

Bay Pines Veterans Affairs Healthcare System Postdoctoral Psychology Fellowship Training Brochure (2024-25)



APPLICATION DEADLINE for 2024-2025 Training year: December 11, 2023

Welcome prospective fellows!

Thank you for taking the time to learn about our psychology postdoctoral fellowship training program. We hope you consider our training site, as Bay Pines offers not only an incredible quality of life, but also a rich, rewarding, and supportive training culture that values work-life balance, fairness, equality, respect for individual differences and diversity in its staff and trainees. Please feel free to reach out to us at any time with questions about our program and larger community!

Highlights of our training program and community

- **Location!** The CW Bill Young VA Medical Center is located next to the Gulf of Mexico and Boca Ciega Bay, which offers 360 days of sunshine and warm (54-90 degrees Fahrenheit) weather year-round. During lunch you can walk out to our pier and watch for dolphins or manatees.
- **So much to do, so much to see!** Nicknamed “The Sunshine City”, Saint Petersburg’s vibrant local culture is available for exploration! From local restaurants to the Saturday Morning Market to the annual Localtopia there is truly something for everyone. The larger Tampa Bay area offers a diverse and rich cultural makeup. Parades, sporting events, fund raisers, advocacy events, faith-based events, music, film, and art shows are offered throughout the year.
- **Flexibility!** Our training program has been developed to unite your interests and needs. Didactic schedules are carefully developed each academic year based precisely on a gap analysis to meet the needs and academic interests of the incoming training cohort. Research and training goals are customized to meet each fellow’s personal training goals, specific career goals, necessary strengths, and challenges.
- **Balance!** Our staff models true work-life balance by promoting wellness and self-care throughout the program. Fellows have a true 40-hour training week and have plenty of time to enjoy the gulf, bay, parks, and community events. Within the facility itself, fellows have access to gyms, yoga, and tai chi classes, as well as a running path surrounding the campus.
- **Respect and support!** Our staff psychologists are well-respected across the medical center. We are also highly integrated with patient care, which provides ample opportunities for collaboration with other disciplines. Psychologists’ key leadership positions provide opportunities to learn about roles psychologists can hold. Board certified psychologists and psychologists certified in evidence-based psychotherapies serve on the training committee. Postdoctoral fellows are held in high regard for their role within various treatment teams.
- **Involvement with fulltime staff!** We have a large and vibrant training staff, and our Fellows are integrated into various experiences with our fulltime staff including team meetings, staff training committee meetings, and staff multicultural and diversity seminars, for example.
- **A great start for a future career in the VA!** Most of our postdoctoral fellows go on to work in VA facilities. Bay Pines has excellent psychology service career retention of previous trainees – which speaks to our service culture and staff. Currently, 12 of our 36 training committee staff members were previous trainees here at Bay Pines!

- **Culture and diversity!** Bay Pines VA offers monthly on-campus multicultural events and fairs available for staff and trainees to attend during work hours. Our training programs take their commitment to promoting multicultural competence very seriously. The multicultural diversity subcommittee meets monthly with a mission to support the development of multicultural competencies, appreciation of all forms of diversity, and the promotion of social justice. Members cultivate an environment of safety, that supports open and respectful dialogue, exchange of ideas, and self-reflection. Psychology staff and trainees at all levels are encouraged to join and participate. In addition, the larger Tampa Bay area offers a diverse and rich cultural makeup. Community festivals, parades, sporting events, fund raisers, advocacy events, faith-based events, music, film, and art shows are offered throughout the year. Many occur outdoors on our beautiful beaches or in our multitude of public parks.

ACCREDITATION STATUS

The general postdoctoral psychology training program at the Bay Pines VA Healthcare System is accredited by the American Psychological Association (APA) and offers postdoctoral training to clinical and counseling psychology students from APA accredited universities and schools of professional psychology. Bay Pines has trained postdoctoral fellows since 2008 and has been fully accredited as postdoctoral fellowship by the Commission on Accreditation (CoA) of the American Psychological Association (APA) since 2012.

For general information, individuals may contact:

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(800) 374-2721

For information related to the programs accredited status, please contact the CoA at:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002
Phone: (202) 336-5979
E-mail: apaaccred@apa.org
Web: [APA Accreditation](#)

PSYCHOLOGY TRAINING SETTING

The structure of the Bay Pines VA Healthcare System general postdoctoral psychology training program follows a competency-based, integrated practice format as defined by American Psychological Association (APA) Commission of Accreditation standards and implementing regulations. During the 2024-2025 training year, the Bay Pines VA Healthcare System psychology general postdoctoral psychology training program anticipates it will provide training for 4 full-time postdoctoral fellows. We are pleased to welcome you to our medical center and look forward to your application for admission. No fellowship positions are pre-allocated to any specific university program or VA pre-doctoral training site.

The Bay Pines VA Healthcare System general postdoctoral psychology training program is committed to the **scientist-practitioner** based model in the delivery of clinical care, clinical research, and professional teaching. We emphasize and demonstrate respect for individual differences and diversity in the delivery of clinical care, clinical research, and professional teaching. We strive to provide fellows with significant working experience with a variety of clinical populations while simultaneously applying scientific information in the conceptualization, assessment, and treatment of clinical problems. The general postdoctoral psychology fellow is expected to spend 70% time in direct clinical service activities and 30% time engaged in research and learning/teaching activities. We believe that teaching fellows in clinical practice, scholarly thinking, and clinical research design is best received and maintained within a "junior colleague" model of training. Our commitment to the fellows' professional growth and academic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Fellows are challenged to use critical thinking and encouraged toward creative participation in their scientific and clinical endeavors.

A guiding principle in all aspects of service delivery within the program is respect and human dignity for our patients. We emphasize patients' rights, self-determination, and the right to choose, including the patient's right to adequate medical, psychological, educational, recreational, and other community services, the patient's right to family participation in treatment, and delivery of care with the utmost privacy in the least restrictive environment. We honor cultural, ethnic, sexual orientation, religious, political, and gender differences in our patients and deliver services accordingly.

ABOUT THE BAY PINES VA HEALTHCARE SYSTEM

The Bay Pines VA Healthcare System is a level 1a tertiary care facility headquartered in Bay Pines, FL. Originally opened in 1933, the main medical center is located on 337 acres situated on the Gulf of Mexico approximately eight miles northwest of downtown Saint Petersburg, FL. Co-located on the medical center campus are a VA Regional Office and a National Cemetery. This area is part of Tampa Bay, the second most populated metropolitan area in the state. The healthcare system operates nine facilities to include the main medical center in Bay Pines and community-based outpatient clinics (CBOCs) located in the Florida cities of Bradenton, Cape Coral, Naples, Palm Harbor, Port Charlotte, Sarasota, St. Petersburg, and Sebring. The medical center and its outpatient clinics serve Veterans residing in 10 counties in central southwest Florida. Every year, the Bay Pines VA Healthcare System provides a full range of high quality medical, psychiatric, and extended care services in outpatient, inpatient, residential, nursing home, and home care settings. The facility maintains several accreditations and certifications including designation as a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation.

In FY21, more than 115,000 veterans were served. 924,7444 outpatient visits were completed, and 12,851 hospital admissions occurred. The system is one of the busiest VA healthcare systems in the country based on patients treated or served. Medical care was provided to Veterans of all eras to include World War II, Korean War, Post-Korean War, Vietnam, Post-Vietnam, Persian Gulf (including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND)) as well as other non-combat periods. Most veterans cared for in FY21 served in the Vietnam and Gulf War conflicts. Consistent with nationwide trends, the facility consistently serves a growing population of OEF/OIF/OND veterans. Additionally, female veteran enrollment at the facility is expected to increase by 12.9% every five years.

The Bay Pines VA Healthcare System is affiliated with 139 academic institutions representing a broad range of disciplines that provide training leading to certification through Internships and both postdoctoral fellowship and fellowship training. During FY22-23, Bay Pines VA Healthcare System hosted a total of 626 allied health trainees and medical fellows, completing a total of 742 clinical rotations within psychology, social work, medical, dental, optometry, audiology, speech, language pathology, pharmacy, nursing, social work, and other affiliated health training programs.

PSYCHOLOGY SERVICE AT BAY PINES

The Bay Pines VA Healthcare System (VA HEALTHCARE SYSTEM) Psychology Staff includes 59 doctoral level clinical and counseling psychologists, 7 predoctoral interns, and 6 postdoctoral fellows/residents. Our mission is to provide high quality psychological services to medical and psychiatric patients within the context of cooperative, multi-disciplinary teams. In addition, the staff is highly committed to the training of new professionals and is actively involved in the fellowship training program personally, as well as interdisciplinary. Research opportunities are found throughout the healthcare system.

Psychology is part of the Mental Health & Behavioral Sciences Service (MHBSS) within the organization. The two primary disciplines in the service are psychology and psychiatry. The Chief is a psychologist and manages two sections of mental health, community reintegration and recovery service and mental health hospital and clinical services. Staff psychologists are assigned to a variety of areas throughout the Bay Pines VA Healthcare System, to include the C.W. Bill Young VA Medical Center, the very large Lee County Healthcare Center, and our Community Based Outpatient Clinics (CBOCs). This diversity in assignment is augmented by diversity among our staff as well with a variety of theoretical orientations, clinical and administrative experiences, multiple research and clinical specialties, and cultural backgrounds.

Staff psychologists participate in various profession-specific and system-wide committees that address issues relating to quality of patient care, efficient delivery of services and development of new programs.

GENERAL PSYCHOLOGY TRAINING COMMITTEE

The psychology training committee (TC) is responsible for overseeing all psychology training at all levels on campus. The committee is comprised by the following individuals:

Chief, Mental Health and Behavioral Sciences Service
Psychology Training Director (TD), Chair
Assistant Training Director (ATD), Health Service Psychology Internship Program &
Neuropsychology Postdoctoral Residency Program
Assistant Training Director (ATD), General Postdoctoral Fellowship Program
Clinical Supervisors
Adjunctive Teaching and Research Supervisory Staff
Postdoctoral Fellows and Residents
Intern Representative

Any Bay Pines staff psychologist with an active, valid, and unencumbered psychology license is eligible to join the training committee and participate in the training programs. The psychology

training committee is responsible for establishing policies pertaining to training; participating in the recruitment and selection of new trainees; evaluating and approving trainee training plans and goals; provision of didactic seminars; addressing training issues as they affect the university-VA training relationships; considering any trainee grievances; and participation in the psychology training programs ongoing self-assessment and quality improvement efforts. All training committee members are required to attend monthly seminars targeting ongoing learning and development in the considerations of ethics and legal issues in training, and multicultural diversity. All Supervisors must attend monthly supervision of supervision seminars and the annual Supervisor Bootcamp to review all national, state, facility, programmatic and accreditation requirements, conduct self-assessments, and develop targeted individual development plans for the following year.

GENERAL POSTDOCTORAL PSYCHOLOGY FELLOWSHIP PROGRAM TRAINING SUB COMMITTEE

Within the psychology training committee, there is a general postdoctoral psychology fellowship training subcommittee that manages the day-to-day aspects of the fellowship. Those individuals are responsible for establishing policies pertaining to the postdoctoral program. The general postdoctoral training subcommittee members participate in the recruitment and selection of new fellows; evaluate and approve fellow training plans and goals; provide advanced didactic seminars; provide clinical supervision within fellowship rotations, consider any fellow grievances, probation, or remedial plans; and participate in the general psychology postdoctoral fellowship training program's ongoing self-assessment and quality improvement efforts. Subcommittee consists of, at minimum, the following individuals:

Assistant Training Director (ATD), General Postdoctoral Fellowship Program, Chair
Psychology Training Director (TD)
Postdoctoral Fellowship Primary Supervisors

VHA ELIGIBILITY REQUIREMENTS FOR GENERAL POSTDOCTORAL PSYCHOLOGY PROGRAM

The Department of Veterans Affairs (VA) adheres to all equal employment opportunity and affirmative action policies. As a Veterans Health Administration (VHA) health professions trainee (HPT), you will receive a federal appointment, and the following requirements will apply prior to that appointment:

1. United States Citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Citizen verification is required following selection. All health professions trainees must complete a certification of citizenship in the United States prior to beginning VA training. We are unable to consider applications from anyone who is not currently a U.S. citizen.
2. U.S. Social Security Number. All VA appointees, including health professions trainees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. A male applicant born after 12/31/1959 must have registered for the draft by their 26th birthday to be eligible for any US government employment, including selection as a paid VA Health Professions Trainees. Male applicants must sign a pre-appointment certification statement for

selective service registration before they can be processed into a training program. Exceptions can be granted only by the US office of personnel management; exceptions are rarely granted.

4. VA training occurs in a health care setting. Some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at VA. Securing a statement from your current occupational health physician, regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training years (or taking additional preventative measures to limit patient exposure to the flu) may be required. Federally granted exemptions based on health or religious reasons “may” be granted but will likely require daily/weekly testing and specific PPE that could result in additional costs to the trainee. Please discuss this with the TD after you have matched and well before to your start date to facilitate your onboarding.

5. Health professions trainees (HPT)s are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

6. Drug Screening. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows may be required to be tested prior to beginning work, and once on staff, they are subject to random selection as are all other clinical staff. Institutional policies on allowed prescription medications are based on federal government requirements for employment at a VA facility, not on local or state level rules and guidelines. While medical marijuana is legal at the “state” level in Florida, it is not sanctioned by the Federal Government for use by Federal Employees. Please contact the HR department for any questions on this. Please open link for Drug Free Workplace Policy:

[VA Drug-Free Workplace Program Guide for VHA Health Professions Trainees](#)

7. As of May 2023, VHA mandates health psychology trainees (HPT)s receives and provide proof of the COVID-19 vaccine or have an exemption filed (medical or religious) with the Designated Education Officer as a condition of VA appointment.

[VA Form 10230 COVID-19 Vaccination Form CDC Vaccine Information for Adults](#)

8. Fellows must have completed all doctoral requirements and have **record of degree conferral prior to starting the program**. Only graduates from an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology, or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science will be considered. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in clinical, counseling, or combined psychology may also be eligible.

Health professions trainees (HPTs) to include postdoctoral fellows, are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Assistant Training Director and/or

Psychology Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

[VA Office of Academic Affiliations HPT ELIGIBILITY](#)

Pre-training certification process - training qualifications and credentials verification letter (TQCVL): Unlike conventional professional staff who have their credentials verified by VETPRO or other means and may go thru an extensive pre-employment physical examination, fellows have their readiness to train verified by the TD, ATDs, or other authorized OAA/Education Service personnel. The TD, ATDs, or authorized personnel fill this form out based on review of submitted physical and health documents by the trainee. Under state and federal rules, trainees have had to receive recommended vaccinations and other health screenings prior to beginning their fellowship. All trainees must have a Training qualification verification letter on file prior to initiating fellowship training. The TQCVL serves three purposes: First, the TD, ATDs, or authorized personnel indicates that the trainee has completed academic requirements and is thus ready for this new level of responsibility/training. Second, to the fullest extent possible, the TD, ATDs, or authorized personnel will review submitted health documents to determine that the trainee is physically fit for duty. Third, to the fullest extent possible, the TD, ATDs, or authorized personnel will review the submitted health documents to determine if the trainee is psychologically healthy and able to undertake this new level of responsibility/training.

Psychology postdoctoral residency verification agreement: VA training program directors (VA PD) are responsible for verifying that VA academic eligibility requirements have been met by all incoming fellows. This includes all requirements for graduate program completion (coursework, filing of and acceptance of completed dissertation/final project, and internship). Receipt of a diploma **or** an official transcript documenting degree conferral from the graduate program may verify the completion of all doctoral degree requirements. If a diploma or official transcript cannot be produced prior to the postdoctoral program start date, the VA PD may use the VA postdoctoral verification agreement form that requires attestation and signature that graduation requirements have been met by the fellow, the fellow's internship training director and the fellow's graduate school Director of Training. All psychology postdoctoral candidates must have completed all VA eligibility requirements prior to beginning their first day of VA postdoctoral training. Generally, HR onboarding begins prior to completion of all verifications. Selected/matched applicants are expected to communicate anticipated internship completion, dissertation defense and degree conferral dates with the hosting training program's VA PD to facilitate the onboarding process.

Physical examination and finger printing/background check

Prior to initiation of fellowship, all incoming HPTs must go through a physical examination with occupational health. Often, with the properly executed TQCVL, this will involve only having the TQCVL reviewed by the occupational health clinician, followed by a discussion of any additionally needed screenings/vaccinations required to work in a healthcare setting. Physical examination appointments must be conducted prior to initiating the training program and are coordinated through human resources. They can occur at a local VHA facility near your current place of employment or your current VA training program, or at the Bay Pines VA Healthcare System.

HPTs are subject to fingerprinting and background checks and must meet all institutional and federal government requirements for employment at a VA facility. APPIC UND match result and selection decisions are contingent on passing these screens. All incoming trainees must complete

finger printing and a background check prior to initiating fellowship. This is arranged once the trainee has completed their OAA Mandatory Training for Trainees (MTT) and submitted the online forms to the Bay Pines OAA Education Service representative and HR Specialist. Once approved, the facility can initiate the ePAS (Electronic Permission Access) and PIV (personal Identity Verification) cards that will ultimately, allow your computer and medical record access.

APPLICATION PROCESS

The Bay Pines VA Healthcare System psychology postdoctoral fellowship program welcomes and strongly encourages applications from all qualified applicants, regardless of racial, ethnic, sexual orientation, disability, age, or other minority status. All graduation requirements must be completed prior to start date of fellowship.

The application procedure begins with a letter of interest. Your letter should describe: Your reasons to apply for the program, doctorate degree completion status (including date of completion or anticipated date for dissertations defense), experience with therapy and assessment (including populations with which you have experience), and area(s) of clinical research interest.

How to apply: Please submit the following through the APPA CAS (APPIC Psychology Postdoctoral Application) system: [APPA CAS Postdoc Online Application](#)

1. Letter of Interest – please indicate the postdoctoral training track (substance abuse treatment program and behavioral health interdisciplinary program track **OR** post-traumatic stress disorder clinic and women’s clinic primary care mental health integration track) to which you are applying. Separate applications are NOT necessary if you would like to apply for both tracks – however, your letter of interest should indicate you would like to be considered for preferentially, and why you believe you are a strong candidate for both tracks.

2. Application for associated health occupations (10-2850D); available at [VA Associated Health Occupations Application Form](#)

3. Vitae, to include detailed descriptions of training, experience, research, and other relevant activities

4. Three letters of recommendation

5. A letter from the chair of your dissertation committee detailing dissertation completion status, including anticipated completion date. Your doctoral degree must be completed before the start date of your postdoctoral training. If your dissertation chair is one of your three letters of recommendation, this information can be included in their letter.

NOTE: Applicants are strongly encouraged to defend their dissertations at least one month prior to the beginning of the start date of 8/11/2024.

6. Official transcripts sent directly from your university

SELECTION PROCEDURES:

Bay Pines VA Psychology Postdoctoral Fellowship Training Program

Applications will be reviewed by the general postdoctoral psychology fellowship training subcommittee staff and current fellows. Selected candidates will be invited to interview with general postdoctoral training staff members and current fellows. Invitations for interviews will be made by the TD, ATD, or designee. The fellowship program will also notify applicants when a decision is made that we are unable to extend an interview offer. Until the fellowship program notifies an applicant of an interview offer or informs them that an offer will not be forthcoming, applicants should consider their candidacy to be active.

This year, Bay Pines will be offering a virtual open house on January 18 and 19, 2024 for invited candidates. Interviews will be conducted virtually using video conferencing (e.g., Teams/Zoom), telephone, or in person between the dates of January 1, 2024, and February 25, 2024. Interview dates and times will be arranged based on candidate and staff availability/preference. If a candidate would like an in-person tour of the facility, it can be arranged (but it is NOT required or expected and will not be a factor in selection).

Following interviews, the selection committee will rank order applicants. Please note we will be participating in the APPA CAS (APPIC Psychology Postdoctoral Application) matching process again this year and will be adhering to the rules governing the common hold date selection process. As such, this fellowship site agrees to abide by the guidelines indicating that no person at this facility will solicit, accept, or use any ranking-related information from any fellowship applicant. For information regarding APPIC Postdoctoral Selection Guidelines, please visit the following: [APPIC Postdoctoral Selection Standards](#)

APPA CAS application packets must be completed by Midnight on **December 11, 2023**. The fellowship appointment is scheduled to commence on August 11, 2024.

Finally, applicants are reminded that they should feel free and are welcome to contact the general postdoctoral psychology fellowship program Training Directors to discuss any issue of relevance. Please contact **Alysia Siegel, Assistant Training Director** at Alysia.Siegel@va.gov or **Zoe Proctor-Weber, Psychology Training Director** at Zoe.Proctor-Weber@va.gov

If you have any specific questions related to eligibility requirements for Federal Employment, please contact Human Resources at 727-398-6661 x 15663.

For further information, please contact us by email:

vhabaypsychologytraining@va.gov

Psychology Training Programs at Bay Pines

or

Chief of Mental Health Service, Chief of Psychology Service

Rodrigo Velezmoro, PhD

Rodrigo.Velezmoro2@va.gov

Mental Health and Behavioral Science Service (116)

Physical Address:

C.W. Bill Young VA Medical Center

Bay Pines VA Healthcare System

10000 Bay Pines Blvd
Bay Pines, FL 33744

BAY PINES PSYCHOLOGY TRAINING PROGRAM'S COMMITMENT TO DIVERSITY

DIVERSITY STATEMENT

The Bay Pines VA Healthcare System serves Veterans who represent a wide variety of dimensions of diversity, including but not limited to gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Bay Pines VA psychology training programs are deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, fellows continue to build on their graduate training in expanding their awareness, knowledge, and skill set to enhance multicultural competence through a variety of experiences. These include diversity focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to Veterans with diverse backgrounds. The overall goal of diversity related training activities is the promotion of social justice and multicultural competence within the mental health profession and society.

MULTICULTURAL DIVERSITY SUB COMMITTEE

The multicultural diversity subcommittee for the psychology training programs functions as an extension of the psychology training committee to assist psychology trainees in developing multicultural competencies, appreciating diversity in all its forms, and promoting social justice. Within its roles with the psychology internship and postdoctoral training programs, the multicultural diversity subcommittee for psychology training seeks to cultivate an environment that supports open and respectful dialogue, exchange of ideas, and self-reflection. It is composed of Bay Pines VA psychologists and psychology trainees who are invested in helping to promote multicultural competence for working with a highly diverse patient population and to explore how, as mental health professionals, our individual differences, worldview, biases, theoretical framework, and life experiences affect our clinical work. In conjunction with the training committee, the multicultural diversity subcommittee facilitates the multicultural training seminar series and its associated experiential / immersion activities.

In keeping with the APA Code of Ethics (2010), the bay pines psychology fellowship training program does not require trainees to disclose personal information in program-related activities. At the same time, the program recognizes that self-reflection is an important part of the process and is a crucial aspect of developing multicultural competence. The program also acknowledges that developing insight into our own identities and personal histories is a delicate process – one that is best accomplished within a nurturing, non-judgmental context. The multicultural diversity subcommittee along with the core training committee works to provide such an environment, with hopes that all will feel comfortable engaging in the self-reflection necessary to develop a meaningful appreciation for diversity in all its forms. To create a supportive and constructive learning environment, personal disclosures made by participants as part of their diversity training will be treated sensitively and respectfully AND by including all levels for facilitation, we hope to create working relationships in which everyone will feel safe exploring personal feelings, thoughts, beliefs, and life experiences that affect their multicultural competencies.

For further information about the multicultural diversity subcommittee and training seminar, please contact the Co-Chairs by email:

Zoe.Proctor-Weber@va.gov and Mark.Coury@va.gov
Co-Chairs, multicultural diversity subcommittee
Mental Health and Behavioral Science Service (116)

Physical Address:

C.W. Bill Young VA Medical Center
Bay Pines VA Healthcare System
10000 Bay Pines Blvd
Bay Pines, FL 33744

FELLOWSHIP PROGRAM SPECIFICATIONS

TRAINING MODEL

The postdoctoral fellowship training program at the Bay Pines VA Healthcare System is committed to the mutual integration of science and practice by promoting a scientific attitude and approach to clinical activities. This approach to training is referred to as the “scientist-practitioner” model. The postdoctoral fellowship training program is committed to evidence-based model in the delivery of clinical care, clinical research, and professional teaching. We emphasize and demonstrate respect for the individual and diversity in the delivery of clinical care, clinical research, and professional teaching. We strive to provide fellows with significant breadth and depth of experience working with a variety of clinical populations while simultaneously applying an approach utilizing scientific information in the conceptualization, assessment, and treatment of clinical problems. The psychology fellow is expected to spend 70% time in clinical service, 30% time engaged in research, teaching, and attending structured learning didactics.

We believe that teaching fellows in clinical service, scholarly thinking, and clinical research design is best received and maintained within a "junior colleague" model of training. Our commitment to the Fellows' professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Fellows are challenged to think critically, and encouraged toward full creative participation in all endeavors, scientific and clinical.

A guiding principle in all aspects of service delivery within the program is respect and human dignity for our clients. We emphasize patients' rights, self-determination, and the right to choose, including the patient's right to adequate medical, psychological, educational, recreational, and other community services, the patient's right to family participation in treatment, and delivery of care with the utmost privacy in the least restrictive environment. We honor cultural, ethnic, sexual orientation and gender differences in our patients and deliver services accordingly.

Finally, we tailor our training to be consistent with the current climate of clinical practice and research. As we prepare students for practicing psychology in the new millennium, we are aware that Fellows must be trained for delivery of brief, empirically defensible treatments with a broad spectrum of patients. The fellowship program's didactics, symposia, and seminars are utilized effectively towards this end to inform and support the current model of clinical practice. The fellowship offers a window to the realities of clinical research and practice, and we believe that the training that alerts Fellows to these external economic, social, and political forces is important for a successful career.

With the preceding in mind, the fellowship program operates utilizing the following principles:
Emphasis on patient-centered care.

- Emphasis on goal-directed treatment and outcomes.
- Emphasis on maximizing individual strengths.
- Emphasis on self-respect and human dignity.
- Emphasis on the patient's right to adequate medical, psychological, housing, educational, recreational, and other community services.
- Emphasis on patient rights, self-determination, and right to choose.
- Emphasis on active patient and family participation in treatment and in the implementation of plans.
- Emphasis on culturally appropriate services.
- Emphasis on delivery of care in the least restrictive environment.
- Emphasis on the value of peer support and interaction.
- Commitment to personal growth and development.

To achieve these principles, the fellowship program assists fellows in the following ways:

- First, we provide a structured, coherent, and integrated training program designed to develop clinically and academically well-rounded clinical psychologists.
- Second, we provide intensive and systematic training in the application of psychological principles to human problems and ensure clinical work with a variety of patients, techniques, and approaches. This provides an opportunity for fellows to develop and refine adequacy in conceptual abilities, skills in interpersonal interactions such as therapeutic intervention, systematic observation of behavior, and psychological assessment; to develop values of professional responsibility and ethical behavior; and to integrate scholarly research findings in clinical practice.
- Next, we expose fellows to a diversity of approaches to help them develop critically in their assessment of mental health issues.
- Fourth, we place emphasis on the fellow's increasing responsibility for defining individualized training goals and assuming responsibility for major professional functions and patient care. We see as one of our major responsibilities to integrate the didactic learning with the practical knowledge and skills of the professional psychologist. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of many doctoral psychologists, dedicated to the supervisory/training process.
- Fifth, we provide ample supervision throughout the fellowship year in multiple different formats (i.e., individual, group, didactic, case conferences, etc.).
- Sixth, formal and informal teaching (seminars, lectures, etc.) are an integral component of the training program.

TRAINING AIM

The aim of the Bay Pines VA Healthcare System's general psychology postdoctoral fellowship program is to develop competent health service psychologists who are ready to assume the responsibilities of an entry-level staff Psychologist at the VA-equivalent GS-12 level, and/or assume entry-level positions in a variety of healthcare settings, such as the public sector, academic settings, or medical centers.

PROGRAM PROFESSION WIDE CORE COMPETENCIES

By the end of the training program, the fellows should have developed the full range of clinical psychology skills required for independent practice with demonstrated competence in a variety of clinical areas as defined by the competencies and elements outlined below. These competencies and elements were developed in concert with recognized clinical competencies defined by the American Psychological Association.

This fellowship experience provides training to obtain general advanced competence in patient-centered practices as well as the core areas of health service psychology practice as outlined in the standards of accreditation from APA's Commission of Accreditation

LEVEL I COMPETENCIES.

GENERAL ADVANCED COMPETENCY AREAS AT THE POSTDOCTORAL LEVEL.

Consistent with all postdoctoral psychology training programs, we emphasize the development of core competencies encompassing respect for the individual differences and cultural diversity in the delivery of evidence based clinical care, clinical research, and professional teaching. We strive to provide fellows with significant breadth and depth of experience working with a variety of clinical populations while simultaneously applying an approach utilizing scientific information in the conceptualization, assessment, and treatment of clinical problems:

Competency 1. Integration of science and practice

1a) Psychological assessment

Fellows should be able to appropriately assess, evaluate and conceptualize a broad range of patients, including those with complex presentations and complicated co-morbidities. Selection and use of assessment tools and/or evaluation methods should be appropriate to the clinical needs of the patient and the clinical setting, and responsive to the needs of other professionals. Assessment should be practiced in a culturally competent manner, and conducted with an awareness of current ethical, legal, and professional standards. Benchmark elements associated with this Competency include:

- Diagnostic skill.
- Case conceptualization and treatment goals/recommendations.
- Psychological test selection, administration, and interpretation.
- Psychological assessment writing skills.

1b) Treatment, intervention and consultation

Fellows should demonstrate the ability to effectively work with diverse populations and provide appropriate intervention in response to a range of presenting problems and treatment concerns. They should also demonstrate skill in applying and/or adapting evidence-based interventions with a specialized population and be able to provide clinical leadership when working with junior providers. Fellows should demonstrate effective consultation skills with other professionals and may provide counsel regarding difficult clinical matters in areas of their expertise. Benchmark elements associated with this Competency include:

- Assessment feedback.
- Patient rapport.
- Patient risk management.

- Individual or family therapeutic interventions.
- Group therapy skills and preparation.
- Organization management: efficiency and time management.
- Organization management: documentation.

1c) Teaching and clinical supervision

Fellows should demonstrate the ability to provide professional presentations in a formal didactic setting; to teach skills to interdisciplinary medical faculty, students, fellows and allied health professionals. Fellows in medical center training settings; and/or to educate and support other professionals in medical center settings. Fellows may also demonstrate the ability to use telemedicine and other technological modalities to provide mental health consultation to remote clinical sites; and may demonstrate emerging mentoring skills by providing consultation to junior trainees. Fellows should demonstrate emerging skills in the provision of clinical supervision, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision. Benchmark elements associated with this Competency include:

- Supervisory skills.
- Teaching skills.

1d) Scholarly inquiry, review of relevant literature, research design, execution of research, monitoring progress, evaluation of outcomes, communication of results.

Fellows should demonstrate the ability to base clinical decisions on the scientific literature, and to generate evidence-based principles to guide practice in areas that lack an empirical literature. Fellows should demonstrate the general ability to formulate testable and meaningful research hypotheses; to design and carry out studies to test these hypotheses; to present research findings in professional forums and/or to publish data resulting from independent or collaborative work; to participate as a contributing member to a research group; and/or to prepare a grant proposal for submission. Fellows should demonstrate knowledge of, and sensitivity to, general ethical, legal, and cultural issues in the conduct of research. Fellows should demonstrate an awareness of the limitations and cautions in translating evidence-based practices to individual cases, particularly in non-majority populations. Benchmark elements associated with this Competency include:

- Seeks current scientific knowledge.
- Implementing research designs.
- Protection of human subjects and ethical issues.
- Publishing and presenting research findings.

Competency 2. Individual and cultural diversity

Fellows should demonstrate a knowledge of the VA health care and mental health care system, including economic, legal, and socio-cultural aspects of health care delivery. They should show awareness of, and sensitivity to individual differences and systemic issues that impact the delivery of services, especially those that involve other professionals and disciplines. Exhibits knowledge, awareness, and sensitivity to marginalized populations and individuals.

Benchmark elements associated with this Competency include:

- Sensitivity to patient diversity and individual differences.
- Awareness of own cultural and ethnic background.

Competency 3. Ethical and legal

Fellows should demonstrate continued growth in professional development and identity. In accordance with their level of training, fellows should assume increasing professional responsibility for patient care, consultation, research and teaching activities. They should demonstrate advanced knowledge in ethical, legal and cultural issues related to all of the above objectives and conduct themselves in accordance with these principles and with current professional standards.

Benchmark elements associated with this Competency include:

- Knowledge of ethics and law.
- Consumer protection.
- Seeks consultation/supervision.
- Uses positive coping strategies.

PROGRAM STRUCTURE

The didactic, research, and clinical experiences of this program are designed to facilitate development of the professional attitudes, competencies, and personal resources essential to the provision of high-quality patient care of contemporary psychological services. Bay Pines VA training staff seek to demonstrate and encourage fellow participation in the professional roles of clinician, consultant, team member, supervisor, evaluator, researcher, and crisis intervener. The professional growth and development of fellows is enhanced by consistent supervision, varied clinical responsibilities with diverse patient populations, continued didactic training and opportunity for research, teaching and/or administrative/management involvement. All full-time psychology fellows are supported from August 2024 through August 2025. The organization of the fellowship provides fellows access to different populations and an opportunity to assume a variety of roles. The fellowship includes clinical, research, and educational components, described below (Table 1). There is a fair degree of flexibility in how each fellow might design their training experience with their immediate supervisor's approval, consistent with their interests and training needs. Further, the fellows benefit from opportunities for collegial learning and collaboration.

Clinical training

Fellows are required to complete clinical activities in three core areas: assessment, intervention, and consultation. The distribution of time is determined jointly by the fellow and the training program's faculty and will integrate the fellow's training interests and needs.

Research training

It has been our experience that fellows value and benefit from a scientist-practitioner training program which encourages skillful use of the empirical literature and opportunities for collaborative or self-directed research. The research requirement allows for up to 8 hours per week of protected time. To meet the research requirement, fellows will have the opportunity to collaborate with faculty on a program evaluation project, assist in ongoing research, and/or design and implement an independent research project under the mentoring of one faculty member. Fellows are required to present their research project at the MH&BSS psychology trainee research poster fair and/or the mental health grand rounds. Additionally, they may present/disseminate their completed research project as a poster, presentation, symposium, or article/manuscript within one of the following venues: a state or national level convention, pi committee, peer reviewed journal, or as a book chapter. Additional didactics on advanced

statistical analysis will be available upon request. Fellows are expected to adhere to scheduled deadlines for approval of research plans, status updates, presentation at local and/or national conferences, and submission to peer-reviewed journals.

Supervision

Fellows will have the opportunity to supervise predoctoral psychology interns and MSIII medical students or psychiatry residents, as well as provide didactics to HPT trainees. Fellows will supervise trainees in the three core areas of assessment, intervention, and consultation. Fellows will receive training and supervision by licensed clinical staff in all provision of trainee supervision. In addition, fellows are required to attend the supervision institute at the beginning of the academic year and will attend monthly supervision of supervision didactic with TC psychology staff. Fellows will have the opportunity to discuss concerns/challenges/questions about their own supervision experiences in a collegial forum. Fellows may be asked to present, participate, or evaluate discussion about journal articles or other prepared topics.

Based on the perspective that training in supervision is like training in psychotherapy, acquiring supervision competencies is a lifelong, cumulative, and developmental process. We recognize that attention to diversity in all its forms relates to every aspect of the supervision process and requires specific competence. We recognize that attention to legal and ethical issues is essential. We recognize that training is influenced by both professional and personal factors, including beliefs, values, interpersonal biases, and conflicts that are considered sources of counter transference. We recognize that both self and peer assessment should occur regularly across all levels of supervisory development. We understand that ethical principles of psychologists require that psychologists who serve as supervisors have an ethical responsibility to acquire competence in supervision (Falendar, 2004).

Professional development and educational offerings

Fellows are expected to attend weekly mental health grand rounds, with opportunity to attend additional weekly seminars in medical grand round format. Previous topics have included biofeedback with cancer patients, dementia and decision-making capacity, crisis intervention, therapeutic boundaries, and evidence-based therapies for PTSD. In these didactic settings, we develop a sense of professional community and peer support during the fellowship training year. In addition, fellows are further invited to join weekly psychology centered didactics taught by staff psychologist and guest lecturers. Fellows in turn, present at both the mental health grand rounds in a professional forum, and to the current internship class on topics of choice related to development issues, leadership, ethics, diversity and ethnicity, and professional identity.

Fellows are expected to attend biweekly, 60-minute research journal-club didactic; Fellows will attend this didactic with pre-doctoral interns and members of staff. This forum involves an informal weekly gathering of Interns, fellows, and professional staff to critically evaluate recent articles in the scientific literature. Fellows will be provided with instruction on how to search for and access peer reviewed journal articles through the Bay Pines VA on-line library services during their first week on site. In addition, they will be given a tour of the on-campus library facilities. For the remainder of the academic year, fellows will rotate in selecting an article of interest and providing an electronic or hard copy to fellow participants for review prior to the next journal club meeting. The fellows will then lead the discussion that can include but is not limited to the following: evaluation of research methodology/design and analysis employed by

investigators, implications, and limitations thereof, cultural, and ethnic factors, ecological validity, and considerations for treatment with identified populations. A fellow (if a pre-doctoral intern is presenting) or a designated professional staff member (if a pre-doctoral intern or postdoctoral fellow is presenting) will participate in the group as both an active discussion participant and to provide supervisory guidance on meeting didactic objectives and inclusion of appropriate journal articles.

The fellowship program has developed training experiences that are intended to assist the Fellow in gaining knowledge and skills in their area of specialization. These training experiences include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, when trainers are available, Fellows are given the opportunity to attend various specialized trainings related to evidence-based treatment for patients with PTSD and anxiety disorders. For example, recent training opportunities have included cognitive processing therapy, prolonged exposure, and motivational interviewing. A full summary of required and optional didactic/training activities is provided in the handbook all fellows receive at the start of the training year.

TRAINING – GENERAL POSTDOCTORAL PSYCHOLOGY TRAINING PROGRAM TRACKS

PTSD/Women’s clinic primary care mental health integration track

Structurally, the postdoctoral training program will consist of a six-month full-time (e.g., eight hours per day), combined rotation in our PTSD clinic, specifically within the Integrated recovery program (IRP) intensive outpatient program (IOP) and the Center for sexual trauma services (CSTS) residential team, and a six-month full-time rotation in Women’s clinic primary care mental health integration (PCMHI). Fellows will develop general clinical skills enabling them to work with different patient populations as well as special emphasis in gender-specific issues and strategies in the treatment of women Veterans with PTSD. Fellows will work in the Women's clinic PCMHI, focusing on brief assessment and treatment of women veterans with various presenting problems, including medical problems, interpersonal problems, identity/role concerns, and characterological issues in a PCMHI setting. In addition, fellows will work with sexual, combat, and/or military traumas during the combined CSTS and IRP rotation. Postdoctoral fellows define goals to acquire additional training in empirically validated treatments including cognitive processing therapy (CPT), prolonged exposure (PE), concurrent treatment of PTSD and SUD using prolonged exposure therapy (COPE), written exposure therapy (WET), motivational interviewing (MI), and acceptance and commitment therapy (ACT).

In all settings, the fellow will participate in interdisciplinary team meetings, serve as a consultant to both mental health and medical staff, develop expertise in PTSD assessment utilizing the CAPS-5-R, engage in the full range of clinical interventions with a focus on evidence-based practices, work on performance improvement initiatives, complete program evaluation and/or research activities, and provide education, training, and supervision. Psychological testing training opportunities are also available as training resources allow (i.e., MMPI-2-RF, MCMI-IV, and symptom validity measures in PTSD and WAIS-IV, MMPI-2-RF, PAI, MCMI-IV, RBANS, RCFT, WMS, WJ, TAT, BNT, Trails, HTP in Women’s PCMHI). In addition, fellows are required to complete a research or program development project during their training year.

Table 1. Visual presentation of clinical/research/didactic activities (NOTE: the below clinical duties will be reversed in order for one of the fellows, allowing both fellows to alternate rotations and be fully involved in each rotation during the 6-month periods. Below is a sample and subject to modification upon start of training year)

SEPTEMBER-FEBRUARY	MARCH-AUGUST
<p>70% CLINICAL DUTIES</p> <ul style="list-style-type: none"> - 100% Women’s clinic/PCMHI - 2 hours individual supervision - 2 hours treatment team meetings <p><i>Required:</i> Weekly pre-licensure group supervision (1 hour)</p>	<p>70% CLINICAL DUTIES</p> <ul style="list-style-type: none"> - 100% Integrated recovery program and center for sexual trauma services (combined) - 2 hours individual supervision - 5 hours treatment team meetings - Approximately 15 hours of direct patient care (group & individual) <p><i>Required:</i> Weekly pre-licensure group supervision (1 hour)</p>
<p>20% RESEARCH & SCHOLARLY INQUIRY</p> <ul style="list-style-type: none"> - Selection of research mentor - Approval of MH Education & Research Committee of Individualized research plan - Research project proposal - IRB submission and approval - Data collection/lit review 	<p>20% RESEARCH & SCHOLARLY INQUIRY</p> <ul style="list-style-type: none"> - Data analysis - Abstract submission to a national conference - Write-up and possible submission to peer-reviewed research journal - Presentation of findings to MH&BSS Psychology Trainee Research Poster Fair and/or the Mental Health Grand Rounds.
<p>10 % DIDACTIC/TEACHING</p> <p><i>Required:</i> Attend weekly Mental health grand round seminar, attend bi-weekly training committee meetings/seminars, attend bi-weekly research-journal club</p> <p><i>Optional:</i> Attend weekly medical grand round seminar, attend weekly neuropsychology-</p>	<p>10 % DIDACTIC/TEACHING</p> <ul style="list-style-type: none"> - Mental health grand round presentation <p><i>Required:</i> Attend weekly Mental health grand round seminar, attend bi-weekly training committee meetings/seminars, attend bi-weekly research-journal club</p> <p><i>Optional:</i> Attend weekly medical grand round</p>

assessment seminar, supervision of pre-doctoral psychology Interns <i>As available:</i> Additional training opportunities in EBT (e.g., ACT, PE, MI), supervision/mentoring on EPPP, licensure and job search	seminar, attend weekly neuropsychology- assessment seminar, supervision of pre-doctoral psychology interns <i>As available:</i> Additional training opportunities in EBT (e.g., ACT, PE, MI), supervision/mentoring on EPPP, licensure and job search
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Women's clinic primary care mental health integration (PCMHI) rotation

1. Patient population: The patients are primarily women Veterans. A small number of Champ VA-eligible women and active duty and reservist women are seen in the clinic. The women range in age from early 20's to elderly women who receive primary care services and/or gender-specific medical care in this setting.
2. Model of care: The PCMHI model of care is population-based and aimed at serving mental health needs to a broader group of people. This model uses flexible and timely services through various modalities to conduct 30-minute functional assessments and deliver Interventions models of care to provide accessibility to veterans. Care is aimed at targeting mild to moderate symptoms and providing early detection and prevention of mental health symptoms. Assistance with management of health conditions is also offered via this model.
3. Psychology's role in the setting: Provision of general and gender-specific mental health services by the psychologist assigned to primary care.
4. Other professional and trainees in the setting: Physicians, social worker, nursing staff, pharmacist, clerical staff. The women's clinic is managed by the Women Veterans Program Manager who is responsible for assuring that women Veterans receive appropriate and gender-sensitive care throughout the facility.
5. Nature of clinical services delivered: The emphasis of the rotation is on the provision of brief gender-specific and evidence-based psychotherapy for the treatment of a variety of mental health disorders and behavioral health issues within a primary care setting for women. An integrated model of service delivery is used in this setting that takes advantage of the multidisciplinary team, the co-location of medical and mental health staff, and the expertise in gender-specific care. Mental health care always begins with thorough assessment and collaborative treatment planning. Primarily individual therapy is offered, but group, couples, and family therapy may also be used.
6. Fellow's role in the setting: The fellows are a part of the multidisciplinary team and provide the full range of mental health services. The fellows are frequently called on for informal and formal consultation, especially in complex cases with co-morbid mental health and medical problems. They complete evaluations, objective assessments, treatment planning, psychotherapy, and psychoeducation. They may also be involved in developing additional

programs and services for the patient population, teaching, and training other clinicians, program evaluation projects, and research.

7. Amount/type of supervision: Formal weekly supervision is provided. There are also multiple opportunities for additional supervision and consultation with the supervisor and others regarding specific cases and general issues related to treatment of mental health and behavioral health problems. In addition, the supervisor often works with the fellows on preparing presentations for local and national audiences, research, and program evaluation activities.
8. Didactics in the setting: A bi-monthly conference (presentations and case discussions) is held in the women's clinic and is open to staff from several disciplines. Occasional in-services on topics of special interest are scheduled.
9. Pace: Patients are scheduled during open clinic hours with time allotted for preparation and documentation. Requests to see walk-ins and requests for brief consultation with staff are reasonably frequent. Documentation is expected to be completed in a timely fashion.

Since June of 1988, the Bay Pines VA Healthcare System has operated a special clinic to address the unique needs of women Veterans. This "well women's clinic" was created to promote the periodic health screening and maintenance programs for eligible women. That original program has expanded over the years into a full primary care clinic co-located with the specialty care clinics pertinent to women's health care on the Bay Pines campus. The Bay Pines women's clinic, where comprehensive women's health care is the focus, is currently staffed with three full time primary care physicians, four nursing staff (two RNs, one LPN and one health technician), a full time Doctor of Pharmacy with special experience in women's health, a social worker, and the clerical support staff. In addition, Breast Clinic is held one day per week by a General Surgeon with special training in breast care, and GYN Clinic is held two days each week. GYN surgery is also done at the Bay Pines campus. Maternity care is provided through a fee-for-service arrangement with community obstetricians, in collaboration with the Fee Basis Office.

The fellows work with the women's clinic four full days per week for one six-month rotation to maintain a focus on gender-specific issues in treatment and to develop ongoing interdisciplinary and collaborative relationships with the women's clinic staff. The women's clinic rotation provides experiences with a diverse population of women who present with a wide range of issues including a history of trauma, behavioral health concerns, adjustment issues, and a variety of mental health concerns. Co-morbid psychiatric disorders and concurrent medical problems are common, and the women Veterans also frequently have complex psychosocial issues. This necessitates competence in several evidence-based psychotherapies and other adjunctive interventions.

PTSD Rotation – IRP and CSTS components

A. Integrated recovery program (IRP)

1. Patient population: The population includes men and women (Veterans, Active-Duty personnel, and Reservists) with military PTSD, many of whom have additional comorbid

diagnosis (i.e., substance abuse, traumatic brain injury, depression, panic disorder, etc.). The Veteran population consists of individuals who have served in the Vietnam War, Persian Gulf War, Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OIF/OEF/OND) as well as other areas of conflict (Somalia, Bosnia, Kosovo, Lebanon, Korea, etc.). Assessment and psychotherapy services are provided to individuals with a wide range of traumatic experiences.

2. Psychology's role in the setting: Psychologists are an integral part of an interdisciplinary treatment team primarily providing direct patient care, consultation, and supervision of students.
3. Other professionals and trainees in the setting: post-doc fellows, psychology interns, psychiatric residents, nurse practitioner, social work, and nursing students.
4. Nature of clinical services delivered: The six-month rotation emphasizes empirically supported treatments for PTSD such as PE, CPT, MI, and ACT in the treatment program. Furthermore, IRP offers psycho-educational classes, psychiatric services, individual and group psychotherapy as well as case management.
5. Fellow's role in the setting: Each fellow will function as an important member of the interdisciplinary team and will provide a variety of clinical services. These services include case conceptualization, treatment planning, consultations, individual and group psychotherapy, psychoeducation classes, and supervision of psychology interns.
6. Amount of supervision: A minimum of one hour per week of individual supervision will be provided along with several opportunities for in-vivo supervision through co-facilitating various groups with one's supervisor.
7. Pace: Fellow's case load will be determined at the onset of the rotation, and this will depend on the fellow's areas of interest and level of skill. Fellows are expected to complete all paperwork (assessments, individual and group progress notes, treatment plans, etc.) within 24 hours of providing the service.

This portion of the PTSD clinic rotation provides an excellent opportunity to individuals who are interested in developing an expertise in combat-related PTSD. The intensive outpatient program offers massed implementation of evidence-based treatments for PTSD to Veterans nationwide. Presently, most of the patients are males who served in the Vietnam, Iraq, and Afghanistan; however, we are beginning to see more women who were deployed to Iraq and/or Afghanistan. Every effort will be made for the fellow to work with as varied a population as possible (i.e., women Veterans, Veterans with co-occurring psychiatric problems, Veterans from various eras). Fellows are active members of the treatment team. IRP provides outpatients services (assessment, medication management and psychotherapy) to a wide range of military and combat related traumas. Traditional face to face treatment along with teletherapy will be utilized throughout the rotation. In both programs the fellow will have the opportunity to participate in program development as well as be exposed to several evidence-based treatments such as PE, CPT, COPE, WET, MI, and ACT.

B. Center for sexual trauma services program

1. Patient population: Female and male Veterans, reservists, active-duty personnel with PTSD secondary to sexual trauma. Patients are seen in residential or outpatient setting. Outpatient services are offered to individuals diagnosed with a trauma spectrum disorder related to any type of sexual trauma that has occurred across the lifespan. Focus of the residential program is on patients who have been unable to resolve military sexual trauma (MST) issues and symptoms by traditional outpatient care. Participants range in period of service from Korean Conflict through OIF/OEF/OND. Currently, we are seeing an increasing number of OIF/OEF/OND females, many of whom have experienced both MST and combat-related trauma.
2. Psychology's role in the setting: Program management, member of interdisciplinary treatment team, clinical services provider, supervision and training of psychology Interns and postdoctoral fellows.
3. Other professionals and trainees in the setting: psychiatrist, nursing staff, social workers, recreational therapists.
4. Nature of clinical services delivered: Program utilizes evidence-based treatments such as core CBT modalities, CPT, PE, COPE, WET, ACT, dialectic behavioral therapy skills, and motivational interviewing techniques. Treatment consists of group and individual psychotherapy, psychoeducational classes, community meetings, and case management. Psychological testing training opportunities are also available (i.e., MMPI-2-RF, MCMI-IV, and symptom validity measures).
5. Fellow's role in the setting: Fellow will have the role of primary mental health provider to a discrete number of patients and provide psychodiagnostics evaluations and psychosocial assessments, treatment plans, and discharge summaries. The fellow will function as a member of the interdisciplinary treatment team and will assist with case conceptualization, treatment planning, provision of clinical services, and case management. The fellow will learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral approaches. Fellow will have the opportunity to co-facilitate and individually lead therapy groups and conduct individual CPT and PE and become familiar with a variety of leading therapeutic technologies (PE, CPT, ACT, DBT Skills,). Fellow will have the opportunity to provide supervision to Psychology Interns and participate in the annual MST training offered for MST providers nationwide.
6. Supervision: Fellow is provided with a minimum of two-hour weekly individual supervision as well as ongoing opportunity for in-vivo supervision within the therapeutic community via group therapy, the community milieu, and treatment team meetings.
7. Didactics: Attendance of annual MST training for clinical providers and occasional in-service trainings by clinical staff.
8. Pace: Fellow's case load will be determined at the onset of the rotation, and this will depend on the fellow's areas of interest and level of skill. Fellows will be progressed to

meet the minimum clinical hours threshold between CSTS + IRP patient caseloads. Fellows are expected to complete all paperwork (assessments, individual and group progress notes, treatment plans, etc.) within 24 hours of providing the service.

CSTS is a nationally recognized program that focuses exclusively on the treatment of sexual trauma. The program opened in 2000 on innovative programs grant and was the first residential program in the country to focus solely on women with MST. The CSTS program is the recipient of the HERA Award and was designated as a center for excellence as a part of the women's program. Also of note, CSTS is one of the few residential programs in the country that also accepts male veterans with histories of MST.

The rotation offers a setting where the fellow can develop, refine, and expand clinical skills. The clinical population is complex, with most patients presenting with co-morbid disorders and multiple traumatic events that include military sexual trauma, childhood sexual trauma, and other adult sexual and physical abuse. The complexity of patients and the intensity of the program ensure that fellows acquire the in-depth experience necessary for the acquisition of expertise in working with PTSD. Fellows will acquire and practice EBT interventions and learn to function effectively on an interdisciplinary treatment team in the treatment of chronic and/or complex PTSD.

The CSTS program is structured so that patients without prior PTSD treatment are provided with education regarding effects of PTSD and taught basic coping skills. The program also specifically focuses on treating sexual trauma with exposure-based modalities (PE, CPT) while managing the thoughts, feelings, and physiological symptoms that these interventions evoke.

SATP/BHIP Track

Structurally, the postdoctoral training program will consist of a six-month full-time (e.g., eight hours per day), rotation in the Behavioral health interdisciplinary program (BHIP), and a six-month full-time rotation in the Substance abuse treatment program (SATP). Fellows will develop general clinical skills enabling them to work with several patient populations as well as special emphasis in strategies in the treatment of substance abuse. Fellows will also work in BHIP, focusing on treatment of Veterans with various presenting problems, including medical problems, interpersonal problems, and characterological issues. In addition, fellows will work with Veterans with various substance abuse and co-occurring diagnoses during the SATP rotation. Postdoctoral fellows define goals to acquire additional training in empirically validated treatments including motivational interviewing (MI) and motivational enhancement (MET), the matrix model, cognitive processing therapy (CPT), cognitive behavioral therapy for insomnia (CBT-I), cognitive behavioral therapy for chronic pain (CBT-CP), cognitive behavioral therapy for depression (CBT-D), exposure and response prevention (ERP), seeking safety, and acceptance and commitment therapy (ACT).

In all settings, the post-doctoral fellow will participate in interdisciplinary team meetings, serve as a consultant to both mental health and medical staff, develop expertise in evaluating substance use disorders, engage in the full range of clinical interventions with a focus on evidence-based practices, work on performance improvement initiatives, complete program evaluation and/or research activities, and provide education, training, and supervision. Psychological testing training opportunities in BHIP are also available as training resources allow (i.e., MMPI-2-RF, PAI, MCMI-IV).

In addition, fellows are required to complete a research or program development project during their training year.

Table 2. Visual presentation of clinical/research/didactic activities (NOTE: the below clinical duties will be reversed for one of the fellows, allowing both fellows to alternate rotations and be fully involved in each rotation during the 6-month periods. Below is a sample and subject to modification upon start of training year)

SEPTEMBER-FEBRUARY	MARCH-AUGUST
<p>70% CLINICAL DUTIES</p> <ul style="list-style-type: none"> - 100% SATP - 2 hours individual supervision - 1 hour treatment team meetings <p><i>Required:</i> Weekly pre-licensure group supervision (1 hour)</p>	<p>70% CLINICAL DUTIES</p> <ul style="list-style-type: none"> - 100% MHC - 2 hours individual supervision - Daily 30 min huddles with treatment team (2 hours) - 1-hour monthly BHIP Meeting <p><i>Required:</i> Weekly pre-licensure group supervision (1 hour)</p>
<p>20% RESEARCH & SCHOLARLY INQUIRY</p> <ul style="list-style-type: none"> - Selection of research mentor - Approval of MH education & research committee of Individualized research plan - Research project proposal - IRB submission and approval - Data collection/lit review 	<p>20% RESEARCH & SCHOLARLY INQUIRY</p> <ul style="list-style-type: none"> - Data analysis - Abstract submission to a national conference - Write-up and possible submission to peer-reviewed research journal - Presentation of findings to MH&BSS psychology trainee research poster fair and/or the mental health grand rounds.
<p>10 % DIDACTIC/TEACHING</p> <p><i>Required:</i> Attend weekly Mental health grand round seminar, attend bi-weekly Training committee meetings/seminars, attend bi-weekly research-journal club meeting</p> <p><i>Optional:</i> Attend weekly Medical grand round seminar, attend weekly neuropsychology-assessment seminar,</p>	<p>10 % DIDACTIC/TEACHING</p> <ul style="list-style-type: none"> - Mental health grand round presentation <p><i>Required:</i> Attend weekly Mental health grand round seminar, attend bi-weekly Training committee meetings/seminars, attend bi-weekly research-journal club meeting</p> <p><i>Optional:</i> Attend weekly Medical Grand Round Seminar, attend weekly</p>

supervision of pre-doctoral psychology Interns <i>As available:</i> Additional training opportunities in EBT (e.g., ACT, PE, MI), supervision/mentoring on EPPP, licensure and job search	neuropsychology-assessment seminar, supervision of pre-doctoral psychology Interns <i>As available:</i> Additional training opportunities in EBT (e.g., ACT, PE, MI), supervision/mentoring on EPPP, licensure and job search
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Substance abuse treatment program rotation

1. Patient population: Female and male Veterans, reservists, active-duty personnel with one or more substance abuse diagnoses. Patients seen in SATP also often have one or more co-occurring, dual diagnosis mental health disorders. Patients are seen in In- and Outpatient settings.
2. Psychology's role in the setting: Program management, member of interdisciplinary treatment team, clinical services provider, supervision, and training of pre-doctoral psychology interns as available.
3. Other professionals and trainees in the setting: psychiatrists, nursing staff, social workers, recreational therapists, license mental health counselors, pharmacist, and peer support specialist.
4. Nature of clinical services delivered: Program utilizes evidence-based treatments such as core CBT modalities, CPT, ACT, dialectic behavioral therapy (DBT) skills, seeking safety, and MI techniques. Treatment consists of group and individual psychotherapy, psychoeducational classes, and case management delivered in-person or via video. Therapy is delivered through episodes of care that are goal-oriented and time-limited.
5. Fellow's role in the setting: Fellow will have the role of primary mental health provider to a discrete number of patients and provide psychodiagnostics evaluations and psychosocial assessments, treatment plans, and discharge summaries. The fellow will function as a member of the interdisciplinary treatment team and will assist with case conceptualization, treatment planning, provision of clinical services, and case management. The fellow will learn to conceptualize the nature of substance abuse and pathology from a variety of theoretical perspectives, including cognitive-behavioral approaches. The fellow will have the opportunity to co-facilitate and individually lead therapy groups and conduct individual therapy as well as become familiar with a variety of leading therapeutic technologies (e.g., CBT-D, CBT-I, ERP, CBT-CP, CPT, DBT Skills, and Seeking Safety). Fellow will have the opportunity to provide supervision to psychology interns who choose to participate in the BHIP rotation. Opportunities for psychological testing can be made available depending on the needs of the clinic/veteran. Fellows are welcome to collaborate with clinical supervisors to develop and facilitate psychotherapy groups if desired.

6. Supervision: Fellow is provided with a minimum of two hours of weekly individual supervision as well as ongoing opportunity for in-vivo supervision within the therapeutic community via group therapy, and treatment team meetings.
7. Didactics: Periodic in-service trainings by clinical staff.
8. Pace: Fellow's case load will be determined at the onset of the rotation, and this will depend on the fellow's areas of interest and level of skill. Fellows are expected to complete all paperwork (individual and group progress notes, treatment plans, etc.) within 24 hours of providing the service, preferably same day.

The rotation offers a setting where the fellow can develop, refine, and expand clinical skills. The clinical population varies in complexity, with many patients presenting with co-morbid disorders and traumatic events that include childhood sexual trauma and other adult sexual and physical abuse. The complexity of patients and the intensity of the program ensure that fellows acquire the in-depth experience necessary for the acquisition of expertise in working with a substance abuse and wide range of other presenting diagnoses. Fellows will acquire and practice EBT interventions and learn to function effectively on an interdisciplinary treatment team in the treatment of acute and/or chronic mental illness.

Behavioral health interdisciplinary program rotation

1. Patient population: Female and male Veterans, reservists, active-duty personnel with diagnoses running the full spectrum of the DSM-5-TR. Patients are seen in an outpatient setting.
2. Psychology's role in the setting: Program management, member of interdisciplinary treatment team, clinical services provider, supervision and training of psychology Interns and postdoctoral Fellows.
3. Other professionals and trainees in the setting: psychiatrists, nursing staff, social workers, license mental health counselors, peer support specialist.
4. Nature of clinical services delivered: Program utilizes evidence-based treatments such as core CBT modalities, cognitive processing therapy (CPT), cognitive behavioral therapy for depression (CBT-D), cognitive behavioral therapy for insomnia (CBT-I), cognitive behavioral therapy for chronic pain (CBT-CP), acceptance and commitment therapy (ACT), dialectic behavioral therapy (DBT) skills, seeking safety, and motivational interviewing techniques. Treatment consists of group and individual psychotherapy, and psychoeducational classes.
5. Fellow's role in the setting: Fellow will have the role of primary mental health provider to a discrete number of patients and provide psychodiagnostics evaluations and psychosocial assessments, treatment plans, and discharge summaries. The fellow will function as a member of the interdisciplinary treatment team and will assist with case conceptualization, treatment planning, provision of clinical services, and case management. The fellow will learn to conceptualize the nature of pathology from a variety of theoretical perspectives,

including cognitive-behavioral approaches. The fellow will have the opportunity to co-facilitate and individually lead therapy groups and conduct individual therapy as well as become familiar with a variety of leading therapeutic technologies (CPT, ACT, DBT Skills, Seeking Safety, CBT-D, CBT-I, CBT-CP). Fellow will have the opportunity to provide supervision to Psychology Interns.

6. Supervision: Fellow is provided with a minimum of one-hour weekly individual supervision as well as ongoing opportunity for in-vivo supervision within the therapeutic community via group therapy, and treatment team meetings.
7. Pace: Fellow's case load will be determined at the onset of the rotation, and this will depend on the fellow's areas of interest and level of skill. Fellows are expected to complete all paperwork (individual and group progress notes, treatment plans, etc.) within 24 hours of providing the service, preferably same day.

The rotation offers a setting where the fellow can develop, refine, and expand clinical skills. The clinical population varies in complexity, with many patients presenting with co-morbid disorders and traumatic events that include childhood sexual trauma and other adult sexual and physical abuse. The complexity of patients and the intensity of the program ensure that fellows acquire the in-depth experience necessary for the acquisition of expertise in working with a wide range of presenting diagnoses. Fellows will acquire and practice EBT interventions and learn to function effectively on an interdisciplinary treatment team in the treatment of acute and/or chronic mental illness.

SUPERVISION AND TRAINING METHODS TO ACCOMPLISH PROGRAM AIMS AND COMPETENCIES.

Within this learning/teaching environment, Fellows are expected to provide clinical services to patients and spend the majority (70%) of their time in the clinical area to which they are assigned (i.e., clinical rotation). The rationale for this expectation is that training is best accomplished when Fellows are “immersed” in a patient care area. The environment provides opportunities for socialization into the profession and facilitates a stronger identification with roles of a variety of health care professionals. Informal or “curbside” consults are frequent and informative. Opportunities for observation and indirect learning are plentiful. Fellows are expected to become functional members of the treatment team and to develop a refined appreciation for the skills and contributions made by various disciplines on the team.

All direct service, clinical activities of fellows are supervised by the licensed, primary staff psychologist supervisor to whom the fellow is assigned. As a minimum requirement, each Fellow will participate in 3 hours of supervision per week. Two hours are regularly scheduled, face-to-face, individual supervision with the licensed, staff psychologist serving as their primary rotation supervisor and one hour is group supervision with the Assistant Training Director, who is also a licensed psychologist. The fellows can expect to also receive ancillary supervised experiences with independently licensed interdisciplinary staff members, as well as with their selected research supervisor, with whom they work on specific teams, rotations, or research projects. This is over and above the 3 hours per week received with an independently licensed staff psychology supervisor.

The Bay Pines training program also provides opportunities for fellows to participate in a vertical supervision model. It is common for fellows to provide tiered supervision to a predoctoral intern, third year medical student (MSIII) or psychiatry resident working in a particular program. All such Vertical Supervision assignments are conducted under the umbrella of the licensed, primary supervisor.

COMPETENCY BASED EVALUATION SYSTEM

The basic goal of the fellowship program is to promote the professional development of fellows in each of the advanced competency areas so that upon completion of the program, fellows are ready to assume the responsibilities of an entry level staff psychology positions. The focus of training is on acquiring and enhancing knowledge and skills related to treating a diverse range of adults. The core modalities used to train fellows are supervised clinical experiences, didactic seminars, engagement in research and journal club, case conferences, and Interdisciplinary team meetings, and involvement in a health care environment.

Competency measurement and evaluation is completed throughout the year. Our intention is to make evaluation of Fellows' progress timely, open, fair, and part of the learning process. Fellows are included in all phases of evaluation from the initial agreement with training goals through the final evaluation. Ongoing verbal feedback from primary supervisors during rotations occurs regularly, and fellows should request clarification from supervisors if they are uncertain about their progress.

At the onset of each clinical rotation, the assigned primary supervisor will assess baseline competencies through direct observation to determine the appropriate level of graduated responsibility and any specific areas requiring additional modeling, education, supervision, or remediation. The primary supervisor will also complete a written evaluation at the mid-point and completion of the rotation to assess progress and achievement of competencies. Fellows will evaluate the rotation and supervisor at the same points in time. A fellow can review, comment on, and disagree with the evaluation before they sign it. Similarly, fellows formally evaluate each rotation and clinical supervisor(s) at the same points in time. Fellows also provide feedback at the end of the fellowship year on the entire training experience in the form of a white paper.

It is our goal to create a supportive and challenging learning environment in which individual differences are respected and professional development is enhanced and enriched. We believe one critical factor in the development of this environment is open, direct, honest communication between Fellow and the supervisor and the development of a friendly, professional interpersonal relationship. Supervisors/fellows are encouraged to meet frequently in more informal work settings. The Supervisors are expected to help fellows become socialized into the profession and Bay Pines VA Healthcare System environment (e.g., attend/participate in a variety of service level meetings, educational presentations/seminars held on campus, discuss roles of psychologists, discuss the political environment, discuss policies and procedures memos, introduce fellows to Bay Pines staff, etc.).

ADVANCED COMPETENCIES EVALUATION

The competency ratings used in our program are based on the amount of supervision that is required for the Fellow to perform the task competently. This rating scale is intended to reflect the

developmental progression toward becoming an early career psychologist, ready to enter the VA system at a GS-12 level.

In accord with VHA Handbook 1400.04 Supervision of Associated Health Trainees and its supervision requirements related to graduated levels of responsibility for safe and effective care of Veterans, we evaluate Fellows based on their ability to perform professional activities within the context of the following assigned graduated levels of responsibility (GLR):

Room. The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.

Area. The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with Veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a graduated level of responsibility commensurate with this type of supervision.

Available. Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a graduated level of responsibility commensurate with this type of supervision.

There are 6 possible rating levels depicting how much supervision is required for the fellow to perform the professional activity or task competently. We use the following scale anchors to make ratings in across all profession wide advanced competencies and program specific competencies during the postdoctoral training year are applicable to the fellow's training on this rotation. It is expected that fellows will progress from **3 to 5** over the course of the training year. They are as follows:

1 Requires substantial supervision.

Performance expected at the **beginning level of the pre-doctoral intern:** Fellows exhibit **absent or underdeveloped** core and program specific competencies (lack of awareness or shallow knowledge, skills, and abilities with limited supervised experience). Most common rating during the beginning of Internship level training. The fellow requires more frequent direct observation, and may require ongoing substantial supervision, particularly for unfamiliar activities and/or novel circumstances. Ratings at this level represent an area of underdeveloped competency, which requires specific attention when noted. A formal remediation plan may be implemented. Most commonly assigned GLR: Room

2 Requires intensive/close supervision.

Performance expected at the **mid-to-exit level of the pre-doctoral intern:** Fellow exhibits **novice** core and program specific competencies (basic knowledge, skills, and abilities with some supervised experience). Fellows require close supervision for unfamiliar clinical activities and/or novel circumstances. Ratings at this level represent an area of underdeveloped competency, which requires specific attention when noted. A formal remediation plan may or may not be implemented. The most commonly assigned level of responsibility (GLR) is **Area**; However, **Room**

(direct observation and modeling) may be required for some routine, and many complex or new experiences. Most common rating during internship. Routine, and intensive, supervision is generally needed.

3 Requires routine/occasional supervision.

Performance expected at the **entry level of the fellow**: Fellow exhibits **intermediate** core and program specific competencies (able to practically apply and generalize knowledge, skills, and abilities) across clinical activities and settings. Can engage in routine clinical activities with minimal structure but may need closer supervision for more complex situations. Ratings at this level is expected of incoming doctoral staff members just starting at the GS-11 level within the VA system who have just received their doctorate and are beginning to undergo postdoctoral supervision. The most common (GLR) assigned level of responsibility is **Area or Available**; direct observation and modeling is infrequently required. Common rating at the end of internship through mid-evaluation period of the postdoctoral Fellowship. Routine supervision of most activities.

4 Requires consultation-based supervision.

Performance expected at the **midyear level of the fellow**: fellow exhibits **advanced** core competencies and program specific competencies. That is, consistently integrates and applies knowledge, skills, and abilities into all aspects of professional service-delivery. Able to engage in less familiar clinical activities, and function proactively and independently in most contexts. Ratings at this level is expected of unlicensed, entry level psychologists, such as those who have been working at the GS-11 level in the VA system for six months or longer. The assigned level of responsibility is **Available**; immediate access (**Area**) is only needed for very complicated cases. The fellow acts as an unlicensed “junior” colleague, requiring supervision according to compliance standards. Fellows requires only consultation-based/Fellow directed supervision for core health service psychology tasks with ongoing consultation and supervision as required for advanced practice areas. **This level rating is the MLA expected at the mid-point of fellowship for all target competency measures.**

5 Ready for autonomous practice

Performance at the **exit level of the fellow**: skills exhibited at the mid through exit period of rotation 2 represent **independence** of core competencies and program specific in professional psychology. This is the rating expected of a trainee ready to apply for licensure, or newly licensed, equivalent to readiness to perform at a GS-12 level. Supervision is required for compliance with professional standards, but the Fellow is essentially ready for autonomous practice. Consultation is self-guided and directed toward life-long learning and ongoing advanced practice development. Assigned level of responsibility for this activity would be limited to **Available**. This level rating is the **MLA expected at the endpoint of fellowship for all targeted competency measures to successfully complete the program.**

6 Advanced Practice, life-long learner, and consultant.

This rating reflects **advanced mastery** of core competencies and program specific competencies in professional psychology. This rating would be expected of a fully licensed, independent, privileged Psychologist at the GS-13 level within the VA system. Fellows may achieve this rating on a few advanced practice tasks that represent strengths. This rating is for rare occasions when a Fellow can serve as a consultant to other licensed psychologists in a particular area.

Program competency requirements for successful completion of program:

MINIMAL LEVEL of ACHIEVEMENT (MLA) MID YEAR REQUIREMENTS

ROTATION 1, END-OF-ROTATION EVALUATION:

By completion of rotation 1, Fellows are required to meet 100% of the competency benchmarks for the mid-year level (i.e., 100% of benchmarks should be **rated as 4 or higher**). None of the benchmarks should be rated as 1, 2 or 3. Fellows identified with any observed ongoing deficiencies at this time must have a signed remediation plan in place. If the remediation plan is not successfully met within the stipulated timeframe, stated as no later than the mid-evaluation period of rotation 2, fellow's risk non-continuation (fail) of the fellowship program.

MINIMAL LEVEL of ACHIEVEMENT (MLA) END OF YEAR REQUIREMENTS

ROTATION 2, END-OF-ROTATION EVALUATION

By completion of rotation 2, fellows are required to meet 100% of the competency benchmarks at the end-of-year level (i.e., 100% of the benchmarks should be **rated as 5 or higher** at the end of rotation 2 to be eligible for successful completion of the fellowship program). None of the benchmarks can be rated as 1, 2, 3 or 4.

INTERPROFESSIONAL DEVELOPMENT AND EDUCATIONAL SEMINARS

While most of the training occurs within the clinical rotation, fellows spend 10% of their time involved in a series of structured learning activities to further facilitate competency attainment (e.g., weekly, and bi-weekly didactics and seminars, monthly administrative, research or diversity committee meetings, and annual workshops).

1. General fellow didactic (required):

This weekly seminar covers a broad range of clinical and professional development topics selected to address specific competencies as well as the multiple roles of the contemporary health service psychologist. Various teaching methods are employed including didactic instruction, live demonstrations, videotapes, video-tele conference, discussions, and assigned readings. Topics related to professional and ethical development and diversity issues will receive particular emphasis during this time. Previous topics have included:

- clinical considerations of TBI
- differential diagnosis of dementia
- trauma informed guilt reduction
- complex case discussion
- cognitive behavioral therapy for insomnia
- suicide risk assessment & baker act
- leadership in the VA
- EPPP
- navigating the ABPP process
- psychopharmacology
- EDRP
- personal financial planning
- transitioning from postdoctoral fellow to fulltime staff
- avoiding burnout

2. Mental health grand rounds (required)/medical grand rounds (optional):

Fellows are required to attend the weekly mental health grand rounds and encouraged to attend weekly medical grand rounds. medical grand rounds are facilitated by a variety of disciplines, including topics pertinent to neurology, cardiology, oncology, rheumatology, pharmacy, psychiatry, speech language pathology, dietary service, and others. mental health service grand rounds are

presented by staff psychiatrists, psychologists, and psychology fellows and have included the following previous topics:

- medical errors
- drug information
- neurocognitive impairment
- whole health and health promotion disease prevention
- trauma, stress, and treatments
- unexplained dyspnea in soldiers returning from southwest Asia
- probiotics: a dietician's point of view
- wheelchairs & veterans
- dental emergencies
- acute hyperkalemia
- multiple sclerosis: overview & management
- substance use disorders & management

3. Psychology research journal club (required):

The research journal-club didactic is held bi-weekly and involves an informal, weekly gathering of interns, fellows, practicum students and professional staff to critically evaluate recent peer reviewed articles in the scientific literature. The first week, fellows will be provided with instruction on how to critically review an article and how to search for and access peer reviewed journal articles through the Bay Pines VA on-line library services (e.g., EBSCO databases: MEDLINE, CINAHL, PSYCHINFO).

For the rest of the academic year, interns and fellows will rotate in selecting an article of interest and providing an electronic pdf, or hard copy to participants for review prior to the next journal club meeting. The intern/fellow will then lead the discussion that can include but is not limited to evaluation of research methodology/design and analysis employed by investigators, implications and limitations thereof, cultural and ethnic factors, clinical application, ecological validity, and considerations for treatment with identified populations. TC Staff will rotate in joining this journal club and will provide immediate written feedback on facilitation that will be factored into the general postdoctoral psychology competency evaluation.

In addition, every 4th Journal Club, the topic will focus on developing competencies in the practice/provision of clinical supervision. Interns and fellows will be required to present a journal article utilizing the same format as all the other journal clubs on a clinical supervision topic.

4. Multicultural diversity (mcd) didactic seminar (required):

Multicultural competence is a broad and multifaceted aspiration that requires commitment to a lifelong learning process, which can incorporate awareness of diversity issues, knowledge of cultural variation, clinical application of skills relevant to individual differences, and community advocacy and outreach. This monthly seminar is attended by interns, fellows, and training committee staff. It is intended to support continued development of multicultural competence by fostering an appreciation for culture and individual differences among clinicians; developing insight into clinicians' own multicultural identity and the limits of one's worldview, an understanding of multiculturalism; facilitating better care to Veterans served by addressing cultural components of difficult cases; and creating a rich learning environment for continued progress toward multicultural competency. During this seminar, self-exploration and an openness to personal growth is strongly encouraged, supported, and modeled. Each seminar is led by a triad of facilitators at each level of professional development (intern, fellow and career/staff) to explore a variety of topics relevant to specific patient populations and to the promotion of multicultural

competence. This may include formal didactics, or administrative discussion on exploring new initiatives/activities to promote the need of our training community. On occasion, cultural immersion experiences may be pre-arranged, intended to build awareness in areas relevant to work with VA populations, followed by group debriefing of the experience and a discussion on how our own cultural identities, biases, and values may match or deviate from others. This seminar is coordinated by the multicultural diversity subcommittee, whose mission is to promote cultural competence, self-awareness, and appreciation of other viewpoints in training and health care provision, and to foster acceptance and a culture of safety across the facility at large.

5. Ethics and legal issues in training (required):

This monthly seminar is attended by interns, fellows, and training committee staff. It is intended to support continued development in ethical decision making and understanding of applicable laws guiding our practice and interaction with trainees. By participating in this structured learning activity, Fellows will develop increasing professional responsibility for patient care, consultation, research, supervision, and teaching activities. They will demonstrate advanced knowledge of ethical, legal, and cultural issues related to all the above objectives and conduct themselves in accordance with these principles and with current professional standards.

Each seminar is led by a triad of facilitators at each level of professional development (intern, fellow and career/staff) to explore ethical and legal conundrums and guiding facility, state and national level laws and rules.

6. Postdoctoral fellowship wellness & professional development retreat (required):

the psychology postdoctoral residency wellness & professional development retreat is a 4-hour experiential workshop typically occurring mid-year. The focus is on assisting trainees in relaxation, improving self-care, and engaging in values reflection. Specific tools/exercises that will be covered include mindfulness, deep relaxation, values-exercise (i.e., PHI, strength-based tools), ACT, challenges of being a postdoc, etc., and will include community immersion, and/or opportunities to engage in yoga and tai chi. This is a collaborative retreat, attended by both the specialty neuropsychology and generalist residents and fellows. The content and exercises will be developed in collaboration with the Training Director including a proposal with objectives and goals.

7. Postdoctoral fellowship bi-weekly peer consultation (required):

The TC recognizes that postdocs often relocate to complete their fellowship from various localities, both near and far. Many move to the St Petersburg area anticipating a year-long separation from their families and primary support systems. The bonding and friendships that can develop between trainees during these pivotal training years can last a lifetime. In addition to building a strong support system early in the program due to the commonalities in circumstances, adjacent office space that fosters daily interactions and participating in structured learning activities together, the TC protects additional time for fellows to gather informally on a bi-weekly basis for peer consultation. There are many benefits to holding a bi-weekly peer consultation group. In addition to fostering the development of a trainee support system by creating the space and honoring the time together, peer consultation can also improve communication between fellows and the larger, training committee. The bi-weekly opportunity to come together as a group privately, allows each fellow the opportunity to discuss training needs with each other, to share

resources, and support one another. It also facilitates group-based feedback and information for the TC.

FELLOWSHIP RESEARCH PROJECT (required):

At the beginning of the year, fellows will participate in a research kick off meeting where they will have the opportunity to learn about the current research projects, meet the pool of available research supervisors and share information about their research interests and experience. Within the two weeks following the kickoff, trainees will connect with the research supervisor(s) whose interests and skill set align with the trainee's research goals. Trainees may select a research supervisor and communicate their selection to the training director or be matched to a research supervisor.

Once matched, the fellow will immediately meet with their research supervisor to develop a research plan including timeline with clearly identified, measurable objectives/goals and to set up regularly scheduled research supervision. Research training goals are individually tailored, based on a Fellow's level of interest, academic training, and professional goals. Fellows will be allotted up to 8 hours of protected time per week to work on their selected projects. They will have access to research resources (ex. PSPP and SPSS software, reference books on conducting analysis in Excel and SAS, contact information for R&D IRB Coordinator).

Fellows are required to select one (1) of the following two (2) options:

- Collaboration with Psychology staff member on a local or national human subjects research project.
- Local program evaluation/QS/Performance Improvement study under the direction of a Staff Psychologist.

At the end of the year, fellows will present/disseminate their research project results in the form of a presentation at the MH&BSS psychology trainee research poster fair and/or at the mental health grand rounds. They are also encouraged to present the research at a state or national level venue in the form of a poster or symposium, or to produce a manuscript/article for publication.

RESEARCH TRAINING

It has been our experience that fellows value and benefit from a scientist practitioner-based training program which encourages skillful use of the empirical literature and opportunities for collaborative or self-directed research. The research requirement for the general postdoctoral fellow allows for 20% (equivalent to 8 hours per week) of protected time. To meet the research requirement, Fellows will have the opportunity to collaborate with staff and trainees from other disciplines on a program improvement/quality systems project, assist in ongoing research, and/or design and implement an independent research project under the mentoring of one faculty member. Fellows are required to present their research project at the MH&BSS psychology trainee research poster fair and/or the mental health grand rounds. Additionally, they may present/disseminate their completed research project as a poster, presentation, symposium, or article/manuscript within one of the following venues: a state or national level convention, PI committee, peer reviewed journal, or as a book chapter.

Research Supervision/Mentorship/Meetings

The Fellow will meet with the psychology supervisors at the beginning of the fellowship for selection/assignment of primary research supervisor. The fellow and the primary research supervisor will work together to develop a research question within the previously listed research options. The fellow and the research supervisor will develop a bi-weekly supervision schedule dedicated to the fellow's research project. The meetings should occur across the span of the academic year at regularly scheduled intervals to be no less than the equivalent of 60 minutes face-to-face bi-weekly. Fellows must meet all designated MLA for research competencies on their psychology fellowship competencies evaluations. The fellow will meet with the psychology supervisors at the beginning of the fellowship for selection/assignment of primary research supervisor. The fellow and the primary research supervisor will work together to develop a research question within the previously listed research options. The fellow and the research supervisor will develop a bi-weekly supervision schedule dedicated to the fellow's research project.

TRAINING IN CLINICAL SUPERVISION

to promote a fellow's development of emerging skills in clinical supervision, including knowledge of and sensitivity to ethical, legal, and multicultural issues in providing supervision, didactic and experiential training in clinical supervision will be integrated over the course of the training year.

Supervision institute (required): At the beginning of the year, Fellows will participate in a day-long workshop involving a half day of didactic lectures by TC Staff on:

- The role of a supervisor & characteristics that make a good supervisor.
- Laws, VA and APA rules and liability, tiered vertical supervision and supervision contracts.
- Provision of critical and positive feedback.
- Boundaries – the ethics of supervisory relationships and dealing with conflict within supervisory relationship (remediation and grievances).

Didactics are followed by an afternoon of simulated and experiential role play exercises with TC staff and postdoctoral fellows.

Supervision of supervision (required): Fellows are expected to attend monthly supervision of supervision meetings; these meetings are for staff psychologists who are members of the training committee as well as current postdoctoral fellows and residents. At these meetings, topics related to supervision are covered, videos and articles are discussed, and difficult or challenging supervision cases are reviewed with other fellow psychologists to aid in the provision of high-quality supervision to our trainees as well as to provide feedback and consultation to staff psychologists and postdoctoral fellows.

OPTIONAL TRAINING OPPORTUNITIES

Administrative leadership (minor rotation):

The fellowship program is excited to offer the option to add a minor rotation in administrative leadership. This minor rotation will promote the interests and development of Fellows who envision leadership roles within the general mental health service line in their future career. Exposure to management and other service/facility roles as a VHA psychologist (i.e., section chief, director, ACOS, program manager/admin supervisor, committee chair, Assistant Training Director, Training Director)

will occur. During the four hours per week, fellows will have the option to shadow psychologists involved in such roles, familiarize themselves with mental health program requirements such as the Uniform Mental Health Services Handbook, and learn about data management as well as policy and programmatic processes. Fellows can audit VISN, facility and service level committees. Fellows will have the opportunity to observe suicide and violence prevention medical record flagging meetings and participate in psychology training recruitment, selection, and orientation/onboarding activities.

Professional presentations and teaching (optional):

For Fellows who identify an interest in provision of professional presentations or teaching beyond the required mental health grand rounds presentation mentioned above, there are ample opportunities throughout the medical system to participate in additional, adjunctive teaching activities. These can be built into the fellows individual training goals at the beginning of the year.

Examples include:

- Didactic presentation to pre-doctoral interns on general topics related to psychological assessment, diagnoses & treatment/recommendations.
- Additional educational presentation to various medical and allied health disciplines on general topics related to psychological assessment, diagnoses & treatment/recommendations (e.g., mental health grand rounds, neurology seminar; medical grand rounds, social work service, dietary services, PM&R...)
- Opportunities to provide workshops or seminars to the local chapter of the Florida Psychological Association, or at various VA or state association sponsored conferences.

VA regional trainings (optional):

The TC works actively each academic year to offer regional trainings. These change yearly based on availability. Trainings offered in the past include certification (pending licensure) in cognitive processing therapy, prolonged exposure therapy, and PC-MHI competency training. Trainings without certification offered in the past have included dialectical behavior therapy and PE.

REQUIREMENTS FOR PROGRAM COMPLETION

Hours: The fellowship requires completion of 2080 hours to be completed in no more than 24 months. This includes paid federal holidays and accumulated paid annual and sick leave that can be taken during the year.

Minimal level of achievement (MLAs) of advanced competencies:

MLA mid-year requirement (end of rotation 1 – advanced competencies evaluation):

Fellows are required to meet 100% of the competency benchmarks for the mid-year level (i.e., 100% of benchmarks should be rated as 4 or higher). None of the benchmarks should be rated as 1, 2, or 3. Fellows will receive feedback at the midpoint of the first rotation; any observed ongoing deficiencies at this time will result in establishing a signed remediation plan. If the remediation plan is not successfully met within the stipulated timeframe, stated as no later than the end of rotation 1, fellows’ risk non-continuation (fail) of the fellowship program.

MLA end of year requirement (end of rotation 2 – advanced competencies evaluation)

Fellows are required to meet 100% of the competency benchmarks at the end-of-year level (i.e., 100% of the benchmarks should be rated as 5 at the end of rotation 2 to be eligible for successful completion of the fellowship program). None of the benchmarks can be rated as 1, 2, 3 or 4. Fellows will receive feedback at the midpoint of the second rotation; any observed ongoing

deficiencies at this time will result in establishing a signed remediation plan. If the remediation plan is not successfully met within the stipulated timeframe, stated as no later than the end of rotation 1, fellow's risk non-continuation (fail) of the fellowship program.

Research Project: Fellows are required to present their research project at mental health grand rounds, usually scheduled toward the end of the training year (in June or July). Additionally, they may present/disseminate their completed research project as a poster, presentation, symposium, or article/manuscript within one of the following venues: The annual Bay Pines research & development service research fair, a state or national level convention, PI Committee, peer reviewed journal, or as a book chapter. Fellows are regularly evaluated by their research supervisor on the attainment of research competencies/skills and meeting of specified goals and timelines within the relevant section of the mid and end of rotation foundational competencies evaluation form.

PSYCHOLOGY TRAINING COMMITTEE STAFF

KATIA ARROYO-CARRION, PhD
Carlos Albizu University, 2017
Licensed Psychologist - Florida
Clinical Psychologist

Mental Health Clinic - BHIP (Lee County Health Care Center)

Dr. Arroyo-Carrion completed her doctoral degree at Carlos Albizu University, San Juan, Puerto Rico. In 2016, she moved to Florida to complete her predoctoral internship at Northeast Florida State Hospital, MacClenny, FL and her postdoctoral fellowship at the Bruce W. Carter VAMC in Miami, FL. Following her postdoctoral fellowship, she accepted a position as a Graduate Psychologist at the Lakeland CBOC part of the James A Haley VAHEALTHCARE SYSTEM. On 2019, Dr. Arroyo-Carrion accepted a position as a licensed clinical psychologist at the Lee County VA. She has been part of the Behavioral Health Interdisciplinary Program (BHIP) for 3 years and provides individual, couple, and group psychotherapy services. She is trained in Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Cognitive Behavioral Therapy for Depression (CBT-D), Integrative Behavioral Couples Therapy (IBCT), and Dialectical Behavioral Couples Therapy (DBT). In addition, she is part of the DBT Program including providing the DBT Skills Group and the lead of the Eating Disorders Clinical Team. As part of her leadership duties, she is the Measurement-Based Care Champion. Dr. Arroyo-Carrion was born and raised in Puerto Rico in a bilingual household (English/Spanish). **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** She encourages awareness of the impact of cultural components in the therapeutic relationship and provision of services. For this reason, she invites trainees to reflect on how their individual identities will influence their clinical work and approach when working with clients from different backgrounds.

JOHN BERG, PhD, ABPP
Emory University, 2011
Licensed Psychologist - Florida
Section Chief, MHR RTP

Dr. Berg completed his Internship at Bay Pines VAHEALTHCARE SYSTEM in 2011, followed by a postdoctoral fellowship at Emory University / Grady Hospital focusing on suicide prevention and

community mental health. In 2014, he returned to Bay Pines VAHEALTHCARE SYSTEM to work at the Center for Sexual Trauma Services. Dr. Berg's interest in post-trauma recovery stems from his practicum placement during his graduate training at the Atlanta VAMC. There he received extensive training and supervision on delivery of Prolonged Exposure as part of the early VA PE roll out. Originally educated as a mechanical engineer, Dr. Berg has been involved in a number of efforts to use technological innovations to solve health care problems. In 2014, he completed his AMAI 10x10 Informatics Certificate Program. Dr. Berg's research efforts currently center around novel and technological methods of assessment and intervention. Dr. Berg is board certified in clinical psychology.

DAYANA CALVO, PHD

Kent State University, 2017

Neuropsychology Internship & Residency, Tampa VAMC (2016-2019)

Licensed Psychologist - Florida

Neuropsychology Clinic

Dr. Calvo's area of specialization is Clinical Neuropsychology. She completed her doctoral degree in Clinical Psychology from Kent State University in 2017 with a specialization in Neuropsychology. Following her graduate training, she went on to complete an Internship in Neuropsychology at the Tampa VA, where she stayed on board for two years of specialized Postdoctoral Residency Training in Clinical Neuropsychology. She received advanced academic training providing neurocognitive assessments to patients with a wide variety of neurological and psychological diagnoses. Her primary clinical interests include dementia, medical neuropsychology, and advanced geriatric issues. Her primary research interests revolve around health factors (i.e., diet, exercise) associated with cognition. Dr. Calvo serves as the State Representative (FL) for the Early Career Neuropsychologist Committee, APA Division 40. She is a member of the BPVAHEALTHCARE SYSTEM Multicultural Diversity Subcommittee and provides clinical services to our Spanish-speaking veterans. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a Cuban American, bilingual woman, Dr. Calvo is committed to increasing cultural awareness and knowledge in the workplace. She takes note of any diversity factors that may impact patient care and her approach to each evaluation, including selection of neuropsychological instruments, and patient factors such testing behaviors and reception to feedback. She also focuses on being open regarding her own knowledge gaps when working with diverse patients and takes an open communication approach to foster rapport and allow for her patients to feel understood.

DOUGLAS CARO, PSYD

Florida School of Professional Psychology at National Louis University, 2022

Clinical Psychologist

Substance Abuse Treatment Program

Doug joined Bay Pines in November of 2022. He works in the Intensive Outpatient Program (IOP) within the substance Abuse Treatment Program (SATP). Previously, he completed his practicum here at Bay Pines and his internship at the West Palm Beach VA before returning to Bay Pines for his post-doctoral fellowship. His primary theoretical orientation is integrative. He enjoys working with veterans and discussing potential identity struggles that can lead to a discussion on values and goals veterans sometime lose after their military service.

MARK COURY, PHD

Long Island University- Brooklyn, 2020

Licensed Psychologist-Florida

Clinical Psychologist

Behavioral Health Interdisciplinary Program

Dr. Coury is a staff Psychologist in the Mental Health Clinic. He received his PhD in Clinical Psychology from Long Island University- Brooklyn in 2020 and completed his clinical internship here at Bay Pines VA HEALTHCARE SYSTEM. He then completed a Postdoctoral Fellowship at the San Diego VA, splitting his time between outpatient and residential PTSD programs. Following his fellowship, Dr. Coury returned to Bay Pines to work in the Mental Health Clinic. Dr. Coury was clinically trained in psychodynamic psychotherapy throughout his graduate training, since that time he has had training in Cognitive Processing Therapy, Prolonged Exposure, Dialectical Behavioral Therapy, and Exposure and Response Prevention. He has specific interests in personality pathology and trauma. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Coury is open and inquisitive regarding diversity, privilege, and power dynamics in both therapy and supervision, encouraging trainees to explore in themselves and in their therapy experiences.

DAWN L. EDWARDS, PHD

University of Iowa, 1998

Licensed Psychologist - Illinois

Health Promotion Disease Prevention (HPDP)

Health Behavior Coordinator

Dr. Edwards works in Health Promotion and Disease Prevention within the Whole Health Program. Her role includes providing clinical services in areas related to health behavior change and improving quality of life, as well as providing staff training in Patient Centered Care Principles and Motivational Interviewing. Dr. Edwards earned her Ph.D. in Clinical Psychology with a Health Psychology track emphasis. After completing a VA internship with a focus on primary care mental health integration, she accepted a position at a regional medical center as their first Behavioral Health Integration Coordinator, integrating behavioral health into primary and specialty care medical clinics throughout the facility. Dr. Edwards returned to the VA system in 2006. Since then, she has worked at several VA facilities in roles related to integrating behavioral health principals into both medicine and everyday life. She joined the Bay Pines staff in 2018. Her primary clinical interest is in using brief interventions to assist Veterans with making health behavior changes, and in teaching them practices related to positive psychology that can improve the quality of their lives. Dr Edwards' other interests include program development and staff training. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I address diversity in the context of supervision by not only discussing with the supervisee the impact of diversity factors on the assessment and treatment of the individual patients we treat, but also from the perspective of us as clinicians and colleagues more broadly. I model increased awareness of how one's own background can affect our work with others by sharing with supervisees the details of my own unusual upbringing regarding environment, and the ways I feel this could impact my perspectives and interactions with patients and others. I invite trainees to similarly share and explore with me how their own background and upbringing might affect their interactions with, or perspective of, individuals who are different from them in a significant way.

DEBRA K. GLEASON, PHD

University of Tennessee, Knoxville, 2005

Licensed Psychologist – Florida

Clinical Psychologist

Behavioral Health Interdisciplinary Program

Dr. Gleason completed her predoctoral Internship at the James H. Quillen VAMC in Johnson City, TN, and her postdoctoral fellowship in geropsychology at the Malcolm Randall VAMC in Gainesville, FL. Following the postdoctoral fellowship she worked six years for the Florida Department of Corrections, the last two years as the training director for predoctoral Internship. In 2012, Dr. Gleason returned to the VHA at the Fayetteville VA Medical Center in NC. There she worked in the Mental Health Clinic (MHC) and served as the Chair of the Disruptive Behavior Committee. In 2015, Dr. Gleason transferred to the Bay Pines VA where she worked at the Palm Harbor CBOC in the MHC. Finally in 2022, Dr. Gleason transferred to Bay Pines where she works in the Behavioral Health Interdisciplinary Program (BHIP). She has works with a wide range of diagnoses. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Diversity is multivariate and fluid throughout life as one grows and identification with various diversity variables ebbs and flows. It is important to be aware of how one identifies themselves amongst diversity variables. Just as important is how others may perceive your diversity, as it may not be the way you perceive it. Similarly, the way you perceive someone else's diversity may not be how they perceive themselves. Openness to discussions of diversity within a psychotherapeutic environment as well as supervision environment helps to foster connection and understanding.

RAFAEL S. HARRIS, Jr., PSYD

Florida Institute of Technology, 1999

Licensed Psychologist - Florida

Clinical Psychologist

Substance Abuse Treatment Program

Rafael joined the Bay Pines VHA in August 2008. His assignment is within outpatient component of the Substance Abuse Treatment Program (SATP), and more recently is part of developing a couple and family program at Bay Pines. Previously, Rafael had worked at three different university counseling centers. His approach to therapy (and conceptually supervision) is characterized by an egalitarian perspective that aims for veterans to consider whether their relationship with substances is consistent or inconsistent with their personal goals, emphasizing personal choice. He enjoys the professional struggle between the quest for evidence-based therapies versus the idiographic nature of each individual. He tends to conceptualize mental health consumers from an existential/humanistic framework, while attending to the consumer's theory of change. Rafael is wary of the medicalization of psychology, along with being fascinated by how multiculturalism gets codified as a so-called social justice paradigm when in his opinion it's just another example of hierarchy at work via the search for power. He is originally from Venezuela, South America.

AMY HERSHBERGER, PHD

Texas Tech University, 2006

Licensed Psychologist – Florida

Whole Health (Bradenton CBOC Clinic)

Dr. Hershberger is a Clinical Psychologist in the Whole Health Program. Her role includes providing clinical services in areas related to whole health and well-being, personal growth, healthy behavior change, and coping with chronic health conditions. She is also the facility lead for tobacco cessation. Dr. Hershberger earned her Ph.D. in Counseling Psychology at Texas Tech University, completed predoctoral internship at the NF/SG VAMC, and post-doctoral residency with an emphasis in Health Psychology at the Memphis VAMC. She returned to NF/SG VAMC in 2007 as a staff psychologist on the primary care mental health integration team. In 2012, Dr. Hershberger transferred to the Bay Pines VA Healthcare System where she again worked in primary care mental health integration at the Bradenton CBOC. In 2020, she joined the Whole Health Team. Her primary clinical interests are in positive psychology, personal growth, and wellness. She offers experiences in using health psychology in tobacco cessation, coping with chronic pain, and motivation interviewing for health behavior changes. Additionally, she offers experiences with assessment prior to organ transplant and bariatric surgeries. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I am committed to fostering a supportive environment promoting diversity and inclusion as a core value of my supervision. Whole Health is a treatment approach that extends throughout our entire VA system, which allows us the opportunity to interface and learn from a very diverse population. In my work with Veterans and trainees, I strive to support a natural curiosity and interest to continually learn more, appreciate, and respect how cultural background, age, gender, social economic status, etc. play a role in emotional and physical health and well-being. Further, I actively use self-awareness to be mindful of how my own background and experiences affect my perspectives and interactions with others. I seek to draw connections between diversity and positive psychology by identifying unique personal strengths and individual differences to empower both trainees and Veterans for ongoing personal growth and development.

STEPHANIE HODGES, PSYD

Nova Southeastern University, 2009

Neuropsychology Residency Scott & White Memorial Hospital, 2009-2010

Neuropsychology Residency North Texas VA Health Care System 2010-2011

Licensed Psychologist - Florida

Neuropsychology Clinic

Dr. Hodges' area of specialization is Clinical Neuropsychology. She completed her doctoral degree in Clinical Psychology from Nova Southeastern University in 2009 with a specialization in neuropsychology. Following her graduate training, she went on to complete an Internship in Neuropsychology at the North Texas VA Health Care System, followed by two years of specialized Postdoctoral Residency Training in Clinical Neuropsychology. She received advanced academic training providing neurocognitive assessments to patients with a wide variety of neurological and psychological diagnoses. She has performed intraoperative WADA assessments and pre- and post-surgical evaluations for patients with chronic pain, intractable epilepsy, tumor resection and movement disorders. Her primary research interests include cognitive assessment of concussion and movement disorders. She also provides weekly didactics to multidisciplinary staff and trainees on a variety of topics involving neuropathology and neuroanatomy targeting specific regions and circuitry. Currently, she serves as a supervisor for interns and fellows within the Neuropsychology Consult Service. Clinical population includes Veterans with a history of known or suspected TBI, neurodegenerative disorder, NPH, CVA, MS, epilepsy, neoplasm, metabolic

disorder, LD and/or ADHD. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a lifelong Floridian, Dr. Hodges is committed to increasing cultural awareness and knowledge through communication, supervision and training exercises. Supervision focuses on aspects of cultural diversity through the use of authentic discussions. Supervision aims to facilitate discussions on diversity issues to increase multicultural awareness within the treatment setting but also within the supervisory relationship.

STEPHANIE JOHNSON, PHD

University of North Texas, 2015

Neuropsychology Postdoctoral Fellowship, G.V. (Sonny) Montgomery VAMC, 2015-2017

Licensed Psychologist - Florida

Clinical Neuropsychologist

GeripACT Outpatient Clinic

Dr. Johnson received her doctoral degree in Clinical Psychology from the University of North Texas in 2015. She completed her predoctoral internship in neuropsychology at the VA Illiana Health Care System in Danville, IL. She completed her two-year postdoctoral fellowship in neuropsychology at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, MS, with consortium training at the University of Mississippi Medical Center and Methodist Rehabilitation Center. Her training included evaluation of both inpatients and outpatients, at nearly all stages of injury or disease process and recovery, including assessment and treatment of post-acute stroke, moderate and severe traumatic brain injury, and neurosurgery patients. Her experience includes evaluation of patients who have a wide range of memory disorders (e.g., Alzheimer's disease), neurological diagnoses (e.g., movement disorders, multiple sclerosis, NPH, epilepsy), medical conditions that affect cognition (e.g., HIV, liver failure, thiamine deficiency), and psychiatric diagnoses. She has advanced training and experience in conducting psychological and neuropsychological evaluations of candidates for bariatric, spinal cord stimulator, deep brain stimulator, and organ transplant surgeries. Her research interests broadly include neurocognitive testing and test development, ecological validity in neuropsychological testing, feigned cognitive impairment, and traumatic brain injury. Dr. Johnson is a member of the Bay Pines VA Neuropsychology service. She works in the Geropsychology Clinic where she conducts comprehensive neuropsychological evaluations, cognitive screenings, and brief psychotherapeutic interventions for older adults. Prior to joining the Bay Pines staff, Dr. Johnson worked in private practice and as a consulting provider at local hospitals. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I strive to provide a safe space to facilitate discussions on diversity issues to increase awareness and introspection. It is critical to acknowledge the ways in which our own worldview and experiences impact our understanding and interpretation of a patient's clinical presentation. With deliberate acknowledgement of the characteristics that place me in a position of power and privilege, and of those that do not, I model an attitude of perpetual self-examination. In neuropsychological training specifically, I also encourage careful evaluation of the limitations of the normative data we use to interpret test findings, as well as attention to the complex interaction of age, race, ethnicity, and education level, quality, and location.

THOMAS KNUDSEN, PSYD, ABPP

Wheaton College, 1999

Licensed Psychologist – New York, Florida

Clinical Psychologist

PTSD-Center for Sexual Trauma Services

Dr. Knudsen is a staff psychologist in the PTSD-CSTS program. He is board certified in clinical psychology by the American Board of Professional Psychology (ABPP) and a fellow in the American Academy of Clinical Psychology. He received his Doctor of Psychology degree (Psy.D.) in Clinical Psychology from Wheaton College Graduate School (1999) in Wheaton, IL. Dr. Knudsen completed his doctoral internship at Madison State Hospital (IN). He had practiced in the private sector in New York as a clinical and forensic psychologist for 20 years before coming to Bay Pines VAHSC in 2022. His areas of specialty include clinical and forensic psychological assessment and trauma informed psychotherapies (CPT, PE, DBT). He has completed over 1200 forensic assessments and has appeared over 75 times for expert witness testimony. He has also done research with the MMPI-2 and co-authored a book in 2005 titled, *The Clinical Interpretation of the MMPI-2: A Content Cluster Approach* (Erlbaum). **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Knudsen was trained using the multi-cultural organizational (MCO) model in supervision and administration. This pairs well with psychodynamic supervision and allows for a safe space, open dialogue, and positive growth with both the supervisee and the supervisor.

ELIZABETH LOPEZ, PSYD

Albizu University, 2020

Licensed Psychologist – Florida

Clinical Psychologist

Behavioral Health Interdisciplinary Program (Port Charlotte CBOC)

Dr. Lopez completed both her predoctoral internship and postdoctoral residency at the Miami VAHEALTHCARE SYSTEM. After completing her residency, she was hired as a staff Psychologist at the Bay Pines VA, working in the Port Charlotte CBOC within the Behavioral Health Interdisciplinary Program (BHIP). Her clinical work and interests include group and individual therapy among a complex population of Veterans with diverse diagnosis, including formal training in forensic psychology, the use of CBT and related modalities, as well as geropsychological interventions. As an early career Psychologist, Dr. Lopez is committed to professional growth and the importance of valuable supervision to aid in the development of your professional identity. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Lopez acknowledges that diversity competency is ever changing and is truly never achieved. As such, diversity factors and how they influence everyone's approach and interactions in therapy should play a major role in supervision. She encourages supervisees to explore how their own diversity factors may appear within the therapeutic relationship.

DEBESH MALLIK, PhD

Pacific School of Graduate Psychology, 2021

Licensed Psychologist - Florida

Clinical Psychologist

Substance Abuse Treatment Program

After completing his postdoctoral training here at Bay Pines earlier this year Debesh began working as a full-time staff psychologist in SATP outpatient. Prior to this, Debesh completed his

internship at Centerstone Consortium working primarily with substance use disorders (SUDs) across various settings. Debesh is originally trained as a researcher – focusing on mindfulness and acceptance-based interventions and spirituality as treatments for SUDs. Debesh’s approach to therapy is informed from a functional contextual perspective that incorporates elements of mindfulness and radical behaviorism. Currently, Debesh is taking a break from research to focus on clinical work but has interest in investigating mindfulness-based relapse prevention within the VA, with a focus on its efficaciousness for BIPOC individuals.

L. BROOKE McCURRY, PSYD

Georgia School of Professional Psychology, 2016

Licensed Psychologist-Florida

Clinical Psychologist

PTSD-IRP/IOP

Dr. McCurry is a staff Psychologist in the Post-Traumatic Stress Disorder-Integrated Recovery Program (PTSD-IRP). She specializes in the assessment and treatment of PTSD and works primarily with the outpatient and intensive outpatient programs. Dr. McCurry completed her postdoctoral fellowship at the Bay Pines VA on the PTSD/Women’s clinic track and was hired as a permanent staff member following this fellowship. Dr. McCurry has received extensive training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and in the assessment of PTSD. She is a primary supervisor for PTSD IRP. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. McCurry was raised in a bicultural missionary family and spent her childhood in the South Pacific before moving back to the U.S. Although this is only one piece of her story, it shaped her worldview from a young age to honor, respect and appreciate other’s differences and points of view. She strives for inclusivity and encourages trainees to consider their own experiences and characteristics that play a role in the dynamic therapeutic relationship. Learning from others aids in personal growth and she recognizes that there is always room for growth. Some characteristics may be more salient than others to the Veterans we serve, and it is our duty to honor and attend to what is most important when we meet with them. In supervision, it is especially important to allow an open, safe discussion regarding our own unique differences and ways they may impact us.

LISANDRA MENDOZA, Psy.D.

Albizu University, 2019

Licensed Psychologist - Florida

Clinical Psychologist

Mental health Clinic - BHIP (Lee County Healthcare Center)

Research Subcommittee Chair

Dr. Mendoza completed her Doctor of Psychology in Clinical Psychology degree with a concentration in Neuropsychology in 2019 from Albizu University, Miami Campus. She completed her Doctoral Internship in Medical Psychology and Neuropsychology in 2019 at AllCare Medical Centers Centerstone Consortium and her 2-year Post-doctoral fellowship in clinical health psychology at Florida State University. She joined Bay Pines VA Healthcare System in 2021. She considers her doctoral degree gave her a solid foundation in lifespan development necessary to understand human neurocognitive and psychological functioning, while her specialty training in Health Psychology helped in understanding and approaching clinical care from a biopsychosocial approach. She promotes wellness for mind-body-spirit alignment to improve mental and physical

health. Her clinical interest includes patient-centeredness, evidence-based chronic illness care, and trauma-informed care. When working with veterans, she is mindful of the interrelation of trauma with health outcomes. She has a professional passion for psychological testing and research in neuroscience—other professional interests are quality improvement in health care and education and training of emerging professionals. **Please describe how you address diversity in the context of supervision, including how your own diversity characteristics play a role in the supervisory relationship:** I support diversity, equity, and inclusion. These are values I bring about in supervision. I am curious about an individual's unique cultural background, theoretical orientation, and learning style and how these interplay with clinical care, stage in professional development, and the supervisor-supervisee relationship. I promote cultural competence by incorporating analyses of privilege, power, and intersectionality. I ensure the inclusion of cultural variables in case conceptualization and treatment planning. I was born and raised in Cuba. I am a heritage of the indigenous Caribbean, Spanish, and Africans who mixed during the years of colonization. I grew up between the traditions of Catholicism and Santeria. I am a professional immigrant woman. I am a native Spanish speaker and learned English as an adult. I used integration to acculturate to the U.S. I engage in ongoing self-reflection to ensure awareness of possible biases; if identified, I proactively attempt to mitigate them.

MARY CATHERINE “MC” MERCER, PHD

Northern Illinois University, 2018

Licensed Psychologist - Florida

Clinical Psychologist

PTSD Integrated Recovery Program

Dr. Mercer is a clinical psychologist in the posttraumatic stress disorder-Integrated Recovery Program. She completed her predoctoral internship at Bay Pines VA and her postdoctoral fellowship in PTSD/SUD at Bay Pines VA. Dr. Mercer specializes in evidence-based assessment and treatment of trauma-related and cooccurring disorders (e.g., SUD, OCD). She works primarily in residential and outpatient programs on an interdisciplinary team. Dr. Mercer is certified in Cognitive Processing Therapy and Motivational Interviewing and has received extensive training in Prolonged Exposure. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Mercer works to create a space that allows for and encourages difficult conversations about a breadth of issues relevant to the supervisee as a therapist, professional, and individual. Conversations about individual- and cultural- level factors are a regular and valued part of supervision and case conceptualization. Professionally and personally, Dr. Mercer advocates for social justice.

KATHRYN A. MICHAEL, PHD

Central Michigan University, 2018

Licensed Psychologist - Florida

Behavioral Health Interdisciplinary Program

Dr. Michael completed both her predoctoral Internship and postdoctoral fellowship at Bay Pines VAHEALTHCARE SYSTEM. After completing her fellowship on the PTSD/Women's Clinic track, Dr. Michael was hired as a full-time staff member. Dr. Michael worked as a member of the Women's Clinic primary care team to provide services to female veterans coping with a variety of medical and mental health concerns such as problematic substance use, PTSD, cancer, depression, relationship issues, anxiety, tinnitus, chronic pain, diabetes, adjustment issues, and hypertension.

Dr. Michael also partnered with the Audiology Clinic to provide psychoeducation to veterans about the role of stress management in coping with tinnitus. Now, Dr. Michael provides mental health services in the Behavioral Health Interdisciplinary Program and serves as a postdoctoral fellowship supervisor. As an early career Psychologist, Dr. Michael values any opportunity to learn and grow professionally. Dr. Michael's open and inquisitive attitude towards others has been shaped by her experiences growing up as a biracial child in Antigua with both Caribbean and American influences. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Michael believes that it is important to acknowledge and respect the dynamic interactions between individual differences, multilayered identities, and contexts in building collaborative relationships with clients and supervisees.

LARA K. MYERS, PSYD

Illinois School of Professional Psychology, 2000

Licensed Psychologist- Hawaii

BHIP Mental Health Clinic (Lee County Healthcare Center)

Dr. Myers is a staff psychologist in the BHIP Clinic at Lee County. She received her degree from the Illinois School of Professional Psychology in clinical psychology in 2000. She completed her Internship at Wayne State University in Detroit Michigan. Following the cold winters in Chicago and Detroit, she moved to Hawaii to work with Children, Adolescents, and Families in the Hawaii Public School Systems. Her clinical experience allowed her to work with special needs children and families from diverse backgrounds in the Pacific Islands. She joined Kaiser Permanente Hawaii in 2007 for several years to gain experience with the Adult Population. Following her time in Hawaii, she joined the United States Navy Medical Service Corps where she served as a Navy Officer providing assessment and support to the leadership and commanding Officers. She was sent on two deployments during her time in the Navy where she was embedded with military members as a psychologist. She joined the Veteran Affairs Medical System in 2015 where she has worked in the PTSD Clinic and on the BHIP teams. She is certified in CPT, PE, CBT-D. She is currently completing a yearlong training in Mindfulness through the VA CALM Training. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Understanding each person's unique experiences through their life lenses is an important part of developing a strong respect for diversity as a psychologist.

KATYA NAMAN, PSYD, MBA

Pepperdine University, 2018

Neuropsychology Residency, Bay Pines VAMC (2019-2021)

Internship, Sepulveda VA (2017-2018)

Licensed Psychologist – Florida, California

Neuropsychology Clinic/PM&R and Assistant Training Director

Dr. Naman's areas of specialization are Clinical Neuropsychology and Psychology Training. Dr. Naman received an M.B.A. from American University and her Psy.D. from Pepperdine University. She completed an APA-accredited internship at Sepulveda VA Ambulatory Care Center, an additional year of neuropsychology training at the UCLA Semel Institute and the Long Beach VA Healthcare System, and a two-year APA-accredited postdoctoral residency at Bay Pines VA Healthcare System. Prior to becoming a psychologist, Dr. Naman was a Senior Vice President in a national commercial real estate firm. Her primary clinical interests include working within

rehabilitation units, inpatient units, and interdisciplinary teams. Additionally, Dr. Naman, is involved in the psychology training program with a focus on the psychology internship and the neuropsychology residency programs. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a Lebanese American woman who has lived in many different countries and had to acculturate to many different cultures, I have come to realize that unless you have walked in a person's shoes, you cannot fully understand them. You can conceptualize them, you can listen to them, but you cannot really know what they have gone through (their lived experience). Instead, we can commit to the lifelong process of acknowledging our own biases and embracing cultural humility.

ROMA PALCAN, PHD

State University of NY at Buffalo, 1995

Licensed Psychologist - Florida

Counseling Psychologist

Domiciliary Residential Rehabilitation Treatment Program (DRRTP)

Roma Palcan is a licensed Psychologist who currently serves in the domiciliary residential rehabilitation treatment program, providing support for Veterans who seek independent housing and employment. Prior to this VA assignment, she was Health Behavior Coordinator, and Primary Care Psychologist at Bay Pines VA Health Care System. She also serves as the Learning Circle Leader Expert of VA Voices. Dr. Palcan received her doctorate in Counseling Psychology from the State University of NY at Buffalo in 1995. Prior to her appointment at Bay Pines, Dr. Palcan spent 13 years in private practice during which time she owned, operated, and managed the multi-disciplinary practice, Life and Health Psychology Associates Inc. One of her most rewarding professional endeavors was co-hosting a live talk radio program as the Psychologist expert in men's mental health issues. Outside of her profession, Roma Palcan lives a quiet and peaceful life in beautiful St. Petersburg with her children.

DANIEL PHILIP, PHD

University of Florida, 2003

Licensed Psychologist - Florida

Clinical Psychologist

Program Manager, PRRC

Dr. Philip initially joined Bay Pines within the substance abuse treatment program (SATP) in March 2012, after spending nearly 2 years as a psychologist in primary care behavioral health at the VA Outpatient Clinic in Jacksonville, FL. He now works as the program manager for the PRRC program. Prior to joining the VA, Dr. Philip worked in two counseling centers (where he held appointments as Assistant Director and Director of Training), taught undergraduate, masters, and doctoral students at three different universities, and had a small private practice. During his predoctoral Internship, he participated in a year-long specialization in substance abuse counseling and continued this focus upon graduating. Dr. Philip's takes an integrated approach to therapy, balancing evidence-based therapies with individual client needs. He believes strongly in the importance of the therapeutic alliance for effective counseling and uses a wide range of interventions to help clients with their use and abuse of substances as well as overall mental health issues. Dr. Philip's current role is as the program manager of the Psychosocial Rehabilitation and Recovery program. He anticipates development of an internship level rotation in SMI for the 2023-24 academic year. **Please describe how you address diversity in the**

context of supervision including how your own diversity characteristics play a role in the supervisory relationship: The idea that our views on life are influenced, at least in part if not substantially, by our past experiences is immutable. Similarly in my mind, our past experiences are often heavily shaped by personal characteristics of both us and the others around us; hence, diversity characteristics play a significant role in our lives and in therapy. In supervision, I believe it is critical to identify not only how issues of diversity play a role for our clients but also how they influence our own worldview. I look to engage supervisees in discussions of our own diversity to help facilitate their self-knowledge and understanding of how a patients' diversity impacts them.

JEFFERY PRATT, PSYD

Florida Institute of Technology, 2015

Licensed Psychologist-Kentucky

Clinical Psychologist

PTSD-Integrated Recovery Program

Dr. Pratt is a staff psychologist in the PTSD-IRP. He received his Psy.D. in clinical psychology from the Florida Institute of Technology in 2015 and completed his clinical Internship at the Lexington VA Medical Center in Lexington, KY. After his internship, he was hired as a staff Psychologist at the Lexington VA, working in the PTSD Clinical Team. In 2018, he joined the Bay Pines VA as part of the PTSD-IRP team, working primarily in the residential program. His clinical work and interests include group and individual therapy to a complex population of Veterans with PTSD and substance use disorders, involving evidence-based treatment modalities, including Cognitive Processing Therapy and Prolonged Exposure. He also utilizes Virtual Reality equipment to assist in Virtual Reality Exposure Therapy. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Pratt utilizes personal and clinical experiences with diverse populations to shape the way he conceptualizes and works with clients as well as supervisees. He encourages supervisees to utilize their own diverse experiences to guide their learning and enhance the supervisory relationship.

JENNIFER PRESNALL-SHVORIN, PHD

University of Kentucky-2015

Licensed Psychologist-Florida, New York

ACOS, Community Reintegration and Recovery Service

Dr. Presnall-Shvorin is the Psychology Program Manager for Primary Care - Mental Health Integration (PCMHI) and a Psychology Supervisor for PCMHI and BHIP. She is the Chair of the Disruptive Behavior Committee and Chair of the Psychology Training Committee's Multicultural Diversity Subcommittee. She also serves as Secretary for the Association of VA Psychologist Leaders (AVAPL) and is a member of APA and APA Division 18. She completed her graduate training at the University of Kentucky, with a research focus on assessment of personality disorder from the Five-Factor Model perspective and completed her internship at VA Connecticut Healthcare System - West Haven Campus with an emphasis on PTSD. She completed postdoctoral training at the War-Related Illness and Injury Study Center (WRIISC) in NJ. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I attempt to demonstrate cultural humility in ongoing discussions of diversity within supervision. Whenever possible, I try to incorporate aspects of individual and cultural identity within assessment and treatment planning and make efforts to explicitly address individual differences within the context of PCMHI. I try to

recognize my own areas of privilege (e.g., race and ethnicity) while working toward empowerment in areas of less privilege (e.g., gender and sexual orientation). I invite supervisees to bring discussion of their own experiences related to diversity, power, and privilege into the supervisory relationship.

ZOE PROCTOR-WEBER, PSYD, PHD, ABPP-CN
Nova Southeastern University, 2005
Neuropsychology Postdoctoral Residency Tampa VAMC 2005-2007
Licensed Psychologist - Florida
Director of Psychology Training
Supervisor/Program Manager Neuropsychology Section

Dr. Proctor-Weber is a board-certified clinical neuropsychologist. She completed her 2-year Division 40 neuropsychology fellowship at the Tampa VAMC in acute poly-trauma TBI, epilepsy and memory disorders. She has worked at USF within the Psychiatry Department assessing memory disorders and at Tampa General Hospital within the neurology and rehabilitation departments providing intraoperative Wada assessment and comprehensive pre- and post-surgical NP evaluations for patients with intractable epilepsy. Primary research interests involve cognitive assessment, traumatic brain injury and intra-individual variation within neurologically compromised individuals. She is PI on multiple active research projects, including a large Neuropsychology Research Database. She is the Alternate Chair of the Bay Pines IRB and serves as Chair-elect of the National VA Psychology Training Council (VAPTC). She teaches weekly didactics focused on neuropathology, neuroanatomy, and neuropsychological assessment. She serves as a research mentor and administrative leadership rotation supervisor for psychology trainees. She is a Past President of the Florida Psychological Association and serves as the editor for the American Psychological Association's Division 31 Newsletter. Dr. Proctor-Weber is also the Director of Psychology Training, providing administrative oversight for practica, internship and fellowship programs. She is the program manager for the Neuropsychology Service at Bay Pines. She is a member of AACN, FPA and APA Division 40, 18 and 31. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** In supervision, I join our trainees in cultivating an advanced appreciation for how culture and diversity affect the evaluation process. Selection of appropriate measurements and normative comparison groups take into consideration external factors, such as language proficiency, access to education and level of acculturation. Additionally, we attend to our own beliefs, worldview and innate biases that moderate the way in which we interpret behaviors, awareness of, and sensitivity to the unique aspects of identity and self are critical in conducting a culturally informed examination.

DEBORAH RADMANESH, PsyD
Nova Southeastern University, 2020
Licensed Psychologist - Florida
Enrichment Program Co-Chair
Clinical Neuropsychologist (Lee County Health Care Center)

Dr. Radmanesh serves as a Neuropsychologist at the Lee County Healthcare Center (LCHC) in Cape Coral, Florida. She earned her doctoral degree from Nova Southeastern University. She completed her pre-doctoral internship training in neuropsychology at the Miami VAMC. Dr. Radmanesh also completed a two-year post-doctoral fellowship in Clinical Neuropsychology at the South Texas Veterans Health Care System. Her clinical work and interests include neuropsychological

assessment of older adults, cognitive rehabilitation in individual and group settings, and neuropsychiatric consequences of COVID-19.

She enjoys being active, spending time with family and friends, and spending time with her dog.

Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship: Dr. Radmanesh identifies with several underrepresented communities and values diversity in her professional and personal lives. She strives to practice cultural humility and incorporate diversity issues into clinical practice, supervision, and research.

CHELSEA SAGE-GERMAIN, PHD

Western Michigan University, 2018

Licensed Psychologist – Michigan

PTSD-IRP (IOP/OUTPATIENT)

Dr. Sage-Germain graduated from Western Michigan University after completing her predoctoral internship at Bay Pines VA Healthcare System. Dr. Sage-Germain next completed a postdoctoral fellowship at the Battle Creek VA's Wyoming CBOC located near Grand Rapids, MI, before returning to Bay Pines as a staff member. Dr. Sage-Germain works in the PTSD-IRP intensive outpatient program, which delivers evidence-based treatments for PTSD virtually in a condensed three-to-four-week treatment protocol. She also carries a caseload of traditional outpatients and co-facilitates a DBT-informed coping skills groups for Veterans in the outpatient PTSD clinic. She is VA trained in CPT, PE, and CBT-I and utilizes these modalities in her clinical work. Her theoretical orientation is informed by a behavioral and contemporary cognitive behavioral approach. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a young, white, civilian provider, I am aware that my visible identities are often different from the Veterans I serve. It is important to reflect on how my own characteristics and biases may be present in both a therapeutic and supervisory relationship. I seek to have open dialogue in supervision about how diversity variables impact the treatment process and supervisory relationship.

BRITTANY SHEEHAN, Psy.D.

American School of Professional Psychology at Argosy University, 2014

Licensed Psychologist – Florida & Washington DC

Clinical Psychologist

Primary Care Mental Health Integration (Women's Health)

Dr. Sheehan earned her Doctor of Psychology in clinical psychology degree from the American School of Professional Psychology at Argosy University, Washington DC campus. She completed her doctoral internship at Saint Elizabeths Hospital in Washington DC with a rotation in neuropsychology. She received post-doctoral training also at Saint Elizabeths Hospital with focus in forensics and positive behavioral support behavioral plans. Dr. Sheehan was hired full time during her residency and served as staff psychologist and faculty member of the psychology training programs in the areas of unit-based treatment, assessment, and cultural competency. During her time there her expertise was around risk assessment and PBS behavioral plans to therapeutically mitigate violence. In 2021, Dr. Sheehan received an opportunity to transition to a health psychology role at Washington Hospital Center in service of the advanced heart failure team where she completed transplant evaluations and provided outpatient psychotherapy. In 2022, Dr. Sheehan was able to return to her home state of Florida where she began her role in PCMH. Dr. Sheehan utilizes her experience working as a member of a multidisciplinary team,

diagnostic assessments, and behavioral interventions to best serve the Veterans at the Women's Clinic. **Please describe how you address diversity in the context of supervision, including how your own diversity characteristics play a role in the supervisory relationship:** I value the examination and consideration of the various cultural and diversity factors that play into an individual's worldview, biases, and interpersonal interpretations as it relates to how a new clinician approaches therapeutic relationships and clinical presentations. My experience in supervising cultural competency highlighted the value of how well-developed self-examination can promote strong clinical consideration and application of culturally informed treatment. In supervision I strive to create a safe environment for a new clinician to explore and consider the various layers of cultural and diversity factors that are play in therapeutic relationships.

ALYSIA SIEGEL, PSYD, ABPP

University of Indianapolis, 2017

Licensed Psychologist-New York

Clinical Psychologist

Board Certified in Clinical Psychology

PTSD - Center for Sexual Trauma Services

Assistant Training Director/General Postdoctoral Fellowship

Dr. Siegel is a staff Psychologist in the Center for Sexual Trauma Services. She received her Psy.D. in clinical psychology from the University of Indianapolis in 2017. She completed both her pre-doctoral internship and post-doctoral fellowship at Bay Pines. During her fellowship, she specialized in the treatment of trauma and women veterans as well as women's primary care. Following these experiences, she worked in the PTSD clinic at the James A. Haley VA in Tampa, FL which provides services for military and combat related trauma spectrum disorders. She subsequently returned to Bay Pines and is currently a psychologist in the Center for Sexual Trauma Services (CSTS). Dr. Siegel enjoys conducting psychological testing as well as providing individual (CPT, PE/COPE, TrIGR, WET, PCT, ERP for OCD), group (process or structured), and conjoint psychotherapy (CBCT). Her areas of clinical interest include dual diagnosis (i.e., PTSD and SUD, PTSD and OCD, PTSD, and psychosis). Dr. Siegel is the Assistant Training Director of the general postdoctoral fellowship program. She assisted with the development, implementation, and evaluation of the Supervision Training Enhancement Program (STEP) at Bay Pines. Dr. Siegel is enthusiastic about psychological testing and is competent to provide supervision on a variety of measures (i.e., MENT, M-FAST, SIRS-2, TOMM, MMPI-2-RF/MMPI-3, MCMI-IV, etc). She employs a competency-based approach when providing supervision and enjoys discussing professional development matters. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Siegel allows trainees to identify the areas of diversity most salient for them and discuss these in supervision. Supervisory interventions and feedback are based on consideration of diversity within each competency area. Dr. Siegel's early career psychologist (ECP) is utilized over the course of supervision.

ERIC L SULLIVAN, PhD

Suffolk University, 2010

Licensed Psychologist - Ohio

Clinical Psychologist

Board Certified in Geropsychology

Enrichment Program Co-Chair

Home Based Primary Care/Behavioral Health Interdisciplinary Program (Bradenton CBOC)

Dr. Sullivan serves the Home-Based Primary Care (HBPC) programs at the Bradenton and Sarasota Community Based Outpatient Clinics (CBOCs), and the CW Bill Young - Bay Pines VA Medical Center (VAMC). HBPC treats chronically ill Veterans in their home with an interdisciplinary team approach. Clinical specialties include assessment of cognitive problems common among a geriatric population, capacity evaluation, provision of psychotherapy for depression, anxiety, and adjustment issues, and caregiver support. In addition to these services, Dr. Sullivan acts as a mental health consultant and Geropsychology expert for the HBPC interdisciplinary team. He performs all clinical services either virtually or in Veterans' homes. Dr. Sullivan was previously employed at the Columbus VA Ambulatory Care Center in Ohio for 8 years on a Behavioral Health Interdisciplinary Program team (BHIP, i.e., general mental health outpatient clinic). He has received extensive training and consultation in Acceptance and Commitment Therapy (ACT), Problem Solving Therapy (PST), Cognitive Processing Therapy (CPT), Emotionally Focused Therapy (EFT) for couples, Radically Open Dialectical Behavior Therapy (RO DBT), Collaborative Assessment and Management of Suicidality (CAMS), and the Unified Protocol (UP) for Transdiagnostic Treatment of Emotional Disorders and has an advanced training certificate in tele-mental health from telehealth.org. In the past Dr. Sullivan served as national consultant and regional trainer for the VA Problem Solving Therapy program. He is Co-Chair of the Bay Pines VAHEALTHCARE SYSTEM Enrichment program. He also chairs a workgroup in HBPC to enhance identification of neurocognitive disorders. Dr. Sullivan serves as consulting editor for the APA journal "Professional Psychology: Research and Practice." He enjoys cooking and eating great food, listening to and playing music, and traveling with his family. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Appreciation of diversity and awareness of the influence of our personal experiences and worldview is crucial to providing effective assessment and intervention to Veterans. Careful and sensitive, but also direct and genuine, discussion with Supervisors and colleagues about diversity issues is important to growth as a trainee and continuous improvement as a licensed professional. As a supervisor I will ask trainees to examine their own experience and worldview, to explore its potential impact on clients, to explore the impact of clients on the trainee, and to use insights from these discussions to grow in the ability to provide effective services to clients that meets them where they are and honors their values and experiences.

JADA J. STEWART-WILLIS, PHD, ABPP-CN

Nova Southeastern University, 2015

Neuropsychology Postdoctoral Residency, Bay Pines VA Health Care System, 2015-2017

Licensed Psychologist - Florida

Board Certified Clinical Neuropsychologist

Neuropsychology Clinic

Dr. Stewart-Willis is a board-certified clinical neuropsychologist, who joined the Bay Pines VA Health Care System (BPVAHEALTHCARE SYSTEM) clinical staff in 2017. She completed her graduate training at Nova Southeastern University in 2015, as well as an internship and specialized postdoctoral residency in Clinical Neuropsychology at the BPVAHEALTHCARE SYSTEM. As an attending on the Neuropsychology Outpatient Consult service, she works with a diverse population and her current specialized clinical interests include assessment of movement disorders, CVA & vascular-related cognitive impairment, immune mediated demyelinating diseases, and assessment and rehabilitation of cancer-related cognitive impairment. Dr. Stewart-

Willis also provides evaluation services for individuals admitted to inpatient units (e.g., Telemetry, Surgical, ICU, Physical Medicine & Rehabilitation, and Community Living Center) on a rotating basis. Her personal philosophy toward caring for her patients is to uphold the highest standard of care, compassion, and respect for every individual she sees. Dr. Stewart-Willis serves a member of the Training Committee, GEC Dementia Care Committee, Research Institutional Review Board (IRB), she is a scheduled lecturer for didactics and grand rounds and coordinates the Neuropsychology Research Lab/Collective. Her primary research interests include cognitive aging, vascular correlates of neurocognitive decline, and the clinical utility of cognitive measures used in the assessment of acquired and neurodegenerative disorders. She is an active member of professional affiliations including AACN, INS and APA Division 40, and is licensed in the state of Florida. She enjoys spending time with her family, playing 18 holes when the weather allows, and beach days with her dog. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Deliberately. In supervision, aspects of diversity often shape our understanding of an experience or issue, as well as provide a context for our interpersonal exchanges. Other times, we encounter aspects of diversity in ways that don't require further examination at all. In either circumstance, I encourage students toward authentic interactions with elements of diversity (their own as well as their patient's). I also attempt to model this by exploring in supervision how my own cultural background (e.g., African American, female, middle-class, LGBTQ+), informs my understanding and views of a certain topic and/or how I approach training and my clinical work. It is my belief that when we can explore cultural differences and similarities in supervision, we are better prepared to sit with, discuss, and address them when needed as they arise in practice.

ROD VELEZMORO, PHD

University of Central Florida, 2014

Licensed Psychologist – Florida

Clinical Psychologist

Chief, Mental Health and Behavioral Sciences Service

Dr. Velezmoro received his Ph.D. in clinical psychology from the University of Central Florida in 2014. He completed Internship at Bay Pines VAHEALTHCARE SYSTEM followed by postdoctoral residency in trauma/primary care also at Bay Pines. He joined staff at Bay Pines in 2015. Dr. Velezmoro has served as the Director of Whole Health Services for Bay Pines Healthcare System and is currently Chief of the MH&BSS. Dr. Velezmoro is involved in promoting training opportunities for staff and our pre and postdoctoral psychology trainees, research, improving customer service within the VA, and promoting diversity.

ARIELA YASOVA-ZAFFOS, PSYD

Nova Southeastern University, 2017

Licensed Psychologist - Wisconsin

Program Manager/PTSD- Integrated Recovery Program

Dr. Yasova received her bachelor's degree in psychology from the University of Florida in 2011 (Go Gators!) and her doctoral degree from Nova Southeastern University in 2017. She has been a licensed Psychologist in the State of Wisconsin since 2018. She completed her Health Service Internship at the Captain James A. Lovell Federal Healthcare Center (a combined VA and DOD facility.) She completed her post-doctoral fellowship specializing in the diagnosis and treatment of substance use disorders. Upon completion of her training, she was employed at Lovell FHCC as a clinical psychologist in their residential PTSD program. At the end of 2019, Dr. Yasova moved back

to her hometown of Clearwater, Florida and became a psychologist at the CWY Bill Young VA. She manages the residential PTSD-Integrated Recovery Program and serves as the PTSD/SUD psychologist. She is certified in Cognitive Processing Therapy, and her primary theoretical orientation is cognitive behavioral. Dr. Yasova has a tendency to also conceptualize from an ACT lens. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Yasova was raised in a multicultural home and is bi-lingual (English/Spanish). She reflects on her unique cultural background to identify how it impacts her case conceptualization. She engages clients in discussions of how their diversity characteristics impact their experiences and works in supervision helping trainees explore this. Dr. Yasova views supervision as a safe time to have difficult conversations about diversity characteristics and how they influence us as providers, impact psychosocial functioning, and affect the therapeutic process.

ADMINISTRATIVE POLICIES AND PROCEDURES

Fellowship training year:

The fellowship is a full-time, one-year appointment to be completed from August 11, 2024 - August 10, 2025. Instances in which the one-year period needs to be extended because of illness or other extenuating circumstances will be addressed individually by the training committee and Office of Academic Affiliations. A maximum of 24 months is allowed by APA to complete all Internship training requirements regardless of extenuating circumstances. Any approved extension of the one-year training period would occur without funding.

Stipend:

The current annual stipend for full-time VA psychology postdocs is \$52,005, paid biweekly throughout the 1-year appointment period. This stipend is subject to Federal Income Tax withholding. Fellows are classified as full-time employees, making them eligible for federal employee health, dental, and vision insurance benefits. Fellows are NOT eligible for participation in Family Medical Leave, including Paid Parental Leave, Life Insurance (FEGLI), or Flex Spending Accounts (FSAFEDS) (This list of entitlements is not comprehensive). Questions concerning payment of the stipend or related topics about benefits may be directed to the Assistant Training Director or Training Director.

Leave time:

Fellows will accrue four (4) hours of paid sick leave (LS – Sick) and four (4) hours of paid annual leave (LA - Annual) every two-week pay period. This equates to approximately 13 days of sick leave and 13 days of annual leave over the course of the fellowship year. In addition, there are 11 Federal Holidays. Fellows are encouraged to use leave time judiciously. You should not plan to request more than seven days in any one rotation. As with doctoral staff, leave requests must be coordinated with patient care needs and the leave requests of other staff. Planned leave must be entered into the VATAS (Veterans Affairs Time and Attendance System) system six weeks prior to taking for approval.

With the approval of the current rotation supervisor and the Training Director, each fellow may be allocated up to eight (8) days of authorized Administrative Absence (LN – Administrative) for educational purposes (e.g. EPPP exam, juris-prudence exam, conferences, institution approved research presentations, VHA interviews, dissertation defense etc...) as per VA Handbook 5011,

Part III, Chapter 2, Section 12 which states that employees, including trainees, may be given authorized administrative absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. While LN leave may be approved at the service level, it is up to the discretion of HR and the Director to finalize approval. Ultimately, it is your responsibility to plan for and use your leave appropriately. For example, if you wish to use a significant block of annual leave during the fall-winter holiday season, you should avoid using this type of leave early in the Fellowship. If you want to be able to take leave later in the Fellowship to interview for jobs, then be sure to save some annual leave for this purpose if LN is not available or approved at the facility level.

At the service level, the training committee and Training Director have the right to deny requests for LN if it is likely to have a negative effect on the course of training. Authorized Administrative absence for travel time is limited and must be approved separately. Further, Fellows are responsible for all expenses associated with off-station training activities.

All leave requests should be entered electronically in advance and require approval by the Training Director. In addition, an informational e-mail with dates and times of the leave request, forwarded through your rotation supervisor, should be submitted to the Training Director. If you are unable to report to work because of illness or emergency, you must CALL the service secretary before, but no later than one hour prior to your scheduled duty time, as well as notify your primary supervisor and the Assistant Director of Training. An electronic leave request for unanticipated leave must be completed on the same day as your return.

Holidays:

There are eleven federal holidays during the training year. Staff and Fellows typically do not work on these dates:

New Year's Day	Juneteenth	Veterans Day
Martin Luther King Day	Independence Day	Thanksgiving
President's Day	Labor Day	Christmas Day
Memorial Day	Columbus Day	

Supervised duty hours:

Normal duty hours are 8:00 a.m. to 4:30 p.m. for all psychology section staff. Fellows may choose to work at their desks before and/or after duty hours but may not provide clinical services to patients unless an identified supervisor is available on site for consultation. When a supervisor is on leave, another staff member will be assigned to provide consultation and supervision of all clinical duties. All staff are required to wear their photo ID badge while on station. Lunch periods are typically scheduled for thirty minutes between 11:00 a.m. and 1:00 p.m. On-station meals are available through the on-campus canteen. Due to scheduling constraints, fellows and staff often choose to meet during the lunch period and "carry in" lunches. You are required to notify your supervisor if you anticipate leaving station.

NOTE: For the 2024-2025 training year, the baseline for postdoctoral fellow telework was determined to be two days (with three days on site).

Outside professional activities:

Fellows will not be allowed to participate in any other outside professional activities without first receiving permission from the training committee. Clinical service to the public for fee will not be allowed. Non-funded supervised clinical service of a training nature will be allowed. Supervised clinical service of a training nature will be considered, as well as funded teaching or research positions on non-duty time. All other activities will be considered on an individual basis. In general, direct clinical service to the public in other than a training relationship will not be allowed.

Administrative support:

Our service has administrative staff that provide limited assistance to the psychology training programs. General supplies, fax, scanner, and a copy machine are located within the various mental health sections for easy access. Please be aware that supplies, mailing materials and copier access are to be used only in direct support of patient care and current training activities. Use of VA letterhead and envelopes for other than official business is strictly prohibited and carries serious consequences. If in doubt, please consult your supervisor or the Assistant Training Director.

Automated psychological testing centers:

On-line administration and scoring of numerous self-report inventories and questionnaires are available to staff psychologists and fellows via the mental health package. The mental health package gives staff psychologists and fellows access to a range of individual and group psychological tests, allowing on-site administration to patients in various areas of the facility, including the mental health clinic, substance abuse treatment programs, DRRTTP, PRRC, stress treatment program, center for sexual trauma services, neuropsychology clinic and primary care clinics. In addition, Fellows rotating through any program have access to psychometrist services for the administration and scoring of select personality and cognitive tests. Not only is computerized scoring of more than 40 tests available but this innovative system also allows computer terminals to be used for test administration. Test scores and, for some tests, interpretive data are available immediately.

Library resources:

There are separate libraries for consumer health/patient education (patient education resource center) and for clinical professional needs (medical library). The medical library collection consists of over 400 journal (print) subscriptions and approximately 5,000 books and audiovisual titles. Books and audiovisuals are available for a two-week checkout period with renewal options available. Print journals are for in-house use only but there is also an extensive online journal collection with many of them being full-text available and evidence-based. In addition, there is onsite access to many of the leading medical, nursing, and psychiatric databases. These include (but not limited to) PubMed, MD Consult, First Consult, CINAHL, Psychiatry Online, and UptoDate. PsychInfo, Health Business, and Cochrane.

The medical library has established a section containing materials on empirically supported psychological treatments. There are well-equipped computers (with internet access and Microsoft office products) available in the medical library. Internet use is restricted to educational needs and job-related activities. The Medical Librarian assists with computer-based literature searches and orientation sessions to the physical and online library resources. The library assists with reference

requests, library instruction, and interlibrary loans. The interlibrary loans are limited to non-charging sources from across the United States unless approved by the Chief, Library Service. After-hours access to the medical library is restricted to individuals have a Bay Pines identification badge.

Emergency procedures:

The C.W. Bill Young VAMC – Bay Pines VA Healthcare System has a number of different procedures for emergencies. During orientation and throughout the year, you will receive specific fire and safety training from Bay Pines VA Healthcare System professionals. In addition, you will also receive procedural instructions regarding suicide threats, bomb threats, and hurricane precautions. It is essential that you understand and retain this information for immediate recall if needed. In the event of a hurricane, psychology staff may be required to return to station to assist with patient care needs.

Accidents:

There are special requirements for reporting accidents that occur on station. You must report any accident or injury that occurs to your immediate supervisor and Training Director. Do this even if you do not feel that medical care is necessary. It is necessary to report to Employee Health on the day of the incident. It is also necessary to file an incident report. Your primary supervisor or TD can assist you in this.

Employee health:

Information: The Occupational Health Service Unit at the Bay Pines VA HEALTHCARE SYSTEM provides employees with first-aid treatment for minor illnesses to enable employees to remain at work. Antibiotics will not be prescribed. The Occupational Health Physician/designee will refer the employee to his/her private physician for all additional or definitive care.

Emergency treatment for non-job-related serious illnesses may be given. If necessary, the employee may be hospitalized at Bay Pines until he/she is able to be moved to a private facility. Employees who receive such care and who are not entitled as beneficiaries of the VA or OWCP (worker's comp) will be charged for such services.

Procedure: As outlined in VAMC Memorandum "Occupational Health" 516-05-05-11: During normal duty hours (8:00 am – 4:30 pm), supervisors will call occupational health or accompany an employee to the occupational health unit. For any non-medical emergency occurring outside normal duty hours, employees will be referred to or accompanied to the Emergency Room. The Administrator on Duty (AOD) will report any employee injury to the occupational health unit on the next business day for appropriate follow-up. Any potentially serious employee illness/accident will be referred to the emergency room.

In the case of occupational illness, the employee's condition will be evaluated by the Occupational Health Physician, who will then request that the employee seek definitive treatment through a private physician. Employee must make application (Form CA-2) directly to the Workers' Comp Program Manager (05).

Employees will be billed for unauthorized treatment/diagnostic services. Employee(s) who provide(s) false/misleading information to gain free prescription/ diagnostic services will be

billed and may face disciplinary/adverse action. Those employees, who are Veterans and wish to receive care as Veterans, must apply for ambulatory care services prior to receiving medical treatment.

Only emergencies (i.e., needle punctures, cuts, acute onset of illness, traumatic job injuries, etc.) will be fully evaluated and treated anytime during the work shift. Before departing station, if you are sent off duty by the personnel physician, you will need to contact your supervisor and the Assistant Training Director.

Hurricanes, weather events and disasters:

The Office of Academic Affiliations has provided guidance related to trainees who may be impacted by significant weather events/disasters. Should an anticipated or unexpected weather event threaten our area the Bay Pines training program will assist trainees in the following ways to minimize the impact on training:

Coping and access to information and resources:

We recognize that trainees are often new to our geographic region and may be disconnected from their normal social support network. The Training Director will provide trainees information on storm safety and resources (local and facility based). The Employee Assistance Program (EAP) is available should a trainee experience significant stress from an event. Cellular phones are often the first communication systems to be lost in a storm, but they are also the first system to be restored. Trainees will be provided with the cellular number of the Training Director to report their status following the storm.

Mandatory evacuations/clinic closure:

Psychology Fellows may be considered for authorized absence coded as weather/safety leave. Training Director and/or supervisors may provide trainees with readings and other supplemental assignments to complete while on authorized absence. This may enable trainees to continue documenting and accumulating formal training hours.

After the storm/event – challenges to safe housing/transportation:

If the facility reopens but a Trainee is unable to immediately report for duty at the facility after storm impacts, the following steps should be taken:

- The trainee should contact their Assistant Training Director and clinical supervisors.
- The trainee should use all available leave (AL and SL).
- When leave is exhausted, the trainee may request advanced leave through Human Resources, which will be earned during the remainder of their training appointment.
- When all available leave is exhausted, and/or no advanced leave is available, the Training Director may contact OAA for further guidance. In special situations, they will recommend that the trainee go on leave without pay status. Discussions between the trainee, the University affiliate DCT and the Assistant Training Director should occur to ensure that the trainee will have the opportunity to meet hours requirements. This may occur as an extension to the training year on a without compensation status, or on a limited basis and with pre-approval, OAA may offer training appointment extensions with stipend, to allow trainees complete required training hours for graduation and licensure requirements.

Liability insurance:

While performing your duties as a psychology fellow at the Bay Pines VA Healthcare System, fellows are afforded full coverage under the Federal Tort Claims Act for any acts of negligence occurring during performance of their role at this medical center.

All faculty members and trainees of the sponsoring institutions, when at VA health care facilities or on VA assignment at offsite facilities and while furnishing professional services covered by this agreement, will have personal liability protection by the provisions of the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d).

The Federal Employees Liability Reform and Tort Compensation Act of 1988, Public Law 100-694 (amending 28 U.S.C. 2679(b) and 2679(d)), provides that the exclusive remedy for damage or loss of property, or personal injury or death arising from the negligent or wrongful acts or omissions of all Federal employees, acting within the scope of their employment, will be against the United States. Thus, contracted psychology trainees from affiliated educational programs will be protected from personal liability afforded to all VA psychology staff under those stated provisions.

Program statement on non-discrimination:

Federal law prohibits discrimination based on race, color, religion, sex, national origin, age, and disability. The Bay Pines VA psychology fellowship program extends this definition to mean that no information about the applicants irrelevant to the applicants' potential to succeed in the training program is to be utilized in its selection process.

During the year of Fellowship training, should there be an instance of discrimination experienced or observed by trainees or staff, there is a positive obligation to address the problem to minimize psychological harm. Fellows are encouraged to consult with their clinical supervisor, research mentor, Chief of MH&BSS, or Assistant Training Director for assistance in such matters.

Where this level of resolution is not effective, or the instances are viewed to be systemic, Fellows as well as staff have access to formal procedures (see referenced medical center policies and procedures at the end of this handbook). The current local Bay Pines VA Healthcare System EEO Program Manager is Israel Baez II, and he is available for any assistance, consultation or to assist in any employee's exercise of their rights.

Program statement on diversity:

The Department of Veterans Affairs and its component agencies seek to serve the veteran population, which is their charge from the Congress and thus from the American people who elect them. The composition and diversity of the veteran population seeking healthcare from the VA reflect a multiplicity of factors that define American society. People who join the Armed Forces represent a large cross section of that society, and the veteran population who have served their country and are enrolled for health care as a benefit from their service, represent a diverse group defined by that cross section. The Bay Pines VA Healthcare System psychology fellowship program seeks to have a diverse staff and trainee population along many dimensions, since the need to bring care that represents the dignity and uniqueness of all VA patients is an organizational mandate that reflects VA values.

The program Operates to teach the trainee to identify all the aspects of human diversity (i.e., individual differences) and to bring a heightened awareness of these elements of personhood into

their psychological conceptualization and actions. The program staff searches for and aggressively takes opportunities to teach the importance of human diversity and individual differences in real time, as they occur continuously in clinical practice. Fellows are encouraged to question and explore themselves the elements of diversity as they affect human behavior. Discussions with staff regarding the provision of psychological services in the context of human diversity are strongly encouraged, as both staff and Fellows benefit from increased awareness, understanding, and study of human diversity; it is the patient who has the greatest potential benefit.

Filing an EEO complaint:

As a fellow, you are protected from acts of discrimination by employees and patients. If you believe you have been discriminated against because of your race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age (40 years and over), physical or mental disability, genetic information, and/or retaliation, you can use the Equal Employment Opportunity (EEO) discrimination complaint process. You are also protected from filing a complaint (No Fear Act) and whistleblowing.

Employee assistance program:

Bay Pines recognizes its employees as one of its most valuable resources. While everyone experiences stress, sometimes the effects of too much stress can disrupt work performance and personal well-being. The EAP and WorkLife Service is designed to help you and your family members deal with problems before they become unmanageable.

Services available to employees through LifeServices EAP include, but are not limited to:

- Personal Counseling
- Family Counseling
- Financial Counseling
- Financial Information and Resources
- Legal Support and Resources
- Work-Life Solutions
- And more

Additional Information can be found by contacting LifeServices EAP directly:

- 1-800-822-4847 or visit [Life Services EAP](#)

Clinical training log:

Each fellow is required to maintain a detailed, weekly log of direct patient care activities. (i.e., assessments, consultation, therapy, staffing, treatment planning, etc.), supervision, and administrative and preparatory activities. This log is entered and maintained in Excel and can be compared to generated reports documenting co-signed therapy and assessment notes in CPRS. This log serves to document exact clinical care activities and the range of experiences acquired on a particular rotation, as well as program adherence to required supervision allotment. The second purpose of this log is to provide fellows with “hard” copy of their experiences, patient care hours, and supervision hours for later references during various State Licensing and professional credentialing activities. Additionally, fellows will be instructed to maintain documentation within the log of any required administrative, clinical, research or preparatory activities conducted outside of regular tour hours (e.g., preparatory readings for journal club, meetings held during the lunch hour). These data should be maintained regularly and kept indefinitely. The contents of the log will be monitored by the Training Director/ATD to ensure you are receiving the required amount of clinical supervision, are assigned direct patient care hours per week, and have an

adequate number of cases and a diverse workload. Clinical training logs are required to be up to date on a weekly basis and shared with the Training Director/ATD for monitoring by COB at mid and end of rotation. Delinquencies in maintaining logs will be documented in your professional values, attitudes and behaviors competency section of your end of rotation evaluation by the TD/ATD.

Wellness and self-care:

VA has as statutory mission to train clinicians for VA and the nation. Clinical learning is an active process, and this requires that trainees are well. Trainee wellness is assessed prior to the initiation of training via the TQCVL (Trainee qualifications and credentials verification letter) based on review of physical and other health records submitted, and then both informally and formally, as needed, during the training appointment. As trainees provide supervised clinical care like regular clinical staff, trainees need to be well throughout their training appointments.

Wellness during training: Advanced clinical training experiences are exciting, challenging, and stressful. Despite efforts to support fellows, they may succumb to illnesses, including acute mental health conditions. Like the assessment of wellness prior to the onset of training, wellness is a key requirement throughout a clinical training appointment. When wellness issues arise, it is important to consider the safety of the fellow and patients.

Of course, all clinicians need to learn to self-monitor their health status so they can decide when to take time to rest and/or seek professional assistance. Thus, it is common to address self-care and wellness as part of training and supervision. When things work well, fellows can self-monitor and are open to discussing how the work is affecting them and how their wellness affects their clinical work. Often, fellowship is a time in which a fellow discovers their own personal limits, and supervision can assist with this, preparing fellows to effectively manage stress as a professional. When fellows are able to self-assess and learn to manage their wellness, this is ideal. When fellows deny infirmities or do not address wellness issues, these issues can be problematic.

Informal training supervision: Supervision typically provides the format for teaching, discussion, and processing of clinical knowledge, reactions to providing clinical care, and ancillary issues affecting patient care like wellness of the fellow provider. In achieving core competencies/skills, it is normal for supervisors to provide guidance and feedback and facilitate the growth of the Fellow.

Formal remediation plans: Wellness issues that impact fellow performance or conduct are not always amenable to informal supervision. Furthermore, wellness issue may be so severe that they need to be more immediately addressed. In these cases, more formal remediation plans should be developed. Clear feedback should be given, plans for improvement should be developed, achievable goals should be developed, special assistance, if required, should be offered if feasible, and a timeline for improvement should be developed.

In the case where a fellow is ill, they should be encouraged to seek and follow professional guidance leading to recovery and a restoration of functioning. Although training goals, core competencies, and required accumulation of training hours need to be achieved, generally, there is latitude on providing sick leave, annual leave, and, with permission from OAA, longer leave

without pay status for longer periods of convalescence to accommodate an illness and recovery period.

Recommendations when a fellow appears impaired, denies illness, and does not voluntarily seek health care evaluation and guidance: When supervisors, ancillary staff, trainee peers, or Training Directors become concerned about the wellness of a fellow, the supervisor or TD/ATD should first address this with the Fellow. On the one hand, clinical supervisors are trained to assess and treat patients. Nonetheless, as they are in a supervisor-fellow role and not a doctor-patient relationship, supervisors may not be best individuals to formally assess or manage the health of a Fellow. The TD/ATD should discuss the concerns with the fellow and confirm the observations of others. If the TD/ATD questions the ability of the fellow to effectively provide patient care and/or fully benefit from the training program due to suspected health reasons, the fellow should be placed on administrative status until the fellow is cleared for duty. It is critically important to address these concerns directly, but with kindness and tact. Fellows are likely to be embarrassed with these circumstances, and therefore it is critically important to make these process as non-punitive as possible.

Fellows may seek external professional assessment, as approved by facility leadership and human resources. Alternatively, the TD/ATD may consult Office of General Counsel (OGC), Human Resources (HR), or Employee Occupational Health and request a wellness assessment or formal fitness for duty evaluation prior to returning to fellowship training. As noted above, latitude can be granted for rest and recovery. If a health condition is identified in an assessment, the Fellow has the right to request reasonable accommodation for their condition. Generally, when returning to duty after a period of absence, fellows should be cleared, at a minimum, by employee occupational health.

REASONABLE ACCOMODATIONS

Under federal law, employers are required to make reasonable accommodation for most health conditions, when requested by an employee/Fellow. In these circumstances, the TD/ATD will consult with the Executive Training Committee, ACOS (Associate Chief of Staff), OAA (Office of Academic Affiliations), Education Service, HR, Legal, and/or the Local Reasonable Accommodation Coordinator. Although core competencies and total training time must be achieved, there is often latitude and assistance available to support Fellows in completing their training programs. Note that a reasonable accommodation is considered when requested. The rules are clear that the Fellow/employee would initiate such a consideration with a request.

ETHICAL CONDUCT

The Bay Pines VA Healthcare System postdoctoral fellowship training program strives to produce an atmosphere of mutual respect, ethical practice and professionalism as guided by the American Psychological Association's ethical principles of psychologists and code of conduct (APA, 2012). Please review the content of the attached 2012 revision of the ethical principles of psychologists and code of conduct which is available online at [APA Ethics Code](#)

DUE PROCESS, REMEDIATION OF PROBLEMATIC RESDIENT PERFORMANCE, AND GRIEVANCE PROCEDURES

This section provides a definition of problematic fellow performance and how these situations are handled by the program, as well as a discussion of due process and grievance procedures.

The fellowship program follows due process guidelines to assure that decisions are fair and nondiscriminatory. During Orientation with the ATD, fellows review and discuss written information regarding expected performance and conduct; the evaluation process, including the format and schedule of evaluations; procedures for making decisions about problematic performance and/or conduct; remediation plans for identified problems, including time frames and consequences for failure to rectify problems and procedures for appealing the program's decisions or actions. At the end of orientation, fellows sign a form indicating that they have read and understood these policies.

Problematic fellow performance and/or conduct

The following describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic fellow performance:

Definition of problematic behaviors

Problematic behaviors are broadly defined as those behaviors that disrupt the fellow's professional role and ability to perform required job duties, including the quality of the fellow's clinical services; his or her relationships with peers, supervisors, or other staff; and his or her ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the fellow's inability or unwillingness to a) acquire professional standards and skills that reach an acceptable level of competency, or b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The Fellow does not acknowledge, understand, or address the problem.
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training.
- The Fellow's behavior does not improve as a function of feedback, remediation, effort, and/or time.
- The professional services provided by the Fellow are negatively affected.
- The problem affects more than one area of professional functioning.
- The problem requires a disproportionate amount of attention from training supervisors.

Some examples of problematic behaviors include:

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

- Repeated tardiness.
- Unauthorized absences.

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA policies and procedures.

Remediation of problematic performance and/or conduct

It should be noted that every effort is made to create a climate of access and collegiality within the program. The ATD is actively involved in monitoring the training program and frequently checks informally with fellows and supervisors regarding fellows' progress and potential problems. In addition, regular general postdoctoral training subcommittee are held once a month to provide another forum for discovery and resolution of potential problems. Fellows are encouraged to raise concerns with the ATD as they arise. It is our goal to help each fellow reach their full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The general postdoctoral training subcommittee consists of the ATD, and all general postdoctoral supervisors involved in fellowship training. This subcommittee meets once per month to discuss training issues, attainment of postdoctoral competencies, and programmatic development. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Fellows also receive direct feedback from their primary supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout each year. All written evaluations become a part of the fellow's permanent file with the psychology section. These records are maintained by the ATD and are kept in secure, locked cabinets or in secure electronic folders.

Fellows are continuously evaluated and informed about their performance about achieving the training aims and competencies of the program. It is hoped that fellows and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the fellow and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although fellows are formally evaluated at regular intervals (see previous section on the evaluation process), problematic behaviors may arise and need to be addressed at any given time.

If the Fellow fails to meet expectations at the time of the written evaluation, or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct would be implemented. These include:

- 1.) Supervisor meets with ATD, Psychology Training Director and/or training committee/subcommittee to assess the seriousness of fellow's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.
- 2.) After a thorough review of all available information, the ATD, Psychology Training Director, supervisor and/or training committee/subcommittee may adopt one or more of the following steps, as appropriate:
 - A.) No further action is warranted.

B.) Informal remediation – the supervisor(s) may seek the input of the training committee/subcommittee or Chief of MH&BSS and decide that the problem(s) are best dealt within ongoing supervision.

C.) Formal remediation – This is a written statement issued to the Fellow which includes, but is not limited to, the following information:

- A description of the problematic behavior(s)
- Documentation that the Chief MH&BSS, Psychology Training Director, ATD and training committee/subcommittee is aware of and concerned about the problematic behavior(s) and that this has been discussed with the Fellow
- A remediation plan to address the problem(s) within a specified time frame.

Remediation plans set clear objectives and identify procedures for meeting those objectives.

Possible remedial steps include but are not limited to:

- Increased level of supervision, either with the same or other supervisors.
- Additional readings or classes.
- Changes in the format or areas of emphasis in supervision.
- Recommendation or requirement of personal therapy, including clear objectives which the therapy should address.
- Recommendation or requirement for further training to be undertaken.
- Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution).
- Requirement that an element of a rotation be repeated and or involvement with legal representatives.

The Fellow is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, ATD, Psychology Training Director and Fellow will meet to discuss Fellow's progress at a specified reassessment date. The ATD documents the outcome and gives written notification to the Fellow and Supervisor(s), Psychology Training Director, and Chief MH&BSS. VA Office of Academic Affiliations (OAA), the facility Education Service/DEO and Human Resources will also be notified when a formal remediation plan has been implemented and may be utilized by the program for further consultation. ***If the General Postdoctoral Psychology ATD is in a dual role of also being the Fellow's Primary Supervisor, the Psychology Training Director will assume the administrative role of ATD for the Formal Remediation Plan and Process to eliminate bias and promote fairness.

Probation notice

This step is implemented when problematic behavior(s) are deemed to be more serious by the ATD, Psychology Training Director, Chief of MH&BSS and training committee/subcommittee and/or when repeated efforts at remediation have not resolved the issue. The fellow will be given written statement that includes the following documentation:

- A description of any previous efforts to rectify the problem(s)
- Notification of and/or consultation as required with Education/DEO, COS, OAA, APPIC, HR, Legal and other resources (e.g., VAPTC) regarding further courses of action
- Specific recommendations for resolving the problem(s)
- A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the fellow is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor(s), TD, ACOS, fellow, and a representative from OAA or Education Service or HR (optional) and Legal will meet to discuss fellow's progress at the end of the probationary period. The TD documents the outcome and gives written notification to fellow, supervisor, ACOS, VA OAA, Education Service, and the facility Chief of Human Resources.

Termination

If a Fellow on Probation has not improved sufficiently under the conditions specified in the probation notice, termination will be discussed by the TD, training committee and ACOS, as well as OAA, Education Service, the facility HR Chief and if required, APPIC/APPCN and Legal. In some circumstances a fellow may choose to withdraw from the program rather than being terminated. The final decision regarding the fellow's passing is made by the TD and ACOS/Chief of Psychology, based on the input of the TC and other governing bodies, and all written evaluations and other documentation. If it is decided to terminate the fellowship, the fellow will be informed in writing by TD that he/she will not successfully complete the Residency. The fellow, VA OAA, Education Service, APPIC/APPCN and HR will be informed of the decision in writing.

All documentation related to the formal and informal remediation process becomes part of the Fellow's permanent file with the psychology section. These records are maintained by the TD and are kept in secure, locked cabinets or in secure electronic folders.

Unethical or illegal behavior

Any illegal or unethical conduct by a fellow will be brought to the attention of the ATD, Psychology Training Director, and ACOS who will document the issue in writing, and consult with the appropriate parties, depending on the situation (see description below).

Examples of significant infractions include but are not limited to:

- 1.) Violation of ethical standards for the discipline, for the training program, or for government employees.
- 2.) Violation of VA regulations or applicable Federal, state, or local laws.
- 3.) Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

Depending on the situation and the time sensitivity of the issues, the ATD and TD may consult with the ACOS, OAA, Education Service, training committee, APPIC/APPCN, HR and or Legal to get further information and/or guidance. Following review of the issues, the training committee may recommend either informal resolution steps, formal remediation procedures, formal probation, or termination of the fellow from the program. Probationary status will be communicated to the fellow, VA OAA, Education Service, APPIC/APPCN and HR in writing and will specify all requisite guidelines for successful completion of the program. Any violations of the conditions outlined in the probation notice will result in the immediate termination of the fellow from the program.

The ATD and TD may also consult with the TC, ACOS, Human Resources, APPIC/APPCN, Legal/regional counsel, other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, Education Service in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the ATD and TD may immediately put the fellow on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the fellowship program may be required to alert other professional organizations (e.g., APPIC/APPCN, APA, state licensing boards) regarding unethical or illegal behavior on the part of a Fellow.

As described in the previous section on remediation of problematic performance and/or conduct, at any stage of the process, the fellow may request assistance and/or consultation outside of the program and utilize the resources listed above.

All documentation related to serious infractions becomes part of the fellow's permanent file with the psychology service. These records are maintained by the ATD and kept in secure, locked cabinets or secure electronic folders.

Regrettably, you may observe poor professional conduct, disregard for hospital procedures/policies or possibly ethical or illegal misconduct on the part of another member of the hospital staff. Should this occur, seek immediate consultation from a member of the psychology staff to assist you with assessment, understanding and any subsequent action that may be indicated. Be aware that the hospital has mandatory reporting procedures for patient abuse/exploitation.

GRIEVANCE

Although infrequent, differences in perspective may arise between a fellow and a supervisor or another medical staff member, which do not appear resolvable at the supervisor/staff-fellow level. Should this occur, the following procedures can be followed by a fellow:

- 1.) The fellow will meet individually with the Training Director/ATD within 1 week of reporting grievance to discuss grievance and explore strategies to resolve disagreement/conflict/grievance at the fellow-supervisor/staff member level. Should the conflict exist between the Fellow and the Training Director or ATD serving as a primary supervisor on a research project or within a rotation, the fellow will meet individually with the other ATD/TD and/or Chief of MH&BSS. If grievance cannot be satisfactorily resolved by all parties at this level within 10 working days...
- 2.) The fellow and supervisor will meet with the Training Director (or alternate ATDs or Chief of MH&BSS if required due to TD or ATD conflict) to allow assessment of the problem. If satisfactory resolution has not been reached within 10 working days....
- 3.) The fellow and supervisor will meet with the executive training committee, made up of the Training Director (TD), Assistant Training Directors (ATDs), Assistant Chief of Community Reintegration and Recovery Service and the Chief of MH&BSS to attempt to develop a workable solution. If satisfactory resolution has not been reached within 10 working days....

4.) The supervisor and fellow will meet with a fully convened psychology training committee. The committee will then attempt to develop a workable solution. If satisfactory resolution has not been reached within 10 working days....

5.) the supervisor and fellow will meet with the Chief, Mental Health & Behavioral Sciences Service (MH&BSS) who will review all pertinent data and make a final determination. If the Chief, Mental Health & Behavioral Sciences Service's decisions are unacceptable to either individual, the Chief, (MH&BSS) will outline any further options available as per local and VHA policy.

At any stage of the process, a fellow may request additional assistance and/or consultation; please see section below on grievances. Fellows may also 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

[Office of Resolution Management, Diversity & Inclusion \(ORMDI\)](#)

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. These services and programs include:

- Prevention: programs that ensure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
- Early Resolution: ORM serves as a resource for the resolution of workplace disputes. 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. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator 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. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
- Equal Employment Opportunity (EEO) Complaint Processing

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 Fellowship training year.

[APPIC Problem Consultation](#)

Informal Problem Consultation (IPC) Jason Williams, Psy.D. (720) 777-8108

Chair, APPIC Board of Directors

Formal Complaints Elihu Turkel, Ph.D.
Chair, APPIC Standards and Review Committee
turkel@lij.edu

APA Office of Program Consultation and Accreditation:

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979
[APA Accreditation](#)

Independent legal counsel

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

PREVIOUS TRAINEES

Applications are encouraged from all geographical areas. In recent years, Fellows have been enrolled from a variety of university and professional school settings throughout the United States including Florida Institute of Technology, Florida School of Professional Psychology, Illinois School of Professional Psychology at National Louis University, Nova Southeastern University, University of Buffalo – SUNY, University of Missouri – St. Louis, Saint Mary’s University of Minnesota

Such diversity in training, theoretical perspectives, cultural experiences, and interests enhances our program and ensures both challenging and valuable professional growth for our Fellows.

GRADUATES OF BAY PINES FELLOWSHIP

Of particular interest to applicants is the successful transition of our graduating Fellows to professional positions. Former Fellows are now employed in a variety of institutional and private practice settings in the Tampa Bay area, as well as in several other areas of the country.

TABLE C-23-P: POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: 08/15/23

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
N/A	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

We are recruiting current doctoral level graduate school applicants who will have completed their doctoral program prior to the start of the postdoctoral training year. Prospective fellows should have solid foundational training and experience in both intervention and assessment at the internship and practicum level, be interested in learning and motivated to develop professional competencies in the practice of psychology during the fellowship year. We adhere to a Scholar-Practitioner model which supports the mutual integration of science and practice by promoting a scientific attitude and approach to clinical activities. The training focus is on direct clinical work that is informed by evidenced based practice. It is our goal to expose fellows to a diverse patient population, offer supervision and training in multiple intervention and assessment techniques, models, and theoretical viewpoints, all supported by the relevant scientific literature. Further, postdoctoral fellows receive specialized training in an area of emphasis, either trauma-related or substance abuse treatment. Based upon this philosophy, fellows receive broad, comprehensive training with one of the aforementioned emphases, in preparation for entry-level, generalist practice in professional psychology.

Describe any other required minimum criteria used to screen applicants:

Our initial screening procedures of the applicants’ submission through the APPA CAS system include a review of graduate program accreditation status, status of dissertation or doctoral-level project, and status of progress during predoctoral internship. In addition, because fellows are considered Federal employees, we screen for the following federal hiring requirements:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee.

Financial and Other Benefit Support for Upcoming Training Year*

Bay Pines VA Psychology Postdoctoral Fellowship Training Program

Annual Stipend/Salary for Full-time Residents	\$52,005	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	Yes=1	0
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes=1	0
Coverage of family member(s) available?	Yes=1	0
Coverage of legally married partner available?	Yes=1	0
Coverage of domestic partner available?	0	No=1
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	13	
Hours of Annual Paid Sick Leave	13	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes=1	0
Other Benefits (please describe): 11 Federal Holidays off; up to 8 days authorized absence for approved professional activities (e.g., conferences, workshops, job interviews, etc.), health, vision and dental insurance benefits.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Fellowship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2022	
Total # of Fellows who were in the 3 cohorts	12	
Total # of Fellows who remain in training in the Fellowship program	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	10
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	1
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0

Bay Pines VA Psychology Postdoctoral Fellowship Training Program

Independent practice setting	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral Fellowship position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

