James Haley Veterans' Hospital and Clinics Tampa

Rehabilitation Psychology Residency Program

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Welcome!

Hello and thank you for your interest in the Tampa VA! We are a large and diverse program which has been APA-accredited since 2012, and is based at one of the VA system's flagship medical centers. Our program has a strong reputation for training in rehabilitation across a variety of settings, including SCI/D, ALS, neurotrauma, general medical, chronic pain, and mTBI rehabilitation units, research, and development of world-class rehabilitation psychology professionals. We are also proud to be part of the dynamic Tampa Bay area, one of the country's fastest-growing metropolitan areas and a region known for its world-class beaches, amazing cuisine, and temperate Florida living (and #ChampaBay). Take a moment to review our materials, and please feel free to contact Dr. Duchnick with any questions (Jennifer.Duchnick@va.gov). Our program faculty look forward to meeting you!

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Program Facts At-A-Glance

Program TD
Jennifer Duchnick, Ph.D., ABPP-RP
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Applications Due
January 1st

Memberships
APA-Accredited (next visit in 2029)
CRPPTP Member

Stipend and Benefits
$52,005 1st year and $54,816 2nd year as well as:
-Health insurance coverage available
-11 paid federal holidays
-13 vacation days and 13 sick days
-5 days of authorized absence for professional activities
-Free onsite parking
-Individual private office space
-Great weather, world-class beaches, and a thriving restaurant scene

How to Apply
Applications are online through the APPA-CAS (APPA CAS Postdoc Online Application (appic.org)

Program Websites
https://www.appic.org/Postdocs/Universal-Psychology-Postdoctoral-Directory-UPPD/Detail/id/2248

Psychology Training - Internship & Residency Programs | VA Tampa Health Care | Veterans Affairs

Accreditation Status

The two-year Rehabilitation Psychology Postdoctoral Residency at the **James A. Haley Veterans' Hospital, Tampa** is accredited by the Commission on Accreditation of the American Psychological Association.
The next site visit will be in **2029**.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Application & Selection Procedures

Applications due: January 1

ELIGIBILITY

1. United States citizenship.
2. Obtained a doctoral degree from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Clinical-School/Counseling-School Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Clinical-School/Counseling-School Psychology are also eligible.
3. Completed an APA -accredited psychology internship or a VA-sponsored internship.
4. For males -- have registered with the Selective Service System before age 26.
5. Residents are subject to fingerprinting and background checks.
6. Residents must meet physical and health requirements as part of the onboarding process. This information is treated as confidential and can be verified via source documentation or a statement from a healthcare professional attesting that the resident meets the health requirements for VA training (: Trainee Qualifications and Credentials Verification Letter (TQCVL) - Office of Academic Affiliations (va.gov)). Residents are also subject to random drug screening (VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees).

Health Professions Trainees (HPTs) 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 the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

HPTs directly paid by VA are appointed under authority 38 USC 7405 subsection (a)(1) for a temporary period, not to exceed one year (2080 hours or less). All direct VA-paid HPTs, to include interns, residents, fellows, externs trainees, and students, shall be appointed in one-year intervals, renewable on an annual basis for no more than three years. Refer to the Paid AH and Nursing HPT Appointment Schedule Guidelines for updates.

a. *A Trainee Qualifications and Credentials Letter (TQCVL) is required prior to all initial and subsequent HPT appointments.*
b. *HPTs appointed for 90 days or more and who participate in training a minimum of 130 hours per month mee the eligibility requirements for Federal Employee Health Benefits (FEHB). HPTs can enroll in FEHB on their first day at VA and be covered by the first pay period. If there are additional questions, please contact your local HR staff.*
   Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations

See https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf for a full description of eligibility criteria (Am I Eligible? Checklist for VA HPTs).

The Department of Veterans Affairs is an Equal Opportunity Employer. Women and minority applicants are particularly encouraged to apply.

Application Packet

1. A letter of application outlining specific training goals and long term professional goals, and how these goals fit our particular training program.
2. A detailed vita or resume describing background, training and experience, a description of internship, and other scholarly activity and research.
3. A brief (one paragraph minimum) statement detailing your experiences with and/or commitment to diversity.
4. Three letters of recommendation. At least one of these must be from an internship supervisor.
5. A letter sent from the internship Training Director indicating that an APA-accredited internship will be completed before September 1.
6. A letter sent from the APA-accredited graduate program Training Director indicating that the Ph.D./Psy.D. has been awarded or that all degree requirements will be completed before September 1.

Applications packets and letters of recommendation must be submitted electronically via the APPIC site: https://appicpostdoc.liaisoncas.com/applicant-ux/#/login

Questions to:

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Mental Health and Behavioral Sciences (116A)
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Phone: (813) 972-2000 x 3769
Email: Jennifer.Duchnick@va.gov

Application packets must be complete by January 1st. Earlier submissions are preferred.

SELECTION PROCEDURES

We have two postdoctoral residents and one opening per year. Each resident completes two full years. Application materials will be reviewed for completion. A selection committee composed of post-doctoral rotation supervisors and current residents will review and rank order all completed applications. Offers will extended via email to top candidates to participate in **virtual interviews**. The structured interviews are conducted by two faculty members and one current resident, and typically last 45 minutes. During the interview, applicants are asked to respond to general questions related to their prior experience, training, diversity, and career goals. In addition, applicants are asked to respond to 2-3 performance-based interview questions.

Please note that the residency program is available only to U.S. citizens who have graduated from an APA-, CPA-, or PCSAS-accredited graduate psychology program and completed an APA- or CPA-accredited, or VA-sponsored internship program. We strongly encourage applications from candidates from underrepresented groups. The Federal Government is an Equal Opportunity Employer. The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

Our program has a strong commitment to, and interest in, diversity issues. Our diversity training has several arms: 1) a bi-weekly diversity seminar that follows a format of educational information and discussion/experiential process of diversity issues, which is overseen by a diversity planning committee; 2) integration of diversity topics on rotations with a focus on discussion of diversity topics/research within that area of practice; and 3) a focus on recruitment and retention of diverse trainees and staff. In addition, the MH&BSS has a multidisciplinary Diversity and Inclusion Committee that provides diversity training, peer consultation & support, hiring/retention consultation, and dissemination of diversity-related information to the Service. As part of our selection process, we also evaluate each candidate's provided response regarding their experiences with diverse populations and commitment to diversity/inclusion.

Program Setting

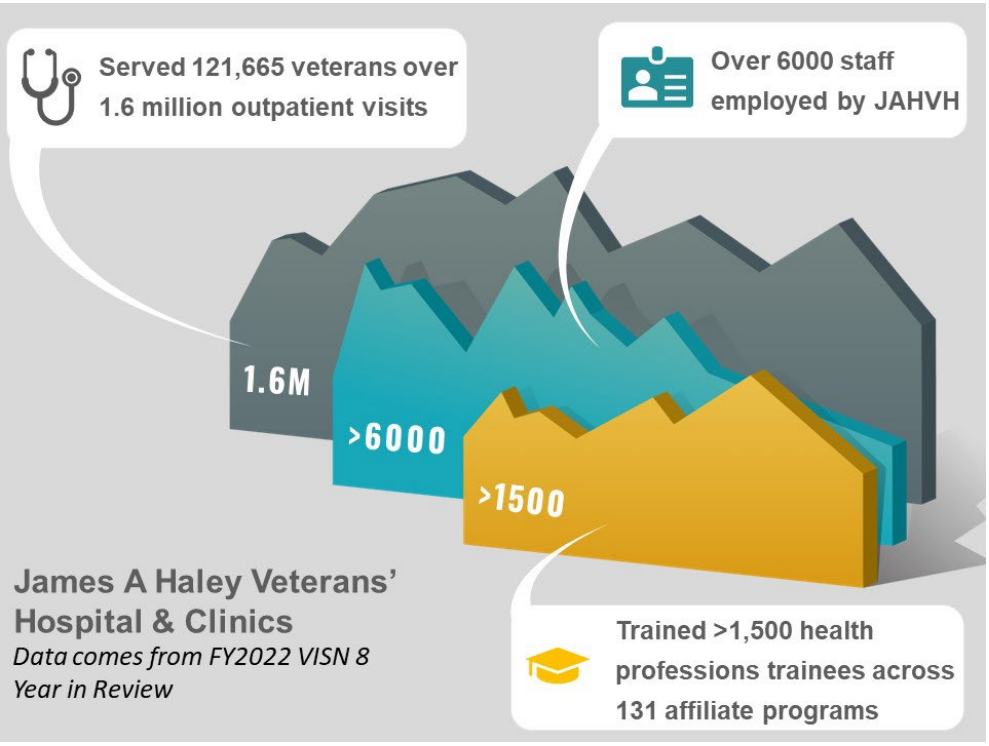
JAMES A. HALEY VETERNS HOSPITAL

The James A. Haley Veterans' Hospital (Tampa VAMC), a JCAHO accredited hospital, is a 415 bed Level 1a facility that provides comprehensive inpatient, primary, secondary, and tertiary care in medical, surgical, neurological, rehabilitation, and short-term psychiatric modalities; primary and specialized ambulatory care; and rehabilitation nursing home care through its 118-bed nursing home care unit.

Specialized programs are offered in treatment of chemical dependency, post-traumatic stress, comprehensive rehabilitation, and women's health. The hospital is one of five VA Polytrauma centers.

The Tampa VAMC also has an established Clinical Center of Excellence in Spinal Cord Injury/Disease, ALS, and MS. In addition, the medical center has six outpatient clinics that are located in New Port Richey, Brooksville, Lecanto, Zephyrhills, Lakeland, and Riverview. Our medical center provides healthcare services to Veterans and TRI-CARE patients in central Florida. The medical center is one of the busiest in the VA healthcare system of 150+ hospitals, treating 10,534 inpatients and providing 450,187 outpatient visits.

The facility has a national reputation for excellence. In 1997, the hospital was awarded the Robert W. Carey Award for quality as well as the National Partnership Award for staff/leadership relationships. In 1998, we received a Merit Achievement for the President's Quality Award. These are the highest awards bestowed upon a VAMC.



The medical center is affiliated with the University of South Florida (USF) and its College of Medicine. The university is the 16th largest educational center in the nation and provides all facilities and resources typical of a large metropolitan university. The medical center's dynamic and progressively expanding postgraduate teaching program encompasses most of the healthcare specialties. Approved programs are conducted in Audiology and Speech Pathology, General Surgery, Internal Medicine, Neurology, Nursing, Ophthalmology, Orthopedics, Otolaryngology, Psychiatry, Psychology, Radiology, Pathology, Social Work, and Urology.

PSYCHOLOGY SERVICE

The Psychology Service is comprised of over 120 doctoral level psychology staff representing a variety of theoretical orientations and specializations. Psychologists have major leadership roles within hospital clinical and research programs and have recognized national expertise and leadership within VHA as well as state and national psychology organizations. Many staff hold faculty appointments at the nearby University of South Florida. Staff psychologists have authored textbooks, written numerous professional articles, and developed or helped develop prominent psychological tests. In addition, psychologists have served on national VHA Work Groups, Polytrauma Task Forces, and QUERIs.

The Psychology Service plays an integral role in the hospital's training function. The hospital and the Psychology Service are pleased to have the opportunity to contribute to the professional development of interns and residents. Their presence stimulates and enhances our services to the thousands of patients who are entrusted to us for effective and caring treatment. In return, we believe that the rich training experience at our hospital, and at our affiliated institutions, will make a vital contribution to your professional growth and development.

The psychology staff regards the training of new psychologists as a serious responsibility, and this is demonstrated by a commensurate investment of staff time and energy in all facets of the training program. The didactic and clinical experiences of this program are designed to facilitate the professional attitudes, competencies, and personal resources essential to the provision of high-quality patient care in contemporary psychology service settings. As mentors, psychology staff members demonstrate, and encourage resident participation in, the professional roles of clinician, consultant, team member, supervisor, evaluator, and researcher. The professional growth and development of residents is enhanced by consistent supervision, varied clinical responsibilities with diverse patient populations, and ongoing didactic training.

In addition to our American Psychological Association (APA) accredited two-year Rehabilitation Psychology postdoctoral residency program (two residents), we also have an APA accredited psychology internship program (eight interns), a two-year Neuropsychology Postdoctoral Residency (4 residents) and a Clinical Psychology Postdoctoral Residency with emphases on pain/ psycho-oncology (2 residents), health (2 residents), trauma (2 residents), and community-based (2 residents) psychology.

TRAINING MODEL AND PROGRAM PHILOSOPHY

Our philosophy is that sound clinical practice is based on scientific research and empirical support. Our training model is the Scientist-Practitioner Model of Training – research and scholarly activities inform and direct clinical practice, and clinical practice directs research questions and activities.

PROGRAM GOALS & OBJECTIVES

The goal of the Rehabilitation Psychology Postdoctoral Training Program is to prepare residents for competent practice in the increasingly complex roles of Clinical or Counseling Psychologists in rehabilitation psychology settings. In particular, the Rehabilitation Psychology Postdoctoral Residency will emphasize addressing the needs of returning OEF/OIF veterans and active-duty military personnel. The didactic and clinical experiences of this program are designed to facilitate the professional attitudes, competencies, and personal resources essential to the provision of high-quality patient care in contemporary psychological services.

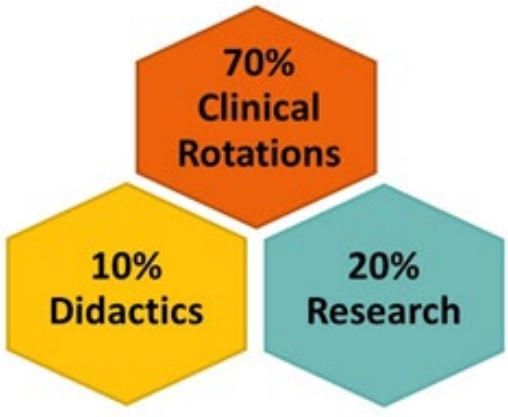
Core Competencies

Residents are expected to achieve competencies in these core areas: (a) integration of science and practice, (b) ethical and legal standards/policy, (c) individual and cultural diversity issues, (d) specialty identification and professional values/attitudes, (e) assessment/diagnostics of individuals and families experiencing adjustment and coping issues related to physical and cognitive impairment, ability limitation, and participation restriction, (f) therapeutic interventions and treatments appropriate for use with rehabilitation populations, (g) interprofessional consultation and communication, (h) advocacy/consumer protection, (i) management/administration, and (j) research. The American Board of Professional Psychology competencies for Rehabilitation Psychology guide the resident's development of a training plan and subsequent learning experiences, and competency in the specialty-specific areas as outlined by Stiers et al. (2015) is anticipated by program completion (http://www.apa.org/pubs/journals/features/rep-a0038353.pdf). This training program is intended to prepare residents to pursue ABRP membership and ABPP certification in Rehabilitation Psychology. While there are many opportunities to cross-train with Neuropsychology residents and gain exposure to neuropsychological assessment, this program alone will not meet the criteria for postdoctoral training necessary for ABCN certification.

Program Structure

TRAINING PLAN

An orientation period serves to familiarize residents with the Medical Center, the various treatment units, and the staff psychologists and their various roles. During this time, residents attend VA required New Employee Orientation sessions and also visit potential rotation sites and supervisors. Following the orientation period, the resident is requested to prepare his/her own training program proposal. The proposal indicates the rotations desired, research ideas and projects, didactic activities desired (above and beyond the required didactics), etc. The Director of Training and/or Assistant Training Director reviews the



proposal with the resident, taking into account the resident's prior experience and professional goals. When mutual agreement is achieved concerning the plan, it is reviewed with the Rehabilitation Psychology Postdoctoral Training Committee for approval. Residents may request training plan changes at any point during the program through the Director of Training. In order to offer each resident maximal exposure to a variety of patients and settings, training plans may allow rotations through a variety of service and training areas.

There are three major components to the training program:

(a) clinical rotations
(b) didactic seminars
(c) ongoing research activities

The clinical rotations allow practical application of past skills, current and prior didactic instruction, and ongoing competency development in assessment, intervention, and consultation, and the impact of ethics, law and human diversity issues on these professional activities. The didactic seminars are designed to provide an advanced level of training in neuropsychological and psychological assessment, interventions, advanced multivariate statistics, ethics, law, and human diversity issues. Postdoctoral residents may also play an active role in providing first line supervision and training to psychology interns (as available), under the overall supervision of their clinical rotation supervisor(s). This allows hands-on professional development in the areas of supervision and teaching, and furthers their professional development and sensitivity to ethical, legal, and human diversity issues. In addition, rehabilitation psychology postdoctoral residents are responsible for co-teaching portions of a rehabilitation psychology seminar in which they provide didactics well as arrange for others to present on selected topics. Again, this helps further their professional development in the area of supervision/teaching. Finally, research and scholarly activities are developed through required participation in a variety of research studies and involve critical literature reviews, statistical and methodological sophistication, and scholarly manuscript preparation.

ROTATIONS

During the two-years of training, residents complete four 6-month clinical rotations. In addition to the clinical rotations, residents attend training seminars and participate in research activities.

Most of the resident's time is spent in the clinical rotation.There are five 6-month clinical rotations from which the Resident must select four: a) Mild Traumatic Brain Injury Program, b) Polytrauma/TBI Transitional Rehabilitation Program, c) Interdisciplinary Pain Rehabilitation Programs, d) Spinal Cord Injury/Disorders Rehabilitation Program, and e) Acquired Brain Injury & General Rehabilitation. The sequence for the chosen rotations will be mutually determined by them and the Rehabilitation Psychology Postdoctoral Training Committee on the basis of availability during a given rotation period.

DIDACTIC SEMINARS

Rehabilitation Psychology Seminar (required):

This seminar meets weekly. Specific knowledge, skills, and attitudes for the rehabilitation psychologist will be acquired and enhanced through this seminar. The seminar objectives are to: 1) promote acculturation to the specialty of rehabilitation psychology, 2) assist residents in developing knowledge of and skills for the broad field of rehabilitation psychology, 3) enhance understanding and appreciation of diversity and ethics issues specific to rehabilitation psychology, and 4) model and promote the integration of research-based findings into clinical work (evidence-based practices). This seminar will include clinical vignettes mirroring the oral examination for board certification by the American Academy

of Rehabilitation Psychology. Each vignette requires the Resident to investigate relevant areas, draw conclusions based upon available information, and develop appropriate treatment interventions or planning.

Professional Development Seminar (required):

This seminar meets at least two times monthly and typically entails a discussion about various topics pertaining to professional development as a psychologist, such as developing an identity as a psychologist in a medical setting, job interviewing, preparing for licensure, dealing with client death, etc.

Diversity Seminar (strongly recommended)

This 1-hour seminar meets two Wednesdays of the month and provides a safe space for discussions and learning about culture, equity, inclusion, and diversity issues that impact the practice of Psychology and our veterans.

Optional seminars:

Neuropsychology Seminar (weekly), Clinical Psychology Postdoctoral Seminars (weekly); USF Department of Psychiatry Grand Rounds (monthly); Mental Health & Behavioral Science Service Grand Rounds (monthly)

RESEARCH

A number of Psychology Service staff maintain active involvement in clinical research, provide research consultation to other services within the VA and at the University of South Florida, serve on VA and USF research committees, provide reviews for a wide variety of professional journals, and serve on journal editorial boards and grant application review committees.

Residents are required to demonstrate competence in methods of scholarly inquiry by conducting and/or participating in a research project(s) within their special focus area. Residents are expected to participate in at least one research project. At a minimum, residents submit a scientific presentation to an annual professional meeting such as the Rehabilition Psychology Annual Conference, ACRM, APA, INS, NAN, AACN, American Pain Society, ASCIP, etc. Typically, these are then submitted to a journal for possible publication. Development of a grant proposal and submitting it for funding would also meet the research requirement. Residents wishing to do more are encouraged to do so. Several staff members are actively involved in funded research projects providing role models, research opportunities, supervision, and training for residents. Residents receive ongoing didactic seminars that integrate the scientific literature with their clinical case material and receive regular feedback on their developing competencies in critically reviewing, utilizing, and conducting scientific research.

Participation in research is an expected part of the postdoctoral years. Protected research time is available, with most residents having a 20% carve out. After completion of the research project requirement, residents may elect to re-allocate protected research time to clinical experiences.

DIVERSITY EXPERIENCES

In order to be responsive to our diverse patient population, we need to be fully responsive to and inclusive of diverse and capable staff and trainees. The James A Haley Veterans' Hospital Psychology Training Programs affirm our welcome of staff and trainees along the full spectrum of individual differences. We are committed to engaging individuals of historically under-represented backgrounds within our program. We have a diversity seminar planning committee within the psychology service that

provides information and learning activities to trainees and staff alike on various topics related to diversity. The Diversity Seminar, hosted by the Psychology Diversity Planning Committee, provides an opportunity for trainees to learn about diversity issues that may not be commonly experienced in clinical rotations or seminars. Topics have included mental health issues in Latinx individuals, mental health needs and barriers to treatment in transgendered individuals, and privilege and its effect on care delivery. We demonstrate respect and understanding of diversity via training we provide, including covering diversity issues in individual supervision, journal readings, etc.

Within the MH&BS Service, a Diversity and Inclusion Committee has been formed with multiple foci: addressing ongoing training needs of staff in the areas of diversity, equity, and inclusion; providing a safe space to have difficult discussions around diversity, equity, and inclusion; improving hiring and retention of diverse staff, dissemination of diversity-related information, and improving diversity-sensitive care for veterans. We have several staff members who have specific interest in mentoring multicultural, ethnic/racial minority and/or LGBT trainees. We also have staff who have clinical caseloads consisting of primarily Hispanic patients (Spanish speaking), LGBTQ patients, and transgender patients. All rehabilition program staff also offer training opportunities related to working with individuals with physical disability. We have staff who belong to the hospital's LGBTQSA committee. Here is information on our hospital's LGBTQSA Emphasis Program: https://www.tampa.va.gov/services/lgbtqveterans.asp. Its mission is to identify and address barriers, stereotypes, and other related issues in the workplace, foster allies, increase awareness of health care issues, and advocate for a caring, respectful and welcoming environment for our LGBT Veterans, family members and employees. We have staff who have completed specialized training to work with transgender patients (SCAN-ECHO).

The James A Haley Veterans' Hospital similarly values diversity in trainees and has several programs/initiatives to honor the diversity of our hospital staff. To this end, the hospital has established policy on promoting and honoring diversity and has developed a Diversity Inclusion & Advisory Council comprised of a Chair, Vice Chair (Hospital Associate Director); the EEO Manager, Cultural Competency Coordinator and the following Special Emphasis Program Managers: Federal Women's; Asian American/Pacific Islander Program; Hispanic Employment, African American Employment, Native American Employment, Persons with Disability Employment Program and the Lesbian, Gay, Bi-Sexual, Transgender, Queer, Straight Ally Program (LGBTQSA). The Council reviews and evaluates proposals and planned Special Emphasis Program Observances activities. The Diversity Inclusion & Advisory Council ensures that the specific planning events and activities are addressed as well as to include EEO & Diversity Inclusion training. Observance events include the African American/Black History Month (February 1-29), Women's History Month (March 1-31), National Disability Employment Awareness Month (October 1-31), Asian Pacific Heritage month (May), Native American Heritage Month (November) and LGBT Pride (June). Participation in the SEP observances benefits employees through increasing their personal awareness and developing cultural competencies throughout the year. The goal is to sustain a productive, diverse, and engaged workforce through our commitment to enhance employment, training and career advancement opportunities; allowing us to provide outstanding service to Nation's Veterans and their families. The JAHVH is also proudly one of 96 VA facilities to achieve the Human Rights Campaign's Healthcare Equality Index Leader status since 2013, proving that it promotes an equitable and inclusive care environment for LGBT patients, their families, and employees.

SUPERVISION RECEIVED

In helping residents acquire proficiency in the core competency areas, learning objectives are accomplished primarily through experiential clinical learning under the supervision and mentoring of licensed psychologists. All work performed by residents during the year must be under the supervision

of a licensed psychologist. Essentially, residents are involved in the day-to-day demands of a large psychology service. Residents work with and are supervised by psychologists who serve as consultants to medical staff members or who serve as members of multidisciplinary teams in treatment units or programs. As a consultant or team member under supervision, the resident's core competencies are developed, and the resident learns to gradually accept increasing professional responsibility. The residency is primarily learning-oriented, and training considerations take precedence over service delivery. Because residents enter the program with varying levels of experience and knowledge, training experiences are tailored so that a resident does not start out at too basic or too advanced a level.

Residents receive a minimum of two hours of supervision each week; however, typical supervision includes 2-3 hours on their rotations and 1-2 hours from other activities (e.g., group supervision, supervision of research). Rotation supervision is dyadic supervision of a clinical nature and includes discussion and development of core competency areas. Complementing basic supervision, through the process of working closely with a number of different Psychology Service supervisors, residents are also exposed to role modeling and mentoring on an ongoing basis. In addition to the above supervision, residents also receive didactic seminar presentations on topics related to their training.

TIME COMMITMENTS

The postdoctoral residency is minimum of 40 hour per week. Typically, residents have 2-4 hours of supervision as part of their rotation and group supervision within the seminars.

Training Experiences

ROTATION DESCRIPTIONS

Acquired Brain Injury & General Rehabilitation:

This rotation involves particpation in a multidisciplinary approach to rehabilitation within the context of two distinct rehabilitation teams: 1) Polytrauma/TBI Rehabilitation and 2) General Rehabilitation. The main focus of this rotation is to gain experience in evaluating and treating patients experiencing both acute and chronic medical conditions that impact mood and function. Post-doctoral residents will primarily work within a rehabilitation psychology context, though opportunities to complete cognitive screenings and capacity evaluations will be available. Postdoctoral residents are also required to complete readings (e.g., empirically based journal articles, book chapters, journal club) in order to gain a better understanding of medical conditions, behavioral syndromes, prognostic indicators, appropriate assessment measures, and brief psychological interventions associated with each of these populations.

POLYTRAUMA/TBI REHABILITATION
Tampa VA is one of 5 lead VA TBI & Polytrauma Rehabilitation Centers (https://www.polytrauma.va.gov). These lead sites are also involved in a Department of Defense funded TBI program, DVBIC (http://www.dvbic.org) and with the TBI Model Systems. Our 18-bed unit provides comprehensive rehabilitation services to active-duty service members and veterans following polytrauma injuries and/or moderate/severe TBI (including disorders of consciousness). The unit also includes patients with a variety of neurological and physical injuries, including stroke, anoxia, brain tumors, mTBI, hydrocephalus, and viral encephalopathy. Cases are typically acute and/or severe in nature resulting in longer lengths of stay (i.e., months). The Resident functions as part of a multidisciplinary team to help identify psychological and/or psychosocial issues that may impact the

patient's rehabilitation process and adjustment to disability. This may include interview, collateral interview, review of records, and/or brief evaluation instruments. The Resident also provides individual therapy and behavior analytic services, as appropriate to the level of cognitive functioning of the patient, and coordinates interventions with other care providers to manage emotional or behavioral issues. The Resident may also provide education and supportive therapy to family members, coordinated and in conjunction with the team's Family Therapy services, to facilitate appropriate family involvement in care, adjustment to the rehabilitation environment, and family adjustment to injury and prognosis. Opportunites to facilitate existing and/or develop new group interventions will also be available.

GENERAL REHABILITATION
This is a 19-bed unit that admits a wide variety of medical populations for rehabilitation due to injuries suffered as a result of vascular insults, cardiac conditions, amputations, orthopedic injuries, or other complex medical conditions that have left them debilitated/deconditioned. While medical diagnoses are diverse, the majority of patients are male veterans ranging in age from 50-80 years old. Average length of stay is < 3 weeks. Responsibilities will include psychological assessment, report writing, brief psychotherapeutic interventions, making functional recommendations (behavioral treatments), and providing feedback to the team, patient, and family members.

By the end of the rotation, the Resident will demonstrate:

- Knowledge of the etiology and physical, cognitive, and psychosocial sequelae of acquired brain injuries, including common family reactions. Such knowledge is acquired through directed readings from the literature, scheduled supervision, and attendance at twice weekly Team Meetings.
- Knowledge of use of clinical interviews, observation of patients across settings, behavior analysis and administration of functional behavioral assessment tools.
- An evolving synthesis of the above to enhance the quality of care provided to patients by producing integrated psychodiagnostic reports and psychological treatment plans. Reports will include patients' histories, interview findings, behavioral observations, and results of assessment, with clear and concise recommendations. The resident is expected to complete one integrative written report per week on average.
- Advanced skills in providing individual and group interventions along with family support that address the broad range of psychological and psychosocial sequelae of acquired brain injuries along with normative, emotional adjustment to disability/medical illness. Skills are acquired through provision of individual and family support and education along with active utilization of supervision.
- Advanced skills in providing psychological intervention to patient populations typically seen within a general rehabiliation unit (e.g., amputation, orthopedic injuries, stroke, medical complexity, debility/deconditioning) , including management of premorbid mental health difficulties, decreasing barriers in order to optimize rehabiliation efforts, and addressing normative, emotional adjustment difficulties.
- His/her awareness of and sensitivity to multidisciplinary treatment team functioning and the role of Psychology in the acquired brain injury program as evidenced by quality of interactions with team members and discussions in supervision.

Interdisciplinary Pain Rehabilitation Programs Rotation:

Residents on the interdisciplinary pain rehabilitation programs rotation will gain exposure to the fundamentals of pain management. Training is comprised of 6 months in our interdisciplinary pain programs (inpatient Chronic Pain Rehabilitation Program and Pain Empowerment Anywhere Program). Training opportunities may vary depending upon availability of face-to-face services and will be tailored to the Resident's interests and training plan. During the 6-month interdisciplinary pain rehabilitation programs rotation, residents will also provide individual pain-focused psychotherapy to outpatients. Residents will gain experience providing evidence-based treatment for chronic pain using telemental health technology and may have opportunities to provide treatment in Spanish to Spanish-speaking patients. Throughout the year, Residents will also have exposure to evidence-based psychological interventions for sleep problems and may also have training in biofeedback, spinal cord stimulator evaluations, and observe chronic pain interventions (e.g., epidural steroid injections, trigger point injections, spinal cord stimulator implantation). Opportunities for additional experience in these areas are available and based upon the Resident's needs and training plan.

During the training year, Residents will receive advanced training and supervision in the VA's evidence-based psychotherapy for chronic pain, Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). A CBT-CP workshop is provided at the beginning of fellowship and supervision follows throughout the year by recognized Consultants and Therapists, which leads to advanced proficiency status in CBT-CP. While there is no guarantee of certification in CBT-CP, staff will assist in facilitating an application for equivalency status following demonstration of competency and completion of postdoctoral residency. Residents are expected to attend the CBT-CP training, if the training is offered/available.

The Inpatient Chronic Pain Rehabilitation Program (CPRP) is an award-winning, CARF-accredited, comprehensive, interdisciplinary, 3-week, inpatient treatment program established in 1988 to help veterans with chronic pain improve their quality of life with implementation of evidence-based treatment. As it is the only program of its kind in the VA system, the inpatient program accepts veterans and active duty service members from all 50 states. The CPRP serves as the primary setting for training in chronic pain assessment, evaluation, and treatment.

The **P**ain **E**mpowerment **A**nywhere (PEAK) Program is a comprehensive pain program delivered virtually through the James A. Haley Veterans' Hospital. It is the only national, virtually delivered interdisciplinary pain rehabilitation program available throughout the VHA and DoD. The PEAK Program shares the same active rehabilitation, whole person, and team-based approach to treating chronic pain that is embraced in the CPRP. Treatment is comprised of a unique blend of group and individual evidence-based modalities to empower all participants, including movement-based therapies (e.g., physical therapy, Tai Chi, adaptive yoga), behavioral strategies (e.g., pacing, mindfulness), vocational rehabilitation, occupational therapy, pain neuroscience education, recreation therapy, medical consultation, and family involvement. The program focuses on personal rehabilitation goals to optimize motivation, engagement, and success.

Residents in the CPRP and PEAK Program serve as integral members of these interdisciplinary teams comprised of physicians, nurse practitioners, physical therapists, occupational therapists, kinesiotherapists, recreational therapists, vocational rehabilitation therapists, and many others. Training will also entail conducting intake assessments and evaluations for patients entering these intensive programs, treatment planning with evaluation of individual goals, improving patient engagement in program requirements, regular individual psychotherapy, biofeedback, behavioral sleep interventions, family sessions, weekly psychoeducational groups, and facilitation of prehabilitation groups and graduates programming. Residents will also provide individual pain-focused psychotherapy to

outpatients and train in the outpatient medical pain clinic, where they will be involved in conducting local and long distance chronic pain screenings for propsective pain program candidates. Opportunities may also be available for Residents to provide supervision to psychology interns.

By the end of the rotation, the Resident will:

1. Develop the skills necessary to be able to identify the presence of a chronic pain syndrome in an individual with chronic pain using observational, historical, and interview data. This may be achieved by completing outpatient or video-based screenings of applicants to the pain programs during the rotation.
2. Demonstrate the ability to use selected pain instruments to identify any impediments to treatment and to develop a realistic rehabilitation plan. This may be demonstrated by writing assessment reports and including any major impediments to treatment, and providing recommendations regarding the best treatment approach based on the assessment data.
3. Develop a basic understanding of the pharmacology, physiology, and psychology of pain, along with an understanding of typical underlying medical conditions. This may be achieved by participating in pain patient staffings, observing physical medicine and neurological evaluations, and completing readings.
4. Learn the principles associated with the cognitive-behavioral treatment of chronic pain through participation in interdisciplinary team rounds, attending didactic seminars, leading or co-leading psychology groups, and completing assigned readings in the area of cognitive-behavioral pain treatment.
5. Demonstrate proficiency in consistency in applying behavioral principles and management to pain patients.
6. Demonstrate the ability to communicate effectively with members of the clinical team, which includes professionals from a wide variety of medical disciplines. Communicate patient needs/issues in team meetings. Work with other disciplines to implement behavioral strategies for patient care.

Spinal Cord Injury/Disorders Rehabilitation Rotation:

SCI/D psychologists and Residents function as members of the multidisciplinary teams and provide a full range of psychological rehabilitation services to Veterans and Active-Duty Service Members with a spinal cord injury or disorder. The primary training experiences are with the inpatient Acute Rehabilitation Treatment (ART) program including initial assessment, orientation and engagment with the acute rehabilitation program, and adjustment to disability. Residents will have opportunities to work with individuals served by other SCI/D teams (ALS, MS, Med/Surg, Vent Unit, Longterm Care Unit) to learn about post-acute rehabilitation outcomes, wound care, and other issues related to self-management psychological, and medical sequelea of SCI/D. Residents will also be involved in outpatient evaluations and intervention. There are opportunities to conduct neuropsychological evaluations particularly with our MS and ALS populations. If available, Residents may participate in the MS support group and/or the ALS Support group, assisting Veterans and their caregivers. Close involvement and consultation with the treatment team, including attendance at weekly team meetings and team rounds, is expected.

The Michael Bilirakis VA Spinal Cord Injury/Disorder Center includes 100 inpatient beds (Acute Rehab, Med/Surg, Vent Unit, and Longterm Care) and an outpatient clinic. The SCI/D psychologist helps to identify and conceptualize the nature of personality, emotional, cognitive, and psychosocial issues that may affect the individual's rehabilitation progress, adjustment to SCI/D, and quality of life. Common findings include mood and adjustment disorders; grief and loss; personality disorders/characteristics; cognitive impairment from concomitant head injury, hypoxia, or premorbid neurological disorder;

substance abuse/dependence; and changes in primary relationships/role functioning. Opportunities to conduct neuropsychological evaluations also exist, particularly with our MS and ALS populations. Therapeutic interventions may include brief series of problem-focused interactions, longer-term treatment of adjustment to disability, co-treatment interventions with nursing and rehabilitation therapy staff, and couples or family sessions.

By the end of the rotation, the Resident will demonstrate:

- Sound knowledge of the etiology and physical sequelae of SCI/D.
- Advanced knowledge of the cognitive and psychosocial sequelae of SCI/D.
- Sound clinical rationale for test selection and administration of cognitive and psychological assessment instruments with this specialized population.
- Advanced ability to produce integrative written reports of psychological evaluations and test results with recommendations for treatment and rehabilitation.
- Advanced ability to provide feedback about evaluation results to the veterans and active duty personnel, their families, and team members as appropriate.
- Advanced ability in providing psychotherapeutic interventions that address the broad range of psychological and psychosocial sequelae of SCI/D.
- The interpersonal skills necessary for consultative and collaborative endeavors in both clinical and research settings.

Polytrauma/TBI Transitional Rehabilitation Program (PTRP) Rotation:

This program serves active duty service members and Veterans impacted by the effects of polytrauma and/or Acquired Brain Injury (ABI). Brain injuries may be due to traumatic brain injury, stroke or other neurological conditions.The program is designed for medically stable individuals who have the potential for increased independence in areas of cognitive, behavioral, physical, emotional, social, vocational or educational functioning. Patients reside in transitional housing on the Tampa VA while participating in structured therapeutic activities. Additionally, an interdisciplinary virtual day treatment telehealth program is offered for patients who are residing in the community.The primary goals of the program are to improve the ability of persons served to: a) resume independent living, and b) resume participation in meaningful roles and activities in the community. Typical length of stay ranges from 3 - 6 months.

The Resident functions as an integral member of an interdisciplinary treatment team, meeting weekly with nursing, speech/language pathology, physical therapy, occupational therapy, social work, vocational rehabilitation, physiatry, and recreational therapy. The Resident helps to conceptualize the nature of cognitive, personality, and psychosocial issues that may affect the individual's progress in rehabilitation and adjustment to injury. Psychological evaluations are flexible and determined by patient's need and cognitive ability. Opportunities to conduct neuropsychological evaluations also exist, though rehabilitation evaluations and interventions are the primary rotation activities and will take priority. The Resident provides individual and group therapies to the patient, as well as consultation to other team members and significant others regarding management of cognitive, emotional, and/or behavioral difficulties of patients. Educational interventions are offered to family members to support family adjustment to injury. Patients may be coping with emotional reactions in response to trauma or injury-related changes. Other common issues may include reduced self-awareness of deficit areas, substance misuse, coping with behavioral sequalea of injury, changes in family relationships and social roles, and body image concerns. Residents may also have the opportunity (availability depends on infection control restrictions) to participate in situational assessments of patients within community-based settings, such

as on recreational group outings or occupational therapy community visits. The Resident may be involved in development and implementation of a behavioral plan to shape adaptive patient behavior, in conjunction with the treatment team and/or patient's family members. The Resident often has opportunity to collaborate with interdisciplinary team members in the community and clinic setting to refine interventions and develop greater appreciation for how change in environment impacts behavior. This understanding will guide the Resident in case conceptualization and treatment planning.

By the end of the rotation, the Resident will demonstrate:

- An advanced knowledge of common cognitive, behavioral, emotional, personality, and psychosocial issues related to brain injury and polytrauma.
- Sound clinical rationale for assessment methods and intervention techniques with this population.
- Advanced ability to integrate data from clinical interviews, psychological screening measures, collateral information, and milieu observations to produce written report of clinical findings and provide recommendations for treatment and rehabilitation.
- Advanced ability in providing consultation to interdisciplinary treatment team members regarding the implications and/or management of the patient's cognitive, behavioral, or emotional symptoms.
- Increasing independence in development of treatment plans for patients.
- Self-reflection on clinical strengths and weaknesses and diversity factors impacting work with patients..

Mild TBI Rotation

The main focus of this rotation is to gain experience in evaluating and treating patients experiencing both acute and chronic medical conditions that impact mood and function. Post-doctoral residents will primarily work within a rehab psychological format, though opportunities to complete neuropsychological evaluations may be available. Postdoctoral residents are also required to complete required readings (e.g., empirically based journal articles, book chapters, TBI journal club) in order to gain a better understanding of medical conditions, behavioral syndromes, prognostic indicators, appropriate assessment measures and brief psychological interventions associated with the patient population.

The inpatient mild TBI service occurs within the context of the Post-Deployment Rehabilitation and Evaluation Program (PREP). PREP is a CARF-accredited rehabilitation program for Service Members and Veterans with mild TBI. Patients admitted often present with a complex array of symptoms, including chronic pain, headaches, sleep problems, attention/concentration difficulties, somatization, and additional post-deployment stress (PTSD, depression) and adjustment difficulties. Residents will focus on cognitive-behavioral/behavioral techniques, including thorough clinical interview with an emphasis on understanding trauma index events, and an appropriate utilization of a variety of self-report mood and personality measures (PCL-5, PAI, CAPS-5, MMPI2-RF etc.). Residents will have the opportunity to co-facilitate a motivational enhancement group, with focus of interventions on preparation for future evidence-based psychological treatments. Residents will co-facilitate a mixed modalities pain group in which topics rotate, providing them with opportunities to lead pain psychology focused topics and shadow the medical and occupational therapy focused sessions. The resident will also manage an individual caseload, with emphasis on psychological assessment, provision of psychoeducation (regarding diagnosis and treatment options), motivational enhancement, and brief psychotherapeutic intervention. Regardless of format, treatment philosophy is based on Prolonged Exposure or Cognitive

Processing Therapy for PTSD. Residents must have formal training in PE or CPT and an interest in PTSD treatment in order to have a meaningful experience on this rotation; opportunities are typically available for doing this training while on PREP. Residents will also have the opportunity to provide Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). Residents may also participate in co-treatment with recreational therapy to reinforce importance of community reintegration and exposure to previously feared/avoided environments.

By the end of the rotation, the Resident will be able to:

1. Identify and describe common neurobehavioral and psychological syndromes (e.g., postconcussion syndrome, poor effort/malingering, depression, PTSD) or clinical problems specific to these populations.
2. Function effectively as a consultant to other health care providers in relation to psychological, social, and emotional issues associated with these clinical populations.
3. Demonstrate improved differential diagnostic skills, particularly in the accurate diagnosis of PTSD.
4. Describe the rationale behind evidence-based trauma focused treatment (PE and/orCPT)

Requirements for Completion

To successfully complete the postdoctoral residency, Residents are expected to:

(1) Competence: Demonstrate an appropriate level of professional psychological skill and competency; all elements across competency domains evaluated at the end of the program must be rated at least a 5 (see "**Evaluation Procedures**").

(2) Didactic Training: Residents are expected to attend the Rehabilitation Psychology Seminar and the Professional Development Seminar. Other seminars may include the Fundamentals of Neuropsychology Seminar, Neuropsychology Seminar, Clinical Psychology Seminar, Diversity Seminar, conferences or various seminars/lectures/ colloquia offered through the USF medical school (e.g., Psychiatry Grand Rounds, Neurology Rounds), Tampa General Hospital, Moffitt Cancer center, or other USF Departments such as Psychology, Gerontology, or Aging and Mental Health.

(3) Research/Scholarly Work: Submit for review a poster (final poster product must also be developed), platform presentation, or article based on the research they have been conducting as part of this postdoctoral residency.

(4) 4160 Hours over 2 years: The postdoctoral training program requires two years of full-time training to be completed in no less than 24 months (4160-hour appointment). On duty requirements include absences from the use of annual leave, holidays, authorized absence, and sick leave (residents must be on-duty and involved in training for at least 90% of their appointment).

(5) Patient Contact: Average 17 patient contact/care activity hours per week (i.e., "face-to-face" contact with patients or families for any type of group or individual therapy, psychological testing, consultation, assessment activities, including record review or report writing, or patient education). This experience meets Florida psychology licensing requirements (i.e., a minimum of 900 hours of patient contact/care activity hours per year).

EVALUATION PROCEDURES

Competency-Based Evaluation System: It is our intention that evaluation of postdoctoral residents' progress be open, fair, and part of the learning process. Residents are involved in all phases of evaluation from the initial concurrence with training goals through the final evaluation. Ongoing feedback during supervisory sessions is presumed and residents should request clarification from supervisors if there is uncertainty about progress.

To assist in our postdoctoral training and evaluation process, and to document the attainment of basic core competencies and outcomes, competency evaluations are conducted for the resident's clinical activities. The program utilizes a behaviorally-based model of evaluation with ratings based on the amount of supervision required for the resident to perform the task competently. In general, this rating scale (described below) is intended to reflect the developmental progression toward becoming an independent psychologist. Expectations for Postdoctoral Residents are as follows:

Goal for post-doctoral evaluations done at 12 months (completion of 1st year): 80% of all elements across competency areas will be rated at goal (3), including critical items. No elements will be less than 2 pts. below goal (described below):

Specialty competency in routine cases is on-level developmentally, concomitant with the expectations of a VA Staff Psychologist in independent generalist practice. Specialty competency in non-routine cases is emerging. Supervision resembles peer consultation in routine cases, but is prescriptive or in-depth as needed.

Goal for post-doctoral evaluations done at 24 months (completion of residency): All elements across competency areas will be rated at goal (5).

Specialty competency, even in non-routine cases, is demonstrated at an early-career specialist level concomitant with the expectations of a VA Staff Psychologist in independent specialty practice. While licensed, supervision is maintained due to trainee status. Supervision is devoted primarily to advanced, expert topics, and trainee maintains competency and autonomy in all but exceptional circumstances.

At the end of each rotation, in the judgment of his/her supervisor and the Postdoctoral Training Subcommittee, the resident is evaluated in each of the core competency areas and their components, with an expectation of satisfactorily progressing. The core competency areas are: 1) Integration of Science and Practice; 2) Ethical and Legal Standards/Policy; 3) Individual and Cultural Diversity; 4) Specialty Identification & Professional Values and Attitudes; 5) Assessment; 6) Intervention; 7) Interprofessional Consultation and Communication; 8) Advocacy / Consumer Protection; 9) Management/Administration; and 10) Research. To successfully complete the residency, all elements across competency areas will be rated at goal (5). Competency based ratings are as follows:

6. Advanced specialty competency is demonstrated, with skills comparable to a board-certified specialty practitioner. This is a rare rating that reflects collegial level of autonomy and competency at the expert level despite maintenance of required trainee role and expectations.

5. Specialty competency, even in non-routine cases, is demonstrated at an early-career specialist level concomitant with the expectations of a VA Staff Psychologist in independent specialty practice. While licensed, supervision is maintained due to trainee status. Supervision is devoted

primarily to advanced, expert topics, and trainee maintains competency and autonomy in all but exceptional circumstances.
(GOAL FOR END OF 24 MONTHS – COMPLETION OF RESIDENCY)

4. Specialty competency in routine cases is demonstrated at an early-career specialist level. Competency in non-routine cases or new populations is developmentally appropriate but without full autonomy. While potentially licensed, supervision is maintained due to trainee status. Supervision is largely consultative, and is only occasionally prescriptive or in-depth.

3. Specialty competency in routine cases is on-level developmentally, concomitant with the expectations of a VA Staff Psychologist in independent generalist practice. Specialty competency in non-routine cases is emerging. Supervision resembles peer consultation in routine cases, but is prescriptive or in-depth as needed.
(GOAL FOR END OF 12 MONTHS – COMPLETION OF 1ST YEAR).

2. Specialty competency is emerging. Generalist skills are implemented with ease, and specialty skills are developing with assistance. Supervision is generally routine and prescriptive, with occasional consultative supervision in clearly routine cases.

1. Competency attainment is below the expected developmental level. Remediation is indicated to accelerate specialty competency attainment (formal remediation plan may or may not be implemented).

Residents receive a formal evaluation (electronically completed and stored) from their rotation supervisor at the end of each rotation, as well as an intermediary evaluation at the mid-point of each rotation. The rotation mid-point evaluations are intended to be a progress report for residents to ensure they are aware of their supervisor's perceptions and to help them focus on specific goals and areas of work for the second part of the rotation. Final rotation evaluations will also provide specific feedback and serve to help the resident develop as a professional. Residents also provide a written evaluation of each rotation and supervisor upon completion of the rotation. This and the supervisor's evaluation of the resident are discussed by the resident and supervisor to facilitate mutual understanding and growth.

Upon completion of each rotation, copies of the resident's and the supervisor's final rotation evaluations are stored electronically.

Training Staff

All members of the Psychology training staff have clinical responsibilities. In addition, they all serve in a variety of other professional roles: as university faculty members, as office holders in professional organizations, as site visitors for national certification associations, in administrative roles within the hospital, and as researchers. The following is a brief description of our rehabilitation psychology training staff.

Nicolle Angeli, Ph.D. – Georgia State University, Clinical Psychology, 2010
Clinical Director, Inpatient Chronic Pain Rehabilitation Program
Primary clinical interests: Chronic pain, women veterans and chronic pain, comorbidities
Primary research interests: Pain treatment outcomes, comorbidities, treatment adherence

Julie Cessna Palas, Ph.D. - University of South Florida, 2017
Rehabilitation Neuropsychologist, Spinal Cord Injury Rehabilitation Program
Primary clinical interests: adjustment to disability/medical conditions, cognitive rehabilitation, multiple sclerosis
Primary research interests: multiple sclerosis quality of life outcomes, vocational rehabilitation in spinal cord injury

Jennifer Duchnick, Ph.D., ABPP (RP) - Auburn University, Clinical Psychology, 2001
Assistant Training Director, Rehabilitation Psychology Training Program
Rehabilitation Neuropsychologist, Polytrauma Transitional Rehabilitation Program
Primary clinical interests: Rehabilitation assessment and intervention, traumatic brain injury
Primary research interests: cognitive impairment, brain injury, spinal cord injury, rehabilitation outcomes

Milagros Evardone, Ph.D. – Texas A&M University, Clinical Psychology, 2009
Rehabilitation Psychologist, Polytrauma Transitional Rehabilitation Program
Primary clinical interests: gender differences in disability/rehabilitation and psychopathology, race/cultural factors influencing treatment
Primary research interests: gender differences, hormonal influences on behavior

Amanda Garcia, Ph.D. – University of Florida, Clinical Psychology, 2017
Neuropsychologist, Post-Deployment Rehabilition and Evaluation Program
Primary clinical interests: mild TBI, Language disorders

Erica Healey, Psy.D. –William James College, Clinical Psychology, 2015
Clinical Psychologist, Spinal Cord Injury Rehabilitation Program
Primary clinical interests: adjustment to disability, self-management of chronic health conditions, psychophysiology
Primary research interests: spinal cord injury outcomes, chronic pain, biofeedback

Alicia Kohalmi, Psy.D. – Adler University, Military Psychology, 2016
Clinical Psychologist, Post-Deployment Rehabilitation and Evaluation Program (PREP)
Primary clinical interests: Evidence-based treatment, PTSD, mTBI, and chronic pain.

Tracy Kretzmer, Ph.D. – University of Alabama at Birmingham, Medical Psychology, 2006
Clinical Neuropsychologist, Polytrauma and Rehabilitation Units
Primary clinical interests: Traumatic Brain Injury, Stroke, Emotional and Behavioral Sequelae following brain injury.
Primary research interests: Brain Injury Outcomes, PTSD, Sleep, Rehabilitation

Thomas M. Oswald, Psy.D. – Nova Southeastern University, Clinical Psychology, 2015
Rehabilitation Neuropsychologist, Polytrauma and Rehabilitation Units
Primary clinical interests: TBI, Stroke, General Rehab, Functional Neurological Disorder, & Team Dynamics

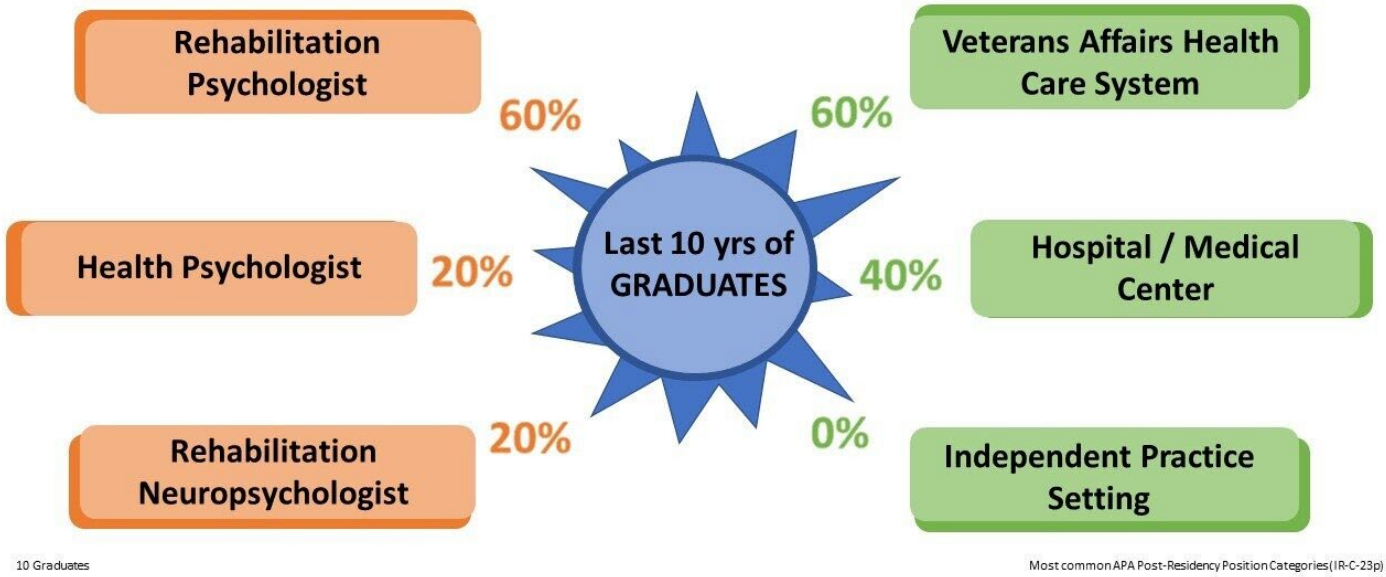
Lisa Ottomanelli, Ph.D. – Texas Tech University, Clinical Psychology, 1995
Clinical Psychologist, Research and Development Service, SCI/D Program
Primary clinical Interests: Spinal Cord Injury and Disorders, Rehabilitation, Disability
Primary research Interests: Interventional trials, SCI, Physical Disability, Vocational Rehabilitation and Community Reintegration

Marc A. Silva, Ph.D. – Marquette University, Counseling Psychology, 2010
Neuropsychologist, MHBSS Research Division
Assistant Professor, Department of Internal Medicine, University of South Florida
Assistant Professor, Department of Psychiatry and Behavioral Neurosciences, University of South Florida
Clinical and Research Interests: Brain Injury, Rehabilitation, Sleep

Christina Thors, Ph.D. -- Fordham University, Clinical Psychology, 2000
Rehabilitation Psychologist, Polytrauma Rehabilitation Center/TBI Inpatient Rehabilitation Program
Primary clinical interests: Adjustment to chronic illness, hearing loss, rehabilitation treatment outcomes

Jessica L. Vassallo, Ph.D., ABBP (CN) – Fairleigh Dickinson University, Clinical Psychology, 2004
Director, Psychology Training Programs
Clinical Neuropsychologist, Memory Disorder/General Neuropsychology Clinics
Primary clinical interests: Dementia, Capacity, Epilepsy, Neuropsychological Interventions, Healthy Aging

Postdoctoral Residency Admissions, Support, and Initial Placement Data



Our Postdoctoral Residency in Rehabilitation Psychology was established in 2008 and accredited as a specialty training program by the Commission on Accreditation of the American Psychological Association in 2012. Applicants have been students with Ph.D. or Psy.D. degrees awarded from programs located throughout the United States. Areas of study have been Clinical Psychology and Counseling Psychology. Following completion, residents have obtained full-time employment within Veterans' Affairs Medical Centers and community hospitals.

TRAINEES

Past Residents are listed below by year of beginning the program, graduate school, type of graduate program, degree earned, and prior internship site.

Year	Graduate University	Area of Prof	Degree	Internship Site
2012	Univ of Florida	Clinical	Ph.D.	Univ of AL-Birmingham Consortium
2013	Adler School of Prof. Psych.	Clinical	Psy.D.	Mount Sinai School of Medicine
2014	Drexel Univ	Clinical	Ph.D.	Tampa VA
2015	Univ of N Dakota	Clinical	Ph.D.	Battle Creek VA
2016	Univ of Mississippi	Clinical	Ph.D.	Univ of Florida Health Sciences
2017	MA School of Prof. Psych.	Clinical	Psy.D.	MO Health Sciences Consortium
2018	Univ of Mississippi	Clinical	Ph.D.	Univ of Florida Health Sciences
2019	Pepperdine Univ	Clinical	Psy.D.	Cleveland VA
2020	Indiana Univ of Pennsylvania	Clinical	Psy.D.	Miami VA
2021	Univ of AL-Birmingham	Clinical	Ph.D.	Milwaukee VA
2022	Florida State Univ	Counseling	Ph.D.	Central Texas VA

PROGRAM TABLES – ADMISSIONS, SUPPORT, AND PLACEMENT DATA

Date Program Tables are updated: 9/1/2023

Program Disclosures

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

Postdoctoral Residency 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:

Applicants must meet the following prerequisites to be considered for our program:

1. Obtained a doctoral degree from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Clinical-School/Counseling-School Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Clinical-School/Counseling-School Psychology are also eligible.
2. Completed an APA -accredited psychology internship or a VA-sponsored internship.
3. U.S. citizenship
4. For males -- have registered with the Selective Service System before age 26.
5. Matched interns are subject to fingerprinting, background checks, physical/health requirements and urine drug screens. Match results and selection decisions are contingent on passing these screens.

We seek individuals with sound clinical and scientific knowledge base from their academic program, strong foundational skills in assessment and intervention, and who are interested in learning and motivated to develop further professionally during the residency year. Our selection criteria are based on a "goodness–of–fit" with our scientist-practitioner model, and we look for residents whose training goals match the training that we offer. The aim of the program is to promote advanced competencies in our residents such that graduates are eligible for employment in public sector medical center settings serving specialized patient populations with rehabilitation needs as well as VA medical centers. Residents completing the program should have solid foundational preparation to initiate ABPP certification in Rehabilitation Psychology. We review applicants to our program using the following criteria: assessment and therapy experience, research experience, letters of

recommendation, professional development, responses to a performance-based interview scenario, commitment to and/or experience/interest in diversity, and interview/match with our program. Ideally, we are looking for individuals committed to a career in rehabilitation psychology and to pursuing board certification in that area. The James A Haley Veterans' Hospital in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status.

Describe any other required minimum criteria used to screen applicants:

The qualifications listed above in this brochure (see "Qualifications") are required of all applicants; applicants not meeting these qualifications will not be considered.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	**$52,005 (1st Year), $54,816 (2nd Year)**
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for residents?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	PTO/Vacation leave accrues at the rate of 4 hours every two weeks, amounting to 13 vacation days
Hours of Annual Paid Sick Leave	Sick leave accrues at the rate of 4 hours every two weeks, amounting to 13 sick days
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
Other Benefits (please describe): All Federal Holidays off; 5 days authorized absence for approved professional activities (e.g., conferences, workshops, etc.).	

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

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

Graduating Years	**2020-2022**
Total # of interns who were in the 3 cohorts	3
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, ED=0
Community mental health center	PD=0, ED=0
Consortium	PD=0, ED=0
University Counseling Center	PD=0, ED=0
Hospital/Medical Center	PD=0, ED=1
Veterans Affairs Health Care System	PD=0, ED=2
Psychiatric facility	PD=0, ED=0
Correctional facility	PD=0, ED=0
Health maintenance organization	PD=0, ED=0
School district/system	PD=0, ED=0
Independent practice setting	PD=0, ED=0
Other	PD=0, ED=0

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

Facility and Training Resources

Residents share one large office in which there are individual workstations with computers, but are assigned individual office for patient care activities. The offices are all equipped with networked computers that allow access to the computerized medical record system, productivity software, internet/intranet and email. Administrative assistance for clinical activities such as scheduling initial or return outpatient appointments is provided by the Hospital Administrative Service (HAS) clerks assigned to the various mental health clinics and inpatient units. Administrative tasks such as requesting a change

in work hours, days off, and so forth are facilitated by the MH&BS timekeeper, other MH&BS administrative staff, and the Training Director and Assistant Training Director.

The Medical Library is open 24/7 for staff and trainees. It has 12 computers, and is conveniently located near the cafeteria and auditorium of the main hospital. The hospital maintains its own professional library listing of books and journals, although the majority of professional literature is available online. Our hospital library provides access to more than 7,000 print and electronic journals, as well as access to MEDLINE, PSYCHLIT, and other databases. The main library at the University of South Florida houses over 1,500,000 volumes including 4,900 journal subscriptions. In addition, the USF College of Medicine library, which is directly across the street from the VA medical center, maintains over 88,000 books including over 1,400 journal subscriptions. Literature searches and complete bibliographies with abstracts are available upon request.

Commonly used psychological tests are available from rotation supervisors and from within the Mental Health Assistant option in the Computerized Patient Record System. Among these are numerous specialized psychological and neuropsychological tests and surveys in the areas of chronic pain, trauma, family and interpersonal functioning, coping, stress, adjustment to disability, language/verbal abilities, learning and memory, executive functioning, attention, mental control, visuoperceptual/sensorimotor functioning, and abstract problem solving.

THE TAMPA ENVIRONMENT

The James A. Haley Veterans' Hospital is located in Tampa, Florida. Tampa is a growing metropolitan area which serves as the county seat of Hillsborough County and is the second most populous city in the state. The city is situated on the west coast of Central Florida, 266 miles northwest of Miami and 197 miles southwest of Jacksonville. With a population of almost 3.2 million based on 2020 census, Tampa Bay is composed of several residential, industrial, and agricultural communities which are interspersed with orange groves and cattle

ranches. The climate is generally mild with an average annual temperature of 73 degrees. Freezing temperatures are rare, as are those of more than 95 degrees.

Because of its climate, opportunities for outdoor recreation activities abound. The coastal waters of the Gulf of Mexico and Tampa Bay offer a broad spectrum of water sports – water skiing, swimming, deep-sea fishing, power boating, sailing, board sailing, and scuba diving. Freshwater fishing is also available in the numerous local lakes. Residents enjoy facilities and activities year-round because there is little change in the seasons. Golf is very popular locally and many public and private courses are available. Bike trails are numerous throughout the Hillsborough, Pinellas, and Pasco counties.

Cultural Environment and Activities

A variety of arts and cultural activities can be found in the Tampa Bay area. Because of Florida's early history in the exploration of the "New World," Tampa has a very large population of Hispanic and Latinx residents (23.1% of the population). The African-American population is also well represented (26.2% of the population). Events celebrating the heritage and contribution of various ethnic cultures to the area occur throughout the year. For example, the Tampa Bay Black Heritage Festival, Festival del Sabor, Asia Fest, Tampa Pride Parade, and the Tampa International Gay & Lesbian Film Festival are all popular annual events that highlight the region's diversity.

The University of South Florida, located just across the street from the hospital, has an active and acclaimed drama and fine arts program. Film, dance, stage productions, and repertory companies are regular offerings of the Tampa Theatre and Tampa Bay Performing Arts Center (both located in downtown Tampa) and the world-famous Asolo Theater (located approximately 50 miles south of Tampa, in Sarasota). Tampa has also become a popular stop for touring musicians. The Amphitheater, Amalie Arena, Raymond James Stadium, and the USF Sundome are popular venues for contemporary music and have hosted top artists. Across Tampa Bay, St. Petersburg is home to the Dale Chihuly glass museum, the Salvador Dali museum, which is the only exclusive museum of this artist's works in the world, and the Mahaffey Theater. See http://cltampa.com/ for current cultural events in the Tampa/St. Pete area. For sports fans, there are seven major league baseball spring training camps within 20 miles of Tampa. The Tampa Bay area is also home to several professional sport franchises, including the Buccaneers, the Rays, and the Lightning. The Tampa Bay Rowdies are a professional soccer team that plays in neighboring St Petersburg.

Well known tourist attractions also lie in close proximity to Tampa. Busch Gardens and Adventure Island Water Park are only 3 miles from the hospital. The various Disney World theme parks and Universal Studios are 75 miles east of Tampa in Orlando, and the Ringling Brothers Museum is located in Sarasota. Tampa itself is home to a world-class aquarium (the Florida Aquarium) in downtown Tampa harbor and an award-winning zoo, Lowry Park Zoo.

The Tampa Bay area has numerous quality educational institutions including the University of South Florida with an enrollment of over 49,000 students and colleges in Architecture, Arts and Letters, Business Administration, Education, Engineering, Fine Arts, Medicine, Natural Sciences, Nursing, and Social and Behavioral Sciences. The University of Tampa, located in downtown Tampa, has an enrollment of about 8,000 students. Both Hillsborough County and neighboring Pinellas County have well-regarded community colleges. In addition to the higher educational facilities, there are excellent public, parochial, and technical school systems.

Administrative Policies and Procedures

ANNUAL AND SICK LEAVE

Accumulated according to standard VA policy: 4 hours of sick leave and 4 hours of vacation leave are earned every two-week pay period. Residents are allowed up to 5 days authorized absence for professional and educational activities each year. Residents must not exceed 10% of their appointed time with accrued leave during the year.

COLLECTION OF PERSONAL INFORMATION & MAINTENANCE OF RECORDS

We collect no personal information from you when you visit our website. If you are accepted as a resident, some demographic descriptive information is collected and sent to the American Psychological Association as part of our annual reports for accreditation. This information is treated as confidential by APA and used for accreditation purposes only. Contact the Commission on Accreditation for more information (apaaccred@apa.org). Residents must meet physical and health requirements as part of the onboarding process (TQCVL). This information is treated as confidential and can be verified via source documentation or a statement from a healthcare professional attesting that the intern meets the health requirements for VA training (see https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf for a full description of eligibility criteria). Training files will be stored and retained for a duration of 50 years.

UNSATISFACTORY OR DELAYED PROGRESS

Most issues of clinical or professional concern are relatively minor and can be addressed in open and ongoing assessment of skills by the resident and immediate supervisor. However, the following procedures are designed to advise and assist residents performing below the program's expected level of competence when ongoing supervisory input has failed to rectify the issue (Reference: Psychology SOP 116ak-02):

A. Definition of Problematic Performance: Problem behaviors are said to be present when supervisors perceive that a trainee's competence, behavior, attitude, or other characteristics significantly disrupt the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance."

    1. Definition of Illegal, Unethical, or Inappropriate Behavior: Behaviors which reflect poor professional conduct, disregard for policies and procedures of the Service and the Hospital, and/or ethical or legal misconduct will be taken seriously and addressed immediately. It is a matter of professional judgment as to when such behaviors are serious enough to constitute unethical or inappropriate behavior.

B. Informal Process for Remediation of a Serious Skill and/or Knowledge Deficit: Clinical supervisors/staff who determine that a resident is not performing at a satisfactory level of competence are expected to discuss this with the resident and initiate procedures to informally remediate the skill/knowledge deficit. This may include providing additional supervisory guidance and directing the resident to additional resources (e.g., didactics, additional clinical experiences). Occasionally, the problem identified may persist and/or be of

sufficient seriousness that the resident may not achieve the minimum level of competency to receive credit for completion of the program unless that problem is remediated. As soon as this is identified as the case, the problem must be brought to the attention of the Training Director(s), and the clinical supervisor should note in writing the concerns that led to the identification of the skill/knowledge deficit and the remedial steps that were attempted. At this point, a formal remediation plan will be initiated, following the procedures outlined below.

C. Informal Staff or Resident Complaints or Grievance Process: Clinical supervisors/staff and/or residents are encouraged to seek informal redress of minor grievances or complaints directly with the other party, or by using a mentor, other clinical supervisor, the Assistant Training Director, or the Training Director as go-betweens. Such informal efforts at resolution may involve the Psychology Service Chief as the final arbiter. Failure to resolve issues in this manner may eventuate in a formal performance/behavior complaint or resident grievance as the case may be, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the resident is encouraged to utilize the designated mentor, or in the case of conflict of interest, another clinical supervisor or senior staff member, as a consultant on matriculating the formal process.

Procedures for Responding to Problematic Performance: When it is identified that a resident's skills, professionalism, or personal functioning are problematic, the Training Committee, with input from other relevant supervisory staff, initiates the following procedures:

A. As soon as problematic performance is identified, the problem must be brought to the attention of the Training Director(s), and the clinical supervisor should note in writing the concerns that led to the identification of the problematic performance and the remedial steps that were attempted. Resident evaluation(s) will be reviewed with discussion from the Training Committee and other supervisors, and a determination made as to what action needs to be taken to address the problems identified.

B. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:

    1. The Training Committee may elect to take no further action.
    2. The Training Committee may direct the supervisor(s) to provide constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Training Committee.
    3. Where the Training Committee deems that *informal remedial* action is required, the identified problematic performance or behavior must be addressed. Possible remedial steps may include (but are not limited to) the following:
        i. Increased supervision, either with the same or other supervisors.
        ii. Change in the format, emphasis, and/or focus of clinical work and supervision.
        iii. Change in rotation or adjunctive training experiences
    4. Alternatively, depending upon the gravity of the matter at hand, the Training Committee may issue a *formal Remediation Plan notice* which specifies that the Committee, through the supervisors and Training Director(s), will actively and systematically monitor for a specific length of time, the degree to which the resident addresses, changes, and/or otherwise improves the problem performance or behaviors. The *Remediation Plan* is a written statement to the resident that includes the following items:
        - A description of the problematic performance behavior.

- Specific recommendations for rectifying the problems.
- A time frame for remediation during which the problem is expected to be ameliorated.
- Remediation plans will be tied directly to the program's identified competencies.

For behavior that involves significant illegal or unethical behavior, or gross violation of the training program's or the host facility's policies, immediate termination may be warranted. In such cases, no remediation will be provided. See Section on *Illegal, Unethical, or Inappropriate Behavior*.

5. Following the delivery of *a formal Remediation Plan notice*, the supervisor(s) and Training Director(s) will meet with the resident to review the required remedial steps. The resident will have the opportunity to have an advocate of their choice at said meeting. The resident may elect to accept the conditions or may grieve/appeal the Training Committee's actions as outlined below.

Monitoring of subsequent progress will occur through the Rotation Supervisor(s) and Training Director(s). If performance improves such that the training goals for that rotation are subsequently met, the resident will proceed with subsequent rotation(s) as planned. Once the Training Committee has issued an acknowledgement notice of the Remediation Plan, the problem's status will be reviewed within the time frame indicated on the Remediation Plan, or the next formal evaluation, whichever comes first. The resident may be removed from probationary status with demonstration of acceptable performance (achievement of expected level of competency at that timepoint in the program) at the next marking period; however, the Remediation Plan will continue throughout the timeframe indicated on the written plan. If, at any time, the resident disagrees with the evaluation of progress, he/she may appeal by following the grievance procedures outlined (informal and formal grievance processes) to resolve the disagreement.

Failure to Correct Problems: When the defined intervention does not rectify the problematic performance within the defined time frame, or when the resident seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If the resident has either not demonstrated improvement or demonstrated some improvement but at a rate that precludes satisfactory completion of a rotation, the resident will be notified and the resident will be placed on probationary status. The resident's progress will be closely monitored by the Training Committee and Training Director(s). Further review and recommendations will be made at mid-rotation and end-of-rotation evaluations, including consideration of options below as necessary:

A. Continue the Remediation Plan for a specified period, with modifications if necessary.

B. If correction of the problem is possible with additional months of training beyond the normal training year or by adding additional diverse training experiences (including alteration in rotation sequence), such may be recommended. The resident may be placed in a non-pay status (without compensation) for the duration of the extension.

C. If the problem is severe enough that it cannot be remediated in a timely manner, termination may result. The resident will be informed that the Training Committee is recommending to the Psychology Service Chief that the resident be terminated from the training program.

1. Termination: If a resident on probation has not improved sufficiently under the conditions specified in the Remediation Plan, termination will be discussed by consultation with the full Training Committee, VA OAA, and the facility DEO (or designee). A resident may choose to withdraw from the program rather than being terminated. The final decision regarding the resident's passing is made by the Director of Psychology Training and the Psychology Service Chief, based on the input of the Committee and other governing bodies, and all written evaluations and other documentation. This determination will occur no later than the May Training Committee meeting. If it is decided to terminate the resident, he/she will be informed in writing by the Director of Psychology Training that he/she will not successfully complete the program.

D. At any stage of the process, the resident may request assistance and/or consultation; please see section below on grievances. Residents 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 http://www4.va.gov/orm/	This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high-quality manner.
APA Office of Program Consultation and Accreditation: 750 First Street, NE Washington, DC 20002-4242 (202) 336-5979 http://www.apa.org/ed/accreditation	
Independent legal counsel	
Please note that union representation is not available to trainees as they are not union members under conditions of their VA term-appointment.	

DUE PROCESS/GRIEVANCE

Trainee Grievance Procedures: Although infrequent, differences may arise between a trainee and a supervisor or another staff member. Should this occur, the following procedures will be followed:

1) The trainee should request a meeting with the supervisor or staff member to attempt to work out the problem/disagreement. The supervisor will set a meeting within 2 working days of the request. It is expected that the majority of problems can be resolved at this level. However, if that fails:

2) The trainee should request to meet with the Training Director(s) of the program. A meeting will be arranged within 2 working days to work out the difficulty. In cases involving disagreement with the Assistant Training Director, the trainee may address their case directly to the Director of

Psychology Training. In cases involving disagreement with the Director of Psychology Training, the trainee may address their case directly to the Psychology Service Chief for appropriate action. If that fails:

3) The Director of Psychology Training, Assistant Training Director, trainee, and supervisor or staff member meet within 2 working days of Step 2. If a consensual solution is not possible:

4) The trainee, Psychology Service Chief, Director of Psychology Training, Assistant Training Director, and the trainee's supervisor or staff member meet to resolve the problem within 5 working days of Step 3. If that fails:

5) The issue will be brought before the Affiliations Subcommittee of the Continuing and Hospital Education Committee for resolution. This is the final step of the appeal process.

6) In unusual and confidential instances, the trainee may address their case directly to the Psychology Service Chief and, if this fails, the trainee may proceed to Step 5.

Trainees who receive a *notice* of a Remediation Plan, or who otherwise disagree with any Training Committee decision regarding their status in the program, are entitled to challenge the Committee's actions by initiating a grievance or appeal procedure. Should this occur, the following procedures will be followed:

a) Within 5 working days of receipt of the Training Committee's notice or other decision, the trainee must inform the Training Director(s) in writing that he/she disagrees with the Committee's action and to provide the Training Director(s) with information as to why the trainee believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee's grievance, the grievance process (described above) will begin at Step 2.

Storage of Trainee Grievance Due Process Documents:

A. All documentation of active grievances will be stored electronically in a secure folder and/or in a locked filing cabinet by the Director of Psychology Training.
B. All documentation of resolved grievances will be stored electronically in a secure folder and/or in a locked filing cabinet by the Director of Psychology Training and/or training programs' support specialist.

Illegal, Unethical or Inappropriate Behavior: Psychology training programs are bound by the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association (APA, 2002, 2010, 2017) and the James A Haley Veterans' Hospital's Code of Conduct for Employees and Trainees (HPM 00-46). Rarely, instances arise which reflect poor professional conduct, disregard for policies and procedures of the Service and the Hospital, and/or possible ethical or legal misconduct. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident. Should this occur by a trainee, the following procedures apply:

A. Illegal, unethical, or professionally inappropriate conduct by a trainee must be brought to the attention of the Training Director(s) in writing. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident.

1. Infractions of a very minor nature may be dealt with among the Training Director(s), the supervisor, and the trainee. A written record of the complaint and the action taken become a temporary part of the trainee's file.

2. Any significant infraction or repeated minor infractions or issues of gross incompetence must be reviewed by the Training Committee, after the written complaint is submitted to a Training Director(s). After review of the case, the Training Committee will recommend either starting a formal Remediation Plan or termination of the trainee's appointment. In the case of an intern, the Training Director(s), with concurrence of the Psychology Service Chief, will determine if the behavior warrants notifying the graduate program's Director of Clinical Training at the outset of a Remediation Plan (prior to the trainee being placed in a probationary status).

3. The Psychology Service Chief receives the recommendations of the Training Committee, decides on final deposition including recommendation for termination of the trainee's appointment.
    i. Should a trainee's conduct be particularly egregious, immediate intervention may be deemed necessary (e.g., suspension with pay) and review by the Affiliations Subcommittee of the Continuing and Hospital Education Committee requested for recommendations (which may include termination of the program without completion). A trainee may choose to withdraw from the program rather than being terminated.

B. Patient Abuse: Trainees witnessing or becoming aware of incidents of patient abuse will inform their supervisor or other Psychology training staff who will assist them in filing the required incident report and in following out the procedures outlined in VAMC memoranda.

Selected Recent Publications (Resident and Staff Names are Bolded)

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