product of VA training herself, she completed her internship at the Tuscaloosa VA and her clinical and research fellowship at the Salem VA. Dr. Tomes practices clinically in the Mental Health Clinic and her clinical interests lie in evidence-based psychotherapy and Dialectical Behavior Therapy. Outside of work, Dr. Tomes enjoys playing sports, reading,

## Chief, Psychology Service

**Leah Squires, Ph.D.** has served as Chief since 2022. Before stepping into the Chief role, Dr. Squires was Director of Psychology Training Programs. An avid gardener, Dr. Squires describes herself as “a nurturer of psychologists in training” and prior to serving in this role, Dr. Squires served as the National Coordinator of the Liver/HIV Psychology Postdoctoral Training Program administered by the VA office of HIV, Hepatitis and Related Conditions, and was also actively involved in training as a supervisor, training coordinator and training committee member at the DCVAMC. She provides integrated mental health services to the Infectious Diseases Clinic.

Dr. Squires is an active researcher in HIV behavioral health and has received funding from the American Psychological Association the Washington DC Centers for AIDS research (DCCFAR) to support her work. Dr. Squires currently serves as a member of the Washington DC VA Medical Center’s Research and Development Committee. Clinically, Dr. Squires is cognitive behaviorally oriented, and places a high level of importance on ongoing assessment and collaborative case conceptualization. Dr. Squires applies the same approach to her work with trainees, with a focus on early assessment of trainee strengths and growth edges, collaborative development of a training plan and ongoing discussion of progress. Dr. Squires completed her PhD in Clinical Psychology at Boston University and completed both internship and post-doctoral fellowship at the Washington DC VA Medical Center. Psychology is Dr. Squires’ second career, her first was as a performing artist.

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<sup>1</sup> As staffing changes occur across the year, this is a partial list of staff involved in our training programs. Please contact the Director of Training Programs, should you have questions regarding staffing in a particular clinical setting.

## Community Living Center

**Chanda Corbett, Ph.D.**, is a native from Philadelphia, PA and joined the DC VAMC as the Community Living Center's Psychologist in September of 2014. Dr. Corbett graduated with honors from Lincoln University's Honors Program with a Bachelor of Arts degree in Psychology; with a Master's of Education degree in Human Services from Lehigh University; and a Ph.D. in Counseling Psychology from Temple University. Dr. Corbett has provided individual, couples, and family counseling, psychotherapy, and training services in university counseling centers, private practice, and nursing homes and assisted living facilities. After years of practicing as a counseling psychologist in universities, she accepted the opportunity to develop skills and practice in the field of Geropsychology in 2010.

She has provided clinical supervision, training, and mentoring of practicum students, interns and postdoctoral fellows in APA-accredited training programs in university counseling centers since 1997, and continues to enjoy serving in these roles at the DC VA MC through the development of a Geropsychology training program at the VA. While at the VA, Dr. Corbett has also completed the Dementia Capable Care Instructor Certification, the STAR-VA Program for Managing Challenging Dementia-Related Behaviors Behavioral Coordinator training, and the Resources for Enhancing All Caregivers' Health (Reach VA) certification. Dr. Corbett completed the Leadership Development Institute in 2016, and currently serves as the Chair of the Psychology Service Diversity Workgroup, the DC VA MC VISN 5 Dementia Committee representative, and this year has been appointed as the VISN 5 Geriatric Mental Health Champion. In her spare time, she enjoys national and international travel, spending time with family and friends, serving in leadership in her faith-based community, empowering others with mental wellness wisdom as a Mental Health First Aid Certified Instructor, mentoring, many forms of artistic expression, and procuring bargains.

**Lindsay Gerolimos, Ph.D.** is a full-time Geropsychologist at the Washington DC Veterans Affairs Medical Center, spending half her time in the CLC working with veterans admitted for palliative and hospice care, and half her time treating outpatient older adults in the Mental Health Clinic. She also serves as Co-Chair of the Disruptive Behavior Committee. Previously, she worked as a full-time Psychologist in the Pain Clinic at the DC VA from 2017 to 2019. She received her doctoral degree from West Virginia University in 2014. She completed her internship in Geropsychology at the Boston Consortium in Clinical Psychology and a post-doctoral fellowship in Geropsychology at VA Boston Healthcare System. In 2015, Dr. Gerolimos was selected for the American Psychological Association/American Association for the Advancement of Science Congressional Fellows Program, where she spent a year working in the office of U.S. Senator Kirsten Gillibrand. Dr. Gerolimos is a licensed Clinical Psychologist in the State of Maryland.

## **Ft. Belvoir CBOC**

**Harry L. McCleary, Ph.D.**, is a clinical psychologist in the General Mental Health Clinic at the Fort Belvoir Community Outpatient Clinic (CBOC). Dr. McCleary received his M.A. in Clinical Psychology with an Emphasis in Marriage and Family Therapy from Pepperdine University and his M.S. and Ph.D. in Clinical Psychology from Palo Alto University. He completed his doctoral internship at the Washington D.C. V.A. Medical Center. Prior to joining the VA, Dr. McCleary served in the Navy for 6 years and worked in both private practice and in clinical research. Dr. McCleary is a licensed Clinical Psychologist in the State of Virginia. In his free time, he enjoys spending time educating Veterans about mental health and watching mixed martial arts.

## **Health Psychology**

**Dr. Ekaterina Amarando, Ph.D.**, is a pain psychologist whose primary responsibility at the Pain Clinic involves running Active Management of Pain (AMP) program, including intake assessments, interdisciplinary groups, and individual follow up booster sessions. Dr. Amarando completed her Ph.D. in Counseling Psychology at West Virginia University, followed by an internship at Johns Hopkins University Student Counseling Center. She completed her postdoc training at the Center for Eating Disorders at Sheppard Pratt and worked at all levels of care, including inpatient, PHP, IOP, and outpatient. Prior to joining DC VA in 2023 Dr. Amarando provided comprehensive DBT to adults and adolescents at a private DBT practice in Bethesda, MD. Dr. Amarando has experience working with different populations and is trained in CBT and comprehensive DBT.

**Joshua Johnson, Ph.D.** is a Staff Psychologist on the Health Psychology team at the Washington DC VAMC. In his primary role, Dr. Johnson serves as the psychologist on the integrated team for the Infectious Diseases Clinic. Dr. Johnson completed his Ph.D. in Clinical Psychology at Howard University. His clinical internship was completed at the Richmond VAMC in Virginia while his postdoctoral training was completed at the Washington DC VAMC. Both focused on Health Psychology. Dr. Johnson's clinical and research interests lie in supporting veterans from historically marginalized backgrounds living with chronic medical conditions as well as comorbid mental health concerns.

**Veronica Pinho, Ph.D.** is a staff psychologist in Transplant Service at the Washington DC VAMC. She conducts pre- and post-transplant mental health evaluations and provides psychotherapy to veterans along the transplant continuum. Dr. Pinho is also a part of a liver clinic multidisciplinary team conducting evaluations and psychotherapeutic interventions for veterans with alcohol-related liver disease. She obtained her Ph.D. in clinical psychology at George Washington University with emphases in community and health psychology. She completed her Health Psychology internship and HIV/Liver Disease postdoctoral fellowship at Miami VA Medical Center before joining the



Washington DC VA transplant team in 2022. Prior research and publications include HIV care quality improvement projects, HIV prevention interventions for adults in psychiatric care, and sexual health interventions adolescents in substance use treatment.

**Michelle Siegel, Psy.D., DBSM**, is a graduate of the Psy.D. program at Loyola University Maryland (2014). She completed her pre-doctoral internship (APA Accredited) at the Washington, DC Veterans Affairs Medical Center (DC VAMC) and was subsequently hired as a psychologist for the Pain Clinic. Dr. Siegel earned her Diplomate in Behavioral Sleep Medicine (DBSM) in 2019 and transitioned full time to the VA's Sleep Medicine Clinic. In her current role, she provides evidenced based treatment for insomnia and migraine headaches.

Dr. Siegel provides Cognitive Behavioral Therapy for Insomnia (CBT-I) on an individual basis and collaborated with the Sleep Medicine team to develop and implement a Positive Airway Pressure (PAP) adherence group. As part of her partnership with the hospital's migraine clinic, Dr. Siegel brought biofeedback to the DC VAMC and provides treatment for headaches. In addition to her clinical work, Dr. Siegel is also involved in teaching and supervision. She trains VA medical staff from across the country through her role as a consultant for the national VA training program for CBT-I. Dr. Siegel is also responsible for supervising both pre-doctoral psychology interns and externs. She provides didactics for these students and has spoken at Neurology Grand Rounds to medical faculty, Neurology fellows, residents, and students on behavioral management of chronic pain and insomnia.

## Home Based Primary Care

**Christine Brown, Ph.D.**, joined the Home Based Primary Care team in 2007, primarily serving homebound geriatric Veterans with multiple medical concerns and their caregivers. She also sees Veterans through our Amyotrophic Lateral Sclerosis (ALS) clinic. She is a member of the psychology department's training committee and provides supervision to both psychology interns and practicum students. Dr. Brown received her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas and has been licensed as a clinical psychologist in Texas since 2000.

**Katie Chipungu, Ph.D.**, is a clinical psychologist in the Home Based Primary Care program at the Washington DC VAMC. She provides in-home care to Veterans suffering from chronic medical conditions. Dr. Chipungu obtained her Ph.D. in Clinical Health Psychology from the University of Miami. She completed her pre-doctoral internship and post-doctoral fellowship at Henry Ford Health Systems located in Detroit, Michigan. During these training experiences, she completed rotations in Consultation-Liaison, Transplant, Outpatient Behavioral Health, Oncology, Emergency Medicine, Bariatric

Surgery, Anesthesia Pain and Pelvic Pain. She has also provided care to cancer survivors and their caregivers as well as Veterans suffering from obesity and other health related concerns. Her clinical and research interests include the promotion of healthy lifestyle changes within chronic medical illnesses as well as the reduction of racial/ethnic health disparities.

**Sanjay Mehta, Psy.D.**, is a clinical psychologist assigned to the Home Based Primary Care program serving homebound Veterans and those unable to access care in the rural Southern Maryland area. He works primarily with the team located at the Charlotte Hall community-based outpatient clinic to provide in-home care to Veterans suffering from chronic medical conditions and support for their caregivers. Dr. Mehta received his bachelor's degree from the Binghamton University (State University of New York) and his doctorate in Clinical Psychology from the Virginia Consortium Program in Clinical Psychology. He completed his pre-doctoral internship at New York Harbor Health System - Brooklyn VA Medical Center which included training in Oncology, Palliative Care, Chronic Pain, Hepatitis C and Liver transplantation, and Neuropsychology. Since that time, he has devoted his career to geriatric care through his work in multiple long-term care, sub-acute rehabilitation, assisted living, and outpatient settings in New York and Maryland as well as providing training and supervision to clinicians practicing in this area. His clinical interests include emotional adjustment to chronic medical illnesses and health promotion, psychological issues related to end of life care, cognitive assessment, and management of behavioral concerns in patients suffering with dementia. In his free time, he enjoys visiting friends and family, trying new restaurants, hiking, and traveling.

## **Mental Health Clinic**

**Kwesi Dunston, M.S.W, Ph.D.**, obtained his M.S.W. from the University of Washington - Seattle, with a specialization in multicultural practice. He went on to obtain his Ph.D. in Counseling Psychology at the University of Iowa, where is specialized in multicultural psychology and assessment. He completed internship at the United States Medical Center for Federal Prisoners. He started his career as a staff psychologist at the United States Penitentiary – Canaan, where he worked with high custody inmates. In 2009, he transitioned to the position of Challenge Program Coordinator, where he managed a 120-bed residential substance abuse treatment program, working with high custody inmates, including those with serious mental illness. Beginning in 2018, Dr. Dunston started working in the Mental Health Clinic, at the Washington D.C., VA Medical Center. Clinically, Dr. Dunston is cognitive behaviorally oriented, and places a high level of importance on integrating assessment in the therapy process. He also operates from a framework that focuses on social justice.

**Vanessa Moore, Ph.D.**, received her undergraduate education at the University of Dayton and her Master of Arts and Doctor of Philosophy degrees from the Ohio State University. A former intern of the Washington, DC VA Medical Center, Dr. Moore has a specialty interest in couples dynamics and psychotherapy. Additionally, she is co-coordinator of the Medical Center's Employee Assistance Program. Dr. Moore, a Washington DC native, is active in her church where she regularly makes presentations that seek to integrate spiritual and psychological issues as they pertain to optimal well-

being. She is lovingly devoted to her family and friends. Other outside interests include dabbling in the culinary arts, playing the piano, and writing fiction.

**Nathania Harmon Tur, Ph.D.**, is a clinical psychologist at the Mental Health Clinic here at the Washington DC VAMC. Her interest for integrative approaches in health began with her bachelor's degree in Biology at University of Puerto Rico-Río Piedras (UPRRP) degree in 2010 in San Juan, Puerto Rico . She later refined her interests towards psychology, where she received her Ph.D. in Clinical Psychology from Carlos Albizu University (CAU) in 2017 in San Juan, Puerto Rico. Furthermore, she focused her practicum experiences in spaces where integration of psychological and health services was scarce. Dr. Harmon Tur found her niche while becoming one of the first students to provide psychological services at the largest Trauma Level 3 Hospital in Puerto Rico (Hospital de Trauma-Centro Médico) that caters to the needs of those on the island and in the entire Caribbean.

Alongside this experience, she also enjoyed training and providing services to patients with chronic kidney disease at one of Puerto Rico's leading dialysis centers. These experiences highlighted the fragmentation of clinical services on the island, which led her to focus her dissertation on treatment self-management in patients with chronic kidney disease and its impact on psychological variables. Dr. Harmon Tur completed her pre-doctoral internship at the VA Caribbean Healthcare System in San Juan, Puerto Rico (2016-2017). She also completed an APA-accredited post-doctoral fellowship at said VA (2017-2018) where she trained in Primary Care-Mental Health Integration and is VHA certified for Primary Care Mental Health Integration Co located Collaborative Care Competency.

Dr. Harmon Tur has also found a passion for third wave behavioral therapy. Her previous experience and training in Acceptance and Commitment Therapy (ACT) during her fellowship year has sparked interest in Dialectic Behavior Therapy (DBT), where she now forms a part of the DBT Consultation Team at this VA. Dr. Harmon Tur understands the importance of validation as well as the need to foster awareness and acceptance of the various ailments veterans present with, while helping patients lead a valued driven life.

**Julie Rones, PsyD**

## **Neuropsychology**

**Ernest J. Aucone, Ph.D., ABPP-CN**, is a neuropsychologist and Director of Neuropsychology Service at the Washington D.C. VAMC. He conducts neuropsychological evaluations with military Veterans reporting a range of difficulties, including difficulties with short- or long-term memory, attention and concentration, language and communication, problem-solving, and changes in personality. His clinical and research interests include traumatic brain injury, differential diagnosis in dementia, forensic neuropsychology (particularly determining competency); and neuropsychological/ cognitive rehabilitation. Dr. Aucone received a Ph.D. in clinical psychology (specialization in neuropsychology) from Nova Southeastern University in Fort Lauderdale, FL; completed a clinical internship/residency at the Boston VA

Healthcare System /Harvard Medical School in Boston, MA; and completed a two-year APPCN accredited postdoctoral fellowship in clinical neuropsychology at the University of Virginia in Charlottesville, VA. Prior to coming to VAMC, Dr. Aucone was part of a large neurology practice in Rhode Island.

**Lauren Skalina, Ph.D.**, joined the Washington DC VAMC psychology staff in 2017 as a clinical neuropsychologist. She conducts neuropsychological evaluations with Veterans presenting with concerns about memory, attention, or other aspects of cognitive functioning. Dr. Skalina is also involved in psychology training through supervision of externs, interns, and postdoctoral fellows. Prior to joining the psychology staff at the DC VAMC, she graduated from Northwestern University with a BA in psychology and French and earned her MA and PhD in clinical psychology at American University. She completed her pre-doctoral internship in the VA neuropsychology track of the VA Maryland Health Care System/University of Maryland-Baltimore Psychology Internship Consortium and a 2-year postdoctoral fellowship in clinical and research neuropsychology through the War Related Illness and Injury Study Center (WRIISC) at the DC VAMC.

Dr. Skalina is licensed to practice clinical psychology in the state of Maryland and has extensive clinical experience providing neuropsychological evaluations, individual and group psychotherapy, and cognitive rehabilitation for Veterans. Her research interests include daily emotional experience, health-related behaviors (e.g., sleep), and cognitive functioning. She also enjoys teaching and has an adjunct faculty appointment at American University. In her spare time, Dr. Skalina enjoys spending time with family (especially her toddler daughter) and friends, running, skiing, and eating her way through the DMV restaurant scene.

**Jennifer Strang, Ph.D., ABPP-CN**, is a board-certified neuropsychologist at the Washington DC VAMC. She conducts neuropsychological evaluations with military Veterans with known or suspected cognitive deficits. She also facilitates cognitive rehabilitation groups in the Psychosocial Rehabilitation and Recovery Center (PRRC) and the Substance Abuse Recovery Program (SARP). Her areas of clinical and research interest include traumatic brain injury, cognitive rehabilitation, dementia, and the cognitive effects of neuropsychiatric disorders, such as depression and PTSD. Dr. Strang received B.A. and M.S. degrees from the University of Rochester and a Ph.D. from Arizona State University.

She completed internship training at the Buffalo VAMC and a two-year postdoctoral fellowship at Rehab Without Walls, an outpatient neurorehabilitation facility in Phoenix, AZ. She has extensive experience working with the military population at Fort Belvoir, VA. In addition to providing clinical services, she assisted in the development of the TBI Clinic at the Fort Belvoir Community Hospital. Prior to coming to the VAMC in June 2014, she served as the TBI Program Manager for the Northern Regional Medical Command, U.S. Army where she oversaw the TBI programs at all of the military treatment facilities in the northeast region of the United States. In her leisure time, Dr. Strang enjoys hiking, traveling, reading, being outdoors, and attending arts events in the Washington, DC area.

## **Polytrauma Psychology**

**Scott Levson, Psy.D.**, works as a staff psychologist in the Polytrauma Clinic of the Washington DC VA Medical Center where he provides individual and group psychotherapy to Veterans who have experienced brain injuries and/or related traumas. He earned a M.S. and Psy.D. from Chestnut Hill College in Philadelphia, PA. During his graduate training, Dr. Levson completed a two-year practicum at Haverford College Counseling and Psychological Services, a practicum at a community mental health clinic, an assessment training year within the Pennsbury School District, as well as additional assessment training at the Psychological Services Clinic of Chestnut Hill College. Dr. Levson completed an APA-accredited doctoral internship at the VA Hudson Valley Health Care System in Montrose, NY, with rotations in an acute inpatient unit, a residential substance abuse treatment program, and a residential PTSD unit.

Before becoming a staff psychologist, Dr. Levson was a Special Populations postdoctoral fellow at the Washington DC VA where he worked with couples, individuals, and groups in the Psychosocial Recovery and Rehabilitation Center (PRRC) and Mental Health Clinic. He also enjoys teaching and has held adjunct faculty appointments at Chestnut Hill College. Dr. Levson is certified in Cognitive Processing Therapy (CPT) for PTSD and integrates psychodynamic theories with DBT and ACT in his clinical work. In his spare time he enjoys road trips, independent coffee shops, genealogy, and spending time with his family and friends.

**Samia Ortiz Hernandez**

## **Psychosocial Rehabilitation and Recovery Program (PRRC)**

**Corinne Galgay, Ph.D.**, received her doctoral degree in Counseling Psychology from Teachers College, Columbia University in 2018. Psychology externships included placements at White Plains Hospital: Child and Adolescent Services Outpatient Program, Northwell Health's Behavioral Health Program, and New York-Presbyterian Hospital Adult Outpatient Program. Dr. Galgay completed an APA-accredited internship at Mount Sinai Beth Israel Hospital located in New York City. Her postdoctoral fellowship was at the Washington DC VAMC and included an emphasis in Serious Mental Illness. Her theoretical orientation is integrative with a focus on psychodynamic, cognitive-behavior, and multicultural therapies. She completed the VA's Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Suicide Prevention trainings and is an active member of the Dialectical Behavior Treatment Team in coordination with providers from other clinics across the DC VAMC.

## **Substance Abuse Rehabilitation Program (SARP)**

**Leonard Tate, Ph.D.**, currently providing psychological services to Veterans with alcohol/substance abuse issues in the Substance Abuse and Rehabilitation Program. Dr.

Tate received his M.S. and Ph.D. in Clinical Psychology from Saint Louis University (St. Louis, MO). He completed his doctoral internship and residency at St. Elizabeth's Hospital (Washington DC), where he treated the severely mentally ill, in both inpatient and outpatient settings. Dr. Tate has also worked with substance abusing and mentally ill inmates in forensic settings. He is a licensed Clinical Psychologist in the State of Maryland. He enjoys photography, reading, listening to live jazz and poetry, and watching movies.

## Trauma Services Program

**Aparna Arjunan, Ph.D.**, works as a staff psychologist in the Trauma Services Program (TSP) of the Washington DC VA Medical Center. She completed her doctorate in clinical psychology from Suffolk University in Boston, MA. Dr. Arjunan completed her APA-accredited doctoral internship at the Greater Hartford Clinical Psychology Internship Consortium, primarily housed in the Newington VA Medical Center of the VA Connecticut Healthcare System. Prior to this, most of Dr. Arjunan's clinical training took place in community mental health centers, working with ethnically diverse, low-income populations. She also completed two years of neuropsychological assessment training within a medical center and private practice setting in the Boston area.

Dr. Arjunan came to the Washington DC VAMC in 2017 for her postdoctoral fellowship with a trauma emphasis and was excited to stay on in TSP as a staff psychologist. Dr. Arjunan has received specialized training in Dialectical Behavior Therapy (DBT) and Cognitive Processing Therapy (CPT), and she is a certified CPT provider. In addition to her interest in providing EBPs for PTSD, Dr. Arjunan is passionate about multicultural psychology and race-related issues, DBT, and assessment. Dr. Arjunan also really values being involved in all things related to psychology training, including providing clinical supervision and helping to coordinate other opportunities for trainees. She has also thoroughly enjoyed living in DC and exploring its restaurants, museums, and outdoor areas.

**Ranon Cortell, Ph.D.**, is a clinical psychologist and Program Director of the Washington DC VA Medical Center's Trauma Services Program (TSP). In his role as Program Director of TSP, he oversees psychotherapy provision for Veterans who are diagnosed with Posttraumatic Stress Disorder (PTSD) and comorbid conditions. He is responsible for the supervision of TSP staff, including psychologists, social workers, nurses, peer specialists, and program support, and together with the Unit Training Coordinator, he oversees the psychology training program within TSP. Dr. Cortell provides individual, group, and family therapy to veterans impacted by trauma. He also oversees TSP program development and together with the PCT Coordinator oversees research conducted in TSP.

Dr. Cortell received his bachelor's in psychology from the University of Maryland and his

Ph.D. in Clinical Psychology from the Catholic University of America. Dr. Cortell served in the DC VAMC during his graduate training, working with veterans in the Substance Abuse Rehabilitation Program and Primary Care Mental Health Integration. Prior to his position at the VAMC, Dr. Cortell provided individual and group therapy to inmates in a maximum security facility in Jessup, MD and individual and family therapy, consultation, and psychological assessment to military dependent children and their families at Fort Meade, Maryland. Dr. Cortell has published in the area of suicide and developmental disorders. In his free time, he enjoys spending time with his family, reading, teaching, and being in the outdoors.

**Amanda Evans, Ph.D.**, joined the Washington DC VAMC in September of 2017 after completing a postdoctoral residency at Grady Memorial Hospital in Atlanta, GA and her doctoral training at Emory University. She became interested in working with veterans through her dissertation research, which focused on emotional numbing in veterans with PTSD symptoms and tested a compassion meditation intervention in this population. Dr. Evans is a CBCT (Cognitively-Based Compassion Training) instructor, which she has taught to groups of male combat veterans, female prisoners, university students, and adolescents in the Atlanta foster care system.

Broadly, her work has focused on understanding whether and how mindfulness- and compassion-based interventions effect change in clinical populations. Clinically, she has a particular interest in working with individuals with PTSD and trauma related disorders. Dr. Evans has specialized training in Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Mindfulness-Based Cognitive Therapy (MBCT), among other EBPs. In her therapeutic work, she integrates these approaches within an interpersonal orientation. In her free time, she enjoys spending time outdoors, trying new DC restaurants, and spending time with friends and family.

**Erika White, Ph.D.** (she/her/hers). Dr. White completed her graduate education at Saint Louis University. She completed a pre-doctoral internship at the Washington, D.C. VAMC and a postdoctoral fellowship in trauma at the Pittsburgh VAMC. Her dissertation research focused on the effects of racial microaggressions and colorblindness on the working alliance of cross-racial counseling dyads. Dr. White is trained in Cognitive Processing Therapy and Prolonged Exposure. In August 2011, Dr. White was hired as a staff psychologist in the Trauma Recovery Program (TRP) at the Baltimore VAMC. Dr. White joined the Training Committee for the VAMHCS/UM Psychology Internship Consortium as Cultural Competency Coordinator in 2012. In 2013, Dr. White assumed the role of Program Coordinator in the PTSD Clinical Team (PCT). In this role, she served as coordinator for the PTSD Assessment Clinic and managed referrals for the PCT. Also in 2013, Dr. White was ecstatic to be selected as the Outstanding Supervisor of the Year by the intern class. Dr. White served as the Chairperson for the Mental Health Diversity Committee from 2012 to 2020. In 2016, Dr. White was trained as a consultant and trainer for the CPT rollout program. Additionally, Dr. White served as a consultant for the CBT for Depression training program. In 2018, Dr. White became an Academic Detailer for the VA Maryland Healthcare System to promote the use of

Evidence-Based Psychotherapies for Depression and CBT-I. In October 2020, Dr. White joined the Trauma Services Program at the Washington, D.C. VA Medical Center.

**Melissa Decker, Ph.D.**, currently provides psychological services to women veterans with behavioral health and mild to moderate mental health issues in the Women's Health Clinic. Dr. Decker received her M.A. and Ph.D. in Clinical Health Psychology from East Carolina University (Greenville, NC). She completed her doctoral internship and postdoctoral year at the Washington DC VA Medical Center (Washington DC), where she trained in the Psychosocial Rehabilitation and Recovery Center (PRRC), Mental Health Clinic, Compensation and Pension, and the Trauma Services Program. Dr. Decker has also worked in the nonprofit sector, providing case management to adults with severe and persistent mental illness, delivering crisis intervention services to domestic violence and sexual assault survivors, and completing forensic risk assessments for child protective services. She is a licensed clinical psychologist in the State of Virginia. She enjoys playing soccer, hiking, and spending time with her family.

## **Additional Staff Biographies**

**Thomas Gilmore, Ph.D.**, is a clinical psychologist who provides individual and group psychotherapy to Veterans at the Prince George's Community Based Outpatient Clinic (CBOC) in Suitland, MD. He earned his B.A. in English from the College of William and Mary (Williamsburg, VA), and later completed additional undergraduate work in psychology before completing a Ph.D. in Clinical Psychology at George Mason University (Fairfax, VA). Dr. Gilmore completed his internship and a post-doctoral residency in clinical psychology with the DC Commission on Mental Health Services, working primarily in outpatient treatment settings.

Prior to joining the staff of the Washington, DC VAMC, Dr. Gilmore has worked as a clinical psychologist at the Alexandria Mental Health Center (Alexandria, VA), American University's Counseling Center (Washington, DC), and in private practice in Washington, DC. He also served as an Assistant Professor in the APA-Accredited Clinical Psy.D. program of The Chicago School of Professional Psychology's Washington, DC campus. Dr. Gilmore primary focus is on providing psychotherapy and clinical supervision. His clinical approach is shaped by cognitive-behavioral and psychodynamic theory, and he is currently completing evidence-based practice training through the VA in Cognitive-Behavioral Therapy for Depression (CBT-D) and Acceptance and Commitment Therapy for Depression (ACT-D). He also continues to have a small private practice in Washington, DC. In his free time, he enjoys cycling, skiing, theatre, and spending time with family and friends.

**Michael Greenfield, Ph.D.**, received his doctoral degree in Clinical Psychology from American University in 2016. As a pre-doctoral trainee, Dr. Greenfield worked specialized



in Cognitive Behavior Therapy (CBT) and Humanistic approaches and trained at the Washington, DC VAMC (Primary Care Behavior Health), and the Baltimore VAMC (Mental Health Clinic). On internship, Dr. Greenfield rotated through Primary Care again as well as various psychosocial recovery-oriented clinics at the Miami FL VAMC. Dr. Greenfield was then a Post-Doctoral Fellow at this VA in Serious Mental Illness (SMI) and Geriatrics where he secured grant funding to integrate Fitbits into a modified MOVE! Weight Management Group for Veterans with SMI. In 2017, Dr. Greenfield became a Staff Psychologist in the Green Clinic at the Washington, DC VAMC in 2017 and was licensed in the state of Virginia. Dr. Greenfield has provided clinical and program evaluation supervision of Externs, Interns, and Fellows.

Prior to graduate school, Dr. Greenfield was a Research Manager doing I/O research at a large public consultancy, and he managed several Analysts there. He uses an integrative approach in both therapy and supervision, applying techniques from cognitive-behavior and client-centered perspectives. During Dr. Greenfield's training, he has been fortunate to receive clinical supervision and/or training and consultation in several Evidence-Based Psychotherapies (EBPs), and he is certified through the VHA's EBP training program in CBT for Depression and CBT for Chronic Pain. In terms of program evaluation and organizational consultation, Dr. Greenfield is interested in factors involved in VA Psychology Trainee satisfaction and engagement and is pursuing a certification in Project/Program Management through the Federal Acquisition Institute. He holds several Psychology Training Committee roles, including the Co-lead of Program Evaluation training for Postdoctoral Fellows. Dr. Greenfield likes to help trainees think about career development, learn about careers in the VA, and align the training experience with their passions and interests.

**Michael Knep, Psy.D.**, has been on staff at the Washington DC VA since 2006. He worked part-time for a couple years on the Acute Inpatient Psychiatry unit (3DE) and then full-time in the Mental Health Clinic for nine years. In 2017, Dr. Knep was appointed Chief of Patient Centered Care/Director of Integrative Health and Wellness and worked in this position for over a year before moving out of the Washington DC Metropolitan area. He now works remotely, providing individual psychotherapy telehealth to Veterans from the Charlotte Hall CBOC. Prior to joining the VAMC, Dr. Knep was employed as a staff psychologist for over six years at Northern Virginia Mental Health Institute where he worked on both an acute admissions unit and on a longer term, psychosocial rehabilitation unit.

Dr. Knep obtained his B.A. from Clark University (Worcester, MA) and his M.S. and Psy.D. from Nova Southeastern University (Fort Lauderdale, FL). His internship was completed at the DC Commission on Mental Health Services, which included providing psychological services to a forensic inpatient population. Dr. Knep is certified in Integrative Behavioral Couple's Therapy (IBCT) and CBT-I.

**Susan Mareck, Ph.D.**, is a staff psychologist who provides Compensation and Pension evaluations and serves as a mentor to interns and fellows. Dr. Mareck received her Ph.D. in Clinical Psychology from the University of South Dakota. She interned at the Mid Missouri Psychology Consortium and completed a Post-Doctoral Fellowship in Health Psychology at the University of Minnesota Hospital and Clinics. Dr. Mareck worked for

seven years at North Memorial Medical Center in Robbinsdale, MN doing crisis evaluations in the emergency room before coming to the Washington DC VAMC. Her interests include health psychology, crisis intervention, and integrated dual diagnosis assessment and treatment.

**Kara G. O’Leary, Ph.D.**, is the psychologist at the Montgomery County CBOC. Dr. O’Leary earned her undergrad degree at Boston College in Social Psychology, where she gained a love for research. After college, she moved to the San Francisco Bay Area with Jesuit Volunteer Corps, counseling sexual assault survivors, later working for Haight Ashbury Free Clinics. She returned to the East Coast to complete her master’s degree at Columbia University, and then her Ph.D. at Long Island University in Clinical Psychology. Her work at the New York State Psychiatric Institute focused largely on brain and behavior research on impulse control disorders, especially substance use and eating disorders. She continued to work in the field of eating disorders when she moved to St. Louis, working on an Interpersonal Psychotherapy-based study with families who are overweight. She was fortunate to match at the St. Louis VAMC for both internship and post-doc in Primary Care Mental Health Integration.

After post-doc, she accepted a job at the St. Louis VA Mental Health Clinic where she worked with Veterans with non-combat trauma, substance use disorders, and a variety of other mental health disorders using ACT, CPT, and IPT. She transferred to the DC VAMC in September 2018, and enjoys being back on the east coast. Her theoretical orientation is largely based on contemporary interpersonal and psychodynamic theory. In her spare time, Dr. O’Leary loves listening to nearly every kind of music, distance running for her mental health, and going to the park with her husband and three children.

**Melanie Paci, Psy.D.**, received her doctoral degree in clinical psychology from Long Island University C.W. Post in 2007. She completed an internship at the VA New York Harbor Healthcare System/Manhattan Campus and then was employed as a supervising psychologist at St. Luke’s-Roosevelt Hospital’s Psychiatric Recovery Center in New York prior to joining the DCVAMC psychology staff in 2009. She provides training and clinical supervision to practicum students, interns, and postdoctoral fellows in the Psychosocial Rehabilitation and Recovery Center (PRRC) and the Acute Psychiatry unit. She uses an integrative approach in both therapy and supervision, applying techniques from cognitive-behavioral, client-centered, and psychodynamic/interpersonal models. During her time at VA, she has obtained certification in several evidence-based psychotherapies, including Cognitive Processing Therapy for PTSD, Integrative Behavioral Couples Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, Cognitive Behavior for Depression, Cognitive Behavior Therapy for Insomnia, Cognitive Behavior Therapy for Psychosis, and Social Skills Training.

**Elizabeth Paddrik**

# Appendix A:

# RIGHTS & RESPONSIBILITIES, DUE PROCESS, & GRIEVANCE PROCEDURES

## Overview & Purpose

The psychology training program of the VA Medical Center, Washington, D.C., is committed to facilitating learning and professional growth for trainees while ensuring safe and appropriate care for Veterans. The training staff places a high premium on creating a work environment that is professionally stimulating, open to change, and sufficiently flexible to accommodate individual needs and requirements. The purpose of this document is to delineate several of the processes our program uses to ensure that we meet these aims in a manner that is consistent with the practice of the VA, APPIC and the APA Commission on Accreditation Standards of Accreditation (SoA). This document outlines the rights and responsibilities both of the training program and of the trainees in the training process. It also outlines the evaluation and due process procedures. The procedures outlined in this document are congruent with policies described in the following Veterans Health Administration Directives and Handbooks: *VHA Directive 1400*; VHA Handbook 1400.08 *Education of Associated Health Professions*, VHA Handbook 1400.04, *supervision of health professions trainees*.

## Definitions

**Trainees** – In this document, “trainees” refers to practicum students, interns and postdoctoral fellows.

**Supervision** – Supervision is an educational experience provided by a qualified supervising practitioner with a trainee. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the trainee while monitoring the quality of services delivered (see VHA Handbook 1400.04). Please see the Intern and Postdoctoral Supervision Agreements for detailed description of supervision at the Washington DC VAMC

## Roles and Responsibilities

The Psychology Training Program is embedded within a larger medical center that houses multiple training programs across various disciplines. Below are some of the local roles and responsibilities that pertain to the Psychology Training Programs. Additional roles and responsibilities are described in VHA Handbook 1400.08, section 5.

1. Medical Facility Director. The Medical Facility Director is responsible for establishing local policy to fulfill requirements of this Handbook and of accrediting and certifying bodies, appointing the Designated Education Officer (or another appropriate individual such as the facility Chief of Staff), ensuring that a local monitoring process exists for trainee supervision, and reviewing data on trainee supervision, and oversight responsibility for implementation of any education policies.
2. Chief of Staff. The facility Chief of Staff (COS) is responsible for the quality of care provided by supervising practitioners and trainees.
3. Designated Education Officer. The Designated Education Officer (DEO) (often with the position title of Associate Chief of Staff for Education, or ACOS/E) has direct oversight responsibility for all clinical training at each VA health care facility with training programs. The DEO assists the Chief of Staff in assessing the quality of training programs and the quality of care provided by supervising practitioners and trainees. The DEO ensures that a facility supervision policy is in place.
4. Chief, Psychology Service. The Service Chief or Discipline Lead is responsible for the clinical training program and the relationship of the VA training program to affiliated academic programs. Service Chiefs or Discipline Leads may delegate authority to section chiefs, team leaders, training coordinators, Training Program Directors, or other subordinates.
5. Director, Psychology Training Programs (DPT). The DPT has responsibility for administering the VA-sponsored pre-doctoral internship and postdoctoral fellowship programs and for ensuring that the programs comply with standards of accrediting and certifying bodies. For the psychology practicum program where students complete training at the VA as part of an affiliated doctoral training program, the DPT is responsible for the management of training program activities at the VA site. The DPT:
  - a. Structures the training program consistent with requirements of the accrediting and certifying bodies.
    - i. Ensures that all trainees participate in an orientation to VA policies, procedures, and roles within the VA health care system. The Office of Academic Affiliations (OAA) has the authority to establish appropriate mandatory training modules for paid and WOC associated health trainees. The DPT ensures that trainees complete the OAA-required training modules. Trainees are not required to complete employee orientation training.
    - ii. Assigns graduated levels of responsibilities for individual trainees and ensures that trainees function within their assigned levels of responsibility.
    - iii. Ensures that supervising practitioners provide quality supervision to

- trainees.
- iv. Ensures that trainees have opportunity to give feedback regarding supervising practitioners, the training program, and the VA health care facility.
  - b. Guides actions regarding trainee related problems.
  - c. Monitors the provision and documentation of supervision at the VA health care facility.
6. Supervising Practitioner. The supervising practitioner is the individual responsible for directly supervising the activities of the trainee. The supervising practitioner is generally of the same discipline or specialty in which the trainee is being educated. Supervising practitioners provide Veteran care and trainee supervision only for clinical activities they are qualified and approved to perform. In some training settings, health care professionals from another discipline, with documented qualifications, may function as supervising practitioners for selected training experiences. The role of supervising practitioner differs from the defined role of a “supervisor” of VA employees defined by Human Resource policy. In the remainder of this document, the term “supervisor” will be used synonymously with “supervising practitioner” relative to clinical training and does not imply supervision of VA employees. Supervising practitioners are responsible for all trainee activities occurring under supervision as delineated in Handbook 1400.04.

## **Trainee Responsibilities**

1. The responsibilities to read, understand, and clarify, if necessary, the statement of rights and responsibilities. It is expected that these responsibilities will be exercised.
2. The responsibility to maintain behavior in accordance with the ethical guidelines of the American Psychological Association (<https://www.apa.org/ethics/code/>).
3. The responsibility to behave within the regulations of the federal government and the Department of Veterans Affairs as set forth in training workshops and memoranda that are issued during the year.
4. The responsibility to be open to professionally appropriate feedback from supervisors, professional staff, and agency personnel.
5. The responsibility to behave in a manner that promotes positive multidisciplinary relations and interactions and is in accordance with the standards and expectations of the VA and the Mental Health Service.
6. The responsibility to give constructive feedback that evaluates the training experience or other experiences in the VA.
7. The responsibility to conduct oneself in a professionally appropriate manner if due process is initiated.
8. The responsibility to actively participate in the training, clinical services, and overall activities of the Mental Health Service.

9. The responsibility to meet training expectations by developing competency in nine areas (see below) consistent with the Standards of Accreditation for Health Service Psychology.

### **Trainee Rights**

1. The right to this statement of rights and responsibilities upon entry in the training year, including a statement of expectations and goals for trainees.
2. The right to be trained by professionals who behave in accordance with the ethical guidelines of the American Psychological Association (<https://www.apa.org/ethics/code/>).
3. The right to be treated with professional respect, that recognizes the training and experience the trainee brings with them.
4. The right to ongoing evaluation that is specific, respectful, and pertinent.
5. The right to engage in an ongoing evaluation of the training program experience.
6. The right to initiate an informal resolution of problems that might arise in the training experience (supervision, assignments, evaluations, etc.) through discussion or written request to the staff member concerned and/or the DPT, Training Committee, or Chief of the Psychology Service.
7. The right to due process and appeal to deal with problems after informal resolution has failed or to determine when rights have been infringed upon.
8. The right to respect for one's personal privacy.
9. The right to request assistance and/or consultation outside of the program.  
Resources for outside consultation include:

### **VA Office of Resolution Management (ORM) –**

Department of Veterans Affairs

Office of Resolution Management (08)

810 Vermont Avenue, NW, Washington, DC 20420

1-202-501-2800 or Toll Free 1-888- 737-3361

<http://www4.va.gov/orm/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation available to all VA employees and does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes and are specially trained and skilled in mediation techniques and conflict resolution.

### **Association of Psychology Postdoctoral and Internship Centers (APPIC)**

APPIC has established both an [Informal Problem Consultation](#) process and a Formal Complaint process in order to address issues and concerns that may arise during the internship training year: <http://appic.org/Problem-Consultation>

**APA Office of Program Consultation and Accreditation:**

750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5979  
<http://www.apa.org/ed/accreditation>

## Equal Employment Opportunity (EEO) Complaint Processing

### Independent legal counsel

*Please note that union representation is not available to interns as they are not union members under conditions of their VA term-appointment.*

## Trainee Competency Expectations

Competency expectations at the intern and resident level are consistent with the Standards of Accreditation for programs in Health Service Psychology (<https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>)

### Trainee Competency Expectations for Interns

Consistent with the Standards of Accreditation for programs in Health Service Psychology, the end of year competency goal for interns who train in our program is to achieve the level of independent practice in the following nine areas: 1) Research, 2) Ethical and legal standards, 3) Individual and Cultural diversity, 4) Professional values, attitudes and behaviors, 5) Communication and interpersonal skills, 6) Assessment, 7) Intervention, 8) Supervision, and 9) Consultation and interprofessional/interdisciplinary skills. The specific elements used to evaluate these competencies are listed on the *Intern Competency Assessment* form. While not all rotations will involve some of these competencies (for example an assessment-based rotation will have little to no intervention component), it is expected that over the course of the intern's training year, **all competencies** will be demonstrated at the level of independent practice.

Interns are evaluated formally with regards to competencies at the end of each 4-month rotation. As detailed on the Intern Competency Assessment form, each rotation period has a different benchmark for attainment.

1<sup>st</sup> rotation benchmark: 80% of Competency areas 1-9 will be rated at a level of competence of 3 (basic-intermediate level of competency) or higher. No competency areas will be rated as 1 (does not demonstrate basic competency and needs remediation).

2<sup>nd</sup> rotation benchmark: All areas of competency are rated at 4 (intermediate) or higher; none are rated as 3 or less.

3<sup>rd</sup> rotation benchmark (end of year): All competency areas are rated at 5 (independent practice) or higher.

### Trainee Competency Expectations for Postdoctoral Fellows

With regards to postdoctoral fellows, our program is designed to develop advanced competency in the following profession wide competency areas: 1. Integration of Science and Practice; 2) Ethical and Legal., and 3) Individual and Cultural Diversity. In addition, we foster the post doc's development of competence in the following two program specific areas: Provision of Supervision and Working on Integrated Teams.

Fellows are evaluated on an ongoing basis by supervisors, with formal rating and feedback given at two time points (mid-year and end of year). The Fellow Achievement Benchmarks section in the document above provides a detailed description of the performance expectations at each time point.

## **EVALUATION POLICY**

### **Evaluations of Trainee Performance**

One-to-one supervisory sessions lay the groundwork for trainee evaluations. This affords opportunities for trainees to receive and incorporate feedback from their supervisors most rapidly into their practice. It is expected that supervisors will address performance that requires remediation as it arises, rather than waiting for the formal evaluation (clarification of what constitutes problematic performance and processes of remediation are described in a later section). Formal evaluation occurs for interns and residents at 3 time points. For interns, evaluations mark the end of each 4-month rotation period. For residents, evaluations are also conducted every 4 months. Within two weeks of the end of each rotation or rating period, time is arranged for written performance evaluations to be discussed by trainee and supervisor. The supervisor prepares their written evaluations (using either the Intern Competency Assessment form or Postdoctoral Resident Evaluation form as appropriate) in advance of this meeting. The process is designed to provide the trainee evaluative feedback and suggestions and recommendations for improvement. Perceptual and/or factual differences between the supervisor's evaluation and the trainee's self-evaluation are expected to be resolved during this evaluation meeting. The supervisor and trainee can negotiate changes in the evaluation and may append comments to the written feedback. If there is no indicated need for remediation, both the supervisor and the trainee sign the evaluation indicating that both parties have reviewed it. The supervisor will provide a copy of their evaluations to the DPT. The DPT and the Training Committee review the progress of each trainee at their monthly meetings. The Chief of Psychology Service may review these evaluations.

If there are no significant performance issues, DPT will forward a summary of the competency evaluations trainee's graduate program at midyear and end of year.

If the supervisor and trainee are unable to resolve differences during the initial feedback meeting, the DPT, or designated member of the Training Committee will be notified. The



DPT or Training Committee member will meet with the supervisor and trainee to discuss the matter and work towards resolution. Should this be unsuccessful, the matter may be brought before the full Training Committee and the Chief of Psychology Service.

### **Trainee Evaluation of Their Training Experience**

Trainees evaluate both their training experience and supervisors at the end of each evaluation period via the Rotation Evaluation form and the Intern Evaluation of Supervisor or Postdoctoral Fellow Evaluation of Supervisor form. These evaluations are turned in to the DPT for review. The DPT will use discretion with regards to provision of feedback to supervisors. Generally, summative feedback is provided on an annual basis. In the occasion that an imminent concern arises regarding a supervisor, the DPT will work to address the concern first with the supervisor. The DPT may consult with the Training Committee and Chief, Psychology Service regarding how best to address concerns in a matter that prioritizes preservation of the integrity of the training programs.

Once evaluations are complete, the DPT meets with the trainee to review the trainee's competency assessment form as well as to collect and discuss the trainee's feedback on their experience in the program thus far via the Rotation Evaluation form and the Intern Evaluation of Supervisor or Postdoctoral Fellow Evaluation of Supervisor form. It may be in the context of this meeting that the DPT and the trainee may arrange for a modification of the trainee's training program to address their training needs and/or the needs of the training program.

## **Procedures of Due Process**

### **Purpose**

This section provides a discussion of due process and grievance procedures regarding both serious competency issues, i.e., when the trainee has not met their competency goals and/or shows problematic performance; considerations in the remediation of problems; and a listing of sanctions (adopted in part from the Minneapolis VAMC).

### **Definitions**

Problematic performance – Problematic performance is defined as an interference in professional functioning that renders the trainee: unable and/or unwilling to acquire and integrate professional standards into their repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to effectively respond to personal stress which leads to dysfunctional emotional reactions

and behaviors that disrupt professional functioning. More specifically behaviors typically become identified as problematic when they include one or more of the following characteristics (as defined by the VA Office of Academic Affiliations):

1. The trainee does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the trainee is significantly negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Some examples of problematic performance include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Failure to identify & report patient high risk behaviors
- Failure to respect appropriate boundaries
- Repeated tardiness
- Unauthorized absences
- Failure to complete written work in accordance with supervisor or program guidelines
- Giving one's work to others to complete
- Plagiarizing the work of others

*Please note this list is not exhaustive.*

## GENERAL GUIDELINES TO DUE PROCESS

The training program follows due process guidelines to ensure that decisions about trainees are not arbitrary or personally based. The program has appeal procedures that permit any trainee to challenge program decisions. The due process guidelines include the following:

1. **Staff expectations** available to trainees in writing via
  - a. the Psychology Training Programs website ([https://www.washingtondc.va.gov/departments/psychology\\_training\\_programs.asp](https://www.washingtondc.va.gov/departments/psychology_training_programs.asp)),
  - b. the Trainee Handbook (in Psychology Resource Hub on the Share drive), and the also in Psychology Resource Hub), as well as through discussions in a week-long trainee orientation, regular professional development meetings, initial and ongoing supervision by clinical supervisors, and regular meetings with the DPT.

2. **Evaluation procedures** clarified for trainees (see above section on Evaluation).
3. **Due process procedures for problematic performance & grievance procedures** delineated in this document shared in hard copy form with trainees and the content presented in an in-person meeting at the beginning of the training year. An electronic copy will also be consistently available in the Psychology Resource Hub. These procedures will:
  - a. Be presented in stepwise form, both in terms of how trainees are informed and what actions Psychology Service takes when there is an ongoing difficulty, and
  - b. Clarify when graduate programs are informed about any ongoing, confirmed difficulties with trainees and solicited for input about how to address such difficulties.
4. **Remediation plans** instituted for identified problems, which include time frames for remediation and specify consequences for failure to rectify the problems.
5. **Sufficient time** given to trainees to respond to any action taken by the program.
6. Input from multiple professional sources utilized to make decisions or issue recommendations regarding the trainee's performance.
7. **Documentation** of training program actions and their rationale issued to all relevant parties.

### **Informal Staff or Trainee Complaints or Grievance Process**

Supervisory staff and/ or trainees are encouraged to seek informal redress of minor grievances or complaints directly with the other party, or by using a mentor or the training Director as go-betweens. Such informal efforts at resolution may involve the Training Committee, a subcommittee of the Training Committee, or the chief psychologist. Failure to resolve issues in this manner may eventuate in a formal performance or behavior complaint or trainee grievance as the case may be, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the trainee is encouraged to utilize a mentor, or in the case of conflict of interest, another senior psychologist, as a consultant on matriculating the formal process.

### **Formal Procedures for Responding to Problematic Trainee Performance or Behavior**

When supervisor(s) identify that a trainee is exhibiting problematic performance or behavior, as evidenced by failure to achieve expected competency during a rating period or other problematic performance as defined above the DPT, Training Committee, and other relevant supervisory staff, initiates the following procedures:

1. The negative evaluation(s), or other written documentation, verbal statements of problematic performance will be reviewed, and a determination made as to what action needs to be taken to address the problems identified.
2. The trainee will be notified in writing that such a review is occurring and that the Training Committee is ready to receive any information or statement that the trainee wishes to provide with reference to the identified problems.

3. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:
  - a. The Training Committee may elect to take no further action.
  - b. The Training Committee may issue an Acknowledgement Notice (formal counseling) which states the following in writing:
    - i. The Training Committee is aware of and concerned about the negative evaluation/other problematic performance.
    - ii. The evaluation has been brought to the trainee's attention, and the committee or other supervisors will work with the trainee to rectify the problem within a specified time frame.
    - iii. The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
    - iv. The trainee's graduate program Director of Clinical Training (DCT) has been consulted on the matter.
  - c. Alternatively, depending upon the gravity of the matter at hand, the Training Committee may issue a Probation Notice which specifies that the committee, through the supervisors and DPT, will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Probation Notice is a written statement to the trainee that includes the following items:
    - i. A description of the problematic performance behavior.
    - ii. Specific recommendations for rectifying the problems.
    - iii. A time frame for the probation during which the problem is expected to be ameliorated.
    - iv. Procedures to assess concurrently whether the problem has been appropriately rectified.
    - v. The trainee's graduate program Director of Clinical Training (DCT) has been consulted on the matter.
  - d. Where the Training Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:
    - i. Increased supervision, either with the same or other supervisors.
    - ii. Change in the format, emphasis, and/or focus of supervision.
    - iii. A recommendation and/or requirement that personal therapy is undertaken with a clear statement about the issues which such therapy should address.
    - iv. Recommendations of a leave of absence with time to be made up at no cost to the government.
  - e. Following the delivery of an Acknowledgement Notice or Probation Notice, the DPT meets with the trainee to review the required remedial steps. The trainee may elect to accept the conditions or may grieve the Training Committee's actions as outlined below. The DPT will inform the trainee's

sponsoring university and indicate the nature of the inadequacy and the steps taken by the Training Committee.

- f. Once the Training Committee has issued an Acknowledgement Notice, the problem's status will be reviewed within three months' time, or the next formal evaluation, whichever comes first. In the case of a Probation Notice, the problem's status will be reviewed within the time frame set by the notice.

## **Failure to Correct Problems**

When a combination of interventions does not rectify the problematic performance within a reasonable period of time, or when the trainee seems unable or unwilling to alter their behavior, the Training Committee may need to take further formal action. If a trainee on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Probation Notice, the Training Committee will conduct a formal review and then inform the trainee in writing that the conditions for revoking the probation have not been met. The committee may then elect to take any of the following steps, or other appropriate action:

1. It may continue the probation for a specified period of time.
2. It may suspend the trainee for a limited time from engaging in certain professional activities until there is evidence that the problematic performance in question has been rectified. Suspensions beyond the specified period of time may result in termination or failure to graduate.
3. Depending upon the gravity of the issue, it may inform the trainee and the chief psychologist that the trainee will not successfully complete the training if their problematic performance does not change. If by the end of the training year the trainee has not successfully completed the training requirements, the Training Committee may recommend that the trainee not be graduated. The trainee will then be informed that he/she has not successfully completed the traineeship. The trainee's home department will be informed that the trainee has not successfully completed the program. The Training Committee may specify to the graduate program those settings in which the former trainee can and cannot function adequately.
4. It may inform the trainee that the Training Committee is recommending to the chief psychologist that the trainee be terminated immediately from the training program, and the chief psychologist moves to terminate the trainee from the program.
5. When the Training Committee's deliberations lead to the conclusion that a trainee is not suited for a career in professional clinical practice, the committee may recommend a career shift for the trainee and withhold endorsement for professional practice should the trainee later seek licensing in any jurisdiction.

## **Termination**

Termination is a policy of last resort and would only be invoked under extraordinary circumstances, such as not meeting a number of performance standards or not meeting

a critical performance standard such as ethical behavior. Termination would only be considered when all reasonable measures have been taken to remediate the situation, the trainee's due process rights have been observed, and the trainee has had the opportunity to use all of their rights to grieve the pending action.

When the Training Committee's deliberations lead to the conclusion that an trainee is not suited for a career in professional clinical practice, the committee may recommend and assist in implementing a career shift for the trainee.

All of the above steps will be appropriately documented and implemented in ways that are consistent with due process, including opportunities for trainees to initiate grievance proceedings to challenge Training Committee decisions.

## **Trainee Grievance Procedures**

### **Protecting the Rights of Trainees**

A trainee may grieve any action by a staff member or Training Committee. The action may be a poor performance evaluation or any form of improper behavior or harassment. We believe that most problems trainees may have are best addressed through face to face interaction between the trainee and the party of concern. We also believe that this is in alignment with the APA ethics code, which recommends that psychologist first raise problematic behavior with the party of concern, prior to taking other steps, and thus by encouraging trainees to directly address concerns with the party involved, we are supporting their progress towards independence. At the same time, our program recognizes that trainees, by nature of their status, are also vulnerable parties and thus may require additional supports when raising grievances with supervisors or others in positions of relative power. Our grievance process is designed to support the trainee as a self-advocate, while also recognizing the inherent power imbalances that exist between trainees and staff members. Below are detailed both informal and formal grievance procedures.

These due process procedures are not intended to prevent a trainee from pursuing a grievance under any other mechanisms available to VA employees, or under the mechanisms of any relevant professional organization, including APA or APPIC. Trainees are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of a staff psychologist with his or her licensing board. Information regarding these resources is available in a later section.

### **Informal Reporting and Mediation**

#### **Stage 1: Discussion**

Trainees should first discuss the matter directly with the other involved party. Trainees should request a meeting to speak with the individual, inform them of their concerns. Meeting requests should be accommodated in a timely manner (within 5 days of request). Staff are expected to demonstrate openness to hearing the concern and attempt to

resolve the concern directly with the trainee and seek consultation from the Training Committee and /or DPT as needed.

#### Stage 2: Informal Mediation:

If the concern is not resolved in direct communication, the matter proceeds to an informal mediation level. Either the trainee or involved staff can request that the DPT or a delegated Training Committee team member serve as an informal mediator of ongoing conversation regarding the concern. *If the grievance is with the DPT, then the initial informal mediation may be performed by a delegated Training Committee Member of the trainee's choosing, and/or the Chief, Psychology Service.*

If the grievance cannot be resolved at the initial mediation meeting, the trainee or staff may request that the following individuals attempt mediation: the Chief of Psychology Service; Associate Chief of Staff (ACOS) for Mental Health; Designated Education Officer. If these steps fail to achieve adequate resolution, the formal grievance procedure could be implemented.

#### **Formal Trainee Grievance Procedures**

Trainees who receive an Acknowledgement Notice or Probation Notice, or who otherwise wish to file formal grievance with the program may do so via written notification to the DPT. For trainees from affiliated programs (practicum students, interns) the grievance will be shared with the Director of Clinical Training from their home institution. Grievances stemming from an Acknowledgement Notice or Probation Notice must be filed within five working days of receipt of the Training Committee's notice or other decision, the trainee must inform the DPT in writing that he/she is challenging the committee's action. The trainee then has five additional days to provide the DPT with information as to why they believe the Training Committee's action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the trainee's challenge, the following actions will be taken.

1. The DPT will convene a review panel consisting of the DPT, two staff members selected by the DPT, and two staff members selected by the trainee. The trainee retains the right to hear all facts and the opportunity to dispute or explain his/her behavior.
2. The DPT will conduct and chair a review hearing in which the trainee's challenge is heard and the evidence presented. The review panel's decisions will be made by majority vote. Within 10 days of completion of the review hearing, the review panel will prepare a report on its decisions and recommendations and will inform the trainee of its decisions. The review panel will also submit its report to the Chief of Psychology Service.
3. Once the review panel has informed the trainee and submitted its report, the trainee has five working days within which to seek a further review of their grievance by submitting a written request to the Chief of Psychology Service. The trainee's request must contain brief explanations of the grievance and of

- the desired settlement he/she is seeking, and it must also specify which policies, rules, or regulations have been violated, misinterpreted, or misapplied.
4. The Chief of Psychology Service will then conduct a review of all documents submitted and render a written decision. He/she will render a decision within 15 working days of receipt of the review panel's report, and within 10 working days of receipt of a trainee's request for further review, if such request was submitted. The Chief of Psychology Service may either accept the review panel's action, reject the review panel's action and provide an alternative, or refer the matter back to the review panel for further deliberation. The panel will report back to the Chief of Psychology Service, within 10 working days of the request for further deliberation. The Chief of Psychology Service will then make a final decision regarding actions to be taken.
  5. If the Chief's final decision does not resolve the trainee's written request for further review to his/her satisfaction, the trainee has three working days within which to appeal in writing to the ACOS for Mental Health Service. The ACOS for Mental Health shall conduct a review of the grievance and render a written decision within 15 working days of receipt of the trainee's request. The ACOS for Mental Health shall fashion whatever remedy he/she deems appropriate and that decision shall be final and binding.
  6. Once a final and binding decision has been made, the trainee, sponsoring university, and other appropriate individuals will be informed in writing of the action taken.

***Formal Grievance against the Director, Psychology Training; Chief, Psychology Service; or ACOS for Mental Health.***

- In the instance that the Director of Psychology Training is the subject of the grievance filed by a trainee, the trainee will file that grievance with a member of the Training Committee with whom they feel comfortable discussing the matter. That individual will then convene the review panel described in step 2 above and proceed with review of the grievance as noted above. The review panel will include the Chief, Psychology Service, who serves as an ex officio member of the Psychology Training Committee and whose role encompasses responsibility for Psychology Training. Further review of the grievance if needed, will be conducted by the ACOS Mental Health, in consultation with the Designated Education Officer.
- If the grievance is with the Service Chief, the DPT will convene a panel for review as indicated in step 2 above, the DPT will also seek consultation from the Designated Education Officer, who may serve as a member of the panel. The review panel's findings will be shared with the ACOS of Mental Health and consultation will be sought regarding next steps.
- If the grievance is with the ACOS of Mental Health, a review panel will be convened that includes the Designated Education Officer. The findings of the panel will still be presented to the Chief, Psychology Service. The Service Chief and DEO may present findings to the Chief of Staff of the Medical Center .

At all times during the process, the trainee and DPT, along with other involved staff, may consult with relevant accrediting and authorizing bodies, including: APPIC, APA



CoA; VA Office of Academic Affiliations in order to receive guidance while working towards satisfactory resolution.

## **Staff Allegation of Illegal, Unethical or Professionally Inappropriate Behavior by a Trainee**

### **Reported by Staff**

Any staff member of the VA Medical Center, Washington, D.C., may file a written grievance against a trainee for the following reasons: (a) unethical or legal violations of professional standard or laws; (b) failures to satisfy professional obligations and thereby violate the rights, privileges, or responsibilities of others. In fact, **staff has the responsibility to report in writing to the DPT illegal, unethical, or professionally inappropriate conduct by a trainee.**

1. The DPT will review the grievance with other members of the Training Committee and determine what action is required to further investigate the grievance.
2. Infractions of a very minor nature may be dealt with among the DPT, the supervisor, and the trainee. A written record of the complaint and the action taken become a temporary part of the trainee's file until the matter is set to rest by the DPT. In no instance will any record of such a minor infraction be maintained in our records beyond the end of the training year. A record would be maintained if there were a series of multiple minor infractions.
3. If the DPT and other Training Committee members determine that the alleged behavior cited in the complaint, if proven, would not constitute a serious violation, the DPT shall inform the staff member, who may be allowed to renew the complaint if additional information is provided.
4. When a decision has been made by the DPT and other Training Committee members that there is probable cause for deliberation by a review panel, the DPT shall notify the staff member and request permission to inform the trainee. The staff member shall have five days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within five days, or permission to inform the trainee is denied, the DPT and the other Training Committee members shall decide whether to proceed with the matter.
5. If the trainee is informed of the complaint, a review panel is convened consisting of the DPT, two staff members selected by the DPT, and two staff members selected by the trainee. The review panel receives any relevant information from both the trainee and complainant that bears on its deliberations.
6. The review panel, chaired by the DPT, will hold a review hearing in which the complaint is heard and evidence presented. Within 10 days of completing the review hearing, the review panel shall communicate its recommendation to the trainee and to the Chief of Psychology Service.

7. Once the review panel has communicated its recommendation to the trainee and to the Chief of Psychology Service, the trainee has five working days within which to submit a written request for further review to the Chief of Psychology Service. The request should include relevant information, explanations, and viewpoints that may challenge, refute, or otherwise call for modification of the review panel's decisions and recommendations. The request should also specify policies, rules, or regulations that may have been violated, misinterpreted, or misapplied.
8. The Chief of Psychology Service will then conduct a review of all documents submitted and render a written decision. He/she will render a decision within 15 working days of receipt of the review panel's report, and within 10 working days of receipt of a trainee's request for further review if such request was submitted. The Chief of Psychology Service may accept the review panel's action, reject the review panel's action and provide an alternative, or refer the matter back to the review panel for further deliberation. The panel will report back to the Chief of Psychology Service within 10 working days of the request for further deliberation. The Chief of Psychology Service will then make a final decision regarding actions to be taken.
9. Once a final and binding decision has been made, the trainee, sponsoring university, and other appropriate individuals will be informed in writing of the action taken.

## **Reported by Trainees**

Trainees witnessing or becoming aware of incidents of patient abuse will inform their supervisor who will assist them in filing the required incident report and in following out the procedures outlined in VAMC memoranda.

## **Storage of Training Documents**

### **General Document Storage**

Training files are maintained by the Director, Psychology Training. The Director maintains record of all interns and fellows who completed their training at the Washington DC VA Medical Center in perpetuity. Should you need to verify your training experience at a future date, you can contact the Director, Psychology Training Programs.

Trainee evaluations, and feedback forms offered to the program are also stored by the DPT, in paper and electronic form. Paper files are stored in a locked cabinet in the DPT's office. Electronic files are maintained on a secure server that is controlled by the DPT. These files are maintained for no shorter than the duration of current accreditation cycle to ensure that all files are available for the self-study and site visit. After re-accreditation is achieved, files may be disposed of in accordance with the VA Records Control Schedule.

## **Storage of Trainee Grievance Documents**

The Committee of Accreditation of the American Psychological Association requires that “each program will be responsible for keeping information and records of all formal complaints and grievances against the program, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Committee on Accreditation will examine programs’ record of student complaints as part of its periodic review of programs (site visit).” Thus, if you file a general complaint against the program or a staff member, we are obligated to keep it in our records and show report it to APA. All documentation of active grievances and all documentation of resolved grievances will be stored in a locked filing cabinet in psychology service that is maintained by the DPT Programs.

## **Institutional Policies for a Safe and Fair Workplace**

### **Notice of Nondiscrimination**

From the March 15<sup>th</sup>, 2021 Equal Opportunity, Diversity and Inclusion, No FEAR and Whistleblower Rights and Protection Policy statement ([https://www.va.gov/ORMDI/docs/EEO\\_Policy.pdf](https://www.va.gov/ORMDI/docs/EEO_Policy.pdf) )

*The Department of Veterans Affairs (VA) is committed to ensuring Equal Employment Opportunity (EEO), promoting workforce diversity, workplace inclusion, proactively preventing unlawful harassment, including the prevention of Sexual Harassment and constructively resolving workplace disputes to sustain a high performing organization in service to our Nation’s Veterans. VA will vigorously enforce all applicable Federal EEO laws, regulations, executive orders and management directives to ensure equal opportunity in the workplace for all VA employees and applicants. EEO and Prohibited Discrimination VA does not tolerate unlawful discrimination, workplace harassment or retaliation based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation and pregnancy), age (40 or older), disability, genetic information, marital status, parental status, political affiliation or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits and separation.*

*Gender identity refers to an individual’s internal sense of being male or female. Transgender refers to people whose gender identity and/or expression is different from the sex assigned to them at birth. The General Services Administration (GSA), which governs the use of Federal facilities, prohibits discrimination or segregation of any person because of his or her gender identity or transgender status in refusing to provide each person the use of any facility of a public nature, including all services, privileges, accommodations and activities provided on the property. Accordingly, VA will not restrict,*

*segregate or otherwise discriminate against any individual on the basis of gender identity in the use of public facilities.*

### **Equal Employment Opportunity (EEO)**

The medical center has an Equal Employment Opportunity (EEO) policy, committee, and counselors to handle EEO complaints. The EEO policy protects all employees in the medical center, as well as trainees, from discrimination based on race, color, religion, sex, national origin, age, handicap, or reprisal for prior EEO activity. If a trainee believes that he/she has been subject to discrimination on any of these factors, he/she may contact an EEO counselor in the medical center. The names, pictures, and extensions of the EEO counselors are posted in the hallways of the medical center.

The medical center has a policy memorandum on EEO mediation that can be retrieved from the medical center's website at: <https://vaww.visn5.portal.va.gov/sites/WAS/policies/Office%20of%20Diversity%20and%20Inclusion/00-24%20Alternate%20Dispute%20Reolution-EEO%20Mediation%20Program.PDF>

The Department of Veterans Affairs has a formal grievance procedure, separate from the EEO complaint process, "to correct the causes of employment related dissatisfactions" (MP-5, Part 1, Chapter 771). Each trainee can consult with the Human Resource Department of the medical center if they believe a legitimate grievance exists.

### **Sexual Harassment**

Each person is entitled, by law, to function in the work environment free from unwelcome sexual behavior. The medical center has a policy memorandum on sexual harassment that can be retrieved from the medical center's website at: <https://vaww.visn5.portal.va.gov/sites/WAS/policies/Office%20of%20Diversity%20and%20Inclusion/00-35%20Prevention%20of%20Sexual%20Harrassment.PDF>.

This policy is also posted in multiple locations around the Medical Center. If such behavior occurs, and support is needed, or to discuss or report an incident or concern, trainees are encouraged speak with supervisors, the DPT, the VA Police Service and/or the Chief of Psychology Service as needed. A report should also be made to the Medical Center's Disruptive Behavior Committee. Supervisors and psychology staff are available to support trainees with making reports. It is important that such a situation not continue. Even if a trainee is unsure whether harassment is taking place, they should consult with a staff member with whom they feel comfortable. Beyond consulting with a staff person in the Mental Health Service, the staff of the EEO Office in this medical center are available. It is not necessary to make, or consider making, a formal complaint in order to receive their help.